



EDAR



Food, nutrition and dining
Choice

EDAR visual scenario

User guide



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Overview

We have developed this guide to work alongside the **eating and drinking with acknowledged risk (EDAR) visual scenario**.

It can help facilitators and leaders when using the visual scenario in training sessions or to provide more detailed understanding of the story.

You can use it to start conversations within your service (with workers, older people receiving care and their families) about:

- what eating and drinking with acknowledged risk is
- how you can support older people to make informed choices.

What is the EDAR visual scenario?

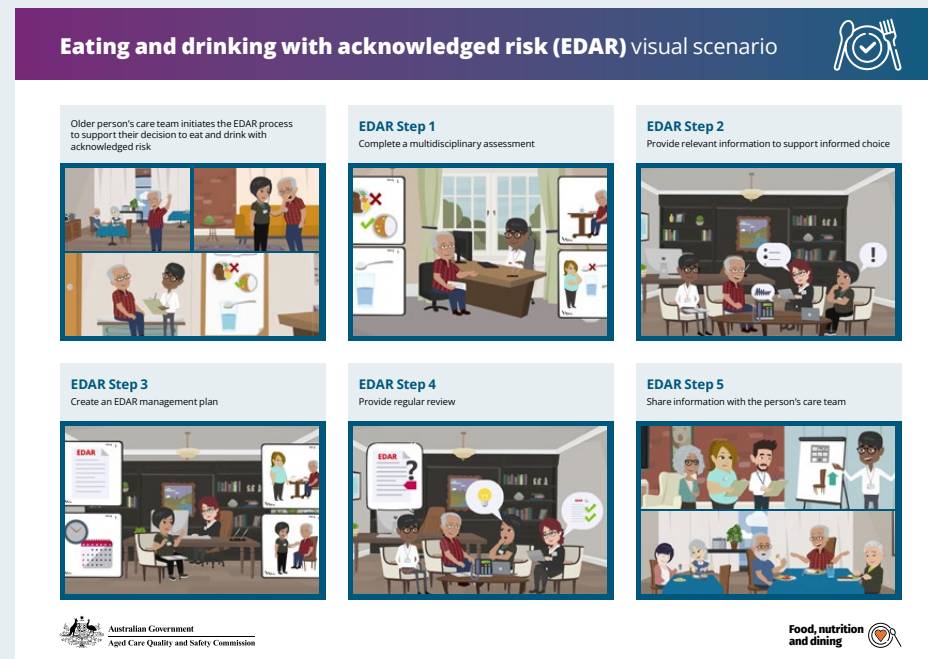
The EDAR visual scenario shows, through images, how a service can approach EDAR.

The **visual scenario** supports workers and leaders to understand how to apply EDAR day-to-day.

The guidance:

- provides an overview of what EDAR is
- describes the story in the visual scenario to help the reader understand it. This then helps them to explain the story to others if needed.

The summary information includes more background information about each visual frame (element) of the scenario.



Guidance information

Why EDAR matters

People with eating, drinking and swallowing difficulties (dysphagia) can be at risk of health issues including:

- coughing
- chest infection
- pneumonia
- dehydration
- malnutrition
- choking, and in some cases, death.

A **speech pathologist** is the healthcare professional with specific expertise in assessing, diagnosing and treating people with swallowing difficulties.

After a full clinical assessment, the speech pathologist can recommend a range of strategies. These can include modifying the texture of foods and thickness of fluids.

Some people welcome texture modified foods and thickened fluids as a way to help them eat and drink more safely.

However, others may want to keep eating and drinking their preferred food and fluids even with the health risks. This is each person's choice and called EDAR.

What is EDAR?

EDAR is a person's informed decision to keep eating foods and drinking fluids that may be negative to their health. Their decision may apply to all the food they eat and fluids they drink or only to some.

For example, this may mean the person prefers to keep eating regular texture foods and drinking unthickened fluids instead of following the speech pathologist's recommendation to modify them.

The person could also choose to:

- eat texture modified foods but not use thickener in their fluids
- eat regular consistency foods and fluids when family visit but eat the recommended texture modified foods and thickened fluids at all other times.

