

AHN Wexford

2026 HAP Achievement Award In Safe Hands Award—Small/Medium Division

Reducing Readmissions through Early Identification of Aspiration Risk in Patients with COPD

The Goal: Higher-than-expected COPD readmissions prompted a closer review of factors not readily identified through routine case analysis. Aspiration risk emerged as a frequently missed contributor to recurrent respiratory decline, particularly when swallowing impairment was not clinically obvious during hospitalization. The findings pointed to an opportunity to address a hidden cause of preventable readmissions in a high-risk patient population.

The Intervention: The team made early aspiration identification a standard part of inpatient COPD care, requiring Speech-Language Pathology consultation for patients admitted with a documented history of COPD. This reduced reliance on visible symptoms or individual referral patterns, which could miss patients with silent aspiration risk.

Speech-Language Pathologists led swallowing evaluations and coordinated additional testing when needed. Nursing, hospitalist, and therapy teams received education on the connection between COPD and aspiration risk, along with guidance on bedside swallow screens, aspiration precautions, diet modifications, and patient education before discharge.





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Results: The new workflow revealed aspiration concerns that likely would have been missed under the previous process, with more than one-third of patients who received advanced swallowing testing showing evidence of aspiration. COPD readmissions declined across 30-day, 14-day, and 7-day timeframes, including the largest reduction in early post-discharge readmissions. The initiative gave care teams a practical, low-cost way to reduce preventable readmissions and better support COPD patients before they left the hospital.