

Paradigm Shift: Assessing SLP Care Standards for Patients with HNC

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Paradigm Shift: Assessing SLP Care Standards for Patients with HNC

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OBJECTIVES

1. Define historical referral patterns of patients with head and neck cancer (HNC) to speech language pathologists (SLPs)
2. Define the role of SLPs in dysphagia screening, assessment, diagnosis, and treatment of patients with HNC through the continuum of care
3. Identify evidence-based standards for the care of patients with HNC

INTRODUCTION

Standardized guidelines for the management of dysphagia by SLPs for patients with HNC are largely non-existent. Publications on usual practices reveal that referrals to SLPs have traditionally been managed as reactive responses to subjective patient complaints (Ward & van As-Brooks, 2014; Krisciunas et al, 2012). As a result, initiation of SLP services may be significantly delayed and objective baseline measurements of dysphagia are lacking (Ward & van As-Brooks, 2014). With more than 550,000 new cases of HNC diagnosed globally each year, and improving tumor response and survival rate due to progress in treatment, evidence-based referral and treatment frameworks are necessary for SLPs to better support this population (ASHA, 2018; Denaro et al., 2013).

PART OF THE TEAM

Immediate referrals of patients with a new medical diagnosis of HNC to multidisciplinary care teams can ensure timely access to specialized clinicians, including SLPs, who will play a key role in screening, assessing, diagnosing, and treating swallowing disorders associated with HNC (ASHA, 2018; Clarke et al., 2016; Messing, 2017).

MULTIDISCIPLINARY CARE TEAM MEMBERS FOR PATIENTS WITH HNC



ROLE OF SLPs

Recently published guidelines on swallowing rehabilitation in the United Kingdom have recommended that all patients with HNC receive pre-treatment assessments of swallowing function, before the initiation of medical intervention (Clarke et al., 2016). Pre-treatment assessment may include screening measures, such as quality of life questionnaires, in which patients provide subjective ratings regarding perceived dysphagia (Ward & van As-Brooks, 2014). While this information is necessary and should be part of a client-centered approach, research shows that patients' personal descriptions of their swallowing function or dysfunction often do not match the levels of impairment detected by instrumental assessments (Ward & van As-Brooks, 2014). Denaro et al. (2013) suggest a "multi-parameter assessment of dysphagia," which should include pre-treatment instrumental assessment of the swallowing mechanism, through videofluoroscopic swallowing studies (VFSS) and/or fiberoptic endoscopic examinations of swallowing (FEES). These assessments provide objective measurements of the integrity of the structure and function of the swallowing mechanism and guide the SLPs' diagnoses of swallowing disorders (Granell et al., 2012). Objective assessments (VFSS and/or FEES) completed prior to the initiation of medical intervention for HNC allow SLPs to design and provide appropriate patient-centered therapeutic intervention (e.g. prophylactic swallowing exercises, diet modifications), track changes throughout the course of treatment, and potentially predict later dysphagia (Denaro et al., 2013).

MODEL CARE PLAN



RECOMMENDATIONS

Evidence-based clinical practice guidelines (CPGs) should exist to provide a framework for SLPs treating dysphagia in patients with HNC. Research supports two clearly defined standards which will improve SLPs' ability to provide counseling, education, and therapeutic intervention to patients following diagnosis of HNC:

1. Immediately referring patients newly diagnosed with HNC to multidisciplinary teams which include SLPs
2. Completing objective, instrumental assessments of the swallowing mechanism prior to initiation of medical intervention for HNC

The inclusion of these evidence-based standards within a CPG represents a paradigm shift from a reactive approach to a proactive, patient-centered clinical practice in the treatment of patients with HNC.

REFERENCES

- American-Speech-Language-Hearing Association. (2018). Head and Neck Cancer. Retrieved from <https://www.asha.org/PRPSpecificTopic.aspx?folderid=8589943346§ion=Overview>
- Clarke, P., Radford, K., Coffey, M., Stewart, M. (2016). Speech and Swallow Rehabilitation in Head and Neck Cancer: United Kingdom National Multidisciplinary Guidelines. *Journal of Laryngology & Otology*, 130, S176–80.
- Denaro, N., Merlano, M.C., Russi, E.G. (2013). Dysphagia in Head and Neck Cancer Patients: Pretreatment Evaluation, Predictive Factors, and Assessment During Radio-Chemotherapy, Recommendations. *Clinical and Experimental Otorhinolaryngology*, 6(3), 117–126.
- Granell, J., Garrido, L., Millas, T., Gutierrez-Fonseca, R. (2012). Management of Oropharyngeal Dysphagia in Laryngeal and Hypopharyngeal Cancer. *International Journal of Otolaryngology*. doi: 10.1155/2012/157630
- Krisciunas, G.P., Sokoloff, W., Stepas, K., Langmore, S.E. (2012). Survey of Usual Practice: Dysphagia Therapy in Head and Neck Cancer Patients. *Dysphagia*, 27(4), 538–549.
- Messing, B.P., Ward, E.C., Lazarus, C., et al. (2019). Establishing a Multidisciplinary Head and Neck Clinical Pathway: An Implementation Evaluation and Audit of Dysphagia-Related Services and Outcomes. *Dysphagia*, 34(1), 89–104.
- Ward, E.C. & van As-Brooks, C.J. (2014). *Head and Neck Cancer: Treatment, Rehabilitation, and Outcomes*, Second Edition. San Diego, CA: Plural Publishing, Inc.

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