

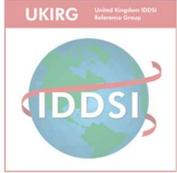


Implementing IDDI with a difference?

From Kitchen to Ward and Beyond

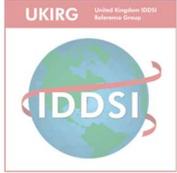
Fiona Gardiner - Specialist Speech and Language Therapist. Bsc,
Msc, PGCertEd

Caroline Ogier – Senior Staff Nurse - Critical Care, BA, MA, PGDipEd



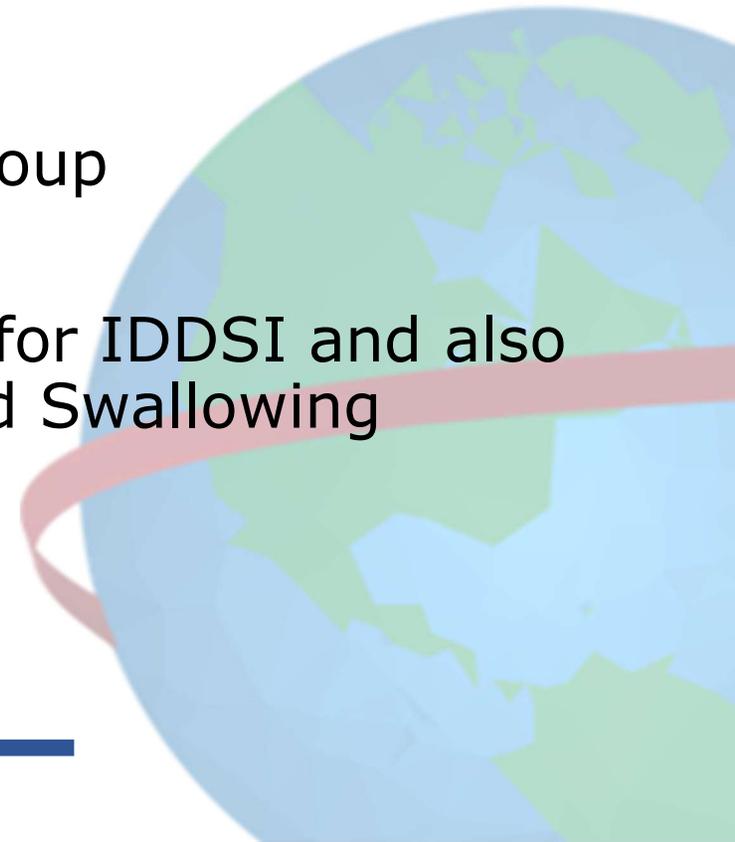
Speaker(s) Disclosures

- Fiona – Specialist Speech & Language Therapist & Pilot Study Lead
 - Employee at time of study
- Caroline – Registered Nurse, Background in Higher Education and Clinical Audit
 - Independent Consultant for Pilot Study.
- This study was funded by the States of Guernsey Committee for Health & Social Care IDDSI strategy group.

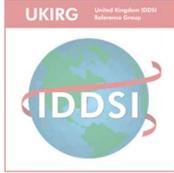


Background

- Implementation of IDDSI strategy group
 - Cross sectional implementation plan for IDDSI and also alignment to the Eating, Drinking and Swallowing Competency Framework
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Pilot Study

- To investigate the impact of Implementing a Food management system within a hospital environment.
- Pilot study within a rehabilitation ward and hospital kitchen
- Chefs were trained by Oak House Kitchen online ORAL training and other staff involved in the food management system undertook the Oak House Kitchen level 1 and/or 2 dysphagia modules as mapped to their EDSCF competency levels

Aims Of The Study

- to determine if ward staffs' perceptions and knowledge regarding texture modified food and drinks has increased after undertaking Oak House Kitchen online modules
- to compare pre and post training IDDSI audit results for the preparation of texture modified food by chefs
- to determine if the implementation of the Oak House Kitchen training helps to improve staff awareness and knowledge of IDDSI at all points of the food delivery system from kitchen to ward?



