

Claxton Dietetic Solutions

Safe To Swallow, Worth Eating

Aligning IDDSI with Modern Nutrition Standards in Long-Term Care

Presented by:

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Objectives

- Describe IDDSI framework and simplified implementation
- Explain application of 2025 Dietary Guidelines in LTC
- Differentiate nutrition priorities across resident types
- Identify gaps between guidelines and real-world practice
- Apply strategies to improve nutrition, safety, and outcomes





Whis This Matters

- Cost of poor intake:

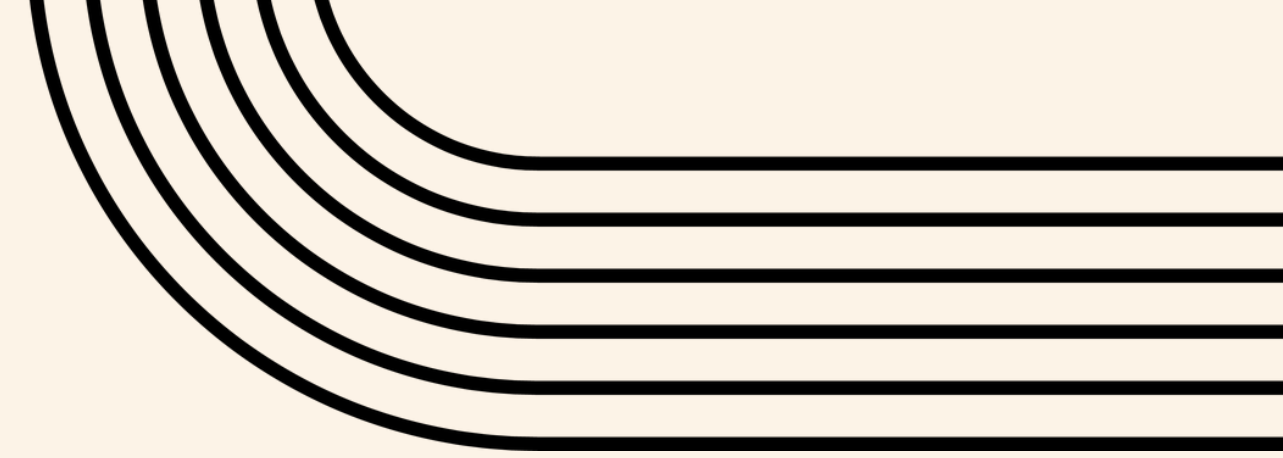
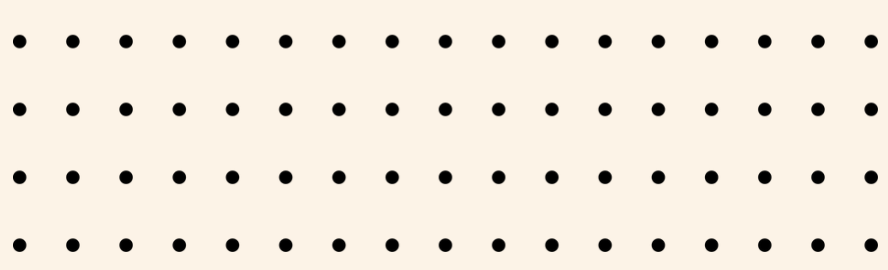
- Hospitalizations
- Increased care needs & costs
- Staffing burden
- Decreased Quality of Life

- Top survey risks:

- Weight loss
- Hydration concerns
- Texture inconsistencies

We're measured not just by what we serve, but by what actually gets consumed.





The Core Challenge

Where Facilities Struggle

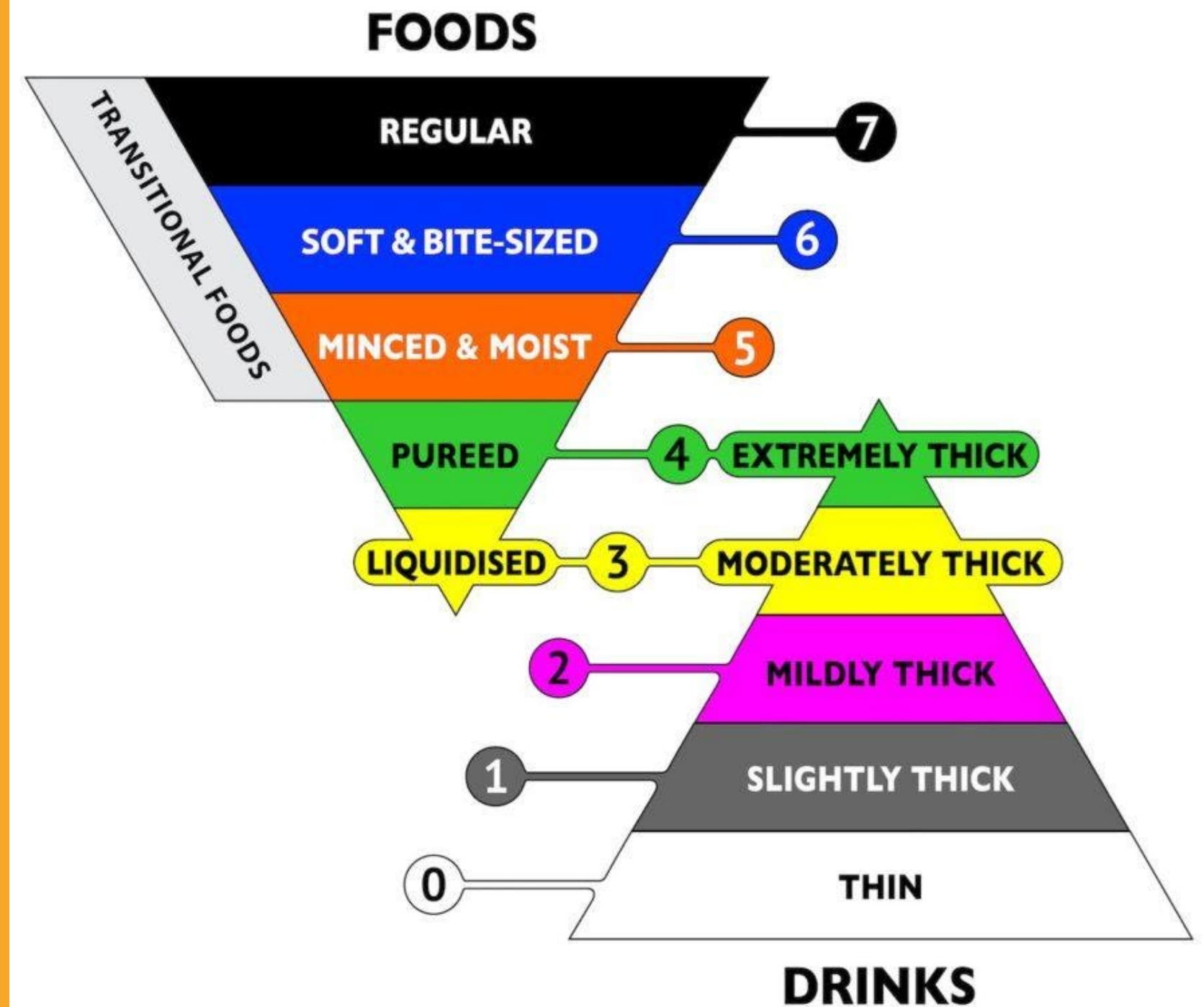
- Safe diets that residents won't eat
- “Healthy” menus that reduce intake
- Overly complex systems staff can't execute



