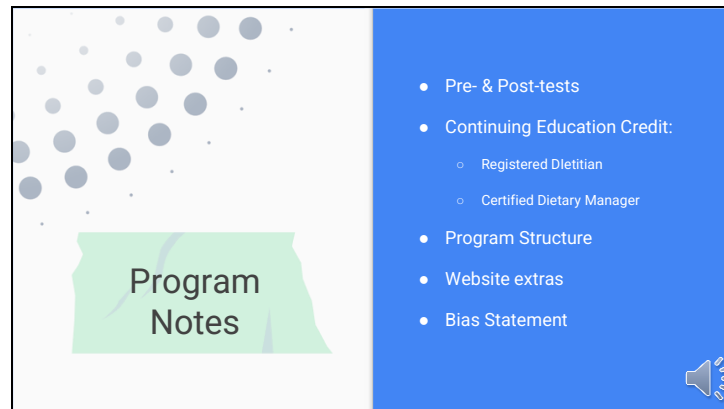


- I want to extend a warm welcome to you! Thank-you for joining me in this four-part series all about the International Dysphagia Diet Standardization Initiative or IDDSI as we will call it moving forward.
  - My name is Larkin Kelly. I am a registered dietitian, licensed in the state of Georgia, and have been working as an acute and long-term care, clinical dietitian for 6 years now.
  - I am currently working on completing my master's degree in nutrition science from the University of Houston and this is really a culmination of my work in this program, so again I thank-you for taking the time to go along with me here.
  - I have been through many a webinar on this new dysphagia framework, and currently work in a facility that has been IDDSI compliant now for over two years. So, I have seen and experienced the before, during, and after of this process and hope that some of those insights, both from the clinical side as well as the foodservice side, will be beneficial to you during this program. My hope is that you will garner some information during these four webinars that is new to you, and different from the other programs that you may have experienced.

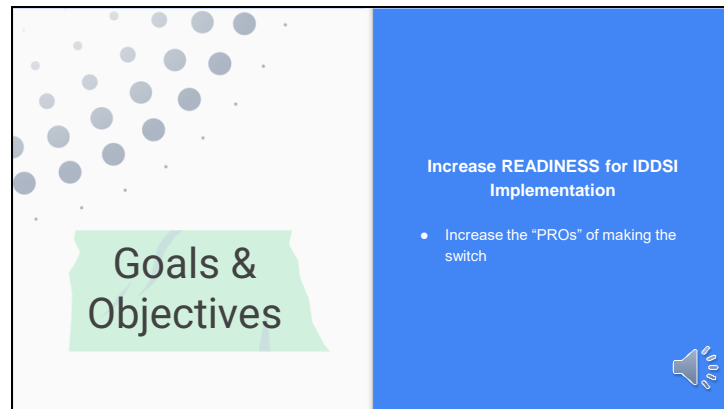
## Slide 2



## Agenda

- I would like to start with a few housekeeping items before we get started.
  - First thing- you should have been prompted prior to this first webinar to complete a pre-test. If you have not completed this I urge you to pause where you are and go back to the main page to complete this. This information is really important for me in showing how effective this program is, and I would be so thankful to you for your earnest feedback. Also if you are receiving continuing education credit for this course, it will be important for you to complete this.
  - Certificates for completion of your continuing education credit will be provided to you at the end of the final webinar.
  - This webinar is built in four parts. Each webinar consisting of approximately 15 minutes of information. These are self-led and split into parts purely for your convenience. I know it can be difficult to dedicate an entire morning or afternoon to continuing education, so please feel free to go at a pace that works best for you. You may receive reminder emails if you have started the course, but not completed it within two weeks.
  - The website is also available to you as a resource. Many times, during these webinars you will hear me refer to pages within the website. The website is host to a resources page where I have sorted through the extensive IDDSI resources that are available, many directly from the IDDSI website, and have picked the ones I think are most helpful. The website is also host to an interactive map of Georgia that shows compliance throughout the state. We will discuss this map in a subsequent webinar so stay tuned for more on that! You can also reach out to me via the contact page of the website. If you have any issues, questions, concerns, and/or corrections I would be happy to hear from you!
  - Last little bit of info before we take off - This program is free of marketing or commercial bias and financial influence and has been produced using evidence-based information. Any opinions are that of the presenter.

