



CLINICAL POLICY

Speech Pathology: Fiberoptic Endoscopic Evaluation of Swallowing (FEES)

A. EFFECTIVE DATE :

March 15, 2022

B. PURPOSE :

The purpose of this policy is to outline the appropriate indications for completion of the FEES procedure and care of the FEES unit.

C. POLICY :

It is the policy of Rehabilitation Services to perform a Fiberoptic Endoscopic Evaluation of Swallowing (FEES) assessment on appropriate patients presenting with swallow difficulty and suspected aspiration risk with oral intake. The FEES assessment will evaluate both the pharyngeal phase of the swallow and its components, as well as airway protection in order to determine a least restrictive diet to optimize nutritional intake while minimizing risk of aspiration. This evaluation and guidelines are in accordance with the scope of practice outlined by ASHA for "Instrumental Diagnostic Procedures for Swallowing"/FEES.

ASHA Position Statement

- "It is the official position of the American Speech-Language Hearing Association that fiberoptic endoscopy is an imaging procedure that may be utilized by speech-language pathologists to evaluate swallow function. Fiberoptic endoscopy may also be utilized as a therapeutic aid and biofeedback tool during the course of swallowing treatment. The assessment and management of dysphagia falls within the scope of practice of speech –language pathology. Speech-Language pathologists with expertise in dysphagia and specialized training in fiberoptic endoscopy are professionals qualified to use this procedure independently for the purpose of assessing swallow function and related functions of structures within the upper aerodigestive tract. The procedure is not intended to replace the fiberoptic examination performed by the otolaryngologist to assess the integrity of the laryngeal and pharyngeal structures. Physicians use endoscopy for functional evaluation of swallowing and/or to assess the integrity of the laryngeal and pharyngeal structures in order to render a medical diagnosis. Within interdisciplinary settings, these medical diagnosis and swallowing function assessment procedures can be accomplished through combined efforts of these related professionals. Care should be taken to use this examination only in settings where medical personnel are available to ensure patient safety." (ASHA, 2005)
- Refer to detailed ASHA guidelines for clinical indications for instrumental examination and knowledge and skills for Speech Language Pathologists (SLP) performing endoscopic evaluation.

- The use of FEES studies is useful in identification and management of dysphagia in a hospital setting and is critical in reducing aspiration and associated pulmonary complications.
- The FEES study is a reliable alternative to the Modified Barium Swallow Study.
- Functional assessment of swallowing; this study does not render a medical diagnosis related to the identification of pathology.
- Endoscopy is used to provide descriptive information of the structural, functional, and sensory components of the nasopharynx, oropharynx, hypopharynx and the larynx as well as providing objective information regarding parameters evaluated as it pertains to the act of deglutition.
- Endoscopy provides another means of identifying and treating dysphagia and voice disorders when the methods currently utilized are not best suited for the patient based on the presenting clinical picture, diagnosis and physical limitations/environment.

D. SCOPE :

This policy applies to all inpatient Speech Pathologists who perform FEES

E. MATERIAL(S) NEEDED :

Fiberoptic endoscope with video connection and monitor for visualization

F. PROCEDURE :

- Indications for Endoscopy
 - FEES may be indicated given various situations including but not limited to:
 - Those patients unable to tolerate transportation to the fluoroscopy suite due to pain, injury or medical status.
 - Patients with multiple medical equipment needs; such as those patients in intensive care and/or ventilator dependent patients.
 - Difficult to position patients which may also limit the view during videofluoroscopy (i.e. Contractures, patient size [weight or shoulder width], decubitus ulcers).
 - Patients with immediate needs for evaluation to rule out aspiration.
 - Assessing potential for PO intake in those patients who have been NPO long term (i.e. when there is need for assessing management of secretions).
 - When frequent reassessments are required for patients with rapidly changing swallowing status.
 - When fatigue is suspected over length of time/over the meal process- possibly leading to aspiration.
 - When airway protection is suspected secondary to dysphagia, history of prolonged intubation or suspicion of vocal fold paresis/paralysis
 - Residue build -up over several swallows during the meal is suspected- possibly leading to aspiration.
 - Concern regarding excess radiation exposure.
- Contraindications for Flexible Endoscopy
 - Patients with the following medical conditions/history will be excluded:
 - Patients with significant nasal and/or supraglottic deviations precluding insertion of scope and/or nasal fracture.
 - History of endoscopic pituitary/skull based surgery
 - Cardiac arrhythmias or acute cardiac problems predisposing the patient to bradycardia.
 - Syncope-history of fainting
 - Patients in respiratory distress who require more than nasal cannula for supplemental oxygen needs
 - Agitated patients

