

Feeding and Swallowing Management (PCH and Transitional Care)

Area	Personal Care Home and Transitional Care		
Section	Resident Care Management		
Subsection	N/A		
Document Type	Policy		
Scope	Primary Care Providers, Nursing, Registered Dietitians (RD), Speech-Language Pathologists (SLP), Occupational Therapists (OT), Recreation/Activities, Health Care Aides, Rehabilitation Aides, Nutrition Services		
Approved By	Original Effective Date	Revised Effective Date	Reviewed Date
Treena Slate, Regional Lead Acute & Chief Nursing Officer	2016-Sep-28	2023-Apr-19	2023-Apr-19

DEFINITIONS

Choking/Obstruction: The inability to breathe due to a blocked trachea, including those that may require suctioning and/or abdominal thrusts. A resident coughing during the course of eating or drinking is not indicative of a choking event.

Direct Care Provider: Direct service staff that are responsible for feeding, supervising, or coaching residents at meals require education in the basic feeding and swallowing management. In the TTMD-R Manual referred to as Front-Line Staff Member.

Dysphagia: Difficulty chewing and swallowing.

Occupational Therapist (OT): Health care professional that specializes in helping people across the life span participating in the activities they want and need to do through the therapeutic use of everyday activities. This includes positioning as well as recommendations for adaptive equipment for feeding.

Registered Dietitian (RD): Health care professional that translates and applies scientific knowledge of foods and human nutrition through assessment, design, implementation and evaluation of nutritional interventions, including those related to dysphagia.

Speech-Language Pathologist (SLP): Health care professional that is educated in and specializes in the evaluation, diagnosis and treatment of speech, communication and swallowing difficulties.

Test of Texture Modified Diets-R (TTMD-R): Screening tool and management program for healthcare professionals working with residents who have dysphagia.

TTMD-R Facilitator: Health care professionals within the health facilities that have direct clinical experience in working with the elderly population in long term care. Typically, these individuals are from the following disciplines: SLP, Registered Psychiatric Nurse (RPN), Registered Nurse (RN), Licensed Practical Nurse (LPN), RD, and OT.

TTMD-R SLP: An SLP that is affiliated with the TTMD-R program that has advanced training and knowledge in the area of dysphagia and is familiar with the TTMD-R.

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POLICY

In order to minimize the risk associated with feeding and swallowing, all residents in Prairie Mountain Health (PMH) Personal Care Homes (PCH) and Transitional Care Facilities will be screened for feeding and swallowing difficulties. The feeding and swallowing program does not apply to clients on respite or clients paneled for PCH in an Acute Care facility. Screenings will be completed by trained staff at established intervals with an individual management plan developed and implemented for the resident. The individual management plan is reviewed at established intervals and if the resident's condition changes. It is recommended that each site have 1 TTMD-R Facilitator per 10 beds. Nursing staff with high EFT and adequate day or evening shift rotations are preferred as TTMD-R facilitators.

RESPONSIBILITIES

TTMD-R SLP:

- Must have advanced training and knowledge in the area of dysphagia;
- Provide education to Facilitators on safe feeding and swallowing management;
- Provide training and education on how to screen for feeding and swallowing problems;
- Provide training in how to complete the TTMD-R tool;
- Be available for mentoring and guidance to Facilitators;
- Provide TTMD-R refresher education for Facilitators
- Complete full dysphagia assessments for those residents identified by Facilitators as requiring further assessment;
- Must have training in how to perform abdominal thrusts.

TTMD-R Facilitators: Must receive Facilitator education from TTMD-R SLPs to provide them with the skills and tools to accomplish the following.

- Provide basic feeding and swallowing management education to direct care providers in their facility;
- Instruct staff on how to complete a basic screening (Part 1 of the TTMD-R) to identify residents who may need the full TTMD-R tool;
- Systematically identify eating and swallowing difficulties in long-term care residents using the full TTMD-R tool when required;
- Uses the TTMD-R scores to determine a diet texture/liquid consistency and basic management plan for residents with swallowing impairments;
- Identify residents who are at risk for having dysphagia who require further assessment of their swallowing disorder by a SLP;
- Be a primary contact for the SLP who may be requested to complete a full assessment;
- Facilitators must maintain their skills by completing a regular education offered by a TTMD-R SLP or webinar recorded by the TTMD-R SLP (see PPG-00782);
- Have training on how to perform abdominal thrusts, except in the case of RD or OT facilitators where training is optional.

