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EATSAFE SG GUIDE

A guide for new institutions

MOH-Chief Allied Health Officer's Office (CAHOO)

MINISTRY OF HEALTH
SINGAPORE

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Disclaimer: This document is the intellectual property of MOH. This guide serves as a reference for new institutions implementing EatSafe SG. Please consult latest regulatory requirements and circulars for the most updated requirements.

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b) EatSafe SG Master Trainers Team

In consultation with,

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d) MOH Speech Therapy Panel
e) MOH Dietetics Panel
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Background

Dysphagia (swallowing difficulties) can occur due to medical conditions like stroke, degenerative diseases, and head and neck cancer. It is often associated with malnutrition, dehydration, chest infection, and in some cases, even death.

Speech Therapists are healthcare professionals trained to assess and provide necessary rehabilitation and/or strategies to help patients manage dysphagia. Modification of food texture and fluid thickness is commonly recommended.

In 2018, it was noted that different healthcare institutions in Singapore use different terminologies to refer to texture-modified diets and thickened fluids. Varied terminologies for diets and fluids impose great safety concern especially for people with dysphagia who journey across different health care institutions. For instance, a patient with stroke who was first admitted in an acute hospital, then transferred to a community hospital to continue rehabilitation and eventually discharged to a nursing home. With the lack of a standardised diet and fluid terminology framework, recommended dysphagia diets are mapped to diets served in the new setting based on discretion of admissions staff. This might inadvertently result in wrong diets being served and put the patient at risk of choking (example in Table below)

Healthcare Institutions - acute hospitals, community hospitals and Intermediate Long-term Care facilities (ILTCs)											
Dysphagia Diet Terminologies	**Diet Types**	**A**	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**	**J**
	Diet Type 1	Blended (Pureed)	Blended diet	Pureed diet	Pureed diet	Finely minced diet	Pureed diet	Pureed diet	Blended texture	Blended diet	Pureed diet
	Diet Type 2	Finely minced (Soft and moist)	Minced diet	Minced diet	-	Chopped diet	Porridge and chopped Sides	Minced diet	Soft moist texture	Finely minced (fish, egg, tofu)	Minced diet
	Diet Type 3	Chopped (Easy to chew)	Chopped diet	Soft diet	Easy chew	-	-	Soft and chopped diet	Easy chew texture	Finely minced (meat), coarsely minced	Soft diet
	Diet Type 4	-	Soft diet	-	-	Soft diet	Soft diet	Regular soft diet	-	Soft DOC*	-
	Diet Type 5	Regular	DOC*	Regular diet	-	DOC*	DOC*/Full diet	Regular diet	Regular texture	DOC*	Regular diet

*DOC- Diet of choice

In view of this safety risk to patients with dysphagia, a standardised diet and fluid terminology was needed. The MOH Allied Health Panel for Speech Therapy (ST) comprising Heads of ST departments in Public Healthcare Institutions (PHIs) recommended adopting the International Dysphagia Diet Standardisation Initiative (IDDSI) Framework, which is a standardised framework of diet and fluid terminologies and descriptors to describe texture-modified foods and thickened fluids.

A **Singapore Dysphagia Diet Standardisation Committee** was formed to recommend plans to implement this standardised framework to improve patient safety by reducing ambiguity when communicating diet or fluid related information across the care continuum.

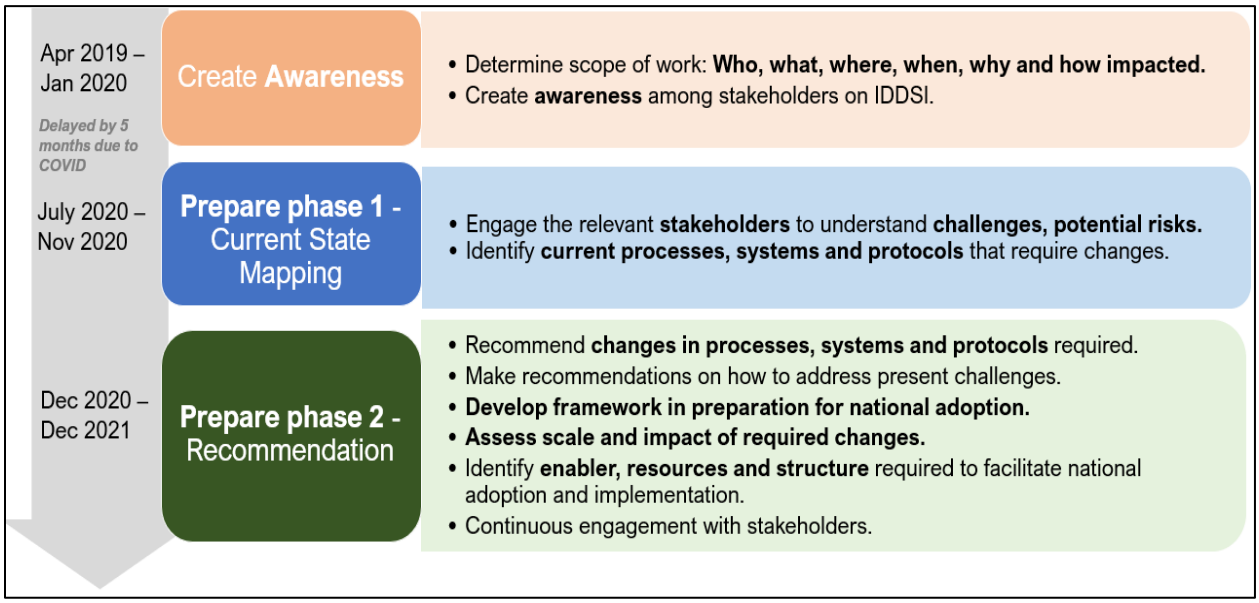
Singapore Dysphagia Diet Standardisation Committee

