Aspiration and Dental Webinar Video Transcript

Welcome to March's installment of DDD's First Tuesday's Training Series!

Can you believe it's March already? Today we have two guest presenters from the Developmental Disabilities Division.

Ms. Linda Austin received her Bachelors of Science and Dental Hygiene Degrees from the University of Hawaii at Manoa.

She subsequently worked in private practice as a dental hygienist for over 30 years, and taught at the University of Hawaii Dental Hygiene Program for 15 years.

She currently works for the Department of Health Developmental Disabilities Division Dental Branch—focusing her research on access to care issues that our kupuna and persons with disability frequently face.

She works in the community and hopes to stimulate oral systemic awareness and increase dental hygienist recognition as a vital health team members in our community and institutions.

Also, presenting with Ms. Linda Austin is Stephanie Gibb.

Stephanie, who has been in nursing practice for many years in a variety of settings— the last 18 of which are with the Developmental Disabled Waiver Program (both as a nurse case manager and currently as the clinical team nurse).

Stephanie holds a master's degree in nursing with a certification in Developmental Disability Nursing.

It is with my honor that I turn today's presentation over to Linda and Stephanie.

Stephanie, take it away.

Stephanie: Hi… good morning. Thank you so much for joining us this morning— taking time out of your busy schedule.

It's a pleasure to be able to present this information to you— aspiration prevention and the oral systemic connection to well-being.

I would like to premise our discussion… regarding… when Linda and I refer to participants, clients, or individuals, we are referring to individuals who have been diagnosed with either an intellectual or developmental disability, and are currently receiving services within our DD waiver program.

Thank you! Let's get started.

So, if we're… next. If we're looking at our learning objectives, what we would like to… focus on is that you gain an understanding of normal swallowing, dysphagia, and aspiration; being able to recognize risk factors for aspiration / contributing factors, and also possible signs— while understanding the importance of early detection of dysphagia.

And then, be able to identify steps that will help you to safeguard our individuals. Next…

So, what is the significance of training?

I had sat… and I have sat (since 2010) on the mortality committee for the division.

And, what we were finding is that aspiration pneumonia is a very prevalent (and a preventable) cause of death in our individuals.

I also (while earning my Master's Degree) had used all of my focus during that program (because you do a lot of research leading up to a capstone) was all on our population… the I/DD population.

And then, more… pointedly at aspiration pneumonia.

And showing… this shows that there's a significant impact that dysphagia has on this population.

Next.

So, if you look at the current US population (which is growing)— currently it's about 330 million people living in the US.

Of that population, two to three percent…or about six to ten million are individuals diagnosed with an intellectual developmental disability.

Twenty percent also have dysphagia.

Now, keep in mind, that dysphagia may not always be diagnosed. So let's look…

So, what is our average age of death?

Now, this chart… it does have some older information.

But our… in 2019, the general population in the US, life expectancy was at 78.8.

It is currently… has dropped to 77 years.

In Hawaii, we're able to experience a longer life (thankfully) at about 81 years.

By contrast, though, for our DD population in the country (on average) is about 66 years of life.

And, more markedly, in Hawaii… I had looked at and taken an average from 2012 to 2017. It is 52 years of life.

So, that's about 25 or 30 years of life lost— if we consider we're able to (most times, on average) live for 81 years.

So, let's see how we can positively affect that.

Next.

If we're looking at leading causes of death in the general population in 2019— heart disease, cancer, stroke, accidents, Alzheimer's Disease, or dementia.

In our daily population, it's also heart disease.

But, look at the next three: respiratory failure, aspiration pneumonia, septicemia, and cancer.

And then, renal failure.

Now, when you look at respiratory failure and septicemia… it does not indicate what the initial cause was.

Did the respiratory failure start with an aspiration or community acquired pneumonia or perhaps chronic lung conditions? It doesn't say.

And, as well as septicemia— could that sepsis had started as a aspiration pneumonia?

Regardless, respiratory conditions and pneumonias are leading cause of death.

It's both preventable and prevalent.

So, what is next— What is dysphagia?

Now, we take it for granted when we swallow… you know… we just swallow.

We don't have to think about it. You know, we just drink a sip of water and swallow.

But, swallowing is a very complex neuro-muscular function.

