

Audit of Adherence to Speech and Language Therapy Recommendations for Patients with Dysphagia

Daisy Parkes-Smith
Specialist Speech and Language Therapist
St Thomas' Hospital, London
daisy.parkes-smith@gstt.nhs.uk

St Thomas' Hospital



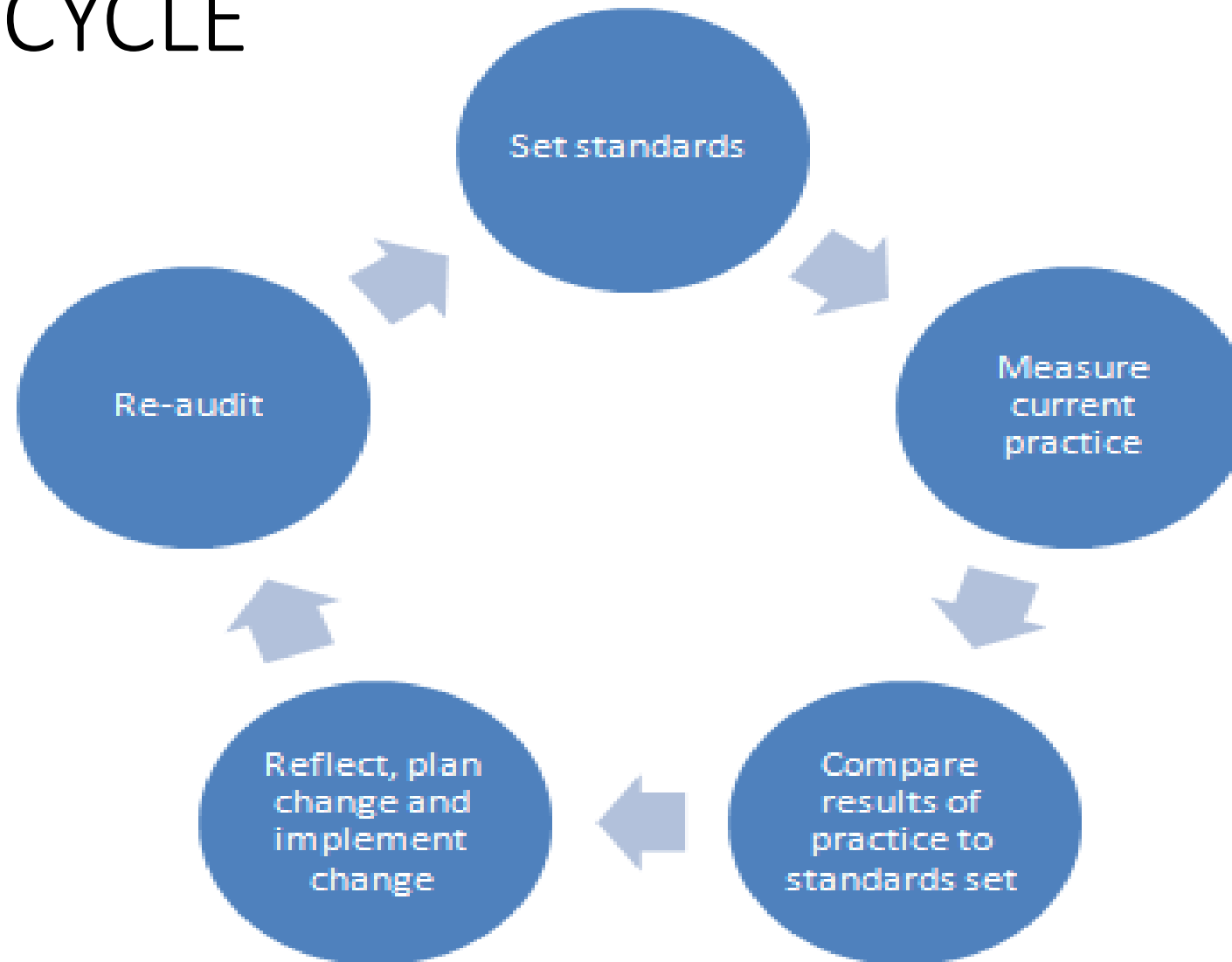
COMPLICATIONS OF DYSPHAGIA

- Increased hospital costs
- Increased length of stay

- Higher mortality rate
- Risk minimised with postural strategies and texture modification

Kozlow et al, 2003
Rofes et al, 2010

AUDIT CYCLE



OBJECTIVES

- To determine **ADHERENCE** to SLT recommendations at St. Thomas' Hospital and **REASONS FOR NON-ADHERENCE**.
- To design and implement a programme of measures to **INCREASE ADHERENCE** and **IMPROVE PATIENT CARE**.

