

Aspiration Risk Management Update

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Training Objectives

- ▶ Participants will be able to identify key changes to Biological/Family Living from the 2010 Asp P/P's to the 2013 Asp P/P's.
- ▶ Participants will Identify the role of at least 3 IDT team members as they relate to the revised 2013 Aspiration P/P's.
- ▶ Participants will understand their individual role in the IDT related to Aspiration P/P's and current DD Waiver Standards.
- ▶ Participants will learn some common Facts and Myths related to Aspiration.



Aspiration

- ▶ Aspiration is one of the leading causes of death for consumers on the New Mexico Developmental Disabilities Waiver program.
- ▶ Because of this the Developmental Disabilities Supports Division is committed to educating team members about this serious condition. DDSD is committed to an excellent process that assesses the risk of aspiration for each DD Waiver consumer and then provides a vehicle for providing care/support for those at risk. This training will review the responsibilities and role of IDT members as it relates to Aspiration Risk Management P/Ps and the 2013 DD Waiver Standards.

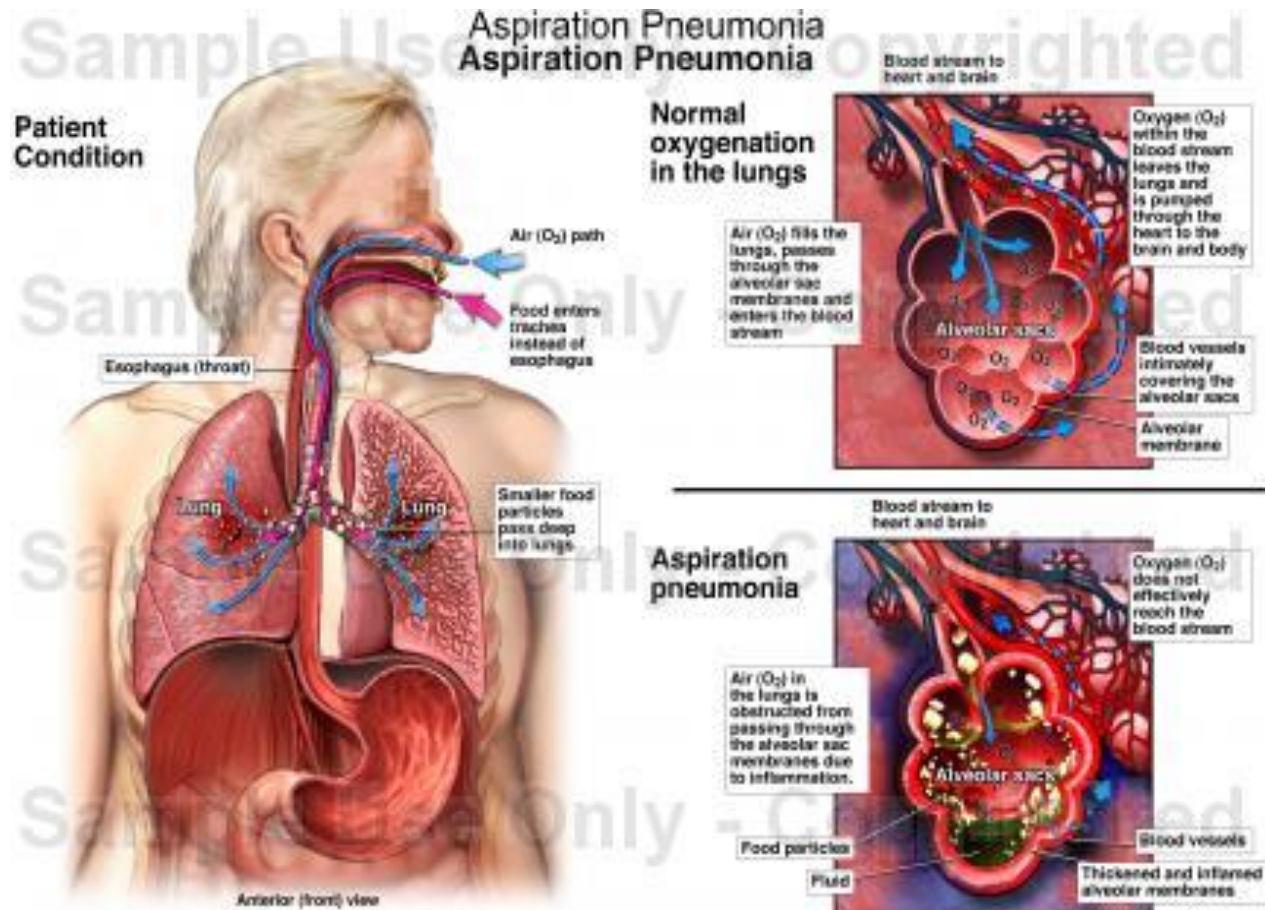


Aspiration Prevention Program

