Live Webinar: Thursday, January 18, 2024 (2:00-3:00pm EDT) Convert to your own time zone

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Description and Speaker:

Join IDDSI Champion, **Mary Rybicki MS, RDN, LDN** and learn the skills needed to have a sustainable and successful IDDSI implementation project. This session will discuss how a more complete understanding of what IDDSI is all about can enhance your practice. Learning about IDDSI and the ability to speak the IDDSI language simplifies your team's efforts and facilitates interprofessional collaboration for individualized person-centered care. Learn how to empower yourself, your co-workers, and leadership through application of IDDSI and its resources, participation in a team-driven quality effort, and by knowing which potential benefits to identify and track.

Objectives:

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

- 1. Become confident with the "what" and "why" of IDDSI, including understanding what CAN and CANNOT be changed about IDDSI Implementation.
- 2. Accurately navigate implementation barriers and discover solutions. Feel comfortable surfing the IDDSI website for solutions and learn how to put the resources to good use?
- 3. Participate in and/or create an effective team, learn how to uphold best practices and how to coordinate efforts within the kitchen for skill development, and collaborate with other health care team members for person centered care.
- 4. Recognize the connection between quality improvement and a sustainable, IDDSI implementation project. Embrace the IDDSI-QAPI COMPLIMENT: a method for your facility to adopt IDDSI, track progress, collect data, and calculate benefits.

Disclosure:

Mary Rybicki discloses that she is a paid consultant for Anderson, Sadia's Health and Wellness, Academy of Nutrition and Dietetics EIC of NCM Diet Manual and a consultant for Pineapple Academy, however, she certifies that no conflict of interest exists for this program.

Professional Approvals:

Becky Dorner & Associates, Inc. has been providing continuing professional education (CPE) since 1983 (Commission on Dietetic Registration provider number NU004).

Intended Audience:	CDR: Activity Type: 171 Live webinar/175 Recorded webinar	
RDNs, NDTRs and CDMs	Activity number: 180143 Recorded Webinar: 180144	
	CBDM: Approval number 168138	
CPE Hours: 1.0 CDR Level: II		
Suggested CDR Performance Indicators: 1.1.5, 7.4.3, 8.2.4, 13.2.1		

Note: Numerous Other Performance Indicators May Apply. Expiration Date for Recorded Webinar: January 18, 2027.

How to Complete a CPE Course: https://www.beckydorner.com/continuing-education/how-to-

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Questions? Please contact us at info@beckydorner.com



Today's Webinar

Please refer to your handout for instructions

Handouts

 Live: Emailed to the person who registered for the program, and posted in the Go To Webinar System

Recording

Available on our website with the recording

Questions

- Live: Use GoToWebinar to ask questions
- Recording: Email info@beckydorner.com

Program Length

• 60 minutes

Credit Hours/Certificate

· Please refer to handouts for details

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Mary Rybicki, MS, RDN, LDN

- Consultant dietitian in post-acute care settings, clinical & food service roles, and assisting with IDDSI and quality initiatives
- Editor-in-Chief of the NCM Diet Manual, IDDSI content & transition tools
- Volunteer for the U.S. IDDSI Reference Group.



Contact: mrybickird@gmail.com

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Disclosures for Mary Rybicki

- Mary's opinions and advice are her own. She works as a paid consultant for IDDSI content, teaching and feedback on manufacturing products for companies.
- However, Mary certifies that no conflict of interest exists for this program.
- This is NOT an official IDDSI webinar and NOT intended to replace materials and resources on www.IDDSI.org. Refer to the IDDSI website for the most current information and resources.

Putting the "S" Back in IDDSI

How to Successfully Implement and Standardize your IDDSI Program



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Happy National Winnie the Pooh Day

- Let us proceed with kindness
- How can we lift each other with IDDSI implementation?



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Learning Objectives

- 1.Become confident with the "what" and "why" of IDDSI, including understanding what CAN and CANNOT be changed about IDDSI Implementation. Why the "Standardisation" is essential!
- Accurately navigate implementation barriers and discover solutions. Feel comfortable surfing the IDDSI website for solutions and how to put the resources to good use: what have others done?
- 3. Participate in/create an effective team; how to uphold best practices; how to coordinate efforts within the kitchen for skill development; and collaborate with other health care team members for person centered care.
- Recognize the connection between quality improvement and a sustainable, IDDSI implementation project. Embrace the IDDSI-QAPI COMPLIMENT: a method for your facility to adopt IDDSI, track progress, collect data, and calculate benefits.



National Organizations Support IDDSI

- "The Academy, ANFP and ASHA are committed to supporting its members during their transition."
- "It is imperative that all healthcare providers globally implement IDDSI, both to ensure patient safety and to maintain current standards of practice."
- "Beginning October 2021, IDDSI will be the only texture-modified diet recognized by NCM®. The National Dysphagia Diet and associated resources will no longer be included in the NCM® past October 2021." eatrightpro.org

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"What" and "Why" of IDDSI Implementation

- Why is "standardisation" so important?
- What if I do it "my way"?
- What cannot change...
- What can we individualize?
- What can I do if I am "stuck"? Where do I start?
- How do I begin learning the language of IDDSI?
- Feeling more confident now?

