



Canadian International Dysphagia Diet Standardisation Initiative (IDDSI) Expert Reference Group

Spring 2020 Update

The Canadian IDDSI Expert Reference Group (CIERG), a group of dedicated volunteer professionals from across Canada has continued to work to promote IDDSI through interdisciplinary collaboration, resource development and education. Here are some updates from CIERG:

New: Registry Posted

As a result of our recent survey, a registry of Canadian professionals who have started implementing IDDSI into their practice or organization, and who agreed to share their names, has been posted on IDDSI.org in the Canadian Resources section.

New: Webinars Developed

A CIERG education subgroup was assembled to develop a series of presentations and resources to support Canada-wide implementation. The first of these webinars will soon be posted, and are presented in both English and Canadian French. Future webinars are under development.

Clinical Tip: Why temperature is so important: Too thin, too thick or just right?

Thick liquids change thickness levels depending on their temperature. It has always been the case that the thickness of liquids change depending on their temperature. For example, a pureed soup, when served warm, behaves more like a liquid, but when it cools off, it becomes thicker. A thick liquid such as a milkshake or nutritional supplement that is served cold/chilled will be thicker than if it is served at warmer temperatures. The IDDSI Flow Test can be used to accurately capture the change in thickness level as the fluid changes temperature. **Clinicians need to audit thick fluids at the intended serving temperature.** Please refer to March 2019 e-bite on IDDSI.org for more details: [Why Temperature is so important](#)

Spotlight: Canadian Implementation Story

Bruyère Continuing Care in Ottawa, ON is a 500 bed facility that specializes in complex continuing care, rehabilitation and palliative care as well as running two Long-Term Care Homes. Forty percent of our inpatient population has complex feeding needs (tube feeds and dysphagia diets). We had been struggling for many years with inconsistencies in our own diet textures and challenges with admitting patients from other facilities. We had to run diets through our “secret diet texture decoder ring”: *“If a patient came from Facility X on “minced”, that is really closer to our “soft” or “I want this patient on minced food so I have to remember to tell the kitchen not to send the toast and the egg when I order a “minced” diet.* IDDSI was exactly what we had been looking for: simple to understand, easy to test and highly consistent. A few enthusiastic IDDSI advocates started chatting and our IDDSI Working Group debuted in 2017, comprising a Speech-Language Pathologist, a Registered Dietitian, our Patient Menu Coordinator and the Manager of Food Services. We started with testing the textures of all the foods on our current menu. We then mapped the foods to their IDDSI diet descriptors. We were able to identify gaps this created in our food offerings leading to the sourcing of some new menu items. We also developed procedures to keep our IDDSI project up to date such as ensuring all new menu items or new recipes went through texture testing before being used. We didn’t need to make any changes to our drink consistencies as our previous offerings were consistent with TN0, MT2 and MO3. We implemented food textures one by one for a six month period – RG7 and PU4 were easiest, then followed by MM5 and finally SB6. We were thrilled when EC7 came along to address the needs of people without dysphagia. Our biggest barrier was waiting for our electronic health record to catch up to our IDDSI project. While we waited for this in June 2019 we continued to use our old labels like “nectar” and “soft” although the foods on these textures now met the IDDSI standard. As our project progressed we were joined by most of the hospitals in our region. Using a standard language for diet textures has gone a few way to promoting the safety of our patients as they move through the healthcare system: we can understand and meet the needs of any person with dysphagia wherever they go. You know you are an IDDSI enthusiast when you find yourself explaining its merits to Peter Lam or answering diet texture questions on Facebook forums on a Saturday night.--Ellen Andrews, Speech Language Pathologist, Bruyere Continuing Care

Keeping in touch

Do you have an implementation story to share? Email your story to canada@iddsi.org. We encourage you to visit the IDDSI website regularly at www.IDDSI.org as exciting updates are planned and new resources become available. Download the IDDSI app for instant access to resources and tools.

The CIERG/GRCEI Team