



SAFE FEEDING & SWALLOWING PROGRAM IN PCH AND TRANSITIONAL CARE AUDIT SUMMARY FORM

Upload the data from the completed Safe Feeding & Swallowing Program in PCH and Transitional Care Audit Summary Form to the Regional PCH Audit Microsoft Teams page by the end of February of the designated audit year (even years).

The Director, Health Services- Personal Care Home- East and West shares the results with the PCH Program Team, and the Director – Rehabilitation.

Site:

Enter the total number of 'yes' and 'no' from the chart audits completed – resident specific **Complete box**

Chart Audit Summary

No. of chart audits completed: *(10% of total resident population or a minimum of 5 residents)*

	#Yes	#No	#N/A
Was 1 st meal observation completed within 72 hours of admission?			
Was 2 nd meal observation completed within one week?			
Was one meal observed in the am and one in the pm?			
Auditing the most current TTMD-R Form, if there were Indicators on Parts IA of Potential Feeding Difficulty was SLP consulted? (check N/A if no indicators present)			
Did SLP provide consultation? (Check N/A if SLP referral was not indicated)			
Are recommended interventions from SLP documented in the care plan?			
If there are indicators on Parts IB of Swallowing Difficulty was OT consulted? (check N/A if no indicators present)			
Did OT provide consultation? (Check N/A if OT referral was not indicated)			
If the resident has been in facility longer than 1 year, has TTMD-R Form Part 1 Sections A, B and C completed annually?			
Is the diet order on the Integrated Care Plan/nursing Kardex the same as the diet order in food services?			
Total #			
Summary: $\frac{\text{Total number of 'yes'}}{\text{Total number of questions minus number of 'N/A' answers}} \times 100 = \%$			

Areas for Improvement *(the following is to be completed with/by Manager, Health Services-LTC Administration)*

Recommendations for improvement:			
Improvement completion date:			
Completed by (Signature/Designation:		Date:	