

Communicating safe eating & drinking in dysphagia management: A retrospective audit

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Background

Patients who have dysphagia can be at risk of choking/aspiration on food, fluids, or medications during hospital admission. To support the safe management of patients with dysphagia requiring supervision while eating or drinking, Safer Care Victoria (SCV) introduced best practice guidelines for '*Communicating safe eating and drinking*'. In August 2024, Cabrini Health's Speech Pathology department implemented these guidelines by: (1) introducing minimum documentation standards (i.e., new bedside signage and consistent terminology for recommendations) and (2) delivering face-to-face nursing staff education. These strategies aimed to enhance the safety of patients with dysphagia by ensuring nursing staff are well-informed and equipped to manage the risk of choking/aspiration in line with best practice guidelines.

Aim

The aim of this research project is to analyse local dysphagia referral data over a three-month period (December 2024 – February 2025). Specifically, the project seeks to:

- Evaluate the nature of referrals received by the Speech Pathology department;
- Quantify the number of referrals related to dysphagia;
- Determine the proportion of dysphagia referrals that included supervision recommendations; and
- Assess Speech Pathology adherence to introduced minimum documentation standards of supervision.

Method

A retrospective review was conducted on all patient referrals received by Cabrini Health's Speech Pathology department during the specified period. Referrals were quantified to determine the number of patients referred for dysphagia. Each referral was reviewed to identify the source of referral (e.g., ward location). In addition, patient progress notes were analysed to assess whether Speech Pathology supervision recommendations were documented in accordance with the introduced minimum documentation standards.

Results

A total of 165 referrals were reviewed during the specified period, accounting for 182 Speech Pathology contact points. Supervision recommendations were documented by Speech Pathologists in 42.3% of contacts (n = 77). The General Medicine wards and the Emergency Department (ED) showed a higher proportion of supervision requirements compared to other wards (General Medicine: n = 18, 69.23%; ED: n = 8, 61.54%).

Among these Speech Pathologist supervision recommendations, over one-third did not meet minimum documentation standards (n = 28, 36.36%). The highest rates of non-compliance were noted in the Intensive Care Unit (ICU) and General Medicine wards (ICU: n = 7, 53.85%; General Medicine: n = 9, 50%).

Qualitative analysis identified five common documentation errors:

- Lack of documentation on duration ("how long").
- Lack of documentation on timing ("when").
- Ambiguity of wording.
- Confusion between feeding assistance and supervision.
- Emphasis on dysphagia strategies rather than timing or duration.

The most frequent error was the lack of documentation on duration, present in 40% of incorrect entries with comments.

Conclusion

Despite the implementation of minimum documentation standards, over one-third of Speech Pathology entries recommending supervision for patients with dysphagia remain non-compliant with SCV guidelines. This underscores the need for improved education to Speech Pathologists around the specific elements of supervision—particularly in distinguishing between *timing* and *duration*. Additionally, these findings suggest a potential need to standardise terminology and revise structured documentation templates to reduce ambiguity and promote consistent, guideline-aligned documentation.

References

Safer Care Victoria. (2020). Communicating safe eating and drinking.
<https://www.safercare.vic.gov.au/best-practice-improvement/clinical-guidance/older-people/safe-eating-and-drinking>