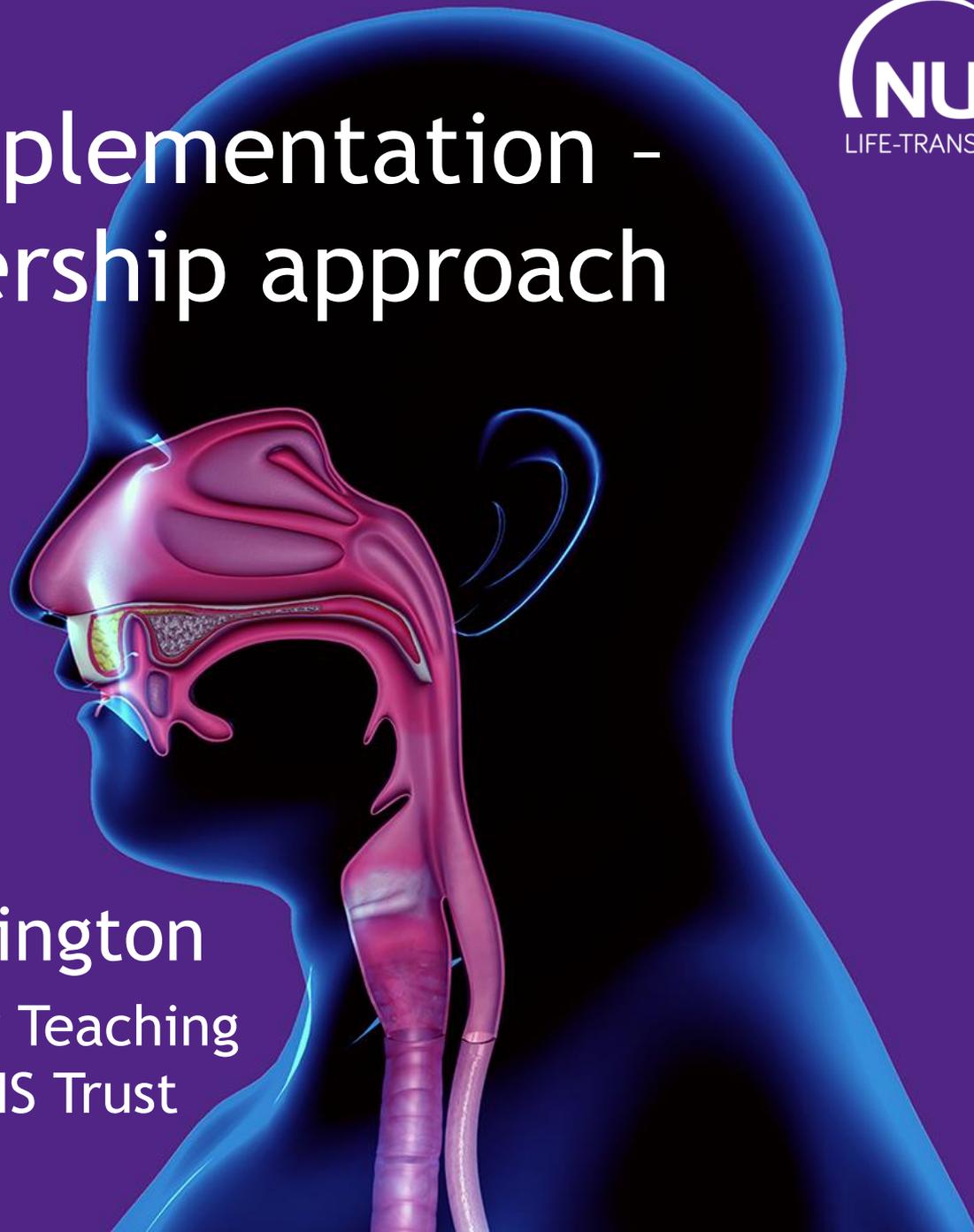


IDDSI Implementation - a partnership approach



Mary Harrington
Hull University Teaching
Hospitals NHS Trust



- No disclosures
- No commercial affiliations or funding

Organisational partners



- Acute NHS trust
 - Two hospitals, 1100+ inpatient beds, secondary & tertiary care specialties
- City Health Care Partnership Community Interest Company
 - Hull and the East Riding of Yorkshire
 - Inner city and large rural area





- Adult community SLT services (no Paediatrics or Adults with Learning Disabilities)
 - Both areas kept informed re IDDSI project
- Three SLT teams (Hull stroke, Hull community rehab, East Riding community rehab)
- Three community bed settings

Timeline



- Commenced late January 2018
 - IDDSI changes are coming
 - The penny dropped!
 - Making a choice
 - Mobilise or manage the consequences...
 - Identifying key partners
 - Internal and external
 - Aware
 - Prepare
 - Adopt