It involves normal functioning nerves, muscles, and organs.

According to the American… Speech and Hearing Association, there's two phases to swallowing— the oropharyngeal phase (where you're chewing you're initiating the swallow moving the bolus from your pharynx to your esophagus), and the esophageal phase (where you're moving the bolus from your esophagus into your stomach).

On the contrary… by contrast with dysphagia you're having difficulties with swallowing that could be either obstructive or a motor disorder

Next…

Now... I like diagrams. I'm a very visual person.

So, being able to see it...it helps me to learn and helps it to.... be understanding.

Okay. If we look at... on the left, Diagram A, you will see the blue arrows. And, I wish I had a cursor, but I do not.

The blue arrows are when you breathe in— that's your oxygen.

You're breathing in. It's going to the back of your throat.

And, normally, it is going down into your trachea, and into your lungs— so you're being able to be aerated.

And then, you'll see this large yellow... figure in the back of your throat.

Now that is a bolus of food. When we chew our food, and we... of course, we can't see it, but it forms a bolus.

And then, in the middle diagram, that bolus of food is actually moving down into the back of your throat (way behind your tongue).

Below that bolus, you will see a blue kind of angular figure there.

That is your epiglottis. In normal swallowing, the epiglottis closes over your trachea.

And, if you look at diagram C, when it's closed, that bolus will appropriately go down into your esophagus and into your stomach.

So, that is normal swallowing.

Next...

Now, I have a diagram I mean a video attached.

This video we will not show this morning but it will be available on the training website.

There'll be a link there. Please watch it.

It's an excellent video of normal swallowing, and it explains it more thoroughly.

Next...

So, let's look at risk factors for dysphagia and aspiration.

Now, there's a long list— this is not all-inclusive, but it's a list of conditions that can contribute to an increase of dysphagia and aspiration.

Now, some of our individuals do have cerebral palsy, spastic quadriplegia— but this leads to muscle spasms. So, if you think of someone having a muscle spasm, aren't they more likely to choke and not be able to swallow appropriately?

How about when one of our individuals is having a seizure, and maybe… perhaps they just ate? They just swallowed water— very high risk for aspirating. Or, perhaps they just have saliva in their mouth that they could also aspirate.

Scoliosis— you actually have a physical condition with malformation of your spine.

And, you know, everything is not in alignment to promote appropriate swallowing.

If someone is diagnosed with GERD (and that's a common condition that we see in our population) or gastric reflux— it's actually… and even say you have a large meal and you have that regurgitating feeling— there's gastric acid included in that. So, it's very dangerous to have that condition, and [end] up aspirating that into your lungs.

Dementia, you know, someone with dementia maybe not chewing appropriately… eating a lot of food. And, we do have some individuals that eat and kind of stuff their mouths… and high risk for aspiration.

Also included, numerous genetic conditions: lung disease, Parkinson's.

With Parkinson's, you do lose your ability to coordinate your movements (and that includes swallowing).

Now, how many of our individuals are on medications (and numerous medications).

Now, this is a short list.

The anticonvulsants, benzodiazepines analgesics, and many psychotropics— those come with side effects.

And, if you have multiple medications that you're taking, it becomes synergistic, or they add on to each other— as far as perhaps promoting altered mental status and ability.

And, that will affect your ability to swallow appropriately.

Now, if someone's not able to communicate that perhaps they're full, perhaps it's difficult to swallow, they're having pain and difficulty in swallowing— they would be at higher risk for aspiration.

Now… later on Linda is going to expound on poor oral care and health, and how this will affect aspiration.

If you have a mouth that is not well-cared for, it's full of bacteria. And, she has many diagrams on that.

She will expound on that. And, improper positioning during and after feeding— if you're lying down and eating, you're at risk for aspiration (even if you can swallow well)—that everything is not lined up.

And... I can't say enough about proper positioning during and after meals.

Next...

So, what are the possible signs of dysphagia?

Now, if you look down this list you...

Food going down the wrong pipe— that's a very simple statement.

But, I don't know if any of you have experienced that. I certainly have...
very uncomfortable, very painful and scary— because you're not able to catch your breath.

For some of our individuals that don't have a strong cough or gag reflex, that could even (you know) be a worse outcome.

