Making IDDSI Diet Orders Work: Strategies for Person Centered Care

Live Webinar: October 22, 2025 (2:00-3:00 pm ET). Convert to your own time zone.

Professional Approvals

Becky Dorner & Associates has been a trusted provider of high quality continuing professional education since 1993 (Commission on Dietetic Registration provider number NU004).

Live Webinar: Making IDDSI Diet Orders Work: Strategies for Person Centered Care awards 1.25 CPEUs in accordance with the Commission on Dietetic Registration CPEU Prior Approval.

Recorded/Enduring Webinar Making IDDSI Diet Orders Work: Strategies for Person Centered Care awards 1.25 CPEUs in accordance with the Commission on Dietetic Registration CPEU Prior Approval.

Intended Audience: RDNs and NDTRs	**CPEUs**	**CDR Level**	**CDR Activity Type**	**CDR Activity Number**	**Expiration Date**
Live Webinar	1.25	2	190002	172	9/19/26
Recorded/Enduring	1.25	2	190003	741	9/18/28
Suggested CDR Performance Indicators: 8.4.5, 9.1.1, 9.5.1, 11.3.6 **Note: Numerous other Performance Indicators may apply.** **Certified Dietary Managers: Please see our Professional Approvals page for information on how to self-report your CE hours to the Certifying Board for Dietary Managers.					

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1. **Advance Your Knowledge:**
   Carefully review the contents of this program, focusing on practical applications for your individual setting.
2. **Obtain Your Certificate:**
   Complete the following steps before the expiration date:
   - Take and pass the online test and complete the evaluation to receive your certificate. ***Note: For free webinars you must add the test to your account.***
   - Test information: For multiple choice questions, select the one *best* answer from the choices given. If you are interrupted, save your progress and return later.
3. **Additional Resources:**
   - For more information, see the last slide in this handout
   - Visit https://www.beckydorner.com/continuing-education/how-to-complete-cpe/
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Making IDDSI Diet Orders Work: Strategies for Person-Centered Care

Today's Webinar

Program Length
- 60 minutes

Handouts
- Live: Available on our website 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

Credit Hours/Certificate
- Please refer to handouts for details

1

Disclosures

Commercial support has been provided by **Lyons Health Labs.**

Mary's opinions and advice are her own.
- She works as a paid consultant for assistance with IDDSI implementation.
- She provides per-diem coverage to LTC facilities.
- She receives honorariums for IDDSI presentations and workshops. She is receiving an honorarium for this presentation.

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.

2

Mary Rybicki, MS, RDN, LDN

- Dietitian in post-acute/long term care with a diverse background in clinical and management experience
- USIRG: United States Implementation Reference Group, volunteer member
- Past-Chair, DHCC DPG of the Academy of Nutrition and Dietetics
- Honors include the Academy's Excellence in Consultant Practice Award

3

4

Mary's Story: How Can We Make Texture Modifications More ***Inclusive?***

- Remember ***the person*** behind the diet order.
- What textures are available for each menu item?
- EMPATHIZE: How does it feel to be on a texture modified diet?
- Key message: IDDSI objective details cannot change but you can (and should) ***individualize*** the diet order.

5

Why is IDDSI's Implementation Relevant to **YOU**?

- Safety
- Quality improvement
- Managing risks
- Person-centered care
- Healthcare team's best practice
- Strategize for improved outcomes
- Survey readiness

Focusing on person-centered care can lead to all the other things listed that are important for quality care!

How can IDDSI's guidelines help you meet the diverse needs in your setting?

6

Learning Objectives

1. Recognize	2. Understand	3. Redesign	IDDSI =
Recognize opportunities and identify actions to enhance person-centered care through adoption of IDDSI.	Understand how food characteristics of texture modified food can improve nutrition care and outcomes.	Redesign diet order policies and procedures using team-based QA-QAPI strategic planning.	**International Dysphagia Diet Standardisation Initiative**

7

What is IDDSI?

IDDSI
International Dysphagia Diet Standardisation Initiative
Standardising dysphagia diet terminology to improve safety.

