

## Quality Measure

### Functional Communication Measure: Attention

**Description:** This measure describes the change in functional communication status subsequent to speech-language pathology treatment of patients who have attention deficits.

**LEVEL 1:** Attention is nonfunctional. The individual is generally unresponsive to most stimuli.

**LEVEL 2:** The individual can briefly attend with consistent maximal stimulation, but not long enough to complete even simple living tasks.

**LEVEL 3:** The individual maintains attention over time to complete simple living tasks of short duration with consistent maximal cueing in the absence of distracting stimuli.

**LEVEL 4:** The individual maintains attention during simple living tasks of multiple steps and long duration within a minimally distracting environment with consistent minimal cueing.

**LEVEL 5:** The individual maintains attention within simple living activities with occasional minimal cues within distracting environments. The individual requires increased cueing to start, continue, and change attention during complex activities.

**LEVEL 6:** The individual maintains attention within complex activities, and can attend simultaneously to multiple demands with rare minimal cues. The individual usually uses compensatory strategies when encountering difficulty. The individual has mild difficulty or takes more than a reasonable amount of time to attend to multiple tasks/stimuli.

**LEVEL 7:** The individual's ability to participate in vocational, avocational, or social activities is not limited by attentional abilities. Independent functioning may occasionally include the use of compensatory

### Measure Specifications

**Numerator:** Clinician's or facility's proportion of stroke patients in each risk-adjusted group that makes at least one level of progress on the Attention Functional Communication Measure

**Denominator:** National proportion of stroke patients in each risk-adjusted group in that treatment setting that makes at least one level of progress on the Attention Functional Communication Measure

**Denominator Exclusions:** Patients discharged from speech-language pathology services after only one treatment session.

<b>Type of Score:</b>	Nonweighted score/composite/scale
<b>Calculation Algorithm:</b>	None
<b>Data Collection Methods:</b>	Data collection instrument (National Outcomes Measurement System Adult component)
<b>Sampling:</b>	None – use all eligible cases
<b>Risk Adjustment:</b>	<p>Among patients whose primary (<math>\geq 50\%</math>) speech-language pathology treatment was focused on attention, the following risk-adjusted groupings are recommended:</p> <p>A) Attention level at admission = Level 3    Goal for Attention level at discharge = Level 6</p> <p>B) Attention level at admission = Level 4    Goal for Attention level at discharge = Level 6</p> <p>C) Attention level at admission = Level 5    Goal for Attention level at discharge = Level 6  <i>Among patients with 100% of speech-language pathology treatment focused on attention</i></p> <p>D) Attention level at admission = Level 5    Goal for Attention level at discharge = Level 6  <i>Among patients with 50%-99% of speech-language pathology treatment focused on attention</i></p>
<b>Stratification to Detect Disparities:</b>	<p>Age at admission</p> <p>Race</p> <p>Treatment setting</p> <p>Functional level at admission</p>
<b>Level of Measurement/ Analysis:</b>	<p>Clinician</p> <p>Facility</p> <p>Integrated delivery system</p>
<b>Applicable Care Settings:</b>	<p>Home health</p> <p>Inpatient rehabilitation</p> <p>All outpatient settings</p> <p>Clinician practice/office</p> <p>Acute care hospital</p> <p>Skilled nursing facility</p> <p>Community/public health centers</p>
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## Quality Measure

### Functional Communication Measure: Spoken Language Comprehension

**Description:** This measure describes the change in functional communication status subsequent to speech-language pathology treatment of patients who have spoken language comprehension deficits.

**LEVEL 1:** The individual is alert, but unable to follow simple directions or respond to yes/no questions, even with cues.

**LEVEL 2:** With consistent, maximal cues, the individual is able to follow simple directions, respond to simple yes/no questions in context, and respond to simple words or phrases related to personal needs.

**LEVEL 3:** The individual usually responds accurately to simple yes/no questions. The individual is able to follow simple directions out of context, although moderate cueing is consistently needed. Accurate comprehension of more complex directions/messages is infrequent.

