Webinar Course:
The International Dysphagia Diet Standardisation Initiative: The WHO, WHY, WHAT & HOW

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Description:
This presentation was developed for food and nutrition professionals. It will be presented by a Speech-Language Pathologist who is board certified in swallowing and swallowing disorders and is an IDDSI champion. We will discuss the Who, Why, What, and How of the International Dysphagia Diet Standardisation Initiative (IDDSI) framework and descriptors to build awareness, assist in our preparation, and guide us along the way to eventual adoption of the IDDSI standards.

Since 2013, IDDSI, which is a multidisciplinary-international group of researchers and clinicians, has been working to increase patient safety through the development of international dysphagia diet standards with:

- a common terminology for all diet and liquid consistencies (from regular textures to texture modified foods and from thin liquids to thickened liquids)
- across all ages,
- all care settings, and
- all cultures.

This presentation will explain how the IDDSI standards were developed, what the specific descriptors and testing methods are, and how the IDDSI framework maps to our prior standards (e.g., the National Dysphagia Diet). Implementation strategies and resources will be shared. Question and answer session will be guided by a registered dietitian nutritionist (RDN).

Course Objectives:
After completing this continuing education course, participants will be able to:
1. Advocate for the International Dysphagia Diet Standardisation Initiative (IDDSI), by understanding IDDSI and why there is a global effort to standardize diets for people who have difficulty swallowing (dysphagia).
2. Classify foods and liquids according to the IDDSI Framework and Descriptors.
3. Demonstrate effective testing and analysis of foods and liquids, according to the IDDSI Framework Testing Methods.
4. Create individual and facility “to-do” lists in order to further the understanding of & connection to IDDSI.
5. Gain resources to create a plan to move from IDDSI awareness, to preparation and eventually to adoption.

Audience:
Registered Dietitians (RD), Registered Dietitian Nutritionists (RDN), Dietetic Technicians Registered (DTR), Nutrition and Dietetic Technicians Registered (NDTR) and members of the interdisciplinary team

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<th>Course CPE Hours: 1.5</th>
<th>CDR Level: 2</th>
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<td>Suggested CDR Performance Indicators: 6.2.4, 8.3.1, 8.3.6, 13.2.2</td>
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Speaker: Karen Sheffler, MS, CCC-SLP, BCS-S, has over 20 years of experience as a medical speech-language pathologist, specializing in dysphagia since 1995, when she graduated from the University of Wisconsin-Madison. She obtained her Board Certification as a Swallowing Specialist (BCS-S) in 2012. In 2014, she started SwallowStudy.com, which is a dysphagia resource for patients and professionals. Karen has worked in acute care, rehabilitation centers, skilled nursing facilities, and in home health care. She currently works at two different hospitals in the Boston area, owns her own dysphagia consulting business, performs peer reviews and presentations, and provides dysphagia expert services to companies and law firms. Believing in constant continuing education, she has been awarded the ASHA Award for Continuing Education 5 times. She is a member of ASHA’s Special Interest Group 13, the National Foundation of Swallowing Disorders (NFOSD), and the Dysphagia Research Society (where she is a member of the Website, Communications and Public Relations Committee).

Disclosures: Karen Sheffler, MS, CCC-SLP, BCS-S and Becky Dorner, RDN, LD, FAND disclose that they are consultants to Hormel Health Labs.

Questions about the Continuing Professional Education Program?
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Today's Webinar

Audio and Webinar
• Please refer to handout for instructions.

Handouts
• Emailed to the person who registered for the program.

Questions
• Use GoToMeeting to ask questions.

The program will last approximately 90 min.

Credit Hours:
• Please refer to your handouts for detailed information on about credit hours.

Karen Sheffler, MS, CCC-SLP, BCS-S
Presenter
Karen has over 20 years of experience as a medical speech-language pathologist, specializing in dysphagia since 1995, when she graduated from the University of Wisconsin-Madison. She obtained her Board Certification as a Swallowing Specialist (BCS-S) in 2012. In 2014, she started SwallowStudy.com, which is a dysphagia resource for patients and professionals. Karen has worked in acute care, rehabilitation centers, skilled nursing facilities, and in home health care. She currently works at two different hospitals in the Boston area, owns her own dysphagia consulting business, performs peer reviews and presentations, and provides dysphagia expert services to companies and law firms. Believing in constant continuing education, she has been awarded the ASHA Award for Continuing Education 5 times. She is a member of ASHA’s Special Interest Group 13, the National Foundation of Swallowing Disorders (NFOSD), and the Dysphagia Research Society (where she is a member of the Website, Communications and Public Relations Committee).