*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**.*

Standardization = Structure

8

IDDSI Facts

IDDSI Is…

- A framework that organizes foods & drinks
- A tool clinicians use to assess and determine individualized diet orders
- A guide for kitchens to evaluate consistency of finished products
- A resource that provides more options to meet individualized needs

IDDSI is Not…

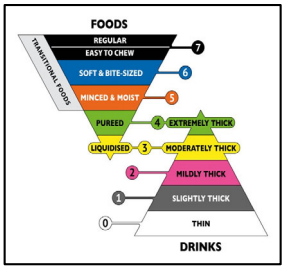
- A diet order itself
- Something whose content can be changed
- Limited to one profession or setting

Solution: Individualize the diet order

9

IDDSI's Key Goal: Safety Through…

- Standard terminology: same words
- Clear definitions: what to serve
- Objective testing methods
- All involved speak the same language: team united/agrees
- Many ways to identify: less errors
  1. Number
  2. Words
  3. Color
  4. Abbreviations
  5. Symbol



10

How Are IDDSI and NDD Related?

- **International Framework Development**
  - National standards (including US NDD)
  - Systematic review
  - International stakeholder consultations
- **US NDD**
  - Developed as a starting point
  - Identified importance of standardization
  - Anticipated new research and adjustment

IDDSI ADDED simple testing methods, refined measurements, and detailed descriptions. It is based on both patient abilities and how food behaves.

11

Distinguishing Between NDD and IDDSI

NDD Level 1 – Pureed

- Pureed, homogenous, and cohesive foods - "pudding-like."
- No coarse textures, raw fruits or vegetables, nuts, and so forth allowed.
- Any foods that require bolus formation, controlled manipulation, or mastication are excluded.

4 PUREED

- Eaten with a spoon (a fork is possible)
- Cannot be drunk from a cup
- Cannot be sucked through a straw
- Does not require chewing
- Shows some very slow movement under gravity but cannot be poured
- Falls off spoon in a single spoonful when tilted and continues to hold shape on a plate
- No lumps and not sticky
- Liquid must not separate from solid

12

Making IDDSI Diet Orders Work: Strategies for Person-Centered Care

Distinguishing Between NDD and IDDSI

NDD Level 2 – Mechanically Altered

- Foods that are moist, soft-textured, and easily formed into a bolus.
- Meats are ground or minced no larger than one-quarter-inch cube = 6 mm pieces - moist, with some cohesion (served with gravy/sauce).
- Vegetables should be soft, well-cooked < 1/2 inch (13 mm). Should be easily mashed with a fork.
- No rice is allowed.

5 MINCED & MOIST

- Biting is not required but some minimal chewing
- Soft and moist with no separate thin liquid
- Small lumps visible within the food
  - Pediatric, 2 mm lump size
  - Adult, 4mm x 15 mm lump size
  - Food pieces sizes same for all food categories served
- Lumps are easy to squash with tongue
- Use IDDSI testing to confirm safety of food produced, (including rice!)

13

Distinguishing Between NDD and IDDSI

NDD Level 3 – Dysphagia Advanced

- Food of nearly regular textures with the exception of very hard, sticky, or crunchy foods.
- Foods still need to be moist and should be in "bite-size" pieces at the oral phase of the swallow.
- Any soft breads, biscuits, muffins, pancakes, French Toast, waffles, (if not dry). Need to add adequate syrup, jelly, margarine, butter, etc., to moisten well.
- Soft, peeled fresh fruits such as peaches, nectarines, kiwi, mangos, cantaloupe, honeydew, watermelon (without seeds). Soft berries with small seeds such as strawberries.

6 SOFT & BITE-SIZED

- Chewing is required before swallowing; Biting not required
- Can be mashed/broken down with pressure from fork, spoon or chopsticks; fork tender
- Soft, tender and moist throughout but with no separate thin liquid
- Food piece sizes designed to minimize choking risk
- 'Bite-sized' pieces defined:
  - **Pediatric, 8mm pieces**
  - **Adults, 15 mm = 1.5 cm x 1.5 cm pieces (size of adult thumbnail)**

14

Moving from NDD to IDDSI

If the team speaks IDDSI and uses the same objective information, can this improve care?

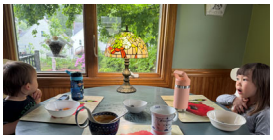
- ❑ Know how **food behaves**: stickiness, thickness, tender and soft VS tough/chewy. Cohesive?
- ❑ Match **person's abilities** and lack of skills to the accurate food/drink texture.
- ❑ Visualize how the diet order will help: what foods will fit? **Individualize diet order.**
- ❑ Connect **food characteristics** with the IDDSI names:
  a. Easy to Chew, level 7, EC7
  b. Soft & Bite Sized, level 6, SB6
  c. Minced & Moist, level 5, MM5

All aboard the IDDSI train!

