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IDDSI: From Regulatory Requirements to Successful Implementation Webinar

HORMEL HEALTH LABS

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Course Description:

The International Dysphagia Standardization Initiative (IDDSI) has been endorsed for May 2019 implementation in the United States. This webinar will describe what this means regarding "best practice" expectations from key professional organizations and regulatory agencies for long term care. A discussion of the IDDSI framework overview along with recommended steps in team collaboration for successful transition and implementation will be provided.

Course Objectives:

After completing this continuing education course, the learner should be able to:

- 1. Identify recommendations and regulatory requirements from key professional organizations and government for IDDSI implementation in the US.
- 2. Describe the IDDSI framework and recommendations for transitioning dysphagia programs.
- 3. Discuss team collaboration and resources to assist in successful implementation.

Speakers: Brenda Richardson, MA, RDN, LD, CD, FAND and Karen Sheffler, MS, CCC-SLP, BCS-S Disclosures: Brenda discloses that she is on the Advisory Council and a consultant to Hormel Health Labs. Karen discloses that she is a consultant for Hormel Health Labs, on the Advisory Council an an IDDSI Champion volunteer.

Professional Approvals:

Becky Dorner & Associates, Inc. has been a Continuing Professional Education (CPE) Accredited Provider (NU004) with the Commission on Dietetic Registration since 2002.

Commission on Dietetic Registration
Accredited Provider Continuing Professional Education

This course is intended for: RDNs,
CDEs, NDTRs, CDMsCDR Activity Type and Number:
175 Recorded webinar
Activity number 147529Course CPE Hours: 1.5CDR Level: 2Suggested CDR Learning Needs Codes:
3050, 5040, 5210, 7100Suggested CDR Performance Indicators:
1.5.1, 3.2.2, 8.3.1, 8.3.6

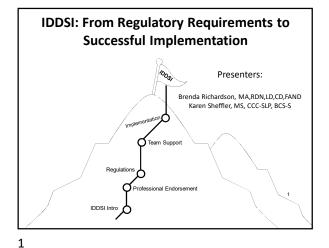
Note: Numerous Other Learning Needs Codes and Performance Indicators May Apply.

Complete instructions on how to listen to the webinar and to access your certificate can be found at:

https://www.beckydorner.com/hormelhealthlabs/

Expiration Date: March 20, 2022

Questions? Please contact us at info@beckydorner.com or 1-800-342-0285.







Advisory Board

for Hormel Health Labs

Brenda Richardson, MA, RDN, LD, CD, FAND

- A known leader in the field of dietetics.
- National acclaimed speaker, author, LTC nutrition-legal expert, facility consultant and consultant to health care providers.
- President of Brenda Richardson LLC.
- Numerous positions with the Academy of Nutrition and Dietetics: Past Chair of DHCC, Past Chair of ANDPAC, Serves on Finance and Audit Committee, Served on Positions Committee, IMPACT ACT Task Force, Academy CMS Workgroup.
- Honors: Academy Medallion Award 2016;
 Recipient of the 2019 Lenna Frances Cooper Memorial Lecture Award





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Objectives

- Identify recommendations and regulatory requirements from key professional organizations on IDDSI implementation in the US.
- Describe the overview of the IDDSI framework and recommendations for transitioning current dysphagia programs.
- Discuss team collaboration and resources to assist in successful implementation.

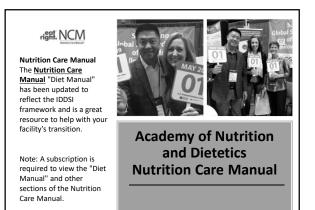
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Association together support May 1, 2019, as the official launch date for IDDSI implementation in the United States.

The announcement was made at the 2018 Food and Nutrition Conference and Expo[™] in Washington D.C.

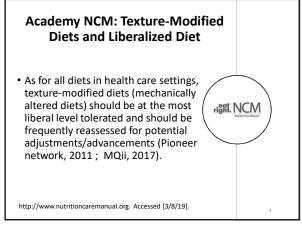
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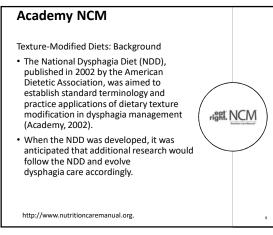
http://www.nutritioncaremanual.org. Accessed [3/8/19].

