

# Assessing the Eating Needs of Personal Care Services (PCS) Beneficiaries – Effective 12/1/2016

November 22, 2016

The Freedom to Succeed™



Liberty Healthcare Corporation  
of North Carolina

# Content

---

- Introduction
- Signs and Symptoms
- Caring for Individuals with Swallowing Problems
- Swallowing Disorders
  - Phases
  - Causes of Feeding and Swallowing Disorders
  - Effects
- Beneficiary Referrals
- Additional Support for Eating ADL
- Resources



# Introduction

---

Personal Care Services (PCS) provides hands-on assistance for beneficiaries who have a medical condition, disability, or cognitive impairment.

Many conditions beneficiaries face may impact their ability to eat causing them to have problems chewing or swallowing their food. Providers should report concerns promptly to the beneficiaries Primary Care Physician (PCP).

To ensure that patients with swallowing problems receive proper nutrition, it is critically important that swallowing/chewing problems be evaluated by an appropriate practitioner referred by the PCP.



# Introduction

---

Providers administering PCS to beneficiaries may utilize this presentation as a tool to enhance their understanding of the eating needs of beneficiaries they serve and if necessary, make appropriate referrals to the PCP for medical evaluation.

The following slides will inform caregivers on how to make observations of a patient who may suffer with chewing/swallowing problems.



# Introduction

---

It is critically important for caregivers to be aware of the nutritional needs of patients served.

**Why is nutrition important?** Eating a balanced diet is vital for good health and wellbeing. Food provides our bodies with energy, protein, essential fats, vitamins, and minerals to live, grow and function properly. (National Health and Medical Research Council)

\*Older adults are at risk of inadequate dietary intake and malnutrition. Age-related physical changes, such as chewing and swallowing irregularities, contribute to nutrition deficiencies in older adults.

\*Dietary modification of the consistency of liquids and foods are commonly recommended for the management of swallowing problems.

\*excerpts from article written by T Mann, R Heuberger, and H Wong



# Signs and Symptoms

---

While caring for individuals who have swallowing problems or you suspect may have difficulty with eating, caregivers must be aware of the signs of choking, which include:

- Reddened face;
- Noisy breath;
- Weak or no cough;
- Loss of consciousness;
- Unable to speak or cough;
- Grayish face or bluish skin; or
- Hands clutched to throat and other signs of distress while eating, drinking, or taking medication



# Signs and Symptoms

---

People may not always show signs of choking or aspiration when food or liquid enters the airway or lungs. This is called “silent aspiration”. Certain medical conditions may increase the chance of a person having silent aspiration. Silent aspiration could lead to other health problems such as pneumonia.

Signs of silent aspiration can include:

A wet or “gurgly” voice when eating or drinking;

Increased chest congestion after meals.

\*To reduce the risk of choking or aspiration, all people who prepare and serve food must follow the person’s care plan or physicians order.



# Signs and Symptoms of Persons with Swallowing Problems

- Wet or gurgly sounding voice during or after eating or drinking
- Extra effort or time needed to chew or swallow
- Food or liquid leaking from the mouth or getting stuck in the mouth

Recurring pneumonia or chest congestion after eating

Weight loss or dehydration from not being able to eat enough





# Supporting Individuals with Swallowing Problems

---

## **Tips for Caregivers – Please note these are tips not requirements**

- Be certified in CPR and First Aid.
- Be knowledgeable about each individual's medical conditions, including their risk of choking and aspiration
- Be able to communicate with emergency workers



# Supporting Individuals with Swallowing Problems

---

The following are some general guidelines for safe swallowing. Remember these guidelines may not apply to every patient.

- Maintain an upright position (as near 90 degrees as possible) whenever eating or drinking.
- Take small bites – only ½ to 1 teaspoon at a time.
- Eat/chew slowly. It may also help to eat only one food at a time.
- Avoid talking while eating.
- When one side of the mouth is weak, place food into the stronger side of the mouth.
- At the end of the meal, check the inside of the cheek for any food that may have been pocketed.



# Supporting Individuals with Swallowing Problems

---

- Try turning the head down, tucking the chin to the chest, and bending the body forward when swallowing. This often provides greater swallowing ease and helps prevent food from entering the airway.
- Do not mix solid foods and liquids in the same mouthful and do not “wash foods down” with liquids, unless you have been instructed to so by the therapist.
- Eat in a relaxed atmosphere, with no distractions.
- Following each meal, sit in an upright position (90 degree angle) for 30 to 45 minutes.



# Swallowing Disorders

---

A PCP Referral to the appropriate practitioner may lead to the diagnosis of a Swallowing Disorder.

