Australian IDDSI Implementation Survey Results Snapshot

In 2022 the Australian IDDSI reference group (AUIRG) conducted a survey to collect data from Australian healthcare settings. The results will be used to tailor educating and assisting healthcare settings in implementing and maintaining the use of the international dysphagia diet standards. It will also provide guidance on how to overcome barriers to implementation in Australia and inform other countries planning to implement IDDSI. The following information is a preliminary snapshot of the results of this survey.

Demographics:
169 responses were received with the majority of responses from Victoria (34%) followed by NSW (24%). Surveys were mostly completed by Speech pathologist’s (52%) and Dietitians (30%) who worked in a wide variety of settings including hospitals, aged care and community health. 99% of respondents were aware of IDDSI due to the IDDSI website and organisational bodies such as Speech Pathology Australia and Dietitians Australia. The key staff members driving implementation worked in the areas of speech pathology, dietetics, food service and management.

Have you started implementation of IDDSI at your workplace?

Diets:
Of the seven IDDSI texture and thickness levels, Level 3 Liquidised and Level 1 Slightly Thick were the least implemented at 38% and 41% respectively. When specifically looking at workplaces who had implemented Level 7 Regular Easy to Chew diet, approximately 20% of settings provided bread with crusts or sandwiches with crusts, approximately 30% provided bread without crusts or sandwiches without crusts and 10% only provided bread when assessed by a speech pathologist. In addition, texture modified meals were most often prepared on site at facilities (73%).

Implementation:
The key drivers for implementation were influence from professional bodies and improvement to patient safety. Interestingly there were no standout barriers to implementation with time, money, support, collaboration, knowledge, education, lack of awareness and lack of familiarity all being identified as issues affecting the introduction of IDDSI.