Key Partners



- Suppliers (e.g. Nutricia)
- Health care partners (e.g. CHCP)
- Other SLT services (e.g. ALD and Paeds)
- Dietetics
- Pharmacy
- Catering
- Nursing
- Care records service / IT
- Communications team

Aware



- Initial briefing
 - SLT + Dietetics
 - Nutricia presentation
- Project board
 - Key partners + clear agreements
- Swallowing Awareness Day (March 2018)



Prepare



- Flow testing session
 - SLT
 - Dietetics
 - Nutricia



Prepare



- Assurance testing (with East Sussex)
 - Stage 1 to level 2 - 22 assessed, 91% ok
 - Stage 2 to level 3 - reassessed all
 - Stage 3 to level 4 - direct swap
- Thinking in dual terminology
- Targeted training
 - Priority order
 - Nutricia representative
- Ward posters

Adopt - fluids go live



- Dual prescribing week
- Preparation day
- Go live (fluids)
 - Tuesday 22nd May 2018
 - Cayder report
 - Update
 - Medical notes
 - Cayder
 - Prescriptions
 - Signage etc

fluids go live



- Swap thickener stock
- Tin wrap-round



- Old stock to Catering
- New level 1 anecdotal benefits

NHS
Hull and East
Yorkshire Hospitals
NHS Trust

NUTILIS CLEAR - NEW SCOOP AND MIXING INSTRUCTIONS

The Royal College of Speech and Language Therapists and the British Dietetic Association advocate the adoption of the International Dysphagia Diet Standardisation Initiative (IDDSI) framework for thickening drinks. In order to align with this change, the scoops in the tins of **Nutrilis Clear** will be changing from a purple 5g scoop to a **green 2.25g scoop** and the directions for use on the label of **Nutrilis Clear** will be different. These new tins will be easily identifiable due to a red information sticker on the tin lid.

Previous Directions for use:		New Directions for use:	
UK National Description		IDDSI Framework	
Previous Stage per 200ml	Old purple scoop No. of scoops	New Level per 200ml	New green scoop No. of scoops
Stage 1	1 (5g)	Level 1	1 (2.25g)
Stage 2	2 (10g)	Level 2	2 (4.5g)
Stage 3	3 (15g)	Level 3	3 (6.75g)
		Level 4	7 (15.75g)

THIS CHANGE AFFECTS THE NUMBER OF SCOOPS REQUIRED TO THICKEN DRINKS.
Please refer to the Speech & Language Therapy (SLT) recommendations in the medical notes or on **Cedar** to see which level of thickness each patient requires.
If in doubt, please seek advice from the Speech & Language Therapy Department on:

HM: - 804551
CHM: - (77)5155

Nutrilis Clear is a Food for Special Medical Purposes for the dietary management of dysphagia and must be used under medical supervision. This information is intended for Healthcare Professionals only.

Adopt - diets go live



- Testing
- Developing new meals
- More testing
- “Easy Chew”
- Catering team education
- Preparation day
- Go live (diet)
 - Tuesday 4th September 2018



Community Roll Out Challenges



- 3 neighbouring Acute Trusts
- Multiple thickening products
- Diffuse and varied range of people requiring IDDSI information and education
- Clients on thickening products long term (i.e. no longer known to SLT services)
- SLT services with staffing issues and varied waiting times
- Differences in catering suppliers

The risks



- Confusion
 - patients, carers, care homes & care agencies, health professionals
- Incorrect consistencies
- Increased incidence of
 - chest infections
 - hospital admissions
- Increased re-referrals and waiting times

Managing the risks



- Clear Communication
 - patients
 - stakeholders
- Monitoring communication effectiveness
- Training provision
- Clear reporting mechanisms to
 - manage enquiries
 - monitor for incidents

To Map or Not to Map?



- New IDDSI tins would not display mapping old stages to new levels information
- Potential risks of direct mapping (without reassessing)
- Dosage changes prevented direct mapping (to varying degree, depending on supplier)
- Client confusion and risk of equating UK stage 1 to IDDSI level 1 etc

Mapping with managed risk



- Mapping stages to levels information in letters to clients and health professionals
- Identified main area of risk
 - stage 2 across to level 3 due to dosage change
- Signs of penetration / aspiration included in letters, posters etc
- SLT telephone numbers widely shared
- Patient self-referrals

What to communicate?



- What is IDDSI and rationale for change
- Product changes
- Differing timelines
- Potential for confusion
- Impact on them / their role
- Risks to be aware of
- How to get more information

Who to communicate with?



