



Exploring IDDSI Implementation Worldwide: Spotlight on the United Kingdom

The theme of the Canadian IDDSI Reference Group (CIRG) CAN-DO newsletters in 2024, is exploring IDDSI implementation worldwide. We are very excited to kick off this “global tour” by exploring the widespread adoption of IDDSI in the UK to date.

The widescale implementation of IDDSI in the UK initially began as a direct result of a National Health Service (NHS) Patient Safety Alert on the 27th June 2018. The Patient Safety Alert, titled ‘Resources to support safer modification of food and drink’ [1], was initiated due to the identification of seven incidences (in a two-year period) in which patients had come to significant harm as a result of confusion from the frequent use of the ambiguous term ‘soft diet’.

The NHS’s mandated all organisations providing NHS-funded care for patients that required the texture of their diets to be modified to transition from existing food and drink texture descriptors to the IDDSI framework. The implementation timescale was 10 months with full implementation to be delivered by 1st April 2019. To support this, food and drink manufacturers & industry agreed to change their labelling to reflect the IDDSI framework in line with the implementation timescales of April 2019.

Emily Stuart RD, Member of the UKIRG comments “Once we learned about the work that IDDSI had been doing on their new Framework, we soon decided we wanted to implement the new standards. It was a no-brainer for the professionals working in this area because of the core aim IDDSI had of standardising language and approaches to providing safe texture-modified diets and the focus on the evidence base.”

BDA The Association of UK Dietitians

RCSI ROYAL COLLEGE OF SPEECH AND LANGUAGE THERAPISTS

NHS Improvement

Patient Safety Alert

Resources to support safer modification of food and drink
27 June 2018

Alert reference number: NHS/PSA/RE/2018/004
Resource Alert

Dysphagia is the medical term for swallowing difficulties 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.¹ Food texture modification is widely accepted as a way to manage dysphagia.¹

Terms for fluid thickening, such as ‘custard thickness’, have varied locally and numerical scales have been used by industry. National standard terminology for modified food texture, including terms such as ‘fork-mashable’,² 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... Difficulty ventilating patient overnight. Peas [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 diet being harmed.

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.³ 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 happens 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.⁴ 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.⁵

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 practices⁶ and community pharmacies⁶

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

⁶Community 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.

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Emily goes on to share a multi-disciplinary team perspective “The migration to the new standards wasn’t without its challenges in Health and Social care settings. It takes time for multiple people to get used to using new language around therapeutic management of complex

conditions, and it was important that this was considered during the transition, being sure to explain things in simple but thorough terms. This was instrumental in helping to ensure that people were empowered to help make the change and knew how to seek support if they needed it.”

Our very own Peter Lam, CEO & Chairperson of IDDSI feels the UK has done a fantastic job of implementing IDDSI in such a swift timescale:

“Multi-stakeholder collaboration is essential for successful and effective IDDSI implementation. In the UK, efforts from stakeholders are well coordinated and the previous experience of developing & implementing a national standard has established effective communication channels between stakeholders... Stakeholder inclusion and good communication are keys to success! ”

IDDSI is continuing to go from strength to strength in the UK with this year set to be the 3rd Annual UK ‘IDDSI festival’. This year’s festival will be taking place in Harrow, on September 18th & 19th. Well done to the UK IDDSI Reference Group!

Classification: Official

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Patient safety incident data

The NRLS was searched for incidents reported as occurring between 1 October 2015 and 30 September 2017 if uploaded by 13 December 2017. Incidents containing the terms ‘soft diet’, ‘soft food’ or misspellings of these were extracted, and pressure ulcer terms and categories were used to exclude incidents where these terms were background to the health issues of a patient developing pressure ulcers (NRLS search reference 4002).

All death, severe and moderate harm incidents were reviewed. Twenty-four relevant incidents were found in a sample of 100 no and low harm incidents randomly selected from a total of 1,154 low or no harm incidents, suggesting around 270 similar incidents would have been identified if all these incidents had been reviewed.

References

1. NHS Choices <https://www.nhs.uk/conditions/swallowing-problems-dysphagia/>
2. National Patient Safety Agency 2011 ‘Dysphagia Diet Food Texture Descriptors’
3. International Dysphagia Diet Standardisation Initiative website <http://iddsi.org/>
4. International Dysphagia Diet Standardisation Initiative FAQs http://iddsi.org/wp-content/uploads/2016/10/FAQs_IDDSI_FOOD-CHOKING-level-6-v-level-7_10-October_final.pdf
5. NHS Improvement 2018, Resources to assist with transition to the IDDSI framework <https://improvement.nhs.uk/resources/transition-to-IDDSI-framework>

Stakeholder engagement

- BAPEN
- The British Dietetic Association
- National Nurses Nutrition Group
- Royal College of Speech and Language Therapists
- National Patient Safety Response Advisory Panel (for a list of members and organisations represented on the panel, see improvement.nhs.uk/resources/patient-safety-alerts/)

Advice for Central Alerting System officers and risk managers

This alert asks for a systematic approach to deciding how your organisation implements the IDDSI framework, and therefore needs co-ordinated implementation rather than separate action by individual teams or departments. In acute hospital providers - if you are unsure who will co-ordinate implementation of this alert, the lead speech language therapist, lead dietician or lead nutrition nurse will be able to identify the key individuals needed to do this. In other types of healthcare provider - if you cannot easily identify colleagues with those roles, seek initial advice from any senior nurse.

Sharing resources and examples of work

If there are any resources or examples of work developed in relation to this alert you think would be useful to others, please share them with us by emailing patientsafety.enquiries@nhs.net

Patient Safety

improvement.nhs.uk/resources/patient-safety-alerts

Contact us: patientsafety.enquiries@nhs.net

¹ You can download the Patient Safety Report at https://www.england.nhs.uk/wp-content/uploads/2019/12/Patient_Safety_Alert_-_Resources_to_support_safer_modification_of_food_and_drink_v2.pdf



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