



RESEARCH ON THE RUN

Integrated Care

Using an integrated care approach in the community to transition from tube to oral feeding

This research was conducted to outline a clinical protocol for two therapy approaches to reduce reliance on tube feeding for clients living in the community

Key messages

Tube feeding is essential for some clients, but being able to eat by mouth is preferred by many clients. Transitioning from tube feeding to eating by mouth is possible in some cases.

The approaches of speech language pathologists (SLPs) and registered dietitians (RDs) working together are not well documented, and little is known about how traditional approaches to transitioning from tube feeding vary from approaches involving neuro-muscular electrical stimulation.

This project involves two teams of SLPs and RDs developing consensus on each of the two approaches.

Project overview

Dysphagia or malfunctioning of the swallowing process is common in people who have experienced a stroke or who have any form of head or neck cancer. Many home care clients with dysphagia are provided with tube feeding out of concern for their ability to swallow, their airway intake, or their ability to take in sufficient nutrition by mouth (Becker et al., 2011; Crary & Groher, 2006). Though effective, tube feeding compromises the quality of life of the clients with dysphagia, often has a negative effect on their caregivers, and has relatively high health care costs.

To help clients transition from tube to oral feeding, there are two general approaches, Traditional Therapy and Neuro-muscular electrical stimulation (NMES). As there is currently no standard protocol in both these therapy approaches, the aim of this project is to document and outline treatment protocols for both approaches.

To do this, we are:

- Developing and describing a preliminary treatment protocol/ guideline for TT and TT/NMES in combination with NMES for transitioning clients with dysphagia from tube feeding to oral feeding that supports clinical decision making by the interdisciplinary care team when faced with situational variables.
- Describing the clinical reasoning behind the treatment protocols and the varying characteristics of the two approaches;
- Identifying possible therapeutic effects (physiological effects) of the two different approaches

What did we do?

Researchers worked with 2 teams of rehabilitation therapists specializing in either approach to develop the therapy protocols. A group of external reviewers will be asked to review both therapy protocols.

What did we find?

This project is currently underway.

Innovative approach

The therapy protocols were created with an integrated care and person centered approach. Documentation of the protocols, fidelity to the College guidelines, how to handle emergency situations, as well as hypothesized effects, will be accomplished through a review process with experts in the area of dysphagia therapy.

IMPACT: How are we moving Knowledge to Action?

The next step of this research is to test the protocols using a clinical trial approach.

Who are our researchers?

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For more information about this project, please contact:

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About the Saint Elizabeth Research Centre

Saint Elizabeth Health Care has made a strategic commitment to research — \$10 million over 10 years.

At the Saint Elizabeth Research Centre, we study the needs of people, their caregivers, and health care providers to develop innovative solutions to improve health and care experiences across the continuum/ more effective approaches to care.

The Research Centre has four areas of focus: integrated care and transitions, end of life care, caregivers and person and family centred care.

Our goal is to improve people's health and care.

We work on innovative solutions for tough problems.

We see possibilities everywhere.