A cost-benefit analysis of choosing non-instrumental bedside screenings in patients with low risk factors for PED not meeting the CMS criteria of PMV (prolonged mechanical ventilation)

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**Methods**

This will be a secondary analysis of existing data (de-identified). The HCA corporate database will be queried.

**Inclusion criteria:**
- Age 20-55
- Sex: M & F
- Endotracheal tube
- Laryngeal mask

**Exclusion criteria:**
- Hx of Stroke
- Neuromuscular disease
- Low GCS
- Advanced age
- Prolonged mechanical ventilation (PMV is defined by CMS as greater than 21 days)
- Preexisting CHF
- Forced supine position
- Presence of tracheostomy
- NG tube placement
- hx of head and neck cancer
- Recent TEE

Variables on which data will be collected:
Demographics (Age, Gender, Race, tobacco use), discharge diagnosis, procedures, treatments, labs, vitals, encounters, Glasgow coma scale, duration of intubation, lag time between extubation and swallow study, type of swallow assessment performed, and swallow assessment results.

**Next Steps**

1. In addition to seeking expert advice from a statistician, we plan to run a logistic regression analysis to determine if there is a correlation between duration of intubation and first-time swallow study pass rate.

2. With the variables collected we will also be able to determine if there are any that may be contributing to failures of swallow evaluation.

3. From this information we will be able to assess the benefits of more advanced swallow evaluations in our low risk patient population.

**Project Goals**

The goal of our research is to determine if there is a benefit to using non-instrumental screenings for PED in low risk patients. This will be identified through first-time swallow study pass rate in the included populations. Having the ability to choose non-instrumental screenings in low-risk patients could decrease the lag time in receiving adequate nutrition, while lowering patient and hospital resource costs.

**References**