Professional

Organization Support



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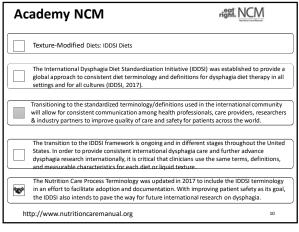
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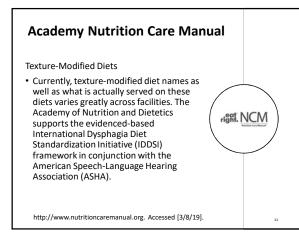
Academy NCM

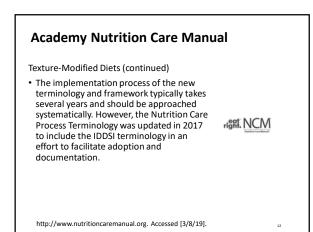
Texture-Modified Diets: Background (continued)

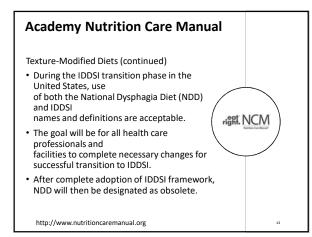
- The Academy of Nutrition and Dietetics supports the adoption of a new dysphagia framework, the International Dysphagia Diet Standardization Initiative (IDDSI),and is working on implementation of the IDDSI framework in the United States.
- During the IDDSI transition phase, use of both the NDD and IDDSI names and definitions are acceptable. However, after the IDDSI implementation date, NDD diet terminology and definitions will become obsolete

http://www.nutritioncaremanual.org.

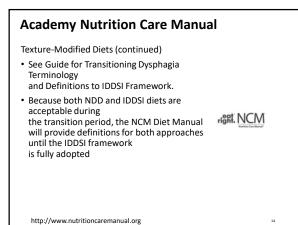




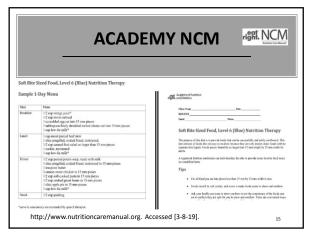




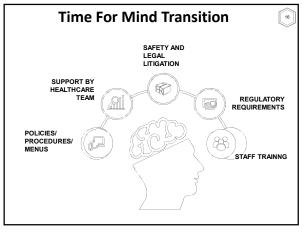


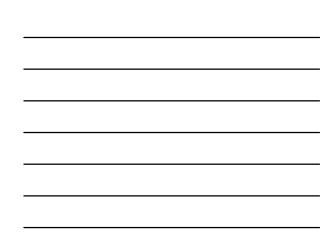


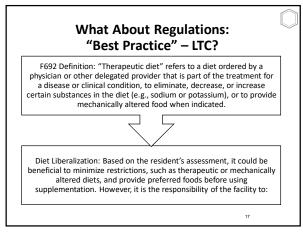
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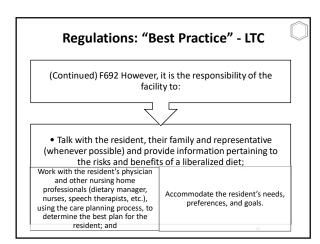




