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Supporting Persons with Dysphagia at Mealtimes in the Community

PRACTICE GUIDELINES

COMPETENCIES

SCOPE

This guideline applies to the provision of paid support services in the community. They are relevant Australia-wide or when a client is travelling overseas with their Australian team of support worker/s.

DISCLAIMER

This guideline is provided to help guide best practice in the disability, aged care and community support industry. This information does not in any way replace legislative, regulatory, or contractual requirements. Users of this document should seek appropriate expert advice in relation to their circumstances. ACIA does not accept any liability on the use of this guideline.

PURPOSE

This guideline is to assist:

- Service Providers (organisations and individuals), Clients, stakeholders, and funders to identify and manage swallowing and mealtimes effectively and in a safe manner, using best practice and minimising risk for persons who have Dysphagia in the community setting.
- Providers ensures that any changes in client's status are monitored regularly, and escalated or addressed with appropriate intervention and referral. Allied Health Professionals including Speech Pathologists and Dietitians are part of a wider support team accessible to sites providing specialised and individual nutrition and hydration plans to clients in need.
- Providers to acknowledge the importance of meals and the dining experience in the overall wellbeing for clients receiving care – this includes the client's right to choice and dignity in provision of care, and their right to autonomy.

DESIRED OUTCOME

- To maintain a quality and safe standard of service delivery support.
- To proactively reduce the number of deathsand/or adverse outcomes attributed to choking and respiratory infections in persons with a disability, due to the lack of understanding by Service Providers and their staff in the identification and prevention of such incidents, by identifying a person at risk and implementing strategies to prevent their harm.

BACKGROUND

It has been reported that more than half (55-68%) of clients in aged care facilities in Australia have experienced a degree of dysphagia that require texture modified diets (Hill et al., 2021; Pu et al., 2017; Sefidani Forough et al., 2020; Sefidani Forough et al., 2021). Recent research by Miles et al. (2020) dcoumented that in a population of clients with a Diagnosis of dementia, 10% required texture modified diets. People with lifelong health conditions or disability have a higher incidence of dysphagia (Salomon, 2019). The impacts of dysphagia are widely reported and can be serious, long-lasting and substantial (Hemsley et al., 2019). Dysphagia and mealtime interventions can impact a person's quality of life, wellbeing, and participation across the lifespan. In a population of clients that require feeding assistance and a history of pneumonia, there was a strong correlation linking dysphagia (Pu et al., 2017). In a research study by Wakabayashi et al. (2018), they found that 61% of clients had dysphagia, and half of they population (46%) had signs of aspiration pnuemonia, along with half (46%) with signs of malnourishment.

Comprimised oropharyngeal function as assessed by a speech pathologist is primary reason for a person to require texture modified diets (Bennett et al., 2014; Hill et al., 2021; Pu et al., 2017). Hill et al. (2021) reported consistently poor adherance to these diets. This supported by observing 64% of meal trays in aged care did not match the presecribed texture modified diet. Furthermore, one in five modifications to medications where deemed inappropriate (Sefidani Forough et al., 2020).

Evidence of dysphasia include; malnutrition (Painter et al., 2017; Pu et al., 2017; Wakabayashi et al., 2018), choking (Birchall et al., 2021; Hill et al., 2021), dehydration (Miles et al., 2020; Painter et al., 2017; Pu et al., 2017), reduced intake (Miles et al., 2020), weight loss (Miles et al., 2020), reduced quality of life (Painter et al., 2017; Pu et al., 2017), pneumonia (Birchall et al., 2021; Painter et al., 2017; Pu et al., 2017; Wakabayashi et al., 2018), reduced enjoyment of social and food interactions (Pu et al., 2017), and mortality (Painter et al., 2017). This is linked to poor mealtime practices by staff including; workload (Sefidani Forough et al., 2020), lack of education and knowledge in this area (Hill et al., 2021; Sefidani Forough et al., 2021), time constraints (Hill et al., 2021; Sefidani Forough et al., 2020), and inadequate supervision of mealtime activities (Bennett et al., 2014), poor feeding positioning (Sefidani Forough et al., 2021), poor communication between teams (Hill et al., 2021; Sefidani Forough et al., 2021), lack of utilising use of dentures as required (Wakabayashi et al., 2018), and poor intergration of food systems to minimise errors to diet modifications (Hill et al., 2021). Strategies indicated to improve the outcomes of persons with dysphasia include; improving the appearance of texture modified foods (Miles et al., 2020), education (Bennett et al., 2015), increased mealtime assistance (Bennett et al., 2015; Miles et al., 2020), supervision (Bennett et al., 2015) and correct positioning (Sefidani Forough et al., 2021).

