PPG-00781

Feeding and Swallowing Management (PCH and Transitional Care)

Area	Personal Care Home and Transitional Care			
Section	Resident Care Management			
Subsection	N/A			
Document Type	Policy			
Scope	Physicians, Nursing, Nutrition Services, Registered Dietitians(RD), Speech Language Pathologists (SLP), Occupational Therapists			
Approved By		**Original Effective Date**	**Revised Effective Date**	**Reviewed Date**
Glenda Short, Director Clinical Programs & Services		2016-Sep-28	N/A	N/A

DEFINITIONS

Choking/Obstruction: The inability to breathe due to a blocked trachea, including those that may require suctioning and/or abdominal thrusts. A resident coughing during the course of eating or drinking is not indicative of a choking event.

Direct Care Provider: Direct service staff that are responsible for feeding, supervising, or coaching residents at meals require education in the basic feeding and swallowing management. In the TTMD-R Manual referred to as Front-Line Staff Member.

Dysphagia: Difficulty chewing and swallowing.

Occupational Therapist (OT): Health care professional that specializes in helping people across the lifespan participating in the activities they want and need to do through the therapeutic use of everyday activities. This includes positioning as well as recommendations for adaptive equipment for feeding.

Registered Dietitian (RD): Health care professional that translates and applies scientific knowledge of foods and human nutrition through assessment, design, implementation and evaluation of nutritional interventions, including related to dysphagia.

Speech-Language Pathologist (SLP): Health care professional that is educated in and specializes in the evaluation, diagnosis and treatment of speech, communication and swallowing difficulties.

Test of Texture Modified Diets-R (TTMD-R): Screening tool and management program for healthcare professionals working with residents who have dysphagia.

TTMD-R Facilitator: Health care professionals within the health facilities that have direct clinical experience in working with the elderly population in long term care. Typically these individuals are from the following disciplines: Speech Language Pathologist (SLP), Registered Psychiatric Nurse (RPN), Registered Nurse (RN), Licensed Practical Nurse (LPN), Registered Dietitian (RD), and Occupational Therapist (OT).

TTMD-R Speech-Language Pathologist (SLP): An SLP that is affiliated with the TTMD-R program that has advanced training and knowledge in the area of dysphagia and is familiar with the TTMD-R.

POLICY

In order to minimize the risk associated with the feeding and swallowing, all residents in Prairie Mountain Health (PMH) Personal Care Homes (PCH) and Transitional Care Facilities will be screened for feeding and swallowing difficulties. Screenings will be completed by trained staff at established intervals with an individual management plan developed and implemented for the resident. The individual management plan is reviewed on a regular basis and if the resident's condition changes. The feeding and swallowing program does not apply to clients on respite or clients paneled for PCH in an Acute Care Facility. Each PCH facility shall have at minimum of two trained TTMD-R Facilitators with Transitional Care Facilities having one trained. It is recommended that each site have two TTMD-R Facilitators per 20 beds however facilities with over 100 beds may have a maximum number of Facilitators trained of no less than 10. The TTMD-R Facilitators for nursing should have a high EFT with adequate day or evening shifts split to complete testing.

RESPONSIBILITIES

TTMD-R SLP:

- Must have advanced training and knowledge in the area of dysphagia;
- Provide education to Facilitators on safe feeding and swallowing management;
- Provide training and education on how to screen for feeding and swallowing problems;
- Provide training in how to complete the TTMD-R tool;
- Be available for mentoring and guidance to Facilitators;
- Provide TTMD-R refresher education for Facilitators
- Complete full dysphagia assessments for those residents identified by Facilitators as requiring further assessment;
- Must have training in how to perform abdominal thrusts.

TTMD-R Facilitators: Must receive Facilitator education from TTMD-R SLPs to provide them with the skills and tools to accomplish the following.

- Provide basic feeding and swallowing management education to direct care providers in their facility;
- Instruct staff on how to complete a basic screening (Part 1 of the TTMD-R) to identify residents who may need the full TTMD-R tool;
- Systematically identify eating and swallowing difficulties in long-term care residents using the full TTMD-R tool when required;
- Uses the TTMD-R scores to determine a diet texture/liquid consistency and basic management plan for residents with swallowing impairments;
- Identify residents who are at risk for having dysphagia who require further assessment of their swallowing disorder by a Speech-Language Pathologist;
- Be a primary contact for the Speech-Language Pathologist who may be requested to complete a full assessment;
- Facilitators must maintain their skills by completing a regular education offered by a TTMD-R SLP;
- Must have training on how to perform abdominal thrusts.

