

QA IN DIETARY AND FOOD SERVICES

Bridging the Healthcare Performance Gap

BUILDING YOUR DEPARTMENT'S QUALITY CONTINUUM

A healthy quality program has three critical components. These include quality assurance, quality improvement and performance improvement. Together, these are collectively known as the quality continuum.

Just as every healthcare organization needs to have a healthy quality continuum if it is to be operationally and financially successful in meeting the needs of its patients and communities, every department needs to have an effective continuum if it is to be what it needs to be for the organization. A strong quality continuum helps an organization in living up to the expectations of the people who count on its to fulfill their needs for access to great patient care.

Historically, the healthcare team has been thought of as those clinically-oriented departments that are directly involved in the delivery of patient care. While they are key members of the team, it is important to recognize that they could not be effective in their roles if it were not for the contributions of the non-clinical members of the team such as the dietary staff. While the dietitian is generally an active member of the clinical care team, dietary services has a much larger and significant role in meeting patient needs. There would not be an appropriate environment in which to deliver safe patient care in if it were not for

the efforts of the people who prepare the meals and work to meet the nutritional needs of the patients and workforce.

The dietary and food services staff control a critical encounter and pseudo-measure in the patient experience. This very important department controls the impression that people have of the food that they consume and the building blocks of healing recovery through nutritional support. While the impression of the food may not seem to have much of a bearing on the clinical management of the patient, it does have a significant impact on patient perception. (See the on-line module titled *Building the Patient Experience*.)

As the saying goes, "the way to a man's heart is through his stomach". Food is probably the most well-known pseudo-measure in health care. Food is something that patients can judge. As a result, the quality and detail that goes into food preparation provides the patient with a perception of how much detail a healthcare organization may put into its patient care activities. Some of the critical impressions that dietary

controls are:

1. How appealing is the food?
2. How sensitive is the organization to the specific dietary needs of the patient?
3. How hard does the organization work to make the meal experience a good one for the patient?
4. How hard does the organization work to address food related issues?

In addition to controlling a very influential pseudo-measure, the dietary services provide for an important level of monitoring that can provide for early warning that patients may not be receiving enough and adequate levels of nutritional support to meet their physical needs during the healing and recovery period. Through the dietitian and regularly scheduled nutritional assessments, they monitor numerous aspects of patient physiology indicative of physical well-being. As you review the enclosed list of quality assurance activities for which dietary have primary responsibility, you will appreciate just how important its role is as a member of the healthcare team.

A healthy quality continuum allows our people to know that:

1. *they are in control of their futures;*
2. *their efforts make a difference, and*
3. *that they are part of creating something better for tomorrow than what already exists today.*

They come to appreciate the contributions they make in meeting the mission and creating the vision of the organization.



SO WHAT IS QUALITY!

Quality in healthcare encompasses the ability of an organization or provider to make patients feel very well cared for at the same time they are making them feel deeply cared about. When patient define quality, these are the two things that they repeatedly say they are looking for. For health care's customers, these seem like pretty easy requests and they are becoming less and less tolerant when providers don't get them right.

In today's healthcare environment, quality is about making people feel safe in an environment where they can also feel that they are receiving state-of-the-art care from people who are on top of those variables to could place them in harms way. Safety is a pretty broad term for patients as it ranges from a sense of feeling physically safe in the environment to feeling that they are receiving the very best care that can be delivered by people who genuinely care about the outcomes that their actions lead to. They also want to feel informed and in control of their

patient experience.

For the people in the dietary department, quality means creating systems for nutritional support where patients feel that quality patient care is likely to live and that promotes the healing and recovery processes. Most people inside healthcare fail to understand the critical importance of the food in creating healthy patient perceptions. The taste and appearance of the food is one of the critical pseudo-measures that patients use to determine the likelihood that they will receive high quality patient care.

The average patient can not actually judge the quality of the patient care they receive to a level that creates a genuine level of comfort. They can not determine if the battery of tests being ordered by the physician are truly the best tests or if the treatment and drugs are truly the best interventions. Because they need some measures that help them to feel good about their choices, they tend to rely heavily on pseudo-measures of health-

care quality.

