



The Value of Speech-Language Pathology-Led Instrumental Swallowing Assessment for Dysphagia Management



Fiberoptic Endoscopic Evaluation of Swallowing (FEES) and Videofluoroscopic Swallowing Study (VFSS) play a central role in informing treatment decisions and reducing adverse events.



Dysphagia's Impact

The Downstream Toll of Dysphagia

33-40% higher health care costs^{1, 2}
3-4 day increase in length of stay^{1, 2}

2x higher odds of in-hospital mortality²

8x higher odds of developing aspiration pneumonia³

82% higher risk of hospital re-admission for pneumonia⁴



The Hidden Problem

No Visible Symptoms: Silent aspiration occurs without coughing, choking, or other observable symptoms—and goes undetected by clinical screening and assessment alone.

58% of aspiration pneumonia cases in acute-care hospitals are caused by silent aspiration.⁵

3x higher odds of 30-day mortality among older adults with aspiration pneumonia who silently aspirate.⁵



The Solution

Why Instrumental Swallowing Assessment Matters

Instrumental-guided care delivered by speech-language pathologists (SLPs) reduces **hospital resource use** and improves **treatment efficacy** for children and adults.



Improved Clinical Decision-Making and Better Health Outcomes

Following the introduction of SLP-led instrumental-guided care . . .



69% of adults with stroke were identified as having inaccurate diet recommendations.⁶

Adults with stroke whose diet was adjusted based on instrumental findings had markedly better outcomes than those whose diet was not changed, with . . .

- **6** fewer hospital days.⁶
- **42%** fewer pneumonia cases.⁶
- **52%** fewer intubation or mechanical ventilation cases.⁶
- **85%** lower in-hospital mortality.⁶



91% of infants in the NICU received updated diet recommendations.⁷

In the NICU, compared to pre-assessment . . .

- **49%** fewer infants experienced adverse events of apnea, bradycardia, and desaturation.⁷
- **67%** more infants achieved oral feeding.⁷
- **39%** of infants were identified with previously unknown anatomical abnormalities (e.g., subglottic stenosis, laryngomalacia).⁷



Lower Medical Resources Use

Adults and children experience improved healthcare outcomes following instrumental-informed SLP care.

Hospitalized adults with tracheotomy had . . .



- **83%** higher likelihood of being decannulated than those who didn't receive instrumental evaluation.⁸
- **3** fewer chest x-rays, **8** fewer ICU days and **13** fewer days in general medical units following the establishment of automatic referral for instrumental assessment by SLPs.⁹

Compared to pre-assessment, young children with dysphagia seen in an outpatient clinic had . . .



- **13** fewer hospital days, with an **85%** decrease in odds of hospitalization.¹⁰
- **9** fewer days of antibiotic use, with **60%** lower odds of antibiotic use.¹⁰



Safe and Well-Tolerated



81-84%

of patients who receive FEES report minimal to no discomfort.^{11, 12}



<7%

of patients who receive FEES experience only minor self-resolving complications (e.g., nosebleeds).¹²⁻¹⁵



Lower radiation

exposure for VFSS than mammograms and many other routine X-ray studies.^{16, 17}

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