



INTRODUCTION

Many certified dietary managers (CDMs)* oversee the foodservice operation in hospitals and long-term care in collaboration with the registered dietitian (RD). This includes developing and implementing effective policies, procedures, staff training, staff monitoring, and QAPI (Quality Assurance and Performance Improvement) initiatives. Federal requirements—or F-tags—directly pertain to directors of food service and their role in improving quality.

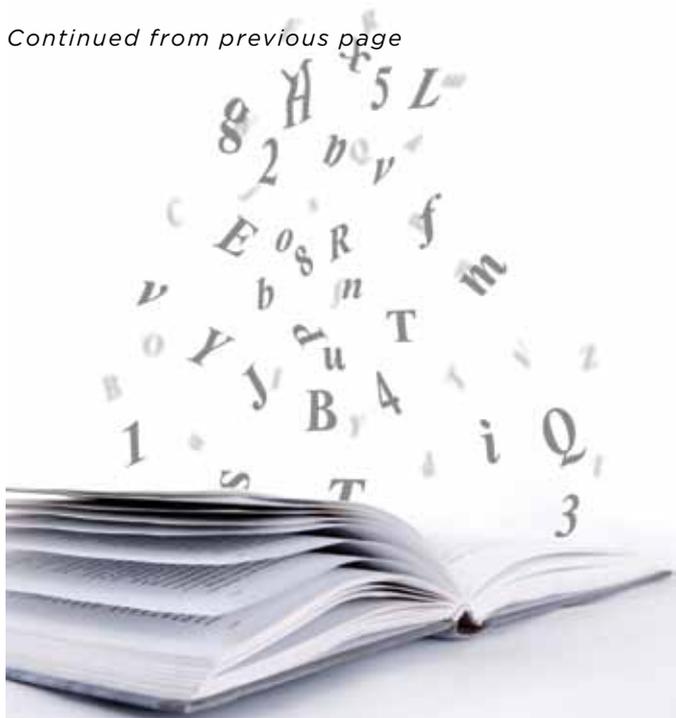
Regulations require QAPI improvement projects in each department, and representation by each department on a QAPI Committee. The CDM often represents the nutrition and foodservice department on this committee. Currently there is a broad mandate that impacts the quality of life of patients/residents. Within this mandate, the provision of quality care in a patient/resident-centered environment includes optimiz-

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The Role of the **CDM** in Quality Assurance and Performance Improvement

*Association of Nutrition & Foodservice
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ing the most practicable level in such areas as patient/resident functioning, addressing nutritional needs, food safety, and maintaining choice and dignity. All patient/resident policies aimed at providing care fall into this purview, consistent with federal regulations. The CDM's role in promoting quality in both hospitals and long-term care facilities is the focus of this Position Paper.

BACKGROUND

The Association of Nutrition & Foodservice Professionals (ANFP) supports previous and new Centers for Medicare & Medicaid Services (CMS) mandates for QAPI in hospitals and long-term care (LTC) settings. It welcomes clear language and guidance within the State Operations Manual (SOM)² to sustain performance improvement, reflect a stronger Interdisciplinary Team (IDT), and direct staff leadership roles in QAPI. It supports a strong leadership role for the CDM in participating on QAPI Committees to improve quality of care and life within these healthcare facilities. The CDM works collaboratively with the medical director, administrator, director of nursing, and other health professionals. The CDM should invite the medical director and IDT to assist in developing patient/resident QAPI projects related to dietary services and nutrition care.

Alice Bonner, PhD, RN, CMS Director of the Division of Nursing Homes Survey and Certification Group for LTC Surveys, discussed QAPI at the annual Medical Director's Conference, March 9, 2012, and stated, "Be prepared for a fundamental change in how the federal government ensures quality care for nursing home residents..." Dr. Bonner made it clear her agency is taking the new quality approach seriously. This is "not an add-on [program], not a flavor of the month," she said. "This has to be a way of providing care."⁷

CMS Encourages Studying Many QAPI Approaches and Quality Leaders

Quality leader W. Edwards Deming outlined six essential theories in his System of Profound Knowledge, which includes: appreciation for a system, knowledge about variation (statistics), theory of knowledge, and psychology (of individuals, groups, society, and change). His knowledge system consists of four interrelated parts: Theory of Optimization, Theory of Variation, Theory of Knowledge, and Theory of Psychology.