## Slide 3



Goals & Objectives

Increase READINESS for IDDSI Implementation

- Increase the "PROs" of making the switch

- The overall goal of this program is to increase your readiness for IDDSI implementation. That can be done in a variety of ways...
  - The first way we are going to do this is by increasing the overall value you place on IDDSI, or we could say increasing the "pros" of making the switch

## Slide 4

### What is IDDSI?

International Dysphagia Standardization Initiative

Dysphasia affects between six and ten million Americans according to ASLHA, and significantly impacts healthcare<sub>1</sub>

Primary treatment for dysphagia is texture modifications to food and beverages

**The primary goal of IDDSI is to improve patient safety across the continuum of care, create common international terminology, and provide one framework for all age levels, cultures, and in all types of care settings<sub>3</sub>**

1. Cichero, Lam, P., Steele, C. M., Hanson, B., Chen, J., Dantas, R. O., Duivesteyn, J., Kayashita, J., Lecko, C., Murray, J., Pillay, M., Riquelme, L., & Stanschus, S. (2017). Development of International Terminology and Definitions for Texture-Modified Foods and Thickened Fluids Used in Dysphagia Management: The IDDSI Framework. *Dysphagia*, 32(2), 293–314. <https://doi.org/10.1007/s00455-016-9758-y>

3. Doan, Ho, W.-C., Wang, L.-H., Chang, F.-C., Nhu, N. T., & Chou, L.-W. (2022). Prevalence and Methods for Assessment of Oropharyngeal Dysphagia in Older Adults: A Systematic Review and Meta-Analysis. *Journal of Clinical Medicine*, 11(9), 2605. <https://doi.org/10.3390/jcm11092605>

3. The International Dysphagia Diet Initiative. (2019). *Resources*. <https://iddsi.org/Resources>

We should start simply by addressing what IDDSI is...

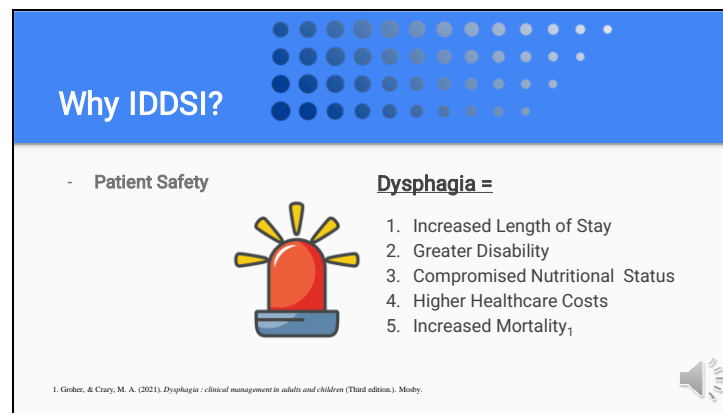
IDDSI stands for the International Dysphagia Diet Standardization Initiative.

- Dysphagia is a complex disorder that affects an estimated 6-10 million Americans according to the American Speech-Language-Hearing Association. That is one in every 25 people (Doan et al., 2022)!
- This is a global disorder, that can be as result of many other etiologies, that has a significant impact on healthcare-associated outcomes. One of the primary modalities for treating and managing dysphagia is modified consistency food and beverages.
- This initiative was born out of an international study that found extreme variation in modified diets, both in how they were prepared, and in their naming and terminology (Cichero et al., 2017). This initiative offers a distinct, standardized, framework for preparation and verification of modified consistency food and beverages - meaning that those who adopt this framework start preparing the same foods and speaking the same language!
- IDDSI has 5 primary goals: Improve patient safety across the continuum of care, create common international terminology, and provide one framework for all age levels, cultures, and in all types of care settings (IDDSI, 2019) . Lets dive more into what that means...