- SLT Team
- MDT Colleagues
- Pharmacists
- GPs
- Care Homes / Care Agencies
- Patients on caseload / waiting lists
- Patients no longer under SLT care
- CHCP managers and colleagues

Aware & Prepare



- SLT Team meeting
- Swallowing Awareness Day
- Emails to key Managers
- CHCP connect - 'internal facebook'
- CHCP facebook page
- Communications Team

Aware: GPs & Pharmacies



- Prior to HEY Go Live: Letter sent via GP portal and weekly Pharmacy bulletin
 - explained IDDSI and changes to Nutilis Clear
- Flyer to GPs and Pharmacies to give out to patients
 - main communication method to patients no longer known to SLT
- Continued to update as different manufacturers switch to IDDSI

Care Homes and Care Agencies



- May 2018 - Care Home medicines management team emailed letter to all nursing and care homes with flyer
- Nutricia sent information to care homes
- Local Swallowing Awareness Event
 - invite sent out with all emails and letters
- June 2018 - List of key homes provided to Nutricia to provide direct training

Clients



- All active clients on SLT caseloads sent written information or direct review (depending on risk)
- Clients on waiting list sent written information and telephoned if needed (depending on risk)
- Clients not known to SLT to be given information by GP and/or pharmacist

Awareness & Training



- Swallowing Awareness Event 5th June 2018

chcp
E Excellence - Compassion - Expertise

NUTRICIA
Advanced Medical Nutrition

Swallowing Awareness Event

There are important changes happening to the care of clients with swallowing difficulties
Come along to learn more about managing swallowing problems, the changes to Nutilis Clear and the new dosages
Drop in and speak to us, no appointment necessary
Hallmark Hotel, North Ferriby
5th June, 10am - 3pm

Need to know more about swallowing difficulties?
Carers, nursing and residential home managers, health care professionals, patients and their families are all welcome

Stalls include:
Nutricia - Speech and Language Therapy - Medicine Management
Dietetics - Occupational Therapy - Oral Health Promotion

For further information or advice call the Hull Community Rehabilitation Team on **01482 303607** or email chcp.slt@nhs.net

For information regarding the International Dysphagia Diet Standardisation Initiative visit iddsi.org

5th June
10am - 3pm
Free Refreshments
Hallmark Hotel
North Ferriby
HU14 3LG

NHS

chcpic.org.uk



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LIFE-TRANSFORMING NUTRITION

Swallowing Awareness Event



- Stalls from
 - Nutricia
 - Speech and Language Therapy
 - Oral Health Promotion
 - Nutrition & Dietetics
 - Medicines Management
 - Occupational Therapy
 - Physiotherapy
- Over 60 people attend from a range of health & social care organisations

Awareness & Training



- Health Expo - 5th July
- GP Protected Learning Event - 15th July



Internal Training



High Priority Training

- Staff on inpatient units
- Key MDT colleagues

Longer Term

- E-learning training package
- Internal Training Diary Dates



Care Home Training



- Swallowing Awareness event
- List of key homes highlighted to Nutricia representative and training commenced (June 2018)
- SLT staff datixes relating to care homes and IDDSI management
 - highlighted for training

Adopt



- End of May 2018 - Community teams in CHCP went live for IDDSI fluids
- Staff use full descriptor to avoid confusion e.g. IDDSI Level 2 Mildly Thick
- Recommendation to GPs regarding prescribing IDDSI aligned gum based thickeners
 - Acute discharge letter re continuing same thickener until review

And this...



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Health

Patients 'choked on hospital soft food'

27 June 2018

Facebook Messenger Twitter Email Share

Dr Kathy McLean, executive medical director at NHS Improvement, said:

"Vulnerable patients have died or been harmed because there is confusion in the way people describe what type of food is suitable for those with swallowing or chewing difficulties.

NHS Improvement now wants all NHS staff to use clearly categorised food textures - as published by the **International Dysphagia Diet Standardisation Initiative** - to make sure patients are fed safely and correctly according to their individual needs.

BDA The Association of UK Dietitians

NHS Improvement

ROYAL COLLEGE OF SPEECH AND LANGUAGE THERAPISTS

Patient Safety Alert *Resources to support safer modification of food and drink* 27 June 2018

Alert reference number: [NHSPSA/RE2018/004](#)

Resources Alert

Dysphagia is the medical term for swallowing difficulty and a sign or symptom of disease, which may be neurological, muscular, physiological or structural. Dysphagia affects people of all ages in all types of care setting. Food texture modification is widely accepted as a way to manage dysphagia.

Terms for fluid thickness, such as 'custard thickness', have varied locally and numerical scales have been used by industry. National standard terminology for modified texture, including terms such as 'fork-mashable', was agreed in 2011 and widely adopted by the hospital catering industry and many clinical settings. However, local variations have persisted for both food and fluid texture, confusing patients, carers and healthcare staff. The imprecise term 'soft diet' continues to be used to refer to the modified food texture required by patients with dysphagia, and others without dysphagia, for example, with lost dentures, jaw surgery, frailty or impulsive eating.