Deming said, "Long-term commitment to new learning and new philosophy is required of any management that seeks transformation. The timid and the fainthearted, and people that expect quick results, are doomed to disappointment."

NEW CMS QAPI PLAN IN LTC:

Five Elements

Following are the five elements in CMS's QAPI plan for long-term care.

Element 1: Design and Scope. A QAPI program must be ongoing and comprehensive, dealing with the full range of services offered by the facility, including the full range of departments. When fully implemented, the program should address clinical care, quality of life, resident choice, and care transitions. It aims for safety and high quality with all clinical interventions while emphasizing autonomy and choice in daily life for residents (or resident's agents). It utilizes the best available evidence to define and measure goals. Nursing homes will have in place a written QAPI plan adhering to these principles.

Element 2: Governance and Leadership. The governing body and/or administration of the nursing home develops and leads a QAPI program that involves leadership working with input from facility staff, as well as from residents and their families and/or representatives. The governing body assures the QAPI program is adequately resourced to conduct its work. This includes designating one or more persons to be accountable for QAPI; developing leadership and facility-wide training on QAPI; and ensuring staff time, equipment, and technical training as needed for QAPI. They are responsible for establishing policies to sustain the program despite changes in personnel and turnover. The governing body and executive leadership are also responsible for setting priorities for the QAPI program and building on the principles identified in the design and scope. The governing body and executive leadership are also responsible for setting expectations around safety, quality, rights, choice, and respect by balancing both a culture of safety and

a culture of resident-centered rights and choice. The governing body ensures that while staff is held accountable, there exists an atmosphere in which employees are not punished for errors and do not fear retaliation for reporting quality concerns.

Element 3: Feedback, Data Systems, and Monitoring. The facility puts in place systems to monitor care and services, drawing data from multiple sources. Feedback systems actively incorporate input from staff, residents, families, and others as appropriate. This element includes using Performance Indicators to monitor a wide range of care processes and outcomes, and reviewing findings against benchmarks and/or targets the facility has established for performance. It also includes tracking, investigating, and monitoring Adverse Events that must be investigated every time they occur, and action plans implemented to prevent recurrences.

Element 4: Performance Improvement Projects (PIPs). The facility conducts Performance Improvement Projects (PIPs) to examine and improve care or services in areas that are identified as needing attention. A PIP project typically is a concentrated effort on a particular problem in one area of the facility or facility wide; it involves gathering information systematically to clarify issues or problems, and intervening for improvements. PIPs are selected in areas important and meaningful for the specific type and scope of services unique to each facility.

Element 5: Systematic Analysis and Systemic Action. The facility uses a systematic approach to determine when in-depth analysis is needed to fully understand the problem, its causes, and implications of a change. The facility uses a thorough and highly organized/structured approach to determine whether and how identified problems may be caused or exacerbated by the way care and services are organized or delivered. Additionally, facilities will be expected to develop policies and procedures and demonstrate proficiency in the use of Root Cause Analysis. Systemic Actions look comprehensively across all involved systems to prevent future events and promote sustained improvement. This element includes a focus on continual learning and continuous improvement.

Access this info at <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/downloads/fiveelementsqapi.pdf>

THE MINIMUM DATA SET AS A TOOL FOR ASSESSING QUALITY IN LTC

Since the first published Institute of Medicine (IOM) study in 1986, quality of care in nursing homes has had a federal regulatory focus. The 1986 IOM study *Improving the Quality of Care in Nursing Homes*³ spawned the Omnibus Budget Reconciliation Act (OBRA) '87, which reformed nursing home regulations. In July 1995, OBRA enforcement regulations became effective and with this came changes to the long-term care

industry—all focused on improving quality of life and care. Included in these regulations were provisions for oversight of clinical care by a designated physician appointed to serve as the facility medical director. Other provisions included definitions of residents' rights, including the right to be free from chemical and physical restraints, and the requirement for a standardized assessment tool for monitoring outcomes of care processes in the nursing home. Subsequent studies have shown these regulations were effective in making improvements in care, but issues relating to quality remain.