Consistency beats complexity every time

What is IDDSI?

International Dysphagia Diet
Standardization Initiative

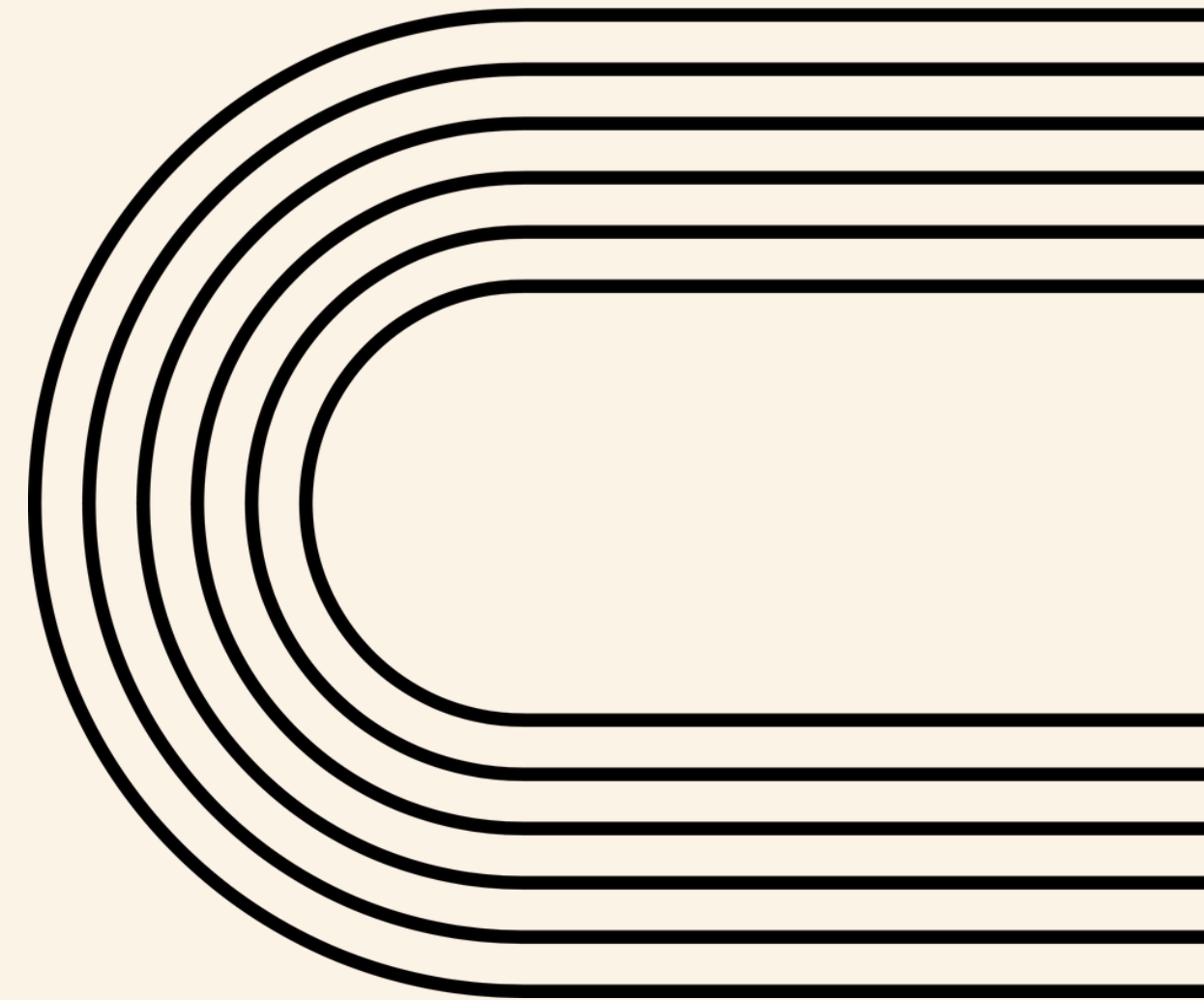


The International Dysphagia Diet Standardisation Initiative 2016 @<http://idssi.org/framework/>. Attribution is NOT PERMITTED for derivative works incorporating any alterations to the IDDSI Framework that extend beyond language translation. Supplementary Notice: Modification of the diagrams or descriptors within the IDDSI Framework is DISCOURAGED and NOT RECOMMENDED. Alterations to elements of the IDDSI framework may lead to confusion and errors in diet texture or drink selection for patients with dysphagia. Such errors have previously been associated with adverse events including choking and death.



