

PERFORMANCE IMPROVEMENT PROGRAM

FOOD & NUTRITION SERVICES PERFORMANCE IMPROVEMENT PLAN – 2009-2010

INTRODUCTION

The purpose of the Performance Improvement Plan is to establish and maintain an ongoing, systematic, and pro-active department-wide processes to measure, assess, and improve patient care and safety based on the organization's mission and its strategic planning goals and objectives. This is achieved through analysis, evaluation, and improvement of systems and processes of care delivery in order to promote error identification, reporting and prevention through education, system redesign and process improvement.

SCOPE OF SERVICE/RESPONSIBILITY

Food & Nutrition Services provides quality, cost effective food and nutritional services to the patients, staff, and visitors of San Francisco General Hospital Medical Center in a manner consistent with organizational standards and pertinent regulatory standards.

Services include inpatient Clinical Nutrition Program; purchasing and production for patient meal service operations; purchasing and production for cafeteria and catering services, and food and nutritional services at the Behavioral Health Center.

PROGRAM DESCRIPTION

Performance Improvement Framework:

Performance improvement and patient safety efforts are conducted and documented by using a process improvement strategy called the Model for Improvement. Using the Model for Improvement includes incorporating a goal for each project, identifying measures for assessing change, and a plan to sustain improvements or change improvement strategies.

Identification of quality/patient safety issues

A quality and safety risk assessment is conducted each year within Food & Nutrition Services to identify areas of service in need of further quality monitoring and improvement activities. The department uses the following sources to identify areas of risk:

- Internal quality control monitoring
- Unusual Occurrence Reports
- Regulatory survey results
- Staff/patient satisfaction
- Environment of Care data
- Infection Control data

The following risk areas were identified as priority areas for 2009-2010:

- Patient Meal Delivery Service
- Safe Food Handling
- Infection Control
- Staff Education and Training
- Clinical Nutrition

Selection of Performance Measures/Indicators

Based on the priority areas from the risk assessment, at least one performance measure is selected from each area. For 2009-2010, the performance measures are:

Patient Meal Delivery Service:

By March 31, 2010, Food and Nutrition Services will ensure that 95% of all late tray orders will be delivered within 30 minutes. Food Service staff will document tray order time and delivery time and report to supervisors. Supervisors will investigate all instances where standard is not met and take corrective action steps where indicated.

Safe Food Handling: Safe and effective food handling (blast chilling – time and temperature study)

By March 30, 2010, 100% of patient menu items prepared using blast chilling will achieve the target 40 degrees temperature within the 2 hour prescribed timeframe. Cooks will review all blast chiller print outs after each cycle and report variances beyond the expected timeframe to chef or other supervisor directly. The chef/supervisor will investigate all instances where standard is not met and take corrective action steps where indicated.

Infection Control: Cleaning schedule and checklist-

By March 31, 2010, Food and Nutrition Services will verify 100% completion of daily sanitation processes for trayline area and equipment through validation of Sanitation Schedule and Checklist to ensure food services surfaces and equipment are clean and sanitary. The Food Services workers will be responsible for documenting completion of each task. The supervisor will review the sheet daily and take corrective action steps (e.g. reassign cleaning task) as necessary.

Staff Education and Training: Continuing Education

By June 30, 2010, Food and Nutrition Services will verify 100% staff knowledge retention for sanitation cleaning inservices through the use of quizzes, return demonstration, observation, etc. Using the identified assessment process, Food Service supervisors will verify that all staff can demonstrate competency of the skills/knowledge imparted. Supervisors will document instances where standard is not met and take corrective action steps where indicated. This initiative will fold directly into the annual performance review and new staff orientation process.

Clinical Nutrition: Following MD orders-

By March 30, 2010, there will be 100% consistency among physician diet orders in the medical record, LCR Diet orders, and CBORD Diet orders. Monitoring will include 5 random charts reviewed weekly in each service level (Critical Care, Med/Surg, 4A SNF, and acute Psychiatry) x 1 month, then 10 random charts reviewed hospital-wide monthly. Chart reviews to be conducted by RDs and Chief Dietitian, who will then report findings in real time to Nurse Manager or designee. Hospital wide data reporting to QM, Nutrition Subcommittee, and ALCC

Clinical Nutrition: Physician Acknowledgement of Clinical Dietitian recommendations-

By April 30, 2010, physician acknowledgement of clinical dietitians' recommendations will improve to 90%, in the Intensive Care Units. In collaboration with Quality Management, Dietitians will perform daily audits of stickers for MD completion and follow through for one month. Findings will be reported to ALCC.

Clinical Nutrition: High Aspiration Risk project-

By April 30, 2010, 100% of patients with high aspiration risk will receive trays for each meal consistent with his/her prescribed diet. Food Service workers will retain and submit to food service supervisor tray tickets for all undelivered high aspiration risk trays. Supervisors will investigate all instances in conjunction with the nursing unit in question and take corrective action steps where indicated.

Use & Frequency of Data Collection

Performance monitoring and improvement activities are data driven. Each performance measure includes criteria and time frame for data collection, data analysis and actions taken to improve the process as a result of the analysis.

Data will be collected at least monthly and inputted into Performance Logic.

Regular monitoring of food service equipment and processes also involves collection of data as part of an ongoing quality control process.

Approval & Reporting

Food and Nutrition Services quality improvement activities are approved and reported annually to the hospital Quality Council and the Joint Conference Committee (JCC), SFGH's governing body.

Clinical Nutrition quality improvement activities are reported annually to the hospital Quality Council, the hospital Performance Improvement and Patient Safety Committee and the JCC.