METHOD

Guy's and St Thomas' NHS
NHS Foundation Trust

NAME: _____

**FOR SWALLOWING
SAFETY**

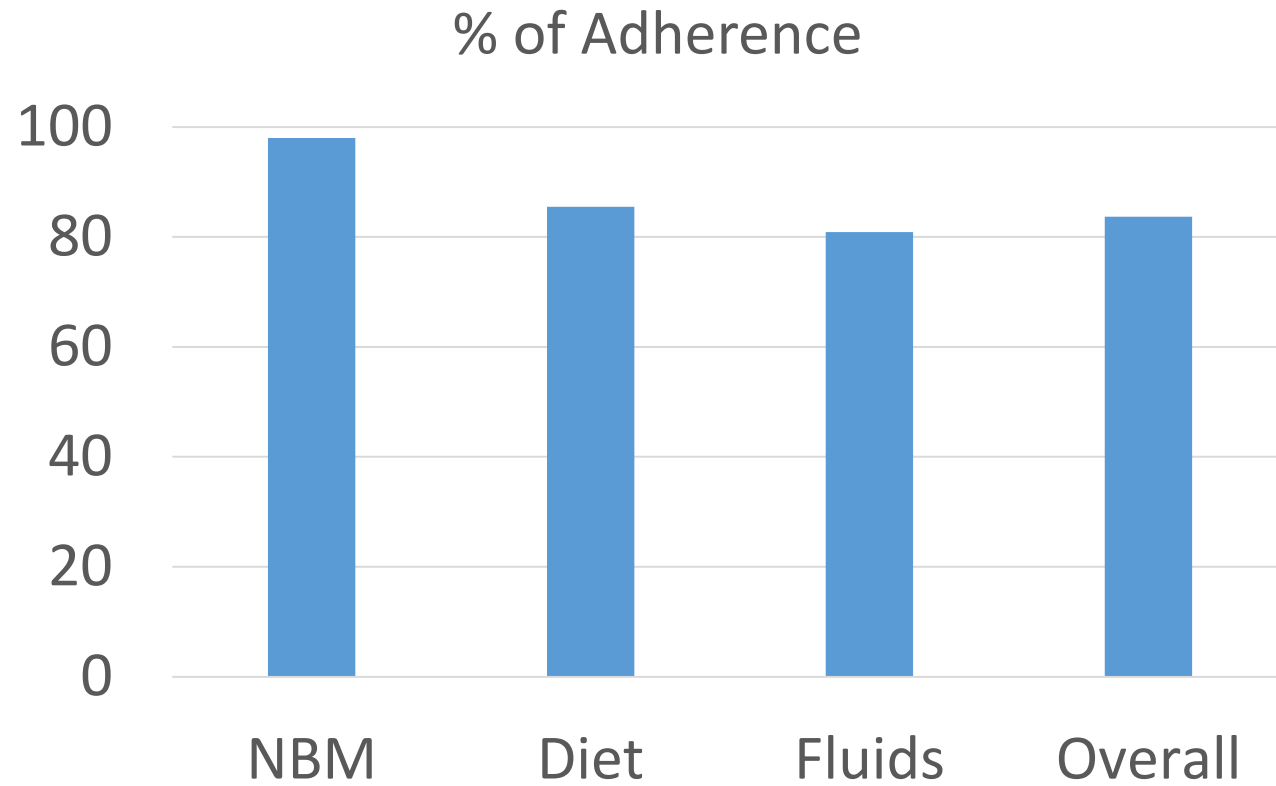
- Patient must be alert and upright for all oral intake.
- Stop eating & drinking if signs of aspiration.

