

AIM

To develop a multi disciplinary pathway to support our assessment and management of Dysphagia, and improve and standardise the patient journey of adults with a Learning Disability in Fife.

Background

- Undetected and unmanaged dysphagia can lead to dehydration, malnutrition, respiratory infection, increased hospital admission and death.
- A third of people who have learning disabilities have dysphagia, rising to 95% in those with profound and multiple disabilities.
- Respiratory disease is the leading cause of death for adults with Learning Disabilities with dysphagia being a key factor in this.

Historically in Fife, Dietitians, Speech and Language Therapists and Physiotherapists practiced some joint working in dysphagia management but this was not routine. The efficacy was often reduced by assessments being carried out isolation resulting in duplication of work and multiple documents provided for carers .

The findings of an audit of care providers/families in 2016 highlighted confusion over MDT roles, inability to find clients guidelines and resultant poor compliance with texture recommendations (figures 1 - 3)

Figure 1

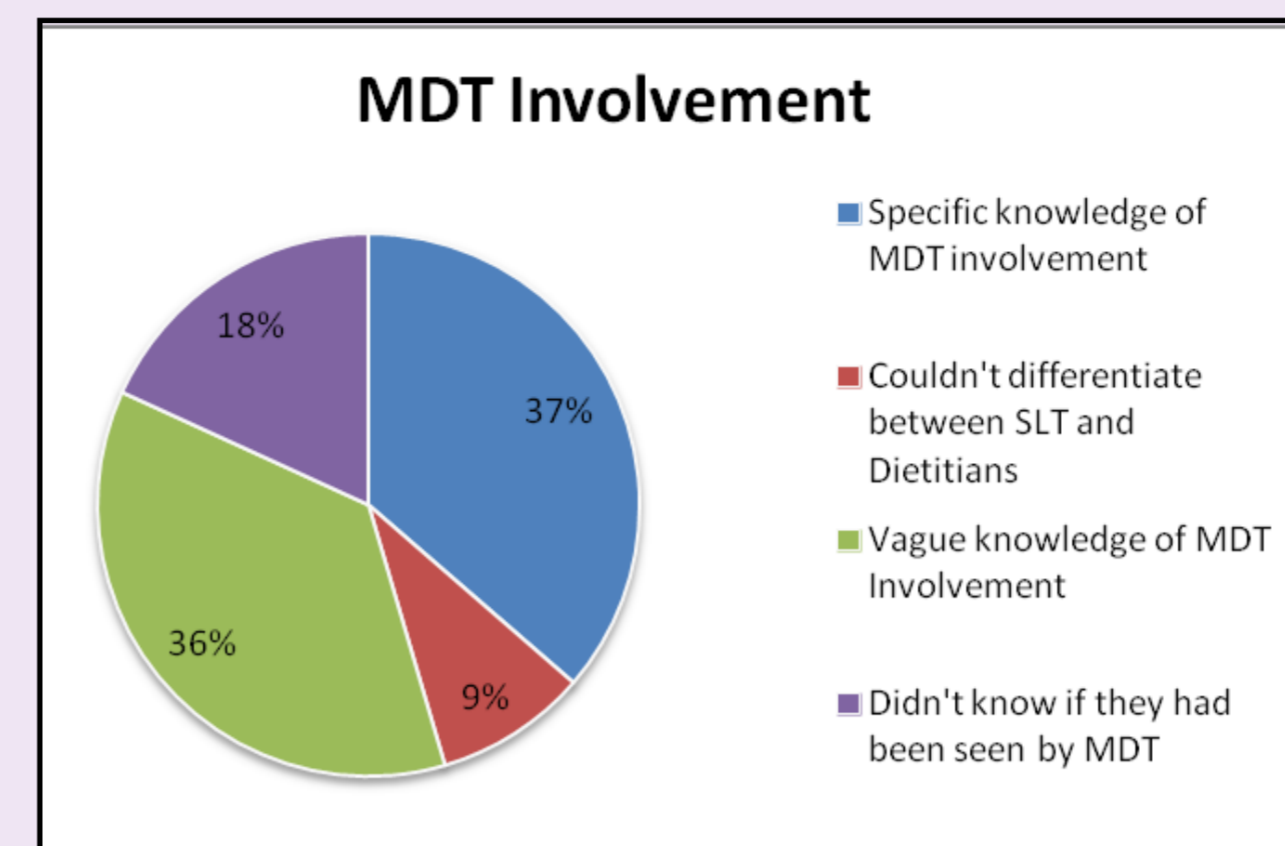


Figure 2

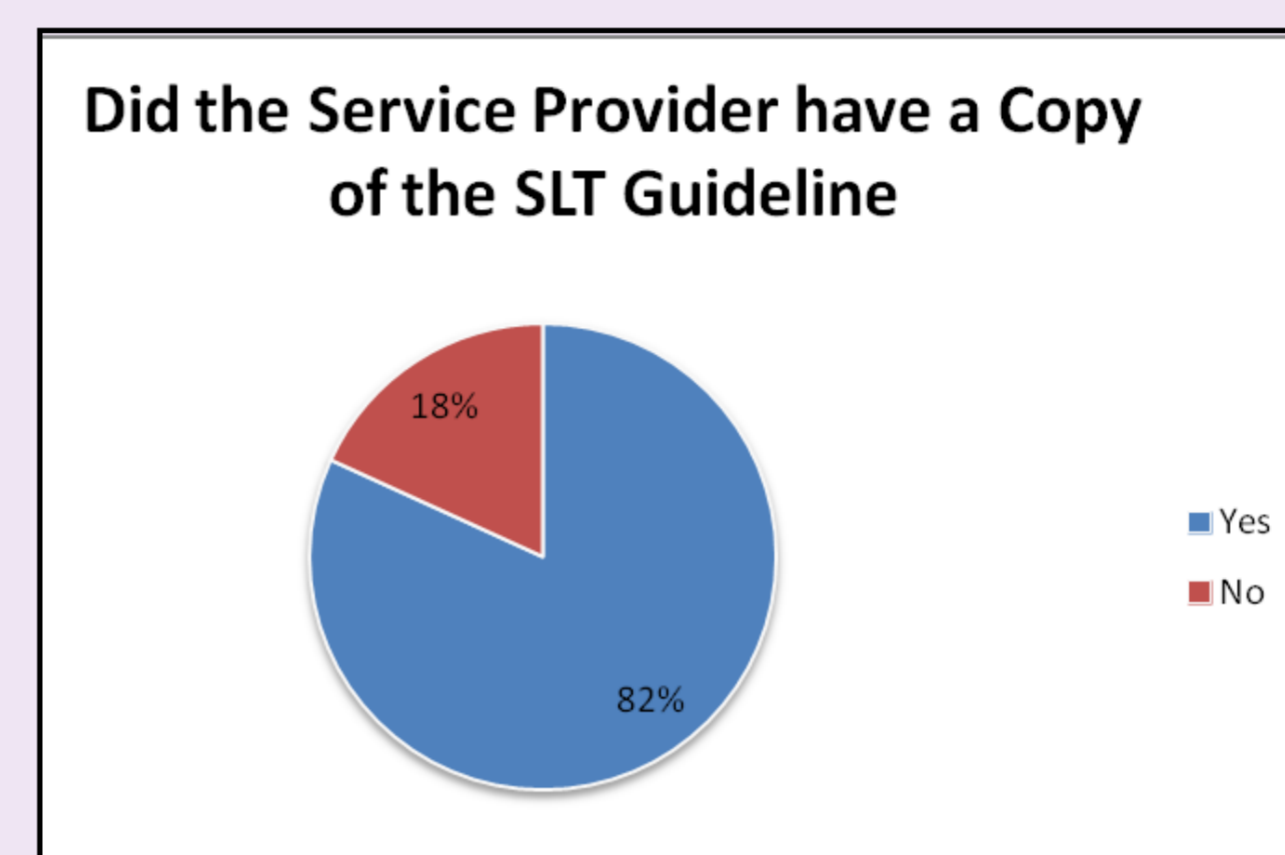
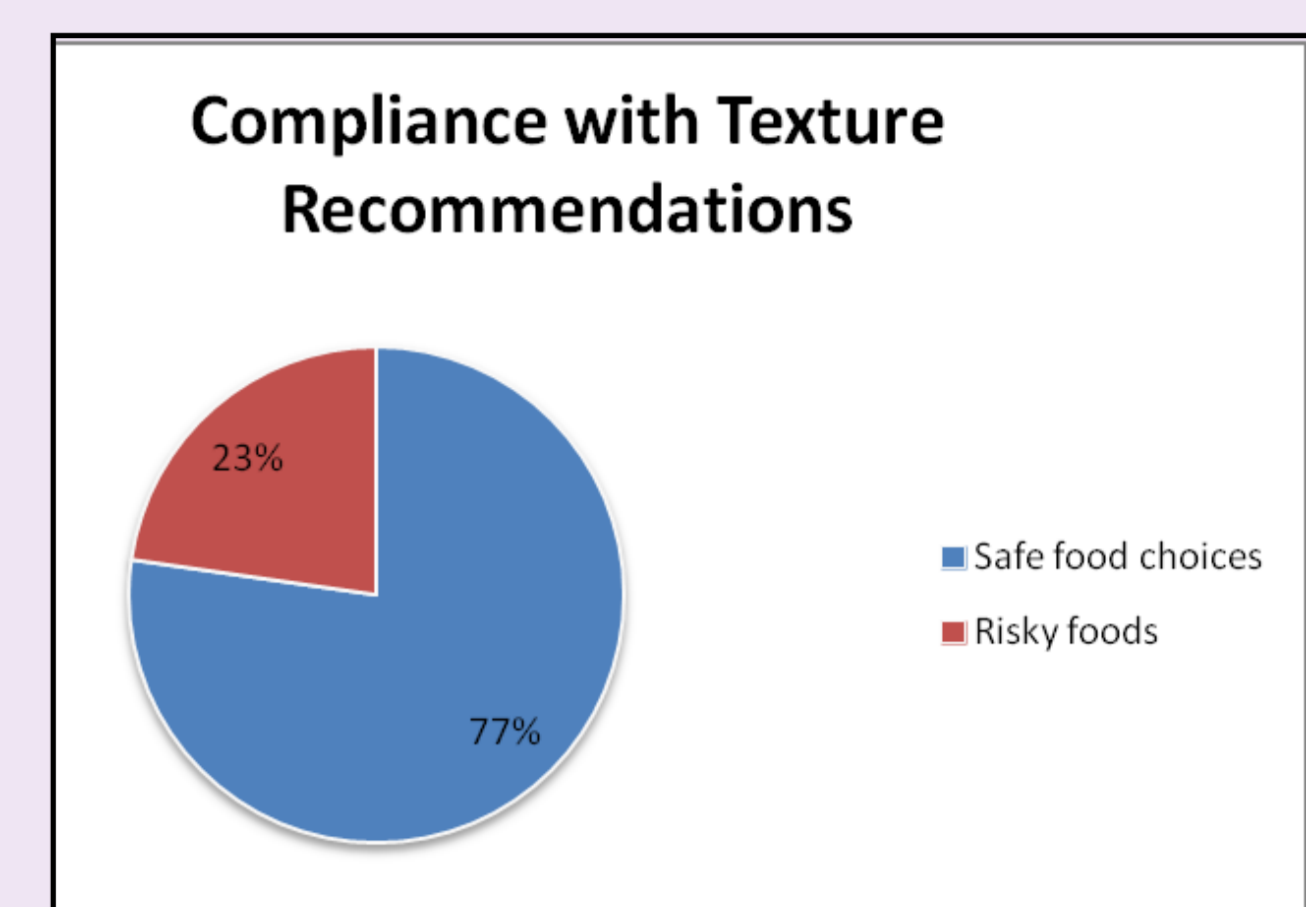


Figure 3



Key drivers for change

- The need to standardise our joint approach to dysphagia management across the 3 professions
- The need to improve compliance by creating clear, joint and accessible documentation for carers and families

