



# Hard to Swallow?

A review of the quality of dysphagia care provided to patients with Parkinson's disease aged 16 years and over who were admitted to hospital when acutely unwell

## Executive summary

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### Aim

To examine the pathway of care for patients with Parkinson's disease (PD) who were admitted to hospital when unwell, and to explore multidisciplinary care and organisational factors in the process of identifying, screening, assessing, treating and monitoring of their ability to swallow.

### Method

Adult patients aged 16 and over with PD who were acutely unwell and admitted to hospital for at least one day, between 7th January and 3rd March 2019. From the whole group a maximum of four patients per hospital were randomly selected for inclusion. The treating clinician was asked to complete a questionnaire and case notes were requested for peer review.

### Key messages

Five key messages listed here, have been agreed as the primary focus for action, based on the report findings and recommendations (see pages 9-11 and Appendix 1).

#### **1. Document the swallow status of all patients with PD at the point of referral to hospital**

Since dysphagia can occur at every stage of PD it is important to assess and communicate its presence in a referral letter. Information relating to dysphagia was not available in the referral letter of 20/79 patients who were known to have dysphagia at the point of referral.

#### **2. Screen patients with PD for swallowing difficulties at admission**

Patients admitted to hospital may have swallowing difficulties, not recorded as 'dysphagia'. Other indicators should be considered, such as the patient's ability to swallow food, fluids or medication, whether they have control of saliva or have a history of pneumonia.

*Continued overleaf*



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**3. Refer patients with PD who have swallowing difficulties (or who have problems with communication) to speech and language therapy**

Early input, as needed, from speech and language therapy (SLT) is fundamental to improving swallowing difficulties and communication for many patients with dysphagia. In this study referral to SLT was made following a swallowing screen on arrival for 51/209 (24.4%) patients and case reviewers were of the opinion that a further 36/132 (27.3%) patients should have been referred.

**4. Notify the specialist PD service (hospital and/or community) when a patient with PD is admitted, if there is any indication from the notes, or following discussion with the patient or their relatives/carers, that there has been a deterioration or progression of their clinical state**

For any team caring for a patient with PD it is important to know if there has been any unexpected change in the patient's clinical status or care plan. While a majority of patients in this study were under the care of a PD service prior to their admission, there was no evidence of contact with their PD service, on admission, documented in 180/316 (57%) sets of notes.

**5. Provide written information at discharge on how to manage swallowing difficulties**

At the point of discharge from hospital any changes in care or medication, as well as swallowing status (including the ability to take oral medication), nutrition plan or level of future risk of dysphagia should be provided to care providers as well as the patient and family members.

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