Pseudo-measures are measures that patients and family members can judge more easily because they are familiar with what they are and what they should look like if quality exists. The most common pseudo-measures in healthcare are cleanliness, friendliness, physical appearance, physical safety, quality of the food and the perception of teamwork. If these pseudo-measures convey a sense of quality, people assume that there is a pretty good chance that the quality of the clinical care is good also.

The measure of quality for people looking to health care is found in the attention to details that they observe. The more attention to details that they witness in pseudo-measures, the most comfortable they are that the same attention is given to the details of direct patient care. Great reputations are not built on being average. They are built on reaching well beyond average and paying close attention to the details that convey a message that providers take our roles in the delivery of great care seriously.

WORKING WITH YOUR QA CALENDAR

The quality assurance calendar is a tool that helps a department to organize and manage its compliance-related activities in a way that reduces resource consumption and the risk of falling behind (see the PACE Workbook on *Working with Your Quality Calendar*). Historically, healthcare organizations have not utilized highly structured systems to collectively organize and manage their quality assurance or compliance-related activities. The lack of such a system has been one of the major contributing factors in prompting healthcare organizations to find themselves in trouble on surveys and having to put an inordinately large number of resources into an ongoing efforts to maintain compliance.

Quality and compliance inside health care does not just happen. They are things that needs to be managed. As one looks at the list of compliance and quality assurance-related activities on the following pages, it is obvious how easy it would be to overlook something or get behind if you do not have a system that allows you to manage the activities.

As most of these activities are time and standard sensitive, once they don't happen it is impossible to make them up. For example, if foods do not meet required temperatures before consumption, there is no taking potential sources of food borne illness back. If refrigerator temperatures do not get done twice a day, people can't make it up after the day is over.

As the healthcare industry continues to become more complex and more and more is asked of our people, systems like the quality calendar can help to better manage activities as it become increasing necessary to find ways of doing more with fewer resources. The answer is not in working harder. It is in working smarter and the quality assurance calendar is a tool that can help department managers to do that.

Some important points in using your calendar are:

1. Only schedule activities that must be done on a Monday for that day. Mondays tend to be bad days in healthcare organizations because of the many issues that spill over from

the weekend. As most legal holidays fall on Mondays, it is the one day of the week that prompt people to more easily get behind because things from holiday must be pushed to Tuesday.

2. Similarly, it is best if you minimum the number of flexible activities that need to be done on a Friday because that is generally the day that people are pushing to get things done for the weekend. It is also the most common day that people request off to have a long weekend.
3. Try to always set the schedule up so that compliance related activities never consume more than two hours in a given day for any one person. This is one of the reason that a calendar is so helpful. It allows you to plan and space things out. Most people can plan to commit up to two hours of the day to designated activities. They can also tend to find time to make those activities happen even on a day when there seems to be one crisis after another.
4. Try to always set the schedule so that

CREATING YOUR QA CALENDAR!

The topics in the tables on the next pages list out the common quality assurance or compliance type activities that could be found on a QA calendar for Dietary. Some may not apply to all organizations and others may need to be added as compliance standards are dependent on the services offered. Please review these tables to determine which topics are important to your calendar and then follow the instructions in the PACE training workbook titled *Working with Your Quality Calendars* to build you calendar. Please note that health care is a very dynamic industry and constantly subject to change. The completeness of the list and frequency recommendations in these tables should be regularly checked against those established by federal, state and local regulatory agencies.

