



<p>Team Name: Regional Personal Care Home Program Team</p> <p>Team Lead: Director, Health Services - PCH East &amp; West</p> <p>Approved by: Regional Lead – Community &amp; Continuing Care</p>	<p>Reference Number: CLI.6410.PL.005</p> <p>Program Area: Personal Care Home</p> <p>Policy Section: General</p>
<p>Issue Date: June 20, 2016</p> <p>Review Date:</p> <p>Revision Date: November 8, 2023</p>	<p>Subject: Safe Feeding and Swallowing Program in Personal Care Home and Transitional Care</p>

*Use of pre-printed documents: Users are to refer to the electronic version of this document located on the Southern Health-Santé Sud Health Provider Site to ensure the most current document is consulted.*

**POLICY SUBJECT:**

Safe Feeding and Swallowing Program in Personal Care Home and Transitional Care

**PURPOSE:**

To provide direction to staff about how to screen a resident’s swallowing ability and to outline a process to implement safe feeding practices in personal care homes and transitional care.

**BOARD POLICY REFERENCE:**

- Executive Limitation 1 (EL-1) Global Executive Restraint & Risk Management
- Executive Limitation 2 (EL-2) Treatment of Clients
- Executive Limitation 7 (EL-7) Corporate Risk

**POLICY:**

A standardized safe feeding and swallowing program is used in Personal Care Homes (PCHs) and Transitional Care in Southern Health-Santé Sud.

Each resident/patient (herein after referred to as resident) is screened for possible feeding and swallowing difficulties at admission and at regular intervals. Timely referrals are made to appropriate health care professionals as necessary.

Individuals responsible for assisting, coaching, supervising or preparing oral intake receive appropriate standardized education related to preparation, safe feeding and swallowing practices and emergency response to a choking incident.

## **DEFINITIONS:**

**Assistive Device:** This is a modified cup, nose cup, or other specialized utensil or plate recommended by an Occupational Therapist (OT) or Speech-Language Pathologist (SLP) to increase safety or efficiency of feeding a resident.

**Test of Texture Modified Diets - Revised (TTMD-R):** The TTMD-R is a screening tool comprised of a series of food and liquid trials. The screening process is used to determine what textures of food and liquid a resident can safely eat and swallow and to identify the need for further referral to SLP, OT, Dietitian or Physician. The TTMD-R is part of a collaborative safe feeding and swallowing program used by health care professionals (TTMD-R Facilitators) working in PCHs and Transitional Care without ready access to swallowing assessments by a Speech-Language Pathologist.

**TTMD-R Facilitator(s):** The members of the health care team who have completed the regional TTMD-R Facilitator training. TTMD-R Facilitators may be a Registered Nurse (RN), Registered Psychiatric Nurse (RPN), Licensed Practical Nurse (LPN), Occupational Therapist (OT), or Registered Dietitian (RD).

**TTMD-R Meal Screener:** The members of the health care team who have completed the Regional TTMD-R Meal Screener training. A TTMD-R Meal Screener may be a TTMD-R Facilitator or a Health Care Aide (HCA).

**TTMD-R Speech-Language Pathologist:** The Speech-Language Pathologist (SLP) who is responsible for training and refreshing the TTMD-R Facilitators and TTMD-R Meal Screeners.

**Mealtime Assistant Training for Volunteers and Families:** Reference handbook and training video developed by Deer Lodge Centre which Southern Health-Santé Sud uses as resource and reference materials when training staff, families and volunteers about safe feeding and swallowing. [Mealttime Assistant Training Video - YouTube \(https://www.youtube.com/watch?v=7tWMnnQFRdU\)](https://www.youtube.com/watch?v=7tWMnnQFRdU)  
Link to handbook - [Mealttime Assistant Training \(deerlodge.mb.ca\)](https://www.deerlodge.mb.ca)

**Dignity of Risk:** beliefs and actions that support residents to make decisions that affect their lives, and to have those decisions respected by others, even if there is some inherent actual or potential risk.

## **PROCEDURE:**

### **Safe Feeding and Swallowing Guidelines:**

1. Before the resident begins eating, ensure that any needed glasses, hearing aids, and well-fitting dentures are in place.
2. The environment is as free as possible from noise and distractions.
3. The resident is seated in a chair for assistance with oral intake unless otherwise indicated in the care plan. The decision to assist a resident in bed with oral intake must be made by a Registered Nurse (RN), Registered Psychiatric Nurse (RPN), or Licensed Practical Nurse (LPN).
4. Staff ensure the correct use of assistive devices and techniques in accordance with the Integrated Care Plan (ICP) for Residents in Personal Care Home Form CLI.6410.PL.002.FORM.01, or nursing Kardex.