A review of National Reporting and Learning System (NRLS) incidents over a recent two-year period identified seven reports where patients appear to have come to significant harm because of confusion about the meaning of the term 'soft diet'. These incidents included choking requiring an emergency team response, and aspiration pneumonia, two patients died. An example incident reads: "Patient with documented dysphagia given soft diet including mince and peas at lunch...unresponsive episode...Diffid by vent (laring) at 10:00 over night. Pass (suctioned) out via endotracheal tube." Around 270 similar incidents reported no harm or low harm such as coughing or a brief choking episode.

These incidents suggest the continuing widespread use of the term 'soft diet' can lead to patients needing a particular type of modified texture.

The International Dysphagia Diet Standardisation Initiative (IDDSI) has developed a standard terminology with a colour and numerical index to describe texture modification for food and drink. Manufacturers will be changing their labelling and instructions accordingly, and aim to complete this by April 2019.

Transition from the current range of food and drink texture descriptors to IDDSI framework for people with dysphagia needs careful local planning to ensure it happens as soon and as safely as possible.

For practical reasons and to reduce the risk of errors, IDDSI food texture descriptors also need to be adopted for patients who do not have dysphagia but for other clinical reasons need a modified texture diet equivalent to IDDSI levels 6 to 4 (usually in the short-term). IDDSI point out that within a regular (level 7) diet there are many easier to chew options and these may be suitable for some of these patients. The needs of non-dysphagia patients should be noted in care plans, including steps to address the cause of the problem and return them to a normal texture diet as soon as possible. We would not expect these patients to need to be prescribed thickeners.

This alert provides links to a range of resources [improvement.nhs.uk/resources/transition-to-IDDSI-framework](#) to assist with transition to the IDDSI framework and eliminate use of imprecise terminology, including 'soft diet', for all patients.*

Actions

Who: All organisations providing NHS funded care for patients who have dysphagia or need the texture of their diet modified for other reasons, including acute, mental health and learning disabilities trusts, community services, general practices* and community pharmacies*

When: To start immediately and be completed by 1 April 2019

- 1 Identify a senior clinical leader who will bring together key individuals (including speech and language therapists, dietitians, nurses, medical staff, pharmacists and catering services) to plan and co-ordinate safe and effective local transition to the IDDSI framework and eliminate use of imprecise terminology including 'soft diet'
- 2 Develop a local implementation plan, including revising systems for ordering diets, local training, clinical procedures and protocols, and patient information
- 3 Through a local communications strategy (eg newsletters, local awareness campaigns etc) ensure that all relevant staff are aware of relevant IDDSI resources and importance of eliminating imprecise terminology including 'soft diet', and understand their role in the local implementation plan

*Community pharmacy services and general practices are not required to develop the full implementation plan above, but should use appropriate resources when prescribing or dispensing modified diet products (eg thickening powder) to help patients and their carers understand the changes to terminology

See page 2 for references, stakeholder engagement and advice on who this alert should be directed to.

NHS Improvement (June 2018) Contact us: patientsafetyenquiries@nhs.net Publication code: IT0518



Summary - hints and tips



- Identify key partners
- Agree timelines (if in your control)
- Agree action leads
- Communicate repeatedly
- Provide training
 - variety of trainers and resources
- Consult others
 - use their learning and resources
- **GO FOR IT!**

One year later...



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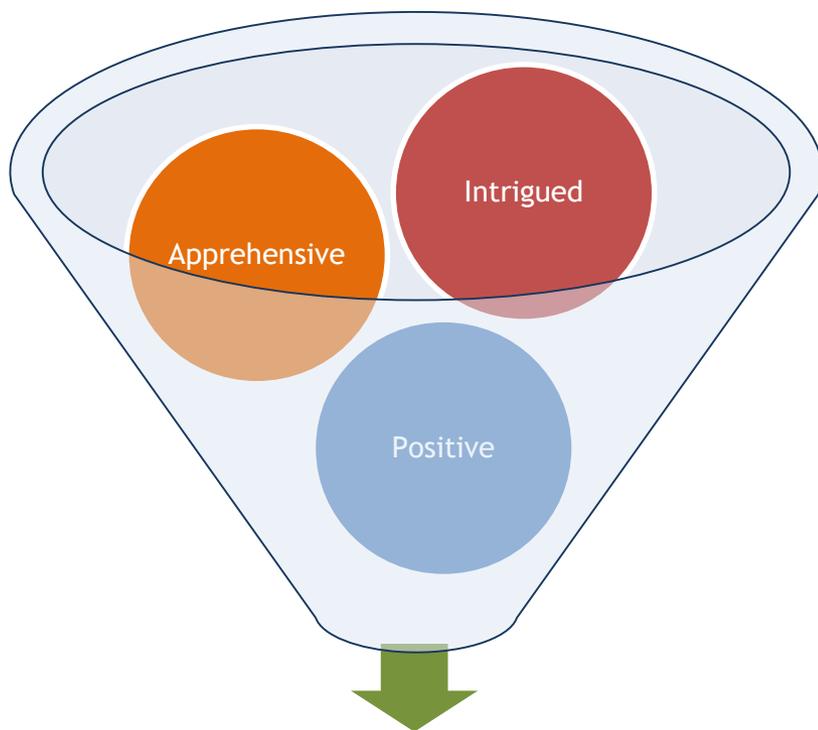
- IDDSI embedded in acute organisation
- Ongoing ad hoc education
- Ongoing Catering developments
- Information booklets / leaflets
- IDDSI updates
 - Why temperature is so important
 - Framework & testing methods (July 2019)
- Wider dysphagia work