For someone that's not able to manage their secretions and swallow appropriately, they may display... drooling (it may be a new sign), coughing while they're eating (or frequent cough).

Maybe they cannot... swallow medications that they previously could.

Weight loss— they're not trying to lose weight, and they're losing weight, or they're not interested in eating.

You know, having a moist voice after eating, and really having a... maybe a history of respiratory infection.

Now, if they're being treated by the physician, the physician would be aware of this.

But, these are all possible signs of dysphagia.

Next...

So, what is aspiration?

And, here's another diagram (on the left) that's appropriate swallowing and breathing in the air.

You take in air (with the blue signs)—either if you're a mouth breather or through your nose.

It goes down into your windpipe, and down into your trachea, and into your lungs (no problems with that).

You ingest food (you know), you chew it, you form a bolus— and you can see that bolus is going down in your esophagus into your stomach.

On the right side, though, that's an aspiration.

You can see that bolus of food is clearly in the trachea.

This requires immediate attention.

Next, aspiration pneumonia is defined as the inflammatory condition of the bronchioles and lungs (as a result of the aspiration).

Now, is anyone aware (and I know you can't answer me directly now)

But is anyone aware of why we see…aspiration pneumonia more prevalently in your right lung?

You know, and it's called…you know, our bronchial it it's a larger caliber, and it has a more… vertical orientation of the main stem bronchus into the lung.

So, like… if what you call simply a straight shot.

Now, can you have aspiration pneumonia in both lungs?

Oh surely… you can aspirate in both, but it is more prevalent in the right lung.

Next…

Now, in researching… and I had numerous… I have stacks of… research documents and spent hours researching… for my capstone.

And, I was looking at: "what would benefit… how can we benefit and assist our individuals in preventing aspiration pneumonia?"

And, what came up repeatedly… and these are just four examples.

But, what it pointed to is early identification of dysphagia, and using… and the use of a screening tool.

So, when you look… when you're doing research, you're looking at studies for reliability where they're consistent and expected to perform well and they're valid— meaning that the findings will truly represent what's being measured.

So, all of these indicated a need for early screening for dysphagia to prevent aspiration.

Next…

Now, this is a sample. And, I will have and and Abby has… formulated it with check boxes. Thank you Abby!

And, this is available on our website. This is a sample of a screening tool by Francis Gado.

I found it to be one that is simple to use. It can be used across settings.

It was used in a long-term care setting, but it can be used in the community, in the family home…

Any of you can save it, and print it. If any question is answered "yes", please advise the guardian (if you are not the guardian) and make an appointment with the PCP for follow-up.

You know, this is indicative that this person may be having dysphagia.

Next…

Now, we talk about… and then it's a common… term "a circle of support"— but, you know, it takes a village to support our individuals.

You know, it starts (of course) with the family and guardian, and then our caregivers (that are overseen by provider agencies)— with case management services and case managers looking at appropriate services and recommendations, our clinical team (which I'm a part of), Outcome and Compliance… Branch that also oversees all of the appropriate services (appropriateness of services), our medical providers (out in the community), and then also our Community Resource Branch that oversees provider agencies… and our dentist and hygienists in our dental services branch.

So now, I would like to transition this over to Linda.

She has a very interesting…oral systemic connection.

Go ahead Linda.

Next…

Linda: Well, thank you for this opportunity to present today… on the dental perspective of aspiration prevention and the oral systemic connection to well-being

Before I begin, I just wanted to say again that like… Stephanie, I will be using different terms to describe the persons that we are caring for.

So, this session is the brief overview of the importance of teeth and how oral health affects our overall health.

I would like to bring awareness to why the best dental hygiene practices are especially important for our I/DD population.

I'll show you the tools that we use for those who need our assistance.

And, I would like to mention that your circle of support is very important.

And, just know that you are supported by different professionals that care for your individuals.

It's important to collaborate, and to achieve the best outcome for the person that you're caring for and that includes an oral health professional, a dentist, or dental hygienist.

And, we are very fortunate that the Dental Branch is part of the Developmental Disabilities Division.

And, I will share with you the obstacles that block good oral health care for the person with I/DD, and what you (the care provider) can do when you can do when you see or smell tooth decay or dental infections.

So, our mouth is one of the most important parts of our body.

We need our teeth to eat, to drink, and to live.