What Did We Do? (Methodology)



-
- Mixed methods approach
 - Qualitative and quantitative data sourced from staff undertaking online training
 - Strength of mixed methods providing a better breadth of understanding of the subject and helped to gain novel insights







What Did We Find? (Results)



Key Findings Chefs

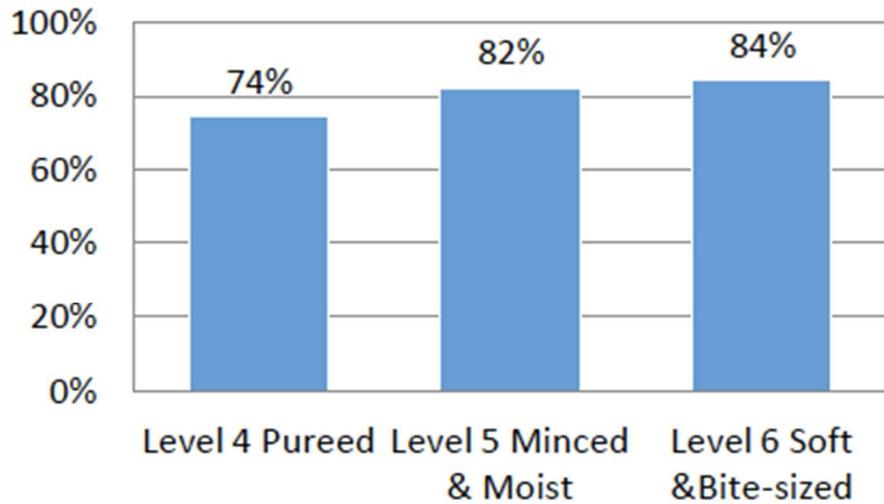
Aim :

to compare pre and post training IDDSI audit results for the preparation of texture modified food by chefs

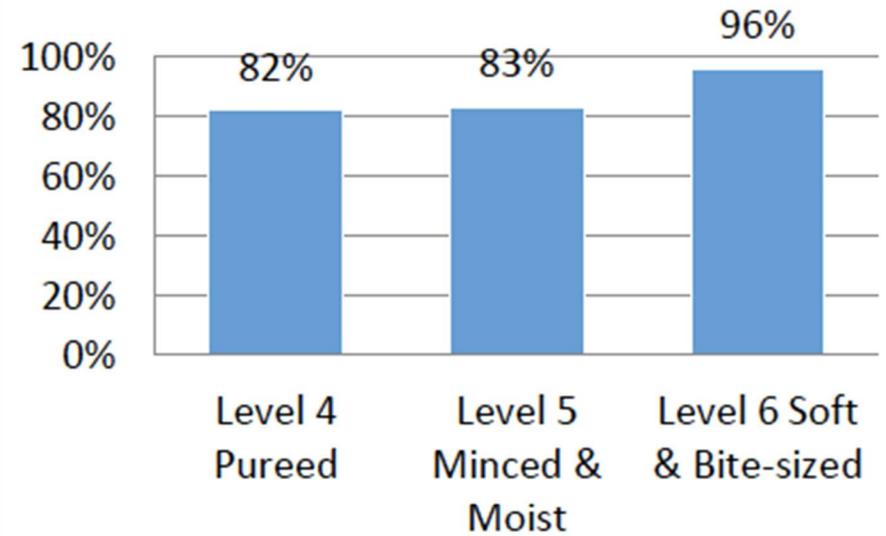
to determine if the implementation of the Oak House Kitchen training helps to improve staff awareness and knowledge of IDDSI at all points of the food delivery system from kitchen to ward?

