**Business Case for IDDSI**

Justification: By 2023, all hospitals in Israel must implement IDDSI, due to a regulation set by Misrad Habriut. By implementing IDDSI, Beit Hadar is striving to improve the quality of distribution of food to patients by giving each patient food with the correct texture and amount of liquids based on their diet. This will reduce emergencies where patients could possibly choke on food, if given a meal that wasn’t according to their diet. Therefore, the justification and goals are internally and externally motivated.

**Benefits**: Ensure that patients receive the proper food which will quicken their recovery, assist with the other aspects of their therapy etc. This may shorten their length of stay which will promote Beit Hadar to a status of a hospital that families will want to send their loved ones to in order to receive care that isn’t unnecessarily extended. Since there are 8 departments and the implementation of IDDSI will occur in a linear and parallel manner, the benefits can be realized during as well as after the project.

Most importantly, the implementation of IDDSI will ensure the reduction of emergencies where patients are nearly given food that is not according to their diet—which could cause them to choke. The importance of this benefit can’t be understated.

**Cost**: To take on this project, Beit Hadar must employ food distributors, which will become a new variable cost. This will include training costs (likely only a few hours) so that these new workers understand how to distribute the food, and how to change the textures of food for specific patients. These are the only costs of the project and is completely necessary because until now the food distributors change every few weeks, causing the new volunteer to have to learn everything from the beginning.

The key will be to figure out how many distributors are needed each day (and in how many shifts) so that each of the 8 departments’ patients receive their food.

**Management actions to confirm that project outcomes are achieved:**

With the first department that successfully implements IDDSI, a review will be done to see went well and what didn’t. Due to this feedback loop, by the time Beit Hadar has implemented IDDSI in the 8th department, the implementation process will be smooth and flawless and the other Department’s processes will be made more efficient by the lessons learned.

Therefore, there must be a review conducted on each department to see how IDDSI has been implemented -this should be a monthly review.

**Roles and responsibilities:**

A review should also be conducted to see how the therapy and status of the patient has improved since the implementation of IDDSI within the department they are located in. Any indication on a decrease of a patient’s length of stay signals that the project has achieved its goal.

The role who will carry out the reviews of each department should be the head of that department, and the executive (Maya) should be the one who reads these reviews and sends the feedback to the that department as well as the project manager.

The role who will carry out the review of changes of length of stay (after the implementation of IDDSI) per department should be the head or sgan of each department.