In 2020, the Singapore Dysphagia Diet Standardisation Committee was appointed by Director of Medical Services, Ministry of Health. It comprised Speech Therapists, Dietitians, Nurses, Agency for Integrated Care (AIC) representatives and key stakeholders who are involved in the recommendation and preparation of diets in healthcare institutions. The committee led efforts in identifying the current state, evaluating existing diet terms and descriptors, recommending the national standard and proposing recommendations for implementing the International Dysphagia Diet Standardisation Initiative (IDDSI) (Appendix A) nationally (Diagram 1).

Over a period of 2 years, the committee had:

a) Identified and analysed processes, gaps, potential risks in the entire continuum of care from acute hospitals to the community and nursing homes and made recommendations on how to address them.
b) Engaged the relevant stakeholders to understand challenges in implementing a standardised dysphagia diet framework.
c) Proposed recommendations for implementing this framework.
d) Identified enablers, resources and structures needed to help with the implementation of such a framework.

Diagram 1: EatSafe SG Roadmap



EatSafe SG Guide

The intent of this document is to guide new Public Healthcare Institutions (PHIs), Community Hospitals (CHs) and Community Organisations in the implementation and/or check for compliance to recommendations to EatSafe SG standards.

1. Implementation Guide

To facilitate and guide institutions in the implementation process, an implementation guide and timeline has been developed. A 6-month implementation timeline is recommended for paced progression. Institutional Champions should adapt, and plan activities appropriate to their institution's needs.

The key tasks recommended during the 6- month period include:

a) Form EatSafe SG Implementation Team, which can include Speech Therapists, Food services / kitchen staff, Dietitians and Nurses.
b) Review and familiarise with the IDDSI resources and implementation guide available on the IDDSI website and MOH EatSafe SG Website respectively
c) Assess current institution diet textures served and develop transition plans to the IDDSI framework
d) Identify and appoint EatSafe SG Trainers (Public Hospitals only) and Institutional Champions to conduct stakeholder training
e) Update IT system to support required changes (e.g. clinical documentation, diet ordering system)

2. EatSafe SG Resources

Useful resources to support the implementation are available on the MOH EatSafe SG Website ((https://www.moh.gov.sg/hpp/allied-health-professionals/eatsafe-sg), including food preparation methods and local food recipes with tips on modification.

3. EatSafe SG Training Framework

EatSafe SG training framework is recommended to ensure standardised knowledge about IDDSI framework and EatSafe SG for stakeholders involved in the care of patients with dysphagia across all care settings.

Target Training Group

The stakeholders include:

- Speech Therapists*
- Dietitians*
- Nurses and care assistants*
- Food service and kitchen staff (including chefs and food preparation personnel) *

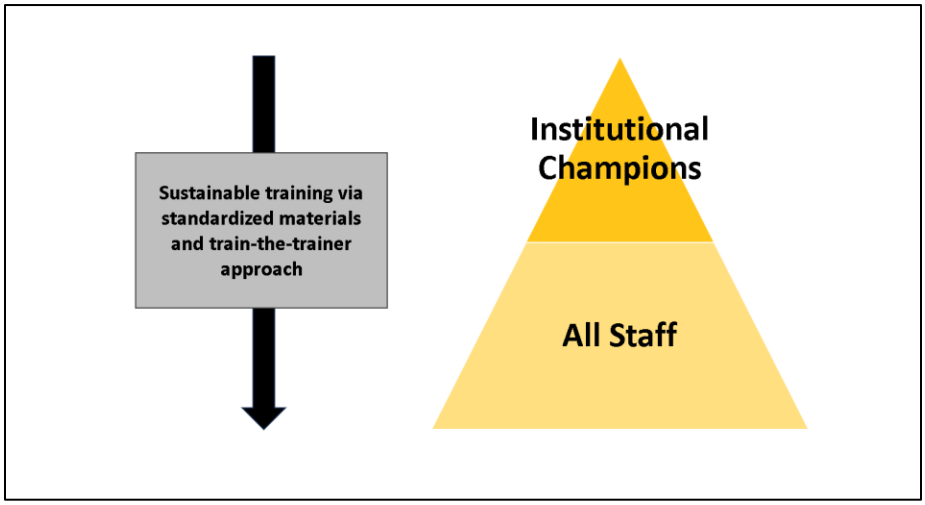
- Vendors (including suppliers of raw ingredients, food products, and thickener powder)
- Doctors (especially those directly involved in the care of individuals at risk of developing dysphagia, e.g. neurologists, geriatricians and general medicine)
- Other medical and healthcare professionals who should be made aware of the change (e.g., physiotherapists, occupational therapists)
- Students (Speech Therapy, Nursing, Dietetics)

*Mandatory training for staff who are highly involved in dysphagia management

Training Approach

The EatSafe SG Training Framework ensures sustainability and consistent standards across all care settings. Training is delivered through a structured train-the-trainer approach (see Diagram 2). The National Training Framework (Table 2) outlines the depth of training required and is aligned to the amount of knowledge required by the various stakeholders in their roles pertaining to dysphagia management.

