From Framework to Food
Implementing the IDDSI in a Long Term Care Facility
Chelsey Robb, RD
Presentation Overview

• Facility Overview
• Why IDDSI for Long Term Care?
• Implementation Process
  ❖ Schedule
  ❖ Education
  ❖ Quality of Life
  ❖ Process & Approach
  ❖ Recipe Testing
  ❖ Quality Assurance
  ❖ Staff Updates
• Encouragement
• Q & A
Chapter 1: Facility Overview

Campbellton Nursing Home
Campbellton, New Brunswick, Canada
Clinical Dietitian / Food Service Manager

100 bed Nursing Home

Dietary Department serves 300 meals per day to:
  - Residents
  - Meal on Wheels
  - Assisted Living
  - Senior Living Apartments
  - Staff & Visitors

Cook / Serve style production kitchen

4 satellite dining lounges receiving tray service

Location:
  - Small city, rural, oldest citizen population in NB
  - Many For-Profit Special Care Homes accepting residents of acuity level 1 & 2
  - High acuity residents / level 3 & 4

65% minimum with dysphagia

13% thickened drinks

Almost equal distribution of food textures

25% require total assistance to eat
IDDSI Progress

Where are we now?
Former Diet Textures

• Regular
• Cut Up – Similar to “Soft & Bite-Sized”
• Ground – Similar to “Minced & Moist”
• Ground Meat Only
• Pureed
• Liquids Only
Texture Modification

- Food mostly modified by Cooks
- Robot Coupe Food Processor
- Pulse function works well to obtain Minced texture
- Drinks mostly modified by Dietary Attendants or purchased commercially
Chapter 2: Why IDDSI for LTC?

- Dice
- Liquidised
- Minced & Moist
- Ground
- Diced
- Pureed
- Cut Up
- Soft & Bite-Sized
- Soft
- Mechanical Soft
- Thin Puree
- Bread?
Practice-Based Evidence in Nutrition (PEN)

& then there was IDDSI!
Why IDDSI?

Internal Factors:
- Referrals: Drinks “too thick”
- Referrals: Food “too dry”
- Confusion in absence of RD
- Lack of standardization of Food Textures between Cooks
- Lack of Drink Thickness consistency between Dietary Attendants / Nursing Staff

External Factors:
- Resident safety risk upon transfer to/from another facility
- Resident risk after receiving swallowing assessment by outside professionals
- Lack of common nomenclature between facilities / professionals
Why not?

• Change…
• Time…
• Confusion…

“Do Something Principal”
Chapter 3: Implementation
Implementation Schedule

Created a checklist of tasks to complete to work towards implementation:

1. Seek administrative approval & support
2. Create schedule of tasks, responsibility & timeframes
4. Introduce Dietary Staff to Framework
5. Laminate & post Framework
6. Draft Policy
7. Develop presentation for staff education
8. Educate staff
9. Circulate a newsletter article
10. Explain diet changes to Resident Council
11. Update resident breakfast cards
12. Recipe testing
13. To be continued…
1. Introduced ALL Dietary Staff to Framework
   ❖ Series of staff meetings

2. Laminated & posted “What is IDDSI?” poster in production kitchen
   ❖ Available from http://iddsi.org/ resources section
3. Put “IDDSI Introduction” on Facility Education Calendar & educated ALL Dietary Staff, Nursing & Administration
   • 3 month phase
   • 12 presentations
   • Discussed rationale, terminology, descriptors & testing methods
   • Used hands-on approach to make it fun & interactive
     o brought foods, thick drinks & test materials (i.e. plates, spoons, forks, syringes) to training sessions
     o example: activity with bread
   • Education process brought IDDSI from Framework to Food
Will residents still be able to eat bread after IDDSI implementation?

❖ Yes, if assessed as safe by a dysphagia clinician
❖ We have had a reduction in serving whole bread by attrition
❖ 10 months later, “Ground” diet is much more like “Minced & Moist”
Quality of Life

What about the “Minced Meat Only” diet?

❖ Diet does not fit into IDDSI
❖ Does not mean the diet does not have value & purpose in your Home
❖ Does not mean your Home cannot decide to continue to use this food texture
❖ ex: Chewing issues & Dementia Care
Quality of Life

Resident Rights

❖ To refuse Medical Nutrition Therapy, including modified food textures & drink consistencies
❖ Policy & procedure
  • Choice waiver
❖ Documentation is key!
IDDSI Policy

OBJECTIVES:

1. To use global, standardized terminology and definitions for texture modified foods and thickened drinks.
2. To help improve the safety and care of residents with dysphagia by helping our professionals and staff better communicate individual resident needs to interdisciplinary teams.