15

IDDSI Flexibility!

- Can adoption of IDDSI provide tools and options to meet the person where they are?
- How can you meet:
  - Variable abilities
  - Individual needs
  - Specific expectations
  - Cultural requests



16

IDDSI Matches a Person's Abilities and Limitations to an IDDSI Level and a Diet Order

- Dentition
- Biting
- Chewing ability
- Ability to clear the mouth
- Mouth (tongue) strength
- Awareness/ dependence/ frailty
- Ability to trigger a timely swallow
- Ability to propel the bolus (clear the throat)
- Ability to protect their airway

Why we need to modify the food and liquids!

17

Food and Liquid Characteristics Matter

- How does food characteristics of texture modified food improve nutrition care and outcomes?
- How does the food behave?
- Know what to look for to identify how to adjust menu items:
  - Particle size, softness, and tenderness
  - Moisture and cohesiveness
  - Stickiness
  - Thickness and flow
  - Mixed consistency

SOFTNESS matters for chewability

Stickiness is concerning: Where will it get stuck?

Particle size! Control choking risks

18

Why is Bread Often Omitted in IDDSI Diet Orders?

How can we include bread in diet orders?

- Evaluate for bread tolerance on an individual basis.
- Add to IDDSI order an EXCEPTION: may have bread/bread products.
- Use a RG7 with SB6 or MM5 meats.
- **Document that the clinician assessed the individual and it is safe to serve bread.**

"The number of chewing strokes, chewing strength and stamina required to make bread swallow-safe are about the same as those required to chew and swallow peanuts safely."

19

Person-Centered Care Opportunities: Can We Improve Transitions of Care?

Examples:

1. Received IDDSI at hospital but not at rehab/nursing home.
2. Admission IDDSI diet order inaccurately translated into facility diet order.
3. Customer following IDDSI at home, but it is not available ACCURATELY at your facility.

Notice TRENDING CONCERNS?

- Inadequate options of textures of foods
- Delay of treatment and of rehab and SLP progress
- Limited ability for a person-centered care approach
- Safety and accuracy of textures served
- Quality of care, respect, and dignity

20

Build *Flexibility* into Your Program with IDDSI Options

Identify Your Customers:

- The person *and* family
- Rehab and other healthcare team members; staffing
- Referring facilities and communities
- Facilities: sister and competitors
- …?

How Can You Meet Their Needs?

- Can you offer more edible, attractive options?
- Offer more sides on many IDDSI texture levels
- Improve safety and manage risks
- Clarify and standardize diet orders
- Facilitate healthcare team collaboration
- Clean-up inconsistency of your texture consistencies produced and served. Let customers know what to expect at their next meal!
- *Advertise confidently your expanded texture modified diet menu choices!*

Bill Gates: "Find the simplest solutions first; know your customers…"

21

Know the *WHY* Behind a Change

A successful change process starts with understanding why the change must take place.

Example:
Kurt Lewin's Model developed in the 1940s, is known as ***Unfreeze – Change – Refreeze***

- Need the motivation to change (unfreeze)
- Empower new ways and promote communication (change)
- Move back to stability (refreeze)

"The secret of change is to focus all of your energy, not on fighting the old, but on building the new." – Dan Millman

22

But the IDDSI Website States it is NOT Mandatory?

HINT: What is in your diet manual?

It must match what you are serving!

- IDDSI is an international standard that is not mandated. However, the BOD hopes it is embraced to improve safety worldwide.
- It is up the the individual state/country/type of facility to determine if IDDSI is the standard to use for their texture modified diets.
- Evaluate professional best practices, person-centered care, regulations, food produced, and accuracy of service.
- Utilize regulations, accreditations, and best practices resources at USIRG: https://www.iddsi.org/around-the-world/united-states#regulations

23

How Do We Determine if IDDSI Should Be **OUR** Best Practice?