Methodology

- Reviewed the current assessments carried out by all 3 professions and reviewed the documentation we provided to families/carers
- Developed a new standardised MDT pathway (Diagram 1)
- Developed standardised documentation to record assessment findings and facilitate joint clinical reasoning
- Developed a template for a joint eating and drinking protocol
- Developed carer education material and additional patient specific resources (figure. 4)
- Developed and piloted a MDT Dysphagia training resource with a local service provider

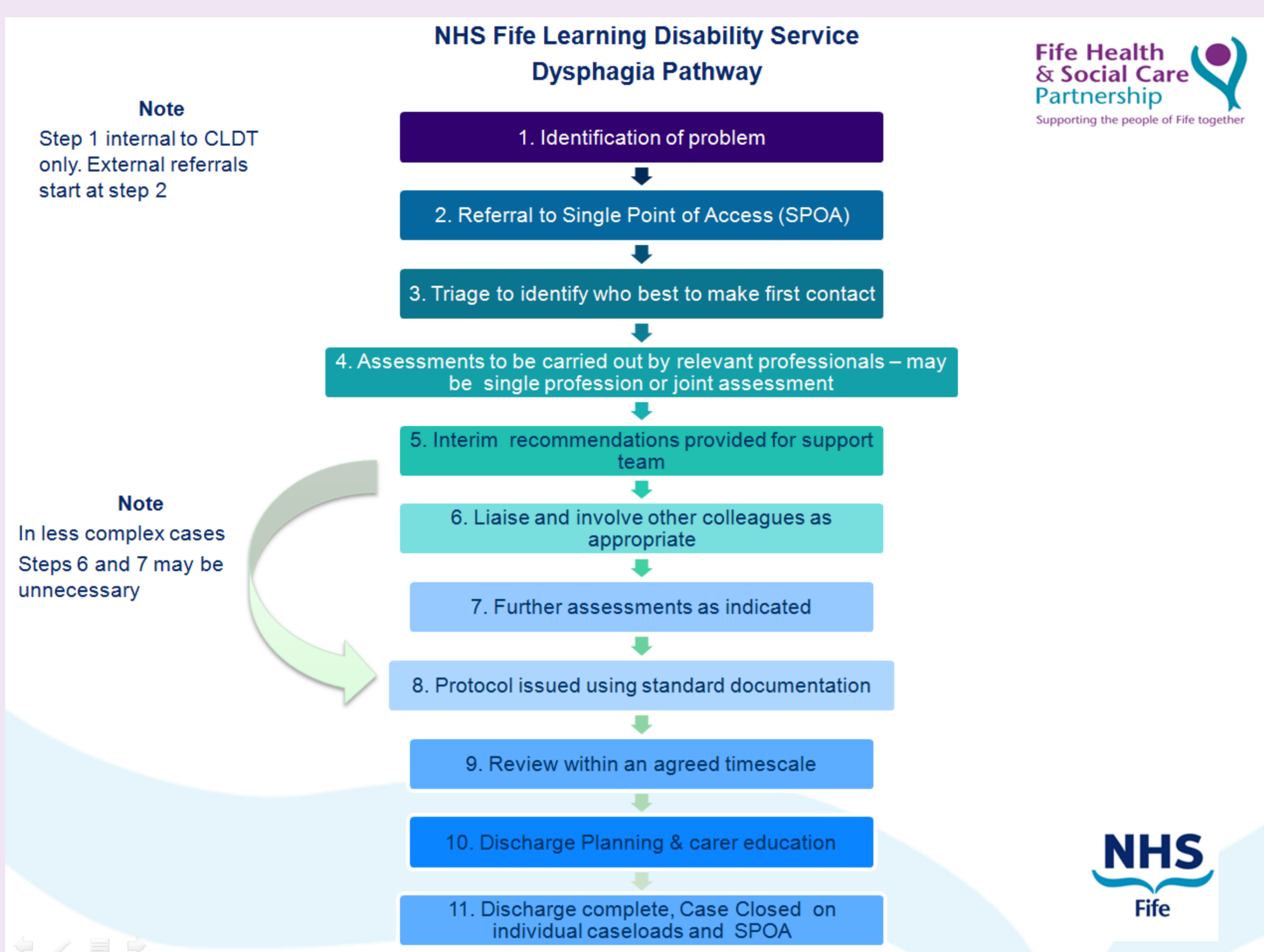


Diagram 1 – Multidisciplinary Dysphagia Pathway

Outcomes

- The new pathway has ensured a consistent approach to dysphagia management within Fife Learning Disability Service
- The joint assessment process has reduced the number of appointments required and in some cases shortened the time from referral to discharge, hence streamlining the patient journey
- The Standardised documentation and joint eating and drinking protocol has reduced duplication and promoted the MDT approach to dysphagia management
- The implementation of personalised meal mats (figure 4) has ensured key information is readily accessible during eating and drinking
- The pilot of the training resource successfully raised awareness and understanding of Dysphagia for support staff.

Conclusion

The introduction of the MDT pathway and standardised documentation which underpins it has significantly changed our clinical practice, and has led to more effective management of individuals with dysphagia.

Anecdotally, the introduction of joint eating and drinking protocol, carer education resources and personal mealtime placemats has been well received by families and carers. A repeat audit is planned to formally establish if this also improves compliance & understanding of dysphagia

Figure 4

Mealtime Placemat

Name: _____ **CHI:** _____ **Date of issue:** _____

My Mealtime Placement
This is how to support me at mealtimes to keep me safe

My Diet
Try to eat a good variety of foods and include the following:
 • A starchy food e.g. cereal, bread, potatoes, pasta at each meal (wholemeal/high fibre is best).
 • 2-3 helpings of protein rich foods daily e.g. lean meat, chicken, fish, eggs, beans or pulses.