Diagram 2: EatSafe SG Training Approach



Nomination of Institutional Champions (ICs)

Institutions are encouraged to nominate Institutional Champions (ICs) from relevant health care professionals such as registered Nurses, Speech Therapists and/or Dietitians. They will have the requisite healthcare background and knowledge to lead implementation by:

a) Ensuring that all stakeholders working with patients with dysphagia have completed their training according to the framework (Refer to Table 2)
b) Assuming role of trainer for staff who require Basic Hands-On training upon completion of their own Advanced Hands-On training
c) Maintaining the correct texture for modified diets and fluids according to the IDDSI framework descriptors by carrying out regular checks
d) Assisting to clarify and troubleshoot concerns from the ground, and escalate as appropriate

Role-based Training under the Framework

Table 2 : EatSafe SG National Training Framework

Levels of training		Target population	Training modality			
			Visual collaterals	Theory (E-learning)	Hands-On	
					Basic	Advanced
CG.	- Details customised for family/patient education by trained staff	- Patients and caregivers (CG)	Y			
0	- Know of new diet and fluid labels	- All other healthcare workers - Provider of raw food materials - End-product providers e.g,, thickener vendors	Y			
1	- Know the new diet and fluid labels - Understand the descriptors for each level - Able to order an appropriate diet and fluid consistency using a protocolised flow chart	- Doctors	Y	**'Doctors'** version is mandatory for all HOs/MOs, and highly recommended for Doctors involved in the care of persons with dysphagia (e.g., Geriatrician, General Physician)		
2	- Know the new diet and fluid labels - Understand the descriptors for each level - Test diet and fluids to assess which IDDSI levels they fit into - Know which types of food go into which diet levels - Able to order an appropriate diet and fluid consistency using a protocolised flow chart (Nurses only)	- Nurses and Care Assistants - Dietitians - Speech Therapists - Kitchen staff and Chef	Y	**'Full'** version for Nurses and Care Assistants, Dietitians, and Speech Therapists **'Abridged'** version for kitchen staff and chef	Optional but recommended *Kitchen staff and chef may wish to consider **"Food Prep Skills Class"**	
3	- Know the new diet and fluid labels - Understand the descriptors for each level - Test diet and fluids to assess which IDDSI levels they fit into - Know which types of food go into which diet levels - Competent to conduct Basic Hands-On training within institution - Able to order an appropriate diet and fluid consistency using a protocolised flow chart (Nurses only)	- All Institutional Champions	Y	Y	Y	Y

Training modality

a) Visual Collaterals

Training materials include posters, screensavers, handouts, and information memos. The materials focus on the importance of IDDSI implementation. These are available on the MOH EatSafe SG Website ((https://www.moh.gov.sg/hpp/allied-health-professionals/eatsafe-sg).

b) Theory (E-learning)

To promote optimal learning and retention of knowledge, the E-learning module is interactive and comprises bite-sized information and a post-knowledge quiz. Refer to Table 3 for details.

Table 3: Theory (E-learning)

Versions and Target group	**Three training versions are available, with duration and content customised by professional role.** **1. Full version (2hours)** Compulsory for Nurses and Care Assistants, Dietitians, and Speech Therapists **2. Abridged version (1hour 15mins)** Compulsory for Kitchen Staff and Chef This is adapted from *Full*, with only the modules on rationale and importance of IDDSI as mandatory for completion. The other modules are optional **3. Doctors version (30mins)** Mandatory for House Officers (HOs) and Medical Officers (MOs), optional but highly recommended for Doctors who are involved in the care of persons with dysphagia (eg., Geriatrician, General Physician). This is condensed from *Full*.
Pre-requisite	Nil
Objectives	- Understand rationale and importance of IDDSI - Understand signs of dysphagia, and management strategies - Decide what to do if patients are suspected to have dysphagia - Order an appropriate diet and fluid consistency using a protocolised flow chart (For doctors and nurses only) - Adopt IDDSI fluid terminologies, preparation and audit methods (For appropriate stakeholders)
Competency test	- Post-knowledge quiz incorporated within E-Learning Management System (ELMS) - Unlimited attempts allowed with passing criteria of 100%
Training platform access	- Access via AIC's Community Care Learning Management System (CCLMS) for Community Hospitals and Community Organisations - Public Healthcare Institutions may write to MOH ST Panel for more information
Certification	Certification of Completion

c) Hands-On Training

Hands-on training will adopt the following teaching strategies:

- Classroom teaching
- Skills demonstration
- Simulated and supervised skill practice
- Case-based discussions

Basic- and Advanced- Hands-On Workshops (for Community Organisations only)

There are 2 levels of hands-on training workshop available for staff involved in care of persons with dysphagia – Basic- and Advanced- Hands-On Workshops. Please see Table 4 for details.