If your grandparent is living in a nursing home or long-term care facility, it would be nice for them to be able to chew a healthy meal (rather than drink a liquid diet).

So, let's keep our residents eating healthy— by keeping their teeth healthy.

Next...

So, let's explore Ensure as an example of a sugary food.

Although, there are strong reasons for... to serve Ensure to patients for nutritional or personal preference, Ensure can contribute to dental decay when it's sipped throughout the day (which happened to my auntie).

So, although 19 grams of sugar may not seem like much, we look at... ingredients.

If sugar is listed as one of the first four ingredients... (which this is... sugar is listed as number three), we consider this a sugary food.

So, Ensure does have a lot of... hidden sugars... and every sip is a sugar attack on your teeth.

And, that's contributing to the individual's excessive tooth decay that you may see or smell— which we often see in long-term care facilities.

This is the result of sugar exposure, and an unclean mouth due to lack of daily care.

The good news is though... sugar exposure can be reduced by including sugar-free foods.

So, let's make our children and our residents diet cavity free.

Next...

So, teeth are important to communicate with others.

With a healthy mouth, we talk, we smile and we laugh.

Sometimes, it's very difficult to understand what a person is saying when they are missing their teeth.

Ever experience bad bacteria breath when someone is talking to you or near you?

Again, let's keep our children and residents mouths clean and odor-free.

When we are free of mouth pain, we feel our best— upbeat and positive.

A healthy mouth reflects our mental our physical and social well-being.

But when a person is suffering from a toothache, they're usually very unhappy.

So, let's keep our residents pain-free— so that they can enjoy a better quality of life.

Next...

When a person has untreated gum disease, that gum infection could lead to aspiration pneumonia.

Research has shown that the bad bacteria in your mouth can travel through the bloodstream, and infect other parts of the body, and exacerbate existing inflammatory conditions (such as heart disease and diabetes).

That bad bacteria can also be aspirated from the mouth into the lungs— leading to aspiration pneumonia (as Stephanie described in her slides).

Volumes of research has shown that pneumonia is the leading cause of death in nursing homes.

And, this is similar to Stephanie's research on the I/DD population.

Researchers have isolated bacteria in Periodontitis— which is a chronic infection of the gums, and found that same bacteria in the lungs of patients with aspiration pneumonia.

Bacteria in an unclean mouth (which is when you don't brush your teeth before going to bed)— that bacteria can easily dislodge from your teeth, and be aspirated while sleeping.

As Stephanie explained in detail, this is a short list of risk factors that make the person with disabilities more vulnerable to aspiration.

These conditions make it more critical to provide good daily mouth care for our individuals.

A clean mouth free of bacteria will lower the risk of aspiration pneumonia.

Next...

Many people with developmental disabilities have genetic disorders—making them more vulnerable to dental disease.

Many of… many have genetically compromised immune systems—

So, daily mouth care must be made a priority, and placed on the same level of importance as taking medications.

And, like medications, a healthy mouth can protect your whole body.

So, keeping a clean mouth is even more important for the person with disabilities.

Next…

A risk factor for dysphagia and aspiration pneumonia is dry mouth

Over 500 medications (and now they're saying 700 medications) can cause dry mouth.

The more medications a person takes, and the stronger the prescription, the drier their mouth will be.

And, as Stephanie mentioned, the people with disabilities may take a multitude of powerful medications—which means that they will have an extremely dry mouth.

That increases their risk of hospital and nursing home pneumonia.

Next. With poor oral health and a dry mouth, cavities are out of control.

When exposed to sugary foods (as with Ensure), dry mouth could cause chewing and swallowing problems and pocketing of food that could be aspirated.

So, it's really a good practice to rinse after each meal.

Dry mouth can lead to a burning pain and discomfort that lowers a person's quality of life.

So, what happens when your individual is non-verbal and it's very uncomfortable with a dry mouth? A lot of times they are the most grumpiest person in your home.

So, we must all be aware of the medications that this person is taking, and find out what their level of discomfort is.

Dry mouth can also cause severe bad breath or halitosis.

And, if you ever smell horrible bad breath around you that makes you feel kind of weak—you must immediately think…

Next…

that person has a dental problem (either a tooth decay or gum infection), and really needs to see a dentist.

Next...

