

4 October 2018

Ms Mikaela Meggetto
Coroner's Registrar
Coroners Court of Victoria
65 Kavanagh Street
SOUTHBANK VIC 3000

Via e-mail: cpuresponses@coronerscourt.vic.gov.au

Dear Ms Meggetto,

**INQUEST INTO THE DEATH OF MAURICE COSTELLO
COURT REFERENCE: COR 2016 004770**

Thank you for your letter dated 26 July, 2018 providing Eastern Health with the opportunity to respond to the recommendations made by Coroner Jamieson in her findings of the same date.

The Coroner recommended as follows:

1. *In the interests of improving public health and safety and preventing like deaths, I **recommend** that Eastern Health create policy to define levels of supervision required for patients during oral intake.*
2. *And I **further recommend** the development of such a policy be done in consultation with the Eastern Health Speech Pathology Leadership Team and nursing staff, with the aim of articulating the policy in clear, unequivocal language that is common to both disciplines.*

The Eastern Health Speech Pathology Leadership Team have met with and consulted the nursing Leadership team and as a result have amended the Guideline headed "Provision of texture modified foods and fluids to individuals with Dysphagia" (**Guideline**) to include a new definition of "supervision" and a new section entitled "Recommendation for supervision and/or oral intake support". Please find attached a copy of the revised Guideline with the revised sections highlighted in yellow.

The revised Guideline now provides that when a speech pathologist recommends "supervision" of a patient's oral intake, that means the constant visual observation of the patient while eating and drinking.

Eastern Health is also consulting with the Chief Allied Health Officer of Safer Care Victoria to consider how the Coroner's findings and Eastern Health's learnings in this case can best be shared with Statewide allied health leaders with the aim of creating consistency in practice across Victoria.

Should you require any further information, please do not hesitate to contact me on 9895 3808.

Yours sincerely



Sue Allen
Chief Counsel
Eastern Health

Eastern Health 1300 342 255

Angliss Hospital	Box Hill Hospital	Healesville Hospital and Yarra Valley Health	Maroondah Hospital	Peter James Centre	Wantirna Health	Yarra Ranges Health
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Statewide Services

Spectrum 03 8833 3050	Turning Point 03 8413 8413
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Eastern Health Guideline

Title

Provision of Texture modified foods & Fluids to Individuals with Dysphagia Guideline

1. Sponsorship

Executive Sponsor (Title)	Executive Director ASPPPA
Director Sponsor (Title)	Director Speech Pathology
Coordinating Author (Name and Title)	Chris Bruce, Director Speech Pathology

2. Commissioning

2.1 Commissioning (completed by Author in consultation with Sponsors listed above)		
2.1.1 Is this guideline, procedure or protocol new?	Yes <input type="checkbox"/> Go to 2.1.4 No <input checked="" type="checkbox"/> Objectify no:2464 Go to 2.1.2	
2.1.2 Will this guideline, procedure or protocol help EH achieve a desired outcome / is it still required?	Yes <input checked="" type="checkbox"/> go to 2.1.3 No <input type="checkbox"/> Detail reason for proposed decommissioning:	
2.1.3 Summarise reason for review and changes made:	Clarification of the meaning of "supervision" as recommended by the Coroner in July 2018	
2.1.4 Purpose of guideline, procedure or protocol	To ensure correct and appropriate provision of texture modified food and fluid to individuals with dysphagia (swallowing difficulties)	
2.1.5 Scope	EH-Wide <input checked="" type="checkbox"/> Program-specific <input type="checkbox"/> Directorate specific <input type="checkbox"/>	Corporate Procedure <input type="checkbox"/>
2.1.6 Are there existing policy documents relevant to this topic? (If yes, consider if can be incorporated into existing document)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
2.1.7 With which EH Standard would this guideline, procedure or protocol align?	Appropriate & Effective care - 2326	
2.1.8 Who will be consulted (stakeholders)?	Director Dietetics EH Residential care Executive Director ASPPPA Chief Nursing & Midwifery Office Chief Medical officer EH Speech Pathology Professional Leadership Group EH Dietitian Professional Leadership Group EH Nutrition EAC Legal Counsel	
2.1.9 Which committees are required to endorse this guideline, procedure or protocol?	Allied Health Council	
2.1.10 Which committee will approve this guideline, procedure or	Clinical Practice Committee	