	QA Accountability	Frequency
1	Dishwasher wash temperatures	With each dishwasher run
2	Dishwasher rinse temperatures	With each dishwasher run
3	Appropriate chemical dispensing in wash cycle	With each dishwasher run
4	Appropriate sanitizer dispensing in rinse cycle	With each dishwasher run
5	Delimiting of dishwasher	Monitor weekly and treat as needed based on build-up
6	Cleaning agent review and approval	Annually and whenever a new cleaning agent is introduced
7	Three compartment sink sanitation routine	Daily
8	Sanitizer ppm	Daily
9	Food temperatures upon serving	With each meal prep
10	Food temperatures upon delivery to patient	With each meal delivery
11	Labeling of prepped food with date and time before refrigeration	Daily
12	Holding temperatures in cafeteria	With in meal serving
13	Calibration of food thermometers	Monthly or whenever concerns arise
14	Refrigerator temperatures	Twice a day
15	Freezer temperatures	Twice a day
16	Food segregation in refrigerators and freezers	Daily whenever foods are placed in refrigerator
17	Cleaning of refrigerators	Weekly
18	Cleaning of freezers	Weekly
19	Defrosting of freezers	Monitor monthly and defrost as needed or quarterly, whichever comes first
20	Cleaning of walk-in coolers	Twice a week
21	Degrease ovens	Weekly or more often if necessary
22	Cleaning of vent covers	Weekly or more often if necessary
23	Clean grease hood	Check monthly and clean as needed or quarterly, whichever comes first
24	Clean microwave and small appliances	Daily and upon soiling
25	Cleaning of ice machine	Surface cleaning daily and deep cleaning weekly
26	Cleaning of coffee pots and ice tea machine	Daily
27	Cleaning of steam table and salad bar in cafeteria	Daily after each use
28	Clean ceiling vents	Check monthly and clean as needed or quarterly, whichever comes first
29	Cleaning of all horizontal and food preparation surfaces	Before initial use for the day, after each use and for terminal cleaning at the end of the day
30	Deep cleaning of food storage and preparation surfaces	Weekly
31	Intense deep cleaning of dietary department	Monthly
32	Cleaning of portable hot and cold carts	Before and after each use

CREATING YOUR QA CALENDAR!

	QA Accountability	Frequency
33	Cleaning of dining room	Daily and when necessary due to soiling
34	Air filter changes	Monitor monthly and change as needed or quarterly, whichever comes first
35	Water filter changes	Monitor monthly and change as needed or upon manufacturer recommendation, whichever comes first
36	Food type segregation on preparation	Upon all preparation
37	Utensil separation during food preparation	Upon all preparation
38	Cleaning of counters	Before initial use for the day, after each use and for terminal cleaning at the end of the day
39	FIFO	Daily
40	Labeling and dating of containers with contents	Whenever food is transferred into a container
41	Dating of open items with an expiration date	Upon opening
42	Dating of prepared foods	Upon preparation and storage
43	Dating and timing of frozen food removed for thawing	Upon removal from the freezer
44	Dating of new stock	Upon receipt
45	Disposal of outdated items	Upon expiration
46	Gloves during food handling	For all food handling
47	Hair nets in food handling and prep areas	Whenever in food prep and handling areas
48	Handwashing	Upon start of shift, between food prep activities, whenever visibly soiled, after using the bathroom, eating, sneezing, smoking and any time food contamination could be a risk
49	Separate storage for food and chemicals	Daily
50	Utilization of approved recipes	With each food prep
51	Annual review and approval of recipes	Annually
52	No large bore corrugated boxes in the food storage areas	Daily
53	All open dry goods appropriately sealed	Daily
54	Left-over management	Daily
55	Diet appropriateness	Daily
56	Allergy identification and management	Daily
57	Drug/food interaction precautions	Daily
58	Patient food preferences	With each meal
59	Nutritional assessment	Upon admission and appropriate to the patient's clinical condition
60	Physiological assessment	Upon admission and appropriate to the patient's clinical condition
61	Nutritional care planning	Upon admission and appropriate to the patient's clinical condition
62	Patient teaching	Upon patient need
63	Discharge instructions	Prior to patient discharge
64	Paper towel holders at least 3/4 full	Daily
65	Hand soap dispensers at least 2/3 full	Daily
66	Interior window cleaning	Twice a year and more frequently if needed
67	Exterior window cleaning	Once a year and more frequently if needed
68	General trash removal	Daily and as needed when containers become more than 2/3 full

CREATING YOUR QA CALENDAR!