Why Implement IDDSI?

- Reduces choking & aspiration risk
- Consistent & safe textures
- Improved communication across departments
- Safer meal transition during transfers
- Promotes safety and quality of life



FOODS

TESTING INFO



LEVEL 7 - REGULAR **RG7**

No specific testing information.

LEVEL 7 - EASY TO CHEW **EC7**

Normal everyday foods of various textures that are developmentally and age appropriate. Biting and chewing ability needed.

Normal everyday foods of soft/tender textures only, that are developmentally and age appropriate. Requires biting and chewing ability.



LEVEL 6 - SOFT & BITE-SIZED **SB6**

Pieces no bigger than 1.5 x 1.5cm in size for adults and 8mm x 8mm for babies & children. Push down on piece with fork - sample should squash completely and not regain its shape.

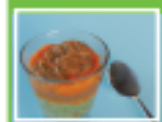
Soft + Bite-sized, tender and moist throughout, with no thin liquid leaking or dripping from the food. Chewing ability needed.



LEVEL 5 - MINCED & MOIST **MM5**

4mm lump size for adults and 2mm lump size for babies and children. Holds its shape on a spoon. Falls off easily if the spoon is tilted or lightly flicked. Must not be firm or sticky.

Very soft, small moist lumps, minimal chewing ability needed.



LEVEL 4 - PUREED **PU4**

Sits in a mound or pile above the fork. Does not dollop or drip continuously through a fork. Holds its shape on a spoon. Falls off easily if the spoon is tilted or lightly flicked. Must not be firm or sticky.

Smooth with no lumps, not sticky, no chewing ability needed. Can be eaten with a spoon.



LEVEL 3 - LIQUIDISED **LQ3**

No less than 8mL remaining in the syringe after 10 sec of flow. Drips slowly in dollops through the prongs of a fork.

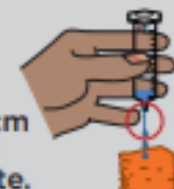
Can be eaten with a spoon or drunk from a cup. Cannot be eaten with a fork because it slowly drips through. Effort needed to drink this through a wide straw.

FOOD TEST INSTRUCTIONS



TRANSITIONAL FOODS TEST INSTRUCTIONS

1. Add 1mL of water to 1.5cm x 1.5cm sample and wait 1 minute.

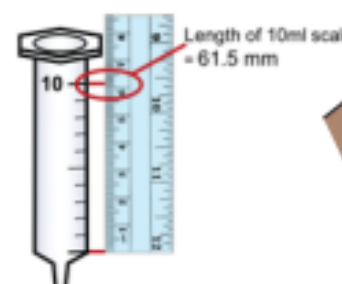


2. Then complete the IDDSI Fork Pressure Test.

Thumb nail blanches white



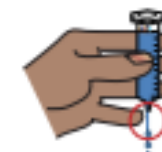
FLOW TEST INSTRUCTIONS



1. Remove Plunger



2. Cover nozzle with finger and fill 10ml



3. Release nozzle & start timer

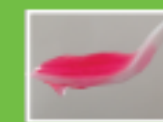


4. Stop at 10 seconds

TESTING INFO

LEVEL 4 - EXTREMELY THICK **EX4**

Sits in a mound or pile above the fork. Does not dollop or drip continuously through a fork. Holds its shape on a spoon. Falls off easily if the spoon is tilted or lightly flicked. Must not be firm or sticky.



LEVEL 3 - MODERATELY THICK **MO3**

No less than 8mL remaining in the syringe after 10 sec of flow. Drips slowly in dollops through the prongs of a fork.



LEVEL 2 - MILDLY THICK **MT2**

4-8mL remaining in the syringe after 10 sec of flow.



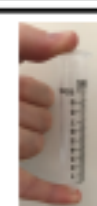
LEVEL 1 - SLIGHTLY THICK **ST1**

1-4mL remaining in the syringe after 10 sec of flow.



LEVEL 0 - THIN **TN0**

Less than 1mL remaining in the syringe after 10 sec of flow.



DRINKS / LIQUIDS

'Sippable' from a cup but effort needed to drink this through a standard straw.