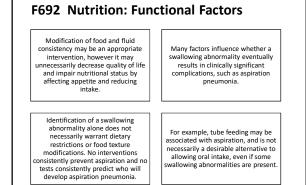


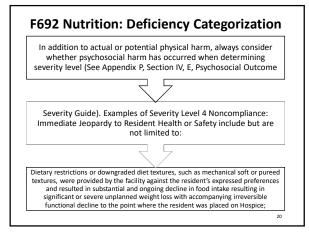


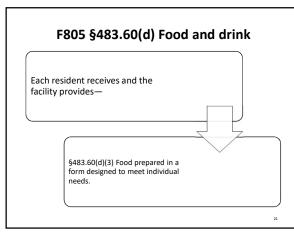


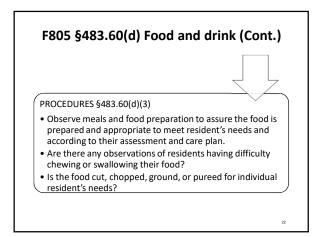




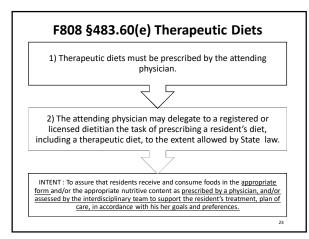


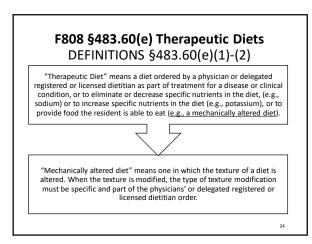




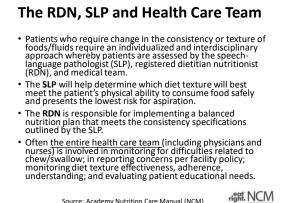


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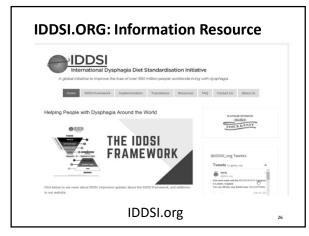


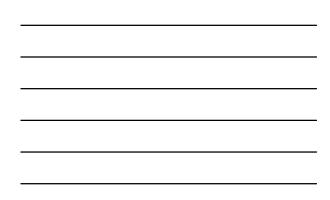




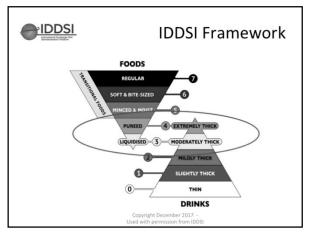
Source: Academy Nutrition Care Manual (NCM)

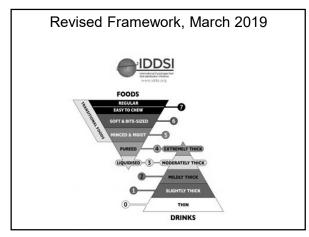
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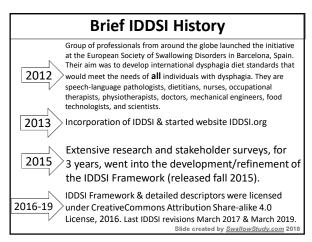
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Brief IDDSI History

It is important to note that IDDSI is NOT brand new, and it is based on a strong foundation of research and stakeholder surveys.

See a brief history & review by Luis F. Riquelme, PhD, BCS-S, CCC-SLP https://blog.asha.org/2017/11/07/iddsi-next-steps-tools-tips-forsmooth-implementation/

ASHA first announced its support for the IDDSI Framework in early 2017, per an ASHA Leader publication March 1, 2017, which stated: (https://doi.org/10.1044/leader.AN1.22032017.60)

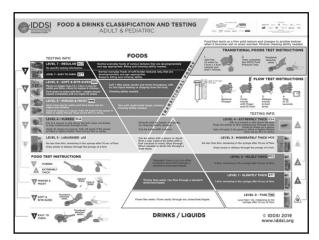
 "In 2013, ASHA agreed to be listed as a supporter of this initiative..."
 "The standardization framework represents a tremendous step forward in collaborating in the care of people with swallowing disorders," says ASHA President Gail J. Richard. "With ASHA members on the front lines of treating these patients every day, we support tools that can help us improve quality of care." Slide created by <u>SwellowStudy.com</u> 2018

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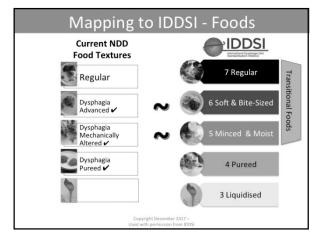