{insert document and date of approval}

protocol?	
2.2 Commissioning committee approval to develop/review guideline/procedure/protocol <i>(completed by committee Secretary or delegate)</i>	
Approval to proceed with development/review or to decommission (delete one)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Reason (if no):	
Date Commissioned:	
Name of committee that approved/disapproved commissioning:	
Title	
Provision of Texture modified foods & Fluids to Individuals with Dysphagia Guideline	

1. Context

The provision of texture modified foods and fluids forms a routine part of the assessment and treatment of swallowing difficulties (dysphagia) (Cichero et al, 2007). It is vital that the determination of a safe and suitable texture is made only after formal assessment by a suitably qualified health professional. For patients with swallowing difficulties, modified texture food and fluid can only be recommended by a speech pathologist or doctor. This includes the initial recommendation of modified texture food and fluid and any necessary changes to this recommendation throughout the patient's admission (e.g. upgrading or downgrading of food and fluid). By determining the cause and severity of the dysphagia, the food texture and fluid thickness safest for an individual to swallow is identified. If the recommendation is not followed, or incorrect, the individual may face serious health consequences such as dehydration, malnutrition, and or pneumonia (Hind et al, 2012)

This practice guideline describes the process for determining the appropriate texture modification of foods and fluids for patients presenting with signs and symptoms of active, unmanaged dysphagia.

This guideline does not apply to patients who present with stable dysphagia which is appropriately and safely managed through a previously established texture modified diet. If there is no change to the dysphagia presentation and no risk of laryngeal penetration, aspiration or choking on the established diet, this can continue without further speech pathology assessment.

This guideline does not apply to patients who require texture modified foods due to poor dentition or personal preference, and who do not display symptoms of dysphagia and are not at risk of laryngeal penetration, aspiration or choking on foods or fluids and do not require speech pathology assessment.

This guideline has been developed to:

- Ensure patient safety and reduce the risk of error in texture modified food and thickened fluid provision through use of standard terminologies and definitions for food texture and modified fluids across all sites. Inconsistency in the labelling and definitions of foods and fluids adds an unnecessary and potentially dangerous layer of confusion (Cichero et al, 2007).
- Ensure qualified assessment of the patient's swallowing function occurs prior to recommendation and or change of recommended texture modified foods and fluids.
- Ensure that patients with dysphagia have their nutrition and hydration requirements clearly identified and met.
- Ensure patient safety for individuals with dysphagia during oral intake through use of standard definitions and common understanding of supervision and assistance needs, if these are required.
- Ensure that patients with dysphagia have access to a wide variety of flavours, foods, nutrient densities and fluids.
- Ensure bedside signage used in inpatient care areas complies with the Dietitians Association of Australia (DAA) and Speech Pathology Australia (SPA) Australian Standards for Texture Modified Food and Fluids, along with the privacy requirements of Eastern Health.

Charter of Human Rights and Responsibilities Act 2006 – All those involved in decisions based on this policy / practice guideline have an obligation to ensure that all decisions and actions are compatible with relevant human rights

{insert document and date of approval}

2. Definition of terms (Define any terms used in the Guideline, Procedure or Protocol which may require clarification)

Dysphagia is the medical term for difficulty swallowing. When an individual has dysphagia, there is a breakdown in the swallowing process that can result in food or fluids entering the lungs (aspiration). Dysphagia contributes to reduced dietary intake and potentially malnutrition, aspiration and asphyxiation (Cichero et al, 2007).

Patient: Any resident, client or consumer of Eastern Health services.

Supervision: “supervision” when recommended by a speech pathologist as being required by a patient to support oral intake, is the constant visual observation of the patient by the supervisor for a specified and defined period. The specified period will vary from individual to individual and throughout their admission. It may be limited to some circumstances only such as when drinking regular fluids; when family is not present; during the evening meal; or it may apply to all oral intake of food and fluids. These individual requirements must be specified for each person by a speech pathologist. The term “supervision” is the sole accepted term to be used, and replaces any previous terminology such as “full supervision” or “close supervision” .

Supervisor: the staff member or family member nominated by the nurse-in-charge to supervise the oral intake of a patient.

Texture Modified Foods and fluids: Alterations to food texture to reduce the need to chew or orally prepare food. Thickened fluids slow the act of swallowing and by doing so, may enhance safe swallowing for some patients with dysphagia (Cichero et al 2007).

3. Name of Standard to which Guideline, Procedure or Protocol relates

Appropriate and effective care (Objectify no. 2326)

4. Processes

Recommendation of texture modified food and fluid

Recommendations or alterations to modified texture food and fluid recommendations of patients with dysphagia are made following formal swallowing assessment by a health professional that has dysphagia assessment within their scope of practice. At Eastern Health, formal swallowing assessment is within **a speech pathologists’** scope of practice. Speech Pathologists make recommendations to optimise safe swallowing which may include recommendation of texture modified food and fluids, safe swallowing strategies and rehabilitative exercises. Swallowing assessment and recommendations regarding texture modified food and fluid are also within the scope of practice of medical staff.

The swallowing assessment determines what effect different viscosities of food and fluid have on swallowing behaviour (Leder et. al., 2012). By determining the cause and severity of the dysphagia, the food texture and fluid thickness safest for an individual to swallow can be identified.

It cannot be assumed that altering food consistency will resolve a patient’s dysphagia. It is often erroneously assumed that thicker liquids universally promote safer swallowing (Leder et.al. 2012). In some patients, thicker consistency fluids are difficult to safely clear from the airway as the force required to move the material increases with higher viscosity and yield stress (Hind, et al., 2012). Residue remaining in the oropharynx after the swallow increases a patient’s risk for aspiration once respiration resumes post swallow (Hind, et al., 2012). Consequently, formal swallowing assessment is required prior to any alterations to or introduction of modified texture foods and fluids to identify suitable and safe consistencies for patients with dysphagia. (Steele et al. 2014).

Patients who are identified by nursing staff as presenting with signs and or symptoms of dysphagia and are considered at risk of laryngeal penetration, choking or aspiration of food and fluid are placed on “Nil Oral”. Referral to a speech pathologist is then made promptly noting the “Nil Oral” status of the patient to enable prioritization of the referral.

Where dysphagia risk is identified out of business hours and a speech pathologist is not available to conduct an assessment, medical assessment is required to determine the management of the patient's hydration and nutrition status. An assessment of the appropriateness of maintaining NBM status will be made by the medical team or, in the case of EH Residential Aged Care, by the resident's General Practitioner. Medical practitioners may make a recommendation to commence oral intake pending speech pathology assessment where this is clinically indicated as in the best interests of the patient. Where dysphagia risk is identified out of hours for medical staff, phone liaison with the on-call Doctor or the locum General Practitioner Service (for residents) is required.

Outcomes of the swallowing assessment are recorded in the medical record and any changes made to food and fluid orders must be altered in all meal ordering systems and clinical handover tools. A referral to Speech Pathology must also be completed.

Recommendation for supervision and/or oral intake support:

Support of oral intake such as supervision of intake of food and/or fluids, mealtime assistance, verbal prompting, positioning, assistance with cutlery and regulation of rate of intake may be recommended by the speech pathologist or dietitian to support safe oral intake and reduce the risk of adverse events. The availability of these supports to patients is confirmed through discussion between nursing staff and allied health staff and is not assumed.

Supervision as defined above is the constant visual observation of the patient by the supervisor for the specified period. It is important to note that the specified period will vary for each individual. It may be limited to certain mealtimes e.g. evening meals when the patient is fatigued after therapy, certain textures e.g. when drinking regular consistency fluids or certain circumstances e.g. when family are not present, or it may apply to all oral intake. It is critical that these individual requirements are specified in each case.

Whenever supervision is recommended, the speech pathologist must undertake the following steps.

- Verbal discussion with nurse in charge of shift specifying that supervision is required including:
 - What is the specified period when supervision is required.
 - What specific prompting or assistance is required.
 - Who is authorised to provide supervision e.g. nurse, nurse assistant, family member, trained family member, other.
 - Specification and agreement of the step down strategies to be activated in the absence of supervision being available e.g. food/fluid be removed from the patient, alternative texture foods to be provided if supervision is not available.
- Confirmation must be obtained from the nurse in charge of shift that the specific supervision requirements can be met within existing staffing resources. In circumstances where the supervision requirements cannot be guaranteed within existing staff resources authorisation is required for additional resources, according to the standard authorisation protocols.
- Confirmation must be obtained that the supervision requirements will be communicated by nursing staff at every shift handover.
- Documentation of the above discussions and agreements to be made in the medical record by the speech pathologist.
- When supervision is unable to be provided with a resultant impact on the patient's nutritional status and/or hydration status, the speech pathologist will notify the dietitian for urgent assessment of alternate nutrition support and/or medical staff to notify of the requirement for hydration support.

Eastern Health terminologies for texture modified food and fluids

The following terminologies and definitions are from the Australian Standards for Texture Modified Foods and Fluids (2007) and are used in all communication and documentation related to texture modified foods and fluids.

a) Definitions for texture modified foods

- **Unmodified Regular Food** - Everyday foods of varying textures. By definition all foods can be included. For use with dysphagic clients who do not require food texture modification. **NB: The term "Full Ward Diet" is not to be used for patients with dysphagia**

- **Soft Food**- Food may be naturally soft or may be cooked or cut to alter its texture. Soft foods can be easily chewed. Minimal cutting is required and foods are easily broken up with a fork. Food should be moist or served with an appropriately thickened sauce or gravy to increase moisture content.
- **Minced & Moist Food** - Food is soft and moist and easily forms a ball. Food should be easily mashed with a fork and lumps easily broken with the tongue rather than the teeth. Lumps are soft and rounded.
- **Smooth Pureed Food** - Food is smooth, moist and lump free. Moist and cohesive enough to hold its shape on a spoon (i.e. when placed side by side on a plate these consistencies would maintain their position without 'bleeding' into one another). Food could be moulded, layered or piped.
- Further detail and a comprehensive list of exclusions for each category can be found in the Australian Standardised Terminology and Definitions for Texture Modified Foods and Fluids (2007)

b) Definitions for Modified fluids

Fluids can include soups, gravies, sauces, custards etc and food items which melt in the mouth e.g. jelly, ice-creams and ice

The following terminologies and definitions are from the Australian Standards for Texture Modified Foods and Fluids (2007), and are used in all communication and documentation related to thickened fluid provision to clients/patients.

- **Extremely Thick Fluids** - Fluid holds its shape on the spoon and does not flow off it. It is not possible to pour fluid of this thickness or drink it through a straw.
- **Moderately Thick Fluids** - Fluid slowly drips in dollops through the prongs of a fork or off the end of the spoon.
- **Mildly Thick Fluids** - Fluid runs freely off the spoon but leaves a mild coating on the spoon, pours from a cup but more slowly than unmodified fluids. Can be taken through a straw with effort.
- **Unmodified Regular Fluids** - Very fast – fast flow.

There are various thickness levels in unmodified regular fluids. Some are thinner (eg water and breast milk) and some are thicker (eg fruit nectar). Unmodified regular fluids do not have thickening agents added to them.

N.B. The term, "Thin Fluid" must **not** be used for patients with dysphagia.

c) Provision of Modified fluids

Extremely thick, moderately thick and mildly thick fluids in a range of flavours and types including water, cordials, juices and dairy-based drinks are available to meet clinical requirements and patient preferences at all Eastern Health services.

Commercially prepared thickened fluid products are provided for patients with dysphagia as local and inhouse production of thickened fluids carries high levels of patient risk including:

- production of fluids of variable consistency which are unsafe for the patient due to the potential for a lack of adherence to recipes
- difficulties with stability of thickeners
- high error rate increasing patient risk
- inconsistent results due to the thickener selected
- additional food safety risk is inherent
- potential of the addition of thickener to affect nutritional composition

Preparation of thickened fluids using a thickening agent is in strict accordance with standardized recipes and using only thickeners and fluids approved by the Director Speech Pathology and the Director Dietetics. In rare cases, in house thickening of fluids is authorised by the treating speech pathologist, in consultation with the treating team, where a required fluid is not commercially available in a thickened state. This may include some medications or supplements or, carbonated beverages. Addition of a thickening agent may alter food chemistry and stability. A pharmacist is consulted if thickening of medications is under consideration.

Preparation of thickened fluids using a thickening agent is performed by staff who have received training from a speech pathologist or dietitian.

A minimum of 1500 ml/day of thickened fluids is provided to each patient requiring thickened fluids for

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hydration unless contraindicated by fluid restriction. The majority of patients will require more than 1500 ml of thickened fluid to be provided daily in order to maintain hydration. Fluids are available for patients to access at meal services, between meals and outside of meal services.

A range of thickened fluids is provided each day in order to meet nutritional requirements (unless contraindicated by allergy or patient intolerance) including:

- Thickened fluids containing protein
- Thickened fluids containing juice
- Thickened fluids based on cordial, or water

All patients being served thickened fluids will have appropriate equipment for consumption provided with the thickened fluids e.g. spoons for portion control serves of thickened fluids and spoon and cup for any tetrapak based fluid.

Single serve opened thickened fluids being held at room temperature are discarded within 2 hours of opening.

d) Documentation of texture modified foods and fluids

The National Standard Terminology must be used in all communication related to texture modified foods and fluids. Terminology as outlined must be used in full in all written and verbal communication and must not be abbreviated.

Written and verbal communication includes but is not limited to the following:

- Entries in the medical record
- Entries in clinical handover and in other nursing, medical and allied health documentation
- Discussion in team meetings
- Clinical handover discussions
- Menu systems
- Information provided to food service staff.
- Information prepared for the patient and/or family and carers
- Bed side signage

e) Bedside signage

Bedside signage is displayed in accordance with the Eastern Health Practice Guideline, *Display of bedside signage for patient dietary requirements (objectify no. 3126)*.

5. Scope

Clinical staff

6. Attachments

Nil

7. Measures

Measure	Target	Date Target Due	Person (role) responsible for collection	Person (role) accountable for target	Reporting line (committee)
Bedside signage will be used for all patients who require texture modified food and thickened fluids in acute and subacute settings	100%	Daily	Nurse Unit Managers	Frontline staff	Nutrition EAC

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8. Tools & Techniques

Information from Suppliers of nutrition support products, commercially prepared thickened fluids and commercial thickening agents.

9. Level of Supporting Evidence Available (For Clinical Guidelines only – Level I –IV. Provide details.)

10. References

Cichero et al 2007 *Texture-modified foods and thickened fluids as used for individuals with dysphagia: Australian standardised labels and definitions*. Nutrition & Dietetics 64 (Suppl. 2): S53–S76

Dietitians Association of Australia & Speech Pathology Australia, 2007 *Texture-modified foods and thickened fluids as used for individuals with dysphagia: Australian standardised labels and definitions*. Nutrition & Dietetics Special Issue: Australian Standardised Terminology and Definitions for Texture Modified Foods and Fluids 64 (Suppl. 2): pages S53–S76, May 2007.

Hind, J., Divyak, E., Zielinski, J., Taylor, A., Hartman, M., Gangnon, R., & Robbins, J., (2012), *Comparison of standardized bariums with varying rheological parameters on swallowing kinematics in males*, JRD, Volume 49, Number 9, 2012 Pages 1399–1404

Leder, S., Judson, B., Sliwinski, E., and Madson, L., (2013) *Promoting Safe Swallowing When Puree is Swallowed Without Aspiration but Thin Liquid is Aspirated: Nectar is Enough* Dysphagia 28:58–62

Speech Pathology Australia, Dysphagia Clinical Guideline, 2012

https://www.speechpathologyaustralia.org.au/SPAweb/Members/Clinical_Guidelines/spaweb/Members/Clinical_Guidelines/Clinical_Guidelines.aspx?hkey=f66634e4-825a-4f1a-910d-644553f59140

Steele, C., Alsanei, W., Ayanikalath, S., Barbon, C., Chen, J., Cichero J., Coutts K., Dantas R., Duivestijn J., Giosa L., Hanson B

Lam P., Lecko C., Leigh C., Nagy A., Namasivayam A., Nascimento W., Odendaal I., Smith C., and Wang H, *The Influence of Food Texture and Liquid Consistency Modification on Swallowing Physiology and Function: A Systematic Review*, Dysphagia, Oct 2014.

