Bedside Dysphagia Screening Project in Acute Stroke Population

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Bedside Dysphagia Screening Project
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Practice Problem
Dysphagia is a common symptom of stroke and it is linked to aspiration pneumonia. Bedside dysphagia screening (BDS), before any oral intake is recommended for all acute stroke patients and it also is one of the stroke core measures. BDS can improve stroke quality of care and decrease complications such as aspiration pneumonia (Cummings, et al., 2015).

Clinical Question
For nurses who complete the BDS on adult patients admitted with acute stroke (ischemic or hemorrhagic) at Baptist Hospital of Miami, does an electronic bedside dysphagia screening improve compliance compared to the paper format?

Project Description
- Introduced an electronic Bedside Dysphagia (BDS) Screening version in Cerner
- Educated nurses on the electronic BDS documentation changes and importance of BDS
- Completed 8 weeks of electronic BDS implementation in the Emergency Department (Daniels et al., 2013) for all adult patients admitted with acute stroke
- Collected and analyzed the following data: demographics, BDS compliance, documentation of BDS prior to any oral intake
- Compared pre-intervention (printed BDS) and post-intervention (electronic BDS) data

Project Evaluation
Compliance across Groups

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<td>69%</td>
<td>79%</td>
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**p=0.01

Nursing and Healthcare Implications
BDS positively impacts compliance with bedside dysphagia screening and subsequent documentation in acute stroke patients. It also demonstrates the BDS electronic tool is not enough to resolve the noncompliance problem realized nationally.

Conclusions
Compliance with the bedside dysphagia screening increased from 69% to 79% after implementation of the electronic BDS [χ2 (1, N = 380) = 3.18, p = 0.01].

References

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