

On the Radar: Quick Referral Trainings for Long-Term Care Teams

PURPOSE

Use this tool to provide **short education sessions to your interdisciplinary team members**. These brief training sessions can help team members recognize **when they should refer residents** for speech-language pathology services.

By providing **only a few focused items for team members to pay close attention to**, you place less of an “ask” on the care team—and, potentially, increase their participation in the referral process.

The training sessions typically run for brief time periods (from about 1 week to 1 month per topic). After that, team members will consult the [SNF Referral Guidelines](#) resource.

Important Note: The tool does not take the place of a comprehensive evaluation.

INSTRUCTIONS

1. Choose a referral topic.

- Identify specific needs in the areas of communication, cognition, and swallowing.
- Focus on areas that team members frequently miss.
- Review the results of recent surveys, audits, or Quality Assessment Performance Improvement initiatives.
- Talk with team members about their concerns.
- Examine your caseload patterns.

2. Plan your brief training.

- Coordinate with department leads (e.g., Nursing Department, Activities Department, Dietary Department) to schedule a 5- to 10-minute training.
- Aim for times when you’ll reach the most staff—like at shift changes, during huddles, or at standing meetings.

3. Conduct the training.

- Keep it short, specific, and interactive.
 - Share handouts with your selected topic.
 - Review key referral indicators.
 - Give examples personalized to your facility. Invite team members to share examples of their own
 - Encourage questions from the team members. **Make it easy to understand and act.**
- Set up a HIPAA-safe drop-off spot on each unit for staff to submit residents’ names for potential SLP referrals. This could be a physical folder or bin in a known location.

4. Check the drop-off locations, and follow up.

- Check the drop-off locations regularly during the designated training period.
- Follow up with a screening for any residents who staff members have identified.
- as expected during a basic conversation.

Communication Return Form

If you notice any of the following with your residents, please print their name(s) on the form below, and return the form to the speech-language pathologist (SLP) or designated location. The SLP will screen the patient in order to follow up. Your help is very appreciated!

Is the patient having new or increased trouble in doing any of the following tasks?

- **Expressing basic needs**—for example, they cannot report when they are feeling pain or do not ask for help when they need it.
- **Communicating preferences**—for example, they do not give their opinion during personal care or pick what they want to eat or drink.
- **Communicating with family members or care partners**—for example, they get frustrated when they can't express their feelings or participate in the conversation.
- **Understanding information**—for example, they do not follow directions during care tasks or do not respond as expected during a basic conversation.
- **Reading or writing**—for example, they no longer read books or newspapers, have stopped writing notes or write illegibly.

Form submitted by: _____

Resident's Name	Resident's Room #	Brief Reason for Referral

Cognition Return Form

If you notice any of the following with your residents, please print their name(s) on the form below, and return the form to the speech-language pathologist (SLP) or designated location. The SLP will screen the patient in order to follow up. Your help is very appreciated!

Is the patient having new or increased trouble in doing any of the following tasks?

- **Thinking through and completing normal daily tasks**—for example, they forget to brush their teeth.
- **Remembering familiar things**—for example, they forget to do tasks in their daily routine or have trouble remembering names of care partners or family members.
- **Making safe decisions**—for example, they get out of bed without requesting help or refuse care without giving a reason.
- **Focusing on conversations or tasks**—for example, they lose their attention easily in a conversation or they get distracted while dressing or eating.
- **Remembering conversations and facts**—for example, they persevere or repeat a statement or a question even after that conversation has already occurred and/or an answer has already been given.

Form submitted by: _____

Resident's Name	Resident's Room #	Brief Reason for Referral

Swallowing Return Form

If you notice any of the following with your residents, please print their name(s) on the form below, and return the form to the speech-language pathologist (SLP) or designated location. The SLP will screen the patient in order to follow up. Your help is very appreciated!

Does the patient show any of the following concerns when eating or drinking?

- Coughing, choking, or have a wet or “gurgly” voice.
- Trouble keeping food, drinks, or saliva in their mouth.
- Gets a runny nose or watery eyes.
- Food or liquid stays in their mouth after swallowing.
- Complains of pain or that food gets “stuck” in their throat, neck, or chest.
- Has a hard time breathing during meals.
- Complaints of difficulty or not liking the current food or drink consistencies ordered.

Form submitted by: _____

Resident's Name	Resident's Room #	Brief Reason for Referral