Speech and Language
Therapist _____

Bleep: _____ Date: _____



RESULTS



Adherence:

NBM 98%

Diet 86%

Fluids 82%

Overall 84%

In 1/6 of observations patients were put at risk of aspiration due to non-adherence

NON-ADHERENCE TO DIET



Non suitable soft options



No fork mashable diet
option



Food was not mashed
when recommended

NON-ADHERENCE TO FLUIDS



Not thickened at all



Not thickened correctly



NBM patients given fluids

PATIENT LEAD FACTORS

Lack of enjoyment of modified textures

Choosing inappropriate foods

Refusing to add thickener

Lack of capacity



DYSPHAGIA MONTH



```
graph TD; A[Fork Mashable Diet] --- B[DYSPHAGIA MONTH]; B --- C[Meetings]; B --- D[Emails]; B --- E[Posters]; B --- F[New Thickener]; B --- G[Training]
```

Fork
Mashable
Diet

Meetings

Emails

Posters

New
Thickener

Training

EXTENSIVE TRAINING

- Refresher
- New diets
- Nutilis Clear

324 staff trained



CHANGE



- Nutilis Clear – gum based, odourless, colourless
- Fork Mashable Diet – Texture E

NATIONAL DESCRIPTORS - DIETS



Thin purée



Thick purée



Pre-mashed



Fork mashable

NATIONAL DESCRIPTORS - FLUIDS

Thin fluids

Stage 1 (syrup)



Stage 2 (custard)



Stage 3 (pudding)