Pre and Post Compliance Testing

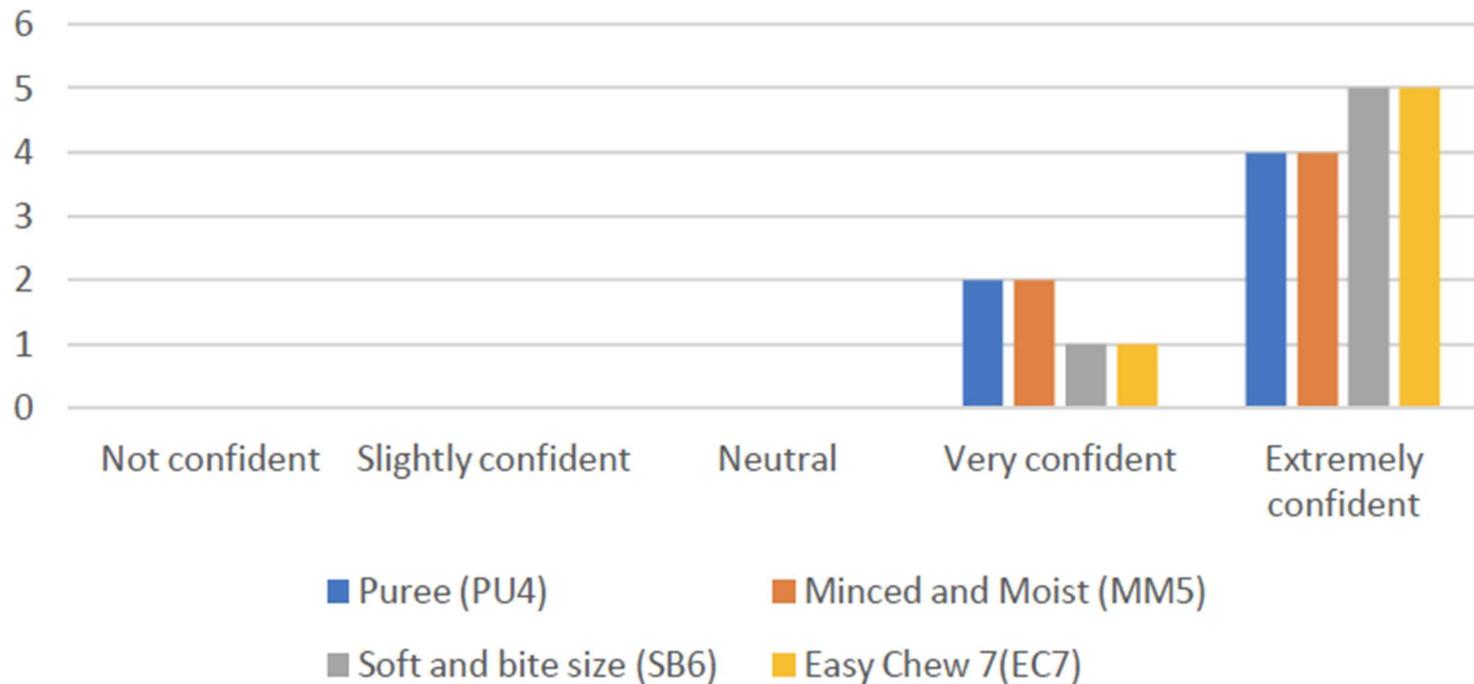
Pre- training Overall compliance (%) by Food Textures