It is mandatory for ICs to attend both Basic- and Advanced- Hands-On Workshops to equip them with the skills to conduct training within their own institutions. The scope of training can include adapted Theory (e-learn) for staff with language barriers, and in house Basic Hands-On training for those who work directly/closely with persons with dysphagia.

Standardised training scaffold and competency checklists for both workshops will be disseminated and introduced during the Advanced Hands-on workshops to ensure training standards are maintained.

Food Preparation Skills Class

Food services staff and chefs may require additional knowledge on food preparation methods to adhere to IDDSI diet texture requirements while ensuring optimal nutrition. An optional half-day workshop will provide a hands-on opportunity to discuss various diet preparation methods, and modification using a range of kitchen equipment. Please see Table 4 for details and FAQ section for course fees.

Use of Training Framework after implementation

After implementation of IDDSI framework, institutions should incorporate IDDSI and EatSafe SG knowledge and skills as part of mandatory training for all relevant clinical staff as per Table 2. The knowledge about the IDDSI Framework has been integrated into local Nursing, Speech Therapy and Dietetics schools.

Table 4: Basic- and Advanced- Hands-On Workshop, Food Prep Skills Class

	Basic Hands-On Workshop	Advanced Hands-On Workshop	Food Prep Skills Class
Target Group	- Compulsory for Institutional Champions - Optional but highly recommended for Nurses and Care Assistants, Dietitians, Speech Therapists, Kitchen staff and Chef	- Compulsory for Institutional Champions	- Optional but highly recommended for Food Service staff and Chef
Pre-requisite	- Theory (E-learning)	- Basic Hands-On Workshop	- Theory (E-learning)
Objectives	- Revision of theory components, i.e. understanding of new diet texture and fluid labels and descriptors - Demonstrate accurate preparation of fluid textures - Perform diet texture and fluid tests to assess which IDDSI levels they fit into - Understand basic strategies to adapt food to meet various IDDSI levels - Allow opportunity for discussion and clarification - Flexibility for trainer to add other components that are not IDDSI-focused, e.g., oral hygiene, safe feeding techniques	- Reinforce safety implications and impetus for adhering to IDDSI standards in institutions - Know how to conduct audits and training for other staff, for skills such as thickening, syringe tests and diet texture mapping - Go through various challenges and potential scenarios during training and audit	- To be able to prepare diets that meet IDDSI Framework standards - To be able to modify diets with a range of kitchen equipment
Competency test	Passing criteria of 100% on the workshop's competency checklist		
Training platform	- Community Organisations to enquire with AIC - Public Healthcare Institutions and Community Hospitals can write to MOH ST panel for more information		
Certification	Certification of Completion		

4. EatSafe SG Diet and Conversion Table

To maintain patient safety during transitions between care settings, a diet texture conversion table was developed (Table 5). This guide helps healthcare providers select the safest alternative diet texture when the recommended diet level is not available at the receiving facility.

Table 5: Conversion Table

Level in the IDDSI Framework that the patient requires	**Alternative level(s) in the IDDSI Framework which may be prepared and served to that patient**
Level7: Regular	Level 7EC: Easy to Chew
Level 7EC: Easy to Chew	Level 6: Soft & Bite-sized OR Level 5: Minced & Moist
Level 6: Soft & Bite-sized	Level 5: Minced & Moist
Level 5: Minced & Moist	Level 4: Pureed* OR Level 3: Liquidised*
Level 4: Pureed	Level 3: Liquidised*
Level 3: Liquidised	Level 4: Pureed*

** Most patients/residents are safe on both Pureed and Liquidised diet, unless stipulated by Speech Therapist. If patients/residents are only safe on either Pureed or Liquidised diet, this should be clearly documented in any communication e.g., handover memo to Nursing Home.*

Dysphagia Diet Order

Table 6 outlines the healthcare staff, along with the pre-requisite competencies, who can make interim dysphagia diets orders while awaiting Speech Therapists' assessment.

A subsequent Speech Therapist assessment is required, following an interim order, for:

- Individuals at risk of dysphagia, not seen by Speech Therapists
- Individuals diagnosed with dysphagia by Speech Therapists, and with worsening symptoms

The Speech Therapist's recommendations for dysphagia diet and fluids recommendations would supersede interim orders for dysphagia diet and fluids.

Table 6: Dysphagia Diet and Fluid Ordering Framework

Description of patient population	**Healthcare professionals empowered to make interim dysphagia diet and fluids orders whilst waiting for ST assessment**	**Follow up action required**
1. <u>General Population</u> - No risk factors or reports of dysphagia symptoms - not seen by STs	Not applicable	Not applicable
2. <u>Individuals at risk of Dysphagia, not seen by STs</u> - Medical Diagnoses or acute conditions* associated with dysphagia; and/or - reported or observed dysphagic symptoms **acute conditions – reduced alertness, need for oxygen support, delirium*	Doctors / Nurses who have 1. Complete EatSafe SG Theory (E-Learn) 2. Knowledge about medical diagnoses and conditions that are commonly associated with Dysphagia 3. Authorised by institution to order an appropriate diet and fluid consistency using a protocolised flow chart (Annexes)	Refer to ST
3. <u>Individuals diagnosed with Dysphagia by an ST</u>, diet/fluid recommendations given but has a sudden change in medical status/presents with dysphagic symptoms		
4. <u>Transition of care from acute to community setting for individuals diagnosed with Dysphagia by an ST</u>, diet/fluid recommendations given within the last 2 weeks	Any healthcare professional who have completed EatSafe SG Theory (E-learn)	ST follow-up is required at the new facility.

