IDDSI: International Dysphagia Diet Standardization Initiative

Ashley Huber and Leslie McKee

May 26, 2021

These are NOT official IDDSI resources, educational materials or education programs, and they are NOT meant to replace materials and resources on www.IDDSI.org.

What is IDDSI?

- A global initiative to improve the lives of people worldwide living with dysphagia
- Multi-professional committee formed in 2013 with reps from 10 countries
- Independent, not-for-profit entity
- Developed a framework through systematic review & stakeholder consultation
- Provides common standardized terminology to describe food textures & drink thickness
- Provides testing methods to determine flow or textural characteristics of drink & food items
- Appropriate for all ages in all care settings
- Culturally sensitive

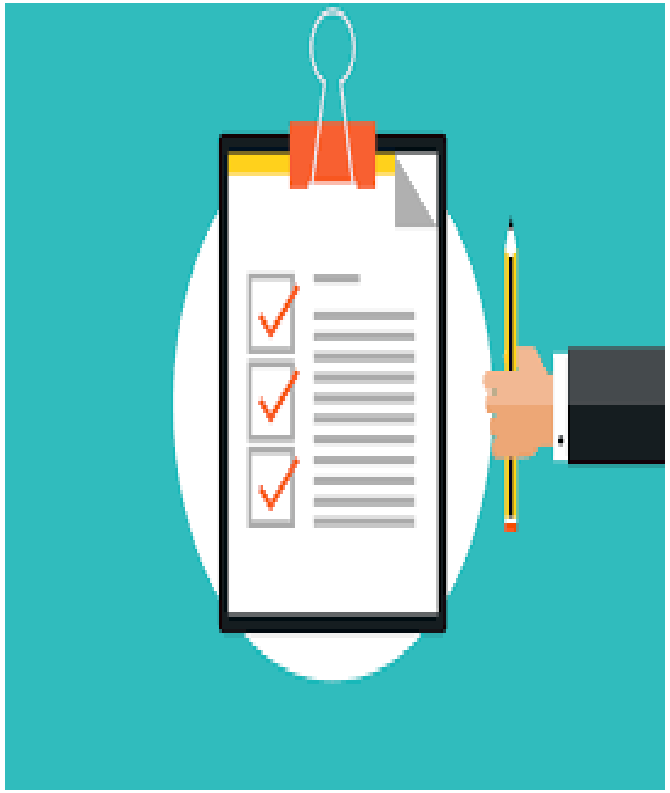
IDDSI Implementation

- Endorsed by ASHA and Academy of Nutrition and Dietetics
- Framework released in November 2015
- Official US launch date May 1, 2019
- Association of Nutrition and Dietetics will no longer support the National Dysphagia Diet terminology as of October 2021

Support for International Standardization

Conducted survey of existing national terminologies & current practice

- 2050 responses from 33 countries
- Diverse respondents: patients, caregivers, healthcare professionals, food service providers, researchers and industry
- Results:
  - Common use of 3-4 levels of food texture (54 different names)
  - Common use of 3 or more levels of drink thickness across the age spectrum (27 different names)



Why Standardize Dysphagia Diet Framework?

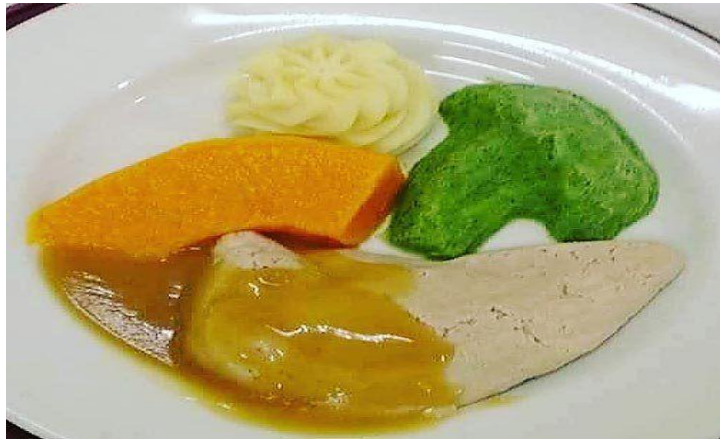
- Improve patient safety
- Improve communication within and between health professionals, providers and patients
- Increase visibility of professional interventions
- Gather opportunities to collect and evaluate treatment outcomes

Systematic Review – Liquid Findings

- Thick liquids reduce risk of penetration-aspiration, but also increase risk of post-swallow pharyngeal residue
- Literature insufficient to pinpoint specific viscosity boundaries that would indicate increased risk of penetration/aspiration and residue
- Lack of data to determine the exact thickness levels of liquid required for therapeutic benefit (related to penetration/aspiration and/or improved swallowing function)
- Pediatric practitioners reported common use of a drink thicker than water, but thinner than adult nectar thick

Systematic Review - Solids

- Optimal approach to determining best food consistency comes from careful exploration of tolerance for different foods in a comprehensive clinical assessment
- Thicker, stickier, harder items require greater effort in oral processing & swallowing
- Moisture content of food important to determining food readiness for swallowing
- Both *mechanical properties* of food & *size/shape* of bolus are relevant for choking risk
  - Associated with high choking risk in literature: hard, dry, chewy, sticky, crunchy, crumbly, floppy, fibrous, tough, stringy, round, long, have husks, or consist of multiple textures
- Poor dentition & neurological conditions associated with increased choking risk
- Identified common use of regular foods plus 4-5 levels of modified food textures for management of dysphagia
- Paucity of research on therapeutic benefit of food texture modification for dysphagia management but understood to positively impact risk of choking