POLICY STATEMENT:

The Nursing Home will use the International Dysphagia Diet Standardization Initiative (IDDSI) as the foundation for texture modified foods and thickened drinks provided to residents.

Reference:
Newsletter Articles

• Monthly Newsletter
• Great place to write articles about IDDSI & inform readers
• Suggest writing articles as IDDSI related changes occur
Resident Council

• Inform Coordinator of attendance
• Discuss IDDSI & advise Residents of upcoming diet changes
Recipe Testing

- Testing forms helpful
- Recipe testing can be informal
  - At desk
  - Ice cream Flow Test
  - Update recipes as needed to make them IDDSI friendly
Dysphagia Diet Standards:

5. Minced & Moist - Grind chicken to 4mm pieces, thicken broth; or blend in food processor.
4. Pureed - blend in food processor.
Recipe Testing

Images taken from: ‘Complete IDDSI Framework Detailed definitions’ document
## Intended for

**PUREED**

<table>
<thead>
<tr>
<th>Product or food tested</th>
<th>Heating method(s)</th>
<th>Temperature when tested at:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>□ time of service □ 15 mins after serving □ 30 mins after serving</td>
</tr>
</tbody>
</table>

### Instructions:
- Level 4 Pureed critical tests include Appearance + Fork Drip Test + Spoon Tilt Test OR if these are not available Finger Test. Chopstick test not appropriate.
- The food item must pass or meet criteria for any row marked *.

### Tests

<table>
<thead>
<tr>
<th>Critical: Appearance</th>
<th>Meets criteria at</th>
</tr>
</thead>
<tbody>
<tr>
<td>* No lumps</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Critical: Fork Drip Test (metal dinner fork needed)</th>
<th>Meets criteria at</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Food sits in a mound above dinner fork (a small amount may form a tail below the dinner fork)</td>
<td></td>
</tr>
<tr>
<td>* Does not drip or flow continuously through dinner fork</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Critical: Spoon Tilt Test (teaspoon needed)</th>
<th>Meets criteria at</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Holds shape on teaspoon</td>
<td></td>
</tr>
<tr>
<td>* Food slides off teaspoon with little food left on teaspoon (i.e. not sticky)</td>
<td></td>
</tr>
<tr>
<td>May spread or slump slowly on a flat plate</td>
<td></td>
</tr>
</tbody>
</table>

Alternative if Fork or Spoon not available: Finger Test

| * Hold a sample on fingers without it dripping through continuously | Meets criteria at |
| * Food slides smoothly and easily between fingers |                   |
| * Food may leave noticeable residue on fingers but is not sticky |                   |

Preferred but not critical: Fork Pressure Test

| Prongs of dinner fork make clear pattern on surface OR food briefly retains fork indentation marks | Meets criteria at |

### OVERALL CONCLUSION: Does the sample meet the criteria for Level 4 Pureed?

<table>
<thead>
<tr>
<th>Time of service</th>
<th>15 mins after serving</th>
<th>30 mins after serving</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>

### Notes:
- A puree needs to be able to be put in the mouth and swallowed whole. No chewing and no bolus formation skills should be needed to eat this consistency.
- If you can pick the sample up in your hands and could bite a piece of it (e.g. moulded puree), the sample is not a puree and poses a choking risk.
- Please see also [http://iddsi.org/framework/food-testing-methods/](http://iddsi.org/framework/food-testing-methods/)
## Intended for Liquids

- **0 THIN**
- **1 SLIGHTLY THICK**
- **2 MILDLY THICK**
- **3 LIQUIDISED MODERATELY THICK**

### Liquid or product tested

<table>
<thead>
<tr>
<th>Temperature when tested at:</th>
<th>optimal serving temperature</th>
<th>15 mins after serving</th>
<th>30 mins after serving</th>
</tr>
</thead>
</table>

### Instructions:

- Liquid **critical** tests include IDDSI Flow test for ALL liquids PLUS for Level 3 Fork Drip Test.
- Liquid item must pass or meet criteria for any row marked *.