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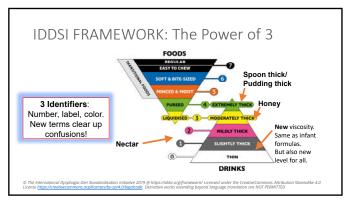


WHAT IS IDDSI?

Evidence-based global standardised terminology and definitions with specific particle sizes for texture modified foods and thickened liquids for people with dysphagia of ALL ages in ALL care settings and ALL cultures.

© The International Dysphagia Diet Standardisation Initiative 2019 @ https://iddsl.org/framework/ Licensed under the CreativeCommons Attribution Sharealike 4 License https://creativecommons.org/ficenses/bysa/4.0/lega/code_Derivative-works-extending-beyond (answare translation are NOT PERMITTED

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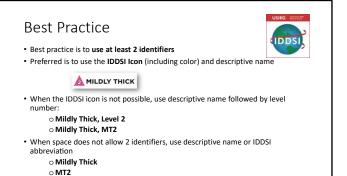


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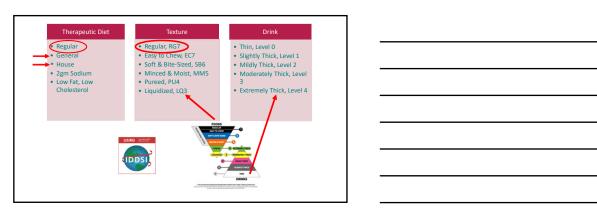
Why is Standardization so Important? • How would you interpret this diet order? • Regular Mech Soft Cut up • Carb Control • Soup of the day • What will you put on this tray?

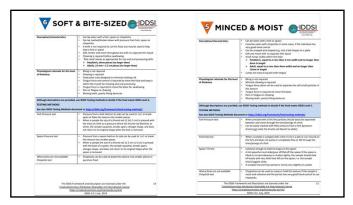


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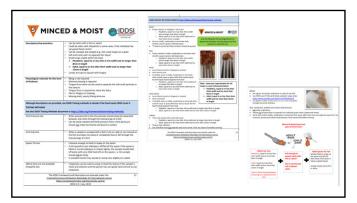


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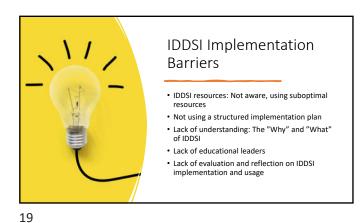


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Summary.....Let's All Speak The Same Language

- Why is "standardization" so important? Safety, communication, and care: all follow same guidelines...
- What cannot change? IDDSI Framework.
- What can we individualize? The diet order.
- What to do if I am "stuck"? Read the directions.
- Where do I start? Read the directions with a colleague





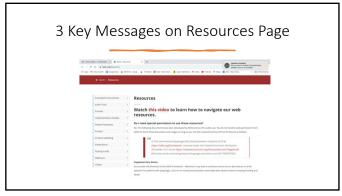
Navigate the Barriers and Be Ready with Solutions! Did you know? Speech pathologists and dietitians were identified as sources to assist in active learning and encourage multidisciplinary collaboration. Audits, feedback, staff performance assessments, knowledge-level exams and team meetings may lead to increased success with implementation.

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Solution: Start with Instruction Manual at IDDSI.org

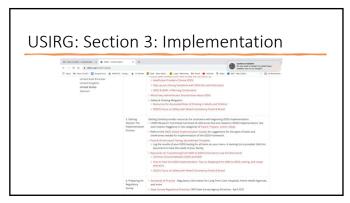
- Read First
 - o Complete IDDSI Framework Detailed Definitions
 - o IDDSI Framework Testing Methods https://iddsi.org/Framework
 - o Evidence Statement
- o YouTube
- o Instagram, LinkedIn

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Solution: Comply with Regulations Evidence-Based Practices and Competencies

- F 658. 483.21 (b)(3) Comprehensive care plans.
 - o Must meet professional standards of quality
 - $\circ\,\text{Care}$ and services provided per accepted standards of clinical practice
 - o Example provided includes standards published by "ADA"
 - o Find this on the USIRG Page
 - o Additional examples for hospitals, home health and hospice
 - o Resource available on the "United States" Tab at



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Solution: Create a Successful **IDDSI** Culture



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1. Build and Engage the Team

- · Make it interdisciplinary
 - o NDTRs, RDNs, Dietary Managers, SLPs, and Nursing working with the whole culinary team
- 3 Rs:
 - o Remember the "WHY"
 - o Relate to "your story"
 - o Reinforce best practice





1. Build and Engage the Team (Cont'd)

- Connect the team by learning together about IDDSI
- Practice using the IDDSI language
- Clarify diet order terminology and definition (what is served?)
- Streamline communication within the team
- Facilitate the interprofessional collaboration for individualized person-centered care
- Empower yourself, coworkers and leadership!