Direct Care Provider:

- Receive basic education from the TTMD-R Facilitators which includes:
 - a review of the indicators of feeding and swallowing difficulties;
 - general safe feeding practices;
 - management of feeding and swallowing problems;
 - the purpose of diet texture and liquid consistency modifications;

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- the procedure for managing obstruction/choking events
 - This education will need to be reviewed or updated on a regular basis
 - Staff will be offered training on abdominal thrusts by Clinical Education
- Complete TTMD-R Part 1: Meal Screening

PROCEDURE

1. Admission: On or before the resident's initial admission to a PCH, a registered psychiatric nurse (RPN), registered nurse (RN) or licensed practical nurse (LPN) will obtain current information regarding the resident's swallowing status, feeding requirements, and diet, if possible from the Application/Assessment for Long Term Care Placement form or other medical documents.
2. Residents of the PCH that have been admitted to an Acute Care facility for a medical condition and are transferred back to the PCH do not require the Meal Observation Screen repeated unless there has been a change in the resident's health status and condition from the initial screen.
3. Refer to PCH and Transitional Care Feeding and Swallowing Program Algorithm (PMH890) for reference.
4. To support non-staff caregivers of the resident during meal times, refer to Feeding and Swallowing Program – What all Families and Friends Should Know (PMH892), Dealing with Dysphagia: Information for Residents, Families and Friends (PMH893) and Feeding and Swallowing Program: Family and Volunteer Handbook (PMH891).
5. **Initial Meal Screening:**
 - 5.1 Within 72 hours of admission a trained RN, RPN, LPN, health care aide (HCA), or Rehabilitation Aide (RA) will complete an initial PMH TTMD-R Part 1: Meal Screening form during two of the resident's meals (one must be a supper meal).
 - 5.1.1 If the resident does not swallow, TTMD-R Referral Priority A is followed:
 - The Primary Care Provider is notified immediately
 - The TTMD-R Facilitator is notified immediately.
 - An urgent Therapy Referral Form to SLP (PMH745) is sent immediately
 - A Clinical Dietitian LTC (Resident) Referral Form (PMH321) is sent
 - Non-oral nutrition and hydration or orders in accordance with the resident's advanced care plan should be discussed by the care team, resident and alternate decision maker(s).
 - 5.1.2 If there is uncertainty of the accuracy of the results, a re-screen shall be performed within 48 hours of the original screen.
 - 5.1.3 A copy of all completed meal screening forms will be provided to the facilitator for the site. If a "yes" response is attained in Part I A: Swallowing History and Observations, a copy of the completed Meal Observation Screen, the TTMD-R Facilitator completes the TTMD-R Part 2: Administration of Test Tray and Part 3: TTMD-R Management Plan within one week. For residents with a medical diagnosis that is neuromuscular or neurological degenerative in nature (e.g., MS, ALS, Parkinson's Disease, Huntington's Disease, Myasthenia Gravis),

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history of head/neck cancer, current enteral feeding, or tracheostomy, do not complete a TTMD-R to upgrade diet. These residents require a referral to SLP.

5.1.4 If a “yes” response is attained in Part I B: Feeding Observations, send a Therapy Referral Form (PMH745) and a copy of the completed screening form to the OT.

5.1.5 If a “yes” response is attained in Part I C: Nutritional Observations, send Clinical Dietitian LTC (Resident) Referral Form (PMH321) and a copy of the completed screening form to the RD.

5.2 When completing the screen, staff will indicate the date, diet type/texture, liquid viscosity, meal observed and initials. The comments section at the bottom of the meal screen may be used for further observations such as the content of the meal (i.e., all foods and liquids), amount consumed and other behaviors/habits observed.

5.3 Each Meal Screening form must be reviewed by the resident’s nurse that is working when the screening occurred.

5.4 All completed Meal Screening forms should be maintained in the resident’s health record.

6. **TTMD-R Test Tray (when indicated):** A TTMD-R Facilitator completes TTMD-R Part 2A and B: Administration of Test Tray, interprets the results and documents/implements the TTMD-R Part 3: Management Plan.

6.1 The original TTMD-R forms are placed in the resident’s health record and a copy is forwarded to the RD.

6.2 A LTC Diet Order Change Form (PMH1344) is completed and forwarded to Nutrition Services for any diet changes resulting.

6.3 The TTMD-R Facilitator makes appropriate referrals based on referral priorities.

6.3.1 Priority A: No Swallow Response - NPO – Contact Primary Care Provider and RD immediately and initiate an urgent referral to SLP. Urgent referral to SLP may be done by phone consultation.

6.3.2 Priority B: Swallowing with Observable Difficulty – Implement TTMD-R Management Plan and monitor diet recommendations. Initiate referral to SLP and RD.

6.3.3 Priority C: Managing on Most Restrictive Diet Modification – Implement TTMD-R Management plan and monitor diet recommendations. Consider referral to SLP and RD.

Note: In the absence of SLP services, it is the responsibility of the Care Team Manager (CTM) and the Therapy Services Manager to discuss solutions.

7. **Informed consent or refusal** of the recommended texture modified diet is obtained from the resident and/or their alternate decision maker by the TTMD-R Facilitator, RD or SLP. This is documented using the Test of Texture Modified Diet–Consent/Refusal Form (PMH895). In the event of diet or management plan refusal at a date subsequent to TTMD-R Test Tray, consult RD. RD then consults with SLP.

