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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).



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

National BDS Compliance
85%

BHSF BDS Compliance
69%

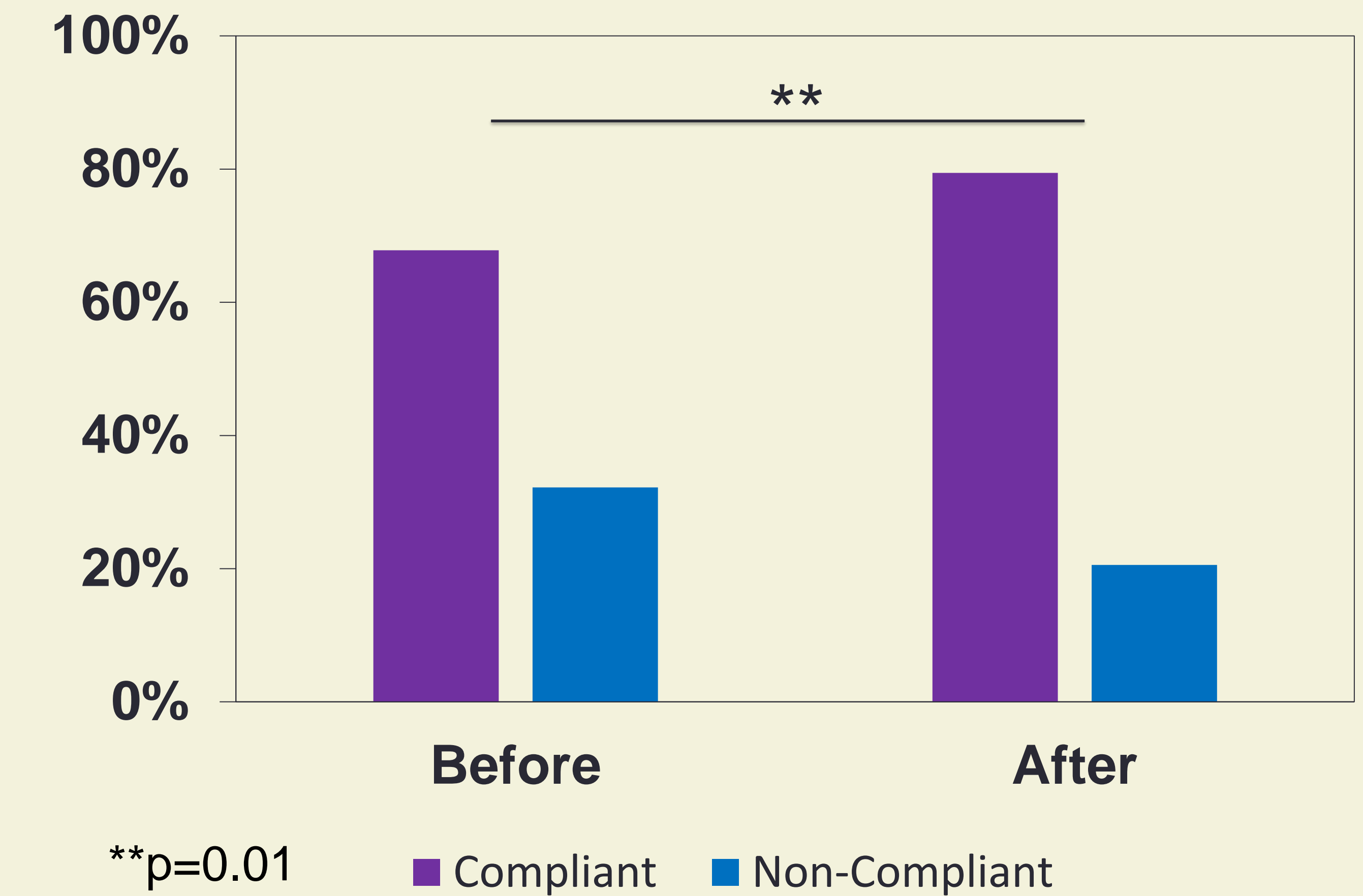
Clinical Question

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 Evaluation

Compliance across Groups



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 [$\chi^2 (1, N = 380) = 3.18, p = 0.01$].

References

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