

The Relationship between Speech-Language Pathology Consults and Patients Hospitalized with Pneumonia

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Originally Presented at UKSRG-2018 Conference held at Institute of Child Health, London, UK during February 1-2, 2018.

Abstract

Purpose: The efficacy of speech-language pathology consultations has not been quantitatively established for acute-care patients admitted to the hospital with pneumonia. The purpose of this study was to examine the relationship of SLP consultations for dysphagia to medical outcomes in aspiration pneumonia patients in an acute care setting.

Method: This was a retrospective study of 811 acute-care hospital records for all aspiration pneumonia patients admitted to the local level-one trauma hospital over a three-year period.

Results: Results showed that speech-language pathologists (SLPs) were consulted on only two-thirds of the total aspiration pneumonia patients. Patients who received SLP consultations had showed significant differences from those who did not in length of stay, mortality, and morbidity. Speech-language pathology was consulted more as pneumonia severity increased. This likely accounted for the positive relationship between length of stay and SLP consultations. When SLPs were consulted, more patients were discharged for further rehabilitation. When SLPs were not consulted, more patients expired. More males and geriatric patients were seen than females and non-geriatric adults, respectively.

Conclusion: Current SLP practice patterns follow a medical model and require a physician order to initiate a consultation. Therefore, to increase SLP consultations, physicians may require education concerning the efficacy of SLP consultations, or hospital policies might be adjusted to automatically initiate SLP consultations in the aspiration pneumonia population. These study results may be used to address local hospital policies and protocols and thus increase quality of care by improving morbidity and mortality outcomes of aspiration pneumonia patients.

Citation: Bolinger C, Dembowski J. The Relationship between Speech-Language Pathology Consults and Patients Hospitalized with Pneumonia. Proceedings of UKSRG-2018; 2018 Feb 1-2; London, UK. J Oral Health Dent. 2018;1(S2):A006.