Acute SLTs feedback - April 2019

(thank you to SLT student Laura Girling)



- Short anonymous survey (n=12)

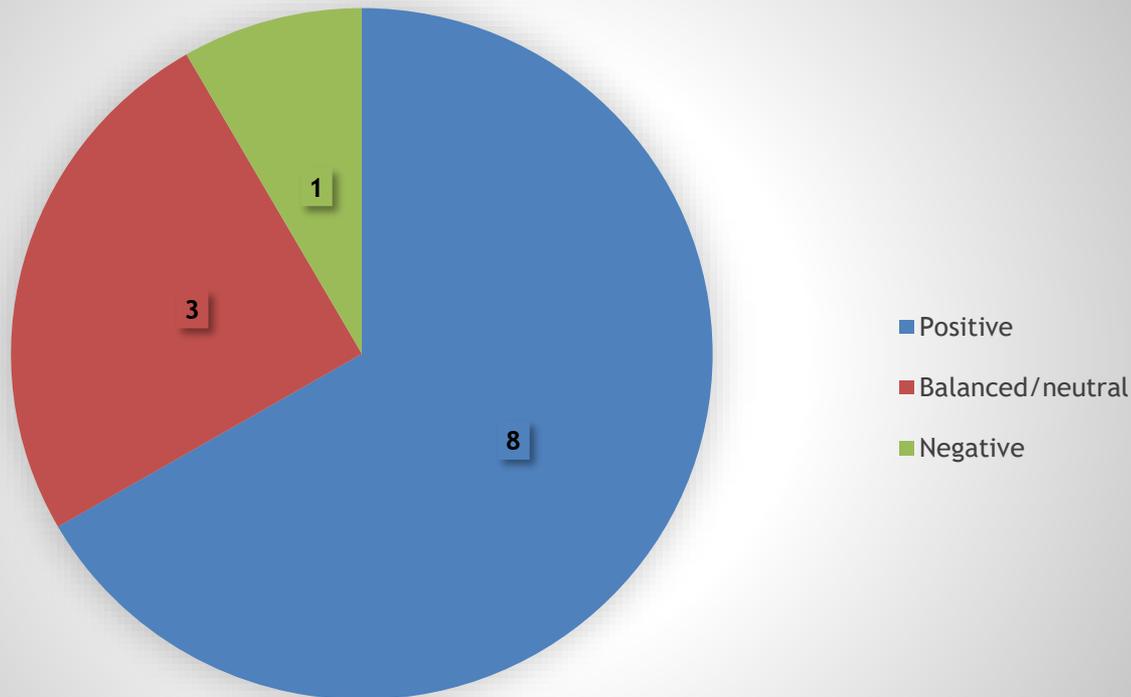


‘I think IDDSI was needed for international standardisation and it was great for Hull to be an early implementer site’

How did you feel about the introduction of IDDSI?



