

# Tough to Swallow Process Indicator (Phase II)

*Developed by Arkansas Innovative Performance Program*

*Brought to you by the Thickened Liquids Task Force,  
representing these agencies and institutions:*

- **Arkansas Innovative Performance Program**
- **Arkansas Health Care Association**
- **Arkansas Office of Long Term Care**
- **Arkansas Foundation for Medical Care**
- **Arkansas Nursing Homes**

*Working together to create a Best Practices approach  
to continuous quality improvement for long-term care  
residents with swallowing difficulties.*



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**ARKANSAS INNOVATIVE PERFORMANCE PROGRAM**

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*Tough to Swallow Process Indicator - Phase II*

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*Enhancing Nursing Home Care in Arkansas*

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**Thickened Liquids  
Process Indicator/Best Practice  
Tough to Swallow Process Indicator – Phase II**

**Introduction**

Approximately 8.3% nursing homes residents are using thickened liquids. During Phase 1 of this project, the area of thickened liquid administration could be easily identified in the top 10 deficiencies for Arkansas providers. Current analysis of the regulatory overview indicates the opportunity for error continues to exist, however instead of citing this deficiency under one area, the scope has broadened. In efforts to not only maintain a status of significant compliance within the regulations, it is essential to implement a system of thickened liquids management that ensures facility personnel manage the quality of care delivery system in accordance with best practices.

The practice of treating signs and symptoms of Dysphagia and/or Aspiration continues to present a challenge for many long term care facilities. Research and observation has identified the use of thickened liquids to be a consistent intervention. Further research indicates assessment data to substantiate the initiation of this intervention is often inconsistent with the standards of care. During Phase 1 of this project, our efforts centered on the transcription of the order and the system of implementing the order among all departments. Phase II will build upon the sound principal of monitoring the transcription and implementation of orders by providing a comprehensive audit tool including not only the order, but the assessment of and documentation of the residents' signs and/or symptoms that led to the order initiation. This tool will provide further review of the continued appropriateness of the exiting orders through periodic, on going monitoring. The intended use of the audit tool is not only for those residents with existing orders or who are currently receiving thickened liquids, but should be utilized to guide in the thorough and complete assessment of the resident prior to obtaining the initial order for thickened liquids.

**Assessment/Recognition of Improvement Area**

The purpose of this step is to focus on the targeted improvement area. During this phase, the facility should ask and answer three critical questions to guide and direct their process improvement steps: 1) What do we want to accomplish? 2) What changes can we make to result in an improvement? 3) How will we know an improvement has been made? Randomly select 10%, or a minimum of 10 medical records, including but not limited to, for review:

- MDS
- Care plan
- physician's orders,
- physician's telephone orders,
- admission orders,
- discharge orders from a transferring facility,

- medication administration record,
- physician progress notes,
- nursing documentation,
- dietary documentation,
- therapy documentation,
- social documentation,
- activity documentation,
- lab/x-ray,
- diet roster, including supplement list, and
- tray identification card.

Review the data gathered utilizing the audit tool. Record your data findings. This data will compare actual practice in your facility with the acceptable standards of practice. Identify a process improvement team with complimentary skills that are committed to a common purpose and hold themselves mutually accountable. The team should consist of 3-5 members that will plan, do, study and act on the process improvement. Involve the staff that is involved in the process such as, the Director of Nursing/designee, Charge Nurses, Dietary Service Manager, Dietary Aide, CNA, Speech Therapist, Dietary Consultant, and Pharmacy Consultant.

## **Plan**

The process improvement team should set a realistic, measurable and easily understood goal statement. This statement will be utilized by the process improvement team as well as other facility staff to help maintain focus and measure successes. Have the team identify and define every step in the current process. A baseline of performance can be established by examining:

- current standards of practice,
- facility's policy, procedure and/or protocols,
- the OBRA regulations,

as well as performing a line-by-line detailed audit of the existing thickened liquids orders. During this review, carefully examine each step to help identify the root cause of the process variation. Identification of the root cause assists in making decisions based on data rather than hunches and to look for lasting solutions to the process as opposed to making quick fixes. In developing the process improvement plan, identify all criteria that will help evaluate potential solutions to the problems such as associated cost, ease of implementation and work force redesign that would result in improved staff/resident performance and outcomes. The development of an implementation strategy will assist in identifying how change will be accomplished. Communication is critical at this stage. Sharing information with the staff who will be involved in making the changes is crucial to making a positive impact on the process change. Select an area of the facility to pilot test the process improvement theory. By choosing a specific area, you gain the benefit of seeing how the changes affect the current process on a small scale. Pilot studies also give you early results that allow you to see if your goal can be attained or should be amended. At this stage of process improvement, consider who will train the staff, who will update/revise/remove any tools as necessary, who will be the monitor, what are our

resources for information and implementation support and who will audit the outcomes of the process improvement? During this phase, the process improvement team should be able to determine all steps in thickened liquid management. When assessing the current process, it is important to review all methods in which the facility staff conducts the task. Evaluate any duplicate work areas or “work around” techniques the staff has implemented. A thorough review of the policy/procedure and protocols will provide feedback determining if the current policy is part of the issue or if a lack of understanding or implementation of the current process is the issue. Give significant importance to the review of the current process and carefully consider the staff knowledge of the process.

## **Do**

After completing the necessary training and education to the staff involved in the process improvement effort, implement the plan in the pilot group area. It is important to gain feedback from those who are utilizing the plan on an ongoing basis. This phase allows you to initiate your plan and gain vital information regarding work process improvement. Training and education prior to the initiation of the pilot study is a fundamental element of success. Increase the knowledge base of the work group by clearly articulating the goal and the expected outcomes. Train the group on all aspects of the process improvement. Educate resident, resident’s family, and all staff on the necessary components of thickened liquids. Follow the implementation phase carefully to ensure you have accurately captured all necessary components in the system.

## **Study**

After completion of the pilot study, an evaluation of the process improvement allows the team to organize observations, collect data to check whether the change has helped attain the goal and evaluate staff reactions as well as effects to resident quality of care. Data gathered in the study will assist in validating the positive aspects of change in a facility wide model and will assist in gaining support and buy in from staff affected by the change. Utilizing the same or similar audit tool you used at the beginning of identifying this process, review the pilot group’s data for information that will meet or exceed your goal expectations. Review your system improvement efforts. Carefully consider if the changes have met your goal. Analyze the data carefully and prepare to present the process improvement team’s findings to administration for guidance.

## **Act**

After completing the audit and evaluation of the pilot process, gather necessary information and present to facility administration with recommendations to adopt, adapt or abandon the process improvement. Once the decision has been made, the education and training to all facility staff involved in the process should begin. Utilize the successes of the pilot group and identify facility resources to answer questions regarding the process changes. Implementation of the process improvement facility wide will require consistent follow through and attention to detail with a rapid response to any

variations noted in the process. Utilize the process improvement team for continued validation of the process improvement.

### **Ongoing Monitoring**

Since the process of thickened liquids is a part of day-to-day facility operations, it is vital to the quality improvement process to consistently and routinely monitor all aspects of the system. Without ongoing monitoring the risk of error is greatly increased and creates a potential for negative outcome to the resident. Through the task of gathering and analyzing data, you will be able to monitor your thickened liquids system in a manner that will highlight real or potential issues and allow for quick and validated responses to other areas of quality improvement.

### **Audit Tool Implementation**

One of the objectives in developing this process improvement is to provide information to the facility that will assist in the appropriate identification of residents that may be or are using thickened liquids in association with swallowing difficulties. This section of the process improvement will give informational guidance to the assessment, preparation, administration, monitoring and reassessment of the thickened liquid system. Through the utilization of the attached audit tool, the facility should be able to identify variations in the thickened liquid implementation system that would benefit from a quality improvement strategy.