	QA Accountability	Frequency
69	Cleaning of waste receptacles	Weekly or when soiling warrants more frequent
70	Service contract review	Annually
71	Service contract renewal	Annually or on term
72	New chemical training	Before use
73	Secure MSDS and assure appropriate precautions	Before new chemical use
74	Employee right-to-know MSDS training	On orientation before chemical use and annually
75	Chemical labeling and storage	Daily
76	Hazardous chemical storage	Daily
77	New chemical training	Before first use
81	Eye wash station integrity	Weekly
82	Annual infection control training	Annually
83	Staff certifications for special equipment management and skills	Before expiration
84	Annual policy and procedure review	Annually
85	Employee training on new/revised policies and procedure training	On creation of or revision of policy or procedure
86	Ergonomics compliance	Daily
87	Ceiling integrity (tile and plaster integrity)	Daily and repair immediately upon breach or penetration
88	Flooring integrity	Daily and repair immediately upon breach, break or penetration
89	Baseboard integrity	Daily and repair immediately upon breach
90	Wet floor signage	In all wet and cleaning areas at all times
91	Immediate spill clean-up	Whenever spill occurs
92	Cleaning of floors	Daily and whenever floor are visibly soiled
93	No boxes or storage containers directly on floors	Daily
94	Surface washability	Daily and repair immediately upon breach
95	Pest control	Check high risk areas weekly and all other areas monthly with spraying as needed or on recommended schedule, whichever comes first
96	Annual fire safety training	Annually
97	Annual general safety training	Annually
98	Extension cord management	Daily
99	Handicap accessibility	Daily
100	Lighting Safety (no exposed light bulbs and lighting fixtures)	Daily
101	Patient privacy (knocking and asking permission before entering room)	Daily
102	HIPAA compliance	Daily
103	Outlet management in public areas	Daily
104	Eye wash station integrity	Check weekly and service as needed
105	Annual performance appraisals	Annually
106	Annual job description review	Annually

KEEPING PACE WITH TODAY'S STANDARDS

Quality assurance or compliance related activities are extremely important in a healthcare organization because they are generally related to patient and public safety. They frequently involve precautionary steps taken by an organization to prevent an untoward event or break in the routine that could place people in harm's way.

For example, while providers hope that they will never need them, there are many precautionary activities that healthcare organizations need to be skilled at in the event there is a fire. We need to know that the generator will run in the event of a power outage. We need to know that we have a strong plan to protect people in the event of a natural disaster.

Healthcare organizations also need to know that the day-to-day risk is reduced for people who come into our buildings. They need to know that the elevators in good working order; emergency call systems function properly, and the food served is safe.

Too often healthcare organizations find themselves at risk because they become complacent about quality assurance related activities. As so many of the activities are precautionary in nature and many organizations may never actually have to enact them, it is very easy for an organization to elect to take short cuts or overlook striving for 100% compliance. The danger is in the fact that an organization can't make it up to a patient, community member or employee when its failure to stay current negatively effects any one of them. If its reputation in the community is damaged, it may never recover.

Proactive compliance is significantly less resource intensive than running to catch up. Developing a corrective action plan in response to a Medicare Condition of Participation survey is never the best way to achieve compliance. Working to overcome the damage created by a negative outcome is definitely more expensive and resource intensive than working to see that the negative outcome could not happen. As the saying goes, "an ounce of prevention is more valuable than a pound of cure." This is particularly true in health care where the cost of a negative outcome can be particularly steep. A well structured quality

assurance program inside the quality continuum can provide for that ounce of prevention to protect an organization.

The majority of the compliance standards for the dietary department relate to food safety and nutritional support of the patient. These are two very big areas of responsibility where compliance is critical.

Because of the magnitude of some of the responsibilities retrospectively trying to fix them can be a nightmare in addition to placing the organization at risk because of non-compliance. For example, bug or rodent infestation can be very difficult to deal with after the fact. This can be particularly true for bug infestation as once bugs are in the cracks and crevices of the department with as much stuff as is found in dietary, it can consume a great deal of personnel time to get rid of them. Proactively dealing with issues through prevention can reduce resource consumption by as much as 25-33%. Every minute appropriately spent on planning (such as the creation of a balanced QA calendar) can save 10 minutes in execution time.

When a quality assurance or compliance activity goes out of compliance, it is a department's responsibility to bring that activity back into compliance as quickly as possible in a way that will hold the compliance. The department needs to document the steps it took to achieve that compliance and the ongoing activities to monitor it.