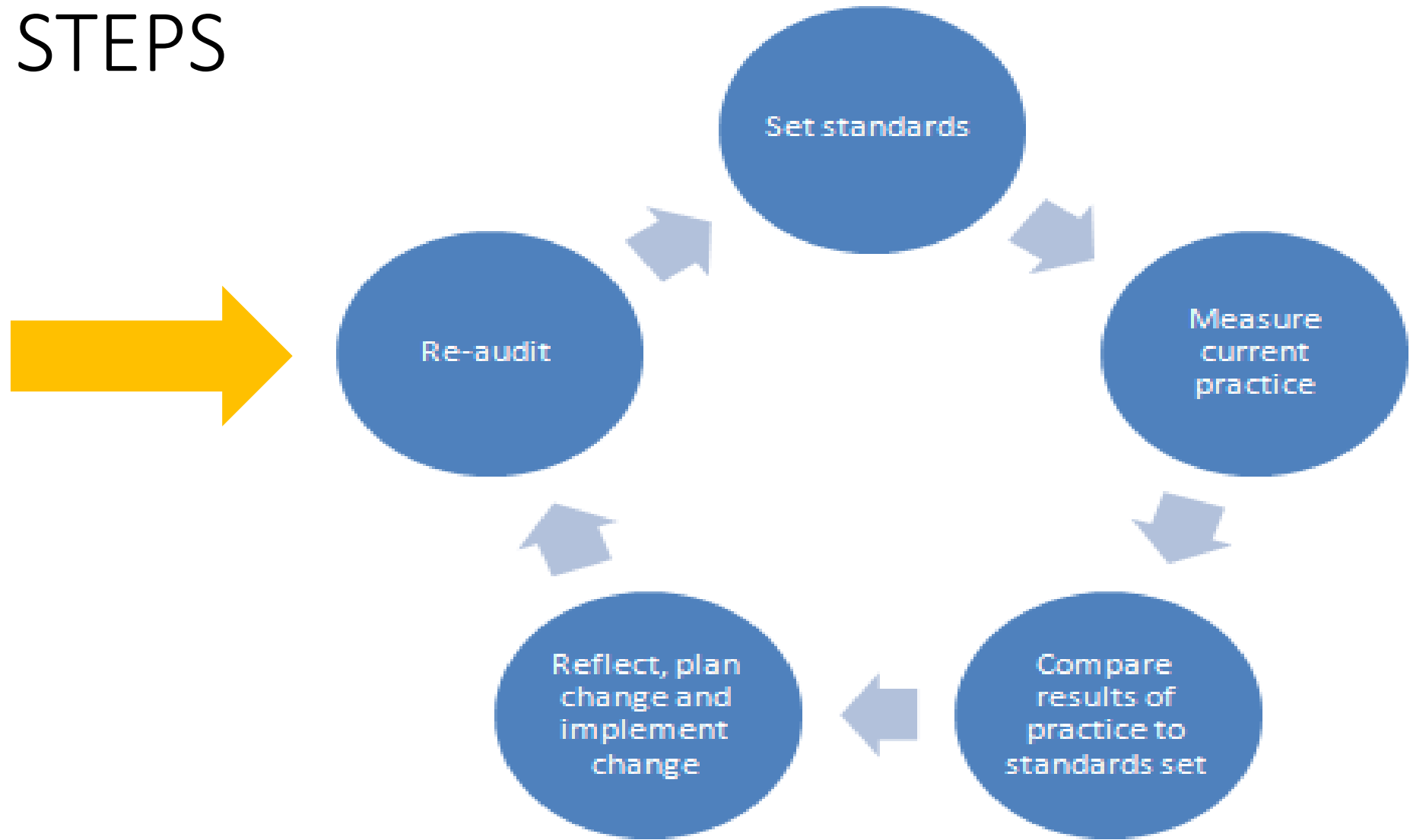


CONCLUSIONS

- High levels of adherence
- Ongoing risk of aspiration
- Results informed detailed improvement plan
- Safe and appropriate meals now available
- Enjoyable new gum based thickener
- Staff have increased awareness of dysphagia



NEXT STEPS



A word cloud featuring various terms related to food texture and consistency. The words are arranged in a horizontal, cloud-like shape, with colors ranging from dark green to bright orange. The word 'thick' is the largest and most prominent, located at the bottom center in a bold orange font. Other large words include 'Texture' in dark green, 'Level' in red, and 'puree' in dark purple. Smaller words like 'soft', 'liquidised', 'honey-like', 'nectar-like', 'spoon-thick', 'dysphagia', 'modified', 'Moderately', 'Mildly', 'minced', 'advanced', 'mechanically', 'custard', 'moist', 'quarter', 'regular', 'altered', 'half', 'smooth', 'full', 'normal', 'dental', and 'thin' are scattered around the central words, each in a different color and size.

nectar-like
spoon-thick
dysphagia
soft
modified
Level
puree
Texture
Moderately
honey-like
liquidised
Mildly
minced
advanced
mechanically
custard
moist
quarter
regular
altered
half
smooth
full
normal
dental
thin
thick