- Poor alertness or too cognitively impaired to participate
 - Bleeding disorders which may impact patient’s performance; patient’s with bleeding disorders are to be cleared per MD and nursing prior to FEES.
- Patient Population and Criteria
 - Age: Evaluations will be performed on adult patients’ ages 18yrs and older.
 - Physical Abilities:
 - Patient will be examined in postures typical of those in which they normally eat and/or optimal position based on the patient’s medical status.
 - Cognitive Abilities:
 - Patient must be alert and maintain sufficient alertness to participate in general feeding tasks
 - Patient cannot demonstrate agitation for general environmental stimuli.
- Personnel
 - Speech-Language Pathologist: The FEES Evaluation will be performed by Speech Language Pathologists (SLP) who have obtained a master’s degree or higher in speech pathology, is licensed by the state of CT and hold a certificate of clinical competence (CCC) issued by the American Speech and Hearing Association (ASHA). To ensure the highest quality of care, all Speech Pathologists performing the evaluation will also meet the following criteria:
 - Completed an ASHA certified workshop/seminar in methodology and use of fiberoptic endoscopy.
 - Successful completion of a minimum of 20 endoscopic procedures under the supervision of a trained SLP.
 - Maintain current Basic Life Support Certificate (CPR)
 - Will complete annual competencies with respect to the maintenance of clinical skills required for completion of FEES procedures. To be completed during performance review period by the rehabilitation department supervisor.
 - Demonstrate understanding of the disinfection policy and procedure of the endoscope.
- Referral Process
 - Referrals will be received from provider through the EPIC EMR system. Orders will state a minimum of “Inpatient consult to Speech Therapy: FEES” in order to expedite the scheduling and completion of the evaluation.
 - Inpatient Referrals: Will be received in EPIC as a new order.
 - Upon receipt of the order a chart review will be completed. The decision for the appropriateness of the FEES will be based on the SLP’s assessment of the patient criteria and contraindications. If the patient meets established criteria the nurse will be notified and a time will be arranged. The FEES will then be completed.
- Evaluation Process/Procedures
 - Case history will be completed by the SLP.
 - SLP will make clinical determination as to whether or not the patient is an appropriate candidate for safe completion of a FEES procedure.
 - Preparation for the Exam:
 - Given the nature of this evaluation, one primary therapist and one assistant will be present during the evaluation. The primary therapist will direct the evaluation procedure (including passing the flexible scope, determining consistencies and food items to be administered, and termination of the evaluation) The assistant will present food and liquid items during the evaluation if the patient is unable to assist, as well as retrieve necessary items during the evaluation not currently present.
 - Endoscopist will gather all necessary items for the exam including PPE and food bolus items

- Endoscopist will ensure proper posture of the patient and will ensure that equipment is functioning appropriately for the procedure.
- Endoscopist will obtain patient consent and perform a time out to properly ID the patient with 2 identifiers and review the time out check list.

EXAMINATION PROCEDURES FOR FEES

The examination and procedures may be altered at the discretion of the performing therapist based on the patient's tolerance and ability to comply.