**LEVEL 4:** The individual consistently responds accurately to simple yes/no questions and occasionally follows simple directions without cues. Moderate contextual support is usually needed to understand complex sentences/messages. The individual is able to understand limited conversations about routine daily activities with familiar communication partners.

**LEVEL 5:** The individual is able to understand communication in structured conversations with both familiar and unfamiliar communication partners. The individual occasionally requires minimal cueing to understand more complex sentences/messages. The individual occasionally initiates the use of compensatory strategies when encountering difficulty.

**LEVEL 6:** The individual is able to understand communication in most activities, but some limitations in comprehension are still apparent in vocational, avocational, and social activities. The individual rarely requires minimal cueing to understand complex sentences. The individual usually uses compensatory strategies when encountering difficulty.

**LEVEL 7:** The individual's ability to independently participate in vocational, avocational, and social activities are not limited by spoken language comprehension. When difficulty with comprehension occurs, the individual consistently uses a compensatory strategy.

## Measure Specifications

<b>Numerator:</b>	Clinician's or facility's proportion of stroke patients in each risk-adjusted group that makes at least one level of progress on the Spoken Language Comprehension Functional Communication Measure
<b>Denominator:</b>	National proportion of stroke patients in each risk-adjusted group in that treatment setting that makes at least one level of progress on the Spoken Language Comprehension Functional Communication Measure
<b>Denominator Exclusions:</b>	Patients discharged from speech-language pathology services after only one treatment session.
<b>Type of Score:</b>	Nonweighted score/composite/scale
<b>Calculation Algorithm:</b>	None
<b>Data Collection Methods:</b>	Data collection instrument (National Outcomes Measurement System Adult component)
<b>Sampling:</b>	None – use all eligible cases
<b>Risk Adjustment:</b>	<p>Among patients for whom at least 40% of their speech-language pathology treatment was focused on spoken language comprehension, the following risk-adjusted groupings are recommended:</p> <ul style="list-style-type: none"><li>A) Spoken Language Comprehension level at admission = Level 3 Goal for Spoken Language Comprehension level at discharge = Level 6</li><li>B) Spoken Language Comprehension level at admission = Level 4 Spoken Language Expression level at admission = Level 3 Goal for Spoken Language Comprehension level at discharge = Level 6</li><li>C) Spoken Language Comprehension level at admission = Level 4 Spoken Language Expression level at admission &gt; Level 3 Goal for Spoken Language Comprehension level at discharge = Level 6</li><li>D) Spoken Language Comprehension level at admission = Level 5 Spoken Language Expression level at admission = Level 4 Goal for Spoken Language Comprehension level at discharge = Level 7</li><li>E) Spoken Language Comprehension level at admission = Level 5 Spoken Language Expression level at admission &gt; Level 4 Goal for Spoken Language Comprehension level at discharge = Level 7</li></ul>

**Stratification to Detect**

**Disparities:**

Age at admission  
Race  
Treatment setting  
Functional level at admission

**Level of Measurement/**

**Analysis:**

Clinician  
Facility  
Integrated delivery system

**Applicable Care Settings:**

Home health  
Inpatient rehabilitation  
All outpatient settings  
Clinician practice/office  
Acute care hospital  
Skilled nursing facility  
Community/public health centers

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## Quality Measure

### Functional Communication Measure: Spoken Language Expression

**Description:** This measure describes the change in functional communication status subsequent to speech-language pathology treatment of patients who have spoken language expression deficits.

**LEVEL 1:** The individual attempts to speak, but verbalizations are not meaningful to familiar or unfamiliar communication partners at any time.

**LEVEL 2:** The individual attempts to speak, although few attempts are accurate or appropriate. The communication partner must assume responsibility for structuring the communication exchange, and with consistent and maximal cueing, the individual can only occasionally produce automatic and/or imitative words and phrases that are rarely meaningful in context.

