

## **QI Case Study by Sabrina Eltringham, Stroke Association PhD Research Fellow**

### **How does the way we test and treat a person's ability to swallow affect whether they are likely to get a chest infection?**

During the acute phase after stroke, patients are susceptible to pneumonia often as a result of difficulty swallowing. This research will find out whether there are screens or assessments which are better at reducing the chances of getting pneumonia and whether other factors are involved in reducing that risk. To understand the reasons why patients are more likely to develop pneumonia, we will cross reference data from the SSNAP register with answers from a national survey of hospitals in England and Wales about swallow management in the first 72 hours.

### **Tips for ensuring swallow screening is performed as quickly as possible:**

- Screening patients within 4 hours of admission using a validated multi-item tool (The Royal College of Physicians National Clinical Guideline for Stroke 2016).
- Service providers to ensure regular dysphagia screen training and updates for returning staff.
- Sufficient trained staff to carry out screening and swallow assessments.

Screening and swallow assessment reduces the risk of infection, because, if there is a problem, it can be identified quickly and action can be taken to prevent it. Recommendations about appropriate diet or fluids can be implemented immediately and, if the swallow is unsafe, alternative methods of hydration and nutrition can be considered.