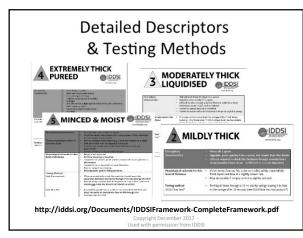


Attributions NOT PERMITTED for learnative works incorporating any alterations to the IDDSI Framework that extend beyond language translation. Supplementary Notice: Modification of the diagrams or descriptors within the IDDSI Framework is DISCOURAGED and NOT RECOMMENDED. Alterations to elements of the IDDSI framework may lead to confusion and errors in diet texture or drink selection for patients with dysphagia. Such errors have previously been associated with adverse events including choking and death. Slide created by <u>SwallowStudy.com</u> 2018

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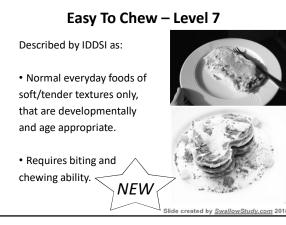




But what does a Regular Diet (Level 7) require?

- Adequate Cognition: Is there lethargy/sedation, poor attention to task/distractibility, impulsivity, lack of self & safety awareness?
- Adequate Structure: Teeth/dentures? Can they chew with their gums? Pain? Dry? Tumor, missing anatomy, scar tissue, fibrotic/stiff, edema?
- Coordination: Can they coordinate of breathing & swallowing? Adequate Physiology or function:
- Timing: Are they slow to process the food in the mouth? Slow to trigger the swallow? Slow airway closure? Slow esophageal empty? Motility: Weakness in lips, tongue, cheeks, jaw, palate can all lead to poor food/liquid processing in mouth. Weakness in back of tongue and throat squeezing muscles can prevent food/liquid from clearing through the throat safely & efficiently. Could lead to food/liquid dropping into airway OR
- food/liquid remaining stuck in the mouth, throat, and/or esophagus. Sensory: You need to feel the food/liquid to start a good swallow, AND to know if food/liquid enters the airway or gets stuck. Poor sensory input can give poor motor output. Slide created by SwallowStudy.com 201

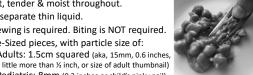
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- Soft, tender & moist throughout.
- No separate thin liquid.
- Chewing is required. Biting is NOT required.
- Bite-Sized pieces, with particle size of: • Adults: 1.5cm squared (aka, 15mm, 0.6 inches,



- Pediatric: 8mm (0.3 inches or child's pinky nail) Sizes measured to diameter of trachea/prevent choking
- Can be eaten with fork, spoon, chopsticks, fingers.
- Knife not needed, as food pre-cut to bite sizes
- Tongue force & control are required to move food for chewing,
- keep in mouth for chewing, & to move food back for the swallow. • Food squashes with "fork pressure test." Changes shape & does not return to original shape when fork lifted.

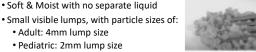
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Minced & Moist – Level 5

Soft & Moist with no separate liquid

• Adult: 4mm lump size • Pediatric: 2mm lump size



- This is the size of food after it is chewed; "ready to swallow"
- Lumps are easy to squash with tongue
- Minimal chewing required. Biting is NOT required.
- Can be eaten with a fork or spoon
- · Could be eaten with chopsticks, if good hand control
- Can be scooped and shaped (e.g., into a ball) on a plate

Again, see Framework & Descriptors document for some food examples for each diet & Food Texture Requirements.