Historically, healthcare organizations have had poor systems for managing and documenting quality assurance related activities. Too often those systems for managing these activities have existed in the minds of our managers. While the mind is a very powerful place, the stresses of today's healthcare environment make it a poor stand alone tool in creating the kind of efficiency and effectiveness we need. As a result, too many things end up being retrospectively repaired rather than proactively managed. The quality calendar system is an approach to proactive

activity management. If the average dietary department is able to reduce time and/or resource consumption by an average of 33% because it uses tools to improve its efficiency and effectiveness, it can find itself capable of managing more with less in a less stressful environment. This is an important goal in today's healthcare environment. It also re-

QA Calendar								
	Frequency	Responsible Party	Jan	Feb	March	April	May	June
H2O temp at patient	Weekly	Mark	OK	OK	OK	OK	OK	OK
			OK	OK	OK	OK	OK	OK

duces the amount of time spent on crisis management which is one of the industry's greatest threats to resources.

The first step is to set up the quality assurance calendar with all of the compliance-oriented activities that are important to the organization. Once the list is complete, the manager, with the assistance of his or her departmental team, defines when each activity is to be completed along with who will be responsible for it. (Remember the stronger the team approach the greater the potential for success and the more that can be achieved with fewer resources. As long as activities remain in compliance the only documentation that is necessary is the required logs for the activities and the indication of an OK on the calendar. When an activity moves out of compliance, a department should be able demonstrate that it has quickly moved through the steps of the PACE cycle. Documentation should demonstrate that it quickly identified the issue (moving the issue to its quality improvement calendar), PLANNED to re-establish compliance, ACTED to initiate the plan, CHECKED to make sure that the plan achieved the designed results and ENHANCED the plan to achieve the best outcomes possible. Once compliance is re-established and a short period of more intensive monitoring demonstrates sustained compliance, the department can return to its normal schedule of monitoring as defined by the QA calendar.

The calendar should be evaluated each year as part of the annual review of services to determine needed additions and revisions that would increase departmental efficiency in achieving continuous compliance.



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Success has a price tag on it, and it reads COURAGE, DETERMINATION, DISCIPLINE, RISK TAKING, PERSEVERENCE, and CONSISTENCY—doing the right THING for the RIGHT REASONS and not just when we feel like it.

James B. Menton

The Future Starts with a Strong Today!

Building a strong reputation and future for a healthcare organization starts with building a strong today. In many ways it is like building a new building. If you don't start out with a sound foundation it becomes increasingly difficult to build a structure that can be as tall as you would like or that can withstand the various elements that place stress on it. When the foundation isn't strong, you frequently find yourself having to put additional resources into shoring it up and to apply patches where necessary. You also tend to find yourself having to monitor it more closely every time the structure is placed under stress to make sure it will hold up. A healthy quality assurance program is about making sure a healthcare organization has a strong foundation on which to build tomorrow and the future. If an organization is constantly struggling to maintain compliance with today's standards, the activities steal valuable time and resources away from efforts that could be used to build a healthier tomorrow. Given the strain on today's healthcare resources, providers need to ensure that they are getting the most they can from what they have. They need to make sure that quality lives today so it is easier to build a better tomorrow.

BRINGING IT ALL TOGETHER

A healthy quality program is about making sure that our organizations are being true to the business of health care. That business is the delivery of high quality patient care in an environment that makes our patients and communities feel well cared for and deeply cared about. It is about making sure that our organizations are healthy and strong for today, tomorrow and into the future.

The quality program creates the structure to support the creation and implementation of the many systems that (1) ensure that our organizations and patient care services are what they need to be to make our organizations strong for today, (2) continuously work to improve and meet the changing needs of tomorrow as technological advancements continue to reshape the delivery of patient care, and (3) bring the strategic plan and vision of an organization to life while holding true to the mission and values of the organiza-

tion. A healthy quality program is about much more than making sure that our organizations are meeting the expectations of outside regulators and the many external customers that enter our doors every day.

The mission defines why our healthcare organizations exist. The vision defines where we picture our organizations to be at some point in the future if the organization is to remain strategically positioned for success while it remains true to its mission and values. Our values define those behaviors we hold to be important to every day life if we are to remain true to our missions (who we are).

It can be very easy for these important messages to become fluff and pie-in-the-sky words that only raise more doubt and questions if people can not see the path that brings them to life. A healthy quality program provides that path by creating

the structures and systems that make proactive change possible.

The mission, vision and values of an organization come to life when they are successfully married together through the organization's quality program and strategic planning activities. These two activities create the environment for the creation of a culture for quality where patients feel well cared for and deeply cared about while healthcare providers have the potential to feel good about their contributions in improving the quality of life for the public that entrusts them with their care.