Systematic Review - Solids

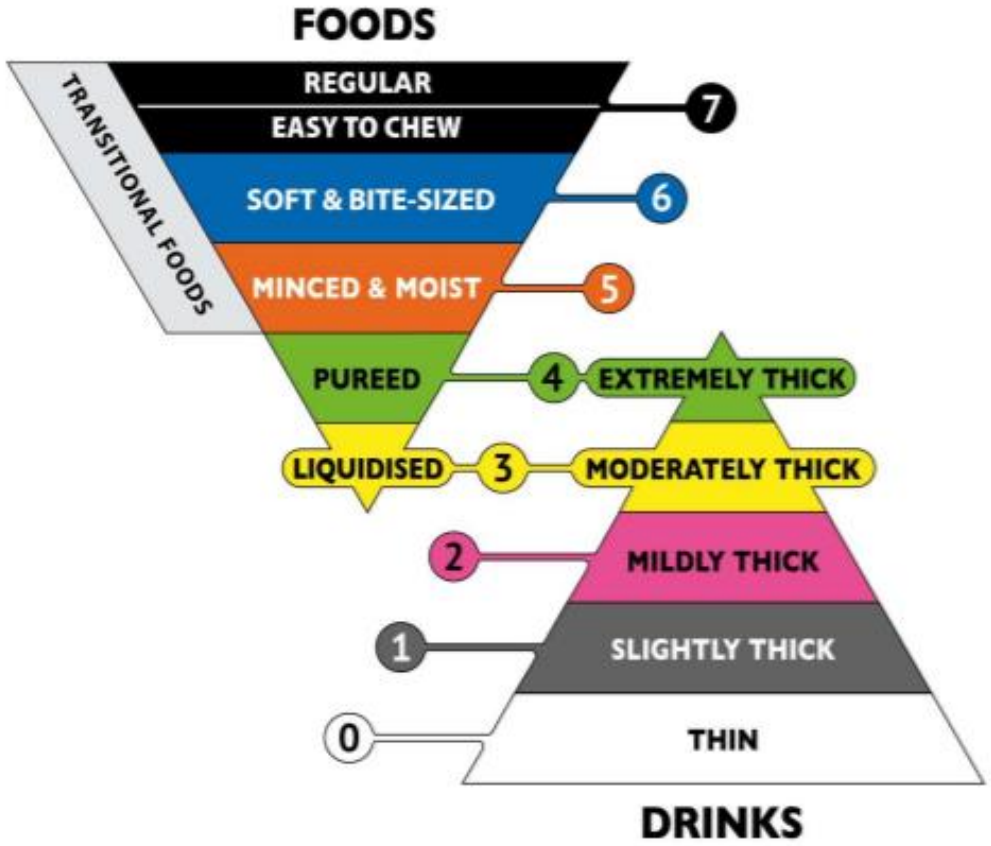
Normal chewing behavior involves:

- No posterior lingual-velar seal during chewing
- Particle size:
  - 2-4 mm represents size of chewed particles that healthy adults naturally masticate & reduce hard foods to for swallowing
    - Influenced the recommended particle size for Minced and Moist
  - 1.5 cm x 1.5 cm represents food texture industry standard “bite sample”; small enough to pass completely into the average adult trachea rather than obstructing it at the laryngeal inlet if accidently inhaled; associated with reduced asphyxiation risk
    - Influenced the recommended particle size for Soft and Bite-sized

- Bite force
  - Individuals with > 20 teeth (10 paired occlusal units) have normal bite force values
  - Exponential decline in bite force observed with reduction in the number of teeth
- Particles of masticated food collect in pharynx, usually vallecular space, during oral prep
- Regardless of initial state of food, after oral processing & at point of swallow initiation, bolus is a cohesive mass

IDDSI Framework

- Number of levels based on clinical experience, stakeholder consensus, and expert opinion.
- Dysphagia diet framework consists of a continuum of 8 levels, 0 -7
- Certain food textures share flow properties with thickened liquids, creating an overlap zone in the middle of the framework where the same numbers refer to both food and drink
- Color coded
- Text labels:
  - Liquids = upright triangle
  - Solids = inverted triangle



Testing Methods

- Food/drink consistency varies based on temperature, moisture, freshness/ripeness, method of cooking, etc., so test under intended serving conditions
- Testing is the BEST & RECOMMENDED way to ensure a food/drink is appropriate for any particular IDDSI level
- IDDSI Tests:
  - Flow Test
  - Fork Drip Test
  - Spoon Tilt Test
  - Fork or Spoon Pressure Test
  - Chopstick Test
  - Finger Test
  - Transitional Food Test

IDDSI Fork Drip Test: Food Classification

- Used to check the correct *thickness* and *cohesiveness* in Levels 3-5 foods
- Assess whether it flows through or how it holds together on the slots/prongs of a fork
- Place a small amount of food on fork & make sure the food holds shape on the fork and does not drip or flow continuously.

IDDSI Spoon Tilt Test: Food Classification

- Used to determine the stickiness of foods (adhesiveness) and the ability of the food to hold together (cohesiveness)
- Tilt spoon and observe how the food falls off the spoon

IDDSI Fork/Spoon Pressure Test: Food Classification

- Assess how the food changes when pressure is applied to the food with the tines/prongs of a fork or the back of a spoon
- Foods in Levels 4 - 7 and transitional foods
- Pressure is quantified by amount of pressure needed to make the thumb nail blanch to white
- The pressure applied to make the thumb nail blanch has been measured at ~ 17 kPa. This pressure is consistent with tongue force used during swallowing (Steele et al., 2014)

Additional IDDSI Tests: Food Classification

- Finger Test
  - If utensils are not available, you can use your fingers to pick up and break apart food to determine its IDDSI level
- Chopstick Test
  - If forks are not available, chopsticks can be used to pick up and break apart food to determine its characteristics

IDDSI Transitional Food Testing

- Transitional food: food that starts as one texture and changes into another texture specifically when moisture is applied or change in temperature
- To Assess:
  - Use a sample the size of the thumb nail (1.5 cm x 1.5 cm), and place 1 ml of water on the sample and wait one minute. Apply fork pressure using the base of the fork until the thumbnail blanches to white.
  - It IS a transitional food texture if the sample is:
    - squashed and disintegrated (not original state) when fork is lifted
    - can be easily broken apart using chopsticks with little pressure.
    - breaks apart completely by rubbing the sample between the thumb and finger and does not return to its initial shape.
    - melted significantly and no longer in its original state (e.g. ice chips).

IDDSI Flow Test – Liquid Classification

- Reliably categorizes a wide range of liquids in agreement with laboratory tests and expert opinion
- Allows for evaluation of liquids that are not typically considered ”drinks” like condiments, sauces, soups, nutritional supplements and liquids medication
- Sensitive enough to show changes in consistency with temperature change
- Need stopwatch and specific reference slip tip syringe (also known as Luer slip tip syringe) as there is variability in barrel length/dimensions across brands
  - Measured length of 61.5 mm from the zero line to the 10mL line
  - BD brand was used in development of IDDSI tests

IDDSI Flow Test

- **Demonstration of how to carry out the IDDSI Flow Test**

- https://www.youtube.com/watch?v=--KHFRql39M&list=PLa8-lAnKo0KYX524EQbTM3thWS9G2SCC6&index=1

Level 0 THIN

Characteristics

- Flows like water
- Fast flow
- Can be taken in through any type of nipple, cup or straw