**LEVEL 3:** The communication partner must assume responsibility for structuring the communication exchange, and with consistent and moderate cueing, the individual can produce words and phrases that are appropriate and meaningful in context.

**LEVEL 4:** The individual is successfully able to initiate communication using spoken language in simple, structured conversations in routine daily activities with familiar communication partners. The individual usually requires moderate cueing, but is able to demonstrate use of simple sentences (i.e., semantics, syntax, and morphology) and rarely uses complex sentences/messages.

**LEVEL 5:** The individual is successfully able to initiate communication using spoken language in structured conversations with both familiar and unfamiliar communication partners. The individual occasionally requires minimal cueing to frame more complex sentences in messages. The individual occasionally self-cues when encountering difficulty.

**LEVEL 6:** The individual is successfully able to communicate in most activities, but some limitations in spoken language are still apparent in vocational, avocational, and social activities. The individual rarely requires minimal cueing to frame complex sentences. The individual usually self-cues when encountering difficulty.

**LEVEL 7:** The individual's ability to successfully and independently participate in vocational, avocational, and social activities is not limited by spoken language skills. Independent functioning may occasionally include use of self-cueing.

## Measure Specifications

<b>Numerator:</b>	Clinician's or facility's proportion of stroke patients in each risk-adjusted group that makes at least one level of progress on the Spoken Language Expression Functional Communication Measure
<b>Denominator:</b>	National proportion of stroke patients in each risk-adjusted group in that treatment setting that makes at least one level of progress on the Spoken Language Expression Functional Communication Measure
<b>Denominator Exclusions:</b>	Patients discharged from speech-language pathology services after only one treatment session, or patients who use alternative/augmentative communication devices to produce language.
<b>Type of Score:</b>	Nonweighted score/composite/scale
<b>Calculation Algorithm:</b>	None
<b>Data Collection Methods:</b>	Data collection instrument (National Outcomes Measurement System Adult component)
<b>Sampling:</b>	None – use all eligible cases
<b>Risk Adjustment:</b>	<p>Among patients for whom at least 40% of their speech-language pathology treatment was focused on spoken language expression, the following risk-adjusted groupings are recommended:</p> <ul style="list-style-type: none"><li>A) Spoken Language Expression level at admission = Level 3 Goal for Spoken Language Expression level at discharge = Level 6</li><li>B) Spoken Language Expression level at admission = Level 4 Spoken Language Comprehension level at admission = Level 4 Goal for Spoken Language Expression level at discharge = Level 6</li><li>C) Spoken Language Expression level at admission = Level 4 Spoken Language Comprehension level at admission &gt; Level 4 Goal for Spoken Language Comprehension level at discharge = Level 6</li><li>D) Spoken Language Expression level at admission = Level 5 Goal for Spoken Language Expression level at discharge = Level 7</li></ul>
<b>Stratification to Detect Disparities:</b>	Age at admission Race Treatment setting Functional level at admission

**Level of Measurement/**

**Analysis:**

Clinician  
Facility  
Integrated delivery system

**Applicable Care Settings:**

Home health  
Inpatient rehabilitation  
All outpatient settings  
Clinician practice/office  
Acute care hospital  
Skilled nursing facility  
Community/public health centers

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## Quality Measure

### Functional Communication Measure: Memory

**Description:** This measure describes the change in functional communication status subsequent to speech-language pathology treatment of patients who have memory deficits.

**LEVEL 1:** The individual is unable to recall any information, regardless of cueing.

**LEVEL 2:** The individual consistently requires maximal verbal cues or uses external aids to recall personal information (e.g., family members, biographical information, physical location, etc.) in structured environments.

**LEVEL 3:** The individual usually requires maximum cues to recall or use external aids for simple routine and personal information (e.g., schedule, names of familiar staff, location of therapy areas, etc.) in structured environments.