FAQ on implementation

1. Inclusion/ exclusion from MOH EatSafe SG initiative

1.1 How do I know if my institution / care setting needs to adopt EatSafe SG?

MOH EatSafe SG applies to all institutions /care settings that support clients with dysphagia.

1.2 My institution / care setting does not have any clients with dysphagia. Is EatSafe SG still mandated?

Institutions /care settings are encouraged to anticipate the likelihood of supporting clients with dysphagia in the future. If you anticipate that your institution/care setting will be receiving clients /participants with dysphagia /swallowing problems, EatSafe SG will apply and training will be needed.

1.3 What are the grounds for excluding and/or including staff from EatSafe SG Training?

Institutional Champions may grant role-based training exemptions or inclusion, considering unique institutional needs and staff functions, e.g. nurses with administrative roles, therapy assistants with training roles. However, all institutions must maintain compliance with regulatory requirements of the EatSafe SG standards.

1.4 Our institution has implemented the IDDSI guidelines. Do we still need to adopt the training framework?

Yes. While your institution may already follow IDDSI guidelines, all staff involved in dysphagia care must complete the MOH EatSafe SG curriculum to ensure alignment with national standards. Institutions may recognise EatSafe SG training certificates from previous employment.

2. Implementation and Training

2.1 Where do I start on planning for implementation and training?

Review your institution's Licensing Conditions and Service Agreements for specific EatSafe SG requirements. Once familiar with these requirements, appoint an Institutional Champion to lead and manage the implementation process.

We do not prescribe a specific number of ICs to be nominated. However, careful consideration should be given to long-term sustainability and succession planning in your nominations.

Refer to the EatSafe SG guide to plan training needs.

2.2 There are multiple options of Theory (E-learn) on CCLMS. Which should I select to attend?

You may wish to refer to the table below.

Version	Target Audience
Full - Gum-based thickener - Starch-based thickener - Gum- and Starch-based thickener	Speech Therapists, Dietitians and Nurses Participant only needs to complete any ONE of the modules, depending on the type of thickener used in their institution.
Doctors	Doctors
Abridged	Food service/kitchen staff and others

2.3 What are the charges like?

2.3.1 Theory (E-learning)

Theory (E-learning) is fully funded and available via appropriate platforms which you /your institution can access.

2.3.2 Basic- and Advanced Hands-On

2.3.2.1 Public Healthcare Institutions (PHIs) and Community Hospitals (CHs)

For Public Healthcare Institutions (PHIs) and Community Hospitals (CHs), the Basic- and Advanced- Hands-On workshops will be conducted by your appointed Speech Therapists. These can run as in-house training programmes or incorporated into current training programme for care of people with dysphagia. This will be at the discretion of Institutional Champions (ICs) and EatSafe SG Trainer to proceed in accordance to their institution's needs.

2.3.2.2 Community Care Organisations (CCOs)

For in-service staff working in Community Care Organisations (CCOs), you can sign up via Community Care Learning Management System (CCLMS). Your CCO's LMS administrator can assist to create a valid CCLMS user account for course registration as needed.

The prevailing course fee subsidy (90% for Singaporeans/ PRs, and 45% for Work Permit Holders working in eligible CCOs) will apply.

2.3.2.3 Others

For other care services (e.g., private entities or self-paying individual), you may refer to St. Luke's Academy (https://www.slh.org.sg/st-lukes-academy) for more details on course runs and register directly with St. Luke's Hospital - AIC's appointed Learning Institute (LI). Contact details and information are available at their website - https://www.slh.org.sg/st-lukes-academy/

2.3.3 Food Prep Skills class

2.3.3.1 Community Care Organisations (CCOs)

For in-service staff working in Community Care Organisations (CCOs), you can sign up via Community Care Learning Management System (CCLMS). Your CCO's LMS administrator can assist to create a valid CCLMS user account for course registration as needed.

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2.4 Training is conducted in English only. What are the options for staff who cannot complete due to language proficiency?

Simple English is used to help all participants understand the content easily.

If language proficiency is a concern, you may approach your Institutional Champion (ICs) for assistance.

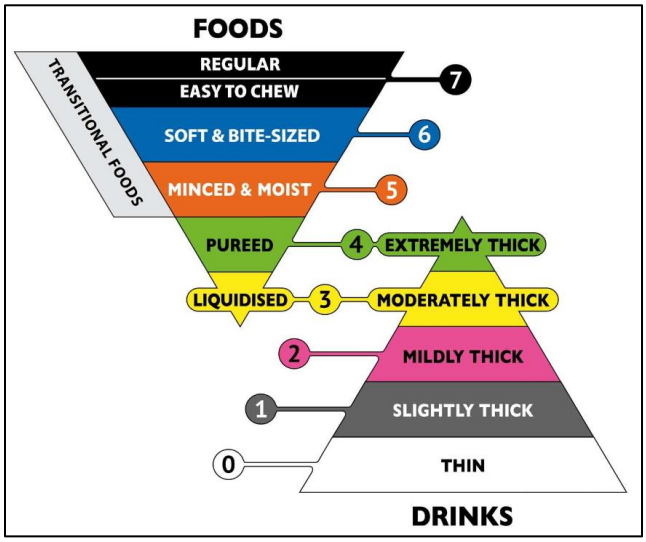
Appendix

A: International Dysphagia Diet Standardization Initiative (IDDSI)

The International Dysphagia Diet Standardisation Initiative (IDDSI) Framework is a globally standardized framework of diet and fluid terminologies and descriptors to describe modified food, and thickened fluids use for individuals with dysphagia.

