

Managing Risks of Choking on Food

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South Eastern Health
and Social Care Trust

Thematic Review of Choking on Food

Regional multi-disciplinary group to review Serious Adverse Incidents (SAIs) in NI

- Understand why happened
- Share learning
- Make recommendations

Size of problem

- 15 SAIs
 - 12 deceased
 - 3 survived
- 489 incidents

Reviewing SAIs

- Knowledge of swallowing difficulty/reduced oral skills
- SALT recommendations in place/followed
- Interpretation, understanding or documentation
- Interface/discharge planning
- Changing needs of patient
- Training
- Recognition of signs of choking
- Patient not in home environment
- Behavioural issues



Help Stop Choking

- Belfast Health and Social Care Trust
- SALT Angela Crocker
- People with Learning Disability have increased risk of choking
- Preventable deaths
- Service user John with Learning Disability and swallowing difficulties referred to SALT
- Felt positive experience saved his life



Belfast Health and
Social Care Trust

caring supporting improving together



Public Health
Agency

Help Stop Choking

- Public Health Agency funded project
- John's story developed into educational DVD and resources
- Evaluation – increased understanding of choking and ways to reduce risk
- 2014 Patient Safety and Care Awards London – Preventing Avoidable Harm
- Awarded money to develop website and app as digital solution

Quiz find out how much you have learned about choking?



Do you think you know all the different foods that are hard to eat and could make people choke, for example hard sweets?

5 4 3 2 1

Thumbs up icon, Hand icon, Thumbs down icon

A horizontal row of five colored squares representing a rating scale. From left to right: a red square with the number 5 and a thumbs-up icon above it; an orange square with the number 4; a yellow-green square with the number 3 and a hand icon above it; a green square with the number 2; and a blue square with the number 1 and a thumbs-down icon above it.

← **BACK**

Chapter 1



▶ **What is Choking**



▶ **Change what you eat- Make safe food choices**



▶ **Change the way you eat- Safe eating strategies**



▶ **Change where you eat**


← **BACK**

Activities

NEXT →

Hard to eat foods

Think About Each Food And Select The Hard To Eat Food That May Cause Choking.



Bacon

A photograph of a piece of cooked bacon with a white checkmark in a circle overlaid on the center.



Bread

A photograph of a round loaf of bread with a white checkmark in a circle overlaid on the center.




Crisps

A photograph of a bag of crisps with a white checkmark in a circle overlaid on the center.



Mashed Potato

A photograph of a bowl of mashed potato.



Scrambled Egg

A photograph of a plate of scrambled eggs.



Lettuce

A photograph of a head of lettuce with a white checkmark in a circle overlaid on the center.





choking awareness !



! **Hard foods**
boiled sweets, nuts



! **Crumbly foods**
biscuits, pie crust, wheaten



! **Pips, seeds, pith/inside skin, skins or outer shells**
peas, grapes, fruit skins or husks like sweetcorn



! **Tough or chewy foods**
steak, bacon, harder vegetables



! **Skin, bone or gristle**



! **Sticky foods**
some cheeses, marshmallows



! **Juicy food**
where the juice separates off in the mouth
melon



! **Round or long shape foods**
sausages, grapes, sweets. Hard chunks like pieces of apple



! **Dry foods**
crackers, cake, bread



! **Stringy or fibrous foods**
pineapple



! **Crispy or crunchy food**
crisps, flaky pastry



! **Mixing solid food with liquid**
hard cereal, fruit salad with juice and soups with food pieces



! **Floppy foods**
lettuce, thinly sliced cucumber, spinach

high risk choking foods



Project Title: Effective care planning by multi-disciplinary team to minimise risk of choking in Nursing Home residents

Aim: To increase the safety of residents at meal times in Bangor Care Home by 90% of staff being able to identify risk of choking and implement individual agreed care plans by December 2016

Background:

- Information on choking risk not always provided on admission
- Recommendations from community MDT and Nursing Care Plans recorded in individual files stored in central office
- No mechanism for formal discussion with nursing staff, residents/families and MDT
- Care staff need to feel confident and competent