### References:

- Cichero, Lam, P., Steele, C. M., Hanson, B., Chen, J., Dantas, R. O., Duivesteyn, J., Kayashita, J., Lecko, C., Murray, J., Pillay, M., Riquelme, L., & Stanschus, S. (2017). Development of International Terminology and Definitions for Texture-Modified Foods and Thickened Fluids Used in Dysphagia Management: The IDDSI Framework. *Dysphagia*, 32(2), 293–314. <https://doi.org/10.1007/s00455-016-9758-y>
- Doan, Ho, W.-C., Wang, L.-H., Chang, F.-C., Nhu, N. T., & Chou, L.-W. (2022). Prevalence and Methods for Assessment of Oropharyngeal Dysphagia in Older Adults: A Systematic Review and Meta-Analysis. *Journal of Clinical Medicine*, 11(9), 2605–. <https://doi.org/10.3390/jcm11092605>
- The International Dysphagia Diet Initiative. (2019). *Resources*. <https://iddsi.org/Resources>

## Slide 5



### Why IDDSI?

- Patient Safety

**Dysphagia =**

1. Increased Length of Stay
2. Greater Disability
3. Compromised Nutritional Status
4. Higher Healthcare Costs
5. Increased Mortality<sub>1</sub>

1. Groher, & Crary, M. A. (2021). *Dysphagia : clinical management in adults and children* (Third edition.). Mosby.

Lets start with the PROS of IDDSI...

Promoting IDDSI to key stakeholders in your facility, and garnering buy-in from your colleagues first requires you to believe it is the right thing to do right? I want to reinforce some of the key reasons why making this transition is so beneficial to patient care and why you should be an advocate within your own facility.  
(CLICK IN first two bullets)

We just read through the primary goals of IDDSI - one of which is to improve patient safety across the continuum of care.

- I want to start with patient safety, because I think we can all agree that safety is our top priority!
  - Patients with dysphagia in acute and post-acute settings are more likely to have increased length of stay, greater debility, compromised nutrition status and increased mortality, in other words these patients are at great risk (Groher & Crary, 2021).
  - Modified consistency diets are a primary modality for care of these at risk patients and is a very impactful part of their treatment.
  - IDDSI standardization provides consistency and reliability with these modified meal items, which improves how clinicians use this modality for patient therapy! During interviews with multiple SLP, many stated that they feel they have a greater sense of reliability on options from nutrition services post IDDSI, meaning that they feel that the consistency and texture of foods is more reliable from meal to meal and from day to day.

### References:

- Groher, & Crary, M. A. (2021). *Dysphagia : clinical management in adults and children* (Third edition.). Mosby.

## Slide 6



- Now let's consider how continuum of care is affected and how these play into patient safety.
  - If we are speaking the same language and preparing the same consistency foods as the facility next door, and in the next state, we are providing a more seamless transition for patients and clinicians across the continuum of care. We are also reducing the potential for safety issues to occur during the transfer process between facilities (Wu & Braakhuis, 2020). We are going to discuss this more in a later presentation.
  - I have created a map of Georgia showing IDDSI compliance throughout the state. During my interviews with many facilities and clinical providers concerns were raised multiple times over the required diet order changes when transfers take place between IDDSI compliant facilities and non IDDSI facilities.

### References:

- Wu, Miles, A., & Braakhuis, A. (2020). Nutritional Intake and Meal Composition of Patients Consuming Texture Modified Diets and Thickened Fluids: A Systematic Review and Meta-Analysis. *Healthcare (Basel)*, 8(4), 579. <https://doi.org/10.3390/healthcare8040579>

## Slide 7



- Patient Experience and Satisfaction is a major PRO for IDDSI! This is something that I can speak on from my own experience adopting IDDSI at my current facility. I have seen changes both in patient care and experience, but also in the way that clinicians and staff work.
  - First thing of note here is that IDDSI leaves open more availability for patients to have food that still looks like real food, that didn't come from a mold. Minced and moist level 5 and Soft and bite size level 6 are often made from whole food daily meal choices. So, patients can still feel like they are eating “real food”. This not only affects satisfaction, but intake and nutrition status as well (Wu & Braakhuis, 2020)
  - Secondly, speech therapists have reported having a great deal more flexibility with diet assignment with IDDSI. With IDDSI SLP may be able to downgrade pt diets more gradually, and do not have to work with multiple different consistencies on a plate at the same time, as with the NDD.
  - Employee satisfaction was something that also improved at our facility after the switch. Some of the RDs and RNs that I interviewed in my research reported the same thing, that it was much easier and much more intuitive for staff than the NDD, once the terminology was established.