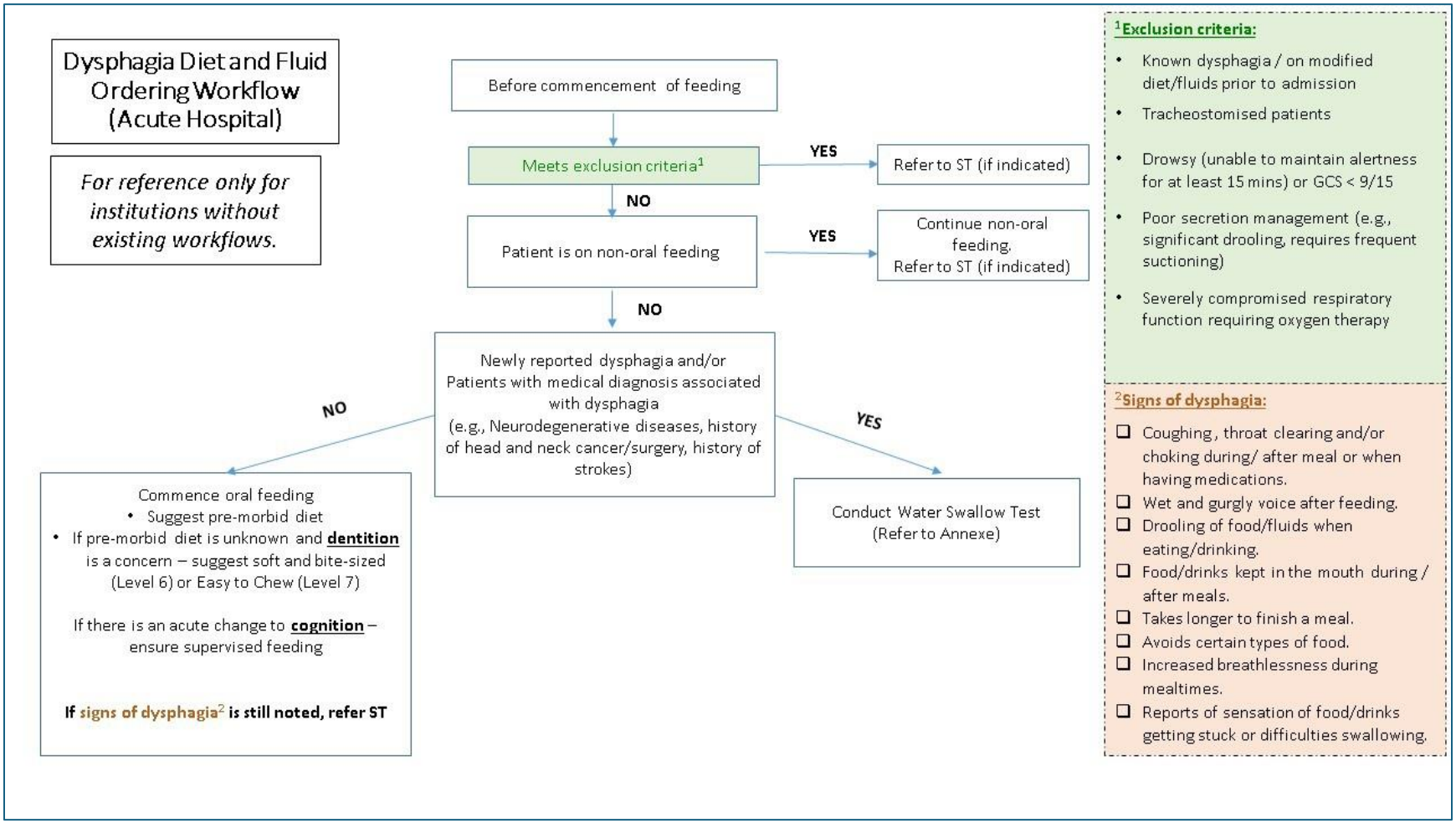
The IDDSI framework was published in Nov 2015 and consists of a continuum of 8 levels (0-7) to describe food textures and drink thickness.