 • A generous portion of vegetables with each meal.
 • 3 portions of fruit daily – a small glass of pure fruit juice counts as one fruit portion

My Food – Texture C
 • My food must be **blended** into a **smooth, thick puree** – like a smooth custard or a mousse.
 • My food requires **no chewing**
 • There should be **no lumps**.
 • The puree should be thick enough to eat with a fork.
 • My food should not be runny – but also not too thick or sticky.

My Drinks
 My drinks need to be thickened to a **SINGLE CREAM (Stage 1)** consistency, like this
 Gravies, sauces or custards should be single cream consistency too.

Positioning
 - I need to sit in my shetland chair with my lap belt on
 - Make sure my bottom is well back
 - Encourage me to keep my head up

You can also help me to stay safer by:
 • Help me to focus – **reduce any noise** (i.e. TV, radio, chatting) as much as you can
 • Help me to **cut up my food**
 • Remind me to **take a drink during my meal**
 • Remind me to **eat slowly** and to **finish chewing and swallowing before taking more**
 • **Watch out for signs of me tiring**, and remind me to have a break; I can always come back for more when I am less tired.

Equipment
 • A tabard or napkin to protect my clothing
 • A small, hard plastic spoon.

FOODS TO AVOID
 Stringy, crispy, crunchy, chewy, tough, fibrous, flaky or sticky foods.
Refer to SLT report and Eating & Drinking Protocol in my Care Plan.

P.T.O.

Name: _____ **CHI:** _____ **Date of issue:** _____

Dietitian: _____ **Date reviewed:** _____ **Contact:** _____

SLT: _____ **Date reviewed:** _____ **Contact:** _____

Physio: _____ **Date reviewed:** _____ **Contact:** _____

Please contact the Community Learning Disability Team on the telephone numbers given above if you have any concerns about how I am managing at mealtimes, especially:
Coughing, choking, change in colour, eye tearing, wet sounding voice, recurrent chest infections, weight loss, wheezing, signs of distress, food refusal.

This information must not be transferred or changed without permission from SLT/Physiotherapist/Dietitian. This information does not have an "expiry date" and should not be archived. If you think that any of this advice is no longer appropriate, please contact SLT/Physio/Dietitian and for further advice or assessment.