Direct Care Provider:

- Receive basic education from the TTMD Facilitators which includes:
    - a review of the indicators of feeding and swallowing difficulties;

- general safe feeding practices;
- management of feeding and swallowing problems;
- the purpose of diet texture and liquid consistency modifications;
- the procedure for managing obstruction/choking events.

- This education will need to be reviewed or updated on a regular basis.
- Must have training in how to perform abdominal thrusts.

PROCEDURE

1. On or before the resident's initial admission to a PCH, RPN, RN or LPN will obtain current information regarding the resident's swallowing status, feeding requirements and diet, if possible from the Application/Assessment for Long Term Care Placement form or other medical documents.

   1.1 Residents of the PCH that have been admitted to an Acute Care facility for a medical condition and are transferred back to the PCH do not require the Meal Observation Screen repeated unless there has been a change in the resident's health status and condition from the initial screen.

2. As per PCH and Transitional Care Feeding and Swallowing Program Algorithm (PMH890), within 72 hours of admission a trained RN, RPN, LPN or HCA will complete an initial PMH TTMD-R Part 1: Meal Screening form during two of the resident's meals. If there is uncertainty of the accuracy of the results, a re-screen shall be performed within 48 hours after the original.

3. The PMH TTMD-R Part 1: Meal Screening form will be completed for two meals on the same day, if possible. Staff will indicate the date, diet type/texture, liquid viscosity, meal observed and initials (ensure that the Master Signature Form (PMH879) has been completed). The comments line at the bottom of the meal screen may be used for further observations such as the content of the meal (i.e. all foods and liquids), amount consumed and other behaviors/habits observed.

4. Each Meal Screening Form should be reviewed by the resident's nurse that is working when the screening occurred. If there are any 'yes' responses on the form it should be forwarded to the TTMD-R Facilitators.

5. The complete Meal Screening Form should be maintained in the resident's health record.

   5.1 If the resident does not swallow, contact the TTMD-R Facilitator immediately. TTMD-R Referral Priority A should be followed and an urgent Therapy Referral Form to SLP must be initiated. The Physician should be notified and LTC (Resident) Referral Form (PMH321) also completed and sent immediately. Non-oral nutrition and hydration, or orders in accordance with the resident's advanced care plan should be discussed by the care team, resident and alternate decision maker(s).

   5.2 If a "yes" response is attained in Part I A: Swallowing History and Observations, a copy of the completed Meal Observation Screen shall be sent to the TTMD-R Facilitator who will conduct the TTMD-R Part 2A: Administration of Test Tray.

      5.2.1 For residents with a medical diagnosis that is neuromuscular or neurological degenerative in nature (e.g. MS, ALS, Parkinson's Disease, Huntington's Disease, Myasthenia Gravis), has a history of head/neck cancer, current enteral feeding, or tracheostomy, do not complete a TTMD-R to upgrade diet but send a referral to SLP.

5.3 If a "yes" response is attained in Part I B: Feeding Observations, send a Therapy Referral Form to OT and a copy of the completed screening form.

5.4 If a "yes" response is attained in Part I C: Nutritional Observations and LTC (Resident) Referral Form (PMH321) and a copy of the completed screening form.

6. Once the TTMD-R Facilitator has completed the TTMD-R; the Facilitator will interpret the results, develop and document the TTMD-R Part 3: Management Plan to be implemented for the resident. The original TTMD-R form shall be placed in the resident's health record and a copy also forwarded to the RD. A LTC Diet Order Change Form will be completed and forwarded to the Nutrition Services for any diet changes resulting. The TTMD-R Facilitator must be sure to make appropriate referrals based on referral priorities.

   6.1 Priority A: No Swallow Response - NPO – Contact Physician and RD immediately and initiate an urgent referral to SLP. Urgent referral to SLP may be done by phone consultation.

   6.2 Priority B: Swallowing with Observable Difficulty – Implement TTMD-R Management Plan and monitor diet recommendations. Initiate referral to SLP and RD.

   6.3 Priority C: Managing on Most Restrictive Diet Modification – Implement TTMD-R Management plan and monitor diet recommendations. Consider referral to SLP and RD.

   Note: In the absence of Speech Language Pathologist services, CTM and Manager of Therapy Services should discuss solutions**.**

7. Informed consent or refusal of the recommended texture modified diet shall be obtained from the resident and/or their alternate decision maker by the TTMD-R Facilitator, RD or SLP. This will be documented using the Test of Texture Modified Diet–Consent/Refusal Form (PMH895). Collaboration with the resident, family and the interdisciplinary health care team should occur regarding consent/refusal. In the event of diet refusal, consult RD. RD will consult with SLP, and complete additional documentation within the Interdisciplinary Progress Notes as required as per 15.5 below. In the event SLP processes diet refusals directly, SLP will consult with RD.