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7.1 Feeding and Swallowing Program - Dealing with Dysphagia – Information for Residents, Families and Friends (PMH893) is discussed with and provided to the resident and/or alternate decision maker.

7.2 If the resident and/or alternate decision maker does not consent, the TTMD-R Facilitator, RD or SLP:

- Engages in a discussion with the decision maker about the recommended diet/treatment, explanation of the reasons/benefits, and potential risks of refusing the treatment/diet; and provides the opportunity for the decision maker to ask and have questions answered regarding the management plan.
- Documents the discussion details (including questions and answers provided), decision, who participated in the discussion, whether or not the resident/alternate decision maker accepts further assessment or intervention for feeding/swallowing difficulties, that education/information was provided.

7.3 The original Test of Texture Modified Diet –Consent/Refusal Form (PMH895) is placed on the health record and a copy is sent to SLP.

8. The Primary Care Provider is notified of the results of the Meal Screening, TTMD-R Test Tray and if the resident and/or alternate decision maker refuses the TTMD-R or any SLP recommendations.

9. **Ongoing Meal Screening & Monitoring:**

9.1 For all residents, the TTMD–R Part 1: Meal Screening form is completed annually prior to the Care Conference or more frequently with any changes in resident status. For residents whom a TTMD-R Test Tray has been completed, TTMD-R Part 1: Meal Screening form is also completed with the next quarterly review or more frequently with any changes in resident status.

9.2 The feeding and swallowing plan for all residents is reviewed at quarterly resident review meetings. Discussions are documented on the Interdisciplinary Quarterly Care Plan and Restraints Review form (PMH187). Residents who have progressive neurological issues, terminal conditions or medical decline may need their plan reviewed more frequently.

9.3 Monitoring of the management plan for each resident as well as the resident/alternate decision maker's acceptance of the plan is the responsibility of the members of the health care team (e.g., RN, RPN, LPN, HCA, RD, OT, SLP, and Primary Care Provider).

9.4 An additional care conference including appropriate team members involved with the decision-making process (e.g., RN, RPN, LPN, HCA, RD, OT, SLP, and Primary Care Provider) is held to discuss further assessment and/or interventions for any resident whose swallowing difficulties have not been resolved with the management plan.

10. **Diet Order Changes:**

10.1 At any time, for safety reasons, nurses or RD, including those not trained in TTMD-R are allowed to downgrade texture of diet to minced, total minced, or pureed until a TTMD-R is completed by the TTMD-R Facilitator or an assessment is completed by the SLP.

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10.2 Upgrading the diet texture is only completed by a SLP, TTMD-R Facilitator or as per Primary Care Provider orders. Exceptions are for temporary texture modified diet orders related to dental extractions or denture repair/misplacement.

10.2.1 If a resident has had a previous swallowing assessment by a SLP or has enteral feeding then consultation with the SLP occurs prior to any upgrade in diet.

11. **In the event of a choking event**, staff attempt to dislodge the item the resident is choking on, which may include abdominal thrusts and resuscitation. If the resident stops breathing, the actions are based on the Advanced Care Plan (PPG-00171). Consult SLP immediately if a choking event has occurred.

RELATED MATERIAL

[Test of Texture Modified Diets \(TTMD-R\)](#)

- Part 1: Meal Screening
- Part 2A: Administration of Test Tray (Liquids)
- Part 2B: Administration of Test Tray (Solids)
- Part 3: TTMD-R Management Plan

[PMH321, Dietitian Long Term Care \(Resident\) Referral Form](#)

[PMH745, Therapy Services Referral Form](#)

[PMH890, Feeding and Swallowing Algorithm](#)

[PMH891, Feeding and Swallowing Program: Family and Volunteer Handbook](#)

[PMH892, Feeding and Swallowing Program - What all Families and Friends Should Know](#)

[PMH893, Feeding and Swallowing Program- Dealing with Dysphagia – Information for Residents, Families and Friends](#)

[PMH895, Test of Texture Modified Diet-Consent/Refusal Form](#)

[PMH1344, Long Term Care Diet Order Change Form](#)

[PPG-00171, Advance Care Planning](#)

[PPG-00782, Feeding and Swallowing Training in Personal Care Homes/Transitional Care](#)

REFERENCES

Day SI, Kenning A, Tye Vallis K (2015). Test of Texture Modified Diet – Revised (TTMD-R). Feeding and Swallowing Management Program for Long Term Care. Test of Texture Modified Diets, La Salle, Manitoba, Canada.

DOCUMENT HISTORY

Version	Changes
2016-Sep-28	New.
2019-Aug-21	Revised. Procedure clarifications, addition of PMH745, PMH1344 and PPG-00171 to relevant procedures and Related Material.
2023-Apr-19	Revised. Included Rehabilitation Aides to be in scope as front line staff. Removed PMH894 to be archived. Clarified resources for non-staff caregivers. Provided guidance on timeline for completion of Part 2 and 3 of screening tool.