

# Adult Community SLT

## Referral and Management of residents with swallowing difficulties



# What do we do?

Assessment, therapy and management for people with:

- Adult acquired Communication difficulties
- Adult acquired Swallowing difficulties

# Our populations

Most commonly we see people with swallowing problems associated with:

- **Stroke**
- 40 – 78% incidence. Of these, 76% will have long term problems
- **COPD**
- 27% suffer from dysphagia
- **Dementia**
- 68% of those in care homes will have dysphagia
- **Acquired neurological conditions**
- **End of Life Care**
- **General medical disorders (eg UTI, medical decompensation)**

**Between 50 and 75%  
of nursing home residents  
have dysphagia**



## Why dysphagia matters...

Disorders of swallowing increase the likelihood of:

- Chest infection
- Aspiration pneumonia
- Choking and death
- Weight loss
- Malnutrition and dehydration
- Hospital admission and extended hospital stay
- Poor oral health
- Pressure areas
- Reduced quality of life

## Primary Risk Factors

Residents are more likely to develop an aspiration pneumonia if they have 1 or more of the following:

- Dependence for oral feeding
- Dependence for oral care
- Suboptimal oral/dental care
- Non oral feeding
- Multiple medical conditions
- Multiple medications
- Reduced alertness
- Non ambulatory
- Smoking

# Who to refer?

You should consider a referral to SLT for any of the following:

- Frequent coughing or throat clearing when eating and/or drinking
- Person reports sensation of food getting stuck in throat or difficulty swallowing
- Wet/gurgly voice quality
- Altered breathing pattern after eating and drinking
- Recurrent unexplained chest infections
- Acute weight loss with any of the above

# Problematic referrals

Following reasons are not appropriate referrals to SLT

- Poor fitting dentures
- Resident has failed a local choking risk assessment

We may not accept all referrals for:

- Residents who refuse to eat/behavioural issues
- Some dementia referrals
- **Please check you are following existing SLT recommendations**



## Some simple “wins”

- Record what foods/fluids cause residents to cough/choke, and how frequently this occurs
- Please be accurate and consistent in what you tell us
  
- Follow the recommendations!
- Sit the person upright
- Supervise/pace
- Stick to the recommended diet modifications
- Avoid distractions etc
  
- **MAKE SURE YOUR STAFF COMMUNICATE**

# Commissioned Response Times

- **Priority 1: within 10 working days**

**Recurrent, unexplained chest infections**

**Sudden, unexplained weight loss**

**Not able to eat/drink (not behavioural)**

- **Priority 2: within 20 working days**

**No short term risk of dehydration, malnutrition, chest infections**

**Priority 3: aim for 13 weeks**

**Stable on modified diet/fluids – likely to be upgraded**

# Actual Response Times

**April 2016**

## KPI Monitoring

- 100% compliance with Priority 1
- 100% compliance with Priority 2
- 100% compliance with Priority 3
  
- Max waiting time: 11.71 weeks
- Average waiting time: 3.74 weeks

# How to refer?

- **Referral form**
- Telephone: 01284 748847
- Fax: 01284 748889
  
- **Contact details:**
- Speech and Language Therapy
- Disability Resource Centre
- Bunting Road
- Bury St Edmunds IP32 7BX

# SAFE Training

## (Swallowing and Feeding Education)

- Care Homes can commission a training session from SCH Adult Community SLT which includes theory and practical activities on:
  - 
  - -What is dysphagia?
    - -Who is at risk?
  - -Signs and symptoms
    - -Management