   7.1 The resident and/or their alternate decision maker shall receive information regarding foods included in their texture modified diet.

   7.2 If the resident or designate does not consent, the following steps should be taken;

   a. Interdisciplinary health care team engages in a discussion with the decision maker about:
      - The recommended diet/treatment along with an explanation of the reasons/benefits
      - The potential risks of refusing the treatment/diet.

   b. Interdisciplinary health care team shall provide the opportunity for the alternate decision maker to ask and have questions answered regarding the management plan.

   c. Interdisciplinary health care team shall provide a pamphlet/education/information sheet outlining the risks and management strategies to the decision maker, such as Dealing with Dysphagia: Information for Residents, Families and Friends (PMH893).

7.3 Once 7.2 has occurred, Nutrition Services will be notified by the nursing department, RD or SLP through the use of the LTC Diet Order Change Form. A copy of the Test of Texture Modified Diet – Consent/Refusal Form (PMH895) will also be sent to Nutritional Services and SLP.

8. The physician shall be notified of the results of the Meal Screening and the TTMD-R. The physician shall also be notified if the resident/family declines the TTMD-R or any SLP recommendations. Documentation should be completed in the health record.

9. The TTMD-R management plan for residents with feeding and swallowing difficulties will be reviewed using the TTMD-R Part 1: Meal Screening form annually or sooner if indicated by a change in the status of the resident by a member of the health care team (i.e. RN, RPN, LPN, HCA, and RD) in three months or. The plan should be reviewed at quarterly resident review meetings and discussions documented. Residents who have progressive neurological issues, terminal conditions or medical decline should have their plan reviewed more frequently.

10. At any time, for safety reasons, nurses or RD, including those not trained in TTMD-R are allowed to downgrade texture of diet to minced, total minced, or puree until a TTMD-R can be completed by the TTMD Facilitator or an assessment is completed by the SLP. Upgrading the diet texture can be completed by a SLP, TTMD-R Facilitator or as per physician orders. If a resident has had a previous swallowing assessment by a SLP or has enteral feeding then consultation with the SLP will occur prior to an upgrade being completed.

11. At minimum, the TTMD–R Part 1: Meal Screening form shall be completed by a member of the health care team (i.e. RN, RPN, LPN, HCA, RD) annually for each resident or more frequently depending on the needs of the resident. All completed forms will be reviewed by the resident's nurse that was working when the screening occurred.

12. Monitoring of the management plan for each resident as well as the resident's acceptance of the plan will be the responsibility of the members of the health care team (e.g. RN, RPN, LPN, HCA, RD, OT, SLP, and Physician).

13. In the event of a choking event consult SLP immediately.

14. A care conference including team members involved with the decision making process (e.g. RN, RPN, LPN, HCA, RD, OT, SLP, and Physician) will be held to discuss further assessment and/or interventions for any resident whose swallowing difficulties have not been resolved with the management plan.

15. All documentation will be timely and completed according to established documentation policies of the region which include:

    15.1 All screening/assessment results, management plans incidents, interventions (including referrals).

    15.2 All information pertaining to a resident's feeding, swallowing and/or dietary management is documented.

    15.3 Documentation of the resident/family's informed decision including any associated risks and whether or not they accept further assessment or intervention for feeding/swallowing difficulties.

15.4 Any refusal of the decision maker to sign the Test of Texture Modified Diet – Consent/Refusal Form (PMH895).

15.5 In the event of diet or management plan refusal, documentation should include:

a. That education/information was provided to the decision maker;
b. Details of the discussion as per 7.2 above (including questions and answers provided);
c. Who participated in the discussion.

RELATED MATERIAL

Test of Texture Modified Diets (TTMD-R)

- Part 1: Meal Screening
- Part 2A: Administration of Test Tray (Liquids)
- Part 2B: Administration of Test Tray (Solids)
- Part 3: TTMD-R Management Plan

PMH895, Test of Texture Modified Diet-Consent/Refusal Form
PMH890, Feeding and Swallowing Algorithm
PMH892, Feeding and Swallowing Program - What all Families and Friends Should Know
PMH893, Feeding and Swallowing Program- Dealing with Dysphagia – Information for Residents, Families and Friends
PMH894, Feeding and Swallowing Management in Long Term Care: A Self Learning Package for PMH Staff responsible for monitoring and/or feeding residents

REFERENCES

College of Dietitians of Manitoba. Practice Direction 16.0 Dysphagia Assessment and Management by RDs 16.13. April 15th, 2015.

Day SI, Kenning A, Tye Vallis K (2015). Test of Texture Modified Diet – Revised (TTMD-R). Feeding and Swallowing Management Program for Long Term Care. Test of Texture Modified Diets, La Salle, Manitoba, Canada.