

Formation of an Eating/Swallowing Support Team in Cooperation with Multiple Professionals

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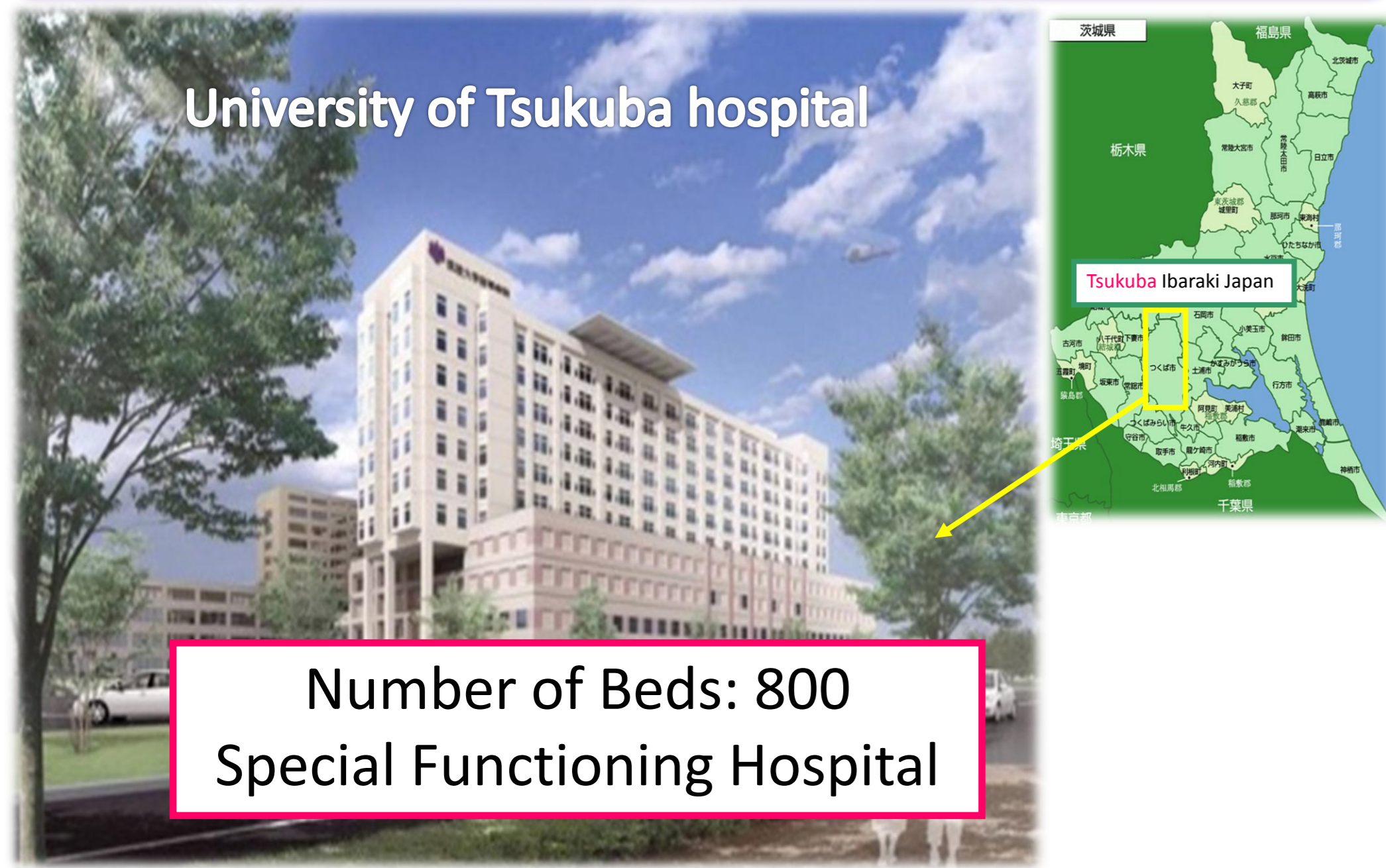
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Outline



Background

- Eating/swallowing disorders caused by organic/functional problems may induce aspiration pneumonia or nutritional impairment.
- The number of patients on swallowing training diets is small (about 1% of the total patients served meals in our hospital).
- The rate of utilization of the swallowing training diet is too low. As this problem is difficult for the hospital to address, staff members do not have common awareness of this issue.

Purpose

To improve the swallowing training diet by cooperation with multiple professionals.

