



---

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](mailto:usa.communications@iddsi.net)

---

## United States IDDSI Reference Group Newsletter for September 2023

### **IDDSI SWAG At FNCE!**



Do you have burning IDDSI questions?  
Ask Mary at [\*IDDSI Insights One-on-One!\*](#)  
FNCE at Denver, CO from October 7-10:

### **Booth #545 in the Expo Hall**

Meet Mary Rybicki, RDN, Editor-in-Chief of the Nutrition Care Manual, who incorporated the IDDSI texture modified diet levels. She is a volunteer for the US IDDSI Reference Group (USIRG) and has presented the IDDSI topic at various events. *Free funnels, instruction cards, and testing cards* will be distributed to the first 100 visitors during Mary's three hosting times.

She'll be available:

- ) Sunday, Oct. 8<sup>th</sup> 11:30 am - 1:00 p.m.
- ) Monday, Oct. 9<sup>th</sup> 11:30 a.m. - 1:00 p.m.
- ) Tuesday, Oct 10<sup>th</sup> 9:30 11:30 a.m.

**Stop in at Booth #545 at FNCE and  
let's talk IDDSI!**



# A Review of IDDSI Implementation Successes in LTC-settings

*Application of IDDSI in Long Term Care Facilities*

Article highlight of the following:

Miles, A., Liang, V., Sekula, J., Broadmore, S., Owen, P., & Braakhuis, A. J. (2019). Texture modified diets in aged care facilities: Nutrition, Swallow Safety and mealtime experience. *Australasian Journal on Ageing*, 39(1), 31–39. <https://doi.org/10.1111/ajag.12640>

Wu, X. S., Miles, A., & Braakhuis, A. (2022). An evaluation of texture-modified diets compliant with the international dysphagia diet standardization initiative in aged-care facilities using the Consolidated Framework for Implementation Research. *Dysphagia*, 37(5), 1314–1325. <https://doi.org/10.1007/s00455-021-10393-2>

Textured modified diets (TMD) in residential aged/long-term care facilities are utilized to assist in management of dysphagia. A mixed-methods exploratory study by Miles et al. (2019) aimed to characterize prevalence and IDDSI-level compliance for individuals in New Zealand residential aged care facilities (RACFs) through meal observations, audits of nutritional adequacy and IDDSI levels.

Participants in the study included residents from ten RACFs. Mealtime analyses of 400 residents from these ten RACFs were conducted with 59 excluded due to data collection errors. Observational data collection during one visit included the following: dining room lunch time observation, nutritional audit, TMD audit utilizing IDDSI testing methods and a menu audit. Information was collected across ten kitchen audits and eighteen dining room observations. Separately, dysphagia and nutritional-related data was collected from the interRAI database for over 35,000 residents in New Zealand RACFs highlighting the prevalence of TMDs as a quarter to a third of residents.

Meal observations revealed low meal consumptions with only half of residents eating their full meal and residents of modified dysphagia diets, specifically IDDSI level 4 (puree solids), being more likely to consume their full meal versus residents on IDDSI level 7 (regular solids). The increased

consumption of puree/textured-modified diets was considered to be associated with the level of assistance provided for modified dysphagia diets versus residents on a regular solids diet consistency, with 72% of residents on IDDSI level 4 (puree solids) receiving full assistance versus 9% on IDDSI level 7 (regular) diet.

Nutritional/energy consumption was found to increase by an average of 318kcal for individuals provided assistance during meals. Further negative impacts on nutritional/energy consumption for TMDs were highlighted by lack of snacks, lack of fortification in puree diets (four out of ten facilities using fortification in level 4 puree diets) and not meeting protein and carbohydrate compliance. Mealtime experience observations noted the majority of residents consumed their meals in silence despite studies showing social interactions may result in improved meal intake.

IDDSI-level compliance audits revealed only puree solids (IDDSI level 4) met IDDSI-level criteria with remaining IDDSI levels (level 5 minced/moist solids and level 6 soft/bite-sized solids) not achieving particle size or softness requirements. Puree solids (level 4) was available at all observational RACFs while level 5 and level 6 were not always available, potentially contributing to over- and/or under-modification of modified dysphagia diets.

The study by Miles et al. (2019) highlights the prevalence and service deficiencies for textured-modified diets in long-term facilities, suggesting the need for accuracy in application of the IDDSI framework to assist with maximizing nutritional intake in the RACF population.

As highlighted in the study by Miles et al. (2019), service gaps and opportunities for improvement exist for the implementation of IDDSI in long-term care facilities. An observational mixed-method study by Wu, Miles & Braakhuis (2022) specifically investigated barriers and facilitators to IDDSI implementation in New Zealand aged-care facilities (ACFs).

Methods included a study sample of five ACFs ranging from 54-153 beds that had previously adopted IDDSI in 2018-2019. 23-37% of residents were on texture-modified dysphagia diets. Fifteen manager interviews and eighty-five staff surveys were conducted. Data collection occurred by a research dietician who collected the following: manager

interviews, mealtime observations and anonymous staff self-administered surveys (health care assistants, nursing and kitchen staff). Mealtime observations and survey results were coded and prepopulated by the consolidated framework for implementation research (CFIR) in which constructs were rated for facility specific strengths using CFIR Rating Rules. Two authors independently rated the constructs.

Barriers and enablers of IDDSI implementation were identified as the following:

#### Barriers to IDDSI implementation

1. *ACF staff not aware of IDDSI resources, receiving sub optimal learning resources and not utilizing a structured implementation plan.* Specifically, positive feedback from staff and residents was noted when sites performed IDDSI-compliant diet trials prior to proceeding into larger scale usage.
2. *Lack of familiarity and awareness of IDDSI (no attempt to actively engage self-learning) and no attempt to offer rewards and/or incentives to motivate staff enthusiasm towards behavior change.* A strong negative influence was found related to lack of understanding for IDDSI evidence strength and quality. Participants desired to further understand IDDSI development and why IDDSI was needed.
3. *Lack of educational leaders to assist in implementation and translation of IDDSI terminology and practices.* Speech pathologists and dietitians were identified as sources to assist in active learning and encourage multidisciplinary collaboration.
4. *Lack of evaluation and/or reflection on IDDSI implementation and usage.* Previous studies have outlined how audits, feedback, staff performance assessments, knowledge-level exams and team meetings may lead to increased success with implementation. There were no mandatory performance evaluations for IDDSI in New Zealand.

#### Enablers to IDDSI implementation

1. *IDDSI Evidence and Accessible Resources.* Available resources (specifically portable, printable and centrally located) for implementation and to assist with following IDDSI guidelines were found to positively influence training. Leadership should encourage completion of continuing education on dysphagia and the IDDSI framework.
2. *Need for senior staff and management to support and have a positive view of self-efficacy towards the IDDSI implementation process.*

3. *Commercial companies using up-to-date IDDSI terminologies and labels on their products.*

The IDDSI framework can target improved quality care and patient safety. Successful execution and sustainability of the IDDSI framework in long-term care facilities requires careful consideration into obstacles and facilitators as suggested by findings in Miles et al. (2019) and Wu, Miles & Braakhuis (2022).

**Communications & Advocacy would be thrilled to share more success stories.**

**Send questions/contributions to:**  
[usa.communications@iddsi.net](mailto:usa.communications@iddsi.net)

**Best of luck on your IDDSI endeavors!**