Dysphagia management in residential aged care facilities: empowering resident choices

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Approximately 67% of residents in residential aged care facilities have dysphagia (Rodgers & Murray, 2016).

Dysphagia can be a result of a variety of conditions.

Dysphagia places residents at risk of aspiration and malnutrition. Aspiration can lead to chest infections, aspiration pneumonia and in serious cases, death.
Residents often require texture modified diets or thickened fluids to ensure safety of swallowing and to assist in preventing aspiration.
Project Questions

What do we do when a resident expresses a desire to discontinue thickened fluids or a modified diet?

The resident is in their “home”. How do we consider quality of life and collaborative care?

What if the resident is unable to make informed decisions?
There becomes a difficult balance between safety of swallowing and quality of life/enjoyment of food and drinks.

“Can I have a cup of normal tea?” (resident)

“He won’t eat the stuff you give him- he is losing weight” (RACF staff member)
Project Background

Prior to this project, there was no DDH process regarding how residential aged care facilities (RACFs) manage a situation where a resident has expressed a desire to discontinue speech pathology safe swallowing recommendations for diet/fluid modifications.
### Risk Feeding Versus Feeding in Palliative Care

<table>
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<tr>
<th>Feeding in palliative care</th>
<th>The goals of medical care are of a palliative/comfort nature rather than active treatment. The aim of ‘comfort feeding’ is to maintain quality of life. Food/drink consumed must remain enjoyable and comfortable, however is not without risk of aspiration.</th>
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<td>Risk Feeding</td>
<td>Active medical care is ongoing. A resident or formally appointed decision maker(s), make an informed decision to continue oral intake that has been deemed unsafe by the treating speech pathologist, and are accepting of the risk of swallowing related health complications.</td>
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Stakeholder Survey

41.67% of clinicians and nursing staff had encountered situations where there was confusion around resident choices, risk feeding and safe swallowing recommendations.

83% of clinicians and nursing staff thought it would be very useful to have a procedure standardising the approach to decision making regarding resident oral intake recommendations.
Goals

To standardise the approach to decision making around speech pathology oral intake recommendations for residents of the RACF

To highlight the importance of informed decision making and resident choice in end of life feeding.
Overview of new process

A process for nursing staff, medical officers and speech pathologists for discontinuing safe swallowing recommendations (‘risk feeding’ and for feeding in palliative care).

Includes;
• Clinician roles
• Importance of advocating for safe swallow recommendations/strategies
• Provision of consumer information
• Inclusion of medical team/decision maker
• Documentation requirements.

Procedure Name:
Dysphagia management in residential aged care facilities: resident choices
1. Engagement with key stakeholders

2. Consultation report completed.

3. Development of consumer resources: 'Resident Education on Diet/Fluid Modifications' and 'Dysphagia' factsheets
4. Training of speech pathologists, nursing staff and medical teams in RACFs:

- Speech Pathologist training session and plans for HHS wide implementation
- RACF staff training sessions, including the use of a training audit calendar and standard training resources (e.g. flow chart guide)
- Information provision to treating GPs (site specific)
Outcomes

1. A standardised process for all DDH RACFs
2. Availability of consumer resources
3. Improved staff knowledge and confidence in resident dysphagia management (both nursing staff and speech pathologists)
   - 38% improvement in clinician confidence in distinguishing between ‘feeding in palliative care’ and ‘risk feeding’
   - 18% improvement in clinician confidence in providing education to residents/families and nursing staff regarding ‘feeding in palliative care’ and ‘risk feeding’, and the risk of aspiration related health complications
Shared Learning

Representation on a state-wide working party regarding end of life feeding processes.

As of February 2019 all sites had completed the training requirements and implementation of the new procedure.

Applicability to other care settings e.g. extended inpatient settings
Questions?