Slide created by <u>SwallowStudy.com</u> 2018

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Puree & Extremely Thick Liquid Level 4

- Usually eaten with a spoon, but fork is possible
- Cannot be drunk from a cup
- Cannot be sucked through a straw
- Does NOT require chewing
- Can be piped, layered or molded
- Shows some very slow movement under gravity, but cannot be poured
- Falls off spoon in a single spoonful WHEN TILTED
- Continues to hold shape on plate
- NO lumps -> smooth • NOT sticky -> moist
- https://youtu.be/EIItIGY3ndo
- Liquid must not separate from solid

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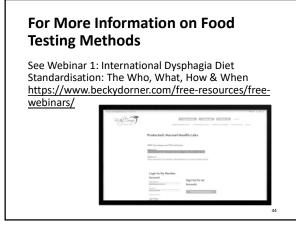
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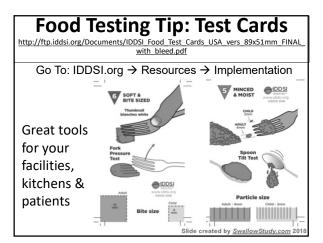
'Transitional foods'

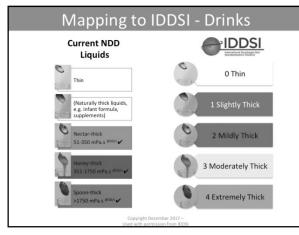
- Start as one texture (e.g. solid) and change to another when moisture is applied (saliva, water) or temperature (heat) change occurs
- · Minimal chewing required
- · Tongue pressure may be sufficient to break food down after alteration in moisture or temperature
- Developmental teaching or rehabilitation of chewing skills



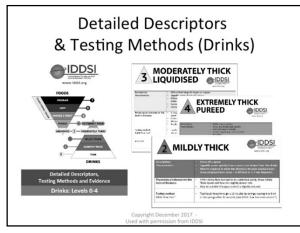
Fo	ood Testing
	t Food Properties for NT OF SERVICE testing:
DO Softness Cohesiveness Slipperiness	DON'T Hardness Crumbly Stickiness
See Steele, et al. (2015). The Ir	d: crucial factors in choking risk. nfluence of Food Textures & Liquid Consistency Modification on siology and Function: A Systematic Review. <i>Dysphagia</i> , 30, 2-26.
	Slide created by <u>SwallowStudy.com</u> 2018



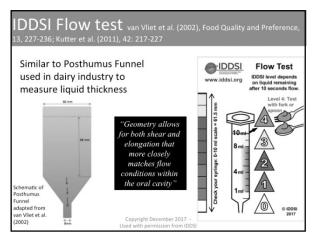


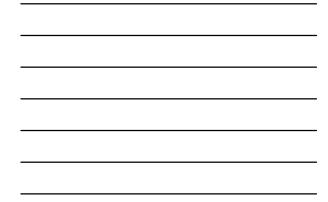


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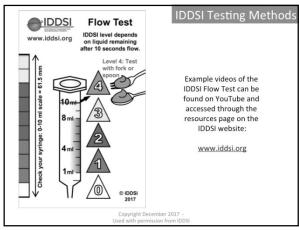




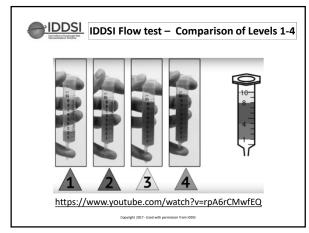




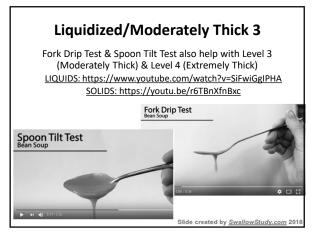












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IDDSI Flow Test Good for Levels 1, 2, 3

Mildly Thick Liquid 2

Slightly Thick Liquid 1

Thin Liquid O (white background)

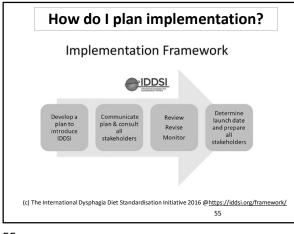
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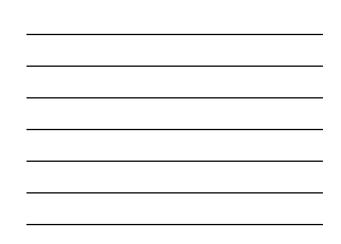
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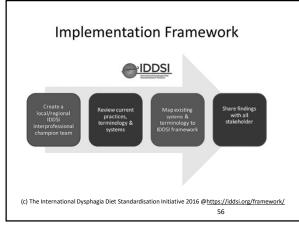
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Name of Liquid	Warm/ Cold	Syringe Type*	Trial 1 ml	Trial 2 ml	Trial 3 ml	Avg ml	Results (Thin, Slightly, Mildly, Moderately, Extremely)	Comments (? borderline, ? too thick or too thi
			char	t in th	e blog	:	Flow Tests. si-resources	
	Need	d to tes	st drin	ks and	d supp	oleme	ents often!	
t	low Te emper	sting is ature.	s impo	ortant	at col	d an Thic	d room k liquids Flow Test).	

