

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 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 persc



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

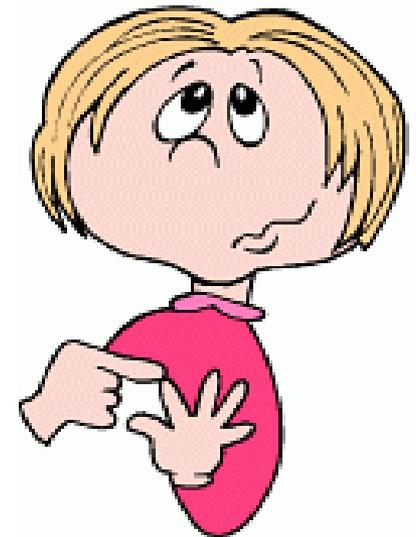
How to Implement the Mission

- 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?

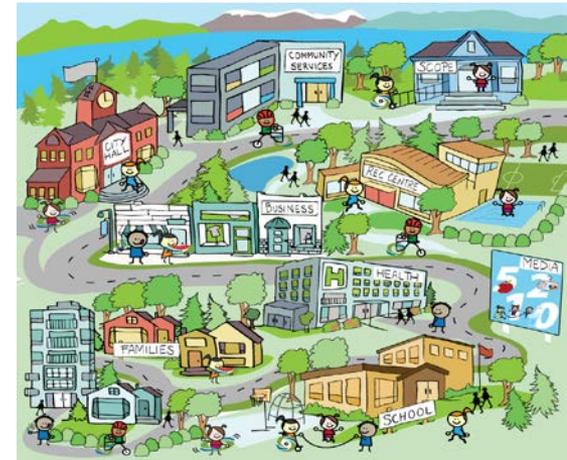
- Collaborate with existing team
 - To provide support when there is no DD Waiver provider in a region (to develop a CARMP)
 - To support current team approach via consultation & TA
 - To provide assessment and/or intervention guidance
 - To trial assistive technology for eating/drinking

lets **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 CARMF: 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 CARMMP

- 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 CARMMP

- 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 CARMMP

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