Swallowing disorders, also called dysphagia (dis-FAY-juh), can occur at different stages in the swallowing process. The three phases are:

1. Oral
2. Pharyngeal
3. Esophageal



# Swallowing Disorders

## *Three Phases of Swallowing Disorders*

---

**Oral Phase** – sucking, chewing, and moving food or liquid into the throat

**Pharyngeal Phase** – starting the swallowing reflex, squeezing food down the throat, and closing off the airway to prevent food or liquid from entering the airway (aspiration) or to prevent choking

**Esophageal Phase** – relaxing and tightening the openings at the top and bottom of the feeding tube in the throat (**esophagus**) and squeezing food through the esophagus into the stomach

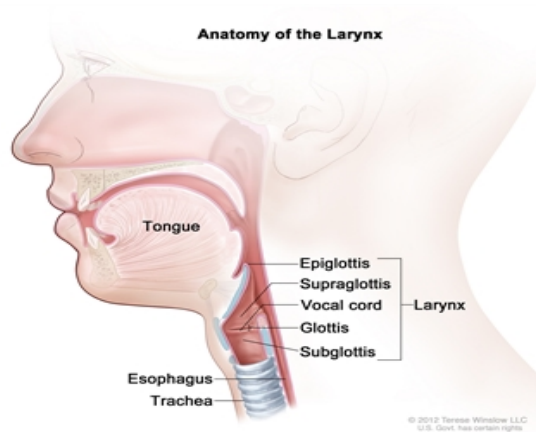


# Swallowing Disorders

## *Causes of Feeding and Swallowing Disorders*

Problems affecting the head and neck, including:

- Cancer in the mouth, throat, or esophagus
- Injury or surgery involving the head and neck
- Decayed or missing teeth, or poorly fitting dentures



# Swallowing Disorders

## Causes of Feeding and Swallowing Disorders

Damage to the nervous system, such as:

- Stroke
- Brain Injury
- Spinal Cord Injury
- Parkinson's Disease
- Multiple Sclerosis
- Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's disease)
- Muscular Dystrophy
- Cerebral Palsy
- Alzheimer's Disease



# Swallowing Disorders

## *Effects of Swallowing Disorders*

- Poor nutrition or Dehydration
- Risk of aspiration (food or liquid entering the airway), which can lead to pneumonia and chronic lung disease
- Less enjoyment of eating or drinking
- Embarrassment or isolation in social situations involving eating





# Referral for Swallowing Evaluation

## *Tests and Procedures Used to Diagnose Swallowing Disorders*

- Acceptable assessments are:
- Video fluoroscopic swallowing exam (VFSE), also sometimes called a modified barium swallow exam (MBS)
- Fiberoptic endoscopic evaluation of swallowing (FEES)
- Clinical feeding and swallowing evaluation



# Additional Support for Eating ADL

---

Due to the various eating needs of PCS beneficiaries, beneficiaries who have a need for a mechanically altered diet ordered by a physician may receive additional support with the Eating ADL.

During the independent assessment, the assessor will review any medical records available at the time of the assessment for physician orders related to Eating ADL needs.



# Additional Support for Eating ADL

---

If the beneficiary has a physician order that indicates their diet is required to be mechanically altered, the assessor will document medical record findings in the comment section of the assessment and score the Eating ADL as needing assistance.

Providers and or caregivers available during the completion of the independent assessment should ensure that they are knowledgeable of the eating needs and safety precautions for the beneficiary.



# Additional Support for Eating ADL

---

Beneficiaries who have recently been assessed, received an adverse notification, **and have a physician order for a mechanically altered diet**, may submit the physician order to the Division of Medical Assistance (DMA).

Physician orders may be submitted via a secured email to **PCS\_Program\_Questions@dhhs.nc.gov**. DMA Nurse Consultants will review and modify the assessment of the beneficiary, reissuing the assessment and authorized hours. The beneficiary and provider of record will be notified via QiReport.

Questions about the submission of documents or the process may be addressed to the PCS unit at 919-855-4360 or via email at **PCS\_Program\_Questions@dhhs.nc.gov**



# Resources

---

Adult care home licensure rules found in 10A NCAC 13F (for homes greater than 6 beds) and 13G (for family care homes 2 – 6 beds) contain requirements for therapeutic diets, which includes mechanically altered diets. [Rules can be found on the Division of Health Service Regulation (DHSR) website at: <https://www2.ncdhhs.gov/dhsr/testrules.htm>]

The DHSR Adult Care Licensure Section publishes a Food Service Orientation Manual, which addresses therapeutic diets including mechanically altered diets, i.e. puree, mechanical soft, etc. The Manual can be found on the DHSR website where it can be downloaded and printed at: <https://www2.ncdhhs.gov/dhsr/acls/pdf/foodsrvman.pdf>

\*Chapter IV of the Food Service Orientation Manual provides guidance on both puree and mechanical soft diets in terms of consistency and preparation.



# Resources

---

Home Care Agency licensure rules 10A NCAC 13J .1003(d)  
Personnel – Written policies shall be established and implemented which include personnel record content, orientation and **in-service education**. Records on the subject of in-service education and attendance shall be maintained by the agency and retain as set out in Paragraph (f) of this rule.

\* In-service education would cover training for aides who service beneficiaries with special diets/mechanically altered diets.



# Resources

---

This presentation and the recording will be available for viewing on the **DMA PCS webpage**

<http://dma.ncdhhs.gov/providers/programs-services/long-term-care/personal-care-services> and on the **Liberty Healthcare webpage** <http://nc-pcs.com/training/>

\*Liberty Healthcare of NC is acting as an agent of the Division of Medical Assistance. This presentation is intended for informational purposes only. Providers/caregivers should seek additional support from appropriate medical practitioners when determining the eating needs of PCS beneficiaries.



# Questions

---

*Please email all questions to the PCS unit at [PCS\\_Program\\_Questions@dhhs.nc.gov](mailto:PCS_Program_Questions@dhhs.nc.gov)*

