

Implementing the International Dysphagia Diet Standardisation Initiative in the UK

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The ability to eat and drink is something we can take for granted, but for around 590 million people worldwide mealtimes can be stressful, unpleasant and unsafe due to difficulties with swallowing, known medically as dysphagia.

The most common way to deal with a swallowing disorder is to control the material properties of foods and drinks, e.g. drinks can be thickened to flow more slowly, or foods may be blended or minced. It can be critically important for health and quality of life to get the right consistencies, but practices and terminology have varied widely from setting to setting and internationally. The unpredictable variability of care can be unpleasant or unsafe, occasionally fatal.

With the goal of improving safety for those with dysphagia, the International Dysphagia Diet Standardisation Initiative (IDDSI) was formed from a voluntary board of multidisciplinary health professionals and scientists. In 2015, the IDDSI Board developed a standardised dysphagia diet framework (IDDSI Framework) with definitions and terminology that are relevant for all ages, all cultures and all care settings. The details were described in an article in *Complete Nutrition* in May 2017 and are available in peer-reviewed publications¹⁻³ to view for free via: **IDDSI.org**. After publishing the framework, the volunteer board committed to continue to support the implementation phase by providing information and guidance. IDDSI is starting to enter practice in the UK now; this article provides some information, advice and two early case studies.

The UK context

The IDDSI Framework builds upon the previous UK guideline documents for foods and drinks. The 'National Descriptors for Texture Modification in Adults' (NB no paediatrics) was published in 2002,⁴ then a review was undertaken with the production of the 'Dysphagia Diet

Food Texture Descriptors 2011'⁵ (NB food only). These descriptors were subjective in nature, relying on judgement such as 'leaves a thick coat on the back of a spoon' or 'cannot be drunk through a straw'. In comparison, the IDDSI Framework adds clinical and physiological evidence to define the levels and uses measurements to describe the levels objectively.

In 2015, the Royal College of Speech and Language Therapists (RCSLT) and the British Dietetic Association (BDA) were invited to join an IDDSI Expert Reference Group set up by NHS England to discuss IDDSI and its implications in the UK. This group includes representatives from other professional bodies, catering and manufacturers.

The RCSLT and the BDA consulted with expert advisors and their members and, in October 2017, both organisations decided to adopt IDDSI. The IDDSI Expert Reference Group agreed to a phased implementation plan, beginning in April 2018 with full implementation by April 2019. The group committed to develop tools and resources to be shared online via the IDDSI website and the RCSLT and BDA websites.

Implementation model

The IDDSI reviewed relevant global implementation models and developed three phases: Aware, Prepare and Adopt, with Monitoring carried out throughout ('MAPA'), see Figure 1.

Implementation considerations

There is encouraging evidence of clinical/health colleagues working in partnership with manufacturers, catering, care homes, pharmacy and other groups to raise awareness and provide training to support implementation at a local level. From discussions with these groups, the following themes emerged as being important to consider:

- There is no one national body with the mandate to push through this change in practice across a range of providers, including hospitals, nursing and care homes, rehabilitation units, social care units and educational settings, as well as individuals in their own homes. Each stakeholder bears some shared responsibility.
- There will be a transitional period where food and drink products relating to both the 'old' and 'new' standards will be in use. Manufacturers of dysphagia food and drink products are providing training and information products, including printed and online material to help with understanding any change in their products or labelling. It is important for suppliers to keep their customers informed, and for customers to keep this material to hand.
- Mapping or translation: since the UK National Descriptors were not objectively defined, there was some variation in the

interpretation of each stage. Different products were not equivalent to each other, which was a potential risk if an individual moved from one product to another. Using IDDSI measurements, manufacturers can now all produce products of equivalent consistency. Therefore, although the IDDSI levels broadly match the UK descriptors, we can't rely on a direct mapping from old to new, see Figure 2.