- ▶ The CSB (Clinical Services Bureau) manages the statewide Aspiration Risk Management Program in the interest of minimizing aspiration in individuals with developmental disabilities. This program assists in the identification of risk factors and implementation of treatment interventions. CARMP's and MERP's are critical to this prevention effort.
- ▶ The New Mexico Supports and Assessment for Feeding and Eating (SAFE) Clinic helps with this effort by providing multidisciplinary evaluation services to individuals at risk.

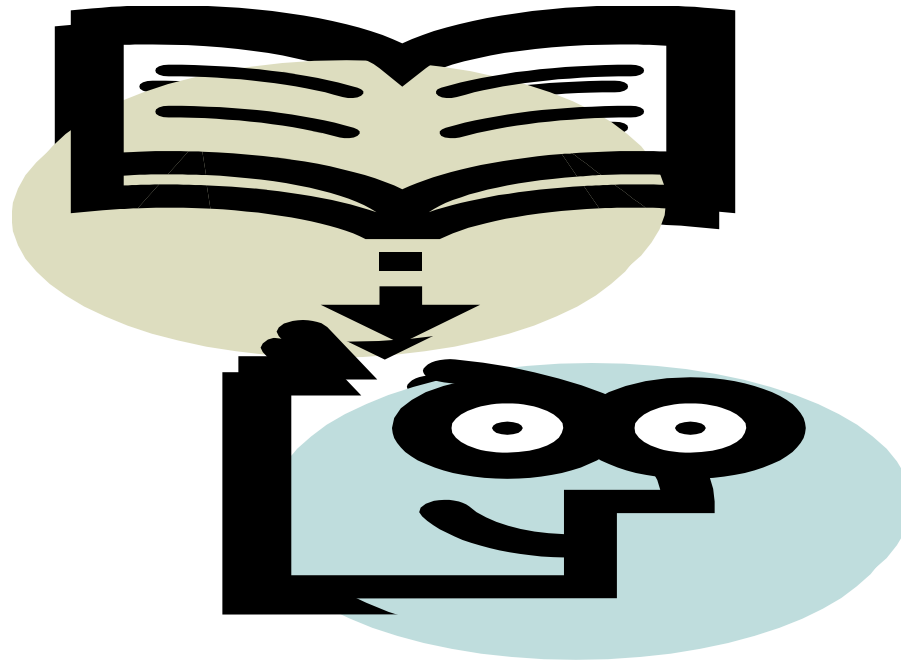


The Anatomy of Dysphasia, Aspiration, Aspiration Pneumonia and Choking. Please see handout # 1



2013 Aspiration P/P's

- ▶ Please see handout #'s 2 and 3



New Definitions in Asp P/P's

- ▶ *Biological Family:*
- ▶ *Collaboration:*
- ▶ *Dependent for feeding and/or drinking*
- ▶ *Outpatient Treatment*
- ▶ *Pica (Disorder):*



Important changes and reminders from 2010 P/P's

- Biological family living providers who are the guardian for the individual, may only opt out of ARM services after the CARMP has been developed and presented to the individual/guardian per the ARM P/P's.
- Individuals at risk for aspiration, with their guardians, may decide whether or not to follow the recommended in whole or in part using the Decision Consultation form.
- 2013 Standard Reference Living Supports Family living—pg 136.



