***This is meant as guidance only! You may not have to follow all the steps in the same order – this is just a suggestion.***

|  | **ACTIONS (Smart objectives: By the end of the implementation period the objectives are to:)** | **Additional notes** | **How to evaluate** |
| --- | --- | --- | --- |
| 1. | Familiarise yourselves with IDDSI and ensure access to IDDSI website from the workplace. Also access the UK IDDSI Implementation Pack resources from BDA website | [www.IDDSI.org](http://www.IDDSI.org)<BDA website link> | Check that IDDSI website available on local networks |
| 2. | Set up a multi professional IDDSI Implementation Group in each locality. | Suggested professionals: Speech and Language Therapists, Dietitians, Nurses, pharmacists, caterers, manufacturers, representatives from: community and hospital, adult centre sector, schools, and domiciliary care providers. In England CCG involvement is suggested e.g. – Medicines management team.  | Check that the implementation group is multi-professional and contains all local stakeholders |
| 3. | Notify the senior management in your local area that this implementation project will be commencing and the timing of it. They will need assurances that patient safety will be ensured. | Executive support is essential. | Executive support is confirmed and protected time for training allowed for all relevant staff |
| 4. | Develop an implementation plan and its timing – talk to local suppliers and manufacturers to agree the timing of the implementation | ***Consider*** the option of implementing in 2 phases i.e. fluids first and then foods later.Set objectives so that you can evaluate the success afterwards | A plan is agreed by all relevant stakeholders |
| 5. | Create one or more IDDSI Champions per local care setting who can answer IDDSI queries |  | Check that one or more IDDSI Champions exsist |
| 6. | Develop a local awareness raising plan and train all staff in all relevant areas | e.g. wards, schools, nursing homes, day centres, caterersUse ‘Implementation toolkit’ training slides | See separate training evaluation sheet in ‘Implementation toolkit’ which lists all the learning outcomes needed |
| 7. | Review / revise menus | Work closely with local caterers  | Audit menus |
| 8. | Amend local documentation  | Diet sheets, audit templates, nursing documentation, bed end signs, internet / intranet | Audit documentation before and after implementation |
| 9. | Prevent wastage by running down the non-IDDSI labelled / compliant products in stores e.g. pre-thickened ONS and meals |  | Audit stock before and after implementation |
| 10. | Amend the local acute and community Formulary  | Liaise with the local CCG / health boards to do this | Check the local formulary has been updated to reflect IDDSI framework |
| 11. | Ask GPs to send letters to all domiciliary patients with dysphagia about the forthcoming IDDSI labelling and products.  | This will involve liaising with local medicines management teams in your health boards and CCGs. You can also introduce pop up reminders in GP online patient notes services e.g. EMIS and System one  | Audit the number of letters sent to patients and compare to a list (if available) of people who have dysphagia in the community. |
| 12. | Send a Patient safety alert to warn staff in your locality regarding risks involved in the transition phase in order to prevent incidents |  | Check that patient safety alert has been sent out |
| 13.  | Evaluate the success of your implementation programme | The write a report for internal usage and share with the expert reference group via Joanna Instone: J.Instone@bda.uk.com |  |
| 14.  | Prevent near misses and never events due to swallowing incidents during the implementation |  | Monitor the near misses and never events due to swallowing incidents during the implementation |