Source of information: Home - IDDSI https://www.iddsi.org/home



Annexes

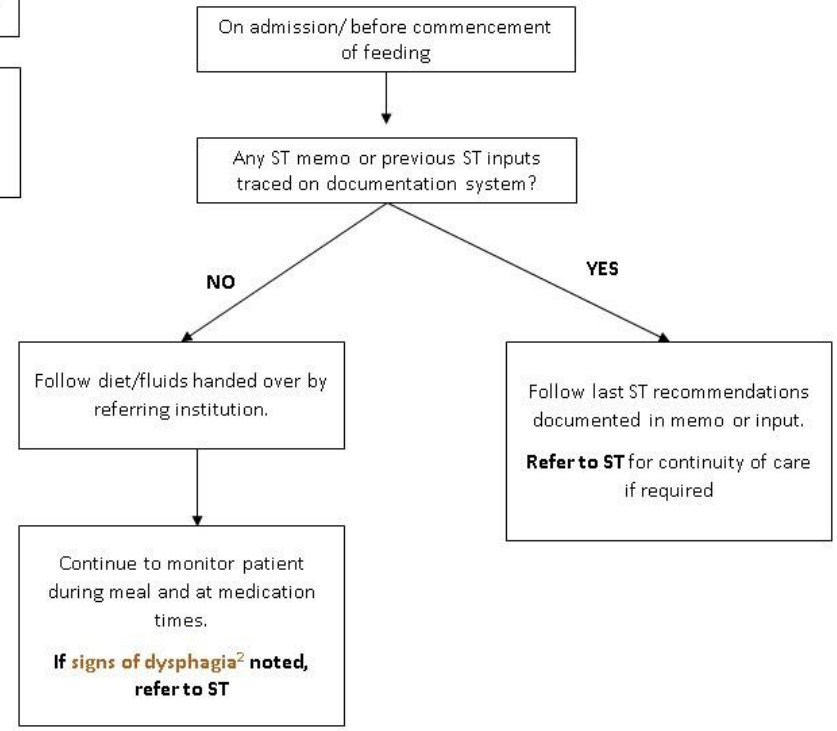
1. Example of Dysphagia Diet and Fluid Ordering Workflow (Acute Hospital)



2. Example of Dysphagia Diet and Fluid Ordering Workflow (Community Hospital)

Dysphagia Diet and Fluid Ordering Workflow (Community Hospital)