Level 0 THIN

Physiological rationale

- Functional ability to safely manage liquids of all types

Level 0 THIN

Level 1 Examples

- Water
- Milk
- Tea
- Coffee
- Juice
- Thin 40% Varibar product

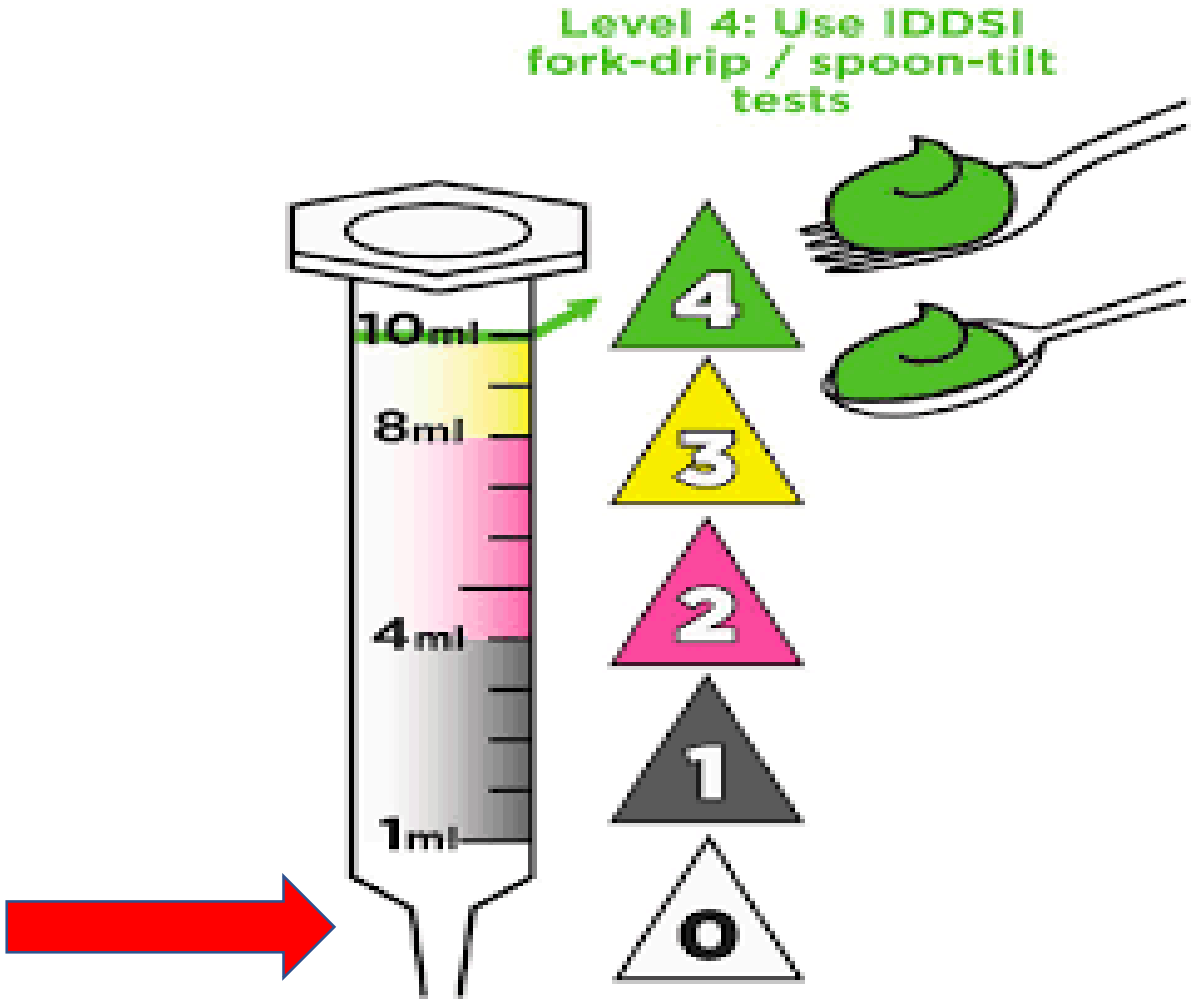
Syringe emptied before 10 seconds up

.4 mL

Level 0 THIN

Testing Method

- IDDSI Flow Test
  - < 1 mL remaining in 10 mL slip tip syringe after 10 seconds of flow



Level 1 SLIGHTLY THICK

Characteristics

- Thicker than water, thinner than traditional “Nectar Thick”
- Requires a little more effort to drink than thin liquids
- Flows through a straw, syringe, nipple
- Primarily used with pediatrics; similar to most Anti-regurgitation infant formulas

Level 1 SLIGHTLY THICK

Physiological rationale

- In pediatrics – reduces flow speed but still able to flow through infant nipple
- In adults – Flows at a slightly slower rate, so used when thin liquid flow is too fast to be controlled safely

Level 1 SLIGHTLY THICK

Level 1 Examples

- Some fruit nectars
- Some milks
- Some nutritional supplements
- Infant formula

