Welcome to the webinar:

Making IDDSI work for you

Wednesday, 13th February 2019

#RCSLTwebinar
Chair of webinar:

Kamini Gadhok MBE
CEO, RCSLT
Presenters:

Dr Ben Hanson  
Associate Professor,  
University College London; IDDSI Board Member

Dr Hannah Crawford  
Patient Safety Expert Advisor, NHSI

Anita Smith  
Consultant/Professional Lead SLT, East Sussex  
Dysphagia Lead, East Sussex Healthcare NHS Trust

Louise Borjes  
Project Coordinator, RCSLT
Housekeeping

• Send in chat messages at any time by using the Chat button

• Send in questions by using the Q&A button

• This event is being recorded. See here for recordings: https://www.rcslt.org/past-events-and-webinars

• Please do fill in the survey that will pop up at the end of the webinar. The link will also be included in the post-event email

• Kaleigh Maietta is on hand to help!
The aim of this webinar is to share learning and resources developed to date on the implementation of the IDDSI Framework.
Dr Ben Hanson
Associate Professor, University College London; and IDDSI Board Member
THE INTERNATIONAL DYSPHAGIA DIET STANDARDISATION INITIATIVE

DR BEN HANSON
UNIVERSITY COLLEGE LONDON
IDDSI BOARD MEMBER
SAFETY AND QUALITY OF LIFE

For all ages, all care settings, all cultures
Confusing terminology created safety concerns
SAFETY AND QUALITY OF LIFE
A common language to improve consistency and quality

Patients 'choked on hospital soft food'

27 June 2018

Dr Kathy McLean, executive medical director at NHS Improvement, said:
“Vulnerable patients have died or been harmed because there is confusion in the way people describe what type of food is suitable for those with swallowing or chewing difficulties.

NHS Improvement now wants all NHS staff to use clearly categorised food textures - as published by the International Dysphagia Diet Standardisation Initiative - to make sure patients are fed safely and correctly according to their individual needs.

Dysphagia is the medical term for swallowing difficulty and can be a sign of a range of diseases, which may be neurological, muscular, physiological or structural. Dysphagia affects people of all ages in all types of care setting. Food texture modified in look is very acceptable as a way to reduce dysphagia.

Terms for fluid thin and thick, such as ‘thickened’, have varied locally and are used by industry. National standard terminology for food modified are designed to be used in all care settings. However, local variations have persisted in both fluid and solid food terms, confusing patients, carers and healthcare staff. The term ‘soft diet’ continues to be used in both care terms, but it can be used in a very broad way and may not be consistent.

A review of National Reporting and Learning System (NRLS) incidents over a recent two-year period identified seven NHS trusts where patients appear to have come to significant harm because of confusion about the meaning of the term ‘soft diet’. These incidents included choking requiring an emergency team response, aspiration pneumonia and two patients died. An example incident read: “Patient with documented dysphagia given soft diet including mince and pasta at lunch, unresponsive episodes... Difficult to eat, slight gag at one night. Pea (cautions out via endotracheal tube).” Around 270 similar incidents reported no harm or low harm such as coughing or a brief choking episode.

These incidents suggest the continuing widespread use of the term ‘soft diet’ can lead to patients receiving a particular type of modified diet at different trusts.

The International Dysphagia Diet Standardisation Initiative (IDDSI) has developed a standard terminology with a colour and numerical index to describe texture modified food for hard and thin foods. Manufacturers will be changing their labelling and instructions accordingly, and aim to complete this by April 2019.

Transition from the current range of food and drink texture descriptors to IDDSI frameworks for people with dysphagia needs careful local planning to ensure it happens as soon and as safely as possible.

For practical reasons and to reduce the risk of errors, IDDSI food texture descriptors also need to be adopted for patients who do not have dysphagia but for other clinical reasons need a modified diet equivalent to IDDSI levels 1 to 6 (usually in the short-term). IDDSI point out that within a regular level 7 diet there are many easier to chew options and these may be suitable for some of these patients.

The needs of non-dysphagia patients should be noted in care plans, including steps to address the cause of the problem and return them to a normal texture diet as soon as possible. We would not expect these patients to need to be prescribed thickeners.

This alert provides links to a range of resources improvement.nhs.uk/resources/transition-to-iddsi-framework to assist with transitioning to the IDDSI framework and eliminate use of imprecise terminology, including ‘soft diet’, for all patients.

See page 2 for references, stakeholder engagement and advice on who this alert should be directed to.
WHERE IS IDDSI FROM?

