The Value of Speech-Language Pathologists (SLPs) in Acute Care

ASHA American Speech-Language-Hearing Association

SLP Involvement in Acute Care Improves Healthcare Quality and Reduces Cost.

Better Patient Health Outcomes

Patients with stroke seen by SLPs in acute care are . . .

- Less likely to experience death following dysphagia treatment **(27%)**, evaluation **(58%)**, and screening **(71%)**; [1-2]
- Less likely to develop pneumonia **(39%–44%)** or dysphagia-related complications **(27%)**; [1,2,3] and
- More likely to achieve an oral diet **(19%)** and to functionally swallow at 6 months post discharge following swallowing treatment **(41%)**. [2]

Patients with tracheostomy seen by an acute-care interdisciplinary team including SLPs . . .

- Are more likely to tolerate oral diets **(89%)**; [4]
- Initiate oral diets an average of **12 days** sooner; [5]
- Are more likely to undergo cuff deflation **(7%)**; [6]
- Decannulate an average of **6–8 days** sooner; [5,7,8] and
- Are less likely to experience tracheostomy tube blockages **(68%)**, rapid response calls for respiratory distress **(55%)**, or other adverse events **(25%)**. [6,9]

Patients with post-extubation dysphagia seen by SLPs in acute care . . .

- Successfully resume oral diets and eliminate G-tube dependency **(87%)**. [9]

Lower Hospital Costs

Patients with stroke seen by SLPs in acute care have . . .

- A shorter length of stay (LoS) by an average of **3 days**. [3]

Patients with partial laryngectomy seen by SLPs in acute care are . . .

- Safely discharged on an oral diet **(52%)** following a 2-day intensive dysphagia treatment, with an average cost savings of **$8,000**. [10]

Patients with tracheostomy seen by an acute-care interdisciplinary team including SLPs have . . .

- A shorter LoS by an average of **8 days** [8] and
- A shorter LoS in the ICU by an average of **15 days**. [8]

Improved Care Team Self-Efficacy and Performance

Medical team members who receive training by an SLP in acute care . . .

- Are **3 times** more likely to use writing, gestures, lipreading, and yes/no questions; [15]
- Are **6 times** more likely to be confident using augmentative and alternative communication tools with patients with severe communication deficits; [16]
- Are more confident when communicating with people with aphasia **(63%)**; [17]
- Can identify an average of **37 more** relevant communication strategies; [18] and
- Are more likely to be confident in working with people with tracheostomy **(27%)**. [6*]

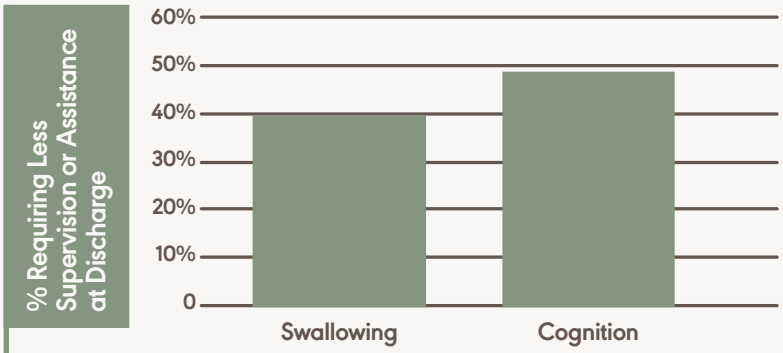
Better Patient Communication

Patients who are intubated and are seen by SLPs in acute care . . .

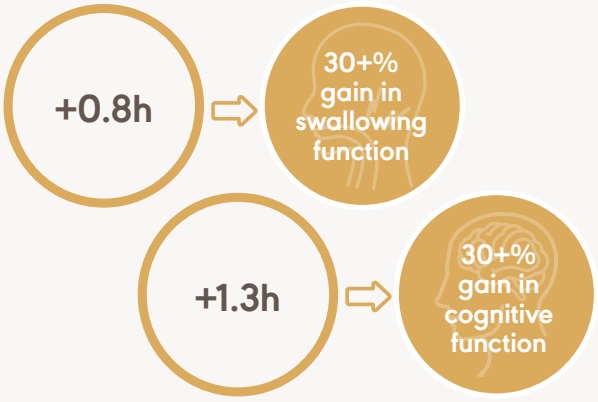
- Successfully communicate pain symptoms **3.87 times** more often [11] and
- Are less likely to experience difficulty communicating with staff **(60%)**. [12]

Patients with tracheostomy who receive SLP intervention in acute care . . .

- Gain functional vocalization **(88%)** and begin to phonate, on average, **11 days** earlier; [12,13]
- Verbally communicate an average of **9 days** sooner; [14]
- Are **2.15-3.47 times** more likely to use speaking valves; [*7] and
- Participate in speaking valve trials an average of **16 days** sooner. [*7]



40% of patients with swallowing disorders and **49%** of patients with cognitive-communication disorders treated by SLPs in acute care required less supervision or assistance at discharge. [18]



Compared with those who made no progress, patients who made a **30+%** functional gain in swallowing or cognition received, on average, only **1 additional hour** of SLP treatment. [18]

** Patients seen by an acute care interdisciplinary team including SLPs*

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