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Improving Dysphagia Management of Elderly in Community

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Introduction

Dysphagia is common among frail elderly in the community. Poor dysphagia management may result in hospital admissions due to chest infection. Dysphagia management in old aged homes (OAHs) has always been challenging as the frontline healthcare workers may not be familiar with aspiration signs and proper feeding techniques. Despite speech therapists' recommendation, carers' poor identification of residents' aspiration signs, dysphagia symptoms and poor feeding techniques, may induce aspiration risk to the elderly in OAHs.

Objectives

To improve dysphagia management of elderly in community

Methodology

1) Targeting frontline carers of elderly in community, speech therapists of Hong Kong East Cluster (HKEC) provided two identical seminars on swallowing and feeding management in summer 2015. The seminars comprised introduction of swallowing physiology, dysphagia and its management, and feeding techniques. Participants were required to complete a test on knowledge of swallowing and dysphagia management before and after the seminar.

2) HKEC Community Speech Therapy service covered 7 OAHs in Hong Kong East. Since January 2016, two of the OAHs were eliminated due to inadequate utilization of service, whereas three OAHs were newly recruited. A frontline staff training session was provided by community speech therapist to the 3 newly recruited OAHs. The staff was taught with feeding precautions and proper use of thickener. They were also introduced how to identify aspiration signs. A checklist for the observation of aspiration signs was delivered to these OAHs.

Result

1) 112 OAH staff attended the two seminars. The average pre-test score was 32/50,

whereas the average post-test score was 44/50, i.e. the average test score increased by 37.5% after the seminars.

2) The total number of new referrals of HKEC community speech therapy service increased from 124 to 333, the total number of attendance increased from 176 to 408 from year 2015 to 2016.

Conclusion:

The OAH staff's knowledge on swallowing and feeding skills was enhanced after attending the seminars as revealed by the significant increase in the test score. The increased number of new referrals revealed that the frontline workers have better insight in identifying aspiration signs. Besides, although manpower for community speech therapy service remained unchanged, the total number of attendance increased, indicating higher efficiency through service revision. To conclude, community speech therapy service should be enhanced to further improve the swallowing management of elderly.