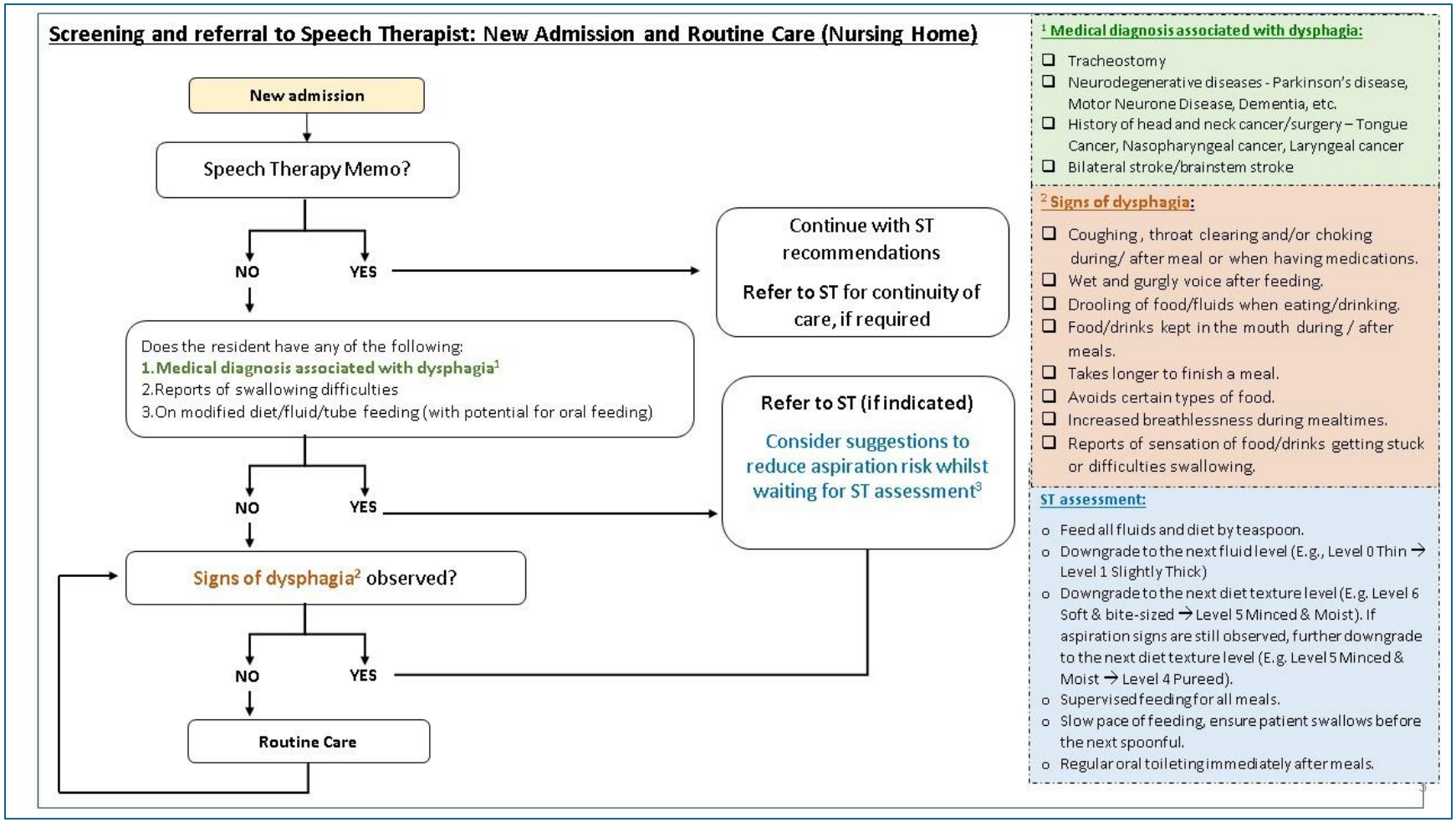
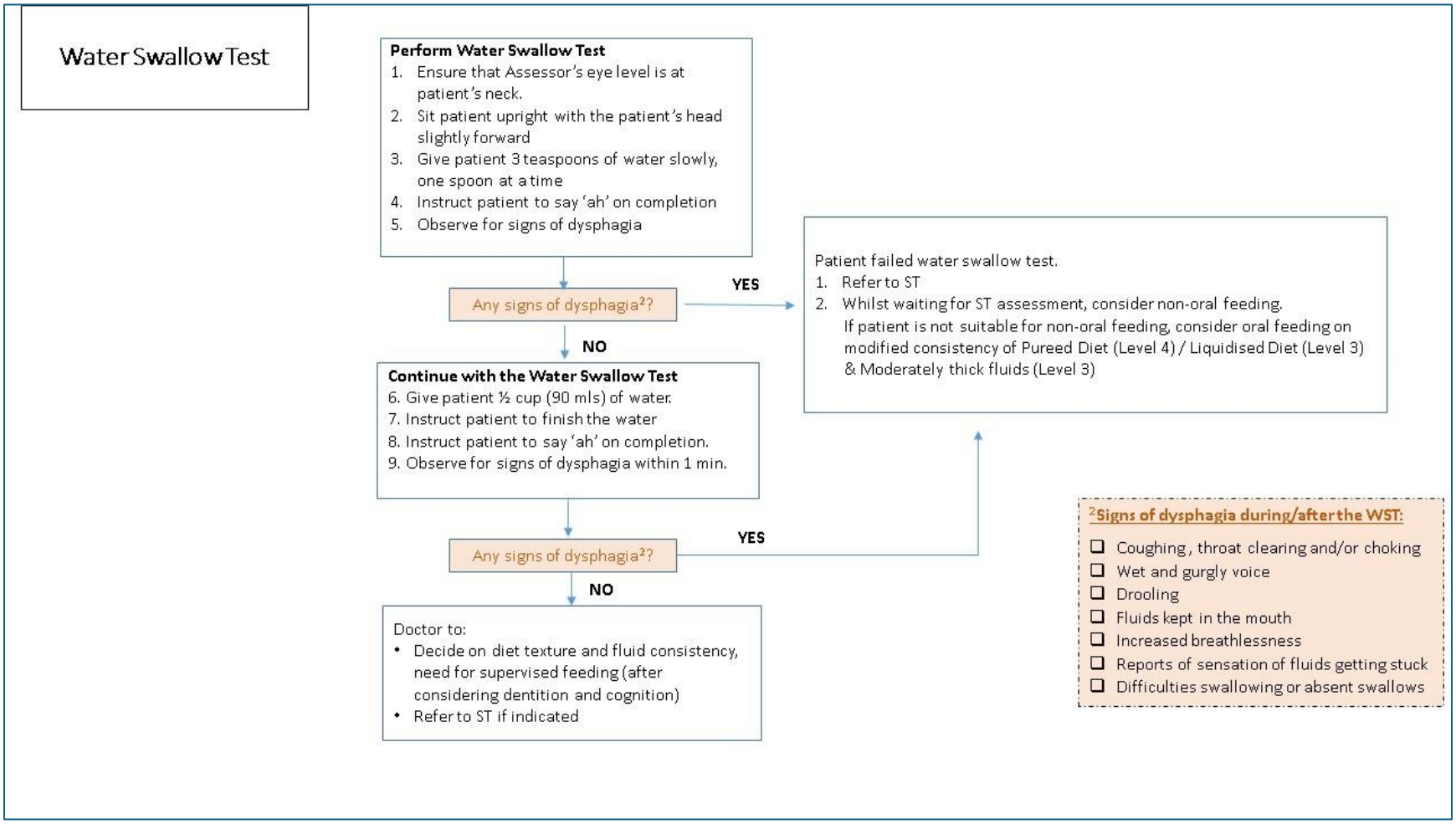
For reference only for institutions without existing workflows.



[2] **Signs of dysphagia:**

- ☐ Coughing, throat clearing and/or choking during/ after meal or when having medications.
- ☐ Wet and gurgly voice after feeding.
- ☐ Drooling of food/fluids when eating/drinking.
- ☐ Food/drinks kept in the mouth during / after meals.
- ☐ Takes longer to finish a meal.
- ☐ Avoids certain types of food.
- ☐ Increased breathlessness during mealtimes.
- ☐ Reports of sensation of food/drinks getting stuck or difficulties swallowing.

3. Example of Screening and referral to Speech Therapist: New admission and routine care (Nursing Home)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