



ROADMAP (RISK OF ASPIRATION DECISION MAKING ACTION PLAN)

BACKGROUND

There are increasing numbers of patients in our hospitals with severe dysphagia (difficulty in swallowing). These patients will have a time limited period of nasogastric tube (NGT), if appropriate, or commence risk feeding.

Dysphagia is highly prevalent in the older population, affecting 40-75% of stroke patients and 50-75% of nursing home residents; and patients with dysphagia are twice as likely to present to hospital with an aspiration pneumonia.

The decision for a patient to start risk feeding is a complex ethical one, due to the fact there is a high risk that it will lead to aspiration pneumonia, associated complications and potentially trigger the end of a patient's life.

It should be a 'shared decision' which needs careful consideration and it is essential that the patient's capacity is assessed and documented at the start of the process (in-line with the Mental Capacity Act 2007).

Some of the therapy team involved with these patients felt that improvements could be made in both our documentation and in the timeliness of the decision making processes itself. They also experienced that the decision-making processes were not fully understood by ward staff which led to unnecessary NGT insertion, prolonged use of NGT or nil by mouth, delays in family meetings and extended length of stay.

A baseline audit, carried out in May 2015 and November 2015 demonstrated that:

- 0% of patients who had started risk feeding during their inpatient episode of care, had undergone a mental capacity assessment

- The average time from NBM to the decision to risk feed was 2.2 days (range 0-11 days)

- Further data demonstrated that our doctors poorly understood the decision-making process and the need to complete an assessment.

The team felt this was unacceptable and set about developing a simple tool which would guide the clinicians and nursing staff through the decision-making process once a patient had been identified with an unsafe swallow.

AIM

To improve decision making processes for patients at risk of aspiration on all oral intake, and increasing the percentage of at-risk patients who have documented evidence of a completed mental capacity assessment (MCA).

THE CHANGES

The project team formed a multi-disciplinary working group consisting of a Dietitian, Speech and Language Therapist, Senior Nurse, Doctor and Quality Improvement coach. Short weekly meetings were held for the team to come together and reflect on what worked and what further work was required. With support from the wider team, the ROADMAP was created!

The ROADMAP (Risk Of Aspiration Decision Making Action Plan) is an A4 size algorithm, which includes a best-interest checklist for decision making; an algorithm to aid doctors; key questions to consider when managing this patient group; references to support decision-making; and advanced care planning.

The development and testing of the ROADMAP tool happened on one Care of the Elderly ward over several months and following many PDSA cycles.



THE TEAM
Nicola Wilks, Speech and Language Therapist; Dee Bousfield, Stroke Specialist Dietitian; Gill O'Shea, Ward Manager, Swift Ward

OUTCOMES

Repeated audits showed an increase in completed MCA forms to over 50%; and for those patients with a MCA form completed, the average time from NBM to risk feeding decision was significantly improved (to just 0.2 days).

Introduction of the tool has led to an increased awareness and understanding of the ethical issues surrounding risk-feeding patients. In addition there have been incidents of patients, where the use of the tool has led to earlier communication with the family around patient prognosis, an awareness that the patient is at the end of their life and proactive discharge enabling the patient to die at home.

The ROADMAP tool has also found to;

- Avoid inappropriate nasogastric feeding
- Improve communication with families
- Reduce decision-making time
- Improve patient care, choice and quality of life

Adoption of ROADMAP spread to other wards, before being ratified by the Trust Nutrition Steering Group, being launched Trust-wide and made available to all ward areas. A risk feeding information leaflet for patients and carers has been developed.