International best practice and web-based surveys

Multidisciplinary, international volunteer board

Scientific research
Soon to be updated to include the new Level 7 Easy to Chew
HOW TO USE IDDSI (Making IDDSI work for you)

4 points today:

1. IDDSI is a *language*, not a *law*  
   A *tool*, not a *textbook*  
   **Clinical judgement remains key!**

2. IDDSI can give you a quantitative *measure* of outcomes and progression: e.g. the Functional Diet Scale[1]

3. Texture measurements: *when & where* to use them

4. Level 7 *Easy to Chew*

[1] Steele CM et al., *Archives of physical medicine and rehabilitation*. 2018; 99(5):934-44.
1. TRAINING & EDUCATION

Create, re-use, share resources:  www.iddssi.org
2. IDDSI MEASURES
to communicate, monitor progression and to build an evidence base

**EXAMPLE:**
IDDSI-FDS score: 4
4 levels can be managed safely
3. OBJECTIVE MEASUREMENTS

How thick is “thick”? How soft is “soft”? How small is “small”?

IDDSI includes specific measurements, not personal judgement.

• It’s possible to use these any time...

...but testing won’t be needed every time!

• Tests are most useful for:
  • Initial staff training
  • Auditing
  • Industry use to develop & test products
  • Kitchen use to develop & test recipes
4. LEVEL 7 EASY TO CHEW (L7EC)

- IDDSI defining “Soft, but not necessarily bite-sized”
- International survey in Sep/Oct 2018:
  - “Easy to Chew” preferred.
  - Sub-set of Level 7, not Level 6.
  - Many UK colleagues are keen to include L7EC for individuals with dysphagia

- Conclusions:
  - L7EC doesn’t mitigate choking risk.
  - It can be useful for *clinical* assessment and/or *supervised* rehabilitation.
  - Clinical judgement and guidance is vital.
CONSUMER HANDOUTS

• All levels
• Including Level 7 Easy to Chew
• Reviewed for ease of comprehension
• Paediatric and Adult

Level 7 Regular Easy to Chew Foods:

- Normal, everyday foods* of soft/tender texture
- Any method may be used to eat these foods (e.g. fingers, fork, spoon, chopsticks etc.)
- Food piece size is not restricted in Level 7, therefore foods may be a range of sizes. Food pieces can be smaller or bigger than 1.5cm x 1.5cm
- Do not use foods that are: hard, tough, chewy, fibrous, have stringy textures, pips/seeds, bones or gristle
- You should be able to ‘bite off’ pieces of soft and tender food and choose bite-sizes that are safe to chew and swallow
- You should be able to chew pieces of soft and tender food, so they are safe to swallow without tiring easily
- Your tongue should be able to move food for chewing and apply pressure until the food is soft and moist enough to be easily swallowed
- You should be able to remove bone, gristle or other hard pieces that cannot be swallowed safely from your mouth without help or direction from others

*May include ‘mixed thin and thick texture’ food and liquids together – ask your clinician for direction on this.

Why is this food texture level used for adults?
Level 7 – Regular Easy to Chew food may be used if you have strong enough chewing ability to break down soft/tender foods into pieces without help, you have no increased risk of choking and do not have swallowing problems. This texture may be right for you if you usually choose to eat soft food, have weaker chewing muscles for hard/firm textures, but can chew soft and tender foods, may be also a good choice if you have been sick and need to avoid harder foods.
Making IDDSI work for you

Dr Hannah Crawford
NHS Improvement National Patient Safety Expert Advisor: Learning Disabilities

hannahcrawford@nhs.net
NHS Improvement alert

• Mental Health Trust reviewed its own incidents
• Potential contributing factor ‘soft diet’
• NRLS reviewed over two-year period
• 7 reports of significant harm related to ‘soft diet’
  o choking requiring an emergency team response
  o aspiration pneumonia
• 2 patients died.
**Patient Safety Alert**

**Resources to support safer modification of food and drink**

27 June 2018

**Alert reference number:** NHGSPA/R6/2018/004

**Alert**

Dysphagia is the medical term for swallowing difficulties and a sign or symptom of disease, which may be neurological, muscular, physiological or structural. Dysphagia affects people of all ages in all types of care settings. Food texture modification is widely accepted as a way to manage dysphagia.

Terms for fluid thickening, such as ‘custard thickness’, have varied locally and numerically scales have been used by industry. National standard terminology for modified food texture, including terms such as ‘fork-mashable’ was agreed in 2011 and widely adopted by the hospital catering industry and many clinical settings. However, local variations have persisted for both food and fluid texture, confusing patients, carers and healthcare staff. The imprecise term ‘soft diet’ continues to be used to refer to the modified food texture required by patients with dysphagia, and others without dysphagia, for example, with loose dentures, jaw surgery, frailty or impulsive eating.