Providers should support older people and their representatives to make informed choices and decisions about the foods and fluids they eat and drink. Providers can do this by:

- having the multidisciplinary team assess their needs and talking to them about the results
- asking them what is important to them and what their preferences are
- giving them all the information they need in a way they can understand
- identifying the benefits and risks related to their decision and using a multidisciplinary team to manage the risks
- reviewing regularly based on the older person's needs
- making sure carers and those working with the older person know what the person's choice is.

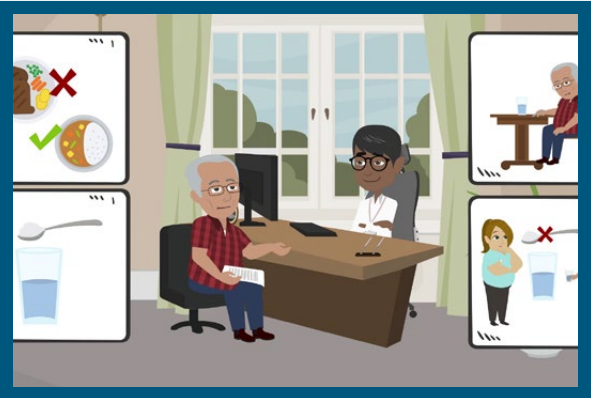
Using EDAR in residential aged care services: summary

The following visual scenario shows an example of applying EDAR in a residential aged care service. This may be helpful as you discuss EDAR in your organisation with both workers and older people receiving care.

Frame 1

Description of image	Accompanying explainer text
Collage of images including Norman waving in dining room, having an assessment and with speech pathologist. 	Meet Norman – scenario background Norman is living at Lomandra aged care. He was experiencing eating, drinking and swallowing difficulties. With Norman’s consent, he was referred to his GP and a speech pathologist. The speech pathologist, Steve, recommended a range of safe swallow strategies to support Norman’s eating and drinking. With Norman’s agreement, his diet was modified to easy to chew foods (International Dysphagia Diet Standardisation Initiative (IDDSI) Level 7) and slightly thick fluids (IDDSI Level 1). Note: You can find out more about supporting older people in the Alis Eating, drinking and swallowing difficulties course. Since this change to Norman’s diet, his care worker, Susanna, noticed he was pushing away his drinks at mealtimes. She had a chat with him to find out more. He replied, ‘The new food is okay, but I can’t get used to those thick drinks! They’re awful – I just want normal water.’ Susanna let Registered Nurse (RN) Debra know about her conversation with Norman. Debra talked with Norman about why he was recommended the slightly thick fluids. He was still adamant he didn’t want to drink any drinks that were ‘thick’. The Lomandra team initiated the EDAR process to support Norman’s decision to eat and drink with acknowledged risk. It was important they: • took the time to understand Norman’s preferences, and the reasons for refusal • checked what other safe swallow strategies had already been recommended to Norman, such as sitting fully upright when eating and drinking, and taking small mouthfuls/sips • provided all relevant information, including risks, benefits and how risks will be managed.

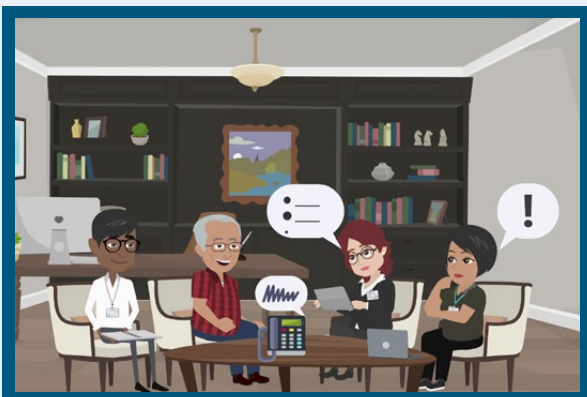
Frame 2

Description of image	Accompanying explainer text
Norman and Steve in Steve's office, close up with them discussing recommendations. Smaller images placed around the main image to show discussion points of easy to chew foods, thickened fluids, Norman not happy with thickened water, Norman telling Debra he doesn't like thickened water. 	1. Complete a multidisciplinary assessment Norman and his care team discussed his preference to drink thin fluids rather than thickened fluids. Due to the risks, he agreed to be referred for an assessment with his GP and Steve, the speech pathologist, for follow up assessments. Norman confirmed that he didn't like the thickened fluids because of the way it felt saying, 'It's not water'. He said he wanted to try other strategies that can support him to drink regular fluids. It's important that Norman's preferences inform the recommendations from these assessments.