Recommendations

In discussion with manufacturers and relevant partner organisations, the UK IDDSI Expert Reference Group recommends that:

- Communication about IDDSI needs to be far-reaching and accessible to all health and social care professionals and staff, including community pharmacists, GPs and care home workers as they may be

the primary professionals assisting some individuals with dysphagia.

- At a local level, individuals or groups consider becoming 'IDDSI champions' to present the Framework in appropriate context to local stakeholders, from family caregivers to food industry and professional associations (<http://iddsi.org/community/>).
- Any concerns about patient safety risks are raised through an organisation's governance structures, e.g. Quality Patient Safety Governance, to ensure that they are appropriately assessed with a risk score.
- Senior managers within NHS Trusts/providers make contact with their relevant contracted manufacturers to discuss any concerns related to implementation and collaborate to reduce any risks for patient/service users.

Figure 1: MAPA Process for Implementing Change

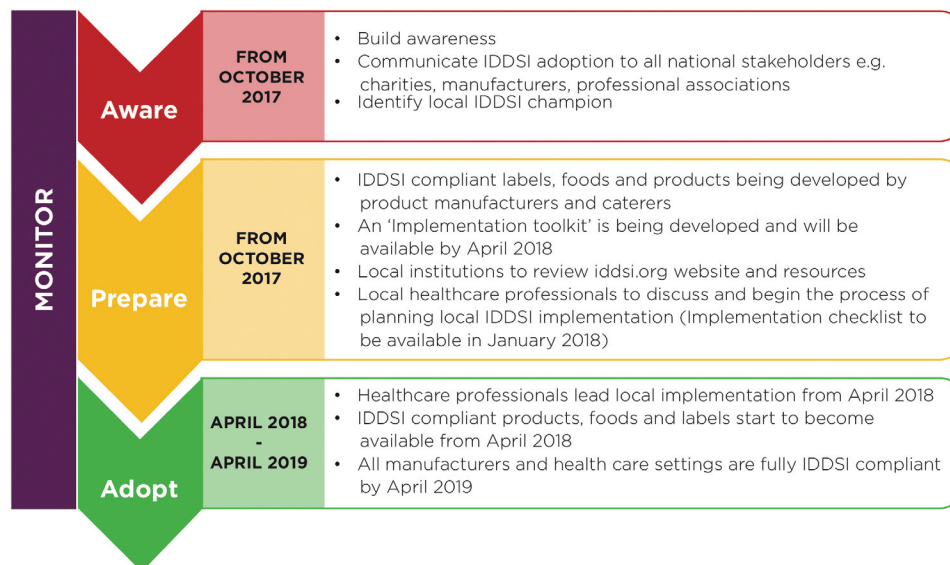
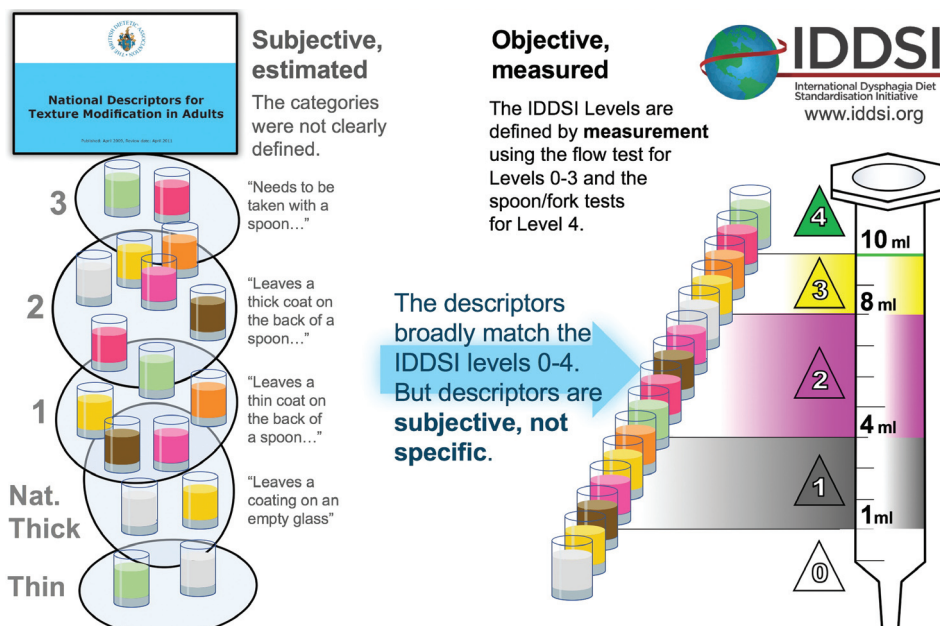