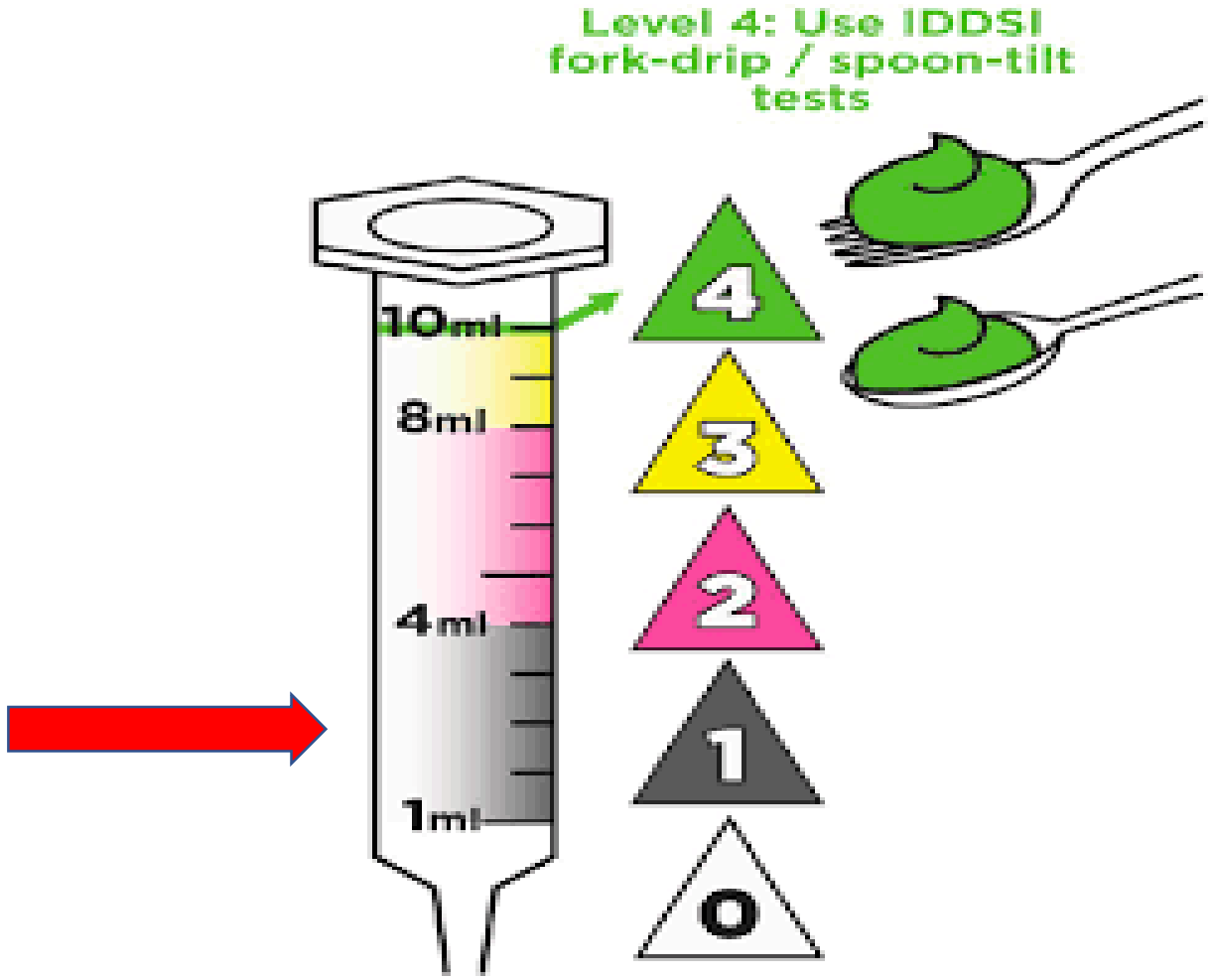
1.6 mL

1.2 mL

Level 1 SLIGHTLY THICK

Testing Method

- IDDSI Flow Test
  - Between 1-4 mL remaining in 10 mL slip tip syringe after 10 seconds of flow



Level 1 SLIGHTLY THICK

Demonstration of Flow Test - Level 1

https://www.youtube.com/watch?v=5vQzueOjgsM&list=PLa8-lAnKo0KYX524EQbTM3thWS9G2SCC6&index=3

Level 2 MILDLY THICK

Characteristics

- Flows off a spoon
- Sippable
- Pours quickly from spoon, but slower than thin liquids
- Mild effort required to drink through a standard bore straw

Level 2 MILDLY THICK

Physiological rationale

- Flows at a slightly slower rate, so used when thin liquid flow is too fast to be controlled safely
- May be suitable if tongue control is slightly reduced

Level 2 MILDLY THICK

Level 2 Examples

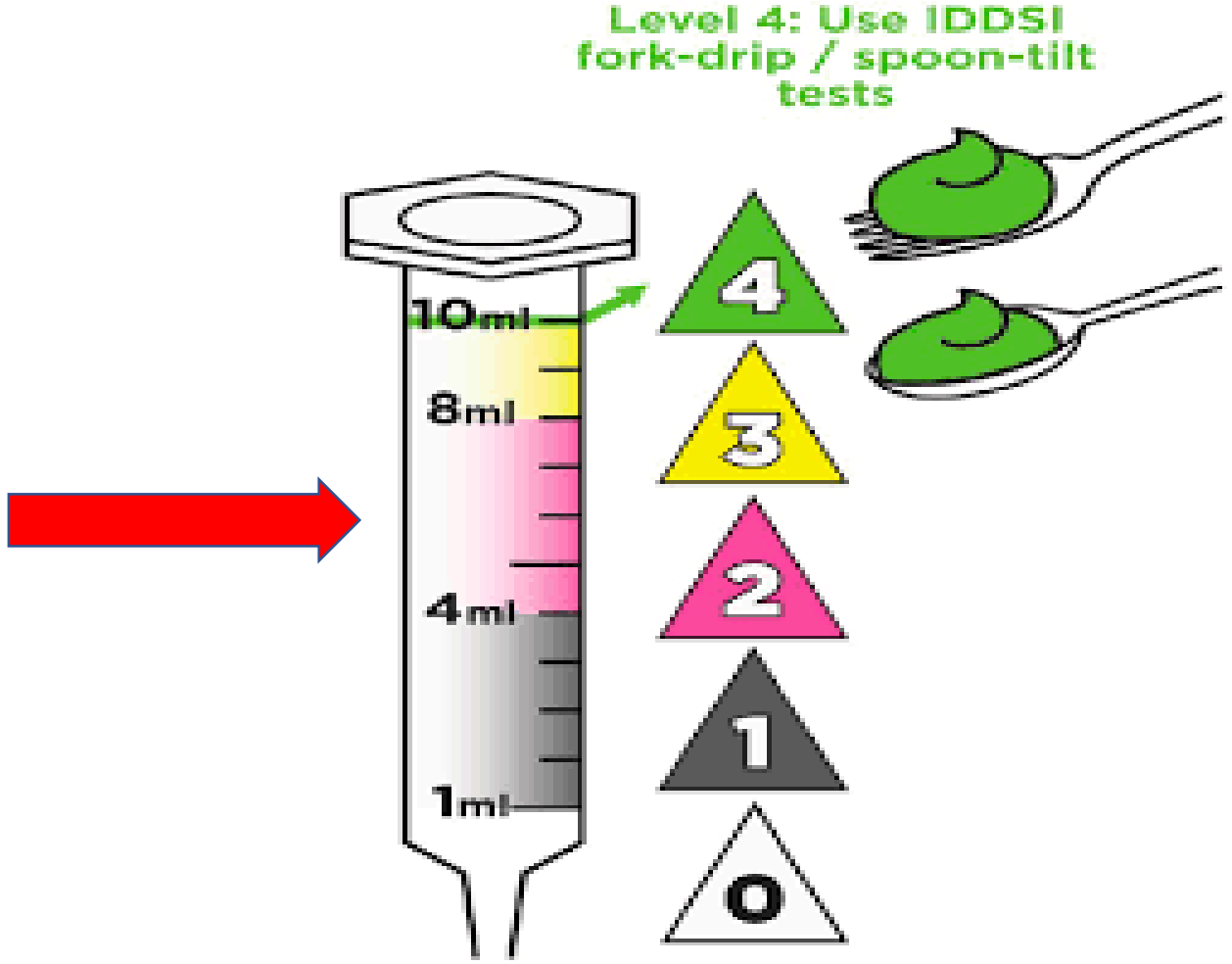
- Most consistent with nectar thick liquid
- Yogurt drinks
- Some smoothies
- Some soups
- Nectar 40% Varibar product

mL: 4.8 / 7.2 / 3.0 / 5.6 / 4.2 / 4.2 / 6.7

Level 2 MILDLY THICK

Testing Method

- IDDSI Flow Test
  - Between 4-8 mL remaining in 10 mL slip tip syringe after 10 seconds of flow



Level 2 MILDLY THICK

Demonstration of Flow Test - Level 2

https://www.youtube.com/watch?v=WuM-KCoBv4M&list=PLa8-lAnKo0KYX524EQbTM3thWS9G2SCC6&index=4

Level 3 MODERATELY THICK/ 3 LIQUIDISED

Characteristics

- Can be drunk from cup
- Moderate effort required to suck through a standard bore or wide bore straw
- Cannot be molded on plate because it will not retain its shape
- Can be eaten from spoon
- Cannot be eaten with fork because it drips slowly through the prongs in dollops
- No oral processing or chewing required – can be swallowed directly
- Smooth texture with no bits (lumps, fiber, husks, gristle, etc)

