



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

**Instructions:**

- A Safe Feeding & Swallowing Program chart audit is conducted in the PCH and Transitional Care every two (2) years.
- Audit 10% of the total PCH and Transitional Care population or a minimum of five (5) residents, whichever is greater.
- The audit may be completed by a variety of designated staff persons (e.g. RN, RPN, LPN, Dietitian, and Staff Educator).
- Transfer audit findings to the Safe Feeding & Swallowing Program in PCH and Transitional Care Audit Summary Form (CLI.6410.PL.005.FORM.03).

**Room #:**

**Date:**

**Name and designation of person completing audit:**

	Yes	No	N/A
Was 1 <sup>st</sup> meal observation completed within 72 hours of admission?			
Was 2 <sup>nd</sup> 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?			
<b>Total #</b>			
Chart Summary: $\frac{\text{Total number of 'yes'}}{\text{Total number of questions minus number of 'N/A' answers}} \times 100 = \%$			
<b>The following is to be completed with/by Manger, Health Services, LTC Administration for "no" responses:</b>			
Recommendations for improvement:			
Improvement completion date: <input style="width: 100%;" type="text"/>			
Completed by (Signature/Designation:		Date:	