The only locally owned and operated Board Certified mobile FEES provider

(716) 427-3560

Mobile Dysphagia Diagnostics can assist in solving several problems in your SNF:

Problem #1: Cost of re-hospitalizations

The following five conditions account for 78% of all 30-day SNF re-hospitalizations, and have all been deemed as potentially avoidable.

1. Congestive Heart Failure (CHF) - can be reduced by adherence to any fluid or dietary restrictions.
2. Respiratory infections - may be reduced by following appropriate positioning of residents with swallowing problems to avoid aspiration that could lead to pneumonia.
3. Urinary Tract Infection (UTI) - can result from dehydration or poor nutrition, which may be prevented with careful monitoring of patient fluid and nutrient intake.
4. Sepsis - same as above
5. Electrolyte imbalance - same as above

Solution #1:

Mobile Dysphagia Diagnostics is able to test a variety of compensatory strategies to determine the least restrictive diet that the resident will be compliant with. The procedure is performed in the resident's natural environment and position to ensure accurate recommendations.

Problem #2: Increased operating costs with thickened liquids

Many residents are assessed with a modified barium swallow study (MBSS) at the hospital when they are acutely ill. Once their condition has improved, they are sent back to the SNF. It has been found that 80% of residents have improved after discharge back to the SNF to the point that they no longer need the thickened liquids, but are never re-evaluated.

- It costs the facility $7,000 per resident to be on nectar thick liquids for 1 year.
- Research shows that having a resident on thickened liquids can greatly improve the risk of dehydration and pneumonia, and decrease their quality of life.
- The more residents that are on thickened liquids, the higher the risk for CNAs to make an accidental error when passing fluids, leading to a DOH tag.

Solution #2:

Mobile Dysphagia Diagnostics is able to test a variety of compensatory strategies to determine the least restrictive diet/liquid consistency that the resident will be compliant with.

Problem #3: Cost of sending a resident to the hospital for a MBSS

An MBSS costs approximately $1200-$1800 and affects the productivity of OT/PT/SLP and the associated RUG levels.

- There are several charges tied in to the cost of an MBSS - the cost of the speech-language pathologist to perform the study, the cost of the radiologist/radiology tech, radiology suite charges, barium cost (which has tripled in recent years), cost of transportation to the hospital and a companion or CNA to go with them. These charges are all fluid, and subject to change. They are not all billed at once per patient and usually are all included in one bill annually from the radiology department to the SNF.

- The MBSS procedure itself takes 4 minutes to perform, however the average length of time the resident is gone from the facility is 4 hours. While the resident is gone, OT/PT/SLP all miss out on designated treatment minutes for the day affecting productivity, and ultimately affecting the RUG level.

Solution #3:
Mobile Dysphagia Diagnostics charges one low all inclusive rate per procedure. This is well below the national average and we do NOT charge for mileage regardless of the distance to your facility.
- If results are not obtained, the facility is not charged.
- The facility SLP is able to bill their therapy treatment code while assisting with the procedure which will NOT disrupt productivity for skilled residents or result in a denial of facility SLP claims for managed care residents.
- The facility is able to receive the procedure allowable back for LTC residents.

Problem #4: Length of time it takes to send a resident for an MBSS and obtain results
Appointment times can be anywhere from 2-6 weeks away.
- Radiology directors reserve a few hours per week in the radiology suite for outpatient MBSSs. If several SNFs are sending their residents to the same hospital, depending on the availability of the SLP and radiologist, the MBSS can be pushed out several weeks.
- Once the MBSS is completed, the SLP and radiologist each have to write their reports, and they may not be completed for a few days. The facility SLP is responsible for tracking down the report through medical records and having it faxed to the appropriate nurses station, oftentimes taking a week to receive the report with results.

Solution #4:
Mobile Dysphagia Diagnostics will be to your facility within 1-2 business days of receiving the physicians order.
- We can be reached via phone, email, text, or request through our website.
- We can also schedule a time that is most convenient for the facility SLP and the family, so that everyone can be consulted to make the most appropriate patient-centered recommendations.
- We carry a mobile printer and print the report and still images of the study, and leave them in the resident's chart that same day.
- Results can be implemented immediately into the resident's treatment plan to expedite and maximize the ability to achieve their highest level of functioning, and reduce the risk of dehydration, malnutrition, and pneumonia.

Problem #5: Disagreement between nursing, SLP, family, and/or resident for safest, least restrictive diet
Your SLP does not have X-ray vision. There is a 70% error rate with clinical bedside swallowing evaluations where SLPs have made over-restrictive recommendations while also missing silent aspiration.

Solution #5:
A picture is worth 1,000 words. We bring an evidence based assessment that is now considered a GOLD STANDARD in dysphagia diagnostics to the bedside.
- The family, facility SLP, and/or nursing are all encouraged to provide input and watch the evaluation while we trial the facility's food, liquids, and actual medication if desired.
- This provides objective, measurable data to prove medical necessity of speech therapy services and document progress, or lack thereof, to justify accurate calculation of RUG levels, to reduce or increase the need for modified diets, thickened liquids, and in some cases, alternate means of nutrition (tube feedings)
- The technology has improved dramatically in the last 10 years, and the scope is so small that it has been deemed a very quick, SAFE, and painless procedure.
- Our procedure has been shown to be higher in specificity in identifying penetration, aspiration, residue, and spillage, than an MBSS.
- Mobile Dysphagia Diagnostics serves as an ongoing consultant to the facility at no additional charge.