EH Bow tie Analysis Errors in special diet provision July 2013

11. Development History

Standardised Terminology, Definitions and Signage for Texture Modified Food and Fluids
New policy developed April 2006
Reviewed June 2008, June 2011

Provision of Thickened fluids to EH Inpatients
New Policy developed June 2007
Reviewed May 2008, December 2010

Reviewed September 2013
Changes made: amalgamated related guidelines; *Standard terminology, definition and signage for Texture Modified Food and Fluids*; and *Provision of Thickened fluids to EH Inpatients*

Reviewed January 2015
Previous guideline has been reviewed and updated with further detail in the management of patients identified as presenting with signs of dysphagia and changed title to better reflect the content of the Practice Guideline.

Reviewed February 2018

{insert document and date of approval}

Updated to ensure consistency w current terminology in National Standards and replace 'prescription of texture modified food and fluids' with 'recommendation of texture modified food and fluids'.

Reviewed September 2018

Clear definition of supervision and requirements re same included following coroners recommendation

12. Attachments

Nil

Development / Review (complete this section after development/review, prior to approval)

Key external information sources consulted: Legislation <input type="checkbox"/> External benchmarks <input type="checkbox"/> External standards <input type="checkbox"/> Risk Register Item <input type="checkbox"/> Other <input checked="" type="checkbox"/> Provide specific details: Coroners recommendation	
(NB: The following text to be included in all Guideline, Procedure or Protocols: "REMINDER: Charter of Human Rights and Responsibilities Act 2006 – All those involved in decisions based on this policy / practice guideline have an obligation to ensure that all decisions and actions are compatible with relevant human rights" Consider additional reference to the Charter of Human Rights and Responsibilities Act 2006, as relevant.	
Key Stakeholders consulted in development/review eg. IPAC, OHS, Support Services, ICT, Residential Care, Legal Counsel.	Title/Name Legal counsel Speech Pathology Leadership Group Office of Nursing and Midwifery
Consumer consulted	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Implementation plan developed and attached?	Yes –Guideline/Procedure/Protocol is new or significantly revised <input type="checkbox"/> No –Guideline/Procedure/Protocol has undergone only a minor revision <input checked="" type="checkbox"/>
Guidelines, Procedures or Protocols to be removed following approval	Document Numbers & Titles
Further comments/notes	
Key search words	

Endorsement and Approval

Endorsement by relevant committee (completed by committee or delegate)		
Name(s) of Endorsing Committee(s) e.g. Quality & Strategy Committee, CPC, Expert Advisory Committee.	Conditions of endorsement	Date Endorsed dd/mm/yy
		/ /
		/ /
Approval by relevant committee (completed by committee or delegate)		
Approved for	1 Year (Extreme Risk) <input type="checkbox"/> 2 Years (High Risk) <input type="checkbox"/> 3 Years (Moderate or Low Risk) <input type="checkbox"/>	
Alignment of Guideline, Procedure or Protocol		Date approved dd/mm/yy
EH-Wide	Clinical Practice Committee	<input type="checkbox"/> / /
Program or Directorate-specific	Program Quality & Strategy Committee Specify:	<input type="checkbox"/> / /
Corporate Procedure	Executive Committee	<input type="checkbox"/> / /
	Board/Board Committee	<input type="checkbox"/> / /
	Date of next review:	

{insert document and date of approval}

	<i>Please notify coordinating author and Manager Clinical Governance of approval</i>	
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Publishing

Date approval notified to Manager Clinical Governance <i>(completed by Manager Clinical Governance)</i>	
Date forwarded to policy administrator <i>(completed by QPI Executive Assistant)</i>	
Date published on Objectify <i>(completed by publishing administrator)</i>	