5. Assistive devices are for the exclusive use by a resident and are clearly labeled for resident identification, consistently cleaned and made available for the resident's oral intake.
6. Staff assigned to the resident's care ensure that all food and fluid provided to the resident is the correct texture, consistency and temperature.
7. During intake of food and fluids, unless otherwise stated in the ICP/nursing Kardex, the resident is positioned as follows:
  - 7.1 In a chair or wheelchair:
    - The resident is seated in an upright position with hips flexed at 90 degrees tilted back, feet on the floor or supported, and the head in a neutral or slightly forward position.
    - The resident's head must **never** be tilted back, as this opens the airway and may contribute to choking or aspiration.
  - 7.2 In bed:
    - The head of the bed is fully raised and the resident seated upright with hips flexed at 90 degrees.
    - The head is in a neutral or slightly forward position.
    - The resident's head must **never** be tilted back as this opens the airway and may contribute to choking or aspiration.
    - Support the head and shoulders with pillows.
    - Pillows can be placed under the knees or at the side for added support to the trunk.
8. Whenever possible, the individual assisting the resident will be seated – or at eye level with the resident.
9. The individual assisting the resident with foods and fluids ensures that:
  - The resident is alert (use conversation, touch, etc. to try and maintain alertness).
  - If the resident is not alert, assistance with oral intake must stop.
  - The staff member is seated at eye level with the resident.
  - Oral intake is presented at or slightly below the resident's mouth.
  - Avoid mixing food items together unless the resident requests this.
  - Only a half to one teaspoon sized bites of food is given at a time.
  - Only small sips of liquid are given at a time.
  - Tablespoon is not used while assisting with oral intake.
  - The resident is fed slowly. Observe the resident's throat to make sure that a swallow has occurred (the 'Adam's apple' will rise up and down during a swallow). Do not give more food until the last mouthful has been swallowed.
  - The resident is reminded to swallow and/or clear their throat when necessary.
  - All residents will remain in an upright position for 30 minutes after a meal or medication. If the resident is in bed, the head of the bed will remain at 60 degrees for 30 minutes.
  - Oral hygiene is provided, encouraged or assisted minimally twice daily (once in the morning and once later in the day, especially after the last nourishment of the day). There may be circumstances where, for the safety of the resident and their needs, the frequency of oral hygiene would be increased to following every meal and snack (i.e. due to pocketing of food).

### **Personal Care Home (PCH) and Transitional Care Screening:**

1. On or before admission, the PCH or Transitional Care obtains current information regarding assistance with feeding and swallowing as well as any diet requirements. Pre-admission information is used to develop the resident's initial care plan/nursing Kardex within 24 hours of admission. Information may be obtained from the following sources:
  - Application/Assessment/Re-assessment for Long Term Care;
  - Referring facility;
  - Resident/family;
  - Home Care Case Coordinator;
  - Family Physician;
  - Formal Swallowing Assessment (completed by an SLP).
2. Newly admitted residents eat in a supervised environment until such time as an initial TTMD-R – Test of Texture Modified Diets – Revised Form (CLI.6410.PL.005.FORM.01) can be completed.
3. If TTMD-R screening was already completed in another site prior to admission, there is no need to repeat unless new signs of feeding and/or swallowing difficulties are noted, or unless more than a year has passed since the provided assessment by the sending site.
4. Review the site TTMD-R manual for comprehensive information if any questions on how to complete the screening.
4. Within 72 hours of admission a minimum of one (1) meal is monitored by the TTMD-R Facilitator or Meal Screener. Part IA, Part IB and Part 1C will be completed on the TTMD-R Form.
5. Within one (1) week of admission one (1) additional meal will be monitored by the TTMD-R Facilitator or Meal Screener. Part IA, Part IB and 1C will be completed on the TTMD-R Form.
6. Of the two (2) meals observed, at least one should be in the morning and one should be in the afternoon.
7. Following the completion of Part 1B, if any of the indicators are checked, consider making a referral to Occupational Therapy (OT).
8. Following the completion of Part 1C, if any of the indicators are checked, consider making a referral to the Registered Dietitian (RD).
9. Following completion of Part 1C, if there are no indicators checked there is no need to complete the rest of the screening.
10. Following completion of Part 1A, if any indicator in Part 1A is checked, then a TTMD-R Facilitator:
  - 10.1 Generates a referral to Speech Language Pathologist (SLP). The SLP will review and prioritize referrals as they are received and will complete a clinical dysphagia assessment.
    - The Requisition Form for Dysphagia (Swallowing) - TEST TRAY (CLI.6410.PL.005.FORM.04) is ordered for testing by the SLP at least 1 day in advance of the scheduled assessment.
  - 10.2 Orders a TTMD-R Test Tray from Nutrition and Food Services using Requisition Form for Dysphagia (Swallowing) – TEST TRAY prior to proceeding to Parts 2A and 2B.
  - 10.3 Proceeds to Parts 2A and 2B immediately to determine safe texture for food and fluids until the SLP assessment is completed.

