



Center for Quality Aging

Eat, Drink & Be Merry:
Enhancing Meals & Snacks – Course 5

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Objectives



- To review the key components of effective continuous quality improvement (CQI)
- To review a CQI assessment tool for mealtime nutritional care processes

Continuous Quality Improvement: What do you need to make it work?



- Care Processes versus Clinical Outcomes
- Feeding assistance versus Weight Loss

Continuous Quality Improvement: What do you need to make it work?



- Why focus on feeding assistance?
 - Represents a key daily nutritional care process
 - Significant effect on intake, weight, and BMI
 - More immediate measure than weight loss
 - Within the control of staff

CQI Information System Minimum Requirements



- Specific
- Timely
- Accurate

CQI Information System: Specific Information



Typical Documentation

- Feeding assistance provided:
Checklist, Yes/ No or “As Needed”

- Resident Response:
Total Percent Eaten

CQI Information System: Specific Information



- *Amount*: Mr. Smith received 15 minutes of assistance
- *Type*: Verbal cueing and physical assistance
- *Resident Response*: percent eaten plus other (refusals, complaints, referrals)

CQI Information System: Timely Information



- Care Processes

- linked to specific time (day/meal) and person
- translated into summary about quality to yield valid comparisons (across meals, staff, time)

CQI Information System: Timely Information



- **Specific Time and Person:**

Mr. Smith received less than 5 minutes of assistance and ate less than 50% during lunch on June 16th.

- **Quality Summary:**

75% of residents rated by staff as in need of assistance received less than 5 minutes during lunch on June 16th.

Why is *Timely* Important?



- Identify factors related to variable care
- Reduces subjective interpretation
- Serves as an audit of medical record

Accurate Information



- Limitations of medical record
 - not audited regularly by internal staff
 - Serves purpose of regulatory compliance
 - Inaccurate for many nutritional care processes: feeding assistance, intake, supplements, weight

Conclusion



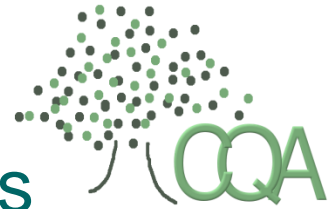
- Observations of care delivery can fulfill specific, timely, and accurate criteria
- Nutritional care is easier to observe than most daily care areas because it occurs at predictable times, multiple times/day and in predictable location

Rules of Observation



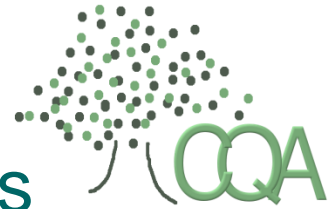
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- Observe ~5 residents in same area or multiple rooms along the same hallway
 - Use standardized form and definitions
 - Observe 1-3 meals per week
 - Calculate care process measures

Nutritional Care Process Measures



- Defined nutritional care processes
- Specific observable staff behaviors
- Observations during/between meals
- Yield percent “pass” rate (0%-100%)

Nutritional Care Process Measures



- Accuracy of medical record documentation
- Adequacy of feeding assistance
- Quality of feeding assistance

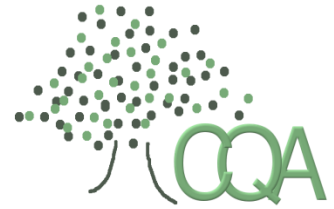
Care Process Measures: Accuracy of Documentation



- IF resident eats less than 50% of meal,
THEN documentation shows a value \leq 60%

Rationale: Focuses on residents with low intake and allows a margin of error

Care Process Measures: Adequacy of Assistance



- IF resident eats less than 50% of meal,
THEN staff assistance > 5 minutes

- IF resident is given a supplement with meal,
THEN staff assistance > 5 minutes

Rationale: Focuses on those with low intake and a minimum level of staff attention.

Care Process Measures: Quality of Assistance



- IF resident is independent, THEN staff should not provide physical assistance to eat.
- IF resident receives physical assistance, THEN staff also should provide verbal cueing.

Rationale: Provision of verbal cueing enhances oral intake and eating independence.

Care Process Measures: Quality of Assistance



- IF resident eats less than 50% of served meal, THEN staff should offer an alternative.
- All residents should receive social interaction during meals.

Rationale: Availability of choices and social interaction enhances oral intake and quality of life.

Nutritional Care Process Measures: Average Percent Pass Rates Community Homes

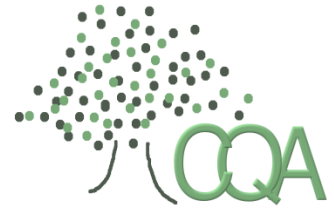
<i>Care Process Measure</i>	<i>Percent Pass</i>
< 50% and Chart \leq 60%	38%
< 50% and >5 min Assistance	21%
< 50% and Alternative offered	25%
If Physical, then also Verbal	65%
Social interaction present	24%

Who should be targeted for CQI Observations?



- Residents responsive to mealtime assistance or snacks between meals (based on evaluation)
- Residents rated by staff as in need of mealtime assistance or snacks between meals (MDS)
- Residents with a weight loss history
- New admissions, readmissions those or due an MDS assessment

ADA - Nutrition Care Plan

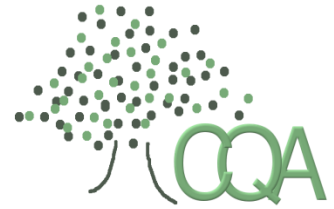


4 Key Steps:

- 1) Assessment (Session #1: *Meal Observations*)
- 2) Identification of the Problem (e.g., low intake)
- 3) Nutrition Intervention (Sessions 2&3: *Evaluations*)
- 4) Monitoring & Evaluation (**THIS Session – CQI**)

Once you have identified those with poor intake and responsive to mealtime assistance or snacks, then **make sure they get it - CQI**

Next Teleconference



Next Teleconference:

- August 18, 2:00-2:40 (ET): This is a follow-up session to wrap-up the course.

Also:

- Reading Assignment: Chapter on FAQs (available on our Web site)
- Submit Resident Data Forms (please note our new fax number: 513-529-1476)