

### HSE Working Group on Dysphagia Management – Summary of high level risks, controls in place and actions in progress

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Risk Description:	Existing Controls:	Actions in progress nationally:	Update/ Progress	Actions required at SERVICE LEVEL: (to be completed locally –does not replace full local risk assessment)
<p>Change in terminology from IASLT INDI Grades/Textures to IDDSI levels may lead to:</p> <ul style="list-style-type: none"> <li>• safety risk for service users who are on modified diets in an <b>acute setting, community/home setting, community residential setting</b> due to potential confusion for service users, staff and carers.</li> <li>• could cause confusion for <b>chefs and catering staff</b> which may lead to a patient safety risk</li> <li>• safety risk due to confusion for <b>parents/carers/staff/services users supporting children</b> requiring modified diet</li> <li>• <b>safety risk</b> for service users who are on modified diets due to a <b>change in viscosity in particular IASLT INDI Grade 2/3 to IDDSI Levels 2/3.</b></li> </ul>	<ul style="list-style-type: none"> <li>• IASLT &amp; INDI Working Group Comparison Document developed and available.</li> <li>• IDDSI website and resources available.</li> <li>• HSE Working Group on Dysphagia Management in place and developing implementation plan.</li> <li>• Agreement with Industry to a phased transition period.</li> <li>• Request to Industry to review/update their education material.</li> <li>• PCRS are to communicate with GPs and Pharmacists on IDDSI change.</li> <li>• Food Nutrition and Hydration Policy for Adult Patients in Acute Hospitals and Implementation toolkit which incorporate IDDSI</li> <li>• Request to industry to consider best identifier for new product</li> <li>• Request to industry to review/update their education material</li> </ul>	<ul style="list-style-type: none"> <li>• Develop recommendation to operational services that SLT, Catering and dietetics are represented on any implementation group in all settings.</li> <li>• Develop communication to operational service of the potential needs of service users to reassessed</li> <li>• Develop communication to operational service of the need to risk assess change in their context</li> <li>• Develop or collate education materials for service users/carers on signs of deterioration of swallow with care pathway i.e. seek immediate medical assistance when transferring from IASLT INDI Grades to IDDSI level with emphasis on service users transferring from Grades 2/3 to Levels 2/3.</li> <li>• Develop or collate education/training material for staff.</li> <li>• Advise regarding the need to update local dysphagia transfer documents for transition between acute and community services.</li> <li>• Develop information to advise relevant clinical staff to ensure all resources for objective swallow assessment are IDDSI compliant i.e. VFSS/FEES</li> <li>• Liaise with Food Safety Authority of Ireland in relation to change in terminology.</li> <li>• Mapping out relevant stakeholders for communication/education on IDDSI standards to identify stakeholders who would benefit from training/education.</li> <li>• Develop awareness campaign materials to include social media, poster, leaflets etc. for staff, parents, carers, service providers and end users.</li> <li>• Advise the Health Information Quality Authority (HIQA) of Ireland and MHC in relation to the international IDDSI standards, roll out period and final implementation date</li> <li>• Develop recommendation that SLT and Dietetics departments work with local catering services to ensure compliance with IDDSI guidelines</li> <li>• Consult with Higher Education Authority to determine the most effective means of communicating changes to relevant course providers</li> <li>• Advise Department of Children and Youth Affairs and/or TUSLA in relation to the changeover to IDDSI.</li> <li>• Ensure that paediatric services are included in in the mapping of stakeholders of therapy services</li> <li>• Develop recommendation that an integrated implementation group has cross sector (community/acute) representation to oversee phased transition.</li> <li>• Develop recommendation for implementation plan at service level.</li> <li>• Develop a recommendation that Community Health Organisations conduct a mapping exercise of current therapy services provided to community residential settings to identify areas of risks.</li> </ul> <p>*included in generic implementation plan or IDDSI implementation checklist</p>	<p>Complete*</p> <p>Complete*</p> <p>Complete*</p> <p>Complete</p> <p>Some complete, remainder end June</p> <p>Complete*</p> <p>Complete*</p> <p>Complete</p> <p>Complete</p> <p>In progress</p> <p>Scheduled for action</p> <p>Complete*</p> <p>Scheduled for action</p> <p>Scheduled for action</p> <p>Complete</p> <p>Complete*</p> <p>Complete*</p> <p>Complete*</p> <p>.</p>	
Risk to patient safety due to non IDDSI labelled pre-thickened Oral Nutritional Supplements	Risk identified with industry	Await clarification from industry on implementation plan for IDDSI labelling of pre-thickened Oral Nutritional Supplements.	Pending	

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