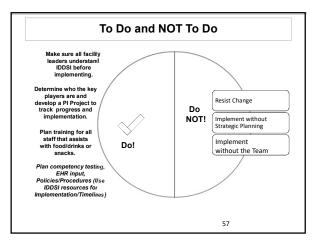




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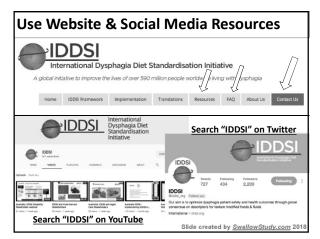
Risk management during transition to IDDSI

Time frame to change labels

- Industry change to IDDSI labels is voluntary
- For other label change initiatives, including those legislated, a two year time frame is most common
- A change over period is to be expected

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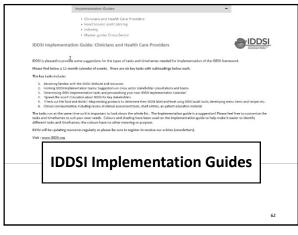
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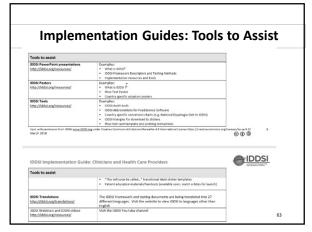


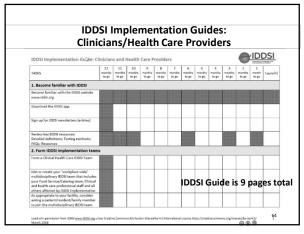
IDI	DSI Implementation Res	ources	:
	How Do I Implement IDDSI?		
	IDDSI Adoption and implementation is happening on a global scale. In order to fac we've developed a number of free Resources for you to download and use at your		
	Please note that you do NOT require special permission to use these resources bu citation is mandatory. Attribution is NOT PERMITTED for derivative works incorpon alterations to the IDDSI Framework that extend beyond language translation.		
	Supplementary Notice: Modification of the diagrams or descriptors within the IDD DISCOURAGD and NOT RECOMMENDED. Alterutions to elements of the IDDSI fra to confusion and errors in diet texture or drink selection for patients with dyplage have previously beem associated with adverse events including, challengi and doub.	mework may lead la. Such errors	
	Attribution is requested as follows: (c) The international Dysphagia Diet Standards 2016 @https://iddi.org/framework/		
	Adoption Posters	+	
	Conversion Charts	+	
	Audit Sheets	+	
	Labels of IDDSI Levels	+	
	MAPA Logos (by Country)	+	
	Foodservice	+	
	Implementation Guides	+	
	How Test Cards	+	61

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IDDSI Ir	npl	len	nei	nta	tic	n	Gu	id	es	(cc	on'	t)	
IDDSI Implementation Guide: C	linician	s and	Health	Care P	rovide	rs					0	ID	DSI
TASKS	12 months to go	11 months to go	10 months to go	9 months to go	8 months to go	7 months to go	6 months to go	5 months to go	4 months to go	3 months to go	2 months to go	1 month to go	Launch
Meet with leadership/management ap receive necessary permissions and keep them informed													
Consult industry/manufacturers about challenging recipes/ingredients, labeling changes													
3. Determine implementation tasks	and 'IDI	DSI Cale	ndar' -	conven	e, divid	e and c	onque						
Determine implementation tasks and													
timeline													
Create an "IDDSI Calendar of Events" Determine the need for IDDSI translation documents for languages other than													
Create an 'IDDSI Calendar of Events' Determine the need for IDDSI translation documents for languages other than English ("see recources) Determine which team's will be responsible for which team's well we and													
timeline Create an '10DBI Calendar of Events' Determine the need for 10DBI translation documents for languages other than finglish ('Isee resources) Determine which tearly swill be responsible for which tasks, review and refine Have regular Clinical Health Care IDDBI team meetings													