11. A member of the health care team discusses the need for food or fluid texture modifications with the resident/alternate decision maker. This provides the resident/alternate decision maker the opportunity to make informed choices about his/her nutritional well-being. Documentation should be included in the IPNs, to indicate the resident/alternate decision maker are aware of the modifications and in agreement with the care plan as well as the Nutrition Assessment – Personal Care Homes Form (CLI.6410.PL.002.FORM.04).

Some residents may choose to not follow the recommendations regarding recommended food or fluid textures. Residents will be allowed dignity of risk in their decision-making should they choose not to follow the recommended modified textured diet/fluid viscosity.

There are many ethical issues related to feeding and swallowing such as texture of food, tube feeding, resident/alternate decision maker refusal of appropriate texture, resident's capacity to make decisions about food, conflicting views/beliefs of team members, etc. Refer to the Ethical Decision-Making Framework and Worksheet (ORG.1810.PL.005.SD.03) for assistance with decision making if needed. In addition to the resident/alternate decision maker, other health care team members who may be part of the decision-making process could include nursing, health care aides, physicians, SLP, dietitian.

The resident's/alternate decision maker's decision and decision-making process must be well documented on the resident's health record and clearly documented on the ICP/nursing Kardex.

12. Following discussion with the resident/alternate decision maker the resident's nurse or professional designate:
  - Submits the Diet Change Form – Personal Care Home (CLI.4110.PL.028.FORM.01) to Nutrition and Food Services with the identified diet texture;
  - Makes staff aware of the resident's feeding and swallowing difficulties;
  - Documents the resident's diet and any identified food and fluid texture modifications on the ICP/nursing Kardex;
  - Documents any interventions to assist the resident safely eat and swallow on the ICP/nursing Kardex;
  - Educates and trains any family members, paid companions and volunteers who assist, cue or supervise residents with oral intake about safe feeding practices and techniques.
13. The most current TTMD-R – Test of Texture Modified Diets – Revised Form is retained in the current health record.
14. Referrals to the following professionals are made when:
  - RD – if there is a history of significant weight change, dehydration, and identified meal completion concerns; any of the indicators in section 1C are checked YES
  - OT – for seating concerns or the need for assistive devices; any of the indicators in section 1B are checked YES
  - SLP – if there are difficulties swallowing; any of the indicators in section 1A are checked YES
  - Social Worker – if there are ethical issues;

- Other referrals to Geriatrician, Ear, Nose and Throat Specialist, Gastroenterologist, Dentist or Denturist, and/or Pharmacist may be required or requested dependent upon need.

#### **Reassessment/Re-screening:**

1. If signs of feeding or swallowing difficulty are observed, the resident's nurse must be notified immediately. At any time for safety reasons, nurses, 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 SLP or RD. TTMD-R screening will be re-administered using TTMD-R – Test of Texture Modified Diets – Revised Form.
2. Upgrading the diet texture related to dysphagia concerns is only completed by the SLP or as per Primary Care Provider orders. Exceptions are for temporary texture modified diet orders related to dental extractions or denture repair/misplacement or RD texture upgrades related to malnutrition/nutrition risk. If it is felt there is potential for a diet texture upgrade, refer to SLP for a reassessment.
3. Consultation with SLP will occur prior to any upgrade in diet when a resident has had a previous swallowing assessment and recommendations by a SLP or has enteral feeding.
4. Feeding and swallowing abilities are discussed at the quarterly Integrated Care Plan review.
5. The TTMD-R – Test of Texture Modified Diets – Revised Form, Part I Sections A, B and C is completed for all residents annually at minimum.

#### **Education:**

1. TTMD-R Facilitators and Meal Screeners must complete testing and screening education prior to administering the test, or screening, and then every two years. Education is provided by a SLP, and ideally a dietitian provides education about texture modification.
  - TTMD-R Facilitators receive education about safe feeding and administration of Parts 1-3 of the TTMD-R – Test of Texture Modified Diets – Revised Form.
  - TTMD-R Meal Screeners receive education about safe feeding and administration of Part 1 of the TTMD-R – Test of Texture Modified Diets – Revised Form.
2. There will be a minimum ratio of one full time equivalency (1 FTE) TTMD-R Facilitator per 15 residents.
3. A RD, Food Service Manager or designate provides education on preparation of textured modified diets to new Nutrition and Food Service staff during orientation.
4. Nutrition and Food Service staff review preparation of texture modified diets annually.
5. Individuals responsible for assisting, coaching, supervising or preparing oral intake receive annual education related to preparation, safe feeding and swallowing practices and emergency response to a choking incident.
6. The Mealtime Assistant Training for Volunteers and Families (Deer Lodge Centre) Manual and Video is used annually to educate any staff member who assist with feeding residents including nursing, Health Care Attendants, Recreation Staff, and volunteers. The Program is made available for family members for safe feeding and swallowing across the Region as needed.