So, caregivers work directly with their individuals, and when there's a mouth problem, they are the first line of defense.

It is very important to get that individual to the dentist.

With the help of the circle of support, dental disease can be treated and prevented.

Next...

So, dentistry only treats two chronic diseases— tooth decay and gum disease.

However, going to the dentist is only a small part of overall dental care.

Daily mouth care is essential and prevention is key.

Next...

So, the goal for daily mouthcare is to remove the bacterial plaque to keep a healthy mouth, to avoid mouth infections, and lower the risk of aspiration.

So, what is plaque?

Plaque is a soft sticky film that contains bacteria that forms on your teeth.

If not removed daily, the bacterial plaque may decay your teeth or harm your gum tissue and both are considered to be infections in your mouth.

Plaque is invisible, but can be felt.

So, I want everyone to use your tongue to feel your teeth.

If it's smooth and slippery, your teeth are clean.

If it's sticky or bumpy, or you feel some resistance, you are feeling plaque, and that plaque can be removed.

You must clean the plaque off before problems begin.

It is important to teach the practice to everyone you know (especially children), because everyone will benefit when they can feel a clean mouth.

Next...

Sugar is the fuel source for the bacteria.

Bacteria only love sugar for food.

And, its byproducts is acid which decays teeth.

And, anything that is decaying— means that it smells very bad.

Too often, people with disabilities eat a diet high in sugary foods and suffer with big cavities.

If the tooth decay is left untreated, the bacteria enters the inner part of the tooth— where the

nerves and blood vessels are located.

And, this results in a bad toothache.

And, the toothache is painful, because the bacteria is hitting the nerves (as you can see in the picture with the decayed tooth).

If the diseased tooth is not treated, bacteria and its byproducts can enter into the bloodstream and may cause sepsis and possible death.

Next...

Gingivitis is a mild infection of the gum tissue.

During the early stage of periodontal disease, you and your participant can prevent severe dental disease... or gingivitis.

Gingivitis is reversible and will heal with proper daily mouth care.

The individual with gingivitis may see a little bit of bleeding on the toothbrush, and may feel some pain and swelling.

Their breath may smell stale, but not bad.

Next...

But when gingivitis is left untreated, the infection worsens.

Periodontitis is a severe chronic infection of the gum tissue.

It's irreversible (the damage is irreversible), and the bacteria and byproducts destroy the bone around the tooth and soft tissue ultimately results in tooth loss.

Chronic periodontitis is a leading cause of tooth loss in adults.

The bacteria (and its byproducts) that are destructive in the mouth can enter the bloodstream and lead to other systemic conditions such as heart disease, diabetes...

Now, they're looking at Alzheimer's and pneumonia.

Many people with I/DD are more vulnerable to these disorders—because they are immunocompromised.

Next...

So please, don't wait till your participant's mouth looks like this.

Next...

We must get the word out that dental disease can be prevented.

"To prevent" means to stop something from happening.

Proper daily mouth care can prevent dental diseases, and a healthy mouth improves a person's overall health and quality of life.

Next...

Currently, the Department of Health and Hawaii Dental Service Foundation are partnering to provide in-service training in nursing homes for the elderly.

Please watch this video that the nursing staff views prior to the training on caregiver oral hygiene basics.

It is... I taught for 15 years at the University of Hawaii dental hygiene program.

And, I looked at hundreds of videos on brushing techniques, and this is the best I've seen so far.

It's very good... very informative.

Next...

In this training, we teach the staff the importance of oral health, and how to approach their resident's mouth with a gentle touch— so that they can achieve effective tooth brushing techniques.

We also teach them how to do a look-see for any signs of dental infections such as... next... brown spots or cavities on the individual's teeth.

Caregivers should look in the individual's mouth at least once a month (for the independent person), or they must be aware of brown spots when they're brushing their individual's teeth.

Next...

They should also look for swelling on the face, asymmetry where there's swelling on one side of the face not the other, and changes in appearance or behavior.

If the nicest resident is... suddenly becomes grumpy, you need to suspect an oral problem.

Next...

The caregivers must look for swelling inside the patient's mouth, and, if present, the individual must see a dentist immediately.

It's considered an emergency.

The swelling may lead to sepsis in the blood and considered neglect if you wait too long.

Next...