Testing intended for	& MOI	ST			DDSI
Product or food tested					
Heating method(s)					
Temperature when tested: at time of	service	15 mins after serving	30 mins a	after serving	
			Time of service	15 mins	30 mins
Critical: Appearance				after serving	after serving
* Lumps less than or equal to 4mm (adults); 2mm (pediatric	s)		□ Yes □No	after serving	after serving
 Lumps less than or equal to 4mm (adults); 2mm (pediatric No separate thin liquid 	s)			after serving	after servin
Lumps less than or equal to 4mm (adults); 2mm (pediatrie No separate thin liquid Critical: Fork Pressure Test (metal dinner fork needed)			□ Yes □No	after serving	after servin
Lumps less than or equal to 4mm (adults); 2mm (pediatric No separate thin liquid Ortical: Fork Prossure Test (metal dinner fork needed) Food can be easily mashed with little pressure from a dinn [pressure should not make thumb nail blanch to white]	er fork		□ Yes □No □ Yes □No	after serving Yes No Yes No	after serving
Lumps less than or equal to 4mm (adults); 2mm (pediatric No separate thin liquid Collecki Fork Pressure Test (metal dimen fork needed) Food can be easily mashed with little pressure from a dinn [pressure should not make thumb axii blanch to while Taxiiy separate and comes through prongs of a d a finner for	er fork		Yes No Yes No Yes No Yes No	after serving Yes No Yes No Yes No Yes No	after serving Yes No Yes No Yes No
Lumps less than or equal to 4mm (adults); 2mm (pediatric No separate thin liquid Critical: Fork Pressure Test (metal dinner fork needed) Food can be easily mashed with little pressure from a dinn	er fork		Yes No Yes No Yes No Yes No	after serving Yes No Yes No Yes No Yes No	after serving Yes No Yes No Yes No
Lumps fess than or equal to 4mm (adults); 2mm (pediatric 8 No separate thin liquid Critical: Fork Pressure Test (metal dinner fork needed) 9 Food can be easily mashed with little pressure from a dinne (pressure should not make thumb ani blanch to white) 8 Latily separate and comes through progas of a dinner for Critical: Spoon Til: Test (tesspoon needed)	er fork k		Yes No Yes No Yes No Yes No Yes No Yes No	after serving Yes No Yes No Yes No Yes No Yes No Yes No	after serving Yes No Yes No Yes No Yes No Yes No

Intended for 4 EX	TREMELY THICK		ple		DSI
Product or food tested					
If soup, heating method(s)					
Temperature when tested at:	optimal serving temperature	15 mins after serving	30 mins aft	ter serving	
Chopstek test net apgespesse The food few must pass or met clerinis for any row marked *. Tests: Suitable drinks, soape, multiformi supplements, gravies, sauces, legad medications			Meets criteria at		t 30 mina
Critical: Appearance				after serving	after servin
* No lumps			□ Yes □No	□ Yes □No	□ Yes □N
Critical: Fork Drip Test (metal din	ner fork needed)				
* Food sits in a mound above the dinner fork (a small amount may form a tail below the dinner fork)			□ Yes □No	□ Yes □No	□ Yes □N
* Does not drip or flow continuously through the dinner fork			□ Yes □No	□ Yes □No	□ Yes □N
Critical Spoon Tilt Test (teaspoor	n needed)				
* Holds shape on teaspoon			□ Yes □No	□ Yes □No	□ Yes □N
	e food left on teaspoon (i.e. not sticky)		□ Yes □No	□ Yes □No	□ Yes □N
May spread or slump slowly on a flat plate			□ Yes □No	Yes No	□ Yes □N
Alternative if Fork or Spoon not availab			□ Yes □No	□ Yes □No	Yes DN
* Hold a sample on fingers without it dripping through continuously					
* Food slides smoothly and easily between fingers			□ Yes □No	□ Yes □No	Yes N
Food leaves noticeable residue on fingers			□ Yes □No	□ Yes □No	□ Yes □N
Destand but and solvest first Dessare	Pretered but not critical Fork Pressure Test Prongs of fork make clear pattern on surface OR food briefly retains dinner fork indentation marks				
Preferred but not critical: Fork Pressure Prongs of fork make clear patter		mer fork indentation marks	Yes No	Yes No	Yes N

