



May 2019

Generic Implementation Plan

Project Title: Implementation of International Dysphagia Diet Standardisation Framework (IDDSI)

Service Provider:

Hospital Group/ CHO/ Other:

Programme Sponsor:

Project Manager:

Project Plan Document

Project Name:	Implementation of IDDSI Framework for Dysphagia Management
Project Justification:	<p>Context – The HSE needs to safely manage change in management of dysphagia, arising from the decision by HSE Leadership Team to adopt the <i>International Dysphagia Diet Standardisation Initiative Framework</i> (IDDSI, 2015) in line with international practice.</p> <p>The Irish Association of Speech and Language Therapists (IASLT) and the Irish Nutrition and Dietetic Institute (INDI) recommend that the <i>IDDSI Framework</i> (IDDSI, 2015) replace the current <i>Irish Consistency Descriptors for Modified Fluids and Food</i> (2009), developed by IASLT and INDI.</p> <p>There is potential clinical risk to people requiring altered consistency diets and fluids, of conflicting guidance being provided to patients/care givers, if two terminologies are in operation before full national implementation of the IDDSI framework.</p> <p>A national HSE Working Group: Changes in Dysphagia Management has completed the following as set out in its terms of reference:</p> <p>1.1. <u>Aim</u></p> <p>To consider impact and feasibility of recommending endorsement of the adoption of the <i>International Dysphagia Diet Standardisation Initiative Framework</i> (IDDSI, 2015) at national level and should this be agreed, to develop an implementation plan including a communications plan, to manage this change safely across health and social care services in acute and community settings.</p> <p><u>Out of scope</u></p> <p>Potential identification of need for speech and language and/or dietetics service arising from this project is not the responsibility of this group and remains with the responsibility of service providers and the HSE operational management.</p> <p><u>Objectives and responsibilities</u></p> <p>1.1.1. To develop a national approach for consideration and potential implementation of changes to descriptors used in dysphagia care to support delivery of safe dysphagia care across all HSE acute operations, community operations, social care, mental health and residential care sites to include older persons, adult and children, disability services including community houses across all CHO's</p> <p>1.1.2. To develop a plan with short, medium and long term objectives by end of September 2018 including:</p> <p>1.1.2.1. Agreed process for HSE to consider endorsement of the IDDSI Framework including consultation with key stakeholders,</p>



	<p>consideration of: clinical; communication; training; cost and risk implications in all HSE funded healthcare settings</p> <p>1.1.2.2. Agreed process to engage with key stakeholders including the HSE Primary Care reimbursement service and the Nutrition companies</p> <p>1.1.2.3. Agreed communication to all HSE sites regarding potential change in labelling with regard to prescribing guidance on thickening products for people with dysphagia</p> <p>1.1.2.4. Establish sub groups to take the lead on key areas including the following:</p> <ul style="list-style-type: none"> – Communications – Risk assessment, quantification and mitigation – Education and training <p>1.1.2.5. If endorsed, communicate the change in dysphagia management, provide information on the IDDSI texture modified diets (foods) and thickened drinks (liquids) descriptors and develop a plan to support implementation of the IDDSI framework including commonalities and differences between current management and new framework</p> <p>1.1.3. To develop an education and training model to support national HSE implementation of the IDDSI framework by June 2019 including</p> <p>1.1.3.1. Identify education and training requirements of Healthcare staff, patients and carers</p> <p>1.1.3.2. Develop training resources (including on-line modules)</p> <p>1.1.3.3. Recommend audit against the IDDSI Framework to support ongoing implementation, monitoring and evaluation</p> <p>2. Governance</p> <p>2.1. The HSE Chief Clinical Officer assigned this task to the National Health and Social Care Professions Office.</p> <p>2.2. The HSE Implementation Working Group: Changes in Dysphagia Management will report to the HSE Chief Clinical Officer through the Chair and National Lead, National Health and Social Care Professions Office.</p> <p>Any issues or risks not resolved at oversight group level will be escalated by the Chair/National Lead, National Health and Social Care Professions Office to the Chief Clinical Officer.</p> <p>It is now appropriate that local implementation groups be established to plan and manage the transition to the new IDDSI descriptors to ensure continued safe management of dysphagia and minimise risk for patients/service users.</p>
Project objectives	<p>Statement of the key objectives (SMART) linked to the project –</p> <p>Manage the safe transition to using new IDDSI descriptors for food and fluids modification as per IDDSI guidelines in a manner which ensures adequate education, risk management and communication occurs.</p>