Level 3 MODERATELY THICK/ 3 LIQUIDISED

Physiological rationale

- May be suitable if tongue control is insufficient to manage Mildly Thick drinks
- Allows more time for oral control
- Need some tongue propulsion effort
- Pain upon swallowing

Level 3 MODERATELY THICK/ 3 LIQUIDISED

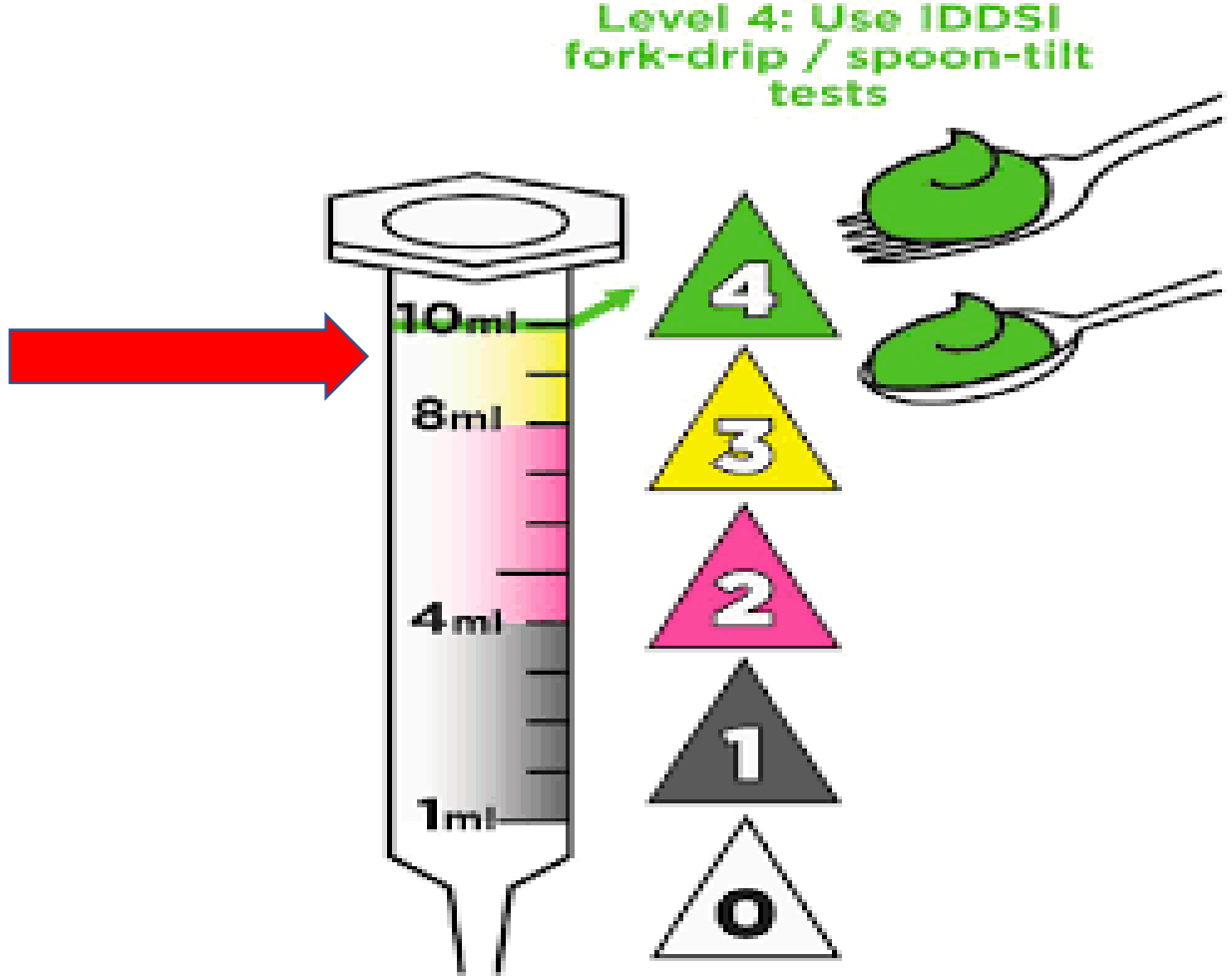
Level 3 Examples

- Most consistent with honey thick liquid
- Infant “first foods” like runny rice cereal or runny pureed fruit
- Some sauces and gravies
- Some syrups
- Some blenderized soups
- Some smoothies
- Thin Honey 40% Varibar product
  - Upper boundary of Level 3
  - Honey 40% Varibar behaves like Level 4

Level 3 MODERATELY THICK/ 3 LIQUIDISED

Testing Methods

- IDDSI Flow Test
  - More than 8 mL remaining in 10 mL slip tip syringe after 10 seconds of flow



Level 3 MODERATELY THICK/ 3 LIQUIDISED

Testing Methods

- Fork Drip Test
  - Drips slowly in dollops through prongs of fork
  - When fork pressed on surface, tines/prongs of fork do not leave clear pattern on surface
  - Spreads out if spilled onto flat surface
- Spoon Tilt Test
  - Easily pours from tilted spoons

Level 3 MODERATELY THICK/ 3 LIQUIDISED

Demonstration of Flow Test & Fork Drip Test - Level 3

https://www.youtube.com/watch?v=u2QxsjjQVvw&list=PLa8-lAnKo0KYX524EQbTM3thWS9G2SCC6&index=5

Level 4 EXTREMELY THICK/ 4 PUREED

Characteristics

- Eat with a spoon
- Not from a cup or through a straw
- Does not require chewing
- Can be piped, layered or molded because it retains its shape
- Shows very slow movement under gravity but can’t be poured
- Falls off spoon in a single spoonful when tilted and continues to hold shape on a plate
- No lumps
- Not sticky
- Liquid must not separate from solid

Level 4 EXTREMELY THICK/ 4 PUREED

Physiological Rationale:

- If *tongue control is significantly reduced*, this category may be easiest to control
- Requires less propulsion effort than levels 5-7 but more than Liquidized/Moderately thick (Level 3)
- No biting or chewing is required
- Increased oral and/or pharyngeal residue is a risk if too sticky
- Any food that requires controlled manipulation or bolus formation are not suitable
- Pain on chewing or swallowing
- Missing teeth, poorly fitting dentures

Level 4 EXTREMELY THICK/ 4 PUREED

Level 4 Examples:

- Yogurt with no lumps (no real fruit or granola)
- Pudding and custard
- Jarred baby food
- Thick smooth soup
- Fruit Smoothies
- Dips: hummus, smooth guacamole, bean dip
- Mashed potatoes (no lumps)

NOT:

- Peanut butter

Level 4 EXTREMELY THICK/ 4 PUREED

Testing Methods:

