Improving Care of patients with a swallow deemed to be at risk of aspiration (AROA)

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Introduction

A common theme on the Elderly Care wards is irreversible swallowing difficulties. In these cases it is often in the patients best interest to be fed with safest consistencies and accepting the risk of aspiration. These decisions can often be long and complicated involving the multi disciplinary team and patients family.

Unfortunately these discussions were often not well communicated, leaving teams in the community and in other areas of the hospital unaware of the decision, thus leading to potentially unnecessary repeat admissions. This can cause additional stress to the patient and family, including treatment they don't want, as well as putting strain on an already overburdened inpatient unit.

Problem

We looked at 83 patients who were discharged consecutively from ward 90 (DME ward). Of those 9 were deemed to have a swallow at risk of aspiration. Analysing the notes there was a number of problems with documentation, both in the inpatient episode and discharge letters. Only 44% had had an advanced care plan discussed prior to discharge, and only 66% having the risk of aspiration documented in the discharge letter.

Aim

Improve communication to primary and secondary care about patients who have been deemed to have an at risk swallow.

Method

Using information we gained from initial review of notes we designed documents to assist in communication and management of these patients.

•A risk of aspiration checklist. A list of important information to discuss with patients who have swallowing problems including

- -Nature of problem
- -Safest type of feed
- -Decision about feeding made
- -Capacity assessment
- -Best interest decisions/DNACPR

•A risk of aspiration passport, a document to go with the patient ideally with DNACPR, which states that they have a swallowing problem and any decisions made re ongoing treatment of swallowing and aspiration

Plan To complete review of notes and highlight problems with this group of patients

Do Reviewed consecutive discharges of 83 patients, 9 of whom were AROA

Study Main problem found was lack of communication in notes/letters

Act Designed AROA checklist and passport to enable more effective communication

Plan Aim to introduce checklist/passport to all elderly Care wards

Do Introduced the checklist/passport with information passed on to consultant teams

Study Analyzed the data, with an increase in documentation in both inpatient notes and discharge letters. Lack of take up with other wards. No documentation that passport completed or went with patient

Act Redesign checklist to include passport completion

Results

	Pre checklist and passport	Post checklist and passport
Documented capacity assessment	33%	100%
Documented best interest meeting	66%	100%
AROA documented on discharge letter	66%	75%
Was DNACPR put in place	100%	100%
Was advanced care plan documented	44%	100%

Conclusion

Analysis shows that the checklist and passport have increased the communication passed on. It was also found that those who had survived their admission and left with a swallowing passport had no further admissions due to aspiration. These results only came from 1 out of 4 DME wards due to poor take up throughout the department.

We also noted that although there was evidence that the checklist was being completed the passports were going home with the patient with no indications that it had been completed.

Our next stage is to increase awareness of the checklist and passport among the wards and redesign the checklist to include different elements including if passport is completed.

Plan Launch new version of checklist/passport.
Plan teaching/training sessions for elderly Care/SALT teams

Do Discuss passport and checklist at various palliative/ community/ elderly teaching events to raise awareness

Study To reassess if passports are completed and information passed on all wards