- Informed consent will be obtained and documented prior to the exam.
- Appropriate nares for flexible endoscope insertion will be chosen based on patient's airflow
- The tip of the scope will be placed in the nasal vestibule to observe anterior size and configuration of the nasal turbinate and septum.
- The flexible scope will be advanced via the inferior nasal meatus until the velopharyngeal port (VP) is observed.
- The patient will be asked to complete the following tasks to assess VP competency:
 - Dry swallow
 - Production of "ee" and alternating nasal and non-nasal sounds
 - Sustained production of "s" in a loud pressured manner
 - If VP incompetence is observed, consideration of presenting food or liquids is made to assess for nasal regurgitation
- The scope/tip will then be deflected downward via the VP and advanced to above the level of the tip of the epiglottis.
 - Patient may be asked to close mouth breathe via nose to promote opening of the VP
- The general appearance and function of the oropharynx and hypopharynx as well as the larynx will be commented on, including but not limited to the following:
 - Symmetry of structures at rest
 - Pooling and location of secretions, frequency of spontaneous dry swallows
 - For base of tongue assessment, the patient will be asked to produce a post-vocalic /l/
 - Elicitation of a pharyngeal squeeze and vocal fold Abduction/Adduction
 - Pitch glide
 - sustained phonation
 - Patient will be instructed to produce /ee/ and sniff
 - Vocal fold closure for airway protection
 - Patient will be instructed to cough
 - Patient will be asked to hold breath and attempt to sustain for 5-7 seconds
 - Presence of NGT- including size and if it appears to interfere with epiglottic or arytenoid movement
- The introduction of food/liquid will involve the standard consistencies tested. Bolus volumes and consistencies trialed to be determined based on patient clinical response during the exam.
- Therapeutic maneuvers will be incorporated into the evaluation process based on the professional judgement of the primary therapist.
- Pharynx, larynx and trachea will be monitored during the procedure for dysphagia symptoms.
- At the end of the exam, the endoscope will be carefully removed under direct visualization on the monitor.
- The recording will be reviewed and the patient will be counseled as to the results of the evaluation
- Full report will be documented and findings will be promptly provided to appropriate medical staff.

POST-EXAMINATION PROCEDURES FOR FEES

- Pre-cleaning and disinfecting equipment will be completed according to manufactures guidelines.
- Wipe down cart and unit
 - If exam is completed in a patient room where contact isolation precautions are in place, the unit will be wiped down per disinfection policy specific to the organism
 - Soiled scope to be returned with lid in place to central sterile.

INFECTION CONTROL POLICY AND PROCEDURE

- For scope cleaning refer to site specific operational guidelines and infection control policies.
- Scope will be obtained from central sterile in approved storage container and wrapping marked clean
- Upon completion of the procedure the scope will be wiped down and placed back the storage container labeled dirty and returned to central sterile.

FEES AND REIMBURSEMENT ISSUES

- FEES procedures will be billed using CPT code 92612 indicated by payer.

G. REFERENCES :

American Speech and Hearing Association <https://www.ASHA.org>

H. SEARCH WORDS :

Speech Pathology
FEES

I. ENFORCEMENT:

Violations of this policy or associated procedures may result in appropriate disciplinary measures in accordance with University By-Laws, General Rules of Conduct for All University Employees, applicable collective bargaining agreements, the University of Connecticut Student Code, other applicable University Policies, or as outlined in any procedures document related to this policy.

J. STAKEHOLDER APPROVALS :

On File

K. COMMITTEE APPROVALS :

None

L. FINAL APPROVAL :

- | | |
|---|---------------------------|
| 1. <u>Bruce T. Liang, MD (Signed)</u>
Bruce T. Liang, MD
UConn Health Interim Chief Executive Officer | <u>04/10/2022</u>
Date |
| 2. <u>Anne D. Horbatuck (Signed)</u>
Anne D. Horbatuck, RN, BSN, MBA
Clinical Policy Committee Co-Chair | <u>03/29/2022</u>
Date |
| 3. <u>Scott Allen, MD (Signed)</u>
Scott Allen, MD
Clinical Policy Committee Co-Chair | <u>04/04/2022</u>
Date |
| 4. <u>Caryl Ryan (Signed)</u>
Caryl Ryan, MS, BSN, RN
Chief Operating Officer, JDH
VP Quality and Patient Services & Chief Nursing Officer | <u>03/31/2022</u>
Date |

M. REVISION HISTORY :

Date Issued: 03/15/22

Date Revised:

Date Reviewed: