

 <p>Winnipeg Regional Health Authority Office régional de la santé de Winnipeg Caring for Health À l'écoute de notre santé</p> <p>POLICY</p>	Level:	REGIONAL PROGRAM Applicable to all sites and facilities where the WRHA Programs / Services are delivered		1A	
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	Feeding and Swallowing Management of Residents in Long Term Care		110.130.010	1 of 5	
	Approval Signature:	Section:			
<i>Original signed by A. Wilgosh</i>		CLINICAL SERVICES			
Date:	April 2014	Supercedes: March 2009			

1.0 **PURPOSE:**

- 1.1 To promote consistent adherence to the Guidelines contained in the Manitoba Health Manual for Feeding and Swallowing Management in Long Term Care (LTC) Facilities and the Personal Care Home Program Standards.
- 1.2 To maintain a standardized screening process to identify residents with feeding and swallowing difficulties in LTC facilities.
- 1.3 To promote timely referral of LTC residents with feeding and swallowing difficulties to the appropriate health care professionals for further assessment and care planning.
- 1.4 To make available appropriate education related to safe feeding and swallowing practices in LTC, and emergency response to a choking incident, to all individuals responsible for assisting, coaching, or supervising LTC residents with oral intake.

2.0 **DEFINITIONS:**

- 2.1 **Interdisciplinary Team:** A group of health care professionals from diverse fields who work in a coordinated fashion toward a common goal for the resident.
- 2.2 **Designated Leader(s):** The professional(s) to co-ordinate and provide education and training on safe feeding and swallowing and obstructed airway management within a LTC facility. These professionals are versed in the WRHA Feeding and Swallowing Policies and Procedures, have advanced knowledge in feeding and swallowing management, and are competent in the management of obstructed airway.
- 2.3 **Meal Observation Screening Form:** A form that is required for all new residents and must be completed within 72 hours of admission to the LTC facility. The Meal Observation Screening form must also be completed when there is a change in resident swallowing status and for annual reassessments. The tool screens for overt signs/symptoms suggesting dysfunction or difficulty, and promotes timely referral for further assessment. The form is based on observation of mealtime performance and must address both feeding and swallowing abilities. Any trained member of the interdisciplinary team may complete the Meal Observation Screening Form (Appendix A).

3.0 **POLICY:**

- 3.1 An interdisciplinary approach shall be in place to assess and manage feeding and swallowing difficulties in accordance with the Manitoba Health Manual for Feeding and Swallowing Management in LTC Facilities.

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- 3.2 On or before admission of a resident, the LTC facility shall obtain current information regarding feeding and swallowing abilities and diet requirements.
- 3.3 Residents entering LTC shall be screened for feeding and swallowing difficulties within 72 hours of admission by a designated member of the interdisciplinary team, usually a Health Care Aide, Nurse or Rehab Assistant, who has received the standard education.
- 3.4 Referrals to the appropriate discipline shall be made for timely assessment and care planning, following the completion of the meal observation screening.
- 3.5 Regular monitoring of feeding and swallowing abilities shall occur for all residents of LTC to ensure changes and/or appropriate referrals are made on an ongoing basis to reflect the current condition of the resident and as part of the annual care review process.
- 3.6 Under the coordination of the LTC SLP Service, the WRHA LTC Program shall provide education related to feeding and swallowing and management of obstructed airway to the Designated Leaders on an annual basis.
- 3.7 All staff responsible for assisting, coaching or supervising residents with oral intake shall receive appropriate education in orientation and then at a minimum of every three years from a Designated Leader(s).
- 3.8 All staff shall receive education during orientation and then annually on the management of obstructed airway.
- 3.9 Family members, volunteers, students and paid companions who supervise, assist or coach residents with oral intake shall be offered education related to safe feeding and swallowing practices.

4.0 **PROCEDURE:**

4.1 **Identification of Residents with Feeding/Swallowing Difficulties on Admission**

- 4.1.1 Preadmission information shall be used to develop the resident's initial care plan within 24 hours of admission. Information may be obtained from the following sources:
 - Application/Assessment/Reassessment for LTC
 - Referring facility
 - Resident/family
 - Home Care Case Coordinator
 - Family Physician
 - Formal Swallowing Assessment
- 4.1.2 On admission, a Registered Dietitian or designate shall review available information and ensure the resident's diet is ordered using these suggested criteria:
 - Safe for the individual to consume
 - Appropriate diet texture and consistency
 - Meets the nutritional needs of the resident
 - Considers individual and cultural preferences
- 4.1.3 Newly admitted residents shall remain in a supervised environment at mealtime until such time as an initial Meal Observation Screening Form can be completed.

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- 4.1.4 Within 72 hours of admission a member of the interdisciplinary team, (usually a Health Care Aide, Nurse or Rehabilitation Assistant) who has received the standard education, shall complete a Meal Observation Screening form addressing both feeding and swallowing abilities.
- 4.1.5 A minimum of one meal shall be monitored. If the resident is deemed to be at risk, observation of more than one meal is recommended (preferably one day and one evening meal).
- 4.1.6 Based on the meal observation screening results, referrals shall be initiated to the appropriate interdisciplinary team members.
- 4.1.7 All actions shall be documented as per facility policy.

4.2 Referrals Regarding Feeding and Swallowing

- 4.2.1 Any indicators of swallowing difficulties on the Meal Observation Screening form shall result in a referral to Speech-Language Pathology for a comprehensive swallowing evaluation.
- 4.2.2 Any indicators of nutritional concerns shall result in a referral to a Registered Dietitian for a comprehensive nutrition assessment.
- 4.2.3 Any indicators of feeding difficulties shall result in a referral to Occupational Therapy for a feeding assessment.
- 4.2.4 Other referrals such as to Dental Team, Geriatric Mental Health Team, Ear, Nose & Throat Specialist, Gastroenterologist, and Pharmacist may also be considered as appropriate.
- 4.2.5 The assessments and documentation shall be retained as part of the health care record and shall include, but are not limited to:
 - All screening assessment results (including the Meal Observation Screening form), management plans, interventions and discussions with the resident and the family/responsible person.
 - Informed decision(s) of the resident and/or family/responsible person as to whether or not they accept further assessment or interventions.

4.3 Texture and Fluid Modifications

- 4.3.1 If texture modification or fluid modification is required, refer to the Adult Diet Compendium, Summary of Texture and Consistency Modified Diets.
- 4.3.2 The need for diet/fluid modifications shall be discussed with the resident and/or family/responsible person prior to implementation whenever possible.
- 4.3.3 The interdisciplinary team shall ensure the resident and/or family/responsible person has the information and opportunity to make informed choices about his/her nutritional well-being and quality of life.

4.4 Managing Feeding/Swallowing Problems

- 4.4.1 Each LTC facility shall have a method for alerting staff to those residents who have identified feeding and swallowing problems.
- 4.4.2 Staff shall coach, assist and/ or supervise residents with known feeding and/ or swallowing problems during all oral intake per the individualized management plan.

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- 4.4.3 Any new indicators of feeding and swallowing difficulties shall result in a referral to Speech-Language Pathology for a swallowing evaluation.
- 4.4.4 Any new indicators of nutritional concerns shall result in a referral to the Registered Dietitian for a nutrition assessment.
- 4.4.5 Any new indicators of feeding difficulties shall result in a referral to the Occupational Therapist for a feeding assessment.

4.5 General Safe Feeding and Swallowing Procedures and Guidelines

- 4.5.1 All individuals who are assisting the resident shall be familiar with their specific feeding recommendations.

4.6 Emergency Response to Obstructed Airway

- 4.6.1 LTC facilities shall develop emergency response procedures to minimize the risk of choking episodes.
- 4.6.2 Appropriate emergency equipment shall be in working order, as indicated by documented checks on a regular basis, and shall be available in close proximity to dining areas.

4.7 Feeding and Swallowing Education

- 4.7.1 Each LTC facility shall assign a minimum of one Designated Leader to attend the annual WRHA feeding and swallowing education sessions.
- 4.7.2 The Designated Leader(s) shall co-ordinate the delivery of education and training to new and current staff responsible for assisting, coaching or supervising residents with oral intake.
- 4.7.3 Each facility shall ensure that every staff member receives education on feeding and swallowing at orientation and at a minimum of every three years. Education shall include:
 - WRHA policies and procedures related to feeding and swallowing management in LTC.
 - Administration of a Meal Observation Screening form.
 - Indicators of swallowing and feeding difficulties.
 - General safe feeding and/or swallowing problems.
 - The purpose of diet texture and fluid viscosity modifications.
- 4.7.4 Each facility shall ensure that every staff member receives education on management of obstructed airway at orientation and at a minimum of annually. Education shall include:
 - Signs and symptoms of choking.
 - Initiating the facility specific emergency code procedures used for a choking resident.
- 4.7.5 All education sessions and attendance shall be tracked by the facility.
- 4.7.6 Those staff involved with assisting or supervising residents with oral intake shall receive further education on abdominal thrusts and provide a return demonstration of abdominal thrusts to a professional designated as competent by the facility.
- 4.7.7 Volunteers, students or paid companions who assist, coach or supervise residents with oral intake shall be provided with education and training on safe feeding practices. The depth of knowledge provided shall be appropriate to their level of responsibility. Family members shall be offered education related to safe feeding and swallowing practices.

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5.0 **REFERENCES:**

- 5.1 Family & Friends, CPR, Heart and Stroke Foundation of Canada – CPR Anytime Kit, Available from:
https://resuscitation.heartandstroke.ca/resources/training_materials/CPR_Anytime_Kit
- 5.2 Manual for Feeding and Swallowing Management in Long Term Care Facilities, September 2010. Available from:
<http://digitalcollection.gov.mb.ca/awweb/pdfopener?smd=1&did=19583&md=1>
- 5.3 Manitoba Health Personal Care Home Standards (February 2012).
- 5.4 WRHA in Partnership with Community Therapy Services and Deer Lodge Centre. (May 2003). Management of Feeding and Swallowing Difficulties in Personal Care Homes Train the Trainer Workshop Manual.
- 5.5 WRHA Nutrition and Food Services (2008). Adult Diet Compendium
- 5.6 WRHA Nutrition and Food Services (2008). Adult Diet Criteria for Menu Database
- 5.7 Form # W-00468 WRHA Meal Observation Screening Form
- 5.8 Operational Directive: Responding to an Acute Choking/Obstructed Airway Episode (September 2013)

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