

Our service can assist in solving several problems present in your facility:

Problem #1: Cost of re-hospitalizations. The following five conditions account for **78%** of all 30-day Skilled Nursing Facility (SNF) re-hospitalizations and have all been deemed potentially avoidable.

1. Congestive Heart Failure (CHF) - can be reduced by adherence to any fluid or dietary restrictions.
2. Respiratory infections - may be reduced by following appropriate positioning of residents with swallowing problems to avoid aspiration that could lead to pneumonia.
3. Urinary Tract Infection (UTI) - can result from dehydration or poor nutrition, which may be prevented with careful monitoring of patient fluid and nutrient intake.
4. Sepsis - same as above
5. Electrolyte imbalance - same as above

Solution #1: Greater Boston Dysphagia Diagnostics can test a variety of compensatory strategies to determine the least restrictive diet that the resident will be compliant with. The procedure is performed in the resident's natural environment and position to ensure accurate recommendations.

Problem #2: Increased operating costs with thickened liquids. Many residents are assessed with a modified barium swallow study (MBSS) at the hospital when they are acutely ill. Once their condition has improved, they are sent back to the SNF. It has been found that **80%** of residents have improved after discharge back to the SNF to the point that they no longer need the thickened liquids, but unfortunately, they are never re-evaluated.

- It costs the facility \$7,000 per resident to be on mildly thick liquids for 1 year.
- Research shows that having a resident on thickened liquids can greatly increase the risk of dehydration and pneumonia while negatively impacting quality of life.
- The more residents that are on thickened liquids, the higher the risk for CNAs to make an accidental error when passing fluids, leading to a DOH tag.

Solution #2: Greater Boston Dysphagia Diagnostics can test a variety of compensatory strategies to determine the least restrictive diet/liquid consistency that the resident will be compliant with.

Problem #3: Cost of sending a resident to the hospital for a MBSS. An MBSS costs approximately \$1200-\$1800 and affects the productivity of OT/PT/SLP and the associated RUG levels.

- There are several charges tied into the cost of an MBSS, namely, the speech-language pathologist, the radiologist/radiology tech, the radiology suite, barium cost (which has tripled in recent years), transportation to the hospital and a companion or CNA to go with them. These charges are all fluid and subject to change.
- The MBSS procedure itself only takes 4 minutes to perform, however the average length of time the resident is gone from the facility is 4 hours. While the resident is gone, OT/PT/SLP all miss out on designated treatment minutes for the day affecting productivity, and ultimately affecting the RUG level.

Solution #3: Greater Boston Dysphagia Diagnostics charges one low all-inclusive rate per procedure. This is well below the national average and we do NOT charge for mileage.

- If results are not obtained, the facility is not charged.
- The facility SLP is able to bill their therapy treatment code while assisting with the procedure which will NOT disrupt productivity for skilled residents or result in a denial of facility SLP claims for managed care residents.

Problem #4: Length of time it takes to send a resident for an MBSS and obtain results. Appointment times can be anywhere from 2-6 weeks away.

- Radiology directors reserve a few hours per week in the radiology suite for outpatient MBSSs. If several SNFs are sending their residents to the same hospital, the wait time can be several weeks.
- Once the MBSS is completed, the SLP and radiologist have to write their reports, and they may not be completed for a few days. The facility SLP is responsible for tracking down the report through medical records and having it faxed to the appropriate nurses' station, oftentimes taking a week to receive the report with results.

Solution #4: Greater Boston Dysphagia Diagnostics will go to your facility within 1-2 business days of receiving the physician's order.

- We can be reached via phone, email, or text.
- We can also schedule a time that is most convenient for the facility SLP and the family, so that everyone can be consulted to make the most appropriate patient-centered recommendations.
- We carry a mobile printer, print the report with still images of the study, and leave them in the resident's chart that same day.
- Results can be implemented immediately into the resident's treatment plan to expedite and maximize the ability to achieve their highest level of functioning, and reduce the risk of dehydration, malnutrition, and pneumonia.

Problem #5: Disagreement between nursing, SLP, family, and/or resident for safest, least restrictive diet.

Your SLP does not have X-ray vision. There is a **70%** error rate with clinical bedside swallowing evaluations where SLPs have made over-restrictive recommendations while also missing silent aspiration.

Solution #5: A picture is worth 1,000 words. We bring an evidence-based assessment that is considered a GOLD STANDARD in dysphagia diagnostics to the bedside.

- The family, facility SLP, and/or nursing are all encouraged to provide input and watch the evaluation while we trial the facility's food, liquids, and actual medication if desired.
- This provides objective, measurable data to prove medical necessity of speech therapy services and document progress, or lack thereof, in order to justify accurate calculation of RUG levels, as well as to reduce or increase the need for modified diets, thickened liquids, and in some cases, alternate means of nutrition (tube feedings).
- The technology has improved dramatically in the last 10 years, and the scope is so small that it has been deemed a very quick, SAFE, and painless procedure.
- Our procedure has been shown to be higher in specificity in identifying penetration, aspiration, residue, and spillage, than an MBSS.

Greater Boston Dysphagia Diagnostics serves as an ongoing consultant to the facility at no additional charge.