**LEVEL 4:** The individual occasionally requires minimal cues to recall or use external memory aids for simple routine and personal information in structured environments. The individual requires consistent maximal cues to recall or use memory aids for complex and novel information (e.g., carry out multiple steps activities, accommodate schedule changes, anticipate meal times, etc.), plan and follow through on simple future events (e.g., use calendar to keep appointments, use log books to complete a single assignment/task, etc.) in structured environments.

**LEVEL 5:** The individual consistently requires minimal cues to recall or use external memory aids for complex and novel information. The individual consistently requires minimal cues to plan and follow through on complex future events (e.g., menu planning and meal preparation, planning a party, etc.).

**LEVEL 6:** The individual is able to recall or use external aids/memory strategies for complex information and planning complex future events most of the time. When there is a breakdown in the use of recall/memory strategies/external memory aids, the individual occasionally requires minimal cues. These breakdowns may occasionally interfere with the individual's functioning in vocational, avocational, and social activities.

**LEVEL 7:** The individual is successful and independent in recalling or using external aids/memory strategies for complex information and planning future events in all vocational, avocational, and social activities.

## Measure Specifications

<b>Numerator:</b>	Clinician's or facility's proportion of stroke patients in each risk-adjusted group that makes at least one level of progress on the Memory Functional Communication Measure
<b>Denominator:</b>	National proportion of stroke patients in each risk-adjusted group in that treatment setting that makes at least one level of progress on the Memory Functional Communication Measure
<b>Denominator Exclusions:</b>	Patients discharged from speech-language pathology services after only one treatment session.
<b>Type of Score:</b>	Nonweighted score/composite/scale
<b>Calculation Algorithm:</b>	None
<b>Data Collection Methods:</b>	Data collection instrument (National Outcomes Measurement System Adult component)
<b>Sampling:</b>	None – use all eligible cases
<b>Risk Adjustment:</b>	<p>Among patients for whom at least 50% of their speech-language pathology treatment was focused on memory, the following risk-adjusted groupings are recommended:</p> <p>A) Memory level at admission = Level 3 Goal for Memory level at discharge = Level 5</p> <p>B) Memory level at admission = Level 4 or Level 5 Goal for Memory level at discharge = Level 7 <i>Among patients whose speech-language pathology treatment addressed only memory, and whose primary medical diagnosis was other than head injury</i></p> <p>C) Memory level at admission = Level 4 or Level 5 Goal for Memory level at discharge = Level 7 <i>Among patients for whom memory was the focus of 50% to 99% of their speech-language pathology treatment, and whose primary medical diagnosis was other than head injury</i></p> <p>D) Memory level at admission = Level 4 Goal for Memory level at discharge = Level 6 <i>Among patients whose speech-language pathology treatment addressed only memory, and whose primary medical diagnosis was head injury</i></p> <p>E) Memory level at admission = Level 4 Goal for Memory level at discharge = Level 6 <i>Among patients for whom memory was the focus of 50% to 99% of their speech-language pathology treatment, and whose primary medical diagnosis was other than head injury</i></p>

F) Memory level at admission = Level 5

Goal for Memory level at discharge = Level 6

*Among patients whose speech-language pathology treatment addressed only memory, and whose primary medical diagnosis was head injury*

G) Memory level at admission = Level 5

Goal for Memory level at discharge = Level 6

*Among patients for whom memory was the focus of 50% to 99% of their speech-language pathology treatment, and whose primary medical diagnosis was other than head injury*

**Stratification to Detect**

**Disparities:**

Age at admission  
Race  
Treatment setting  
Functional level at admission

**Level of Measurement/**

**Analysis:**

Clinician  
Facility  
Integrated delivery system

**Applicable Care Settings:**

Home health  
Inpatient rehabilitation  
All outpatient settings  
Clinician practice/office  
Acute care hospital  
Skilled nursing facility  
Community/public health centers

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## Quality Measure

### Functional Communication Measure: Motor Speech

**Description:** This measure describes the change in functional communication status subsequent to speech-language pathology treatment of patients who have motor speech deficits.