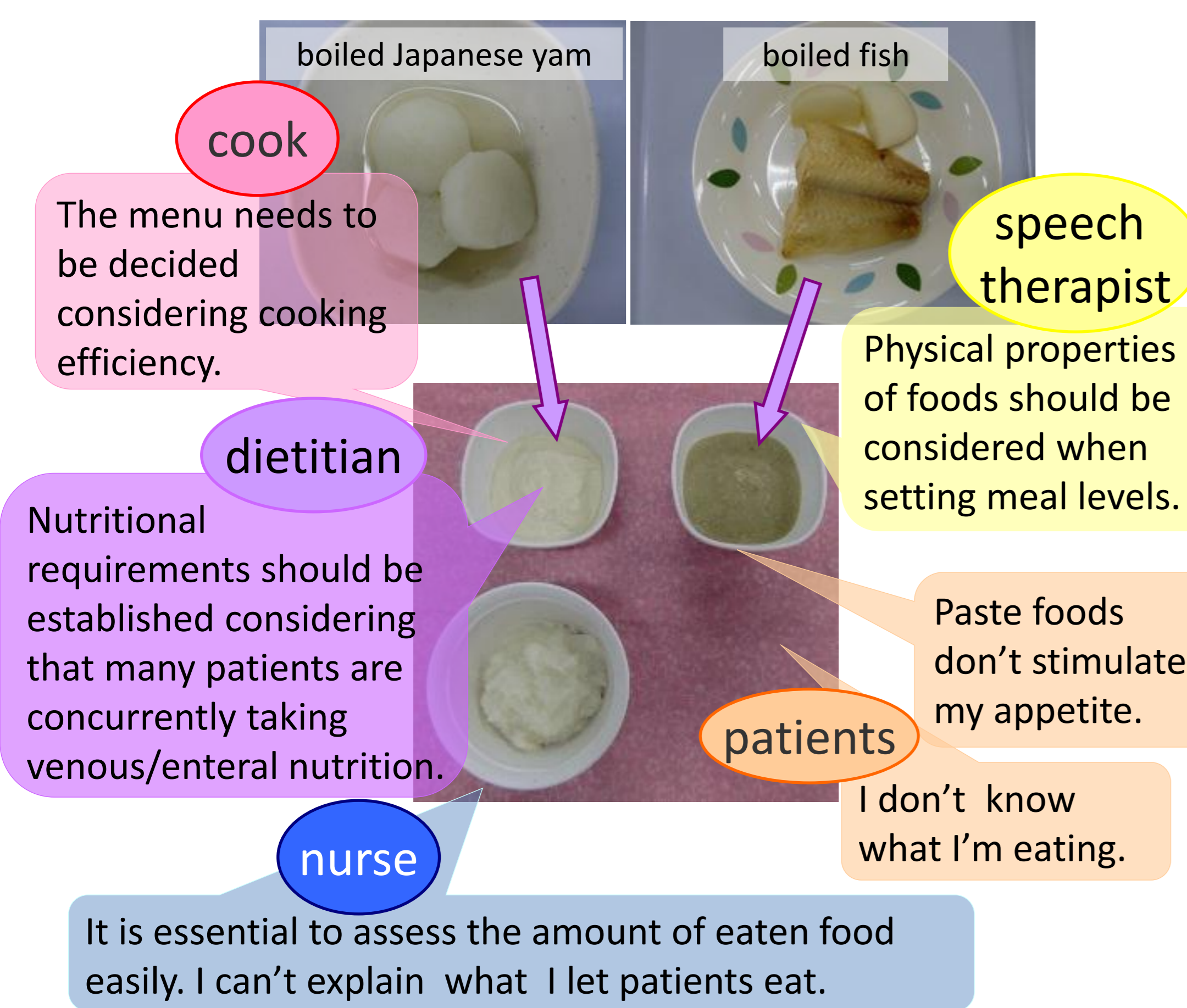


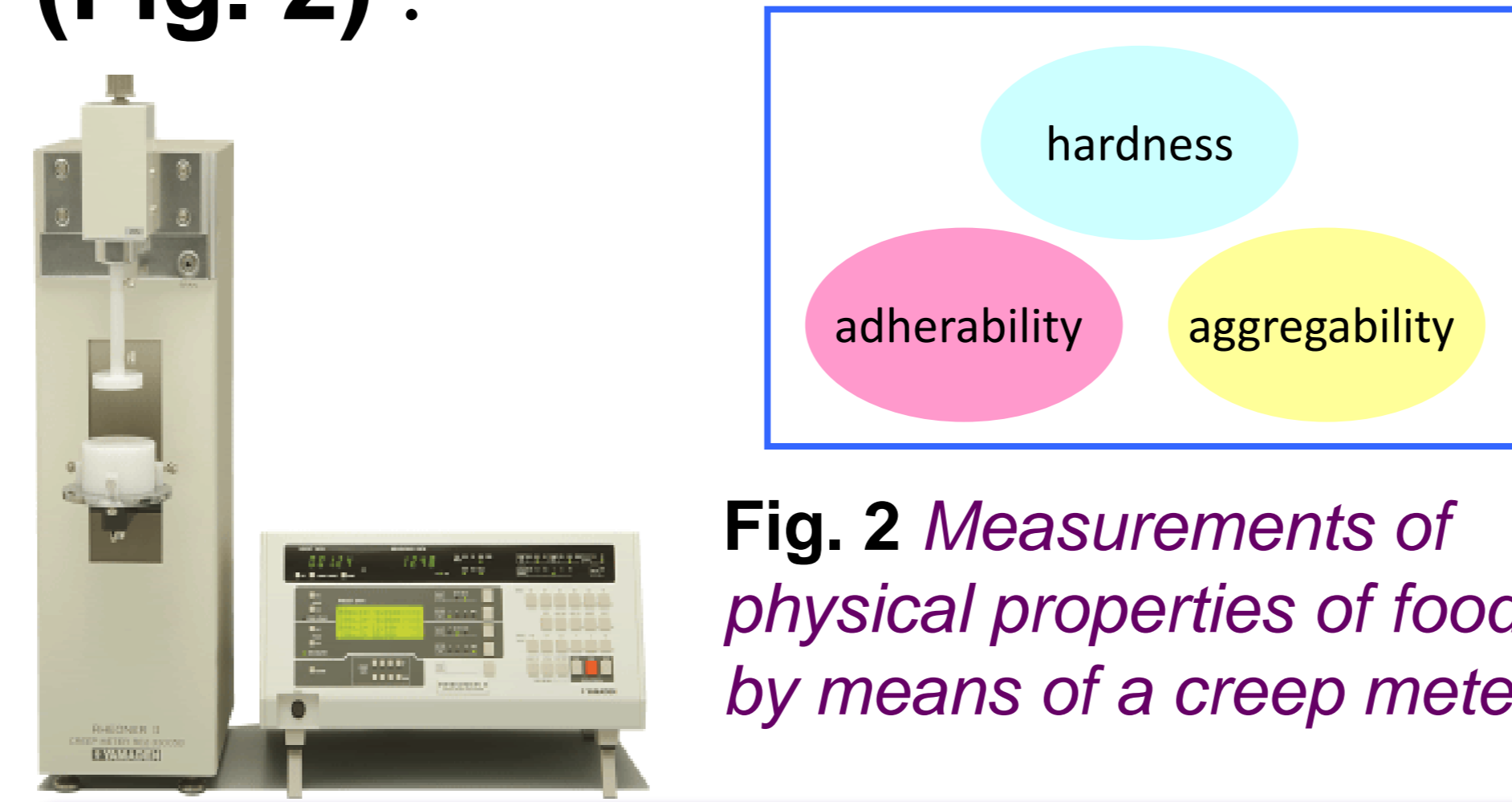
Fig. 1 Problems identified by multiple professionals



Fig. 3 Tasting by multiple professionals

Method

The eating/swallowing support team consisted of multiple professionals, including registered dietitians, nurses, and speech therapists. From the perspective of each profession, problems with the 4-level swallowing training diet were identified, and specific measures for improvement were discussed at monthly meetings. In the meetings, members of each profession submitted different proposals (Fig. 1). Creep meter measurements were also considered (Fig. 2).



Results

After repeated sample preparation and tasting (Fig. 3), the team compiled a proposal for improving the swallowing training diet, taking into account the proposals from different professionals (Table 1). Study sessions among the physicians and medical staff members who dealt with eating/swallowing disorders were useful in helping to deepen their knowledge about eating/swallowing functions. Also, mutual understanding and smooth communication were facilitated among the different professions. This project revealed that the following would be required to improve eating/swallowing functions: specific knowledge/skill, evaluation of swallowing function, criteria for an appropriate swallowing training diet, method of approaching patients, method of meal assistance, and other factors.

	Swallowing Training Starter	Swallowing Training Diet First step	Swallowing Training Diet Second step	Swallowing Training Diet Third step
Improvement Before	A variety of jellies throughout a 2-week cycle	Two cups of a variety of jellies throughout a 2-week cycle	Paste food, Diastase rice porridge	Paste food, Chopped food, Rice porridge
Improvement After	Unified a specialized jelly which was used to evaluate the function of swallowing	Jelly and mousse with unified physical properties	Soft food, Mousse, Rice porridge, Tea jelly	Soft food, Chopped food, Mousse, Rice porridge, Tea jelly

Table 1 Swallowing training diets before/after improvement

Discussion and Future Perspectives

Through coordination among different professionals, the issues are now understood by hospital staff, and the quality of meals can be substantially improved instead of a simple revision of food ingredients (Fig. 4). Through this project, the required knowledge and skill were identified. On the basis of these findings, we are planning to build a training program for eating/swallowing care. Furthermore, our food property evaluation findings will be helpful in developing food texture guidelines, not only for the swallowing training diet, but also for the transition stages to a regular diet. Such efforts will be available for inhome medical care as well.



Fig. 4 Evaluation from multiple professionals after improvement

Cooperation with Multiple Professionals

- The issues are now understood by the hospital staff.
- The quality of meals can be substantially improved.
- Mutual understanding and smooth communication were facilitated among the different professions.

References

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