### Tests:

- Suitable for drinks, soups, nutritional supplements, gravies, sauces, liquid medications

<table>
<thead>
<tr>
<th>Critical: Appearance</th>
<th>Time of service</th>
<th>15 mins after serving</th>
<th>30 mins after serving</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smooth liquids with no ‘bits’ (no lumps, fibres, shell, skin, husks, bone, or gristle)</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Critical: IDDSI Flow Test (10mL Syringe measuring 61.5mm from 0-10mL lines needed)</th>
<th>Time of service</th>
<th>15 mins after serving</th>
<th>30 mins after serving</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 0 Thin</td>
<td>All 10 mL flows through within 10 secs</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Level 1 Slightly thick</td>
<td>1-4 mL remains after 10 secs flow</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Level 2 Mildly thick</td>
<td>4-8 mL remains after 10 secs flow</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Level 3 Moderately Thick/Liquidised</td>
<td>&gt;8 mL remains after 10 secs flow then proceed to Fork Drip Test (below)</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Critical: Fork Drip Test – Only for Level 3 - Moderately Thick/Liquidised</th>
<th>Time of service</th>
<th>15 mins after serving</th>
<th>30 mins after serving</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food drips slowly in dollops through prongs of a dinner fork</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Prongs of fork do not leave a clear pattern, even briefly on the surface</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

### Overall Conclusion:

- Does the sample meet the criteria for:
  - Level 0 Thin?
  - Level 1 Slightly Thick?
  - Level 2 Mildly Thick?
  - Level 3 Moderately Thick/Liquidised?

### Notes:

Gelled-Bread Recipe

- Modified & adapted from CPS advertised recipe
- Meets fork pressure test criteria at room temperature

<table>
<thead>
<tr>
<th>Recipe Name:</th>
<th>Bread, Whole Wheat Gelled</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pan Size:</td>
<td>Sheet Pan, Steam Pan</td>
</tr>
<tr>
<td>Serving Utensil:</td>
<td>Lifter</td>
</tr>
<tr>
<td>Portion Size:</td>
<td>1 Slice</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2 Slices</th>
<th>14 Slices</th>
<th>Ingredients</th>
<th>Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>250ml</td>
<td>6 Cups</td>
<td>Vegetable Broth</td>
<td>Prepare broth as per regular recipe.</td>
</tr>
<tr>
<td>1 Tbsp</td>
<td>7 Tbsp</td>
<td>Gelatin, Unflavored</td>
<td>While still warm, add gelatin powder and whisk until dissolved.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Powder</td>
<td></td>
</tr>
<tr>
<td>2 Slices</td>
<td>14 Slices</td>
<td>Bread, Whole Wheat</td>
<td>Pour gelatin/broth mixture into a steam pan. While wearing gloves, dip bread into mixture and let soak for 2 minutes. Gently turn over and repeat for 1 minute on other side. Ensure that the entire surface area of the bread has been soaked in the gelatin mixture. Place soaked bread on an oil sprayed pan. Chill in fridge at 40°F/4°C for at least two hours, or until gelatin is set. Bring to room temperature 1 hour before service.</td>
</tr>
</tbody>
</table>

Dysphagia Diet Standards:

6. Soft & Bite-Sized - appropriate as is.
5. Minced & Moist - appropriate as is.
4. Pureed - Not appropriate.

Recipe Source: Complete Purchasing Services
Gelled-Bread
Tray Testing

• Best Practice in Long Term Care recommends auditing Food Textures & Drink Consistencies
• Quarterly at the point of service
  ❖ Random trays are audited to confirm they match the care plan
  ❖ Test tray objectively audited using an IDDSI test form & Flow Test

Reference:
Tray Testing

- Testing forms & Flow Test easily incorporated into QA
  - Flow Test improved our hot tea, which was often “too thin” at the point of service
Kitchen Cards

• Color coded Breakfast Cards for each resident
  ❖ indicate which diet the resident is assessed for & advise staff what to serve each morning

• Switched cards to IDDSI colors
Staff Updates

• Continue monthly in Dietary Department
  ❖ Every staff meeting
  ❖ IDDSI as an agenda topic
  ❖ Chance to review
    ✓ where we are now
    ✓ where we are going
    ✓ how we are going to get there
    ✓ Staff ask questions & we troubleshoot as a Team

• Facility wide updates important
Chapter 4

encourage mint

you can do it!
you've got this!
Set Backs

Expect set backs to initial timeline
PERFECTION is a ROADBLOCK to PROGRESS
Be An IDDSI Champion

• **It is about resident safety!**
• Implementation not a perfect process
• Important to keep the end result in mind
  ❖ Safer dining
  ❖ Confident world: professionals can have conversations about texture modification using common terminology
  ❖ High Hopes: After the IDDSI is implemented around the globe, there will be better techniques to research dysphagia management outcomes
From Framework to Food

Implementing the IDDSI in a Long Term Care Facility

Thank You
Questions & Comments

Chelsey Robb, RD