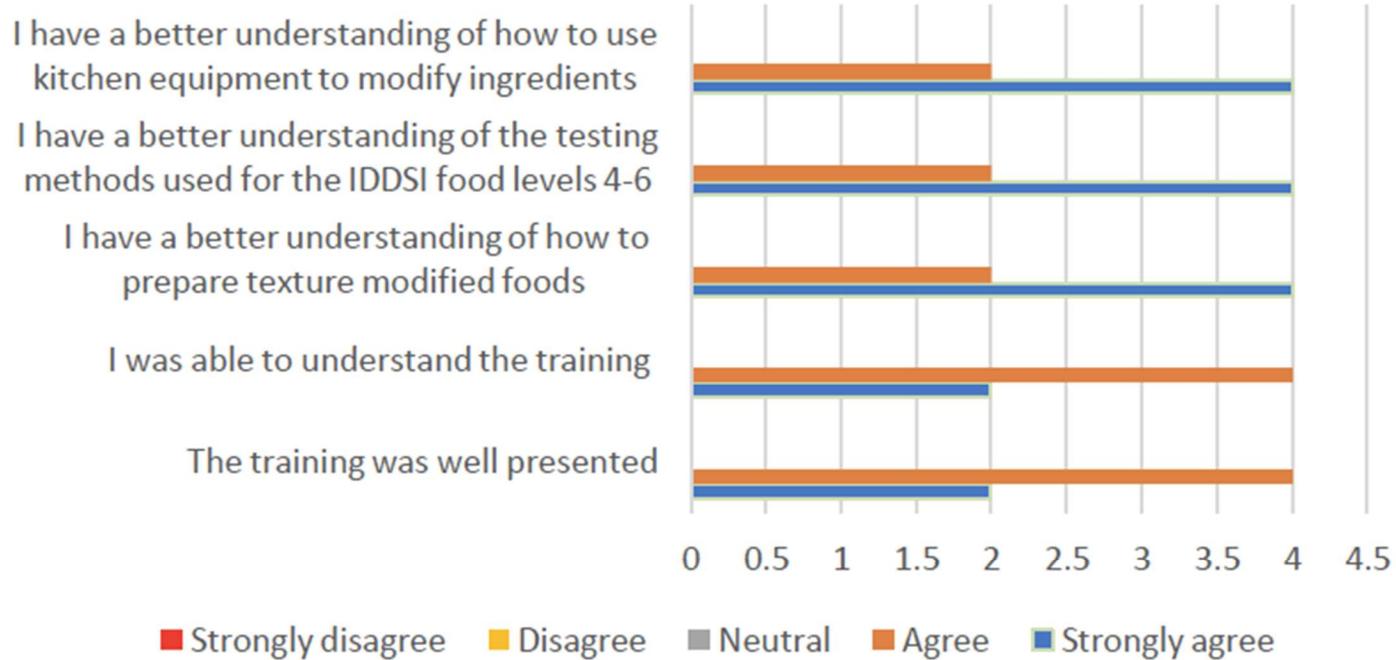
Post- training Overall compliance (%) by Food Textures

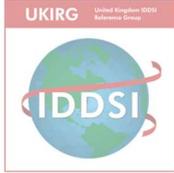


How confident are you in preparing the IDDSI food textures post training ?



The Chef training experience.

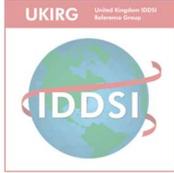




Qualitative Data from Chefs' Experience of Training

- 'refresher training every two years'
 - 'there should be a recognised qualification as an IDDSI Chef'
 - 'the training was extremely helpful'
 - 'we need a self-contained IDDSI kitchen'.
-





What Did We Find? (Results)

Key Findings Ward Based Staff

to determine if ward staffs' perceptions and knowledge regarding texture modified food and drinks has increased after undertaking Oak House Kitchen online modules

to determine if the implementation of the Oak House Kitchen training helps to improve staff awareness and knowledge of IDDSI at all points of the food delivery system from kitchen to ward?

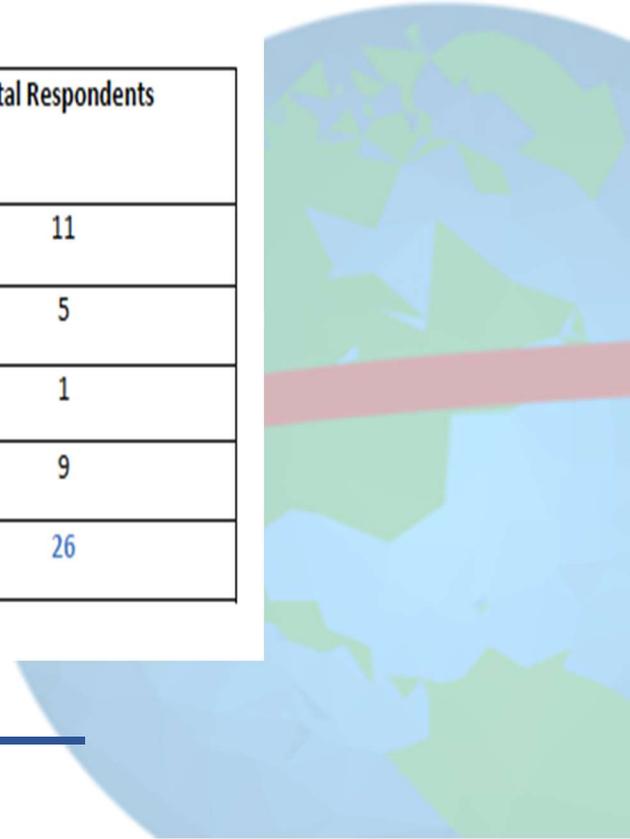


Who Undertook the Training on the Ward?