- LEVEL 1:** The individual attempts to speak, but speech cannot be understood by familiar or unfamiliar listeners at any time.
- LEVEL 2:** The individual attempts to speak. The communication partner must assume responsibility for interpreting the message, and with consistent and maximal cues, the patient can produce short consonant-vowel combinations or automatic words that are rarely intelligible in context.
- LEVEL 3:** The communication partner must assume primary responsibility for interpreting the communication exchange. However, the individual is able to produce short consonant-vowel combinations or automatic words intelligibly. With consistent and moderate cueing, the individual can produce simple words and phrases intelligibly, although accuracy may vary.
- LEVEL 4:** In simple structured conversation with familiar communication partners, the individual can produce simple words and phrases intelligibly. The individual usually requires moderate cueing in order to produce simple sentences intelligibly, although accuracy may vary.
- LEVEL 5:** The individual is able to speak intelligibly using simple sentences in daily routine activities with both familiar and unfamiliar communication partners. The individual occasionally requires minimal cueing to produce more complex sentences/messages in routine activities, although accuracy may vary and the individual may occasionally use compensatory strategies.
- LEVEL 6:** The individual is successfully able to communicate intelligibly in most activities, but some limitations in intelligibility are still apparent in vocational, avocational, and social activities. The individual rarely requires minimal cueing to produce complex sentences/messages intelligibly. The individual usually uses compensatory strategies when encountering difficulty.
- LEVEL 7:** The individual's ability to successfully and independently participate in vocational, avocational, or social activities is not limited by speech production. Independent functioning may occasionally include the use of compensatory techniques.

## Measure Specifications

<b>Numerator:</b>	Clinician's or facility's proportion of stroke patients in each risk-adjusted group that makes at least one level of progress on the Motor Speech Functional Communication Measure
<b>Denominator:</b>	National proportion of stroke patients in each risk-adjusted group in that treatment setting that makes at least one level of progress on the Motor Speech Functional Communication Measure
<b>Denominator Exclusions:</b>	Patients discharged from speech-language pathology services after only one treatment session.
<b>Type of Score:</b>	Nonweighted score/composite/scale
<b>Calculation Algorithm:</b>	None
<b>Data Collection Methods:</b>	Data collection instrument (National Outcomes Measurement System Adult component)
<b>Sampling:</b>	None – use all eligible cases
<b>Risk Adjustment:</b>	<p>Among patients for whom at least 50% of their speech-language pathology treatment was focused on motor speech, the following risk-adjusted groupings are recommended:</p> <p>A) Motor Speech level at admission = Level 3 Goal for Motor Speech level at discharge = Level 6 <i>Among patients whose speech-language pathology treatment addressed only motor speech</i></p> <p>B) Motor Speech level at admission = Level 3 Goal for Motor Speech level at discharge = Level 6 <i>Among patients for whom memory was the focus of 50% to 99% of their speech-language pathology treatment</i></p> <p>C) Motor Speech level at admission = Level 4 Goal for Motor Speech level at discharge = Level 6 <i>Among patients whose speech-language pathology treatment addressed only motor speech</i></p> <p>D) Motor Speech level at admission = Level 4 Goal for Motor Speech level at discharge = Level 6 <i>Among patients for whom memory was the focus of 50% to 99% of their speech-language pathology treatment</i></p> <p>E) Motor Speech level at admission = Level 5 Goal for Motor Speech level at discharge = Level 6 <i>Among patients whose speech-language pathology treatment addressed only motor speech</i></p> <p>F) Motor Speech level at admission = Level 5 Goal for Motor Speech level at discharge = Level 6 <i>Among patients for whom memory was the focus of 50% to 99% of their speech-language pathology treatment</i></p>

G) Motor Speech level at admission = Level 6  
Goal for Motor Speech level at discharge = Level 7

**Stratification to Detect  
Disparities:**

Age at admission  
Race  
Treatment setting  
Functional level at admission

**Level of Measurement/  
Analysis:**

Clinician  
Facility  
Integrated delivery system

**Applicable Care Settings:**

Home health  
Inpatient rehabilitation  
All outpatient settings  
Clinician practice/office  
Acute care hospital  
Skilled nursing facility  
Community/public health centers

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## Quality Measure

### Functional Communication Measure: Reading

**Description:** This measure describes the change in functional communication status subsequent to speech-language pathology treatment of patients who have reading deficits.