The OBRA regulations called for a standardized assessment tool for monitoring residents in nursing facilities. The purpose was to follow outcomes and provide guidance to providers for resident assessment and early intervention to improve individual outcomes. As of October 1, 2010, the Resident Assessment Instrument is in three parts: the Minimum Data Set (MDS), the Care Area Assessments (CAA), and ultimately the care plan.

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Centers for Medicare & Medicaid Services (CMS)—QAPI Response to Patient Protection and Affordable Care Act (PPACA) of 2010

- The PPACA has a continued focus on QAPI. Section 6102 of the law calls for establishing standards related specifically to QAPI in nursing and skilled nursing facilities.
- CMS has reviewed existing tools and developed new ones to help nursing homes implement and manage QAPI processes.
- CMS has issued Five Elements for a QAPI Plan in LTC.
- CMS has developed and launched a demonstration project in 17 homes across four states to test implementation strategies and effectiveness of the QAPI project tools, resources, and provided technical assistance.
- CMS has developed learning collaboratives based on the IHI (Institute for Healthcare Improvement) model (www.ihl.org), which support and reinforce learning by the demonstration homes.
- CMS has announced a QAPI Resource Library, available end of summer 2012.
- CMS has announced a new QAPI Tag in long-term care, anticipated in 2013, which may add to the extent, methods, or authority of the QAPI Committee.

Federal Regulations and Surveyor Interpretive Guidance for QAPI and Related Dietary Tags²

General Acute Care Hospital A-Tags:

- A-263-277 Condition of Participation and Tags: QAPI
- A-618-631 Condition of Participation and Tags: Food and Dietetic Services (A-620 Director of the Food and Dietetic Services With Responsibilities for QAPI)
- A-749 Infection Control

LTC/Skilled Nursing Facilities F-Tags:

- F-Tag 325 Maintaining Nutrition
NOTE: Other tags for hydration, tube feeding, dining assistance, etc.
- F-Tag 360-372 Dietary Services (F-Tag 361 Staffing, Director of Food Services Collaborates With Dietitian)
- F-Tag 441 Infection Control
- F-Tag 501 Role of Medical Director
- F-Tag 520 Quality Assessment and Assurance

The MDS has evolved to become a valuable collecting tool for data. Information gathered from the MDS is now used for Medicare and Medicaid reimbursement, as indicators for quality, and for research on the elderly and long-term care. Gathering the data for the MDS for Section K: Choking and Swallowing Data, Nutrition, and Hydration sections is often the responsibility of the CDM as a member of the IDT. Knowledge regarding the MDS is important for the IDT of each facility, as data driving facility quality measures and indicators are derived from this tool.

QUALITY INDICATOR SURVEY (QIS):

Using Data to Assess Quality in LTC

The Quality Indicator Survey⁴ process has become another powerful tool for enforcing standards and improvement in long-term care quality. The survey process is not perfect, but changes to the system are ongoing. In fall 2005, the Quality Indicator Survey process was started to help standardize how the survey process measures nursing facility compliance with federal standards. CMS describes the QIS as “an automated process that guides surveyors through a structured investigation intended to allow surveyors to systematically and objectively review all regulatory areas, and subsequently focus on selected areas for further review.”

This revised survey process is more data driven than the traditional survey process. The data is derived from the facility residents’ MDS. Internal quality indicators are calculated by the QIS program that evaluates quality of life and care. The QIS survey process is being introduced to three or four states each year. Even CDMs in states which are still using the traditional survey process can benefit from using the QIS Surveyor Task Forms for self evaluation and determining PIP (Performance Improvement Projects), especially in high risk/high volume activities. These QIS Task Forms or “transparency” of providing the Provider side with the detailed surveyor tasks, reviews, and

interview questions cannot be overstated. CDMs should access and value these tools for providing quality care and preparing for survey compliance.