Have you ever seen this this is a little sponge on a stick?

It's called a toothette. And, the toothettes are... should be used to deliver liquids to hydrate a person's mouth.

However, toothettes are being marketed as a substitute for tooth brushing.

And unfortunately, it is widely used in long-term care facilities.

If you read the fine print on the package, it states "Ensure the foam is intact after use. If

not, remove any particles from the mouth."

So, these bungee particles can be aspirated.

So, the use of toothettes for plaque removal must be stopped—

because this is what can happen if you use toothettes for a toothbrush.

Next...

My friend asked me, "Linda who's responsible for cleaning my dad's teeth at the care home?"

This is her father's mouth. She sent me this email.

Here's a picture of my dad's mouth while he was in the skilled nursing facility.

It also looked like this while in the hospital.

CNAs used a green sponge without success and use of a toothbrush was more effective.

She also mentioned that the CNA told her that they were advised by their nurse supervisor to use a toothette for daily mouth care and only clean the front teeth.

And, you can see from this picture that using a toothette that is very ineffective .

So, how do we avoid these problems these serious problems and keep a healthy mouth?

Next...

Just by tooth brushing— it's so simple.

With or without disabilities, toothbrushing and complete daily mouth care are essential to keep a healthy mouth.

Next....

So, this is a long list of contributing factors that make tooth-brushing more difficult for a person with disabilities.

You may recognize some of these conditions in your own individual that you're caring for.

As a primary caregiver, you must practice patience, creative approaches...

You must realize that sometimes it may take time to achieve good brush... tooth-brushing.

You must use a gentle touch, but it must be firm.

And, most importantly you need to know your participant, and learn and practice desensitization techniques

So, I have... I did... give a handout with suggestions on how to overcome some of these obstacles.

Everyone should clean their teeth at least twice a day to keep a healthy mouth.

Use a toothbrush with soft bristles— so you don't damage your gum tissue.

Change your toothbrush every three to four months.

The toothbrush is the best and safest tool for mouth care.

Toothpaste is not what cleans your teeth. It's not necessary when a person is having difficulty swallowing.

For yourself, you just need a pea-size amount of toothpaste (if any).

Next...

A three-sided toothbrush and foam wedge can be used when a person cannot open wide.

Many of our caregivers use the three-sided toothbrush to help the residents brush their teeth.

Modified toothbrush handles are great for someone who has arthritis or an injured hand.

Next...

When flossing is difficult, Christmas tree brushes, floss holders, and rubber tips are great tools to clean between the teeth (especially when working on someone else's mouth).

The tool that you choose is not as important as disrupting the plaque off... from between your teeth daily.

So, if I'm working on someone, I prefer the interproximal brushes or the Christmas tree brushes.

So, daily mouth care must be made a health priority.

The goal is to prevent disease for you and the people that you care for… to stay healthy, to enjoy a great quality of life.

So, what is our safety net for preventing aspiration?

Stephanie will explain how to better protect the people you care for… from aspiration.

Next…

Stephanie: Thank you Linda! That was an excellent… information that we can all apply to ourselves, as well as the individuals that we're supporting in… promoting excellent oral care.

Now, I'm looking at our safety net.

Next…

And, I had spoken earlier about… it takes a village… It takes a village to work, and really encompass our individuals to provide excellent care.

But, it involves different components: education, communication and collaboration.

Really, all work hand-in-hand to safeguard our individuals.

If we look at the education component, we're looking at training like this… where you're learning about dysphagia, aspiration, and oral care.

How can you help support your individual (considering safe meal time support as well)?

If that person has been diagnosed with dysphagia, you'll have a speech therapist on board, and they will provide specific recommendations and orders in utilizing training in upright positioning during and after meals, feeding the individual slowly, and of course, notifying the PCP.

If there's any question… if there's anything… any sign of aspiration that is suspected— please… prompt notification to the guardian and to the PCP— so that they can intervene.

Next…

Now… communicating… everyone needs to [communicate]. I cannot emphasize this enough.

Communication (like I just said) to the PCP, of course to the guardian, service supervisor, our case manager, should be aware that there's a problem going on.

And, our written communication to our service plan for our... what we call "participants" in our program, is crucial.

We need to be very thorough in making sure our diagnoses are up to date.

The diet orders and the risk factors are there and indicated.