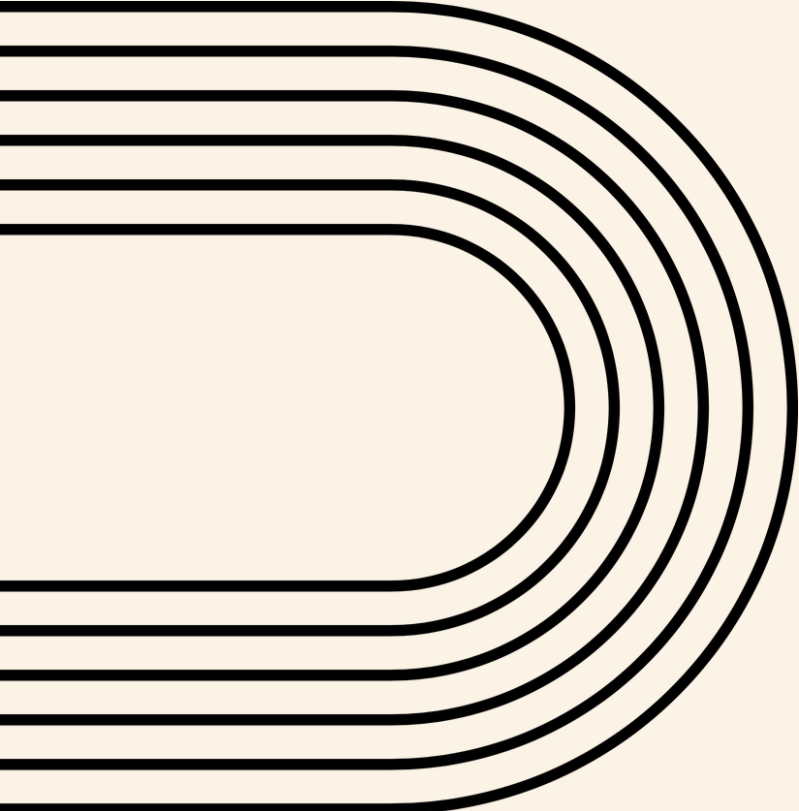
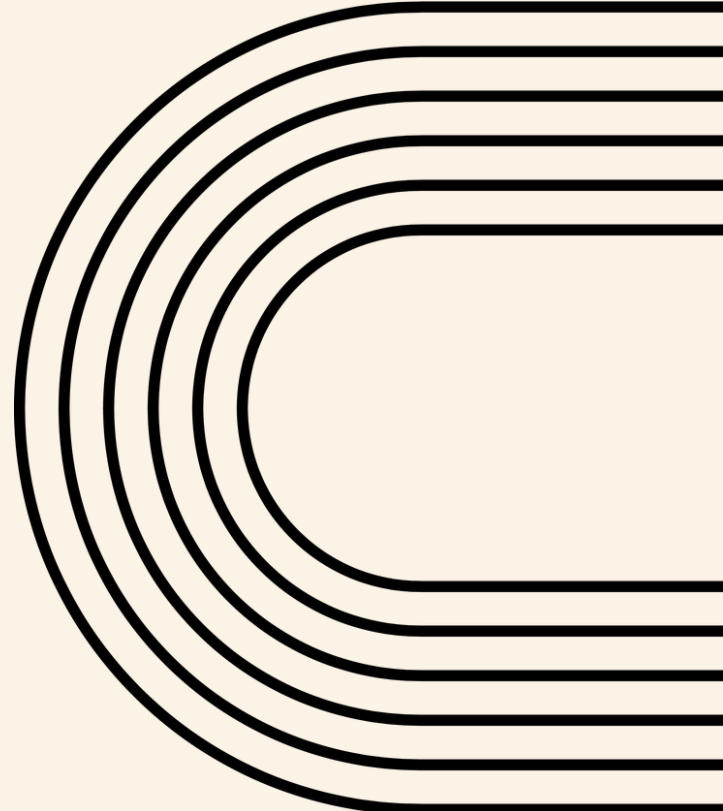
Thicker than water. Can flow through a standard straw.

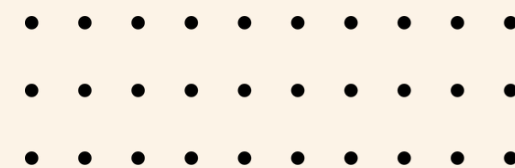
Flows like water. Flows easily through any straw.

Food that starts as a firm solid texture and changes to another texture when it becomes wet or when warmed. Minimal chewing ability needed.



IDDSI in Practice

- 
- Standardized framework to improve safety
 - BUT THERE ARE CHALLENGES
 - Standardization WITH Flexibility
 - **IDDSI is a framework, not a requirement to implement every level.**
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You Don't Need EVERY Level

- Use only levels your facility can execute well
 - Simpler systems reduced errors
- Many LTC facilities successfully use:
 - Regular
 - Easy to Chew
 - Minced & Moist
 - Puree
 - Liquids (thin / nectar / honey)

✓ Safe

✓ Practical

✓ Sustainable



Individualization

Happens at the Resident Level

- IDDSI = starting point
- RDN + SLP collaboration determines:
 - Safest level
 - Least restrictive options
- ⊘ Avoid:
 - Defaulting to more restrictive textures
 - If we over-restrict, we increase risk for poor intake and weight loss.





Where IDDSI Breaks Down From Framework to Practice

- Inconsistent terminology
- Lack of, or inconsistent testing methods
- Kitchen vs nursing: knowledge and communication
- Agency staff unfamiliarity



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IDDSI Takeaways

- Standardize what you CAN execute
- Individualize to improve acceptance
- Train to consistency, not perfection
- Interdisciplinary communication & training
- Audit for continued process improvement





Safety Is Only Half The Equation

A diet that is safe but not consumed
can still lead to poor outcomes.



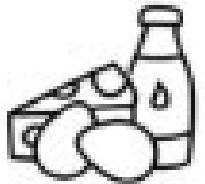




2025 Dietary Guidelines

Overview

- Prioritizing diets built on whole, nutrient-dense foods - protein, dairy, vegetables, fruits, healthy fats, and whole grains
- Population-based recommendations
- Focus on:
 - Dietary patterns
 - Flexibility



How the 2025 Guidelines Have Evolved

2020 DGAs	VS	2025 DGAs
Low-fat or fat-free dairy products or lactose-free or fortified soy version of milk or yogurt		Full-fat dairy with no added sugars
0.8 grams of protein per kilogram of body weight		1.2-1.6 grams of protein per kilogram of body weight; meat and animal-derived proteins featured prominently at the top of the Food Pyramid
Prioritize unsaturated oils and fat-containing foods like nuts, seeds, and avocados		Prioritize nutrient-dense fats from seafood, nuts, seeds, avocados, and saturated fats, like butter and beef
No mention of highly processed foods		Avoid highly processed foods
Limit added sugars to less than 10 percent of total daily calories for people 2 years of age and older; no added sugars for children under 2 years of age		No added sugars as part of a healthy diet; children under 10 should not consume any added sugars