Figure 2: Comparison between Previous and New Drinks Descriptions



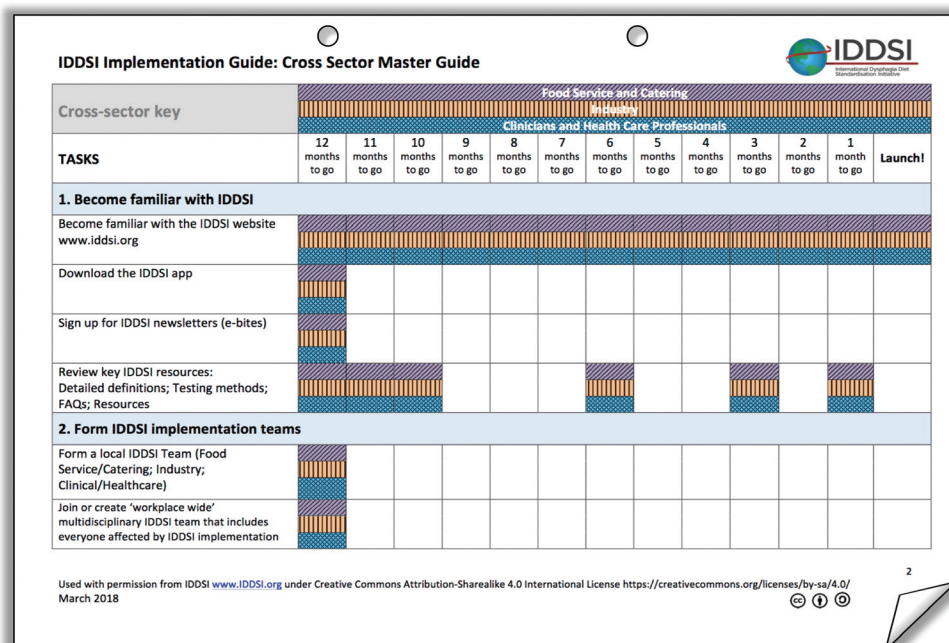
- Agencies/employers check with their contracted manufacturers regarding support, such as training and helplines.
- A whole-system approach to implementation be considered. This has been found to be effective by manufacturers who have supported the development of local implementation plans in early-adopter settings. For an IDDSI implementation checklist, visit: www.rcslt.org/clinical_resources/dysphagia/iddsiimplementationchecklist
- A local implementation plan is developed at the board level within each organisation. This may be through Directors of Nursing, AHP Leads/Head of Quality (or equivalent). This plan would need to include a range of stakeholders, including local care homes, Clinical Commissioning Groups (CCGs), other NHS organisations, GP practices and community pharmacies. IDDSI Implementation guides have been developed for different sectors and can be customised to each local context, e.g. **Figure 3**. These resources are available at: <http://iddsi.org/implementation/>

- The internet and social media are used for education and communication: consider joining IDDSI webinars on implementation available at: IDDSI.org; watch for future webinars from the BDA and RCSLT; the

IDDSI youtube channel has a range of short instructional videos, including the UK context specifically.^{6,7}

- Best practice is shared with the RCSLT and BDA for posting on their websites.

Figure 3: Example IDDSI Implementation Guide (from www.iddsi.org/implementation/)



CASE STUDIES

NHS Greater Glasgow and Clyde

Catherine Dunnet, Clinical Service Manager, describes how a main supplier of drink thickeners helped a large Board undertake changes to their drinks descriptors.