**LEVEL 1:** The individual attends to printed material, but doesn't recognize even single letters or common words.

**LEVEL 2:** The individual reads single letters and common words with consistent maximal cueing.

**LEVEL 3:** The individual reads single letters and common words, and with consistent moderate cueing, can read some words that are less familiar, longer, and more complex.

**LEVEL 4:** The individual reads words and phrases related to routine daily activities, and words that are less familiar, longer, and more complex. The individual usually requires moderate cueing to read sentences of approximately 5–7 words.

**LEVEL 5:** The individual reads sentence-level material containing some complex words. The individual occasionally requires minimal cueing to read more complex sentences and paragraph-level material. The individual occasionally uses compensatory strategies.

**LEVEL 6:** The individual is successfully able to read most material but some limitations in reading are still apparent in vocational, avocational, and social activities. The individual rarely requires minimal cueing to read complex material. Although reading is successful, it may take the individual longer to read the material. The individual usually uses compensatory strategies when encountering difficulty.

**LEVEL 7:** The individual's ability to successfully and independently participate in vocational, avocational, and social activities is not limited by reading skills. Independent functioning may occasionally include use of compensatory strategies.

### Measure Specifications

**Numerator:** Clinician's or facility's proportion of stroke patients in each risk-adjusted group that makes at least one level of progress on the Reading Functional Communication Measure

**Denominator:** National proportion of stroke patients in each risk-adjusted group in that treatment setting that makes at least one level of progress on the Reading Functional Communication Measure

<b>Denominator Exclusions:</b>	Patients discharged from speech-language pathology services after only one treatment session.
<b>Type of Score:</b>	Nonweighted score/composite/scale
<b>Calculation Algorithm:</b>	None
<b>Data Collection Methods:</b>	Data collection instrument (National Outcomes Measurement System Adult component)
<b>Sampling:</b>	None – use all eligible cases
<b>Risk Adjustment:</b>	None
<b>Stratification to Detect Disparities:</b>	Age at admission Race Treatment setting Functional level at admission
<b>Level of Measurement/ Analysis:</b>	Clinician Facility Integrated delivery system
<b>Applicable Care Settings:</b>	Home health Inpatient rehabilitation All outpatient settings Clinician practice/office Acute care hospital Skilled nursing facility Community/public health centers
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## Quality Measure

### Functional Communication Measure: Writing

**Description:** This measure describes the change in functional communication status subsequent to speech-language pathology treatment of patients who have writing deficits.

- LEVEL 1:** The individual attempts to write, but doesn't produce recognizable single letters or common words.
- LEVEL 2:** The individual writes single letters and common words with consistent maximal cueing.
- LEVEL 3:** The individual writes single letters and common words, and with consistent moderate cueing, can write some words that are less familiar, longer, and more complex.
- LEVEL 4:** The individual writes words and phrases related to routine daily activities and words that are less familiar, longer, and more complex. The individual usually requires moderate cueing to write sentences of approximately 5–7 words.
- LEVEL 5:** The individual writes sentence-level material containing some complex words. The individual occasionally requires minimal cueing to write more complex sentences and paragraph-level material. The individual occasionally uses compensatory strategies.
- LEVEL 6:** The individual is successfully able to write most material, but some limitations in writing are still apparent in vocational, avocational, and social activities. The individual rarely requires minimal cueing to write complex material. The individual usually uses compensatory strategies when encountering difficulty.
- LEVEL 7:** The individual's ability to successfully and independently participate in vocational, avocational, and social activities is not limited by writing skills. Independent functioning may occasionally include use of compensatory strategies.