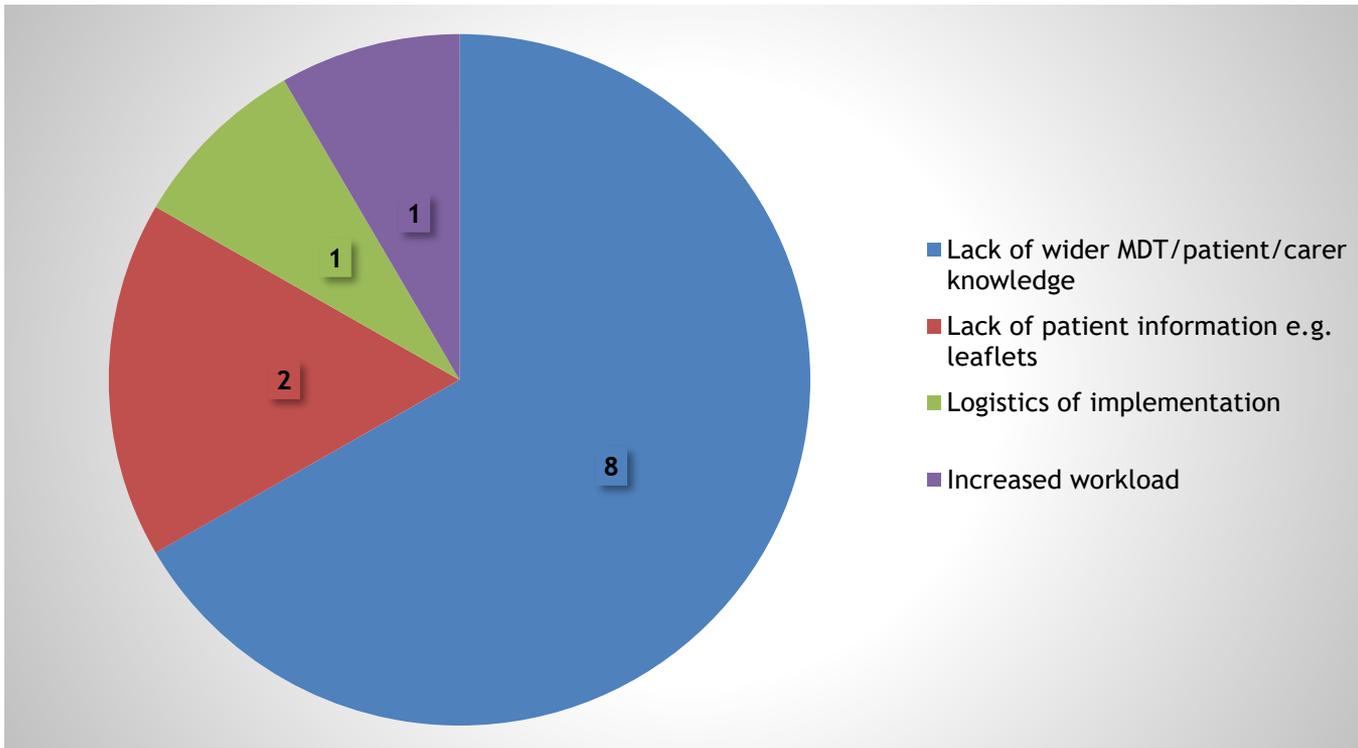
‘Fine, had been expecting it for many years so was a relief it finally happened!’



What challenges have you faced during introduction?



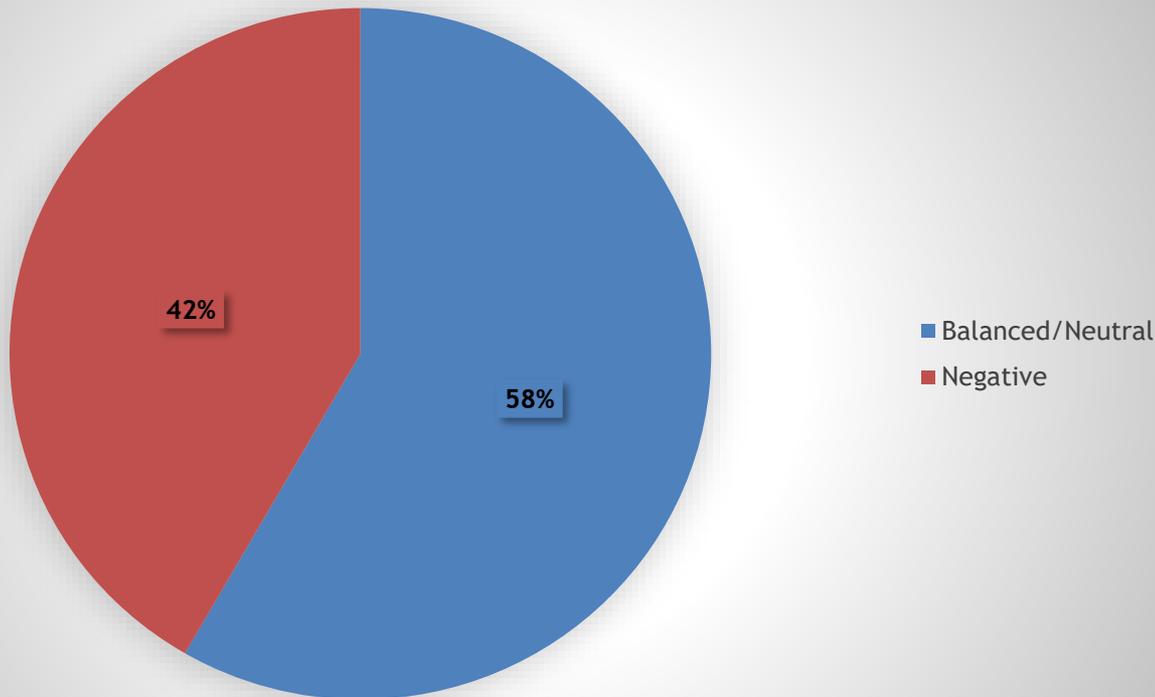
‘Ward staff lack of understanding about diet consistencies.’
‘A lack of written patient information.’