(Distribution of Respondents)

| Staff Group | Respondents Completed Online Training | Total Respondents |
|----------------------------|---------------------------------------|-------------------|
| Registered Nurses | 7 | 11 |
| Unregistered Healthcare | 2 | 5 |
| Student | 1 | 1 |
| Housekeeping Kitchen Staff | 1 | 9 |
| Total | 11 | 26 |

Table 1. Distribution of Respondents by Staff Group





Training and Challenges

| How does your workplace provide training on texture modified foods? | |
|---|----|
| Modules or online training | 11 |
| Training with the Speech Therapist | 2 |
| Learn from others | 5 |

Table 2. Distribution of Training Modes

| Were there any challenges when accessing the modules available? | |
|---|---|
| My log in to meta compliance did not work | 1 |
| Not able to access due to IT problems | 3 |
| Didn't have allocated time to complete the modules | 3 |

Table 3. Challenges to Accessing Training

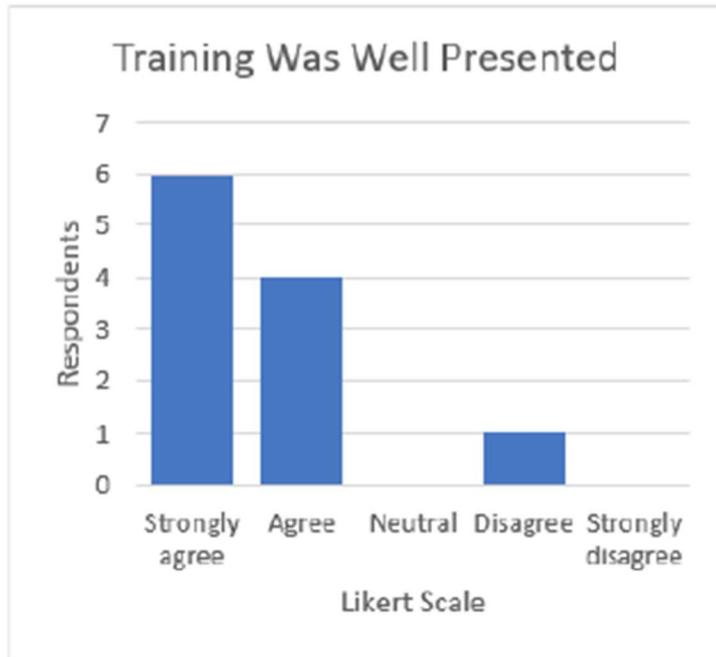


How Was Learning Facilitated?

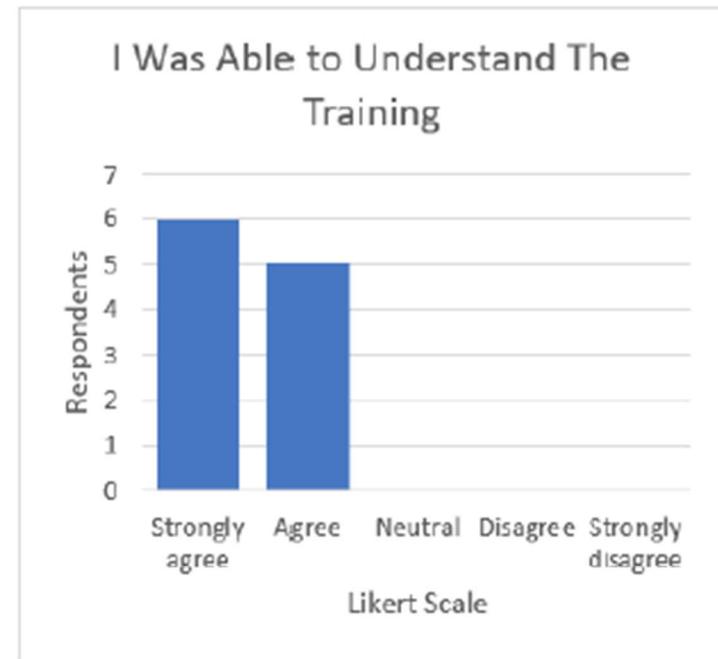


| | |
|---|---|
| I completed them at home; | 2 |
| I was given time to complete them; | 4 |
| My shift was covered in order for me to complete the training | 2 |
| My workplace lead supported and covered me | 1 |
| I attended a training event | 1 |