1. Know each team member's professional organization expectations and standards. AND, ASHA (SLPs), and ANFP (CDMs) embrace IDDSI.
2. Review local, state, federal, and voluntary regulations and accreditations requirements.
3. Examine patient population needs (think person-centered care). Do you have food options to meet care requirements?
4. Look at meals produced compared to facility P&P, company policies, written menus, diet spreadsheets, and diet manual. Do they MATCH?? What is the updated reference you are using?
5. Identify risks and make a plan. Involve your team and QAPI it!

24

Person-Centered Care

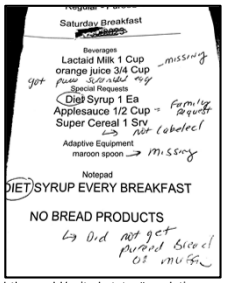
IDDSI is the Best Practice and Common Language for the HealthCare Team!

- Ability to focus on person centered care
- No delay of care: able to provide more food levels to allow SLP to advance slowly
- Whole team following best practices
- Serve diet as ordered
- Serve similar menu options
- Dignity and respect
- Safety!

25

Common Tags Associated with Texture Modified Diets in LTC

- F658: Comprehensive care plan; meet professional standards of quality
- F692: Maintain nutritional status and F 686: Skin/wounds
- F800: Nourishing, palatable, well-balanced; meets nutritional needs and preferences
- F801 & F802: Qualified and sufficient dietary staff & support personnel; Dietitian & FSD Follow best practice; appropriate competencies & skills
- F803: Menus followed and nutritionally adequate
- F804: Food prepared to conserve nutritive value; palatable
- F805: Food form meets nutritional needs; diet served as ordered
- F808: Therapeutic diet served as prescribed



USIRG: Updated Regulations Section https://www.iddsi.org/around-the-world/united-states#regulations

26

Creating IDDSI Culture… Define Who Gets What?!

- Diet tickets confusing!
- *Puree with ground
- *Puree on ticket and states to have regular bread. Is the ticket updated correctly?

IDDSI Program = Clarity

27

Why IDDSI? *Improve Quality, Safety, and Team Coordination to Promote Person-Centered Approaches!*

- **Produce Consistent Menu Items: Use IDDSI Testing Methods**
  - Test for safe consistency
  - Adjust recipe & add controls
  - Objective measures for QAPI tracking
- **Create Guest Delight!** Innovation: be ready!
- **Increase Food Choices** and levels on texture modified diet.
- **Standardize** and simplify diet names and what is served. **#1 for the Team!**
- **Upgrade Texture** served when possible.
- **Build a Team:**
  - IDDSI is best practice for all the team players.
  - **Safety is** the goal everyone can agree upon.

28

Identify Your ACTIONS for Creating a Person-Centered Care Atmosphere Through Adoption of IDDSI!

- ❑ Analyze diet order terminology and policies.
- ❑ Recognize underutilized resources (Software).
- ❑ Conquer staffing challenges: improve work culture!
- ❑ Think: clarify and simplify tasks; streamline efforts.
- ❑ Subtraction: what can you take away?
- ❑ Know where to go for info and how to use resources.
- ❑ Document your "why IDDSI"; write it down!

Coordinated teamwork!

IDDSI Takes a Team approach. If disconnect from the team, concerns arise.

29

Pull it All Together: Redesign Diet Order Policies Using Team-Based QA-QAPI Strategic Planning

Key Points to Keep in Mind:

1. People have variable skills and needs.
2. Texture modified foods/drinks provide options for quality nutrition care.
3. Expanding texture offerings can meet the variable needs and solve other concerns (meet regulations, SOP, ETC).
4. Changing from NDD to IDDSI provides clarity, options, and team communication.
5. Knowing your "why IDDSI" keeps you focused.

NEXT: How to update diet order processes, terminology, and policies.

How do you feel about diet orders?

30

Updating Diet Order Processes, Terminology, and Policies

- What is the process for diet orders?
- What are the diet names used now and what is actually served?
- How does this line up with IDDSI definitions?
- What do the patients tolerate now? Potential IDDSI diet order?
- Discuss IDDSI terminology, combo levels, and exceptions: how will you individualize YET control?
- Re-evaluate some patients to verify.
- Document final agreed upon diet order terminology: Your Policy!

31

QAPI to the Rescue!

QAPI provides the process to document and track IDDSI implementation and all the individual projects, including diet order policies and procedures.