You know, anyone that picks up that document should be able to... be clear on how they're going to support that person.

But, our action plans and IPs will provide specific interventions.

And, in the circle of support, if you're in the circle and you notice— perhaps the case manager hasn't indicated that there's a diagnosis, there's a risk factor, please speak up.

You all have an equal voice, and we want to make sure that we support our individuals.

Some of our individuals have nursing delegation plans and training that will help support and mitigate risk factors.

Medical reports should be included and up-to-date— requested from the PCPs.

Having our caregivers provide that to case managers and our family members...

Also, asking the PCP or primary provider to give you a copy of... latest test results or medical reports.

Our adverse event reporting advises when an event has occurred.

This notifies the circle— closer scrutiny and intervention is needed to safely support that individual.

Next...

So, all of us [are] stakeholders working in collaboration.

Sometimes our case managers will call.

Sometimes they'll call me (as a member of the clinical team), or they'll make a referral to our clinical team that also has... our medical director and our licensed social worker on board.

And so, we can review documents. We'll ask for a lot of documents... because we want to understand really "What is going on with this individual?".

And then, provide recommendations to the team to be able to see what our next steps are.

Next, I'd like to go over a case scenario.

An individual is 58 years old. He's a male. He lives in an adult foster home with a caregiver.

He's been diagnosed with asthma lung disease and a chronic cough.

Keep in mind all those conditions that I said— leaves you at risk for dysphagia or aspiration, and also the possible signs— when I go over these cases.

So, his services are in the home or supervised by an agency supervisor (not a nurse).

There's no training in consultation nursing on board.

The PCP prescribes an inhaler for asthma and lung disease, and cough syrup with codeine for the chronic cough (to be given as needed for cough).

And usually there's a parameter of say… every four to six hours (if coughing).

So… this individual actually has a more persistent and frequent cough.

How often do you think he's being given that cough syrup?

Probably every four to six hours.

He also now has a poor appetite.

Is there anything… next… that you… that comes to mind? What would you be concerned about in this situation?

He has asthma. He's got that persistent cough. Now, he doesn't have an appetite.

Now…how would you respond? And, I know this is not an interactive environment, but… and who would you call first?

Would it be the guardian? Perhaps the primary care provider? A service supervisor?

Call someone. Notify someone. If you… listen to your gut… I'll tell fellow nurses: "you know, when we're talking about different… listen to your… if you have a gut instinct that something isn't right… take action and look at what your next step is."

So, next…

So, as an outcome of this… situation, the caregiver has the ability to continue to administer the cough syrup as ordered.

The PCP ordered it. She has it.

Individual doesn't have a fever— so there's no infection going on at the time.

The caregivers are unaware though— there's sedating side effects of the codeine that... also decrease the gag reflex.

And, if you're providing somebody with codeine every four to six hours, the codeine doesn't fully leave your body in four to six hours.

So, you're kind of adding on a little bit more each time. So he continues to cough.

He's medicated as ordered.

He was found unresponsive in his bed EMS was called.

He was... had low blood pressure... hardly breathing.

He had aspirated his food and oral secretions, and later died of aspiration pneumonia and sepsis.

Now, could this individual have had dysphagia?

And, with feedings, and he's coughing. He's not tolerating his food.

And then, also (you know) he's been given the cough syrup (within the order). The order was there.

But, still all of this led all of these steps led to the aspiration pneumonia.

Next...

So, how could we have handled this better?

Now that you have the tools... you have some knowledge of dysphagia... you're aware of the warning signs, and you're aware that communication is key.

Contact that PCP agency supervisor / the guardian let them know there's a concern there.

That would all help.

Next...

In another case scenario, this individual is 62.

He has a history of recurrent pneumonia.

He's moderate ID. He's limited in his communication skills.

He's also diabetic, hypertensive, and obese.

Now this PCP orders a swallow eval (due to the history of pneumonia that confirmed dysphagia).

He… the results of that swallow eval— a special pureed diet was ordered with nectar consistency liquids.

What does this circle need to know to safely support this individual?

Next….

And additionally, keep that in mind… additionally this case was reassigned within DD (within our case management).

Perhaps the person moved, it was assigned to another case manager.

There was no reference at all in the ISP to an altered diet.

