

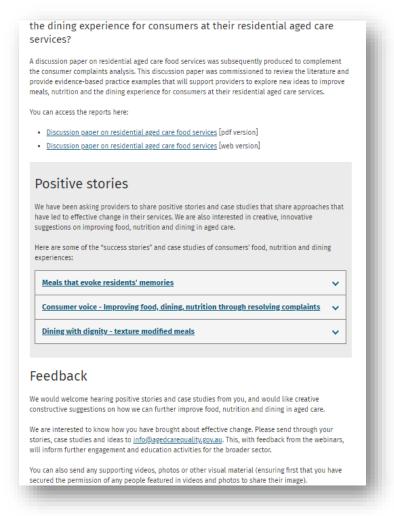
Swallowing, texture-modified diets and nutrition Webinar 17 March 2023











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Comments submitted by participants

Eat meals together with staff and families. It is unnatural to eat while others watch on and more natural to eat together.

Introduction of Take 5 dining experience survey, moulded puree meals /

Less use of plastic equipment and more use of crockery, glassware, cutlery

Shaped Food, Choice at point of service

Ensure comfort for the resident and give them confidence with their modified meal allowing them to dine with dignity.







Why is it important to focus on swallowing?

- Swallowing disorders are common
- Many residents are at risk due to their ongoing health conditions or temporary changes in health
- Swallowing difficulties can cause significant impacts on health and wellbeing and are a significant risk









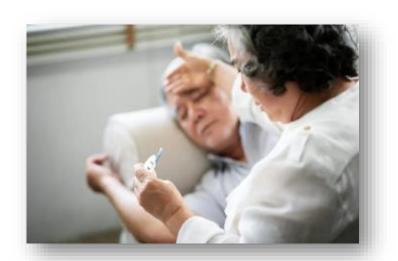
Care needs and dysphagia

- Death, serious adverse events
- Failure to meet nutrition and/or hydration needs
- Failure to meet AC Quality Standards Clinical Care
- Adverse event reporting on Serious Incident Response Scheme
- ➤ Multidisciplinary team: holistic picture for management response
- > Overarching strategy / policy on swallowing and nutrition









Standard 8: Organisation Outcome:

The organisations' governing body is accountable for the delivery of safe and quality care and services

Evidence of that?

Food and Nutrition Policy is a good start: an over-arching philosophy of the organisation around food/nutrition, including around support for safe intake of food and drink and reflecting consumer perspective.

All food/drink provision based on this common philosophy - chefs, cooks, food service staff, clinical & care staff, leisure and lifestyle, employed allied health.

You can have the best chef ever preparing food, but unless it goes in someone's mouth and is swallowed safely, its not going to provide the nourishment every consumer needs!

Everyone plays a part!





Inadequate nutrition contributes to:

No.

- Increased incidence and severity of illness
- Slowed recovery from illness/accident or surgery
- Increased incidence of pressure injury
- · Impaired wound repair
- increased risk of falling
- Worsened, or initiated diagnosis of T2 diabetes
- Altered medication clearance rate potential for overmedication
- Increased physical incapacity/social isolation
- Reduced capacity to carry out ADL thus impacting care requirements







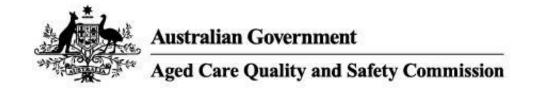






Quality Care: What should you do?

- Providers need an active management plan for swallowing and nutrition
- Ensure processes are in place and all staff receive training so that
 - ✓ all staff recognize and act on early warning signs of dysphagia
 - ✓ referrals are made to required health professionals including speech pathologist
 - ✓ all staff know and understand how to best provide support
 - ✓ consistent and appropriate implementation of the mealtime management plan
 - ✓ communication needs of individuals known and supported
 - ✓ choice and control is respected and supported





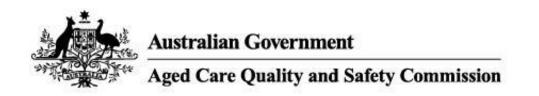


What is the role of the speech pathologist?

Speech pathologists are essential for swallowing assessment and management

Speech Pathologists

- Assess, diagnose and manage dysphagia
- Provide rehabilitation of swallow, or compensatory strategies
- Provide education to the person and the support team around them
- Provide education for informed consent regarding eating / drinking with acknowledged risk
- Refer on to other specialists or conduct instrumental assessment as needed
- Assess understanding and ability to express needs, discomfort, risks etc (and what supports communication)







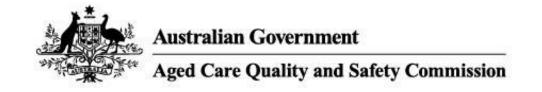


Dietitian and Speech Pathologist

Ideally, if a SP assessment results in changes to texture of foods/drinks, a dietitian referral should be initiated to help avoid any impact on nutrition

If this is not immediately possible, consider fortifying foods/drinks

Always review regularly: Improvements in health/nutrition can also improve swallow.



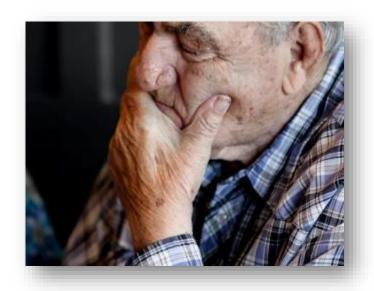


How do we support choice when there is risk?

Process in place to manage 'Eating / Drinking with Acknowledged Risk'

Consumer Choice, Dignity of Risk, Duty of Care Aged Care Quality Standards

EDAR Process









Eating / Drinking with Acknowledged Risk

Swallowing assessment

Informed Consent

Document EDAR Management Plan

Document the process undertaken























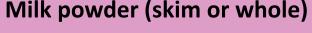
How allied health care is supported under AN-ACC

The Australian National Aged Care Classification (AN-ACC) care funding model replaced the Aged Care Funding Instrument (ACFI) on 1 October 2022. This fact sheet provides information on allied health services under AN-ACC including how AN-ACC encourages and supports residential aged care providers to invest in restorative care.

Source: Department of Health and Aged Care's website https://www.health.gov.au/sites/default/files/2022-12/how-allied-health-care-is-supported-under-an-acc.pdf







Butter, cream, oil

Cheese - incorporated or grated on top of appropriate meals when hot: ensuring it is melted before eating

Fortifying foods

Legumes - lentils etc or pulse 'flour' - e.g. besan, soft mashed cannellini (baked beans)

Unflavoured commercial supplements (lactose free are available)

Always use high protein milk - 1 cup skim milk powder to 1 litre milk

NOTE:

Recipes are available for thickened ice cream etc and this can also be fortified. ALL commercial mousse/dessert mixes should be fortified for TM.





Q & A session



We hope you enjoyed this webinar.
Scan the QR code to give your feedback
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