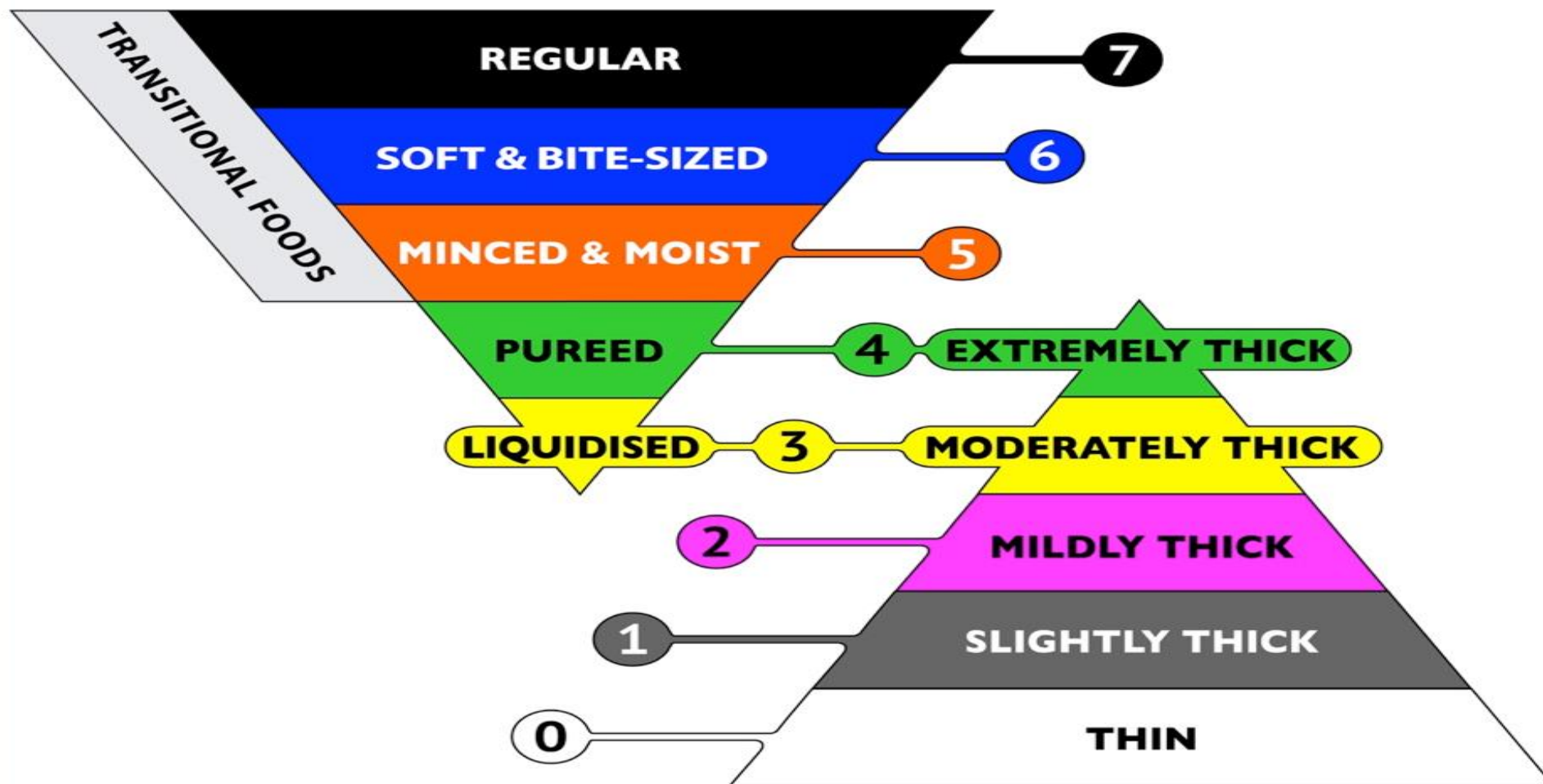


IDDSI

International Dysphagia Diet
Standardisation Initiative

www.iddsi.org

FOODS



MAXIMISING IMPACT

- Importance of adherence audits
- Need for regular training
- Consistent use of terminology for texture descriptors





REFERENCES

- BDA (2002). *National descriptors for texture modifications in adults*.
- Cichero, J., Diuvestein, J., Hanson, B., Lam, P., Chen, J., Dantas, R., Kayashita, J., Lecko, C., Murray, J., Pillay, M., Riquelme, L., Stanschus, S., Steele, C (2017). *The international dysphagia diet standardisation initiative. Developing a common language to improve safety for individuals with dysphagia*. CN Vol.17, No.2.
- Fuller R. L., McCullough, E, C., Bao, M, Z., Averill, R, F. (2009). *Estimating the costs of potentially preventable hospital acquired complications*. Health Care Financ Rev (30) pp. 17–32.
- Kozlow J., Berenholtz, S., Garrett E., Dorman, T., Pronovost, P. (2003). *Epidemiology and impact of aspiration pneumonia in patients undergoing surgery in Maryland, 1999–2000*. Crit Care Med 2003 Vol. 31, No. 7.
- RCSLT, NPSA, NNNG,BDA, HCA (2011). *Dysphagia diet food texture descriptors*.
- Rofes, L., Arreola, V., Almirall, J., Cabre, M., Campins, L., Garcia-Peris, P., Speyer, R., Clave, P (2010). *Review Article; Diagnosis and Management of Oropharyngeal Dysphagia and Its Nutritional and Respiratory Complications in the Elderly*. Gastroenterology Research and Practice. Volume 2011, Article ID 818979.
- Smithard, D.G., O'Neill, P. A., Parks, C., Morris, J. (1996). *Complications and outcome after acute stroke. Does dysphagia matter?*. Stroke Jul;27(7): pp.1200-1204.