The assessment tool that would best apply in this case is the EAT-10 assessment tool which was developed by Belafsky et al. (2008) which has been more recently acknowledged by Fernandes et al. (2021) in a comprehensive review of swallowing challenges in aged care. This assessment is simple to use and supports an easy approach for nurses and carers alike to identify whether referral and review is required in relation to their swallowing. The organisation, as an outcome to this review, has implemented this tool to minimise the gap in early deterioration and assessment.

In 2019, an Australia-wide research project and scoping review on the prevalence of and factors contributing to the deaths of people with disability was conducted by the National Disability Insurance Commission (Salomon, 2019). Respiratory disease was the major underlying cause of death for people with disability across the reviewed reports. Aspiration pneumonia was the most common underlying cause of respiratory death, accounting for just under half of all respiratory deaths. 83% of deaths were cause was choking was directly attributed to food (Salomon, 2019). The following factors were reported as contributors to these outcomes: safe mealtime guidelines were not consistently being adhered to due to lack of staff knowledge and/or understaffing of dysphagia; high rates of psychotropic prescriptions and polypharmacy; increasing risk of impaired swallowing function; sedation and hypersalivation; delays in diagnosis and treatment of respiratory related illness; lack of timely access to influenza and pneumococcal vaccines, and lack of comprehensive nutrition and swallowing assessments for at risk groups.

DEFINITIONS & SUPPORTING INFORMATION

Community Supports and/or Services is defined as the provision of paid supports and services in a client's home or community. It includes but is not limited to, the following activities of daily living:

- personal care or support
- housework or domestic assistance
- transport assistance
- community access
- social support
- nursing services
- clinical supports
- gardening and home maintenance
- palliative care
- respite care

Support Worker - A paid person who assists people to perform tasks of daily living so as to participate in social, family and community activities in the person's home and their community. Support Workers have been commonly known in the past as attendant care worker, disability worker, aged care worker, community worker, homecare worker, care worker or paid carer.

Service Provider - Organisation or person accountable for the delivery of supports to Clients.

Carer - a person that provides supports to the Client at no cost (generally family or friend).

Support Worker Competency - trained and assessed as competent by a Registered Nurse or a person deemed competent by the provider to safely and appropriately perform a specified task as a support worker.

Client means the service user, participant, user, care recipient, consumer or person receiving the nursing or support services.

Plan means a Service Plan, Support Plan or Individual Plan (however titled – the plan) is a document developed in response to a request for service. It is developed by a Registered Nurse or a person deemed competent by the provider from the service provider, prior to the commencement of service delivery. It outlines the expected outcomes of the requested care/services and the tasks, duties and interventions required to meet the care and service needs of the client (within the parameters of the funding program). The plan guides and directs the individual support worker or Registered Nurse in their day-to- day delivery of the services.

Registered Nurse means a person who has completed the prescribed educational preparation, demonstrated competence for practice, and is registered and licensed with the Australian Health Practitioner Regulation Agency (AHPRA) as a Registered Nurse.

Aspiration is when food, fluid or saliva enters the airway and/or lungs before, during or after swallowing. This can occur with obvious signs and symptoms or silently.

Dysphagia a medical term for any difficulty in the swallowing process of food or fluids. It may include: weakened muscles or lack of muscle coordination which makes managing food or fluid in the mouth difficult; poor initiation of the swallow; slowed or absent reflexes such as cough; reduced or no sensation in the airway; incoordination of the swallow structures in the pharynx or larynx. A person may have dysphagia due to poor posture, varied levels of alertness, cognitive impairment, or ageing. Dysphagia can be caused by neurological conditions such as Stroke, Traumatic Brain Injury, Cerebral Palsy, Parkinson's Disease, Motor Neurone Disease and other degenerative diseases. People with intellectual disabilities can also have dysphagia. Early signs of dysphagia may be coughing, throat clearing, gagging, or choking while eating and drinking. This could mean the person is aspirating (see definition), which can cause pneumonia. Other signs of dysphagia are repeated or unexplained chest infections and/or raised temperature; unexplained weight loss; dehydration, weak or absent cough or swallow, or drooling. Further signs and symptoms of potential dysphagia are: eating takes a longer time than normal; the need to cough or clear the throat during or after eating and drinking; frequent complaints of heartburn; shortness of breath when eating and drinking; avoiding some foods because they are hard to swallow. Babies that have difficulty sucking during breast or bottle feeding could have dysphagia.

Speech Pathologist/ Speech Therapist/Speech Language Therapist is a health professional trained to assess, diagnose, and treat communication, swallowing, speech, language or voice disorders.

