NM Adult SAFE Clinic: An Extension of DDSD’s Mission to Manage Aspiration Risk

Continuum of care conference
February 3, 2017
A History Lesson

• NM Institutions closed for individuals with I/DD – 1997
• Individuals at risk for health complications related to getting nutrition needed ongoing support
• Experienced clinicians had expertise to share and
• Community-based service providers needed a resource
  And so......
Community-based Partnerships were formed

- Developmental Disabilities Supports Division
  - $$$
  - Knowledgeable personnel
- University of New Mexico
  - Knowledgeable personnel
- Community Provider Agencies
  - Needed support for individuals & frontline personnel
**NM SAFE Clinics**
were initiated

- **Pediatric SAFE Clinic**
  - Management & Operation at the CDD
  - Serves Children - 17 yrs and younger

- **Adult SAFE Clinic**
  - Management through DDSD
  - Operated through Clinical Services Bureau
  - Serves Young Adults and Adults 18 yrs and older
NM Adult SAFE Clinic

• Supports & Assessment for Feeding and Eating

Mission

• To support New Mexicans with I/DD, their families and paid staff regarding challenges with nutritional intake and health
Adult SAFE Clinic
How to Implement the Mission

• Providing information and methods/strategies
• Assisting with identification of specific support strategies related to:
  • Oral-motor function and swallowing
  • Positioning
  • Nutrition
  • Health
• Support families and teams with decision-making
• At no charge to individuals; paid by DDSD/DOH
NM SAFE Clinic

• What was Needed?
  • Interdisciplinary Clinical Team
  • Administrative Support
  • Accessible and centralized community site
  • Equipment
**NM SAFE Clinic: Purposes**

- Mentor, teach and support practices
  - Individuals and their families and paid support staff
  - Interdisciplinary Team members
  - Undergraduate & graduate therapy students (OT, PT, SLP)
  - Nutrition students
  - Allied health professionals from other service settings
  - Medical residents
  - Primary Care Practitioners

- Monitor practices in the field
NM SAFE Clinic: Purposes

- Document supports provided
  - Individual’s report
  - Individual’s CARMP or Mealtime Program
  - Reporting to DDSD
NM SAFE Clinic: Scope
NM SAFE Clinic: Activities

• Provide collaborative interdisciplinary assessment
• Recommend strategies to promote health and safety
  • Identify compensatory and/or rehabilitative tx
  • Identify and provide assistive technology equipment for meals
• Provide technical assistance to develop
  • 24-Hour Comprehensive Aspiration Risk Management Plan or CARMP or
  • Mealtime Program
NM SAFE Clinic: ARM*

• #1 cause of death for DDW participants in NM

• Policy/Procedure: Aspiration Risk Management*
  • 2004: general
  • 2010: more specific procedure & documentation
  • 2015: greater applicability & clarity

***DDSD/DOH initiative***
DDSD ARM Service: Screening

• DDW requirement to Screen 18+ yr olds for aspiration risk criteria
  • Identify presence of aspiration risk using DDSD Aspiration Risk Management Screening Tool/ARST
    • Annually
    • Intake to new residential agency
    • Following hospitalization/tx for pneumonia
    • Following a change of condition
Screening Criteria for Aspiration Risk

High Risk
- Feeding Tube
- Tx for ASP
  - Inpatient 24 months
  - Outpatient 12 months
- Rumination
  - > 1x/wk
- Mod-Severe oro/pharyngeal dysphagia
  - In addition to: lung disease, immunosuppression, GERD not well controlled, rumination or vomiting weekly or ≥

Moderate Risk
- Mod-Severe oro/pharyngeal dysphagia
- Dependent for PO
- Low alertness
- Not upright due to deformities
- Rumination < 1x/wk
- Risky Eating Behaviors
- Coughing, wet voice w/PO or after
DDSD ARM Services (con’t)

• Collaborative Team Assessment
  • Required when initial risk screen = moderate or high
  • SAFE Clinic can assist with this activity
DDSD ARM Services (con’t)

• Development of Aspiration Risk Management Strategies by team members
  • If collaborative assessment verifies screening result
    • SAFE Clinic can assist with this activity
DDSD ARM Service: CARMP

- CARMP = Comprehensive Aspiration Risk Management Plan
  - Purpose:
    - Minimize Aspiration Risk during routine activities
    - Risk can be identified and managed proactively
    - Accept that aspiration cannot be prevented, but related illness may be identified early and treated
DDSD ARM Service: CARMP Strategies