### **Assessment**

The interdisciplinary team should participate in the assessment of the resident who is exhibiting signs/symptoms of swallowing difficulties. The assessment should include, but not be limited to:

- review physician's orders (including medications such as ferrous sulfate, NSAID's, potassium chloride, tetracycline, Anticholinergics, beta blockers, calcium channel blockers, nitrates, ace inhibitors, antihistamines, antipsychotics, diuretics, opiates),
- review resident history and physical (chronic history or acute change, treating physician's progress note, any consulting practitioner's assessment/diagnoses),
- review current diagnoses with special consideration to neurological or mechanical/obstructive related issues (stroke, Alzheimer's, Huntington's chorea, Parkinson's disease, amyotrophic lateral sclerosis (ALS), multiple sclerosis (MS), myasthenia gravis, traumatic brain injury, head/neck cancer, goiter, infection or abscess, mediastinal mass, tortuous aorta, esophageal stricture or injury),
- Current nutritional status (height/weight. Include history of weight loss), signs/symptoms that may be related to swallowing difficulties (coughing/choking during swallowing, gurgling voice after swallowing, frequent throat clearing, increased congestion in the chest after eating or drinking, drooling/dribbling, excessive weight loss or fatigue, "cheeking" food or medications, delayed

- swallow initiation, multiple attempts to swallow each bite, repeated URI, sensation of food sticking in the sternal area, eating slowly or not at all),
- identification of prior and/or current treatment modalities (history of speech therapy, progressive thickened consistency, mechanically altered diet),

After completion of the IDT assessment, notify the treating physician of the findings and documents in the medical record. Documentation of the thorough assessment in the medical record will allow the interdisciplinary team the opportunity to make prudent decisions regarding treatment modalities.

### **Plan**

Recognizing the historical data related to resident's reactions to thickened liquids, carefully consider the resident's choice when making treatment plans. Discuss rationales with the resident, resident family/care giver and direct care staff. Prior to initiating thickened liquids, were other alternatives tried such as: positioning techniques during feeding, elevation of the head of the bed to the highest practicable and comfortable height, incorporation of the "chin tuck" swallowing method, adjusting the rate of feeding and the size of the bite, allow for more time to eat, evaluation for effectiveness of cueing, redirection or task segmentation.

Carefully consider the treatment approaches that may require adaptive equipment, special preparation and the psychosocial implications of altering the diet. During this phase, it is critical to determine the facility's system for preparation and delivery of thickened liquids. Consider: who is responsible for obtaining and transcribing the order, who is responsible for updating the resident diet roster and notification of the IDT team, who is responsible for preparing the product (not only at meals but with medication administration, fluids at bedside, fluids with activities), who is responsible for training/education of the direct care staff.

### **Evaluation and Reassessment**

As with any healthcare intervention, the constant, on-going monitoring to assess if the interventions produced the intended response is an essential part of the process. Maintaining the nutritional and hydration parameters for the individual resident assists in maintaining the highest practicable level of functioning.

**Thickened Liquids**  
**Process Improvement/ Best Practice**  
***Tough to Swallow Process Indicator – Phase II***  
*Summary of Expected Approaches Based on Best Practices*

**Overview**

- Our objective for this phase remains as it was for Phase 1, to improve the thickened liquid implementation process to Arkansas nursing home residents. The purpose of this material is to further explain how to do this consistently with good practice and with existing regulatory expectations. Due to the overwhelming response in support of the initial Phase, our work group, including professionals with experience in geriatrics and nursing home care, was expanded. This expanded panel further explored in depth the topic of thickened liquids to the long term care population. They used available references relating to the management of dysphagia, as well as, but not limited to current standards for thickened liquids in long term care facilities to help prepare the process indicator/ best practice and the related guidance. The accompanying process indicator/ best practice checklists contain a series of steps related to the review of your current system including the residents with existing orders as well as provides guidance prior to the initiation of an order for thickened liquids. We provide this information to help each facility provide the best possible care on an ongoing basis as a means of process improvement. Along with the information in the OBRA regulations, our surveyors may use this process indicator/ best practice and this guidance to review how your facility's thickened liquid implementation process is designed to deliver the highest practical quality of care to Arkansas residents. We encourage you to utilize these steps in managing your thickened liquid process.

**Process Basics**

The thickened liquid process in a nursing home should include but not be limited to the following:

- Assessment/Recognition of Potential Process Improvement Areas: The purpose of this step is to provide a data centered approach to recognizing actual or potential inconsistencies in the current process and initiates the problem solving process. The facility's staff and practitioners organize a process improvement team and identify a process owner to collect relevant information about the current process and then evaluate and organize the information to identify if a problem may exist.
- Plan: The facility's process improvement team attempts to identify areas for potential inconsistency in the current process that lead to the root cause(s) identification, or provide data supporting the current process. The facility's process improvement team uses the root cause analysis information to review and revise the current process as indicated. Where causes may be identifiable and correctable, they address them and/or explain why they could not or should not have done so. Utilizing this information, the process improvement team develops

a plan of action focused by a measurable goal statement that has been articulated to the facility staff involved in the thickened liquid process.

