



HEALTH SERVICES FOR COMMUNITY LIVING
SPECIALIZED DYSPHAGIA CONSULTATION SERVICE PROTOCOLS
REVISED FEBRUARY 2025

A specialty dysphagia consultation service for adults with Developmental Disabilities who receive services from Health Services for Community Living (HSCL) has been available since January 1996. These revised protocols take the place of previous protocols. The service is provided under a provincial contract and is available to all BC health regions with the exception of Vancouver Island and the Southern Okanagan. Specialized dysphagia consultation services are covered through the provincial contract and there is no additional cost to clients or health regions.

DESCRIPTION OF SERVICE

Access Community Therapists Ltd. (Access) is contracted to provide specialized dysphagia consultation services to adults with Developmental Disabilities who are eligible for Community Living BC (CLBC) and the Health Services for Community Living (HSCL) program. These services are intended to augment locally available supports provided by HSCL or Home & Community Care clinicians (i.e., Occupational Therapist, Registered Dietitian, Registered Nurse, Speech-Language Pathologist, Dental Hygienist). The expectation is that the referring clinicians provide dysphagia assessment and intervention to the extent of their skill and experience. The referring clinician determines when to request a dysphagia consultation from Access. See [Appendix A](#) for the types of dysphagia clients that could be referred.

Access dysphagia consultants provide services in the Greater Vancouver Area and on an outreach basis to communities outside of this region except for Vancouver Island and Southern Okanagan (Penticton, Kelowna) due to historical exemption. Services are provided by in-person visits to the client's home or day program as well as virtually, when appropriate.

REFERRALS

The community clinician makes referrals to the Specialized Dysphagia Consultation Service. A referring clinician may contact the Access dysphagia consultant or Dysphagia program manager directly for discussion about a client or to determine the need for a dysphagia referral.

The completed HSCL Request for Specialized Services form ([Appendix B](#)) is faxed or emailed with encryption to:

Access Community Therapists Ltd.
Fax: 604-736-7019
Email: info@accesstherapists.com

Access will confirm receipt of the referral to the referral source by email within three working days. If confirmation is not received within this time frame the referral source is asked to call Access at (604) 736-7009.

The referring clinician may attach the optional completed dysphagia symptom checklist (Appendix C) to the referral form

New and/or urgent client information regarding a change in health status affecting dysphagia management should be directed to Access at the above contacts. Access will ensure the appropriate dysphagia consultant receives the information in a timely manner.

Urgent Referrals

An urgent referral can be indicated in the space provided on the referral form. Examples of indicators for an urgent dysphagia consultation may include:

- choking episode or high risk for choking
- recent hospitalization for pneumonia
- sudden decline/change in swallowing function

See dysphagia symptom checklist (Appendix B 'Red flags') for other examples of urgent referral indicators.

Urgent referrals will be responded to by a phone call or email from the Access clinician providing dysphagia consultation to both the client and referring clinician within two working days of receipt. Immediate management strategies to address safety concerns may be suggested and an appointment for an initial assessment will be scheduled. The appointment may be in-person or virtual.

Re-referrals

If a client has been discharged or has not been seen for one year, a re-referral is required.

DESCRIPTION OF THE DYSPHAGIA CONSULTATION PROCESS

1. The referring clinician generates the dysphagia referral and faxes (604-736-7019) or emails with encryption (info@accesstherapists.com) to the Access office.
2. Access office confirms receipt of the referral to the referral source and forwards the referral to the assigned dysphagia consultant.
3. The assigned dysphagia consultant will contact the referring clinician regarding the referral and determine if a joint visit is requested as well as timing of the visit.

