

# 2021 BEST RESEARCH POSTER AWARD

## Title: Assessing adherence and exploring barriers to provision of prescribed texture modifications for dysphagia in a residential aged care facility in rural Australia

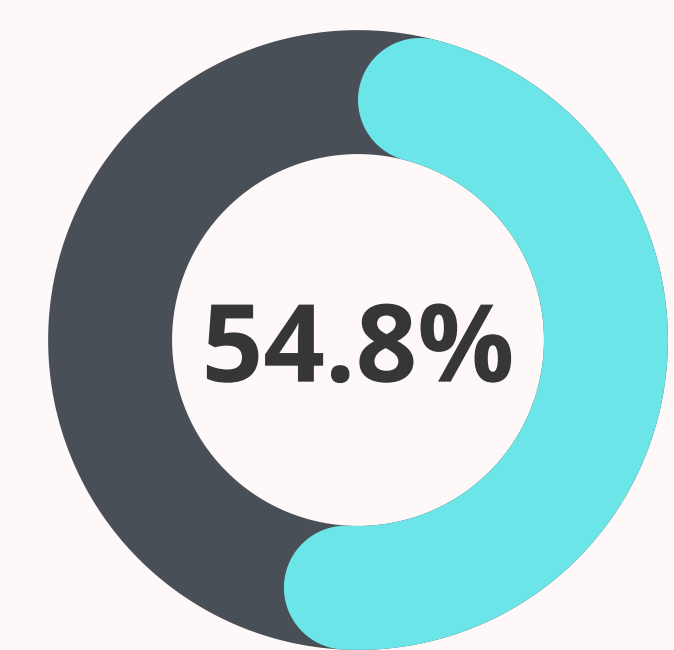
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## Objectives

1. Quantify adherence to dysphagia management recommendations [specifically that rural RACF residents receive the prescribed texture-modified food and fluids],
2. Explore barriers affecting correct provision of texture-modified food and fluids as perceived by nursing and food services staff,
3. Identify strategies [in collaboration with RACF staff] to facilitate accurate provision of texture-modified foods and fluids to residents.

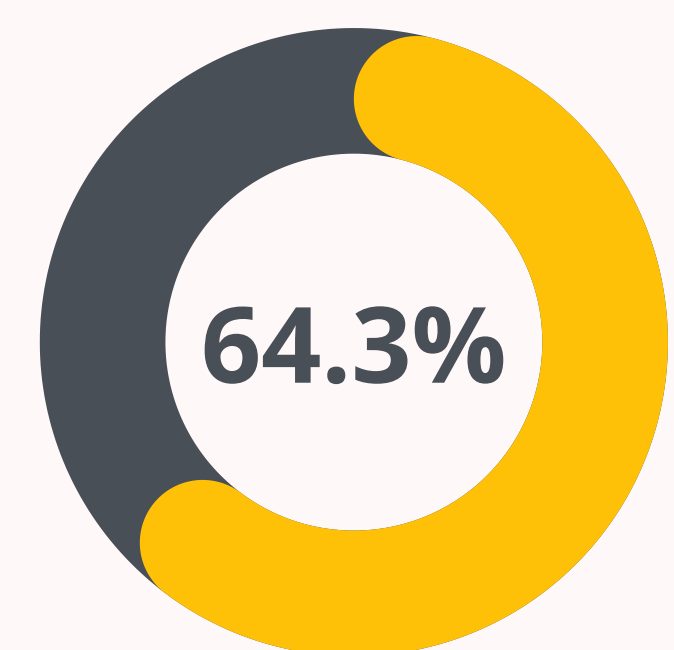


## Result



### Meal Texture Audits

54.8% [n = 23] of residents' food modification requirements were incorrectly documented on the kitchen form



64.3% [n = 27] of meal trays contained foods that did not meet residents' dysphagia management plans.