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International Dysphagia Diet Standardisation Initiative (IDDSI):
The Who, Why, What & How

By Karen Sheffler, MS, CCC-SLP, BCS-S
Board Certified Specialist in Swallowing & Swallowing Disorders
IDDSI Champion
Founder of www.SwallowStudy.com
www.KarenSheffler.com
Follow me on Twitter & Facebook @SwallowStudySLP

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International Dysphagia Diet Standardisation Initiative

www.IDDSSI.org

Learner Objectives

Participants will be able to:
1. Advocate for the International Dysphagia Diet Standardisation Initiative (IDDSI), by understanding IDDSI is and why there is a global effort to standardize diets for people who have difficulty swallowing (dysphagia).
2. Classify foods and liquids, according to the IDDSI Framework and Descriptors.
3. Demonstrate effective testing and analysis of foods and liquids, according to the IDDSI Framework Testing Methods.
4. Create individual and facility “to-do” lists in order to further the understanding of & connection to IDDSI.
5. Gain resources to create a plan to move from IDDSI awareness, to preparation, and eventually to adoption.
THE WHO

IDDSI Board of Directors

IDDSI Board of Directors

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Brought to you by Becky Dorner & Associates, Inc.
Let’s talk about FOOD and…

Quality of life!

Why Modify Perfection?

Clearly some chokable foods here!

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?
- Coordination: Can they coordinate 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.

Oropharyngeal dysphagia & aspiration

So the world ended up with too many different diet modification systems!

- 8 sets of published standards from USA, UK, Australia, New Zealand, Ireland, Sweden, Denmark, and Japan.
- Diverse terminology, diet levels and descriptions have created confusion.
  - New Zealand had different standards from Australia.
  - UK standards were directly inverse (set up opposite) to the Irish standards.
  - Japan: had 3 sets of national standards, but Japan did use the pyramid concept that was captured in the IDDSI framework.

IDDSI got to work:
researching, publishing, & developing a new global framework - which borrowed from the best-evidence-based standards from around the world.

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IDDSI 2013-2014 Stakeholder Surveys

Only 40% of respondents reported that they check if the food textures and liquid thickness is accurate right before serving!

**Point of serving is a KEY time to ensure correct texture and consistency.**

**Why do we need a standardised system?**

**Safety**
- Multiple labels and definitions cause confusion
- Within and between institutions
  - Individuals with swallowing difficulties
  - Family/Care providers
  - Health care professionals
  - Food services

**Clinical efficiency**
- Avoids re-assessment to determine safe liquid and diet levels
- Reduces need to confirm and clarify clinical information.

**Commercial implications**
- So that ‘ready to use/off-the-shelf’ items are consistent from manufacturer/supplier to manufacturer/supplier and, similar to those produced in hospitals/care facilities/at home
Summary of Systematic Review (2015)

- There is evidence that:
  - Thickening liquids does help those who aspirate thin liquids. Moves slower & allows time for the person to react if swallow is delayed. Thin liquids can be fast and unpredictable.
  - However, there is such a thing as “too thick,” where residue begins to accumulate in your throat.
  - Solid foods and thicker consistencies require more oral processing & greater effort to swallow.

Example of aspiration prevented when thicker

THE WHAT

- Download IDDSI Framework & Detailed Definitions; Testing Methods; Evidence Statement documents:
  http://iddsi.org/framework/
Soft & Bite-Sized – Level 6

- 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 (15mm or 0.6 inches or size of adult thumbnail)
  - 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.

Minced & Moist – Level 5

- Soft & Moist with no separate liquid
- Small visible lumps, with particle sizes of:
  - 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

Puree & Extremely Thick Liquid

Level 4

- Usually eaten with a spoon, but a 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
- Liquid must not separate from solid

https://youtu.be/EIItIGY3ndo

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Important Food Properties for simple POINT OF SERVICE testing:

<table>
<thead>
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<th>DO</th>
<th>DON’T</th>
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<tr>
<td>Softness</td>
<td>Hardness</td>
</tr>
<tr>
<td>Cohesiveness</td>
<td>Crumbly</td>
</tr>
<tr>
<td>Slipperiness</td>
<td>Stickiness</td>
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</table>

Size & Shape of Food: crucial factors in choking risk


1. Spoon Tilt Test

USED TO MEASURE LEVELS 4 AND 5 (PUREE AND MINCED & MOIST)

- How sticky or adhesive is the sample?
- How well does the food hold together (cohesiveness)?

THE FOOD SAMPLE SHOULD:

- Be cohesive enough to hold its shape on the spoon, but not sticky.
- Be slippery enough so that the full spoonful slides/pours off the spoon when the spoon is tilted sideways (or shaken lightly).
- Very little food left on the spoon.
- A scoop mound may spread or slump over only slightly on a plate.

Our barium pudding is a bit too sticky!