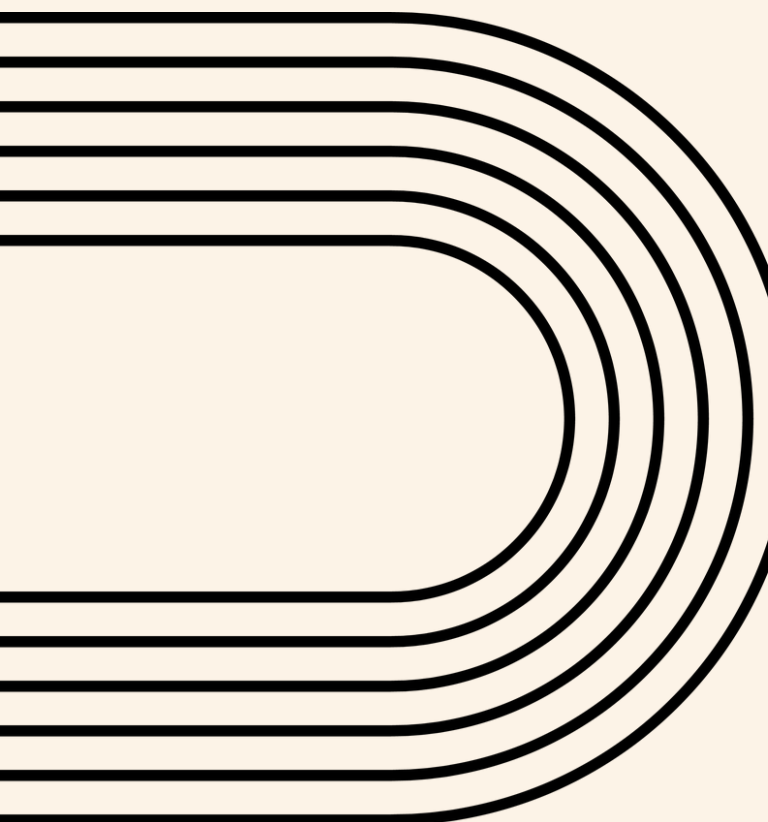
Where Evidence Still Guides Practice

- Protein needs are not blanket for all
 - 1.2-1.6 g/kg/day is not realistic or necessary for many
- Saturated fat & cardiometabolic risk
 - Some residents may benefit from full-fat options, where others may not
- Long-term dietary patterns still matter
- Food accessibility and cost must be considered
- Guidelines ≠ the best application

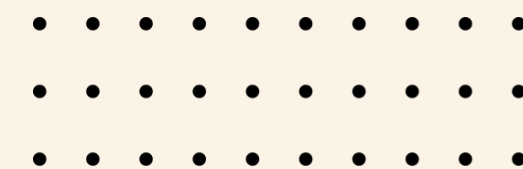
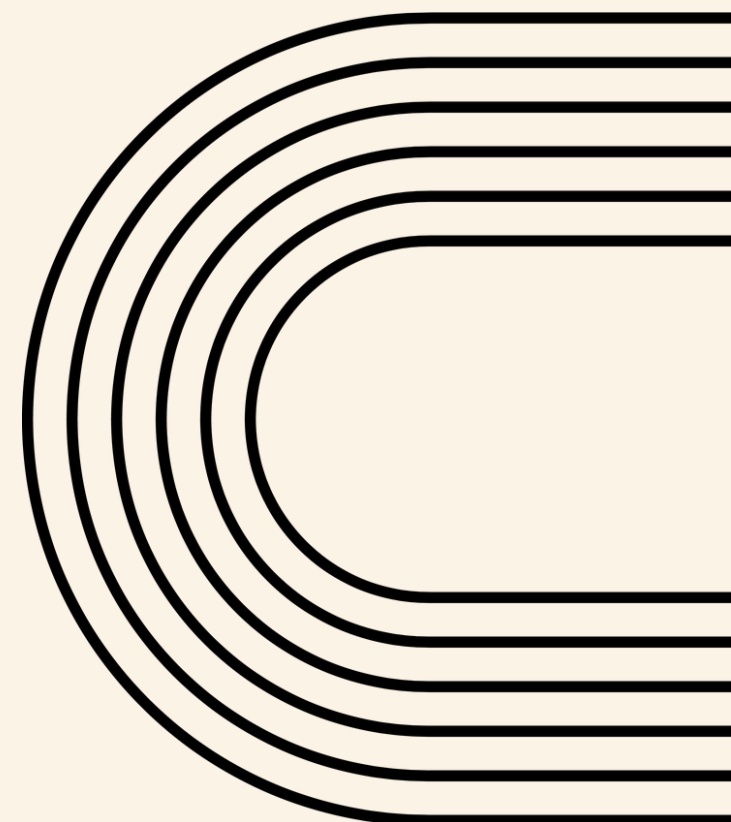


Population Matters

Right Resident, Right Diet, Right Time



Population	Priority	Approach
Frail/LTC	Prevent Weight Loss	Liberalized, Nutrient-dense
Rehab/Younger	Disease Management	More Structured, Therapeutic
Dysphagia	Safety + Intake	IDDSI +Individualization + Fortification





The Reality of LTC Nutrition

- “Healthy” foods ≠ consumed foods
- Restrictions often reduce intake
 - Modified diets reduce intake
 - Thickened liquids reduce hydration
 - Restrictions decrease satisfaction
- Acceptance drives outcomes
 - The healthiest diet is the one the resident will actually eat