4. The assigned dysphagia consultant contacts the dietitian, if involved, to decide if a joint visit needs to be coordinated. Dietitian services are provided separately from the Access contract and vary according to the Health Region.
5. The dysphagia consultation process includes:
 - a. Obtaining consent from client and/or substitute decision maker
 - b. Initial clinical assessment at home or day program
 - c. Follow-up assessment visits as required
 - d. Assessment may include recommendation for an instrumental exam such as Videofluoroscopic Swallow Study (VFSS) or Fiberoptic Endoscopic Evaluation of swallowing (FEES)
 - e. Generation of a dysphagia consultation report with recommendations
 - f. Generation of mealtime guidelines (caregiver training tool) for the client's caregivers (family home, group home, day program) as needed
 - g. Caregiver education/training to support recommendations (both formal and informal) as required
6. Reports and guidelines are provided to the client and copied to the referring clinician, other team members as required, the dietitian and the family physician and other medical specialist as appropriate.
7. The dysphagia consultant will discharge stable clients back to the referring clinician with discussion that these clients can be re-referred as needed.
8. Client files with severe dysphagia and ongoing needs may remain open with ongoing contact with the client, involved professionals and home.

For further information or clarification about the use of the HSCL dysphagia service protocols, please contact the Access office at 604-736-7009, or info@accesstherapists.com.

Submitted By:

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Access Community Therapists

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Access Community Therapists

APPENDIX A: DYSPHAGIA REFERRAL EXAMPLES:

The scenarios below provide examples of the type of client situations that require the HSCL dysphagia consultation service:

A: Client Description:

- 45-year-old woman with Spastic CP and seizure disorder
- Recent hospitalizations for UTI and suspected aspiration pneumonia
- Uses wheelchair and custom seating for positioning and mobility
- Tone and positioning are an ongoing concern and recently seen for spasticity management
- Weight loss since hospitalization
- Puree and thickened fluids initiated at hospital but client refusing
- Staff report coughing at night.

Clinical Requirements:

- Full assessment (history, oral motor exam, meal observation) with focus on history to determine if prior respiratory illnesses or recent occurrence
- Review of circumstances for UTI (fluid intake issues?)
- Tone management interventions provided (medication change or increase can impact alertness, muscle function)
- Also determine if client at baseline or still recovering
- Dietitian involvement highly desirable due to weight loss and possibly hydration concerns
- Client's previous diet textures and preferences reviewed to understand baseline and baseline abilities prior to illness
- Review for potential GE reflux risk
- Positioning would be carefully reviewed as it relates to mealtime eating and drinking, post meal positioning and positioning at night
- Recommendations would be made based on the client's current status with plan for follow-up to upgrade if not at baseline
- Report, guidelines and training provided with ongoing revisions as client status indicates

B: Client Description:

- 35-year-old client with developmental disability, autism spectrum disorder, and mental health concerns
- Recent choking incident at Day Program requiring caregiver intervention and visit to Emergency
- Client is ambulatory and able to feed themselves requiring supervision and some assist for ADL's
- Followed by Developmental Disability Mental Health Service (DDMHS)

Clinical Requirements:

- Full clinical assessment required with review of choking history and factors that increase choking risk (dental status, medications, level of supervision, rapid eating, behaviors, lack of chewing, food textures offered)
- Review of mental health medications which may have side effects that can impact swallowing
- Mealtime environment would be examined both at home and day program setting
- Recommendations would focus on mitigating risk for choking with environmental strategies and close supervision playing a key role

C: Client Description:

- 56-year-old woman with Down Syndrome and dementia with agitation at times
- Recent decline in function and requiring feeding at times
- Weight loss recorded
- Staff note increased coughing when drinking
- Meals are taking an hour or longer to complete
- Remains on a softer regular diet

Clinical Requirements:

- Full clinical assessment including review of client abilities throughout the day
- Alertness level reviewed with staff as this can vary with dementia and has a high impact on swallowing safety
- Review of self-feeding abilities, food textures and drink consistencies and client preferences
- Review of strategies to help facilitate mealtimes for individuals experiencing dementia
- Assessing environment, posture, sensory enhancement of food/drinks and adjusting meal schedule to suit alertness levels
- Dietitian involvement is required to address intake and weight loss
- Provision of report, mealtime guidelines and training of staff
- Follow-up/re-assessment is likely required due to progressive nature of dementia

If you are not sure if your referral request fits the criteria for dysphagia consultation please contact Access Community Therapists at 604-736-7009 or info@accesstherapists.com and ask to be directed to the Dysphagia Program Manager. The HSCCL Dysphagia Contract Protocols can be downloaded from the Access website (under Services/HSCCL Resources) at www.AccessTherapists.com.