• Strategies *(required/optional)*
  • Individual Specific Signs & Symptoms of Aspiration
  • Health Monitoring and Reporting
  • Nutrition
  • Positioning for Nutritional Intake
  • PO Mealtime &/or Tube Feeding
  • Oral Medication Delivery * optional if REB Only
  • Oral Hygiene* optional if REB Only
  • Positioning for Routine Activities* optional
  • Saliva Management* optional
  • Rumination Management* optional
DDSD ARM Service: CARMP Strategies

• Strategy development
  • Required of:
    • Family/Guardian/Support Personnel
    • Nurse
    • Registered Dietitian
  • Optional, depending on criteria and need by:
    • OT, PT, SLP, BSC
  • SAFE Clinic can assist with this
DDSD ARM Services (con’t)

• Identification of Annual Outcomes
• Review and approval of strategies by Guardian
• Training by Authors (competency-based)**
  • SAFE Clinic may assist
• Implementation by Support Personnel
• Monitoring by Authors
What Can the **SAFE Clinic** Do?

- Collaborate with existing team
  - To provide support when there is no DD Waiver provider in a region (to develop a CARMP)
  - To support current team approach via consultation & TA
  - To provide assessment and/or intervention guidance
  - To trial assistive technology for eating/drinking

*let's COLLABORATE!*
What Can the **SAFE Clinic** Do? (con’t)

- To link/refer to other community resources
  - Seating and Wheelchair Clinic
  - Dental Clinic
  - TEASC/Special Needs Clinics
  - Discipline specific technical assistance in related areas
  - Funding options for assistive technology
- Provide physician-to-physician consultation
Strategies to Support Oral Eating & Manage Aspiration Risk for TJ

From a Speech-Language Pathologist
Lourie Pohl, CCC-SLP
Closer Look at the CARMP

• **Mealtime Strategies**
  • Positioning of individual (positioning specialist)
  • Positioning of support person (positioning specialist)
  • Nutritional Instructions (dietitian)
  • **Diet Texture** (eating specialist)
  • **Liquid Consistency** (eating specialist)
  • **Assistive Technology for Eating/Drinking** (eating specialist &/or OT)
  • Level of Supervision (eating specialist or other)
  • **Assisted Eating Techniques** (eating specialist or OT)
  • Self-Feeding Techniques (eating specialist or OT or other)
  • Sensory Support (OT or eating specialist or PT or BSC)
  • Behavioral Support (BSC)
  • Positioning After Meals (positioning specialist)
Mealtime Strategies for CARMP

• Diet Texture
  • Puree, soft, ground, mechanical/chopped, regular

• Liquid Consistency
  • Thin, nectar, honey, pudding

• AT for Eating & Drinking
  • Spoons, plates, utensils, etc.

• Assisted Eating Techniques
  • Manner of presentation for solids and liquids
TJ’s CARMP: Considerations for oral eating/Drinking

- Mild oral dysphagia
- Mild swallow delay
- Pharyngeal residue
- No penetration/aspiration

- Oral Structures
  - Teeth alignment
    - Open bite

- Oral-Motor Dysfunction
  - Lip closure
  - Tongue control of bolus
  - Bite reflex

- History with AT
  - Baby spoon
  - Baby bottle
  - Sippy cup
TJ’s CARMP

• Finding
  Chin up head posture

• Problem
  Unprotected airway

• Strategy
  • Present spoon from chin-level to lips (not nose-level to lips)
  • DO NOT “bird feed” with chin up position
TJ’s CARMP

• Finding

Poor lip closure

• Problem

Does not clear bolus from spoon

• small maroon spoon,
• pressure to mid-third of tongue,
• wait for lips to close and then
• remove spoon and allow lips to clear bolus
• DO NOT scrape food off spoon onto upper teeth
TJ’s CARMP

Poor tongue control of bolus

Bolus is disorganized

Bolus cannot be transported through mouth easily (A->P)

• Strategy
  • Present a cohesive or slightly sticky bolus texture
  • Apply pressure to tongue
  • DO NOT use a syringe or place the bolus in the back of the mouth
TJ’s CARMP

• Finding
  Pharyngeal residue with swallow

• Problem
  May cause aspiration after the swallow when airway is open

• Wait for additional swallows between bites
  OR
• Present a “dry” spoon between bites to stimulate a swallow

• DO NOT ignore this; may result in aspiration after the swallow
TJ’s CARMP

• Finding
  Bite reflex

• Problem
  May cause damage to teeth
  Slows mealtime/ frustrates
  May cause challenges with oral hygiene

• Strategy
  • Use a non-breakable spoon
  • Consider increased oral sensory input to reduce sensitivity to stimulation
  • DO NOT pull utensil out of teeth when bitten; may damage teeth