### Measure Specifications

**Numerator:** Clinician's or facility's proportion of stroke patients in each risk-adjusted group that makes at least one level of progress on the Writing Functional Communication Measure

**Denominator:** National proportion of stroke patients in each risk-adjusted group in that treatment setting that makes at least one level of progress on the Writing Functional Communication Measure

<b>Denominator Exclusions:</b>	Patients discharged from speech-language pathology services after only one treatment session, or who used alternative/augmentative communication devices.
<b>Type of Score:</b>	Nonweighted score/composite/scale
<b>Calculation Algorithm:</b>	None
<b>Data Collection Methods:</b>	Data collection instrument (National Outcomes Measurement System Adult component)
<b>Sampling:</b>	None – use all eligible cases
<b>Risk Adjustment:</b>	None
<b>Stratification to Detect Disparities:</b>	Age at admission Race Treatment setting Functional level at admission
<b>Level of Measurement/ Analysis:</b>	Clinician Facility Integrated delivery system
<b>Applicable Care Settings:</b>	Home health Inpatient rehabilitation All outpatient settings Clinician practice/office Acute care hospital Skilled nursing facility Community/public health centers
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## Quality Measure

### Functional Communication Measure: Swallowing

**Description:** This measure describes the change in functional communication status subsequent to speech-language pathology treatment of patients with dysphagia.

- LEVEL 1:** Individual is not able to swallow anything safely by mouth. All nutrition and hydration is received through non-oral means (e.g., nasogastric tube, PEG).
- LEVEL 2:** Individual is not able to swallow safely by mouth for nutrition and hydration, but may take some consistency with consistent maximal cues in therapy only. Alternative method of feeding required.
- LEVEL 3:** Alternative method of feeding required as individual takes less than 50% of nutrition and hydration by mouth, and/or swallowing is safe with consistent use of moderate cues to use compensatory strategies and/or requires maximum diet restriction.
- LEVEL 4:** Swallowing is safe, but usually requires moderate cues to use compensatory strategies, and/or the individual has moderate diet restrictions and/or still requires tube feeding and/or oral supplements.
- LEVEL 5:** Swallowing is safe with minimal diet restriction and/or occasionally requires minimal cueing to use compensatory strategies. The individual may occasionally self-cue. All nutrition and hydration needs are met by mouth at mealtime.
- LEVEL 6:** Swallowing is safe, and the individual eats and drinks independently and may rarely require minimal cueing. The individual usually self-cues when difficulty occurs. May need to avoid specific food items (e.g., popcorn and nuts), or require additional time (due to dysphagia).
- LEVEL 7:** The individual's ability to eat independently is not limited by swallow function. Swallowing is safe and efficient for all consistencies. Compensatory strategies are effectively used when needed.

### Measure Specifications

**Numerator:** Clinician's or facility's proportion of stroke patients in each risk-adjusted group that makes at least one level of progress on the Swallowing Functional Communication Measure

**Denominator:** National proportion of stroke patients in each risk-adjusted group in that treatment setting that makes at least one level of progress on the Swallowing Functional Communication Measure

<b>Denominator Exclusions:</b>	Patients discharged from speech-language pathology services after only one treatment session.
<b>Type of Score:</b>	Nonweighted score/composite/scale
<b>Calculation Algorithm:</b>	None
<b>Data Collection Methods:</b>	Data collection instrument (National Outcomes Measurement System Adult component)
<b>Sampling:</b>	None – use all eligible cases
<b>Risk Adjustment:</b>	None
<b>Stratification to Detect Disparities:</b>	Age at admission Race Treatment setting Functional level at admission
<b>Level of Measurement/ Analysis:</b>	Clinician Facility Integrated delivery system
<b>Applicable Care Settings:</b>	Home health Inpatient rehabilitation All outpatient settings Clinician practice/office Acute care hospital Skilled nursing facility Community/public health centers
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