



Service Priorities and Programmes
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**A multidisciplinary dysphagia care model for long-term care patients - A
Cheshire Home Shatin experience**

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Introduction

Aspiration pneumonia is among the most common complications in residents of long-term care (LTC) facilities. It is not only potentially life-threatening to patients, but also costly to our medical system. Aspiration associated with oral feeding occurs in patients with dysphagia. Speech therapists (ST) play a major role in managing these patients and recommending feeding precautions. With currently sub-optimal ST support in LTC settings such as old-age homes (OAH), a collaborative dysphagia care model is essential in safeguarding patients' health.

Objectives

The present study evaluated the effectiveness of a collaborative dysphagia care model for early identification of deterioration in swallowing performance of oral feeding patients in Cheshire Home, Shatin.

Methodology

In this care model, ST's conduct scheduled review on medically stable oral feeders with dysphagia and under ST management. In between scheduled reviews, ward nurses act as frontline gatekeepers to monitor patients' swallowing performance, detect deterioration signs and inform case doctor or ST for timely follow-up actions. To ensure competence in this monitoring role, nursing and patient care staff receives regular training from ST on feeding safety precautions and dysphagia detection. To evaluate the model, the following data from a 24-month period (Oct 2015 - Sep 2017) were retrospectively captured: 1) detection rate of swallowing deterioration by nursing staff; 2) incidence of dysphagia-related chest complications (DRCC); 3) staff satisfaction on ST education.

Result

Fifty-six patients were included in the analysis (median follow-up 22 months). Primary diagnoses included dementia, CVA, and cerebral palsy. Fifteen patients (27%) had

deterioration in swallowing functions as evaluated by ST. Of these patients, 9 were identified by nursing staff, corresponding to a detection rate of 60%. No patients developed DRCC's. The average staff satisfaction score on ST education was 85 out of 100. The preliminary results lent support to the effectiveness of such care model, in which nurses and ST's collaborate to minimize DRCC's in LTC residents, thus saving medical costs and enhancing quality of patient care. Other LTC facilities are highly recommended to adopt a similar model in which ST's from the community assume a consultative and educational role while in-house nurses provide day-to-day monitoring to orally-fed patients. It is hoped that the incidence of nursing-home-acquired pneumonia associated with oral feeding can be minimized in our aging population.