### References:

- Wu, Miles, A., & Braakhuis, A. (2020). Nutritional Intake and Meal Composition of Patients Consuming Texture Modified Diets and Thickened Fluids: A Systematic Review and Meta-Analysis. *Healthcare (Basel)*, 8(4), 579–. <https://doi.org/10.3390/healthcare8040579>

## Why IDDSI?

- Patient Safety
- Continuum of Care
- Patient Experience & Satisfaction
- **Quality of Care**



- Quality of Care
  - According to the IDDSI board of directors some countries have mandated use of IDDSI across healthcare institutions. The United States remains one of the countries where adoption is optional. Even though there are no state or federal mandates specific to IDDSI, there are many mandatory requirements in acute and LTC facilities that may **incentivize** the adoption of the framework.
  - So how is this a PRO? Using IDDSI as the basis for a Quality assurance & performance improvement (or QAPI) project may be a perfect way for many different departments in your facility to demonstrate forward strides in quality of care. There are many variables including pt intake, satisfaction, tray accuracy, malnutrition statistics, and more that could all be tracked.
  - I spent some time talking with two members of the US IDDSI RG, both SLP whose recommendations were to implement a QAPI project as part of your IDDSI roll-out. This is a brilliant way to kill two birds with one stone. You will already be wanting to track and monitor kitchen output with audits and test trays, so why not put that information to good use as a means of showing off your improvement to administration and quality, and as a means of celebrating your hard work and wins!



## Slide 9

**Why IDDSI?**

- Patient Safety
- Continuum of Care
- Patient Experience & Satisfaction
- Quality of Care
- **Standards of Care**
  - §§ 483.25; F684,

 American Speech-Language Hearing Association

 **eat right** Academy of Nutrition and Dietetics

1. Centers for Medicare and Medicaid Services. (2022). *Quality Measures*. <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/qualitymeasures>

- Tying into quality of care is Standards of Care
  - Again, Centers for Medicare and Medicaid (or CMS) does not mandate we use IDDSI, but some of their regulations may act as an **incentive** to make the switch. CMS quality of care regulation §§ 483.25; F684 mandates that residents receive treatment in accordance with professional standards of practice. For IDDSI we have both the Academy of Nutrition and Dietetics and the American Speech-Language-Hearing Association who have formally taken a stance in support of IDDSI as the new standard of practice for both RD and SLP. The Academy of Nutrition and Dietetics Nutrition Care Manual has replaced all previous dysphagia diet verbiage with IDDSI framework terminology. So, yet another PRO of starting IDDSI is to be able to state with confidence on those state audits that your facility is up to date with standards of care in these departments.

### References:

- Centers for Medicare and Medicaid Services. (2022). *Quality Measures*. <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/qualitymeasures>



The slide features a blue header with the title "Why IDDSI?" in white. To the right of the title is a decorative pattern of blue and white dots. Below the header, on a light gray background, is a bulleted list of five items. To the right of the list is a graphic of a globe with the letters "IDDSI" in white, and a red ribbon swirling around it. A small speaker icon is located at the bottom right of the slide.

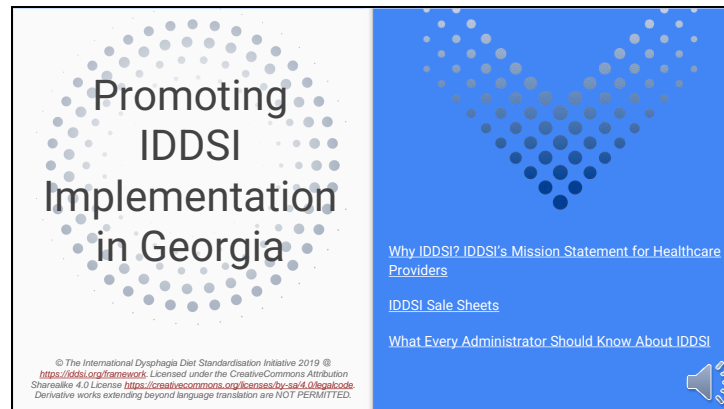
### Why IDDSI?

- Patient Safety
- Continuum of Care
- Patient Experience & Satisfaction
- Quality of Care
- Standards of Care
- **IDDSI is word-wide and spreading!**



- Our last PRO- and I think it's a big one! IDDSI is world-wide! The IDDSI framework has been translated into 50 languages and has been adopted by as many as 128 countries.
- IDDSI is coming to your facility, and you can be a champion for roll-out!

Slide 11



There are some supplementary links from the IDDSI website here that can help you reinforce the PROS of IDDSI as you advocate moving forward. These are also posted on the USIRG resource page of the website!

Again, feel free to use the website to communicate with me directly and for any questions and concerns you may have.