1. Fork Pressure Test
   - Smooth (no lumps and minimal granulation)
   - When a fork is pressed on the surface the tines/prongs of a fork can make a clear pattern on the surface, and/or the food retains the indentation from the fork
2. Fork Drip Test
   - Sample sits in a mound/pile above the fork; a small amount may flow through and form a short tail below the fork tines/prongs, but it does not flow or drip continuously through the prongs of a fork
3. Spoon Tilt Test
   - Cohesive enough to hold its shape on the spoon
   - A spoonful must plop off the spoon if the spoon is titled or turned sideways; a very gentle flick may be necessary to dislodge the sample from the spoon, but the sample should slide off easily with very little food left on the spoon. A thin film remaining on the spoon after the Spoon Tilt Test is acceptable, however, you should still be able to see the spoon through the thin film
   - May spread out slightly on a flat plate

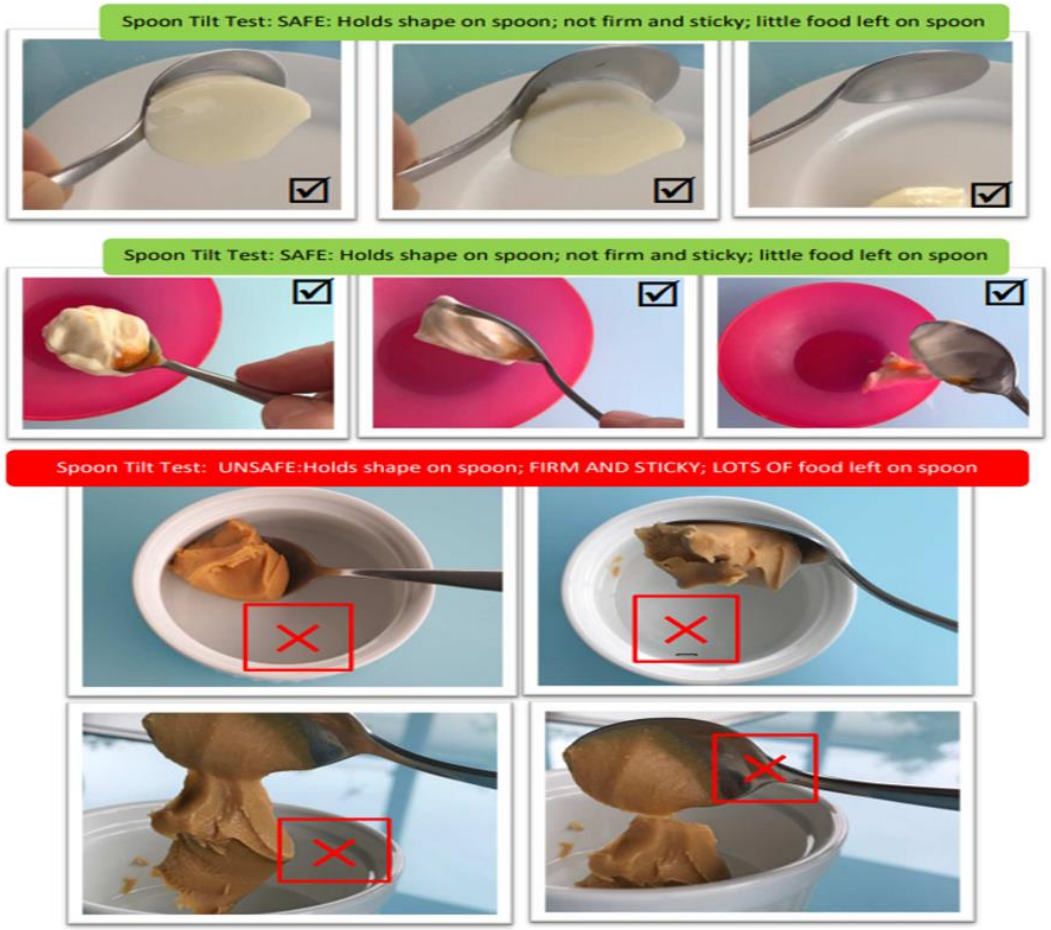
Level 4 EXTREMELY THICK/ 4 PUREED

Demonstration of Testing Methods:

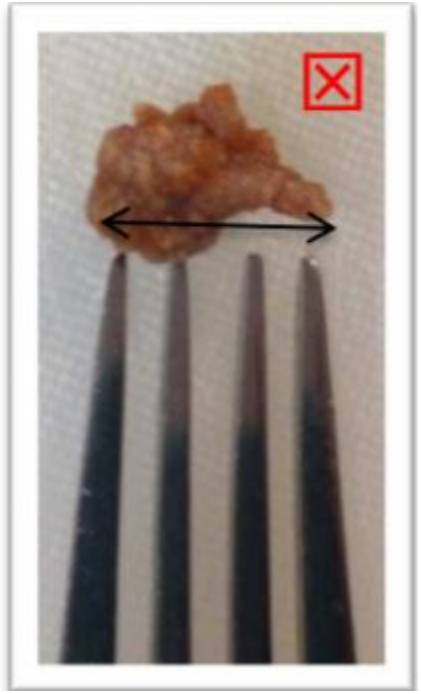
https://www.youtube.com/watch?v=QgzlEAPZKy8&list=PLa8-lAnKo0KbXKHgo1U8vwXihv5ahAMKj&index=1

Level 4 EXTREMELY THICK/ 4 PUREED

Demonstration of Testing Methods:



Level 5 MINCED AND MOIST



Characteristics

- Eat with a fork/spoon
- Can be scooped and shaped (e.g. into a ball shape) on a plate
- Soft and moist with no separate thin liquid
- Small lumps visible within the food
- Adult, equal to or less than 4mm width and no longer than 15mm in length
- Lumps are easy to squash with tongue

Level 5 MINCED AND MOIST

Physiological Rationale:

- Biting is not required
- Minimal chewing is required
- Tongue force alone can be used to separate the soft small particles in this texture
- Tongue force is required to move the bolus
- Pain or fatigue on chewing
- Missing teeth, poorly fitting dentures

Level 5 MINCED AND MOIST

Level 5 Examples:

- Finely minced or chopped meat
- Mashed fish
- Steamed or boiled vegetables
- Finely minced fruit
- Cut pasta/noodles (4mm by 4mm) with lots of sauce
- Rice Krispies softened cereal with drained milk

NOT:

- Sticky foods
- Foods with skin, bones, pits/seeds, strings
- Crumbly foods
- Fruit where juices break away

Level 5 MINCED AND MOIST

Testing Methods:

1. Fork Pressure Test:
   - Particles should easily separate between and come through the tines/prongs of a fork
   - Can be easily mashed with little pressure from a fork (pressure should not make the thumb nail blanch to white)
2. Fork Drip Test:
   - When scooped with a fork it sits in a pile/mount and does not easily fall through the tines/prongs of a fork
3. Spoon Tilt Test:
   - A full spoonful must slide/fall off the spoon when tilted or turned sideways with very little food left on the spoon
   - Scooped mound may spread very slightly on a plate

Level 5 MINCED AND MOIST

Demonstration of Testing Methods:

https://www.youtube.com/watch?v=BcYuDst-t14

Level 5 MINCED AND MOIST

Minced & Moist food must pass all three tests!