Fax this referral to 604-736-7019



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HSCL Specialized Seating or Dysphagia Consultation Referral Form

Please ensure referral and addendum are complete. Incomplete referrals will be returned.

(Refer to February 2025 HSCL Protocols for Access Seating and Dysphagia Consultation Services for more information)

DATE OF REFERRAL

URGENT REFERRAL

Specialized Seating and Mobility Services

Specialized Dysphagia Services

Dietitian Involved Yes No

Dental Hygienist Involved Yes No

Consultation Requested By HSCL/Home Health: Nurse <input type="checkbox"/> Rehab Therapist <input type="checkbox"/> Other <input type="checkbox"/>	
Name	Email
Phone Number	Health Unit / Title

Consultation Requested For:				
Legal Last Name	Legal First Name	Initial	Name client goes by	Pronouns
Address		City		Postal Code
Personal Health Number	Date of Birth (yyyy/mm/dd)		Phone Number	
Primary Contact Person	Service Provider Agency		Phone Number	

Other Contacts	Aware of Referral	Phone	Email
Family Contact	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Physician(s)	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Decision Maker Self <input type="checkbox"/> Other <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Diagnosis:

Relevant Medical History:

Reason for Referral:

Will you attend the appointments: Yes No Details for booking:

**Please also complete the Complex Seating or Dysphagia Symptom Checklist addendum (attached)

Access Community Therapists Ltd is contracted to provide services for HSCL clients throughout BC. As required by this contract, Access Community Therapists follows the provisions of the Freedom of Information and Protection of Privacy Act. Under this legislation, health authority staff and Access Community Therapists can share personal client information to support continuity and safety of care. Form revised Sept 2025.

Fax this referral to 604-736-7019



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HSCL-S Seating Referral Addendum – please include with all seating referrals

BACKGROUND INFORMATION	
Client's legal name	Date
Funding information	
Current wheelchair and seating (include age, provider, issues)	
Vendor of choice for new equipment	
Safety issues	
Skin concerns including pressure injuries (history, location, stage of injury if known)	
Goal(s) of referral	
Interventions trialed so far to address goal	
Additional information	



HSCL-D Dysphagia Referral Symptom Checklist Addendum – please include with all dysphagia referrals

Client's legal name:

Date of checklist completion:

Health/medical red flags:

- Recent hospitalization for pneumonia
- Choking episodes/High risk for choking
- Chronic respiratory problems/chest infections/bronchitis
- History of pneumonia, asthma, respiratory or food-related allergies
- Recent CVA, TIA → eating difficulty
- Change in level of alertness (increased anxiety/agitation or reduced alertness)
- Sudden change in eating/drinking pattern
- Symptoms of dehydration (e.g. concentrated urine, constipation)
- Sudden/unexplained weight loss (>5% of usual weight in 1 month)
- Recurrent vomiting
- History of reflux/chronic symptoms of heartburn

Before the meal:

- Drooling (not during eating or drinking)
- Gurgly, wet vocal sounds (before eating or drinking)
- Problems with getting food from plate to mouth
- Negative reaction to spoon/cup near mouth
- Refusal to eat/drink
- Poor posture at meals

During the meal:

- Discomfort or distress
- Loss of food or liquid from mouth (during eating or drinking)
- Difficulty, excessive or no chewing
- Problems moving food/drink in mouth
- Problems moving tongue
- Extended mealtimes (more than 45 minutes per meal)

Managing food/liquid:

- Coughing during or after taking food, drink or medication
- Gagging while eating/drinking
- Multiple swallows per mouthful
- Effortful or audible swallow
- Food or drink coming out of nose during meals
- Food residue in mouth after swallow
- Gurgly, wet vocal sounds (after eating or drinking)
- Change in breathing pattern, increased congestion while eating/drinking

Problems with mouth or teeth:

- Poor jaw movement
- Abnormal structures affecting eating/drinking (e.g. swelling, sores, etc.)
- No teeth/missing teeth/poor fitting dentures
- Dental decay/poor dental hygiene