1. Improving Quality of Care through Quality Assurance and Performance Improvement programs in Long Term Care and Hospitals.

**QAPI**

2. Improving Quality of Care through Quality Assurance and Performance Improvement programs.
Establishing Quality

- The U.S. government established quality of care legislation with the Omnibus Budget Reconciliation Act (OBRA) of 1987
- Established F520 for QAA to provide a framework for evaluating facility’s systems in order to prevent deviation in and correct inappropriate care process.

The Affordable Care Act of 2010

- Requires every nursing home to institute a facility-wide compliance program by the end of 2013
- And comprehensive QAPI program no later than one year after CMS establishes QAPI regulations.

Proposed revisions July 2015

- Emphasize resident centered language
- Meal plans provide for residents’ religious and cultural preferences

Proposed revisions

- Accommodate for nutrition and allergy needs
- Allow resident to eat at non-traditional times

- HHS Secretary Sylvia Burwell
Despite considerable improvement, inadequate quality for long-term care nationwide remain a serious problem.

Both hospital and Long Term Care have regulations for QAPI programs.

Quality Assurance in Long-Term Care: chapter 10

The CoP of QA/PI requires that all departments develop a plan that demonstrates the implementation and maintenance of an effective, ongoing, data driven program that reflects the complexity of dietetic service.

A systemic, comprehensive, data-driven, proactive approach to improving the quality of life, care and services in health care facility.

For all departments facility wide.
Performance Improvement

› In other words PI is a proactive effort to use data to understand and improve facility’s own problems.

Includes

› Formal Performance Improvement projects
› Root cause analysis
› System thinking

Quality Assessment/Performance Improvement

› Should comprehensively reflect the operations of both foodservice and nutrition care
› Generally day to day monitoring activities would not meet the parameters of an effective QA/PI Program
Menu Concept Development

- Food and flavor are at the heart of everything we do.
- Include new menu items developed to provide fresh, natural, seasonal ingredients and incorporate in innovative menu.

Assessment of foodservice quality

- Defined as: food service meeting patients’ nutritional requirements.
- Compared hospital diet to nutrition standard specified in diet manual and nutrients of planned menus, served meals and consumed meals for.

So what would some QAPI programs look like:

- Keeping hot food hot and cold food cold
- Meal ticket design on tray line efficiency and accuracy
- Improve appearance and consistency of pureed foods.

Regular, diabetic, and low-sodium diet

Quality problems were found in all three hospitals since patients consumed less that their nutritional requirements.
QAPI Programs:
- Improving plate appeal for non-select cycle menu
- Diabetic Patient ordered diets meet carbohydrate requirement
- Admission nursing screening parameters are effective

Identification of a problem
- QAPI meeting identified trend of unexplained weight loss among several residents over last two months
- Increases supplement orders

Develop multidisciplinary PIP team
- Root cause analysis factors:
  - No process to identify wt. loss
  - No system to ensure resident preferences honored
  - Accuracy documentation food intake %
  - Residents reported food was not appetizing.

Interventions included
- Protocol to identify at risk residents
- Standard orders for “at risk residents”
- New program CNA “Food Plan Lead”
Data Collected

- Food waste
- Supplement use
- CNA observation resident satisfaction and meal % accuracy
- Resident satisfaction survey

Quality Plan

- Had structured QAPI Committee
- Establish performance measures
- Use data to identify gaps or opportunities
- Multidisciplinary team had real responsibilities
- Designated interventions

Some outcome measures o consider

- Dehydration
- Malnutrition
- Decubitus Ulcers

Roles of the RD

- Hospital wide practices related to nutrition
- Wound Care Committee
- Patient Safety
- Nursing Orientation
- Physician Orientation
- Patient Rounds
- P & T Committee
- QAPI
- Disaster Preparedness
Your goal is to invest time in developing knowledge in QA process and implementing to improve Quality of Care and Quality of Life for Patients and Residents.

CMS Resource's

- Quality Net [https://qualitynet.org/](https://qualitynet.org/)

Quality topics

- Institute for Health Care Improvement (IHI):
  - [http://www.ihi.org](http://www.ihi.org)
- Advancing Excellence in America's Nursing Homes:
  - [http://www.nhqualitycampaign.org/](http://www.nhqualitycampaign.org/)
References used

1. K.Kim et al Nutrition Research & Practice 2010; 4(2) 163–172
2. Losing a Million Minds: Confronting the Tragedy of Alzheimer's Disease and other Dementia
3. Quality Assurance in Long-Term Care: Special
Current Concerns and Commonly Cited Tags in Long Term Care

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CDPH, Licensing & Certification

Learning Objectives

How do the Dietary Deficiencies affect the Facility’s 5 Star Rating

Avoid Commonly Cited Nutrition/Dietary Deficient Practices in the LTC setting

Background

Omnibus Budget Reconciliation Act or OBRA

OBRA requires that states conduct an annual inspection of nursing facilities every 9 to 15 months

Five Star Quality Rating

CMS’s Technical User’s Guide February 2015

How the 5 Star Quality Rating is used
**Five Star Quality Rating**

3 Types of Measures:
- Health Inspection Results
- Staffing
- Quality Measures – MDS Data

**Dietary Services**

The facility must employ a qualified dietitian FT, PT or on a consultant basis.

If the dietitian is not FT, must have a director of food service who receives frequent scheduled consultation from the dietitian.