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2. Involve Leadership

- Add in Management understanding and support; and a touch of money
- Mix in: Objective audits, trainings and competencies, feedback, and routine meetings
- Fold into QAPI or QA program
 Consider entired ingradients
- Consider optional ingredients, specific to your location.



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3. Training and Competencies

- Tips that have worked for others:
 - Establish a training lead position
 - Incorporate into routine training
 - Identify informal opportunities!
 Take pictures of testing results: post | K
 - Take pictures of testing results; post. Keep it in an IDDSI binder.
 - Color code: charts, diet spreadsheets, menu tickets
 - o Include what is allowable and note restrictions on SNACK CARTS too!

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3. Training: Use the Competencies

- Prove that your staff has been educated
- Train, record, and track at QAPI
- Utilize Competencies on USIRG IDDSI website after viewing of the videos
- Create additional Q/A to documented competencies for different departments
- · Keep in mind...
- New employees may have existing IDDSI skills
 All levels and departments learning the same.
- All levels and departments learning the same information
- IDDSI becomes the common language for the TEAM



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Sustaining the IDDSI Program Takes Monitoring and Evaluation

- Audit using IDDSI testing
- Track data
- Adjust recipes and procedures
- Monitor Feedback
- Report your results!

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Monitoring and Evaluation

QAPI + IDDSI= What a team!

Goals:

- PROMOTE resident safety.
- OPTIMIZE Staff efficiency.
- CONTROL food costs and dining efforts.
- IMPROVE resident satisfaction.
- GAIN staff confidence and skills
 CHANGE HEALTH OUTCOMES.
- CHANGE HEALTH OUTCOMES.
- DECREASE READMISSIONS.
- IDENTIFY and document positive changes

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Tracking data... and capturing benefits of everyone speaking the IDDSI language!



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PDSA Cycle Performance Improvement Project on Improving Puree Consistency Using IDDSI Framework and Testing How will we know that change is an What change can we make that will result in What are we trying to accomplish (aim)? (measures)? hunches, theories)? Produce consistent Puree food meets Following IDDSI puree menu items; IDDSI Testing Framework and Testing expectations; resident acceptance of puree foods; and staff, resident, and family improve presentation, taste and acceptance • Incorporate new procedures, recipes, cooking processes and of puree foods; and begin transition serving protocols into daily routine towards IDDSI feedback implementation

Risks vs Benefits: Find Your Waste And Create Improvements

- Less is more!
- · Extras difficult to track
- · Orders for fortified foods and
- · Are we following orders?
- · Can we improve dining experience?



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IDDSI: Standardize and Increase Options to Individualize and Possibly Upgrade Texture

Historical Diet Names/Definitions

NDD Level 3 Dysphagia Advanced/Mech soft/dental soft Chopped/cut-up

NDD Level 2/Dysphagia Mechanically

Altered/Dysphagia Ground/Ground Ground with puree fruit/veg NDD Level 1/Dysphagia/Puree

Thin puree

*Reality check: What will be served?

What could be the IDDSI Version?

EC7, soft bread allowed SB6, allow bread/bread products SB6 with MM5 meats or MM5, allow muffin/coffee cake MM5 with SB6 Fruit/Veg MM5 with PU4 Fruit/Veg*** LQ3

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• Use shared best practice = IDDSI Altered Diet **Write Diet Order** Individualize **Fill Diet Order** What to serve?

Interpret The Diet Order

Translate into facility available diets and food available



Opportunity for improvement?

Who gets what?
Takes some organization and paperwork
Tally what and how much

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Case Study on Regulation: Serve Diet as Ordered

- Problem: Failure to ensure correct diet was served to 3/3 residents
- Initiation of investigation: Resident on SB6 choked on cantaloupe
- Situation: Tx to ED, CXR found lump 2.7x2.0 cm. Was too big to be allowable on SB6. State came in to investigate; found more errors.

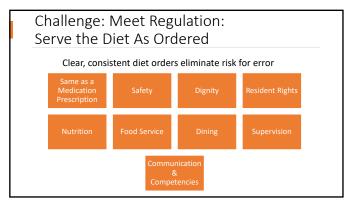
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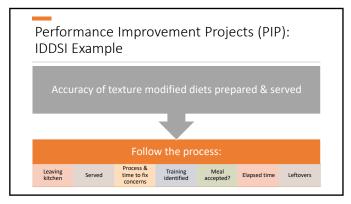
Case Study on Regulation: Serve Diet as Ordered (Cont'd)

- Diet order did not follow diet manual description for SB6. Particles too big. Another res. given bacon in SB6 pieces; but not soft enough; & was also given pastry on SB6; bread NOT allowed unless documented. A 3rd res. on MMS got the same cantaloupe (that 1st res. choked on) b/c this res. was "allowed canned fruit."
- IDDSI auditing could have prevented 3/3; all findings would have been identified for resolution because particle size too big AND/OR fail on fork pressure test.

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Conclusion

- Refer to your handout for references
- The IDDSI framework can target improved quality care and patient safety.



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Thank you!



- Credit Hours: Please watch for a follow up email with detailed information on how to obtain your certificate (instructions are also on the next slide).
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