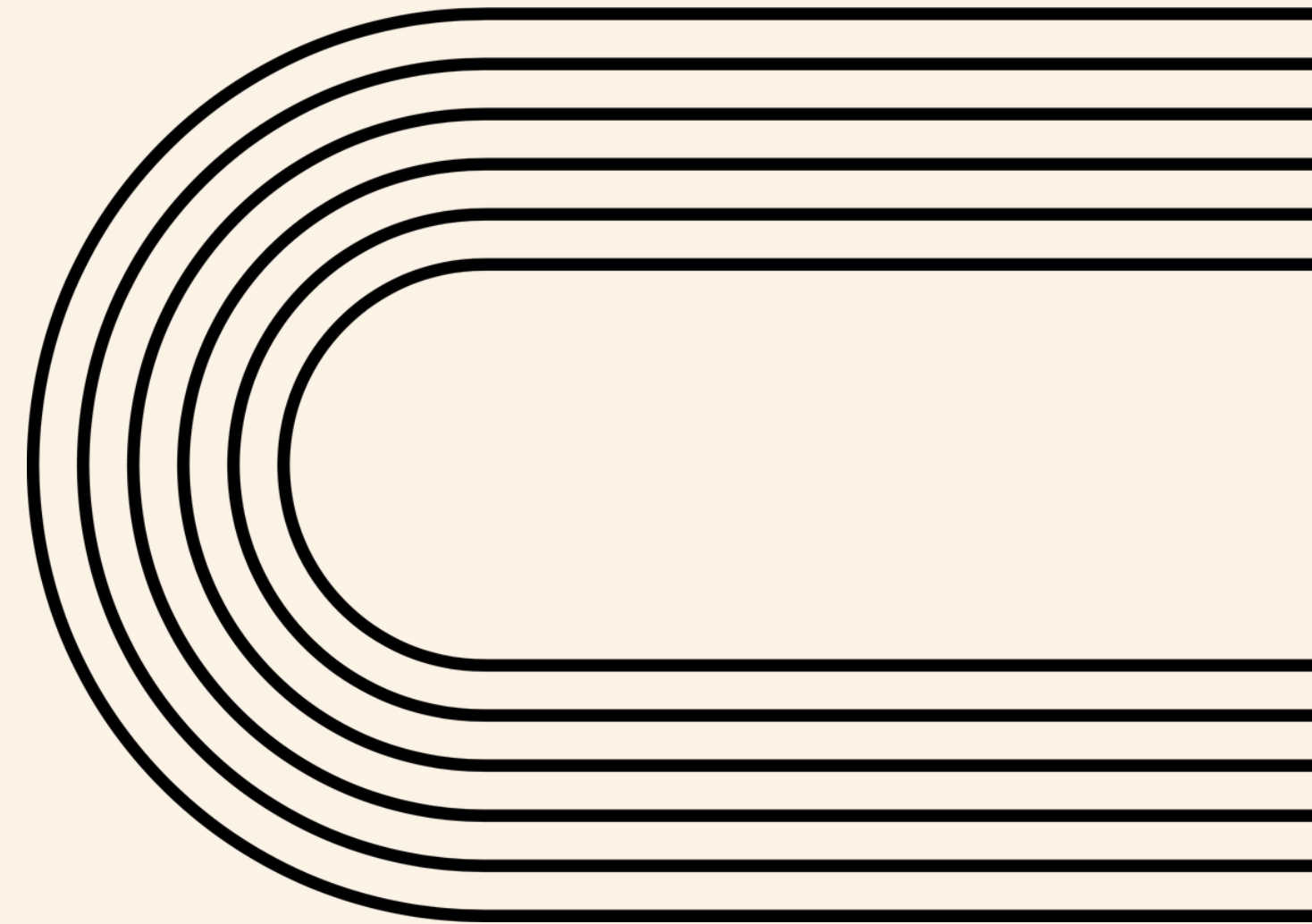




Practical Solutions

for LTC

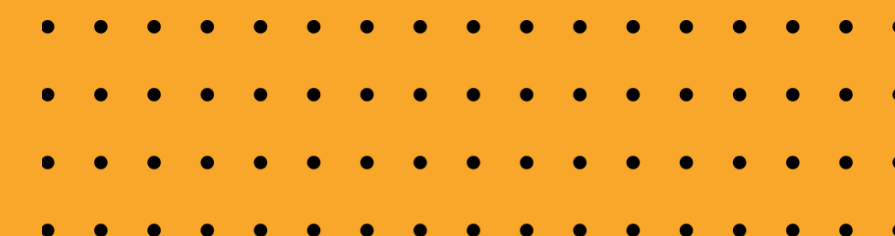
- Balanced menus that meet needs
- Individualize at every step
- Consider presentation
- Have fortified recipes
- Communication and ongoing education



Practical Solutions:

Cost -Effective Protein Sources

- Eggs – versatile, high-quality protein, easy to prepare
- Peanut butter / nut butters – calorie-dense, shelf-stable
- Milk & powdered milk – easy fortification for many foods
- Beans & lentils – low cost, high fiber + protein
- Greek yogurt – high protein, soft texture for IDDSI diets
- Cheese (shredded or melted) – easy to add to meals for enrichment
- Canned tuna or chicken – convenient, ready-to-use protein