No… I'm sorry. The only reference was to an altered diet, but there were no risk factors or diagnoses, and no medical order for thickened.

Aspiration risk was not addressed in the ISP or action plan.

Now, noting and picking up the ISP and you just see an altered diet.

Would that cause you to question, and go "okay, something is different here"? What do we do?

That's where the communication comes in. Next…

So, what interventions? Contacting the agency's supervisor to, you know, advise of new orders

If the person has a new diagnosis of dysphagia, what's the new orders?

Making sure there's specific…special diet training, positioning instructions during and after the meals.

For the agency supervisor, utilize an RN or request for TNC/RN services to be authorized from DDD— so that you can have the nurse review oversee the individual.

Educate the caregiver on the meal preparation / positioning and make sure that all the medical orders from the PCP are also followed.

And, the case manager can then go ahead and make sure that all the documents in ISP action plan all have current diagnoses and recommendations.

Now, when someone transfers either from one unit to the other, or from one residence to the other a transfer summary and… checklist needs to be completed where it indicates all of the diagnoses, all the red flag areas (and the dysphagia would be one of them).

Verbal reports between case managers and reporting between say the provider agency had changed as well.

Good communication— you're going to safeguard that individual.

And, utilizing a unit nurse— now we have unit nurses in all units on Oahu.

And, our Oahu nurses also cover neighbor island case management units— so there's always a nurse available.

I'm [sitting] on the clinical team. I provide support to the units as well.

And, our clinical team can (or what we call CIT) can always be accessed for recommendations.

Next…

And, Linda will be going over this last case scenario.

Abby: Sorry Steph… we are about to run out of time.

Would it be possible if you could help us… close out so we can… have a few minutes for question and answer?

Stephanie: Okay. So, would we like to pass on this one then… or I can just go over it?

Abby: Yep. So, we're on the road to safety,

Stephanie: Okay.

Abby: and then the conclusion slide.

Stephanie: Okay. So, I… you've gotten a lot of information today. I thank you for your time.

Our road to safety includes education, communication, and collaboration.

And, in conclusion, you… we provided you the tools to help you, and I hope this has been helpful.

You can understand the importance for early detection— recognizing the signs of dysphagia and implementing steps to safeguard the individual.

I thank you for taking your time.

My research, all the articles that I had citations of are included in the training website as well.

Thank you so very much.

Abby: All right everyone. So, we have a few more minutes to go ahead and talk about question and answers for today.

So, if you folks... can go ahead and submit your question through the Q and A panel that you see below, (or on top), and then we can go ahead and help answer your questions for today.

So, the first question that... we have coming through is... this is for Linda.

What does health decay smell like... tooth health decay smell like?

Linda: Okay... what people confuse bad breath decay or bad bacterial breath with other things is... garlic and just a stale morning breath.

The stale morning breath, garlic breath, onion breath they're... very... you can identify it.

But, when you smell bad bacteria breath, it's something that will hit you and go through your system.

It'll be like a cloud around you, and you can't escape it.

And, whenever the person talks... you just feel kind of weak.

If anybody has experienced that... I've experienced this several times in my lifetime—recently with the sales rep that was talking to me.

So, I knew it wasn't his toe jams.

But, I mean... you can tell when you smell bad bacteria breath. That's why I wanted to identify it.

I hope that helps.

Abby: Awesome... thank you so much! The next question that we have is for Stephanie.

Can we get a copy of your research? I love to see your work as a published author.

Stephanie: Oh, I don't... (I'm sorry)... I don't have... it's not published.

But, I do have my research citations that will be available at the... on the training website.

Thank you though... appreciate it!

Abby: Okay, so... we are coming up to the top of the hour.

Does anyone have any questions for our amazing panelists that we have here today?

Last three seconds to get your questions in...

Right... again thank you so much Stephanie and Linda for joining us today.

And, thank you to everyone for... joining in on our first Tuesday's training series.

Stephanie: Thank you Abby…

Abby: Thank you!

Linda: Thank you everyone for joining us!

Abby: Mahalo, and thank you for joining us for this month's installment of DDD's First Tuesday's Training Series.

[Music Playing]

Should you have any additional questions for DDD's training unit, please feel free to email us at doh.dddtraining@doh.hawaii.gov.

[Music Fades]