Frame 3

Description of image

Imagery to show meeting with attendees in Lomandra office having a discussion.



Accompanying explainer text

2. Provide relevant information to support informed choice

A meeting was organised to share and discuss the follow up assessments and recommendations with Norman and the multidisciplinary team.

The meeting was attended by:

- Norman
- the service's clinical care manager
- Debra, the RN
- Steve, the speech pathologist
- Norman's GP (via phone).

In the meeting, Norman and the multidisciplinary team discussed the strategies recommended from the assessments, which included:

- continuing an easy to chew diet (IDDSI Level 7) and slightly thick fluids (IDDSI Level 1) but having thin water (IDDSI Level 0) with meals
- increased supervision at mealtimes
- the care team observing him for signs of eating, drinking and swallowing difficulty
- the RN monitoring Norman's chest health for signs of aspiration respiratory infections
- Norman using the safe swallowing strategies that Steve recommended.

The risks and benefits of drinking thin fluids were discussed with Norman, as well as the strategies outlined to help manage the risks, one of which could be increased supervision and monitoring at mealtimes.

The clinical care manager and Debra, discussed their concerns with Norman drinking normal fluids, but agreed to work with Norman to support these strategies. They will also:

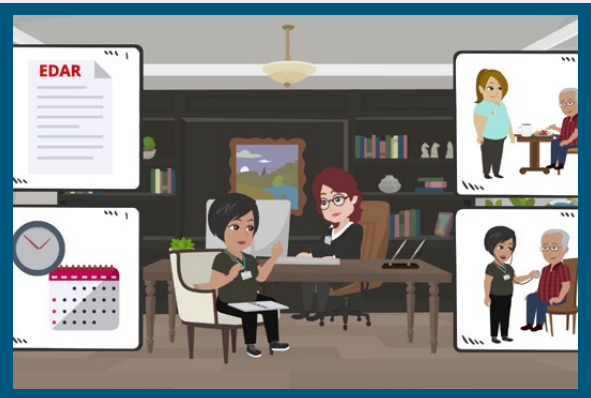
- contact the GP and speech pathologist if they have any concerns

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Frame 3 (continued)

Description of image	Accompanying explainer text
	• make sure Norman's care team has the right information and training to support him • organise for Steve to meet with Norman's representatives when they visit to talk about how to support Norman. Norman agreed to trial these strategies.

Frame 4

Description of image	Accompanying explainer text
Show EDAR document with name on front. Smaller images around main image showing strategies of time reviews, care staff checking on Norman, nurse checking Normans chest. 	3. Create an EDAR management plan Following the meeting with Norman and his care team, the service completed an EDAR Management Plan that included all of the relevant information including: • the recommendations made by health and medical professionals • the process of decision making • the strategies they would use to manage risk • review dates, timeframes and when to escalate if there are any issues. The plan was communicated to all staff working at Norman's service, his care team including catering staff, health professionals and other representatives.

Frame 5

Description of image

Image showing care team discussing review and ideas.



Accompanying explainer text

4. Provide regular review

The plan included the agreement to regularly review the plan and continuously monitor:

- how well Norman tolerates the recommended strategies
- his ongoing acceptance of the strategies and his preferences
- any signs of deterioration and immediate referral to Norman's GP and Steve the speech pathologist.

Frame 6

Description of image

Image showing Steve teaching Lomandra staff, and Norman in dining room eating.



Accompanying explainer text

5. Share information with the person's care team

The information was added to Norman's care plan.

The service set up an education session for staff with the speech pathologist around preparing and providing texture modified foods and thickened fluids, and other recommended strategies.

Management of the service made sure there were regular opportunities for refresher training, access to key resources and support for the care team.

Management also made sure Norman's family knew:

- how to support Norman when they visit
- how to access to key resources
- what to do if they have concerns.



The Aged Care Quality and Safety Commission acknowledges the Traditional Owners of country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to Elders both past and present.

 1800 951 822

 agedcarequality.gov.au

 Aged Care Quality and Safety Commission
GPO Box 9819, in your capital city

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