G U I D E L I N E

ACIA recommends that all Service Providers address the issue of persons with a disability who are at risk of choking and/or dysphagia through their risk management program, whilst also acknowledging Client-directed care and dignity of risk.

The most appropriate treatment for dysphagia will depend on its cause and presentation. Treatment and management plans should be tailored to individual clients by a specialist in dysphagia management who can assist with:

- modifying textures of foods or drinks
- swallowing techniques or strategies focusing on positioning or placement of food
- exercises or stimulation
- medication to reduce stomach acid reflux or relax the oesophagus

In some cases, enteral feeding may be indicated to augment or replace an oral diet. Mealtime Management Plan (MMP)- a document that outlines for Clients:

- food and drink that is safe to swallow (e.g. texture modified diet or thickened fluids)
- timing of meals and feeding (e.g. allowing suitable time for the Client to complete their meal)
- best environment for meals (e.g. may need a quiet environment with minimal distraction)
- level of assistance or supervision (e.g. promote and support independence)
- positioning and posture during eating and drinking (e.g. to reduce coughing, swallowing issues)
- equipment and aids (e.g. modified cutlery and cups)
- Clients' preferences for foods, tastes and flavours

People with a disability can have an increased risk of swallowing difficulties. It is recommended that Service Providers screen for swallowing and choking risks when a new Client joins their service, using service specific processes or a Nutrition & Swallow Tool.

It is recommended that all clients have an annual health review, where swallowing, choking, respiratory risks and issues can be identified and assessed. A review of medications and their impact/side effects should also be completed annually.

It is recommended that all Clients with dysphagia have a current and accessible mealtime management plan.

If there are any concerns about Clients' ability to swallow or meet their nutritional needs, it is recommended the Client be assessed by their Medical/General Practitioner or directly referred to specialised services. They may then refer the Client to one or all of the following specialists for support:

- a speech pathologist who can assess swallowing and develop a treatment plan and mealtime management plan.
- a dietitian who can assess the nutritional requirements and support
- an occupational therapist who can assess the environment for mealtimes, positioning, feeding and recommend equipment, and aids, if needed.

Oral Hygiene: there is a clear link between dysphagia, poor oral health and increased risk of aspiration pneumonia. It is recommended that Clients are supported to maintain good oral hygiene and regular dental checks.

Medication Management: there is an increased risk of choking of Clients medicated with sedatives, antidepressants and antipsychotics, due to their impact of level of alertness and saliva production. It is recommended that side effects and interactions of all medications are monitored, with respect to their impact on swallowing and choking. This should be part of the annual health review.

Training and Education: Regular training and education of all support workers, carers and family are essential to the safe management of dysphagia and mealtimes. It has been shown that a bystander's awareness and knowledge of swallowing difficulties and choking can impact the outcome of an incident4. Training should include:

- dysphagia
- general mealtime management
- individual education on each client's MMP, risks of choking and/or aspiration and oral hygiene care
- preparation of modified food and drinks (if applicable)
- responding to choking, including cardiopulmonary resuscitation, emergency procedures
- how to report incidents through a reporting system, to reduce future risks
- how to refer to specialised services

The Client should be involved in all training and education if they are able to participate.

Assessment and Monitoring of Nutrition and Hydration Neeeds

- Staff are encouraged to discuss any specific dietary requirements with the client or their support decision maker, including likes and dislikes.
- Use tools and assessments to monitor and assess client nutrition and hydration needs. These include:
- The Mini Nutritional Assessment – a validated screening tool that can identify geriatric clients age 65 and above who are malnourished, or at risk. This assessment takes into account other influences and signs beyond just weight loss or gain.
- Both screenings are completed regularly as per Weight Monitoring and Screening Flowchart. However, weight monitoring may vary in frequency if clinically indicated or ordered by an Allied Health Professional or Doctor.
- Some clients or support decision makers may request that monthly weight not be attended to. The Registered Nurse will discuss with the individuals involved the implications of this request and the outcome will be documented in the client's care plan.
- Clients who have gained weight, or are of a very high BMI will be supported in nutrition or hydration changes per their (or support decision makers) choice, in consultation with Allied Health Professional or Doctor. It is not always necessary or appropriate to facilitate weight loss. It is important to remember that if a client is overweight, it does not always mean they are well nourished; they may be deficient in protein and micronutrients or their excess 'weight' may be fluid from oedema.

Modified Texture Diets and Fluids

Some clients may have health problems that have left them with difficulties in swallowing known as Dysphagia. For some clients obvious choking is not necessarily a symptom of dysphagia. Some people 'silently aspirate' (inhale) food and fluid into the lungs. .

Difficulty Swollowing

If a client's swallow declines, a Registered Nurse or Doctor are able to downgrade clients diet texture or fluid consistency to negate immediate risk - this is then followed by a referral to speech pathology for full assessment.