Strategic Alignment:

How this project will contribute to the achievement of the HSE strategic priorities

Improved Patient satisfaction and effective communication

Provide High Quality Safe Care

Adhere to Financial and Procurement Regulations

Promote learning and evaluation

Supporting Integrated Care and Sláintecare priorities

Project Benefits

(Changes as a result of the project that are received as an advantage by one of more stakeholders which contributes towards one or more organisational objectives)

- List of Benefits / Measures

Benefit Category	Examples
<i>Quality and Safety</i>	Maximise the benefit of using food and fluid modification for those with dysphagia by using a well researched description framework. Communicate effectively with all stakeholders
<i>Access</i>	Ensure patients are on correct product as clinically appropriate
<i>Value for Money</i>	Efficient access to education and training.
<i>Staff</i>	Promote learning and evaluation

Project Governance

ISSDI implementation Committee Group/CHO level* (duties may be carried out by Food, Nutrition & Hydration Steering Committee)

(may be mirrored at Service provider level as appropriate)

- Hospital Group/ CHO Senior Manager (chair)
- SLT Lead
- Dietetics lead
- Pharmacist
- Quality Rep
- Catering Rep
- Clinical Lead or Rep.
- Nursing Lead
- Communications rep
- Patient Rep
- Others as appropriate

*An integrated implementation group that has cross sector (community/acute) representation may be appropriate to oversee phased transition.

ISSDI implementation Committee TOR

- Assess impact of changes in terminology due to IDDSI on service users and providers.
- Develop detailed plan for changeover to new products for existing and new service users.
- Communicate planned changes to all relevant stakeholders.
- Ensure appropriate staff complete relevant education/training.
- Communicate to relevant clinical staff to ensure all resources for objective swallow assessment are IDDSI compliant i.e. VFSS/FEES
- Ensure service users/ parents/carers have access to appropriate information.
- Ensure foods and fluids are assessed against IDDSI framework.
- Ensure IDDSI audit tools are applied.
- Ensure re assessment of appropriate service users is conducted as clinically appropriate.
- Mapping of existing therapy services and requirements in the context of changeover to IDDSI. Ensure paediatric services are included and services to community residential settings.
- Have regular meetings as appropriate during transition period
- Manage risks associated with changeover
- Reports to CEO HG/ CHO, all significant issues will be escalated via this route.



Project Scope

- Description of overall project approach

At local organisation/service level consider phased implementation within service specialty/ hospital etc. or otherwise as determined by project team.

- High Level Project Timeline

Phase	Objectives	Work streams	Timeframe
1	Aware (of the IDDSI framework)		
2	Prepare (for the transition)		
3	Adopt (Implement the change to IDDSI)		
4	Monitor and Audit education and changeover		

- Inclusions

Safe implementation of IDDSI guidelines in services supporting service users who use thickening agents or modified texture foods for management of dysphagia

- Exclusions from the scope of the project

Existing staffing deficits, workforce planning, procurement issues other than those relating to IDDSI guideline implementation.

Key assumptions

List key assumptions below:

1. IDDSI Guidelines approved by HSE Leadership Team Nov 2018.
2. HSE Food, Nutrition and Hydration Policy for Adult Patients in Acute Hospitals approved by HSE leadership Team Nov 2018.
3. National consultation has occurred with product providers and HSE Procurement.
4. Risk mitigation measures agreed nationally with product providers have been completed e.g. clear labelling, scoop colour changes etc. (needs to be confirmed in May 2019).
5. Educational Resources have been assessed for use and made available from national IDDSI Working Group team.
6. Recommendations have been issued nationally regarding staff education requirements.
7. High level risk assessment is completed at national level and information outlining the risk descriptors, controls in place and additional actions completed or in progress nationally is available for local reference.
8. Information resources for service users has been issued from National Team for local use as appropriate.
9. Implementation will commence after 1st September 2019 and conclude by 1st April 2020.



