Prevent Aspiration and Safe Swallowing (PASS) Program

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Introduction
Dysphagia (difficulty swallowing) is common in elderly over 60 years of age due to stroke, neurodegenerative disease and dementia. Patients with dysphagia have a significant increased risk of pneumonia. Dysphagia associated with malnutrition, dehydration and aspiration pneumonia constituted to high hospital admission and mortality rate. Pneumonia is the second commonest cause of death in Hong Kong. In our ward, patient feeding is conducted by the health care workers (HCA) who have limited training for assessment and monitoring for aspiration. PASS program was implemented to provide training for HCAs, and empower nurses to early detect and manage dysphagia patients and supervise HCAs in feeding safety.

Objectives
1. To enhance nurses’ basic knowledge about swallowing
2. To increase awareness to detect dysphagia among patients
3. To ensure all staffs to perform water swallowing test accurately
4. To evaluate staffs knowledge and confidence to care dysphagia patients and supervise HCA feeding technique.

Methodology
The project team was established in May 2014. Four identical workshops were conducted after extensive literature reviews. Contents of workshops included: 1. basic knowledge on anatomy and physiology of swallowing
2. different swallowing assessment tools and methods
3. standardized signage to remind health care workers proper feeding method, recommended by speech therapist. 4. demonstrate the water-swallowing test.
5. practical trainings through case scenarios such as mixing water with thickener into difference consistency. Finally pre and post-test, regarding the knowledge, were conducted to evaluate the program effectiveness.
**Result**
From August to October 2014, 21 nurses from medical ward were invited to join the workshops. 10 (48%) had less than 5 years of working experience. 10 questions with one mark each about the knowledge of dysphagia test was evaluated before and after the workshop. The score increased from 6.61 (pre-test) to 9.1 (post-test), increased 38%, after the workshop. Junior staff (<5 years working experience) reported greater improvement (score 5.9 to 8.88, 50% increased) then senior staff (>5 years working experience) (score 7.27 to 9.25, 27% increased). A rating questionnaire about the confidence of feeding dysphagia patients with 5 scores maximum was designed. Score increased from 3.2 (pre-test) to 4.43 (post-test) (38% increased). The confidence score of performing water swallowing test was increased from 3.2 (pre-test) to 4.52 (post-test) (41% increased). The confidence of early detection of dysphagia and monitoring HCA feeding were also enhanced from 3.65 to 4.33 (18% increased).