QUALITY INDICATORS FOR LTC

The traditional survey process is still being used in many states. This process is dependent on the Standard Operations Manual (SOM). In July 1999, CMS revised the SOM to include a new format for evaluating long-term care performance. Revisions included utilization of 24 indicators developed by the Center for Health Services Research in Wisconsin (CHSR). The indicators are derived from the MDS and are specific for each nursing facility. These indicators allow the survey team and individual facilities to review facility data and performance on these indicators and then compare a particular individual facility’s performance with other facilities in the state.

Soon after the indicators were in place, CMS launched the Nursing Home Quality Initiative (NHQI). As part of the initiative, quality measures were introduced for public reporting. These measures are derived from facility MDS data. The purpose of the NHQI is to drive quality upwards by introducing consumer awareness and competition for consumer dollars among facilities.

CMS’ NHQI data is available for both the survey process and to consumers of long-term care services through CMS’ Five-Star Rating System.⁵ Quality measures are weighted along with nursing staffing patterns and facility health department surveys over the past five years. A facility is then assigned a star rating with five stars considered excellent; four stars above average; and three stars average. Facilities involved in the rating are compared with other facilities within the individual state. The CDM contributes as part of the IDT to ensure these quality measures and a high star rating.

CONCLUDING REMARKS

ANFP has risen to be an effective voice for all Directors of Food Service in hospitals and long-term care. Through its standardized educational curriculum and certification process for CDMs, ANFP has sought to improve quality care in dietary services. ANFP also continues to develop tools, practice standards, and position papers to assist members with improving and maintaining quality in healthcare facilities. ANFP encourages CDMs to continue their learning by accessing and applying the many resources available for QAPI (in Dietary Services). The CDM seeks to incorporate industry standards; eg. as in the national standard for food safety in current Food Code⁸ and patient/resident rights and choice in New Dining Practice Standards.⁹ The CDM helps the facility IDT ensure a system is “doable” and in place for monitoring the performance of dietary staff and related

healthcare staff (such as in nutrition, safe food handling and holding activities, and in dining rooms). The CDM learns and develops systematic analysis of department data that results in “systemic action” toward better quality.

CDMs have an essential role in promoting quality and performance improvement within their healthcare facility. As the technical expert or leader in the formal quality assurance program, a CDM has the opportunity to participate and support the importance of the overall process. Independent of the regulatory requirement, staff education and buy-in for quality assurance is fundamental for improving and maintaining quality of care in healthcare facilities. CDMs are specifically encouraged to accept the challenge of CMS: Try new QAPI tools posted by CMS and with their Quality Committee provide feedback.

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Task Statements: CDM Collaborates With Dietitian to Have All Dietary Staff Participate in QAPI

1. CDM selects dietary front line staff (chefs, cooks, diet aides, dishwashers, storeroom staff, and nutrition hosts) to be empowered as Performance Leaders (PLs). Front Line PLs are given meaningful ownership to work with the CDM in revising dietary policies, training staff, monitoring staff, and identifying PIPs (Performance Improvement Projects).
2. CDM works with Front Line PLs to eliminate any current management practices that caused anxiety, lack of trust, blame, and self-protective behaviors and barriers among dietary workers: “This does not make sense,” “We don’t have the money or time for this change,” “We have always done it this way and did not get a deficiency citation.”
3. CDM works with Front Line PLs to create a positive and satisfying work environment based on trust, teamwork, problem solving, and shared accountability.
4. CDM works with Front Line PLs to brainstorm on staff retention by asking: “What do we, as an organization, really care about?” “What are we willing and able to deliver to our patients/residents?” “Why do we stay?” and “What keeps us going?”
5. CDM works with Front Line PLs to have dietary staff experience pride in their work, where everyone is involved and committed to continuous improvement, where people freely help each other to achieve goals, and enjoy their work during the process.
6. CDM improves organizational effectiveness by using Root Cause Analysis and by facilitating the exchange of information and coordination of staff practices, where dietary staff feel appreciated, their opinions are solicited, and action follows their concerns and suggestions.
7. CDM and Front Line PLs are organizational energizers who see new possibilities and are open to change. They help dietary staff develop confidence that they can solve problems themselves, and they need little or no supervision.
8. CDM does not work in silos, but coordinates facility-wide QAPI with IDT in collaborative areas, such as Maintaining Nutrition and Infection Control.
9. CDM encourages active staff participation in changing the QAPI approaches from old, retrospective, “problem to solution” approaches to proactive, preventative “forward looking” approaches.
10. CDM continues to seek information in order to implement the best practices and recognized standards of practice for QAPI while promoting job enjoyment, satisfaction, and a quality environment for nutrition and foodservice staff.