**Project Work
breakdown structure**

• Description of work streams

Work stream Name	Objectives	Deliverables	Timeline
Governance and Project Structure	Establish Implementation team and ensure TOR are clear and understood.		
GAP analysis	<ul style="list-style-type: none"> – Assessment of Impact of change in terminology on service user cohort. – Mapping of therapy services 		
Training/ Education	<ul style="list-style-type: none"> – Assessment of Staff training required. (Numbers and time commitment). – Complete staff training 	Staff that require training and time required Identified. Modes of education /training in conjunction with stakeholders identified and provided.	
Communication	Stakeholder Analysis <ul style="list-style-type: none"> – Convey relevant information to service users. – Liaise with Product Providers. – Communicate with relevant staff. 		
Risk Management	<ul style="list-style-type: none"> – Assess risks and issues relevant to service and plan mitigation. – Ensure reassessment of service users as clinically appropriate. – Assess risks associated with movement of patients/service users across service sites/providers (i.e. 	Arrange re assessment of patients/ service users as appropriate Liaise, as appropriate, with other services to ensure safe transition across settings	



		from between acute and community) particularly during the transition phase of implementation of IDDS nationally.		
	Monitoring Progress	– Plan for roll out of IDDSI guidelines for new and returning service users.	Agree start date Agree completion date.	
	Evaluation	– Assess impact of change on service users and staff. – Auditing. – Identify learning from change process.		
	<i>Note: Please refer to resources issued from national team for guidance in assessing risks, communication resources and education resources assessment</i>			

Project Implementation Outcomes

- Service Users with dysphagia and their carers are fully informed of changes related to IDDSI.
- Minimise adverse patient experience or risk as a result of adoption of the IDDSI framework.
- All patient care plans, diet sheets, menus and patient information leaflets are informed by IDDSI framework.
- All service users understand that they should seek medical assistance immediately if difficulty breathing or swallowing occurs with changeover to newly labelled products. (Note, the products remain the same but the quantity required to achieve the recommended consistency for individual patients may vary with the change).
- All relevant front line clinical staff (including GP's, pharmacists, HSCP's, nurses etc) and non-clinical staff (catering management, chefs and ward catering staff) have attended education and training as recommended.
- 100% of patients with new indicators for dysphagia are managed using IDDSI framework.
- All products (thickeners) in stock in acute and community have new IDDSI labels (stock with non-IDDSI labels has been run down).
- Change over to IDDSI Framework commences in September and is complete by 1st April 2020. This timeframe has been agreed with product providers, PCRS and HSE Procurement to manage stock and availability of product with old descriptors and scoops as the new IDDSI labelled tins come on the market. This allows flexibility for services in implementation.