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**Table 1**

<table>
<thead>
<tr>
<th>Severity Description</th>
<th>Scope Isolated</th>
<th>Scope Pattern</th>
<th>Scope Widespread</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immediate jeopardy to resident health or safety</td>
<td>J, 50 points</td>
<td>K, 100 points</td>
<td>L, 150 points</td>
</tr>
<tr>
<td>Actual harm that is not immediate jeopardy</td>
<td>G, 20 points</td>
<td>H, 35 points</td>
<td>I, 45 points</td>
</tr>
<tr>
<td>No actual harm with potential for more than minimal harm that is not immediate jeopardy</td>
<td>D, 4 points</td>
<td>E, 8 points</td>
<td>F, 16 points</td>
</tr>
<tr>
<td>No actual harm with potential for minimal harm</td>
<td>A, 0 points</td>
<td>B, 0 points</td>
<td>C, 0 points</td>
</tr>
</tbody>
</table>

Note: Figures in parentheses indicate points for deficiencies that are for substandard quality of care. Shaded cells denote deficiency scope severity levels that constitute substandard quality of care if the requirement which is not met is one that falls under the following federal regulations: 42 CFR 483.13 resident behavior and nursing home practices; 42 CFR 483.15 quality of life; 42 CFR 483.35 quality of care.

If the status of the deficiency is “not non-compliance” and the severity is Immediate Jeopardy, then points associated with a “D-level” deficiency (i.e., 20 points) are assigned.

Source: Centers for Medicare & Medicaid Services

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**Dietary Services**

The facility must employ sufficient personnel **competent** to carry out the functions of the dietary services.
**Dietary Services**

Menus must:
- Meet the nutritional needs of the residents
- Be prepared in advance
- Be followed

Each resident receives and the facility provides food that is palatable, attractive, and at the proper temperature

Substitutes offered must be of similar nutritive value to residents who refuse the food that is served

The facility must store, prepare, distribute and serve food under sanitary conditions
Quality of Care

Based on a resident's comprehensive assessment, the facility must ensure that a resident maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident’s clinical condition demonstrates that this is not possible.

Questions

Save to the end of the presentation
At the conclusion of this presentation, attendees will have:

1. Understanding of the federal and state regulatory requirements of dietetic services in a General Acute Care Hospital.
2. Insight to the five commonly cited or areas of concern according to the CDPH nutrition consultants.

Background

General Acute Care hospital is defined as a "health facility having a duly constituted governing body with overall administrative and professional responsibility and an organized medical staff that provides 24-hour inpatient care, including the following basic services: medical, nursing, surgical, anesthesia, laboratory, radiology, pharmacy, and dietary services."

Reference: California Health and Safety Code 1250 (a)

What is Licensure?

Mandated State program which requires persons desiring to provide health services to obtain authorization to do business by obtaining a license or exemption for licensure

- Allows facility to operate in California
- Requires facility to abide by State Requirements (Title 22)
As of 2015, California had 536 hospitals.

- There are 440 General Acute Care hospitals
- 96 are specialty or critical access (rural) hospitals

Certification is required to participate in the Medicare and Medicaid (Medi-Cal) Program. Accreditation is conferred by one of these agencies for “Deemed Status”:

- The Joint Commission of the Accreditation of Healthcare Organizations (JCAHO)
- American Osteopathic Association (AOS)
- The Det Norske Veritas Healthcare, Inc. (DNV)

For the purpose of this presentation, the applicable regulations are:

- California Title 22 Division 5 Chapter 1
- CMS Conditions of Participation (Appendix A)
- California Business and Professions Code 2585 and 2586.8.
- Health and Safety Code 1265.4

General Acute Care Hospitals - Food and Nutrition Deficient Practices/Concern Areas

I. Organization

- Certification: CoPs: A-0618, A0619, A-0620 and A-0622
- Must be directed and staffed by adequate qualified personnel.
- Full time personnel responsible for daily management of the department. (see Interpretive Guidelines)
- Qualified based on experience and training to manage the service appropriate to the scope and complexity of food service operations.
General Acute Care Hospitals - Food and Nutrition Deficient Practices/Concern Areas

I. Organization (cont’d)
- Scope of the department *at least the following:*
  - Safety practices for food handling (nutrition)
  - Emergency food supplies
  - Orientation, work assignments and personnel performance
  - Menu planning, purchasing of food supplies and retention of essential records (e.g., cost, menus, personnel, training records, QAPI reports)
- Administrative and technical personnel must be competent demonstrated through education, experience and specialized training.
- Registered Dietitian A-0621
  - Responsibilities: Approval of Patient Menus and nutritional supplements
  - Patient, family, counseling/education
  - Medical Nutrition Therapy documentation
  - Collaborating with other hospital to plan and implement patient care

II. Menus
- Certification (CoPs: A-0628; A-0629; A-0630; A0631)
- RDA vs. DRI
- All facilities Letter
III. Tube Feeding
- Open vs. Closed System
- Hang times
- Standard of Practice
- Food Safety Concerns

IV. Newborn Intensive Care Unit/ Pediatric Units
- Formula preparation
- Formula Preparation Rooms

V. New Construction/ Remodeling
- Licensing
- Seismic Retrofitting(OSHPD)
- 2020 compliant buildings
- 2030 and beyond buildings
- Remodeling (Pipes, Equipment replacements)
- Use of alternate space (Not conference room)
- Infection control concerns
- County Environmental Health Department

Questions ???