



Greetings from the Communication & Advocacy Committee! Welcome to our current E-BITE. Please enjoy and continue to share your news with us at usa.communications@iddsi.net

United States IDDSI Reference Group Newsletter for May 2023



Wishing you a happy, healthy BHSM to you and your team!

This month's research highlight focuses on a study reporting IDDSI implementation on a pilot site in Germany.

The publication of this article highlight precedes a U.S. IDDSI Research Group's dissemination of a list of research articles on IDDSI implementation to happen in Summer 2023. Stay tuned for the addition of this fabulous new resource!!

Research Highlight May 2023 by Sarai Logan and Andrea Charvet, Ph.D. RDN, LDN

Lam, Peter, Soenke Stanschus, Rizwana Zaman, and Julie AY Cichero. The International Dysphagia Diet Standardisation Initiative (IDDSI) Framework: The Kempen Pilot. *British Journal of Neuroscience Nursing* 13, no. Sup2 (2017).
<https://doi.org/10.12968/bjnn.2017.13.sup2.s18>.

IDDSI implementation is happening on a global scale and involves three stages: aware, prepare, and adopt, all while monitoring is occurring. The article highlighted this month presents a study—known as the “Kempen Pilot” study—on the assessment of the viability and logistics for implementation of the IDDSI framework. The study site was Hospital zum Heiligen Geist with 250 beds located in Kempen, Germany. As stated by the authors, the study held three main objectives: to distinguish the functional logistic necessities of implementing the IDDSI framework and terminology, to advance quality assurance methods and safety in reference to dysphagia diets employing the IDDSI framework and standardized terminology, and to identify and create guidelines and/or materials to encourage

and apprise subsequent pilots and IDDSI framework implementation.

The methodology for this study encompassed a series of specific and descriptive steps. The preliminary step was preparation led by a duo of speech pathologists in which a myriad of training occurred depending on the profession. Nurses received training on dysphagia management and shadowing occurred in the kitchen to look at current food preparation processes. Following, terminology systems were reviewed and the pilot study was introduced with the enactment of a two-prong implementation approach. With this approach, the chief speech pathologist worked “top-down” from CEO to chef to kitchen and the team lead speech pathologist followed a “bottom-up” path going from nursing to allied health and care staff at the ward rank.

Following the preliminary step was a review of current services to facilitate the roll-out of IDDSI implementation. Categories of review included food services, food production, and the construction plus delivery of meal trays. To carry out the reviews, examinations and interviews occurred with various professional departments within the facility and sample dysphagia test trays were assessed to gauge similarities and differences of existing hospital guidelines vs IDDSI guidelines. It is indicated that only four levels of modification (Pureed, Soft, Modified Regular, Regular) existed in the hospital at the time with subjection to issues such as incorrect orders, assembly difficulties, and patient movement. Moreover, no standardized terminology left

the process of assembling and delivering dysphagia diet orders at the discretion of the staff in the food services. Subsequently, recommendations to implement IDDSI came about from the direct knowledge of the reviews. These recommendations included education of staff, improving communication between clinical services and food services staff, analyzing existing food items to check which ones abided by IDDSI standards, the use of IDDSI standardized labels, colors, and numbers to promote quick patient identification for staff, and the incorporation of IDDSI terminology on white boards as well as medical chart notes. The IDDSI framework was translated into the German language with the inclusion of post-reviews, industry-supported workshops to help recall and practice important information learned, and diet meetings for feedback.

According to the author, results encompassed successful implementation of the IDDSI framework in the hospital within 12 months, even with the occurrence of a trial suspension, using the dual-pronged “top-down” and “bottom-up” approach. Nursing staff were successfully trained to use and recognize the IDDSI framework. They noted that the color system helped them to easily identify food texture and liquid viscosity requirements. IDDSI terminology was being utilized in medical documents and food service staff gained more of an understanding of making a dysphagia diet tray based on IDDSI standards. Staff noted the intuitive nature of the IDDSI framework allowed for the cooperation within the facility. Changes occurred in the food service system where

a new menu was created to more effectively transmit food and liquid prescriptions in food orders. In addition, adoption of IDDSI flow tests using syringes transpired to conduct assessments and assure correct texture was achieved.

Overall, the Kempen Pilot study represents an exceptional model of the process of IDDSI implementation within a clinical facility through the involvement of several factors. A main factor was the collaboration between the different departments in the facility. Key champions from each department (nursing, speech pathology, food service) working together promoted organization, support, and the opportunity for food service staff to become more aware in their role in patient safety while nursing staff could become more cognizant of the intricacy and timing that play a factor in assembling plates in the kitchen. The Kempen Pilot study also takes into account the importance of environmental and organizational factors. The use of physical and coded IDDSI materials in medical notes, documents, and software systems aided to promote the effectiveness of IDDSI implementation. The role of the organization played a role in serving as a catalyst for the introduction and expansion of the IDDSI framework in which other clinical facilities can use as a reference. These important points illustrate the feasibility of the IDDSI framework and how it has a chief purpose in being utilized in clinical facilities to ameliorate patient safety and health care quality. The 2023 ASHA Convention, taking place November 16–18 in Boston, Massachusetts, is going to be an in-person event with virtual components.

You have the choice of submitting a proposal for either an in-person session presented in Boston, or an on-demand, virtual-only session.

A HUGE THANK YOU TO THE RESEARCH COMMITTEE FOR



THEIR CONTINUED CONTRIBUTIONS TO THE E-BITE!

The USIRG Research Group meets to discuss plans of releasing a guide of IDDSI implementation studies. For over 2 years the group has compiled 572 resources and written 7 research article summaries for e-Bite publication. We would like to acknowledge the efforts of all group members in making the time to meet regularly and collaborate in different projects. A special thank you to Jacqueline Santacroce who has led the research group since the early stages of USIRG.