Other examples of TOO STICKY:

2. Fork Drip Test

- Test for Levels 3 & 4: thick drinks (moderately & extremely thick) and smooth foods (liquidized & puree).
- Do they flow through the slots/tines of a fork.
  - Level 3 – Liquidized/Moderately Thick
    Drips slowly or in strands/dollops through the tines of a fork
  - Level 4 – Puree/Extremely Thick
    Sits in a mound or pile on top of the fork
    Only a small amount may flow through & form a tail below fork tines
    Does not flow or drip continuously through the fork tines
3. Particle Size Compliance

For SOFT & BITE-SIZED

ADULT:
• Bite-size = 1.5 x 1.5 cm
  – Adult thumb nail
  – About the width of fork
• AVERAGE ADULT AIRWAYS:
  Male = 21.5 mm
  Female = 17 mm

PEDIATRIC:
• Bite-size = 8 mm
• PEDIATRIC AIRWAY = 8 mm
• INFANT AIRWAY = 6.5 mm

3. Particle Size Compliance (CONTINUED)

For MINCED & MOIST:
Average particle size of chewed solids before swallowing

ADULT:
• Lump size = 4 mm
  Width between two tines of a fork

PEDIATRIC:
• Lump size = 2 mm

Texture Testing

IDDSI Fork Test
The slots/gaps between the tines/prongs of a standard dinner fork typically measure 4 mm
Pediatric 2mm; Adult 4mm

4. Fork Pressure Test

Think about foods, like regular bread, that do not squash or change shape with fork pressure!

https://www.youtube.com/watch?v=9tMowfeuzVY
https://youtu.be/9tMowfeuzVY
Texture Testing

**IDDSI Fork Pressure Test:**
- A fork can be applied to the food sample to observe its behavior when pressure is applied.
- Pressure applied to the food sample has been quantified by assessment of the pressure needed to make the thumb nail blanch noticeably to white.

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**Practice Fork Pressure Test**

**Fork Pressure Test Fail:**
Example is too dry & sticky

**EPIC FAIL**

---

**Practice Fork Pressure Test**

**Fork Pressure Test PASS:**
Example is moist/cohesive

**EPIC PASS**

---

**No fork or spoon?** You can test all the food with fingers & chopsticks too!

**Chopstick Test**
- Rice

[YouTube Video](https://youtu.be/YoOA6Co8rFM)

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**Detailed Descriptors & Testing Methods (Drinks)**

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Liquidized/Moderately Thick

Fork Drip Test & Spoon Tilt Test also help with Level 3 (Moderately Thick) & Level 4 (Extremely Thick)

LIQUIDS: https://www.youtube.com/watch?v=Sf9gHjgGRA
SOLIDS: https://youtu.be/kT8zFbZ85c

Brought to you by Becky Dorner & Associates, Inc.
Let’s play with our liquids

Not all syringes are created equal!
Length of 10ml scale on syringe = 61.5mm

THE HOW

Our “TO-DO” List!

ACADEMY OF NUTRITION & DIETETICS (AND)
& AMERICAN SPEECH-LANGUAGE
HEARING ASSOCIATION (ASHA) FULLY
SUPPORT IDDSI.

GOAL: ROLL OUT IN JANUARY 2019.

Find “Champions” in Your Facility

- The Registered Dietitian & Speech-Language Pathologist can start raising awareness & building a task force/team.
- Team up with food service & nursing.
- At our hospital, our chef became a chief advocate.
- Review every item on the menu, using 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!

IDDSI Flow Test for Liquid Viscosity

<table>
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<th>Source</th>
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<th>Fluid</th>
<th>Food</th>
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Monitor-Aware-Prepare-Adopt

- Build awareness across facilities/centers to all impacted clinicians, professional associations, and their local & industry administrations, government, supply chain & support staff.
- Communicate what, who, when, why & how impacted.
- Review every item on the menu, using 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!

Visit the website

www.IDDSI.org

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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

FAQ Category: Drinks

Q: My facility has used the term ‘nectar’ and ‘honey’ for decades, why wasn’t these terms included in the IDDSI framework?

A: As a general rule, sweet products are considered a sugar food and should not be confused with fluids that are not refined or refined. In the IDDSI framework, which terms are not considered a significant source of calories. For those who have certain dietary restrictions or preferences, it is important to note that these terms do not fall within the definition of ‘fluids’ or ‘syrups’ as defined in the IDDSI framework. It is recommended to consult with a dietitian or nutritionist to determine the best terminology to use in your facility.

References:


Sticker images available from www.iddsi.org
IDDSI Colors Passed Color-Blind Testing

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<th>KOCH E number and colour</th>
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Example of Audit Sheets (WWW.IDDSI.ORG)

Swallow guide created by Becky Dorner & Associates, Inc.
References

IDDSI Documents from IDDSI.org (more references in these documents):
- IDDSI Framework Translations: http://iddsi.org/translations/
- Please see the IDDSI.org Resources page for more tools: http://iddsi.org/resources/

References

IDDSI Publications:

References noted on IDDSI Flow Test slide:

References noted on Transitional Foods slide:
Questions

Thank you!

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- Kerrie Jung, RD, CD