How has the introduction impacted your workload?



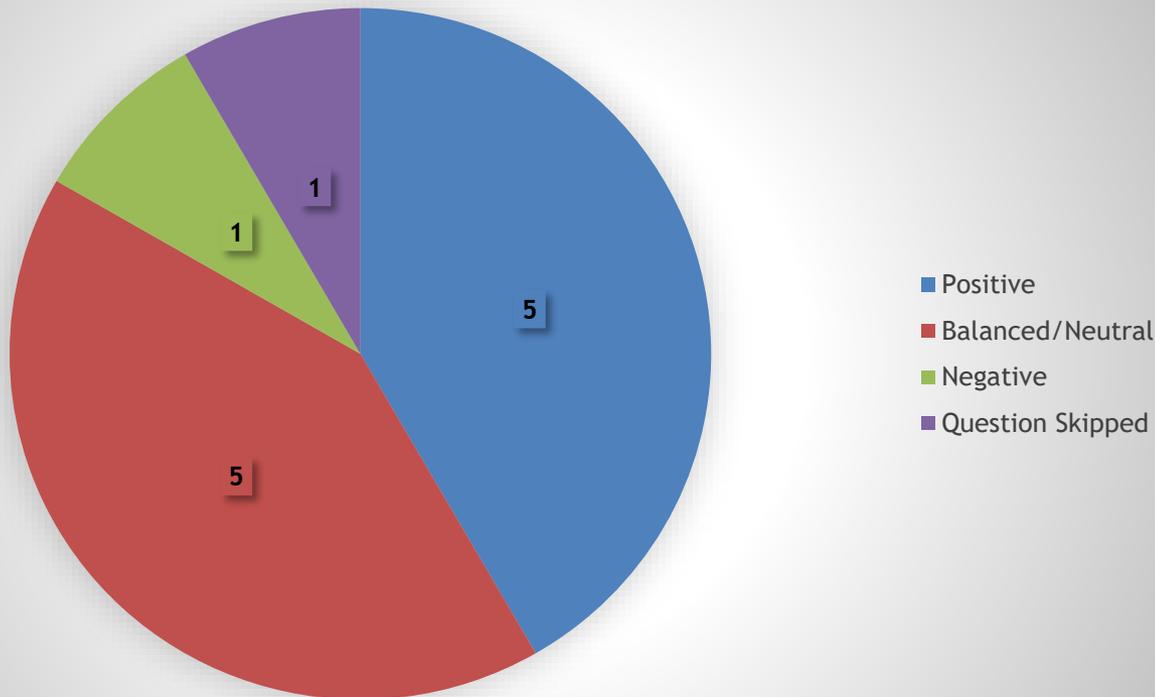
‘Slight increase in education re how to test diet and fluids properly.’



Has the introduction of IDDSI changed your clinical practice?



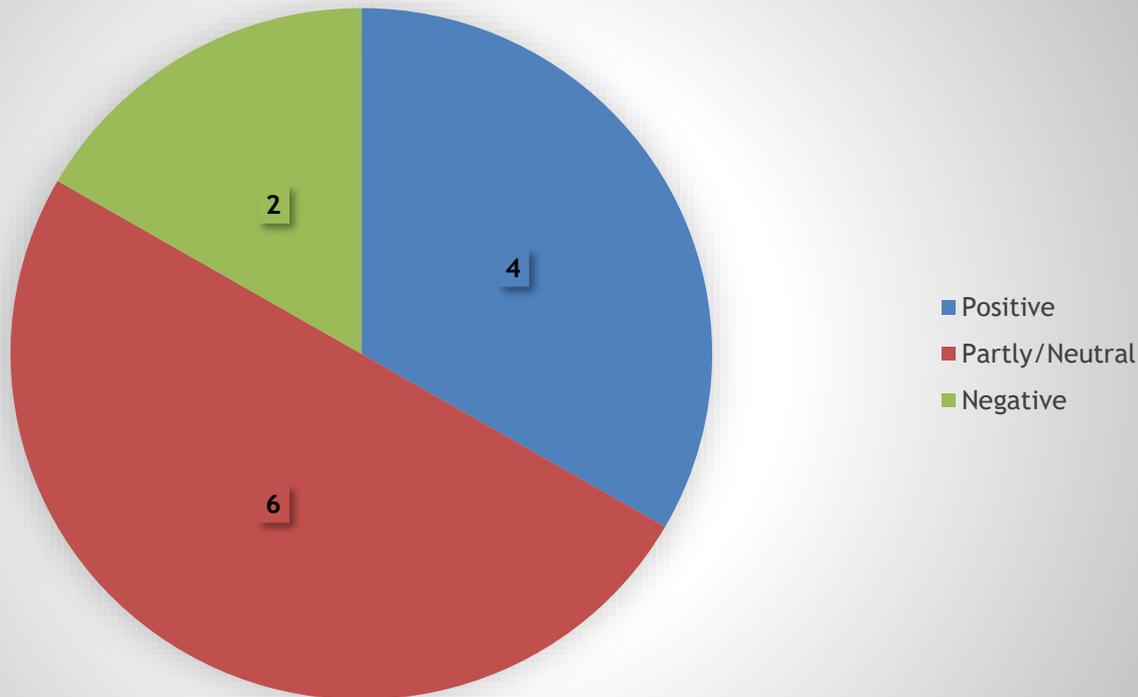
‘I don’t think that it has changed my practice but it is evidence based, which is much better.’