Graph 7. Perception of Training Presentation – Ward-Based



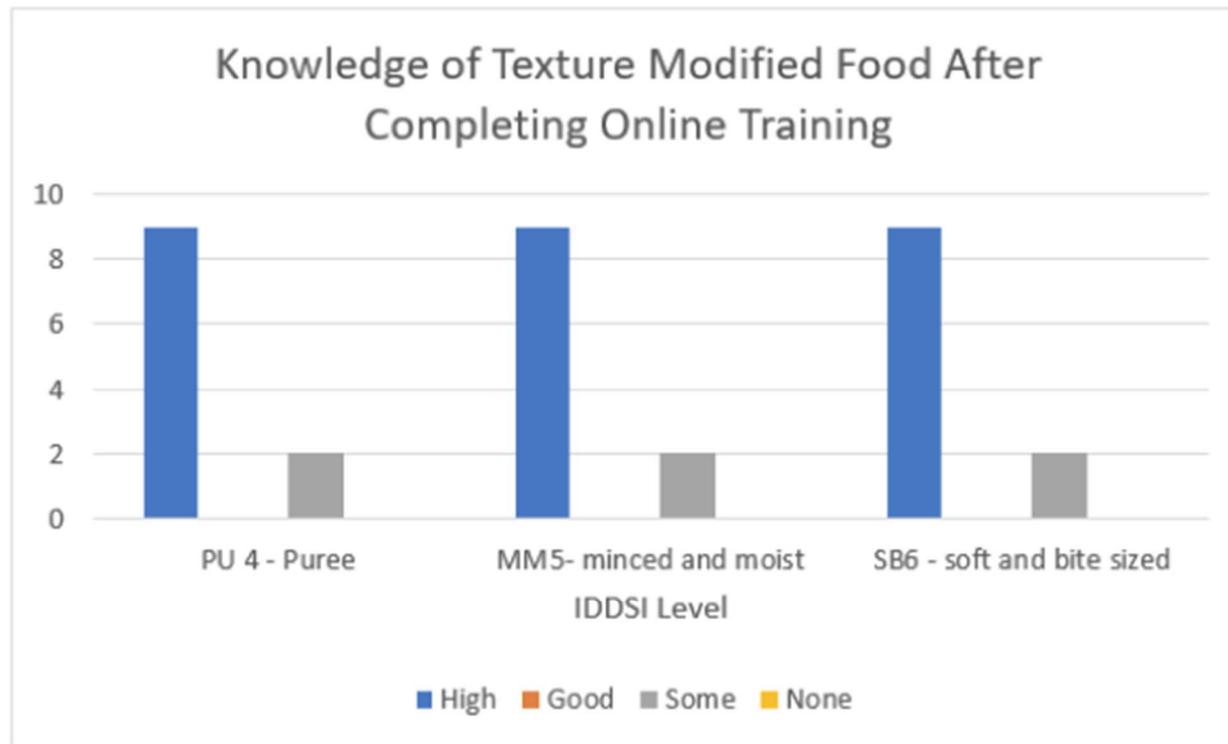
Graph 8. Level of Training Content - Ward-Based



Do They Feel They've Learnt?

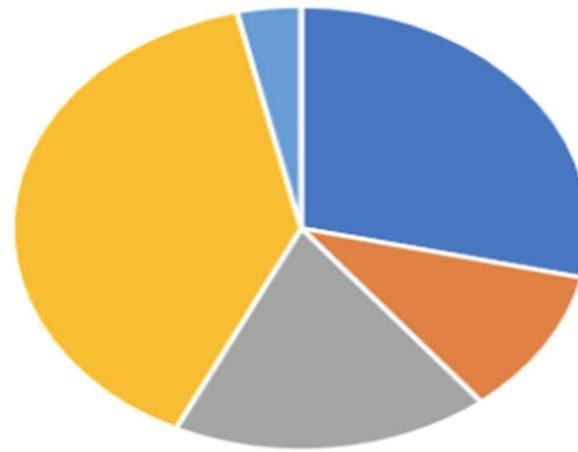


(Self-Reported Knowledge of Texture Modified Food Post-Training).