7. The Safe Feeding & Swallowing Program in PCH Handbook Assisting Residents at Meal Time: A Handbook for Families, Volunteers, and Companions (CLI.6410.PL.005.SD.01) is available to each PCH as a reference guide for staff, volunteers and families.
8. When regional virtual education is being organized, Staff Development or Rehabilitation Services will submit Requisition Form for Dysphagia (Swallowing) – Staff Education (CLI.6410.PL.005.FORM.05) to Nutrition and Food Services to order test kits as required.

**Policy Audit:**

1. A TTMD-R chart audit is conducted in PCH and Transitional Care every two (2) years.
2. The audit is conducted utilizing the Safe Feeding & Swallowing Program in PCH and Transitional Care Chart Audit Form (CLI.6410.PL.005.FORM.02).
3. 10% of the total PCH or Transitional Care population or a minimum of five (5) residents, whichever is greater, will be audited.
4. Each facility determines the staff member that completes the chart audit (e.g. RN, RPN, LPN, Dietitian, or Staff Educator).
5. Summarize audit results using the Safe Feeding & Swallowing Program in PCH and Transitional Care Summary Form (CLI.6410.PL.005.FORM.03). Input data from the summary form to the regional portal as directed. Results will be shared with the PCH Program Team and the Director of Health Services – Rehabilitation.

**IMPORTANT POINTS TO CONSIDER:**

- The Mealtime Assistant Training for Volunteers and Families (Deer Lodge Centre) manual and video is available through Staff Development. A manual and video is available at each PCH and Transitional Care.
- Preparation of diet textures and liquid viscosities will be according to the Regional Diet Compendium. This can be accessed through the Health Provider Site – Nutrition and Food Services Program page.
- Dysphagia resources can be found on this link [Dysphagia Resources » Southern Health-Santé Sud](#)

**SUPPORTING DOCUMENTS:**

<a href="#">CLI.6410.PL.005.FORM.01</a>	TTMD-R – Test of Texture Modified Diets – Revised Form
<a href="#">CLI.6410.PL.005.FORM.02</a>	Safe Feeding & Swallowing Program in PCH and Transitional Care Chart Audit Form
<a href="#">CLI.6410.PL.005.FORM.03</a>	Safe Feeding & Swallowing Program in PCH and Transitional Care Audit Summary Form
<a href="#">CLI.6410.PL.005.FORM.04</a>	Requisition Form for Dysphagia (Swallowing) - TEST TRAY
<a href="#">CLI.6410.PL.005.FORM.05</a>	Requisition Form for Dysphagia (Swallowing) – STAFF EDUCATION
<a href="#">CLI.6410.PL.005.SD.01</a>	Handbook Assisting Residents at Meal Time
<a href="#">CLI.6410.PL.005.SD.01.F</a>	Handbook Assisting Residents at Meal Time French

**REFERENCES:**

CLI.6410.PL.002.FORM.04	Nutrition Assessment in Personal Care Home
CLI.4110.PL.028.FORM.01	Diet Change Form
CLI.6410.PL.002.FORM.01	Integrated Care Plan - Residents in Personal Care Home Form
ORG.1810.PL.005.SD.03	Ethical Decision-Making Framework and Worksheet

Test of Texture Modified Diets - Revised (TTMD-R) Manual Day, S.I., Kenning, A., Vallis, K.T. (2015).  
*TTMD-R Test of Texture Modified Diets – Revised. La Salle, Manitoba, Canada. Test of Texture Modified Diets - Copy available at each site.*

Heart and Stroke Foundation of Canada (2005). *Cardiopulmonary Resuscitation Basic Rescuer Performance Guidelines for CPR and Emergency Cardiac Care.*

Manitoba Health (September 2010). *Manual for Feeding and Swallowing Management in Long Term Care Facilities.*

Manitoba Health & Healthy Living, *Personal Care Home Standards.*

Mealtime Assistant Training for Volunteers and Families (Deer Lodge Centre)

WRHA in Partnership with Community Therapy Services and Deer Lodge Centre (May 2003).  
*Management of Feeding and Swallowing Difficulties in Personal Care Homes Train the Trainer Workshop Manual.*

WRHA Regional Program Policy Number 110.130.010, (Reviewed January 2006). *Management of Feeding and Swallowing Difficulties of Residents in Personal Care Homes.*