Feeding difficulties - a ROADMAP to guide decisions

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BACKGROUND

- Dysphagia (swallowing difficulties) is highly prevalent in the older population
  - 40-78% in stroke patients
  - 33% in Parkinson's disease
  - 50-75% in nursing home residents
  - 68% dementia patients residing in homes for the aged
- Patients with dysphagia are twice as likely to present to hospital with an aspiration pneumonia
- For those patients who have an unsafe swallow on all oral intake the decision to risk feed (eat and drink with known risk of aspiration and choking) or commence artificial feeding is fraught with ethical dilemmas
- Feeding decisions taken can limit life expectancy therefore clear documentation in line with the Mental Capacity Act 2007 is needed to provide robust evidence of good practice

WHAT ARE WE TRYING TO IMPROVE?

The documentation of mental capacity for those who have an unsafe swallow and are at risk of aspiration on all oral intake: Baseline data demonstrated that our doctors poorly understood the decision-making process and the need to complete a Mental Capacity Assessment (MCA). In line with the ageing population, these patients are presenting much more frequently in the Trust

HOW ARE WE GOING TO MEASURE OUR IMPROVEMENT?

% of patients who are at risk of aspiration on all oral intake, who have documented evidence of a completed MCA . This form is to include a Best Interest checklist for decision making for patients deemed not to have capacity

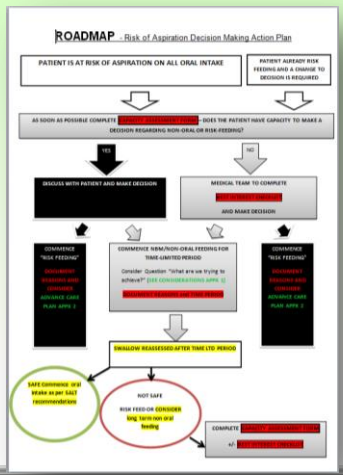
OUR BASELINE

Out of 37 patients zero had a completed MCA form.
The average time from NBM to the decision to risk feed was 2.2 days (range 0-11 days).

WHAT CHANGE ARE WE GOING TO MAKE?

Development of an algorithm to aid doctors in the decision making process for those patients at risk of aspiration on all oral intake, focusing on improving documentation of mental capacity. This is known as the ROADMAP(**R**isk **O**f **A**spiration **D**ecision **M**aking **A**ction **P**lan)

- A4 size algorithm
- Includes key questions to consider when managing this patient group
- Includes references to support decision-making
- Incorporates advanced care planning



WHAT ARE WE TRYING TO IMPROVE?

HOW ARE WE GOING TO MEASURE OUR IMPROVEMENT?

WHAT CHANGE ARE WE GOING TO MAKE?

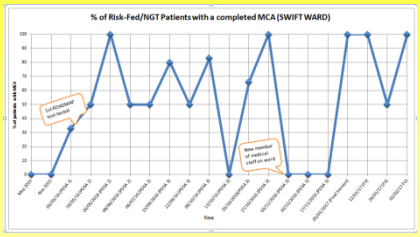
HAVE WE MADE AN IMPROVEMENT?

HOW ARE WE GOING TO MAKE THE CHANGES?

- Establish a multi-disciplinary working group consisting of dietitian, speech and language therapist, nurse, doctor and quality improvement expert
- Follow the IHI Model for Improvement using PDSA cycles
- Brief weekly meetings to reflect on what works and what doesn't work

RESULTS

Trial of the ROADMAP over 9 months on a geriatric ward showed an average increase in completed MCA forms of 56%
For those patients with a MCA form completed, the average time from NBM to risk feeding decision was 0.2 days (range 0-1) compared to 1 day (range 0-2) for those without a MCA form



FURTHER IMPACT

- Engagement of doctors, speech and language therapists and dietitians
- Clear concise aims of feeding decisions
- Avoids inappropriate nasogastric feeding
- Improves patient care , choice and quality of life
- Improves communication with families
- Reduces decision-making time and ultimately length of stay

WHERE WE ARE NOW

- ROADMAP has been ratified by the Trust Nutrition Steering Group and has been launched Trust-wide. It is now available to all ward areas and can be found on Trustnet under both Speech and Language Therapy and Dietetics
- A risk feeding information leaflet for patients and carers has been developed and is awaiting final ratification.
- Plans to re-audit after 6 months of roll-out.