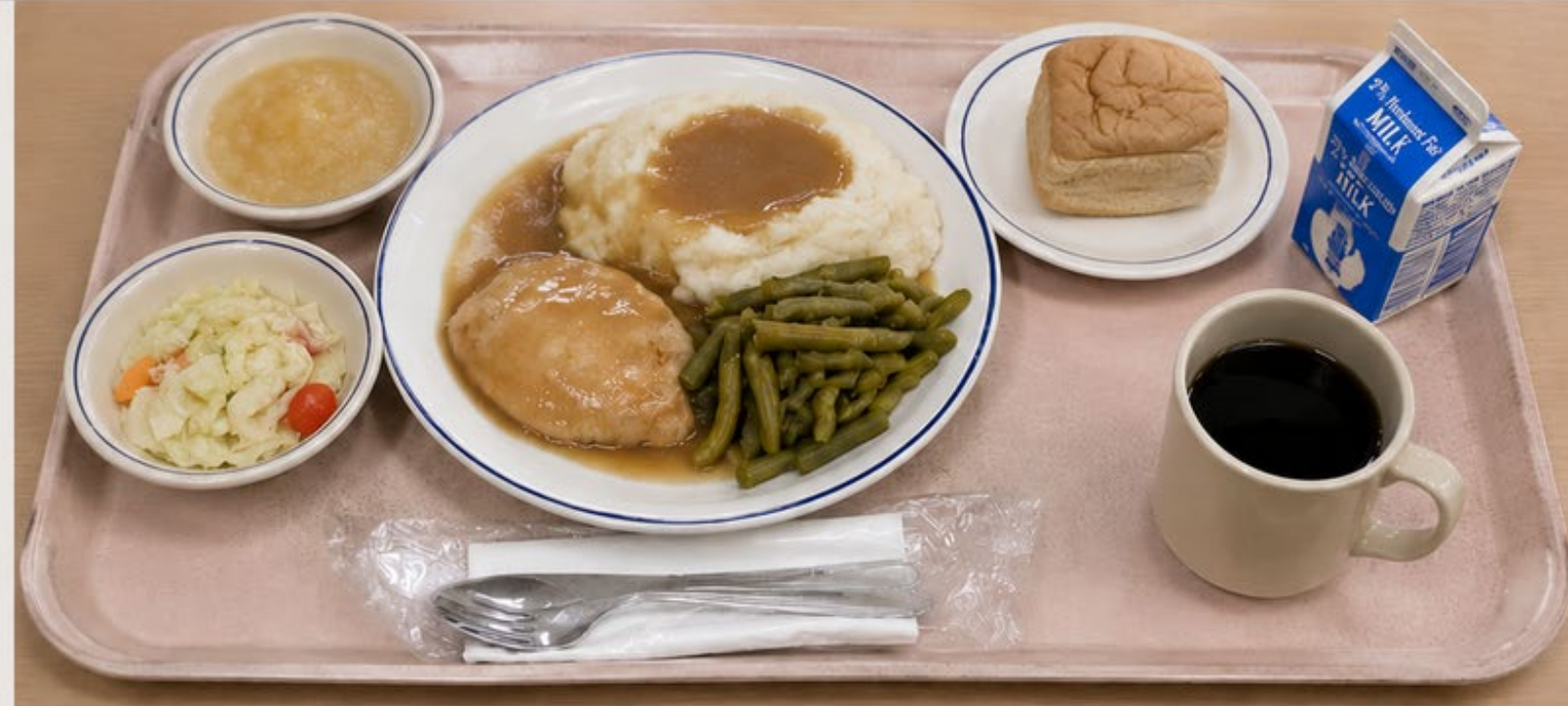


Practical Solutions:

Simple ways to improve meal presentation

BEFORE: Typical Long-Term Care Meal Presentation

- ✗ Crowded and cluttered
- ✗ Foods lack appeal
- ✗ Uneven portions
- ✗ Little color contrast
- ✗ Difficult to identify items



AFTER: Improved Meal Presentation

- ✓ Neat and organized
- ✓ Foods look appealing
- ✓ Balanced portions
- ✓ Good color contrast
- ✓ Easier to identify items



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Practical Solutions:

Fortifying Foods w/in the IDDSI Framework

- Add calories + protein without increasing volume
 - Powdered milk, protein powder, cheese, yogurt, butter, cream
- Keep the same IDDSI texture level - do not change the prescribed consistency
- Mix thoroughly and check consistency after fortifying
 - Re-test texture if anything is added (IDDSI methods as needed)
- **Use standardized recipes for consistency and safety**
- Document all additions and monitor intake/tolerance

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✓ Use standardized recipes

Fortifying Pureed Foods (IDDSI Level 4)

Increase calories and protein without changing the texture.

Protein

- Powdered milk
- Protein powder
- Yogurt

Calories

- Butter
- Oil
- Cream

Extra Nutrition

- Cheese
- Nut butter

Before
Plain puree

After Fortifying
Same texture, more nutrition

How to Fortify Pureed Foods

- Add small amounts of high calorie / high protein ingredients
- Mix thoroughly to maintain smooth, lump-free texture
- Re-test consistency (IDDSI Level 4 requirements)
- Document additions and monitor tolerance

✓ Goal: More nutrition. Same safe, smooth texture (IDDSI Level 4 – Pureed).



