Avoiding critical consequences of dysphagia: A collaboration between speech pathology and nursing staff in mental health

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Background

• Critical incidents identified
• Limited awareness of dysphagia
• Nil funded speech pathology position
• Higher incidence of dysphagia - mental health

Aim

• To increase knowledge and awareness of dysphagia
• To increase appropriate referrals to outpatient speech pathology

Incidences of dysphagia - inpatient mental health vs general population

Method

Symptoms identified
• Coughing or choking
• Recent change to medical status with new onset dysphagia
• Dysphagia due to change in medications
• Impulsivity at meals and rapid eating
• Talking whilst eating
• Impaired breathing during meals
• Difficulty chewing
• Taking large mouthfuls of food
• Complaining food is dry

- Swallowing concerns identified
- Escalation & determine need for speech pathology referral
- Dysphagia symptoms classified
- Mealtime strategy suggestion
- Observation of mealtimes
- Speech pathology assessment if required
Results

• All referrals were appropriate
• Nil new critical incidents
• Great relationships with mental health staff

Next steps

• Continued education and support
• Continue to advocate for dedicated funding for a speech pathologist