A review of National Reporting and Learning System (NRLS) incidents over a recent two-year period identified seven reports where patients appear to have come to significant harm because of confusion about the meaning of the term ‘soft diet’. These incidents included choking requiring an emergency team response, and aspiration pneumonia; two patients died. An example incident reads: “Patient with documented dysphagia given soft diet including mince and peas at lunch...unresponsive episode...difficulty ventilating patient overnight. Peas [swallowed intact via] endotracheal tube.” Around 270 similar incidents reported no harm or low harm such as coughing or a brief choking episode.

These incidents suggest the continuing widespread use of the term ‘soft diet’ can lead to patients needing a particular type of modified diet being harmed.

The International Dysphagia Diet Standardisation Initiative (IDDSI) has developed a standard terminology with a colour and numerical index to describe texture modification for food and drink. Manufacturers will be changing their labelling and instructions accordingly, and aim to complete this by April 2019.

Transition from the current range of food and drink texture descriptors to IDDSI framework for people with dysphagia needs careful local planning to ensure it happens as soon and as safely as possible.

For practical reasons and to reduce the risk of errors, IDDSI food texture descriptors also need to be adopted for patients who do not have dysphagia but for other clinical reasons need a modified texture diet equivalent to IDDSI levels 6 to 4 (usually in the short-term). IDDSI point out that within a regular (level 7) diet there are many easier to chew options and these may be suitable for some of these patients. The needs of non-dysphagia patients should be noted in care plans, including steps to address the cause of the problem and return them to a normal texture diet as soon as possible. We would not expect these patients to need to be prescribed thickeners.

This alert provides links to a range of resources improvement.nhs.uk/resources/transition-to-iddssi-framework to assist with transition to the IDDSI framework and eliminate use of imprecise terminology, including ‘soft diet’, for all patients.

See page 2 for references, stakeholder engagement and advice on who this alert should be directed to.

**Actions**

**Who:** All organisations providing NHS funded care for patients who have dysphagia or need the texture of their diet modified for other reasons, including acute, mental health and learning disabilities trusts, community services, general practices and community pharmacies.

**When:** To start immediately and be completed by 1 April 2019.

1. Identify a senior clinical leader who will bring together key individuals (including speech and language therapists, dietitians, nurses, medical staff, pharmacists and catering services) to plan and coordinate safe and effective local transition to the IDDSI framework and eliminate use of imprecise terminology including ‘soft diet’.

2. Develop a local implementation plan, including revision systems for ordering diets, local training, clinical procedures and protocols, and patient information.

3. Through a local communications strategy (eg newsletter, local awareness campaigns etc) ensure that all relevant staff are aware of relevant IDDSI resources and importance of eliminating imprecise terminology including ‘soft diet’, and understand their role in the local implementation plan.

*Community pharmacy services and general practices are not required to develop the full implementation plan above, but should use appropriate resources when prescribing or dispensing modified diet products (eg thickening powders) to help patients and their carers understand the changes to terminology.*
Single system approach

- The same system must be used for all food modification
  - People with dysphagia
  - People who traditionally wouldn’t be classed as having dysphagia
- More than one system can lead to confusion, errors and risk to patient safety
Person centred

• Use IDDSI as the starting point
• Always refer to IDDSI descriptors in case notes, reports & clinical documentation
• Make sure the description you make is right for the individual
• Patients themselves may use different terminology
• Patients may have a range of textures available to them, they may just need to avoid more difficult textures.
Case example
The evidence

- IDDSI is a systematic approach to the description of food and fluid modification

- IDDSI **is not** research into the efficacy or effectiveness of texture or fluid modification

- Practitioners should critically evaluate the most up to date evidence about texture and fluid modification and make person centred, flexible recommendations based on the evidence, the wishes of their patient and their family or carers, and their clinical experience.