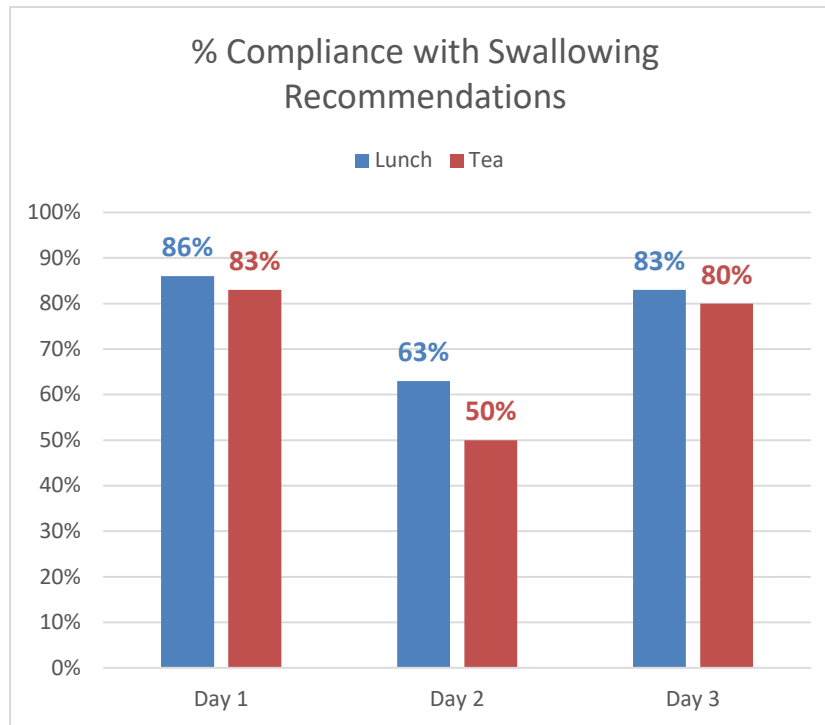
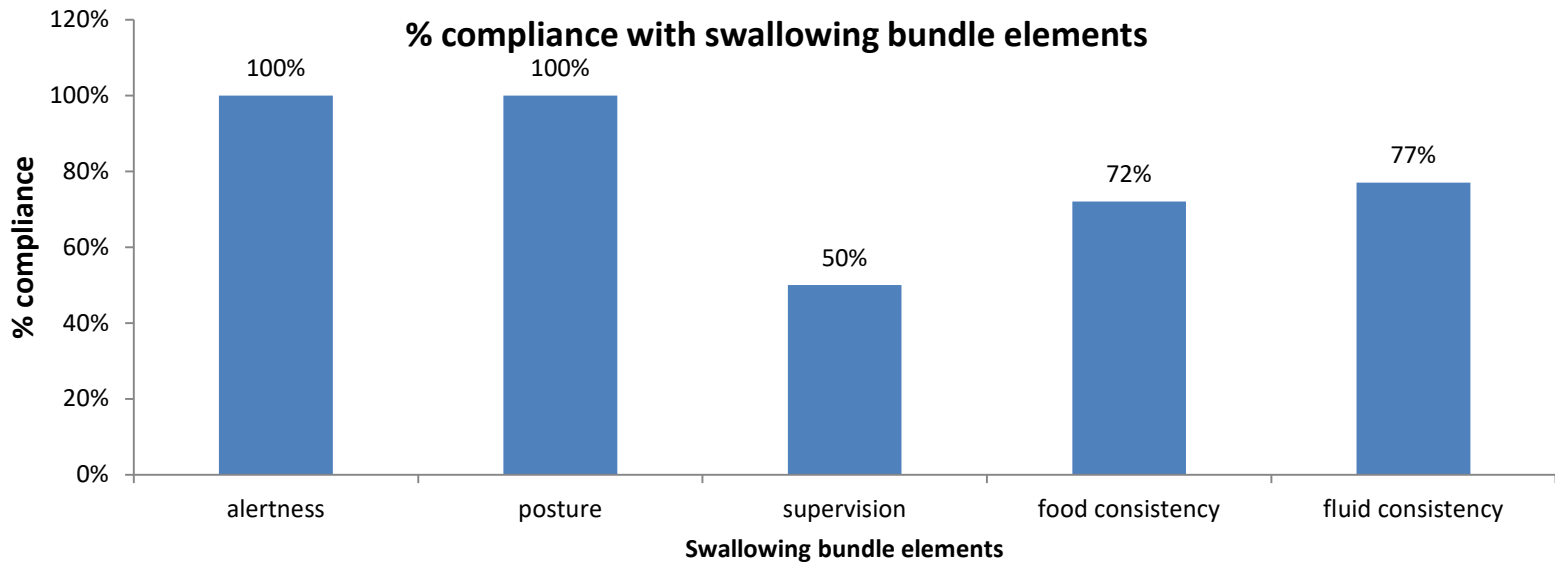
Project goals:

- Establish clear pathway for management of dysphagia by MDT including residents and family
- Increase confidence of staff in managing meal times with residents at risk of choking
- Increase implementation of individual meal time care plans by MDT
- Minimise risk of choking
- Increase resident/family satisfaction by 25%
- Increase MDT satisfaction by 25%

How do we know that a change is an improvement?

Measures:

- % residents who received the correct textured meal at every meal time
- % residents who were supervised as agreed by MDT assessment
- % residents with an agreed MDT meal time care plan
- % nursing staff check individual care plans daily
- % staff can identify risks and texture descriptors
- % family members aware of risks at meal times
- Number of choking incidents



Changes we can make that will lead to improvement

- Engaging the MDT/care team
- Measurement tool for implementation of care plans at meal times
- Tools to measure improved satisfaction and communication times
- MDT training
- Engaging residents/families
- Handover checklist/safety briefing
- MDT recording tool
- Develop care plan bundle for meal times

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