Implementing IDDI with a difference?

From Kitchen to Ward and Beyond

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Speaker(s) Disclosures

• Fiona – Specialist Speech & Language Therapist & Pilot Study Lead
  • Employee at time of study
• Caroline – Registered Nurse, Background in Higher Education and Clinical Audit
  • Independent Consultant for Pilot Study.
• This study was funded by the States of Guernsey Committee for Health & Social Care IDDSI strategy group.
Background

• Implementation of IDDSI strategy group

• Cross sectional implementation plan for IDDSI and also alignment to the Eating, Drinking and Swallowing Competency Framework
Pilot Study

• To investigate the impact of Implementing a Food management system within a hospital environment.

• Pilot study within a rehabilitation ward and hospital kitchen

• Chefs were trained by Oak House Kitchen online ORAL training and other staff involved in the food management system undertook the Oak House Kitchen level 1 and/or 2 dysphagia modules as mapped to their EDSCF competency levels
Aims Of The Study

- to determine if ward staffs’ perceptions and knowledge regarding texture modified food and drinks has increased after undertaking Oak House Kitchen online modules
- to compare pre and post training IDDSI audit results for the preparation of texture modified food by chefs
- to determine if the implementation of the Oak House Kitchen training helps to improve staff awareness and knowledge of IDDSI at all points of the food delivery system from kitchen to ward?
What Did We Do? (Methodology)

• Mixed methods approach

• Qualitative and quantitative data sourced form staff undertaking online training

• Strength of mixed methods providing a better breadth of understanding of the subject and helped to gain novel insights
What Did We Find? (Results)

Key Findings
Chefs

Aim:
to compare pre and post training IDDSI audit results for the preparation of texture modified food by chefs
to determine if the implementation of the Oak House Kitchen training helps to improve staff awareness and knowledge of IDDSI at all points of the food delivery system from kitchen to ward?
Pre and Post Compliance Testing

Pre-training Overall compliance (%) by Food Textures
- Level 4 Pureed: 74%
- Level 5 Minced & Moist: 82%
- Level 6 Soft & Bite-sized: 84%

Post-training Overall compliance (%) by Food Textures
- Level 4 Pureed: 82%
- Level 5 Minced & Moist: 83%
- Level 6 Soft & Bite-sized: 96%
How confident are you in preparing the IDDSI food textures post training?

- Not confident
- Slightly confident
- Neutral
- Very confident
- Extremely confident

- Puree (PU4)
- Minced and Moist (MM5)
- Soft and bite size (SB6)
- Easy Chew 7 (EC7)
The Chef training experience.

- I have a better understanding of how to use kitchen equipment to modify ingredients
- I have a better understanding of the testing methods used for the IDDSI food levels 4-6
- I have a better understanding of how to prepare texture modified foods
- I was able to understand the training
- The training was well presented

Legend:
- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree
Qualitative Data from Chefs’ Experience of Training

- ‘refresher training every two years’
- ‘there should be a recognised qualification as an IDDSI Chef’
- ‘the training was extremely helpful’
- ‘we need a self-contained IDDSI kitchen’.
What Did We Find? (Results)

Key Findings Ward Based Staff

to determine if ward staffs’ perceptions and knowledge regarding texture modified food and drinks has increased after undertaking Oak House Kitchen online modules
to determine if the implementation of the Oak House Kitchen training helps to improve staff awareness and knowledge of IDDSI at all points of the food delivery system from kitchen to ward?
Who Undertook the Training on the Ward?  
(Distribution of Respondents)

<table>
<thead>
<tr>
<th>Staff Group</th>
<th>Respondents Completed Online Training</th>
<th>Total Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Nurses</td>
<td>7</td>
<td>11</td>
</tr>
<tr>
<td>Unregistered Healthcare</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Student</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Housekeeping Kitchen Staff</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>11</strong></td>
<td><strong>26</strong></td>
</tr>
</tbody>
</table>

Table 1. Distribution of Respondents by Staff Group
Training and Challenges

<table>
<thead>
<tr>
<th>How does your workplace provide training on texture modified foods?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Modules or online training</td>
</tr>
<tr>
<td>Training with the Speech Therapist</td>
</tr>
<tr>
<td>Learn from others</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Were there any challenges when accessing the modules available?</th>
</tr>
</thead>
<tbody>
<tr>
<td>My log in to meta compliance did not work</td>
</tr>
<tr>
<td>Not able to access due to IT problems</td>
</tr>
<tr>
<td>Didn’t have allocated time to complete the modules</td>
</tr>
</tbody>
</table>

Table 2. Distribution of Training Modes

Table 3. Challenges to Accessing Training
### How Was Learning Facilitated?

<table>
<thead>
<tr>
<th>Description</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>I completed them at home;</td>
<td>2</td>
</tr>
<tr>
<td>I was given time to complete them;</td>
<td>4</td>
</tr>
<tr>
<td>My shift was covered in order for me to complete the training</td>
<td>2</td>
</tr>
<tr>
<td>My workplace lead supported and covered me</td>
<td>1</td>
</tr>
<tr>
<td>I attended a training event</td>
<td>1</td>
</tr>
</tbody>
</table>
Graph 7. Perception of Training Presentation – Ward-Based

Graph 8. Level of Training Content – Ward-Based
Do They Feel They’ve Learnt?
(Self-Reported Knowledge of Texture Modified Food Post-Training).

![Knowledge of Texture Modified Food After Completing Online Training](chart.png)
Notification of Errors in Modified Food Distribution.

- Registered nurse calls the kitchen
- Reported to registered nurse
- Meal is modified by staff on the ward
- An incident report is issued
- All staff involved can notify the kitchen
Table 5. Distribution of procedures to ensure safe food delivery.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sign above the patient’s bed</td>
<td>9</td>
</tr>
<tr>
<td>Nursing hand over information</td>
<td>7</td>
</tr>
<tr>
<td>Sign in the kitchen for level</td>
<td>10</td>
</tr>
<tr>
<td>Nursing/medical notes</td>
<td>7</td>
</tr>
<tr>
<td>Menus</td>
<td>1</td>
</tr>
<tr>
<td>A list in the ward kitchen and whiteboard for textures</td>
<td>1</td>
</tr>
</tbody>
</table>

Table 6. Distribution of texture modification notification to kitchen staff.

<table>
<thead>
<tr>
<th>Role</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered nurse</td>
<td>8</td>
</tr>
<tr>
<td>Healthcare assistant</td>
<td>7</td>
</tr>
<tr>
<td>Dietician</td>
<td>2</td>
</tr>
<tr>
<td>Speech and language therapist</td>
<td>3</td>
</tr>
<tr>
<td>Housekeeping staff</td>
<td>4</td>
</tr>
<tr>
<td>Don’t know</td>
<td>1</td>
</tr>
</tbody>
</table>
Discussion

From the data collected three key themes have emerged:

• Training
• Perceived understanding
• Feedback to kitchen and safety.
Key Recommendations of the Pilot Study

- Review IDDSI implementation guide in line with the EDSCF for the organisation.

- Investigate a blended learning approach for the educational requirements of the scope of practice within teams across the organisation.
• Develop standard operating procedures within all departments for the modification, distribution and communication of texture modified foods.

• Further research, once systems and processes have been established, for the food management system of texture modified diet throughout the organisation.
Field Notes
(Very Interesting – well, we think so)

• Audit compliance- the form itself
  Audit of particle size for SB6
  Components of a meal
  Labelling of the meal

• Recognising Chefs as professionals in their own right

• The learning outcomes required on the EDSCF for varying staff groups involved in the food management system within a hospital
Thank You