IDDSI Fork Test

Paediatric, equal to or less than 2mm width and no more than 8mm in length

Adult, equal to or less than 4mm width and no more than 15mm in length

4mm is about the gap between the prongs of a standard dinner fork

+

Soft enough to squash easily with fork or spoon

Don't need **thumb nail to blanch white**

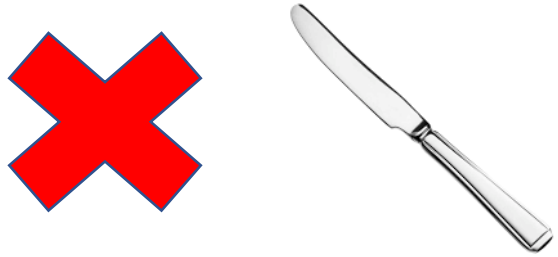
+

IDDSI Spoon Tilt Test

Sample holds its shape on the spoon and falls off fairly easily if the spoon is tilted or lightly flicked

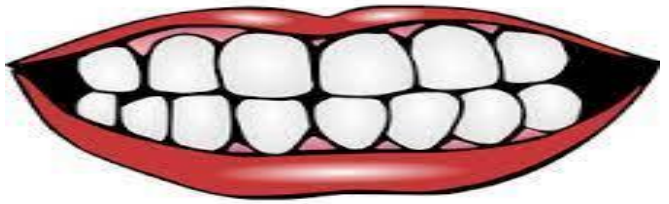
Sample should ***not*** be firm or sticky

Level 6 SOFT AND BITE-SIZED



Description:

- Can be eaten with a fork, spoon or chopsticks
- Can be mashed/broken down with pressure from fork/spoon
- A knife is NOT required to cut food
- Soft, tender and moist throughout but with no separate thin liquid
- Chewing is required before swallowing
- ‘Bite-sized’ pieces as appropriate for size and oral processing skills
  - Pediatric, 8mm pieces (no larger than)
  - Adults, 15 mm = 1.5 cm pieces (no larger than)



Level 6 SOFT AND BITE-SIZED

Physiological Rationale:

- Biting is not required
- Chewing is required
- Food piece sizes designed to minimize choking risk
- Tongue force and control is required to move the food and keep it within the mouth for chewing and oral processing
- Tongue force is required to move the bolus for swallowing
- Pain or fatigue on chewing
- Missing teeth, poorly fitting dentures

Level 6 SOFT AND BITE-SIZED

Level 6 Examples:

- Fruit cup with soft fruits like peaches, banana, papaya, pear
- Small banana chunks
- Soft chunks of cream-filled chocolates (Reese's, Musketeers)
- Soft brownies or cookies without chunks
- Moist cakes or pies
- Cottage cheese, soft cheese

NOT:

- Sandwiches, bread

Level 6 SOFT AND BITE-SIZED

Testing Methods:

1. Fork Pressure Test:
   - Pressure from a fork held on its side can be used to ‘cut’ or break apart or flake this texture into smaller pieces
   - When pressed with the tines of a fork to a pressure where the thumb nail blanches to white, the sample squashes, breaks apart, changes shape, and does not return to its original shape when the fork is removed
2. Spoon Pressure Test:
   - Pressure from a spoon held on its side can be used to ‘cut’ or break this texture into smaller pieces
   - When pressed with the base of a spoon, the sample squashes, breaks apart, changes shape, and does not return to its original shape when spoon is removed.

Level 6 SOFT AND BITE-SIZED

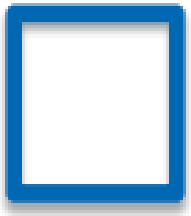
Demonstration of Testing Methods:

https://www.youtube.com/watch?v=1wfODug5BmQ

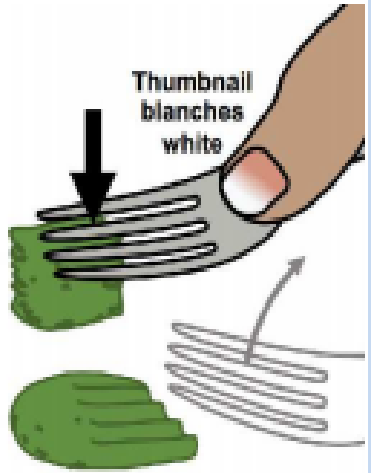
Level 6 SOFT AND BITE-SIZED

Food pieces no bigger than 8mm x 8mm lump size for children

Food pieces no bigger than 1.5cm x 1.5cm bite size for adults



Soft & Bite-Sized food must pass *both* *food piece size and softness tests!*



Level 7 EASY TO CHEW

Description:

- Normal, everyday foods of soft/tender textures
- Any method may be used to eat these foods
- Foods may be of a range of sizes
- Does NOT include: hard, tough, chewy, fibrous, stringy, crunchy, or crumbly bits, pips, seeds, fibrous parts of fruit, husks or bones
- May include ‘dual consistency’ or ‘mixed consistency’ foods with liquids if also safe for Level 0, and at clinician discretion

Level 7 EASY TO CHEW

Physiological Rationale:

- Requires the ability to bite soft foods and chew and orally process food for long enough that the person forms a soft cohesive ball/bolus that is ‘swallow ready’. Does not require teeth.
- Requires the ability to chew and orally process soft/tender foods without tiring easily
- May be suitable for people who find hard and/or chewy foods difficult or painful to chew and swallow
- This level could present a choking risk for people because food pieces can be of any size.

Level 7 EASY TO CHEW

Level 7 Examples:

- Tender meat or fish
- Steamed or boiled vegetables
- Soft fruit
- Softened cereal
- Rice
- Pancakes with syrup
- Spaghetti
- Soft bread/sandwich

Challenging Foods to AVOID

- **“hard or dry food, tough or fibrous foods, chewy, crispy, crunchy food, sharp or spiky, pips and seeds, bone or gristle, sticky or gummy food, and stringy food”**
- Including:
  - Bagels, baguettes, and other tough breads
  - Marshmallows
  - Rice Krispie treats
  - Tough chocolates and gummy candy
  - Jell-O, fruit roll-ups
  - Nuts, seeds, dried fruits
  - Hard candies
  - Rice cakes, Mochi
  - Chewing gum
  - Raw vegetable sticks
  - Whole grapes, cherries, most berries, olives, and other items that could roll back and block the airway
  - Mango, pineapple may be too fibrous
  - Popcorn
  - Corn chips, hard/spiky potato chips
  - Pretzels (even soft pretzel may be too chewy)
  - Crackers

Level 7 EASY TO CHEW

Testing Methods:

1. Fork/Spoon Pressure Test:
   - Pressure from fork/spoon held on its side can be used to ‘cut’ or break apart into smaller pieces
   - When a sample the size of a thumb nail (1.5x1.5cm) is pressed with the tines of a fork/back of spoon to a pressure where the thumb nail blanches to white, the sample squashes, breaks apart, changes shape and does not return to its original shape when the fork is removed.