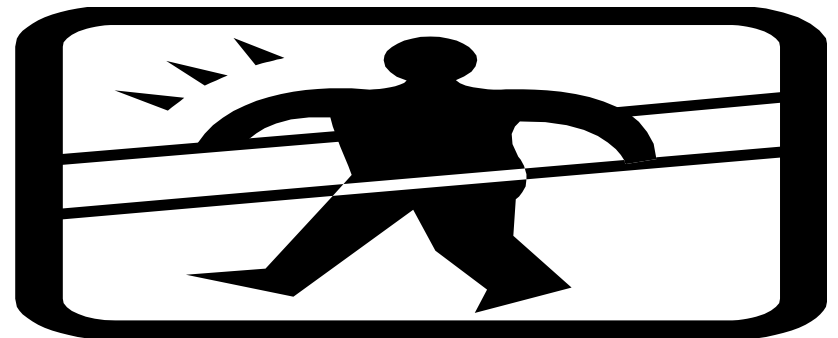
Important changes and reminders from 2010 P/P's

- ▶ For individuals at high risk for aspiration, conduct **monthly nursing face-to-face visits to monitor** for S/S of aspiration/respiratory illness and to verify that supports are being implemented as trained.
- ▶ If the individual is tube fed, the tube site and issues related to tube feeding shall be addressed at this visit. Findings from these visits as well as frequency of reported individualized S/S shall be included in progress notes as needed and in quarterly or semiannual reports.
- ▶ For individuals at moderate risk for aspiration conduct quarterly face-to-face visits to monitor for the above.



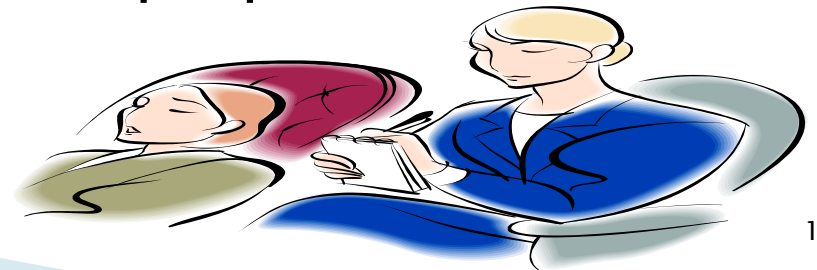
Important changes and reminders from 2010 P/P's

- ▶ Therapists/BSC will collaborate with nurse, other disciplines and Direct Support Staff in completion of an initial face-to face aspiration assessment in the individuals natural setting(s) within 30 days calendar days of the initial screening identifying Moderate or high risk.
- ▶ As part of this assessment, the actual risk level will be verified.



Important changes and reminders from 2010 P/P's

- ▶ For individuals who already have a BSC on the team, any risky behaviors shall be addressed by the BSC within 30 days calendar days of the initial screening identifying Moderate or high risk.
- ▶ For individuals who do not have a BSC on the team, other disciplines should notify the Case manager of the need for a BSC assessment if risky eating behaviors are observed during their assessments. The Case manager can then work with the Individual/guardian to fill out a primary freedom of choice to choose a BSC for this purpose.



Team Roles and Responsibilities

- ▶ Nursing Roles Aspiration P/P–Page #6.
- ▶ Therapists and Behavior Consultants Roles Aspiration P/P–Page #9
- ▶ Case Manager Roles Aspiration P/P–Page #11
- ▶ All IDT members Roles to include Direct Support Staff P/P–Page #15.



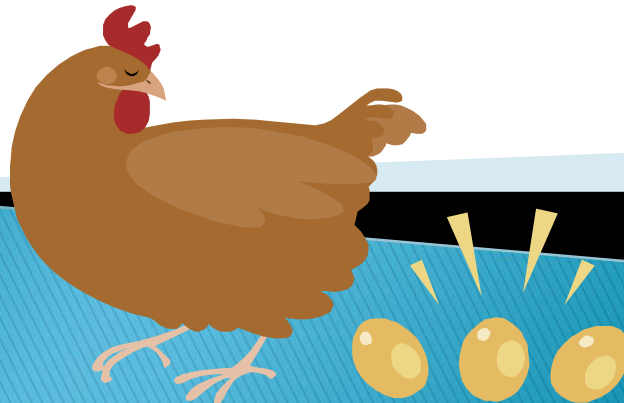
Communication

- ▶ I can't stress enough the importance of good communication between "All" IDT members.
- ▶ It is imperative and essential that team members share in good communication skills to provide for a well informed team in the production and implementation of the CARMP process.



Aspiration Myths and Facts

- ⚙️ There are a lot of misconceptions about Aspiration and Pneumonia
- ⚙️ Lets Look at common myths and the get the facts!