- Do: The facility's process improvement team selects an area of the facility to implement a pilot study.
- Study: The facility's process improvement team audits the pilot study group to determine if the process improvement plan generated the desired outcomes.
- Act: The facility's process improvement team makes necessary recommendations to the Quality Assessment and Assurance Committee and/or facility administration.

**Tough to Swallow Process Indicator – Phase II  
Existing Order Audit**

Purpose:

The Interdisciplinary Care Plan team (ICP) should perform ongoing monitoring of residents with thickened liquids to ascertain the continued effectiveness and appropriateness of the interventions. Assessments should be performed upon change of condition or at least quarterly in association with the RAI process.

General Instructions:

For each Assessment question, review the available data sources to determine the correct response. For each “No” answer, there will need be an investigation of the area to determine the need for additional process improvement plans. Documentation of further assessments should be made available to the ICP for decision making.

<b>Assessment Data</b>			
	<b>Yes</b>	<b>No</b>	<b>NA</b>
Nursing: <ul style="list-style-type: none"> <li>• Licensed</li> <li>• CNA</li> <li>• Restorative</li> </ul>			
Dietary: <ul style="list-style-type: none"> <li>• RD</li> <li>• DSM/CDM/FSS</li> </ul>			
Social			
Activity			
Speech Therapy			
Physician			
<b>Factors to Consider</b>			
Resident compliance with order			
Fluid balance status			
Lab within normal range(s)			
Infection(s)			
Skin concern(s) <b>If yes, further assessment may be required.</b>			
Functional impairment(s)			
Psychosocial issue(s)			
Cognitive status: <ul style="list-style-type: none"> <li>• Improvement</li> <li>• Deterioration</li> <li>• Unchanged</li> </ul>			

**Resident:** \_\_\_\_\_ **Room:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

## Tough to Swallow Process Indicator – Phase II

<b>Assessment and Problem Identification</b>			
	Yes	No	NA
Did the facility identify and document a detailed history of the signs and symptoms the resident is exhibiting?			
Did the detailed history contain information from the interdisciplinary team such as Nursing, Dietary, Therapy, Social, Activity, RD and/or physician?			
Did the facility identify whether the problem is chronic and irreversible versus acute and reversible?			
Did the facility attempt to use alternate means to manage the problem? Did the facility explain why thickened liquids were the intervention of choice?			
Did the facility notify a physician of the assessment findings that may require thickened liquids?			
<b>Diagnosis and Cause Identification</b>			
Did the facility identify likely cause(s) such as but not limited to (coughing or choking during swallowing, gurgling voice after swallowing, frequent throat clearing during meals, increased congestion in the chest after eating or drinking, drooling, “cheeking” food or medications, dribbling when eating/drinking, delayed swallow initiation, multiple attempts to swallow, sensation of food “sticking” in the sternal area)?			
Did the physician participate in identifying specific medical symptoms that led to the use of thickened liquids?			
If the resident was not evaluated for the medical symptom(s) underlying the use of thickened liquids, does the facility document the explanation why there was not an evaluation?			
<b>Treatment and Management</b>			
Did the facility document the training/education of the resident, resident family/care giver, staff?			
Did the facility transcribe the order for thickened liquids completely (i.e. consistency)?			
Did the facility identify the intervention to all departments involved in providing fluids (nursing, dietary, activity, social, etc.)?			
Did the facility use thickened liquids in accordance with the relevant procedures for its use? (For example with meals, at bedside, with medications and/or during activities.)			
<b>Monitoring and Re-assessment</b>			
Did the facility monitor for the impact of the thickened liquid intervention and for the problem for which it was prescribed?			
Did the facility monitor for resident compliance?			
Did the facility monitor for complications related to the use of thickened liquids and stop or adjust the use accordingly?			
Did the facility periodically (at least quarterly) reassess the resident for the continued need for thickened liquids?			

Signature of person(s) completing form: \_\_\_\_\_ Date: \_\_\_\_\_