In NHS Greater Glasgow and Clyde a multi-disciplinary steering group was established, involving colleagues from speech and language therapy (SLT), dietetics, nursing, mental health, community, and the main supplier of their drink thickeners, who provided support on the ground to help raise awareness. In addition, a Project Manager resource was identified for three days per week to manage the volume of work that this Board-wide change had produced given that there are approximately 200 wards and 300 care homes within the remit of the Board. Terms of reference for the steering group were developed and include three sub groups: SLT, Care Homes, and Catering. The following describes the process undertaken:

- An email was sent to relevant heads of service to advise them that IDDSI was approaching, and that awareness sessions were being established
- A poster was developed and displayed across sites to raise awareness
- A patient letter was prepared and issued via pharmacies to all existing patients in the community. The second page of this was issued to existing inpatients
- SLT 'safer swallowing' documentation was revised to include IDDSI levels for fluids. This will be further revised when foods are changed. The colour of the signage which is placed above the patient's bed by SLT was changed to further visually emphasise the changes to fluid descriptors and will be changed again when food descriptors are introduced
- A Board-wide product change bulletin and safety advice notice were developed
- A number of awareness sessions have been held across acute, community and mental health venues to which all staff from acute, community, mental health and care homes were invited to participate
- A presentation to be used at awareness sessions was prepared and staff were issued with a certificate of attendance. Alternatively, staff can access an e-learning module
- A 'hot topic' alert has been placed on NHS GGC staff intranet
- A 'Frequently Asked Questions' document was developed.

A similar approach will be considered when implementing changes to food descriptors.

East Sussex

The East Sussex Speech and Language Therapy service covers two acute hospitals, two community hospitals and 153 care homes. As well as changing the terminology of diets and fluids, the scoop sizes of our preferred thickener were also changed to be IDDSI compliant.

To manage this large programme of change we established a strategic planning group, led by Anita Smith, Consultant Speech and Language Therapist, and an operational group with broad representation, including pharmacy, dietetics, catering, manufacturers, medicines management, representation from the hydration and nutrition steering group, communications and quality improvement. With support from the thickener manufacturer, we set up four methods of sharing the information:

1. Bookable places at specific events for any community service, nursing home or care home
2. Specific sessions at high-user areas, such as nursing homes with a high number of patients on thickener, where possible neighbouring homes have also been invited
3. A trolley service in our hospitals visiting all wards to do 'on the spot' demonstration and awareness of IDDSI, see **Figure 4**
4. An e-Learning module.

Our communications strategy included:

- Letters/posters for care centre staff and medical professionals
- 'Drip feed' information bites/posters/leaflets weekly during the month leading up to implementation to all acute staff following weekly nursing huddles
- Newsletter articles within and external to the trust, e.g. 'Prescribing Matters', distributed to all GPs, pharmacists, paramedics nursing teams across the CCGs in East Sussex
- Presentation to senior managers and trust board.

Communicating to patients: We decided that patients on UK descriptor stage 3 could move directly to IDDSI level 4, extremely thick. We had concerns that the grams of thickener suggested for IDDSI level 3 versus UK descriptor stage 2 were quite different, so we decided that we would reassess all of those patients on the new levels. For patients on UK descriptor stage 1, we conducted a small-scale assurance project to determine whether there was any clinical difference to IDDSI level 2 mildly thick, assessing 24 sample patients with both levels of thickener. Hull and East Yorkshire Hospitals NHS Trust shared their data for 10 patients using the same protocol. Using this information, we made the decision that our stage 1 patients will move to IDDSI level 2.

Patients known to SLT received a personalised letter, patients using thickener but not known to SLT also received an information letter with their prescription, providing information on who to contact if concerned.

Our programme plan was shared for assurance and approval with the trust board, directors of nursing and therapies and our CQC local inspector/advisor.

Figure 4: 'On the spot' Trolley Demonstration



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