Action Steps

IDDSI:

- Simplify Levels
 - Choose only what works!
- Have a process for Individualization of textures (lean into your ST)
- Audit production consistency
 - Test trays

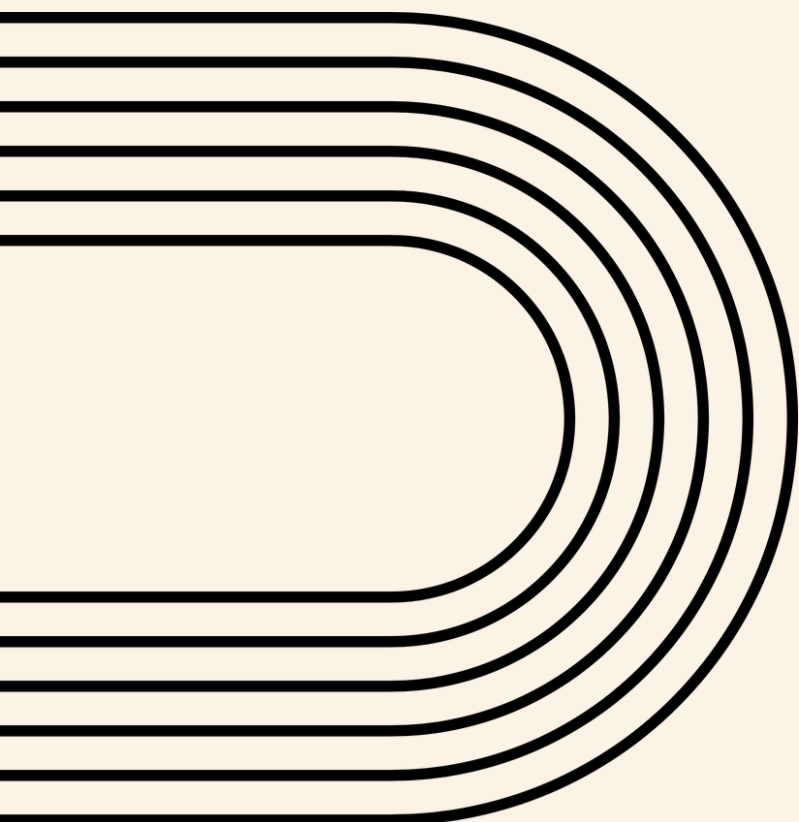
Dietary Guidelines:

- Apply selectively
- Individualize by resident and clinical judgement (lean into your RD)
- Balance cost + outcome
 - Monitor intake

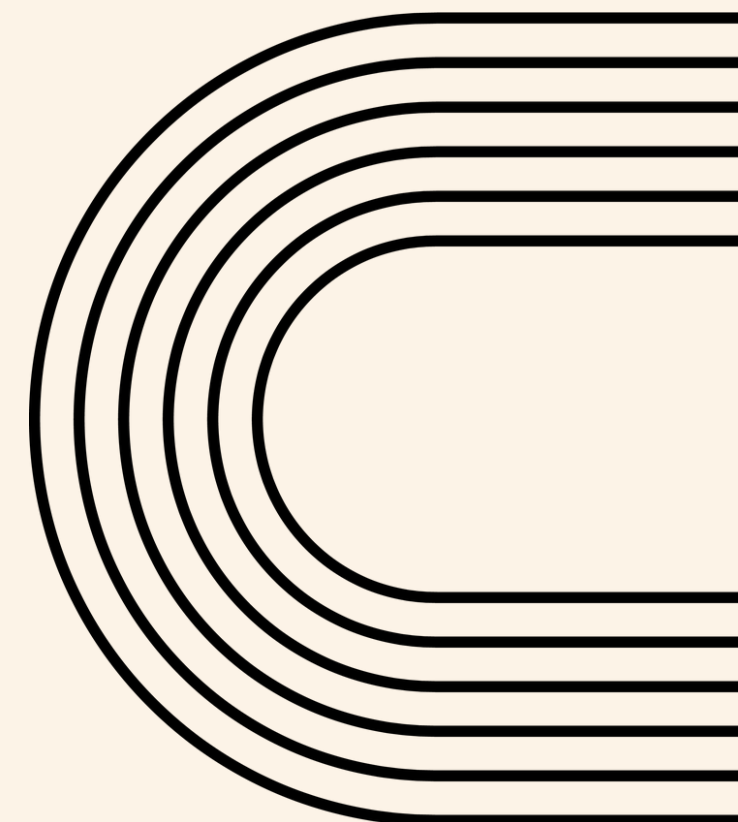




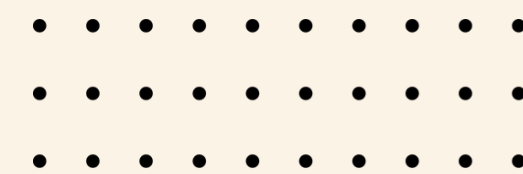
Final Takeaways



Safety + Nutrition = Quality Care
Standardization + Flexibility
Compliance + Resident Satisfaction



If a diet is perfectly compliant but the resident doesn't eat it - we've failed.



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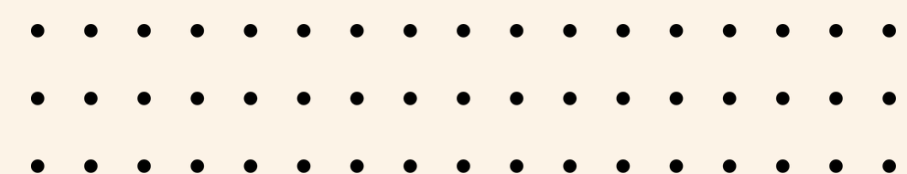
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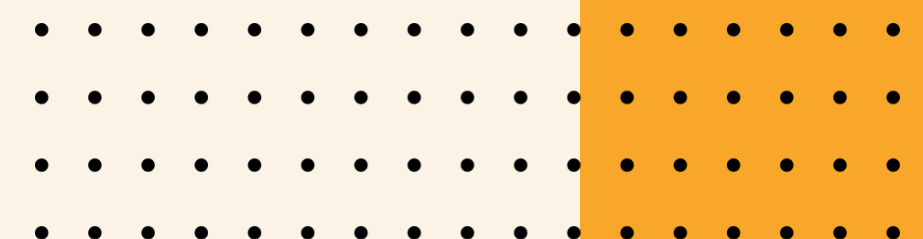
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Wrap -Up Q & A





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Thank You



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