Notification of Errors in Modified Food Distribution.



- Registered nurse calls the kitchen
- An incident report is issued
- Reported to registered nurse
- All staff involved can notify the kitchen
- Meal is modified by staff on the ward



| Which of the following procedures are on the ward to ensure the patient has the correct IDDSI level? | |
|--|----|
| Sign above the patient's bed | 9 |
| Nursing hand over information | 7 |
| Sign in the kitchen for level | 10 |
| Nursing/medical notes | 7 |
| Menus | 1 |
| A list in the ward kitchen and whiteboard for textures | 1 |

Table 5. Distribution of procedures to ensure safe food delivery.

| Who typically notifies the food production staff (kitchen) about the level or type of texture modification for patients at your setting? | |
|--|---|
| Registered nurse | 8 |
| Healthcare assistant | 7 |
| Dietician | 2 |
| Speech and language therapist | 3 |
| Housekeeping staff | 4 |
| Don't know | 1 |

Table 6. Distribution of texture modification notification to kitchen staff.







Discussion



From the data collected three key themes have emerged:

- Training
- Perceived understanding
- Feedback to kitchen and safety.

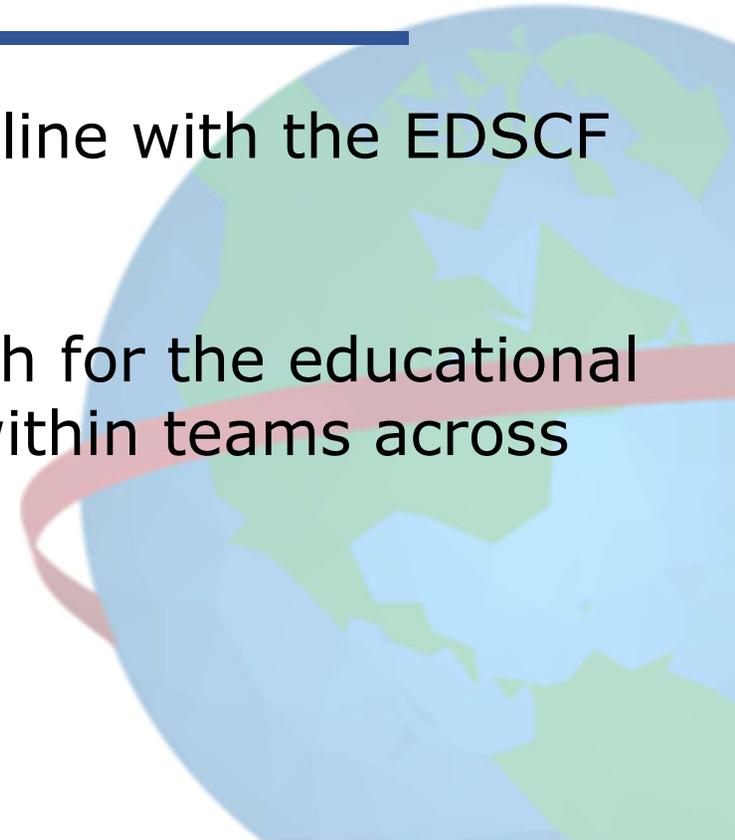




Key Recommendations of the Pilot Study



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- Review IDDSI implementation guide in line with the EDSCF for the organisation.
 - Investigate a blended learning approach for the educational requirements of the scope of practice within teams across the organisation.





- Develop standard operating procedures within all departments for the modification, distribution and communication of texture modified foods.
- Further research, once systems and processes have been established, for the food management system of texture modified diet throughout the organisation.



Field Notes

(Very Interesting – well, we think so)

- Audit compliance- the form itself
Audit of particle size for SB6
Components of a meal
Labelling of the meal
- Recognising Chefs as professionals in their own right
- The learning outcomes required on the EDSCF for varying staff groups involved in the food management system within a hospital





Thank You