CDMs in hospitals may find valuable information in the new Five Elements of CMS mandate for QAPI in LTC. The QIS Surveyor Task Forms of the new LTC survey process may be helpful, such as the Kitchen Observation, Dining Observation (in Acute Rehab or TCU), Nutrition, Hydration, Tube Feeding, and Pressure Ulcers. Staff in LTC is encouraged by CMS to review and learn from valuable information at www.ihl.org and QualityNet collaborations with hospitals and CMS. It is ANFP's position that CDMs study quality improvement models of other levels of care and apply proven techniques.

Quoting the new CMS mandated QAPI, Fifth Element, "Systemic Actions look comprehensively across all involved systems to prevent future events and promote sustained im-

provement. This element includes a focus on continual learning and continuous improvement." A committed CDM can have a significant positive impact on facility culture and sense of staff professionalism, which in turn directly influences the quality of all services provided to patients/residents and families—a bottom line benefit. ☺

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To view the reference list or a PDF copy of this Position Paper, visit www.ANFPonline.org. Click the Resources & News tab on the left, then click Position Papers.

CMS Resources for Quality Assurance and Performance Improvement

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/QAPI.html>

Rollout of Prototype Tools on CMS' QAPI Webpage:

In late summer 2012, CMS will post early prototypes of some of the tools and resources it has been developing. This will be an opportunity for nursing homes to try out these tools and provide feedback. The tools will be posted in links...for easy downloading.

CMS Collaborative:

www.ihl.org

The Institute for Healthcare Improvement (IHI) believes that everyone deserves safe and effective health care, and has been working with healthcare providers and leaders throughout the world to fulfill that promise. An independent not-for profit organization based in Cambridge, Massachusetts, IHI focuses on motivating and building the will for change; identifying and testing new models of care in partnership with both patients and healthcare professionals; and ensuring the broadest possible adoption of best practices and effective innovations...The Plan-Do-Study-Act (PDSA) Worksheet is a useful tool for documenting a test of change. The PDSA cycle is shorthand for testing a change by developing a plan to test the change (Plan), carrying out the test (Do), observing and learning from the consequences (Study), and determining what modifications should be made to the test (Act). <http://www.ihl.org/knowledge/Pages/Tools/PlanDoStudyActWorksheet.aspx>

<http://www.ihl.org/knowledge/Pages/IHIWhitePapers/>

QualityNet:

<http://qualitynet.org/>

Established by the Centers for Medicare & Medicaid Services (CMS), QualityNet provides healthcare quality improvement news, resources and data reporting tools and applications used by healthcare providers and others. (It's mainly hospital based, with excellent information shared.)

Advancing Excellence:

<http://www.nhqualitycampaign.org/>

The Advancing Excellence in America's Nursing Homes Campaign is a major initiative of the Advancing Excellence in Long-Term Care Collaborative. The Collaborative assists all stakeholders of long-term care supports and services to achieve the highest practicable level of physical, mental, and psychosocial well-being for all individuals receiving long-term care services.

(CDMs should challenge their nursing home to join this campaign and strive for the Gold Quality Award.)

Agency for Healthcare Research and Quality:

<http://www.ahrq.gov/>

The Agency for Healthcare Research and Quality's (AHRQ) mission is to improve the quality, safety, efficiency, and effectiveness of health care for all Americans. Information from AHRQ's research helps people make more informed decisions and improve the quality of healthcare services.