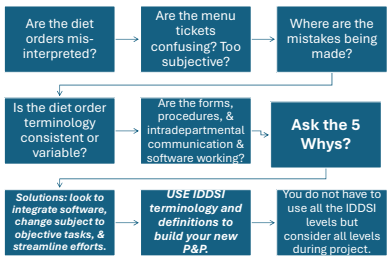
Can we: meet regulations, streamline efforts, improve team relationships, increase efficiencies, improve communications, and change the work culture? **YES!**

32

QAPI Project: Diet Order Terminology

Goal: ACCURACY: Clear, Consistent, Objective Diet Orders Improve Serving

Ollie the Octopus: So many moving parts that work together!



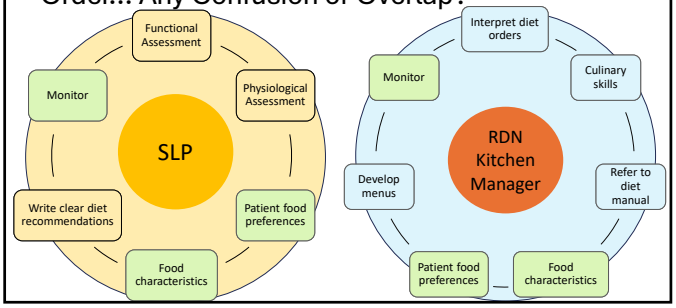
33

Diet Order Process: Where are All the Moving Parts? What Is/Isn't Working?

Assess	• Who does what?
Diet order	• Can you individualize? (check software and P&P)
Fill Diet order	• Who knows what to serve and how?
Test	• IDDSI Testing and Audit Sheets
Adjust	• Recipes and Diet Spreadsheets
Expand	• Offer more texture menu items when ready

34

Identifying Roles: Assess and Write Diet Order… Any Confusion or Overlap?



35

"Fill" Diet Order: What to Serve?

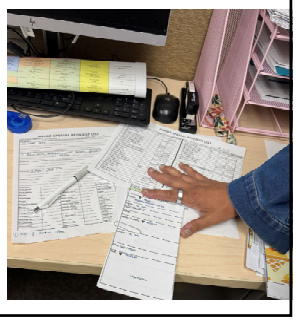
Identify and Evaluate All the Steps Involved

Discover all tasks needed to fill the diet order: *how does the kitchen translate into menu tickets, production notes, lists, and having foods available?*

How is your software assisting - or NOT?

Subtraction: What tasks can you take away?

Efficiency Focus: Gain back some time!
- ❑ Change subjective tasks to objective
- ❑ Utilize software
- ❑ Improve work culture



36

Gather Intel: Diet Order Process, Communications and Actual Food Served

Be in the Know DAILY:

- ✓ What is on the menu?
- ✓ What is on the menu for the texture modified diets?
- ✓ How safe is your food coming out of the kitchen?
- ✓ If you have changed to IDDSI diet order terminology, does the food match the diet order?

Action Item Checklist:

- ❑ Observe or help on the tray line or at point of service.
- ❑ Follow process to all dining areas.
- ❑ Observed if there is adequate supervision during mealtimes.
- ❑ Identified dignity concerns.
- ❑ Eat the meal!
- ❑ Eat the texture modified meal!!!

Collect more "why IDDSI" points!
What else have you discovered that needs to be fixed?

37

Identify Existing Diet Names and What is Served… Use IDDSI Definitions as a Guide

Existing Diet Names	What is Served?
• Chopped, cut-up, NDD Level 3 advance, dysphagia advanced, mechanical soft	• Meats chopped or cut (no specific size). Are all foods chopped or just entrée? Which hard foods avoided? Is bread allowed? Mixed consistency?
• Ground, NDD Level 2 Mechanical altered, Dysphagia, Dysphagia ground	• Ground meat/entrée if tough; regular texture for most sides; bread sometimes allowed; some mixed consistency allowed.
• Puree, NDD level 1	• Puree with variable thickness/smoothness; stickiness varies; some items too thin.

Concern: Who knows what is served on each diet?

38

Determine if Diet Order Terminology and Definitions are **Clear and Match Food Served**

Identify Concerns With Texture Modified Foods Served:

- Match or not?
- What is missing? Gaps?
- Does health care team know who gets what?
- Do you need to add visuals?

Use IDDSI Framework to identify texture levels and food items missing.

