



USTIRG e-bite for June-July 2021

June is National Dysphagia Awareness month. The USTIRG would like to thank all of our colleagues who care for and help individuals with swallowing difficulties. We appreciate you and all you do!

There have been inquiries about regulations around IDDSI and whether it is required. This e-bite will answer some commonly asked questions.

Q. Is IDDSI Mandatory?

- A. Implementation of IDDSI is not mandatory and the IDDSI Board of Directors has always been clear that while we hope the global community will embrace IDDSI for the safety of those with dysphagia, it is not mandatory. That being said, some countries, regions or health authorities may mandate adoption to ensure consistent implementation of IDDSI.

Q. Who is the "authority" on standards of practice?

- A. Standards of practice are defined by each professional's board, publications, manuals and textbooks, licensing boards, accrediting bodies and professional organizations. This is an important distinction for IDDSI as it is the first diet framework that has the support of ASHA (American Speech-Language-Hearing Association). The Academy of Nutrition and Dietetics has also announced that on October 1, 2021, IDDSI will be the only texture-modified diet recognized by the Nutrition Care Manual®.

While IDDSI is not mandatory, it is the only professionally supported and evidence-based standard of practice.

Q. How do I know if my state surveyors will have IDDSI implementation expectations?

- A. We often hear this information "through the grapevine" as surveyors go from site to site. However, you can proactively contact and question your state survey agency by locating them at this link:

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Certification-State-Agency-Contacts.pdf>

Q. Who are the critical members of the IDDSI implementation team?

- A. Registered dietitian nutritionists (RDNs), feeding/swallowing clinicians (speech-language pathologists, occupational therapists), and the culinary leaders. Hospitals, nursing homes, home health agencies, and hospices are required by law to have a dietician to be either full time, part time, or available on a consultative basis. Rehabilitation services (physical therapy, occupational therapy, speech-language pathology) must be provided

according to national standards of practice as established by professional organizations such as, but not limited to, the American Speech-Language and Hearing Association (ASHA).

COMMUNICATION is key to implementation. It is important that all relevant staff are educated about IDDSI levels and involved in implementation. Members of the team include, but are not limited to the culinary staff, tray line staff, nurses, physicians and manufacturing partners. Also, the patient and family are critical members of IDDSI implementation team.

Q. How does one demonstrate the work that has been done towards IDDSI implementation?

A. Conduct meetings and maintain notes showing steps towards awareness, preparation and eventually, adoption. This will include testing results, recipes, educational materials, and employee competencies.

Serving the correct food and conducting tray audits to ensure that the food is prepared and served at the proper IDDSI level. Using the Plan, Do, Check, Act (PDCA) cycle can be helpful during this process.

Q. Are there resources to help with the transition at my facility?

A. <https://www.iddsi.org> has a wealth of valuable resources.

In addition, there are USTIRG-specific resources, which can be found at:

<https://iddsi.org/United-States>.

Currently, these resources include documents to help with: Getting Started in the Transition to IDDSI; Comparing the National Dysphagia Diet to IDDSI; and Advocacy Toolkits.

These resources are in the process of being updated and more are in the pipeline, so be sure to check back regularly!