67



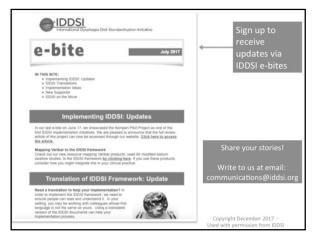
68

Find "Champions" in Your Facility

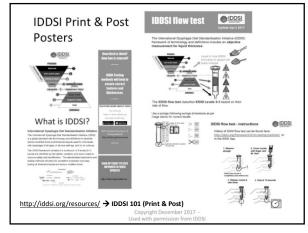
- The Registered Dietitian & Speech-Language Pathologist can start raising awareness & building a task force/team. Give quick talks/lectures.
- Team up with food service & nursing.
- At our hospital, our chef became a chief advocate.
- Review every item on the menu, using IDDSI's detailed descriptors and all testing methods.
- You may need to delete items, change items, and add new recipes.
- Consider sharing your ideas/recipes on IDDSI.org!

Slide created by <u>SwallowStudy.com</u> 2018

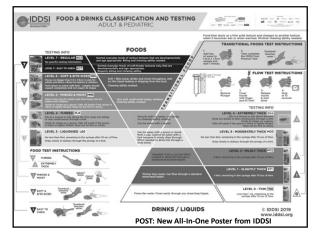


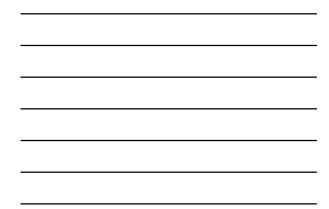






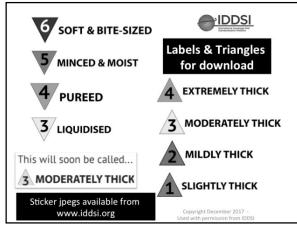






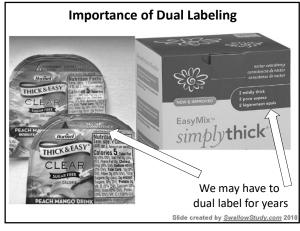




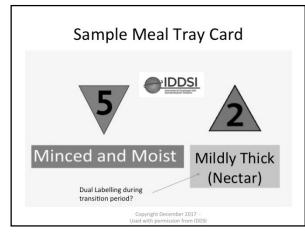


7 Regular	RG7	
6 Soft & Bite-Sized	SB6	
5 Minced & Moist	(MM5	
4 Pureed	(PU4	Abbreviations suitable
4 Extremely Thick	EX4	for use with Foodservice
3 Liquidised	LQ3	r ooaservice Computer Software
3 Moderately Thick	MO3	
2 Mildly Thick	MT2	
1 Slightly Thick	ST1	
0 Thin	(TNO)	Information from IDDSI website Slide created by SwallowStudy.com 2018

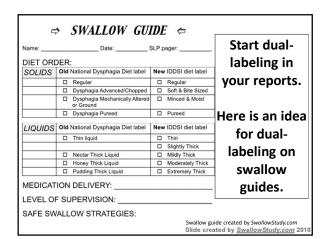




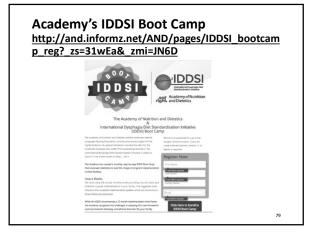
















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