Identify Confusion and Concerns with Service:

- Perform diet order audit.
- Identify confusing meal tickets, potential and actual tray errors, wasted food, and wasted energy.
- Measure work atmosphere and team communications: what can be improved?
- Is software underutilized? Frequent concern that becomes a solution.

39

Keep Your Eye on Person-Centered Care!

Practice Potential IDDSI Diet Orders:

1. Regular, Cut up (small, bite size pieces) extra sauce/gravy
IDDSI order = House Soft & Bite-Sized, Level 6, Thin, Level 0
Or…House Soft & Bite-Sized, Level 6, Thin liquids

2. Moist ground /thin consistency diet
IDDSI order = House Minced & Moist, Level 5, Thin, Level 0

3. Moist ground meats with puree sides, nectar thick liquids
IDDSI order =
House Pureed, Level 4, Minced & Moist, Level 5 meats, Mildly Thick, Level 2
Consider changing to all food to MM5, if tolerates.
House Minced & Moist, Level 5, Mildly Thick, Level 2

- What do the patients tolerate now?
- Re-evaluate some patients to verify.
- Include food textures currently tolerated.
- Do Not downgrade texture.
- Individually assess people.

40

Diet Order Terminology: Combo IDDSI Level Diet Orders

- Identify IDDSI combo level diet orders that meet population needs.
- Observe for patterns of complicated diet orders that could be clarified with 2 IDDSI levels. Determine how software will accommodate the combo diet orders.
- Document specific procedures for communicating combo IDDSI levels. Identify steps to assure accuracy at service.
- Design facility specific diet orders with standard words that keeps clarity.

Examples of Combo IDDSI Level Diet Orders:

Regular, Level 7 with Soft & Bite-Sized, Level 6 meats
OR … RG7 with SB6 meats

Soft & Bite-Sized, Level 6, with Minced & Moist, Level 5 Meats
Or …. SB6 with MM5 meats

41

Additions **OUTSIDE** IDDSI Guidelines = Exceptions and "May Haves"

- ❑ Define what is served for the exception. Example:
  - ❑ create a "bread/bread products" list
  - ❑ document what food characteristics a "soft dessert is " (not sticky, chewing, crusty)
- ❑ Limit "may haves" to prevent too many and too confusing diet orders.
  - ❑ Use exact terminology
  - ❑ Add additional wording only after team agrees. No free-for-alls!

Exceptions: If assessed by a clinician, diet order may be individualized. Examples may be:

a. All bread products allowed
b. Soft desserts/snack products allowed
c. May have regular toast; or may have muffin
d. May have ice cream; or may have mixed consistency

Example diet orders:

SB6, all bread products allowed
SB6, may have regular toast
SB6, may have all regular desserts
MM5, may have ice cream
EC7 with all bread products and mixed consistency allowed

42

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

Historical Diet Names

- Chopped/cut-up
- NDD Level 2
- Dysphagia Mechanically Altered
- Dysphagia Ground
- Ground
- Soft
- Dysphagia

What Could Be The IDDSI Version?

Examples… Yet Determine With Your Team

- Regular 7 with SB6 meats
- EC7 with SB6 meats; allow bread products
- SB6
- SB6 with MM5 meats
- MM5 meats with SB6 Fruit/Veg/sides

***Never had option for SB6 or MM5 sides!**

43

Summary of Steps to Re-write Diet Order Processes, Terminology and Policies

1. What is served now? Concerns? What will computer allow?
2. Combos? Exceptions? "may haves"
   - Ex.: Regular, level 7 with Soft & Bite-sized meats
3. Dig deeper: define each combo, exception and may haves… EX: what is on soft bread list?
4. Pull together: start recognizing how this will be on the menu and spread-sheet? How will production be affected?
5. Document Progress, update recipes/changes, apply improvements immediately, AND "date" YOUR IDDSI TESTING RESULTS.
6. Change diet order names AFTER food is ready! But begin to clear up confusion.

44

Key Take-Aways

IDDSI provides structure to meet variable needs and provide person-centered care.

Create your flexible Nutrition and Dining program by re-writing policies and procedures regarding diet orders.

★★★ Improve your ability to meet regulation to serve the diet as ordered.

45

46

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).
- **Please send questions/comments to** info@beckydorner.com

47

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48