Signs of an unsafe swallow include:

- choking and coughing before, during or after swallowing
- drooling
- wet gurgly voice after swallowing
- 'pocketing' of foods in the cheeks
- taking a long time to chew and swallow
- fear of swallowing
- regurgitation
- gradual weight loss
- frequent chest infections.

If a client displays any of these symptoms it is essential that a Speech Pathologist is consulted to establish the client's swallowing function and determine appropriate care.

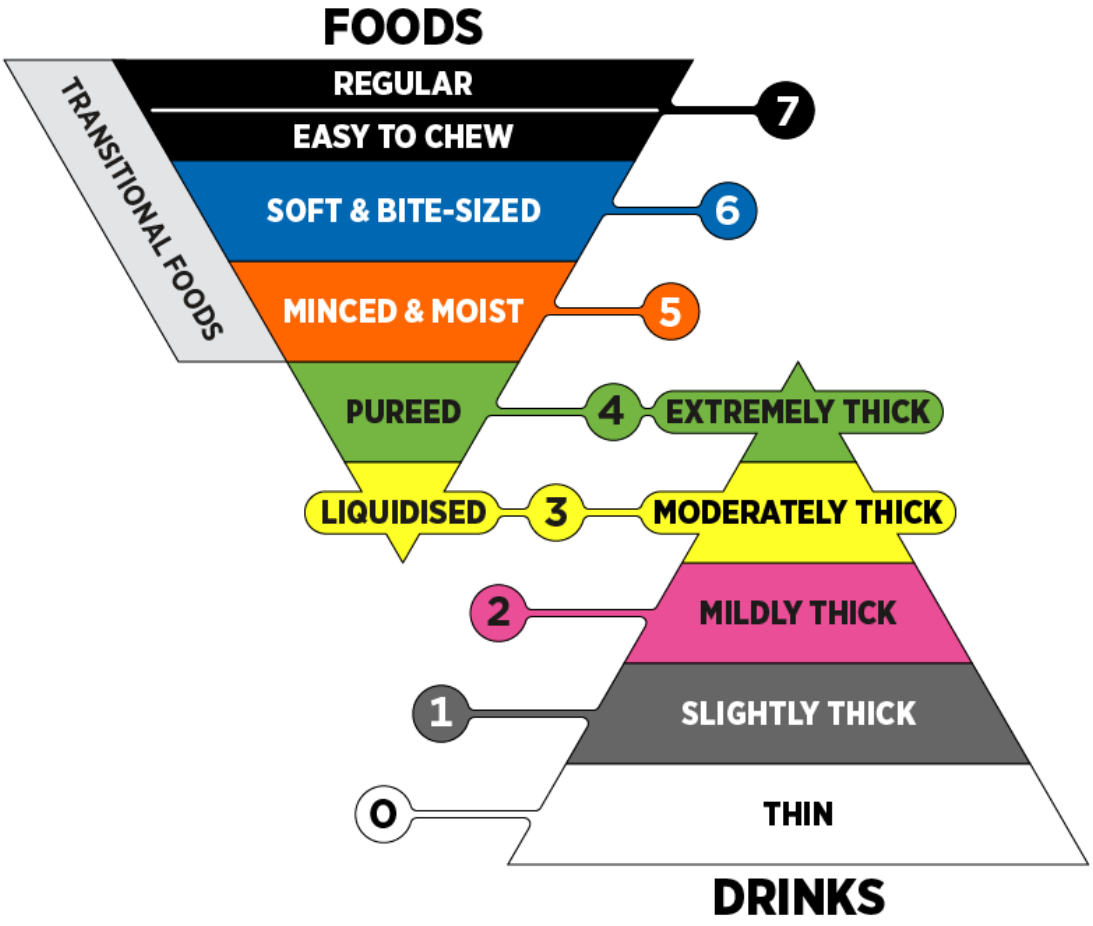
Texture Modified Foods and Fluids

Australian standardised definitions and terminology for texture-modified foods and fluids

A scale has been developed by a consultation process with health professionals in relation standardised terminology for texture-modified foods and fluids; referred to as the IDDSI Framework (https://iddsi.org/framework/)

The IDDSI Framework

Providing a common terminology for describing food textures and drink thicknesses to improve safety for individuals with swallowing difficulties.



RESOURCE DOCUMENTS

- External ACIA Guidelines 002 – Care and Service Provision in the Community
- Australian Community Industry Standards
- ACIA 002 Provision of Paid Support Services and Nursing in the Community
- ACIA 028 Provision of Enteral Feeding and Management by Support Workers in the Community
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