- Where patients lack capacity recommendations should be made in their best interests and represent the least restrictive option, taking into account health, wellbeing and quality of life.
IDSSI - Through Thick and Thin: Implementation in East Sussex

Anita Smith
Consultant/Professional Lead SLT,
East Sussex Dysphagia Lead,
East Sussex Healthcare NHS Trust
East Sussex Plan

- **Aware**
  - December 2017
  - Understanding IDDSI
  - Stakeholder Analysis
  - Raising Awareness

- **Prepare**
  - April 2018

- **Adopt**
  - 21 May 2018
Stakeholder Analysis

- **Keep Satisfied**
  - Care Homes
  - GPs

- **Key Players**
  - Nursing
  - Catering
  - Pharmacy
  - Medicines Management
  - Dieticians

- **Minimal Effort**
  - ASC
  - Physio
  - OT

- **Keep Informed**
  - CQC
  - Sussex Partnership Trust
  - Kent Community Trust
  - Private SLTs
  - Industry
  - Patients
East Sussex Plan

- **Aware**
  - December 2017
- **Prepare**
  - April 2018
- **Adopt**
  - 21 May 2018

- Resources
- Joint Planning
- Training
Resources

- External
- Internal
- Assurance
Training

- eLearning
- Trolley Service
- Bookable Sessions
- In House
- Group
- Stands
- Housekeepers
- Primary Care
Training

Trolley service
LEARNING POINTS

Clear / concise information

69%

Why wasn’t information cascaded?

One size doesn’t fit all!

98%

More training

6 weeks

More training
East Sussex Plan

Aware
December 2017

Prepare
April 2018

Adopt
21 May 2018

IDDSI-Day

Cover All Bases Large and Small

Embedding and Monitoring
MILDLY THICK FLUIDS
IDDSI LEVEL 2

- Sprinkle 2 level scoops of Nutrify Clear into 200ml, diluted while stirring for 15 sec with a fork or spoon.
- Let sit 1 min and stir again for 15 sec.
- If using with milk or milk-based drinks (e.g., Horlicks), let sit 10 minutes before serving.
- Do not use Nutrify Clear with supplements (e.g., Fortisip/Maltodiet).
- Use pre-mixed supplement drinks (e.g., Nutrify Complete) per dietitian instructions.

2 scoops per 200ml

5 MINCED & MOIST

- Can be eaten with a fork or spoon.
- Could be eaten with chopsticks.
- Can be scooped or dropped on a plate.
- Soft and moist with no obvious lumps.
- A soft lump, visible within food - use a thin-bladed fork probe ( Hemostats) to determine whether lumpers are the correct size.
- Lumps are easy to swallow and tongue with.

1. Mud
   - Finely minced or chopped, tender
   - 4mm lump size
   - Dark chocolate
   - If the texture cannot be finely minced it should be puréed

2. Puree
   - Finely minced in extremely thin, smooth, non-pulsing sauce or gravy
   - 4mm lump size

3. Food
   - Serves milk
   - 4mm lump size
   - Drink any excess juice

4. Vegetables
   - Finely minced, chopped or pureed
   - Small lump size
   - Drink any excess

5. Gruel
   - Very thick and smooth with small soft lumps
   - Texture fully softened
   - Any milk fluid should separate away from cream. Drain any excess fluid before serving

6. Gruel
   - Not sticky or glutinous (particularly start grain test) and should not be pulsed or segmented into individual grains when cooked and served (particularly long grain rice)

DISCONTINUE IF:
- COUGHING / CHOKING
- INCREASED WETNESS OF BREATH
- SHOWING FATIGUE
- TET / GRITTY VOICE
- SIGNS OF DISTRESS

CLIENT MUST BE:
- AWAKE AND ALERT
- POSITIONED FULLY UPRIGHT
- CHECK MOUTH IS CLEAR AFTER ORAL INTAKE

DATE: CONTACT NAME AND NUMBER:

FOOD TO AVOID

These foods may pose a risk of choking. Please see table below for examples:

<table>
<thead>
<tr>
<th>Type</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dry</td>
<td>Biscuits, crackers, dry crackers, dry bread, toast, cake, rice crackers, fruit bars, breakfast bars</td>
</tr>
<tr>
<td>Starchy</td>
<td>Cornflakes, cereal, bread, crackers, cake, milk shakes, custard, yogurt, rice, sauces, sauces, gravy, cereals, pasta</td>
</tr>
</tbody>
</table>
Challenges and Surprises

❌ Industry equipment not available (scoops / brochures) at the time
❌ Short time scale to implement
❌ Care homes sharing information with staff
❌ Syringe availability
❌ ONS in IDDSI levels

✔ Minimal number of patient queries
✔ No safety alerts / incidents
✔ Buy in from staff and stakeholders, belief that it was the right thing to do
✔ Professional sharing “pinch with pride”
✔ Compliant with NHSI alert
Any Questions?
Join us for the next RCSLT webinar:

Placing children and young people at the heart of delivering quality speech and language therapy:

*Putting children, young people and their parents/carers at the centre of decision-making*

Wednesday, 20\textsuperscript{th} March 2019
13.00 – 13.45