Level 7 REGULAR

Description:

- Normal, everyday foods of various textures
- Any method may be used to eat these foods
- Foods may be hard and crunchy or naturally soft
- Foods may be of a range of sizes
- Includes hard, tough, chewy, fibrous, stringy, dry, crispy, crunchy, or crumbly bits
- Includes food that contains pips, seeds, pith inside skin, husks or bones
- Includes ‘dual consistency’ or ‘mixed consistency’ foods and liquids

Level 7 REGULAR

Physiological Rationale:

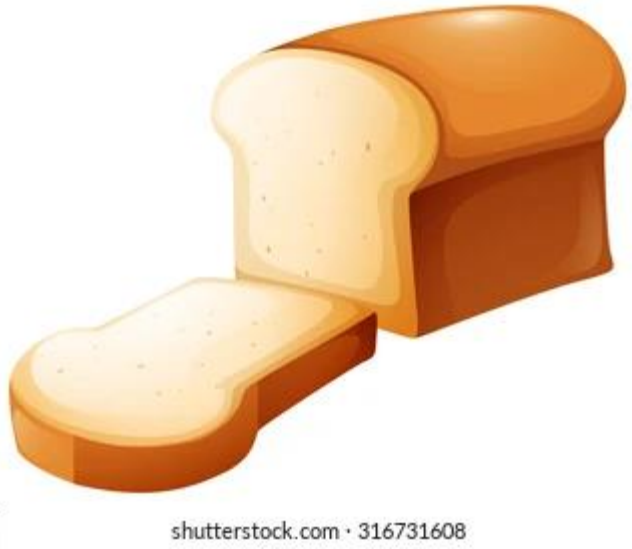
- Ability to bite hard or soft foods and chew them for long enough that they form a soft cohesive ball/bolus that is ‘swallow ready’
- Ability to chew all food textures without tiring easily
- Ability to remove bone or gristle that cannot be swallowed safely from the mouth

Level 7 REGULAR

Testing Methods:

- No testing indicated at this IDDSI level

Bread



- Not approved until Level 7
- A frequently identified source of choking
- If bread/sandwich is pre-cut to fall below the maximum size guideline of Level 6 (1.5 cm for adults), then a clinician may allow on a case-by-case basis.
- Bread can't be easily mashed or broken down into particles of 4mm or smaller, due to its fibrous nature so not appropriate for Level 5 (Minced & Moist).
- Substitution:
  - Moisten pieces of bread and wet and put in fridge
  - https://www.youtube.com/watch?v=W7bOufqmz18

Transitional Foods

- Transitional food: food that starts as one texture and changes into another texture specifically when moisture is applied or change in temperature
- IDDSI levels 5-7
- Examples:
  - Ice cream wafers
  - Graham crackers
  - Waffle cones
  - Ice Chips
  - Pringles
  - Veggie Sticks

Medications

- Pills, tablets and capsules would be considered a choking risk for people who require Level 4 - Pureed/Extremely Thick
- Cutting or crushing of medication may have critical adverse effects
  - Enhanced dissolution can alter bioavailability of drug
  - Sub-therapeutic drug levels due to loss of the dose during crushing and transfer
- Regardless of thickening agent used, as liquid viscosity increases, drug dissolution decreases, significantly impeding bioavailability of some drugs
  - Dissolution impeded most with xantham gum based thickeners

Thick Liquid Musings Chichero, 2013

- Liquids don't affect water bioavailability, regardless of thickening agent or level of thickness…yet dehydration is associated with thick liquid use
- Thirst increases with increasingly viscous liquids in healthy people

- Flavor deteriorates with increasing thickness, regardless of thickening agent

- Satiety progressively increases with increasingly viscous liquids, reducing amount of thick liquid consumed as compared to thin

- Poor compliance – only 35% still using thickened liquids 5 days after recommendation made (Leiter, 1996)

- Thickening milk with xanthum gum thickener (Haddle et al., 2015)

  - Protein interacts with thickener & increases liquid viscosity…so use less thickener
  - Minerals slowed rate of thickening & contributes slightly to increased viscosity…so allow for longer standing time before serving

Liquid Musings – "Goldilocks Thick"

- Prescribe the minimal amount of thickness needed for swallowing safety and aggressively pursue treatments to improve functional return to normal, non-thickened liquids (Chichero, 2013)

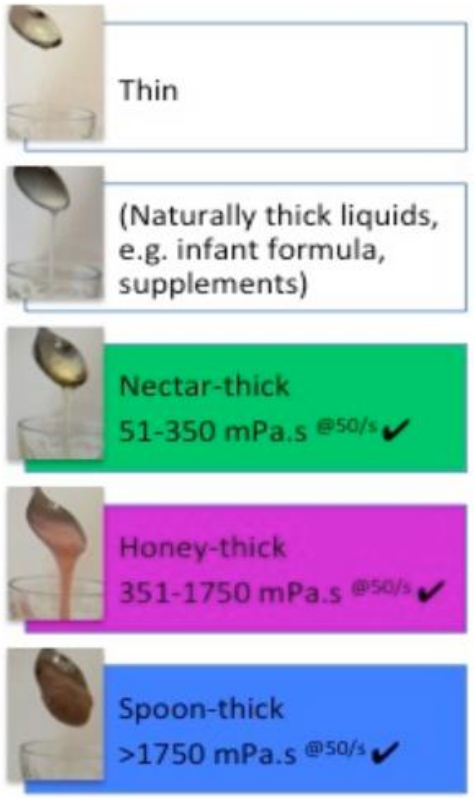
- Consider free water protocol – now several systematic reviews to support its use (Gilmann et al., 2017; Kaneoka et al., 2017; Loeb et al., 2oo6)
- Consider carbonated beverages (Chichero, 2020 DRS presentation)
  - They trigger nocireceptors in the oral cavity
  - From moment carbonated liquid enters the oral cavity, hyoid bone begins to lift, likely subsequently impacting speed of triggering pharyngeal swallow
  - The colder the carbonated beverage, the quicker nocireceptors triggered

OhioHealth IDDSI Implementation

- OhioHealth Rehabilitation Hospital launched in Dec. 2020
- OhioHealth IP
  - Morrison tentative plans:
    - Identify multidisciplinary transition team 2021
    - Begin transition work in 2022
    - Roll out 2023
  - OhioHealth IP sites using Aramark may begin work sooner
- OhioHealth OP
  - Looking to Fall/Winter 2021 training & implementation
- OhioHealth Home Care
  - Starting to see IDDSI recommendations from other hospital systems; beginning discussion of training

Mapping NDD to IDDSI: Liquids

NDD



IDDSI

Mapping NDD to IDDSI: Food