Do you feel IDDSI suits your patients' needs? Why?



‘Probably but there is not much clarification on IDDSI level 7 easy chew so I tend to avoid it.’



Positives



- ‘Think it went very smoothly’
- ‘Better reliability with fluid consistencies’
- ‘For SLTs moving to other trusts, it will be easier as they will be using same terminology’
- ‘It seems more accurate in terms of what we should be trialling on assessments etc’

Negatives



- ‘No capacity to provide adequate training to nursing staff’
- ‘Lack of clear written supportive information for patients and wider MDT’
- ‘Sometimes difficult to find appropriate items to trial, particularly at 5/6 levels’
- ‘SLT and ward staff should have been better prepared for it’

Neutral



- ‘It hasn’t significantly impacted my workload’
- ‘As all patients are different, I have not been able to spot any differences between the use of the old textures and stages and the new levels’
- ‘Mostly indifferent....prefer it than the old system as it is more prescriptive and less room for error’

Community SLT feedback

(thank you to peer colleague Anna Ray)



- Patient safety improvement
- Easy to test (fluids and diet)
 - Helps with training (e.g. fork pressure test)
- Safeguarding



- Little margin for error (level 1)
- Very prescriptive



- Diet introduction challenges

Dietetic team (acute)



- ‘Training from SLT, attending CPD and ongoing meetings was invaluable in ironing out issues as we went along’
- ‘Communication and close working with yourself was crucial’

Catering team (acute)

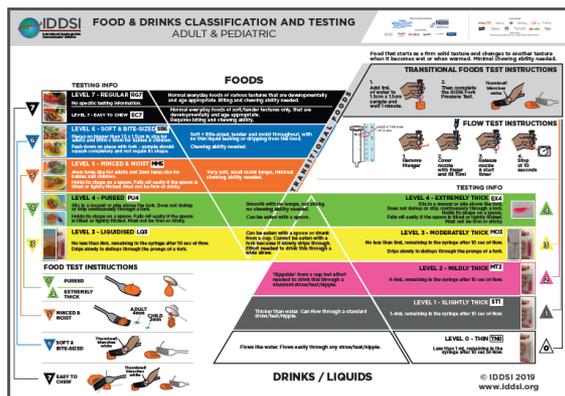


- ‘Initially it appeared to be a huge challenge with many obstacles, however the catering team wanted to be proactive and support with this initiative’
- ‘Lots of work and product development was undertaken’
- ‘It has been a positive experience and the whole catering team gained new knowledge and awareness from the implementation’
- ‘The most positive motivator was for our patient safety.’

Other



- MDT colleagues like the simplicity and colour differentiation
- Queries easier to resolve (e.g. ward caterer and nursing staff)



- Patient feedback (comparing old UK with new IDDSI) not available

Overall



- Improved awareness of swallowing disorders
 - across multiple settings and professions (including consultants)
- Greater SLT profile
- IDDSI clearer than UK descriptors
 - Less room for ambiguity
- One thickening product in our region
- Care facilities need on-going support
 - As was the case prior to IDDSI adoption
- Range of education materials needed - ? one national repository
 - Accessible / Easy Read leaflets
 - Detailed information (East Yorkshire booklet)
 - On-line training (? in development)

Early implementation - benefits and challenges



Benefits	Challenges
Can be innovative	Unable to learn from others
Raising profile	Vulnerability
Ok to make mistakes	Will make mistakes
Platform for future projects	Expectations
Enhance reputation	Harm reputation
Partnership working	Silos
Done and dusted	Additional work

Summary



- IDDSI One year on
 - Still learning
 - Absolutely worth it
 - Would do it again but...
 - We'd rather not!
 - Still questions
 - More evidence required
 - More work to do



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And remember...



- Not all pastas are created equal!