### Focus Groups

Seven major themes emerged from the data analysis related to the complexity of current processes and barriers to accurately supplying prescribed texture-modified diets and fluids for residents in rural RACF.

These were:

- a) communication as a driver for errors,
- b) limited dysphagia-specific knowledge and confidence applying knowledge
- c) time pressures of kitchen schedule and nursing staff time,
- d) staffing,
- e) balancing an individual's dietary preference with dysphagia recommendations,
- f) variety and presentation of dietary options, and
- g) staff perception of workplace culture and resourcing of the kitchen

## Introduction

- Nearly two-thirds of residents living in residential aged care facilities [RACFs] experience dysphagia [swallowing difficulties].
- Speech-language pathologists [SLPs] play an integral role in dysphagia assessment and management.
- Texture-modified diets and fluids are often prescribed by SLPs to compensate for compromised oropharyngeal function. These recommendations are made with the aim of easing discomfort, improving efficiency and/or reducing the risk of adverse events.
- Inappropriate management of dysphagia can have life-threatening consequences e.g. choking is the second highest cause of preventable deaths in aged care facilities in Victoria, Australia.
- Clinical experience and anecdotal evidence suggested inadequate adherence to SLP prescribed texture-modified diets and fluids in various rural RACFs.

## Method

### Participants

- All residents with pre-existing dysphagia management plans were included in the meal texture audit [N = 14]. Forty-two meal observations involving 14 residents [over three separate mealtimes] were conducted.
- Two focus groups, involving a total of 11 staff, were conducted and ranged between 50 min to one hour.

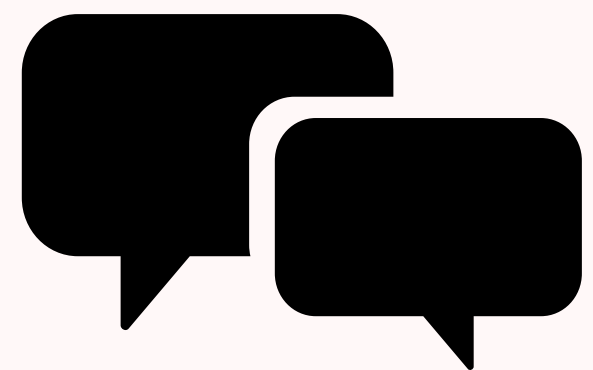


### Meal Texture Audits

Data were collected from three information sources to quantify the extent that residents' pre-existing dysphagia management plans were successfully followed over three different mealtimes, including: [a] resident medical files, [b] RACF kitchen forms and [c] an audit of residents' prepared meals [food texture and fluid consistency].

### Focus Groups

Semi-structured focus groups were facilitated with nursing and food preparation staff who worked at the participating facility.



## Discussion

- Potential safety risks were identified for a substantial proportion of residents with dysphagia
- Focus groups revealed a complex and fragile system with frequent risk of errors which ultimately put the health of residents with dysphagia at risk
- Our findings highlight the need for the implementation of an integrated, real-time online menu management system as the single source of truth to avoid ineffective communication or handover practices
- Staff knowledge of dysphagia is critical for resident safety and there is general agreement in the literature on the significant need to improve the training available for care staff in this area
- The implementation of the standardised IDDSI terminology will assist to reduce confusion, facilitate effective communication and allow for a consistent understanding of food and fluid classifications across staff
- A focus on improving the appeal and presentation of texture-modified diets is of importance and in addition, dignity of risk procedures should be explored further in the context of dysphagia management
- Budgetary constraints have been identified as being a primary barrier to providing increased food choice and quality of dietary options in RACFs. Perceived resourcing issues in this study influenced staff willingness to advocate for improvements required [i.e. to implement an online menu management system]

## Conclusion

This study highlights a series of multifaceted barriers impacting the correct provision of texture-modified diet in RACFs.

Further research is needed to identify successful methods to address these barriers to ultimately improve swallowing safety and quality of life for residents with dysphagia in RACFs.