Project Issues

Issue	Mitigation



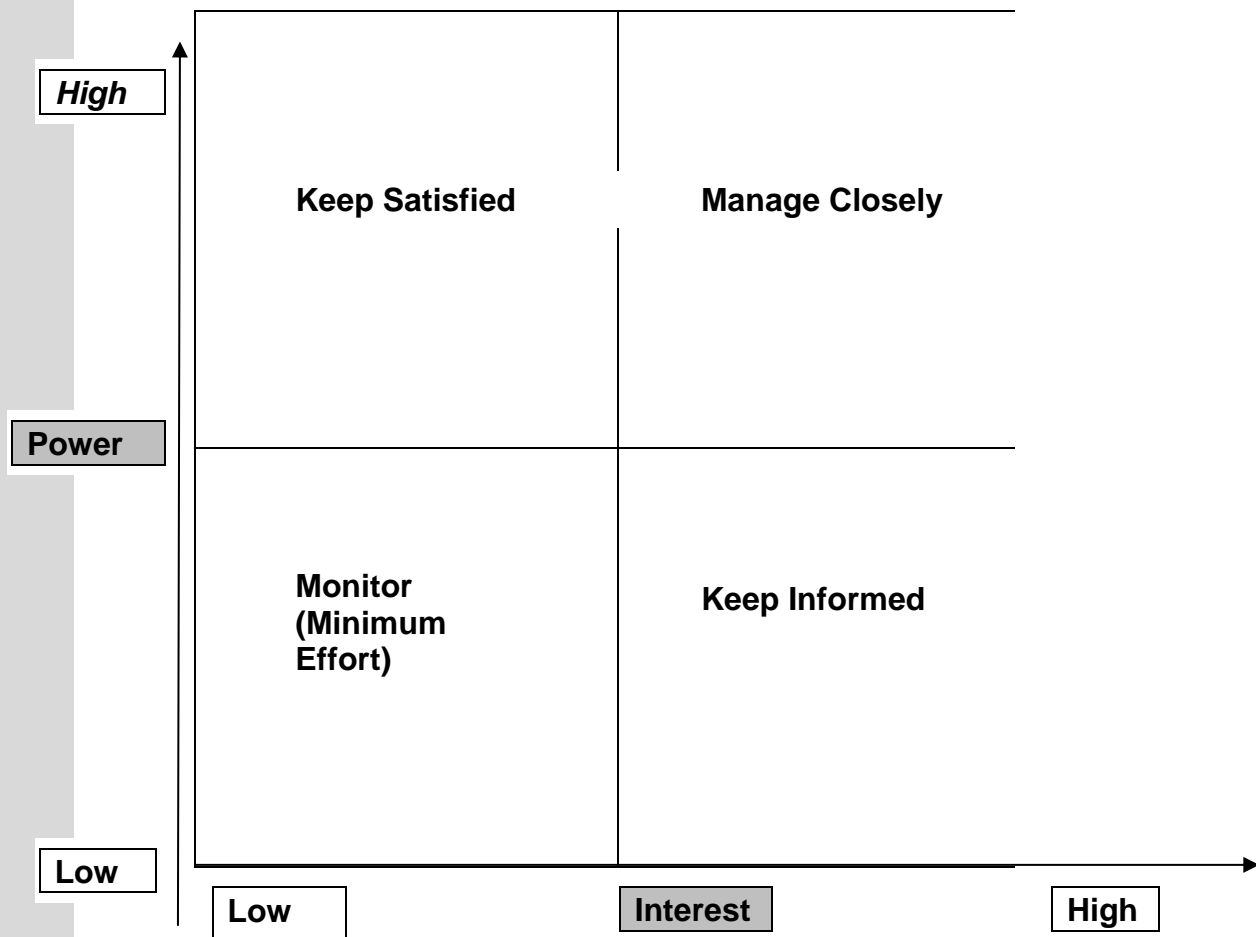
Risk	Mitigation

Stakeholder Map

Analysis 1 - Influence / Interest matrix

Each individual stakeholder or group of stakeholders will initially be mapped onto the grid and their position monitored and adjusted as time progresses and further analysis is carried out.

Stakeholder Analysis



Guidance:

High power, interested people: these are the people you must fully engage with, and make the greatest efforts to satisfy.

High power, less interested people: put enough work in with these people to keep them satisfied, but not so much that they become bored with your message.



Low power, interested people: keep these people adequately informed, and talk to them to ensure that no major issues are arising. These people can often be very helpful with the detail of your project.

Low power, less interested people: again, monitor these people, but do not bore them with excessive communication.

(Please refer to National Risk Assessment document provided for guidance)

Analysis 2 – Engagement Target

Stakeholder Analysis 2					
Level of engagement required					
Stakeholders	Awareness	Under standing	Support	Involvement	Commitment
e.g. Management Team	x				
		x			
e.g. Clinicians					
e.g. Patient Groups					

Stakeholder engagement and communications plan

Stakeholder	Expectations/Interests/Issues	Target level of engagement (Awareness/Understanding/Support/Involvement/Commitment))	Key Messages	Format/Channel /Frequency of communication

Project Documentation

The project will need to establish systems to:

- Maintain well-structured records of papers and minutes of key project / decision making meetings including clear record of decisions made and who took those decisions.
- Maintain records of other project events (e.g. clinical or public engagement events), including who was invited, who attended, what was discussed, what concerns or issues were raised and the project's response.
- Address identified risks/ issues in accordance with the HSE Performance Accountability Framework and HSE Incident Management Framework.
- Manage any requests for information under the Freedom of Information Act.