Myths and Facts

Oral Care is not important in the management of aspiration.

Good Oral Care may contribute to decreased bacteria in the mouth which helps decrease aspiration risk.

A client's positioning during and after feedings does not matter in decreasing their risk for aspiration.

Proper positioning during feedings is essential in the prevention of Aspiration.



Myths and Facts

The BSC is solely responsible for the management of a client's Risky Eating Behaviors.

The *team* needs to collaborate with the BSC to adequately address the client's Risky Eating Behaviors.

You can catch Pneumonia from not dressing properly when it is cold or rainy outside..

Cold air itself does nothing to promote or bring on pneumonia.

Myths and Facts

Antibiotics always cure pneumonia.

Pneumonia is not always treated with antibiotics, and in some case does not respond to them.

Aspiration can be prevented.

Aspiration cannot be prevented but you can manage the risk for aspiration.

Myths and Facts

Insertion of a Feeding Tube will decrease your risk for aspiration.

Insertion of a Feeding Tube actually increases your risk of aspiration.



Conclusion

- Obviously the issue of aspiration is very serious. DDS and provider agencies have gone to great lengths to create a system that addresses this issue and minimizes the risk for aspiration and aspiration pneumonia.
- Hopefully this presentation has provided you with information on the key changes to the 2010 Asp P/P's and how they affect your individual roles in the CARMP (Comprehensive Aspiration Risk Management Plan) process.
- We thank you for your time in attending this training. We appreciate your crucial role in identifying those that might be at risk for aspiration and then engaging in the process that will minimize the risks associated with aspiration.



Resources

- ▶ Remember, All of these forms , packets may be found on the DDS website at www.health.state.nm.us
 1. ARM Policy 2013–Pending
 2. ARM Policy 2013–Pending
 3. Contact information for the SAFE clinic
 4. Contact info for the Seating Clinic



Tools and Forms

- ▶ Here are the tools and forms used in Aspiration Risk Management. I encourage you to take the time to read the policies and procedures and review the tools/forms listed.

Aspiration Risk Management Procedure:

http://www.health.state.nm.us/ddsd/Rules/QI/documents/Procedure_ARM8022010.pdf

Aspiration Risk Management Policy:

http://www.health.state.nm.us/ddsd/Rules/QI/documents/Policy_ARM7302010.pdf

- Aspiration Risk Screening Tool
- Collaborative Nursing Aspiration Assessment Tool
- Comprehensive Aspiration Risk Management Plan (template and instructions)
- Statewide Aspiration Risk List Form
- Decision Consultation Form
- All of these tools/forms may be accessed at:

<http://www.health.state.nm.us/ddsd/ClinicalSvcsBur/Resources/AspirationResources.htm>



Contact info for Paul and CSB

- ▶ **Web Site Address for access to CSB Aspiration Information:**
- ▶ <http://nmhealth.org/ddsd/ClinicalSvcsBur/Resources/Aspiration01.htm>

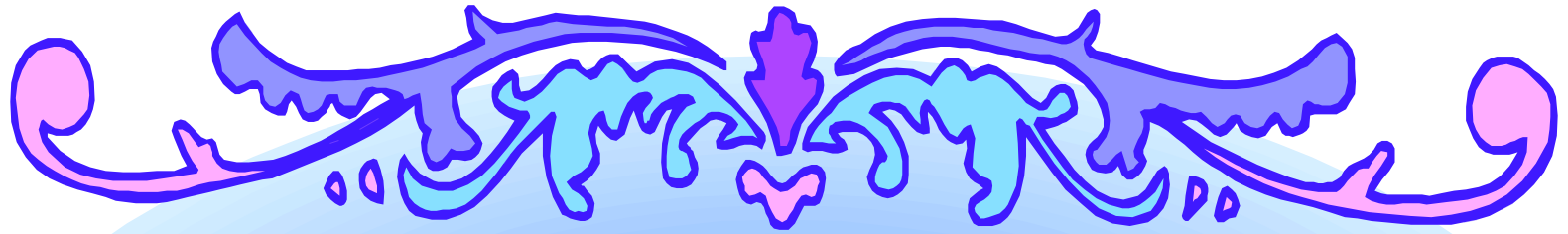
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Unanswered Questions???

- ▶ Please see Handout # 4.





The End

