


Name of Policy: Performance Improvement Monitoring Policy Number: 3364-104-501 Approving Officer: Chief Executive Officer Responsible Agent: Food & Nutrition Management Scope: University of Toledo Medical Center, Food & Nutrition Services, Clinical Nutrition		 Effective date: Original effective date: 8/2002	
Key words: Performance, Improvement, Nutrition, Experience, Food			
	New policy proposal	<u>X</u>	Minor/technical revision of existing policy
	Major revision of existing policy		Reaffirmation of existing policy

(A) Policy statement

~~It is the policy of the~~ Food and Nutrition Services (FANS) ~~to have~~ has a planned and systematic approach to designing, measuring, assessing, and improving its performance. As food is an integral part of the overall patient experience, quality metrics are monitored using standardized survey tools which capture patient feedback. Data is collected to measure performance in meeting patient's needs, expectations, and satisfaction. When appropriate, the activities for improving organizational performance are carried out collaboratively with other department(s)/service(s) and disciplines involved.

(B) Purpose of policy

To improve the patient experience metrics relating to Food and Nutrition Services. ~~To and~~ provide a framework for designing and improving all the important functions related to food services.

(C) Procedure

- (1) Patient surveys are completed by contracted patient experience vendor.
 - (a) Performance data is reviewed and shared by the Director, Chief Clinical Dietitian, and/or Customer Services Manager
 - (b) Data is communicated to staff in huddle sheets and/or email. No direct patient information is to be shared.
 - (c) Action plans are developed by departmental management team and shared with staff.
 - (d) The department director and clinical nutrition manager are responsible for carrying out the department's performance improvement activities.
- (2) QAPI to include key performance indicators. Tracking of improvement must be charted via our Press Ganey data in the Press Ganey portal. Key improvements must be recorded and communicated to senior leadership in the following categories in the appropriate

- domain, ~~Domains are as follows—~~ Quality of food, Temperature of food and Courtesy of person delivering the food.
- (3) Department to follow and develop hourly employees as it pertains to department improvement initiatives, including but not limited to:
 - (a) Use of two patient identifiers
 - (b) Proper hand washing techniques
 - (c) Respecting the patient's privacy while conducting services
 - (d) Presenting a professional, courteous demeanor in all interactions
 - (e) Handling complaints diplomatically and in accordance with UTMC conduct expectations
 - (4) The department director, clinical nutrition manager, food service supervisors, and clinical dietitians will be responsible for determining the priority areas for improvement, as well as stable processes for continual monitoring, in each of their respective areas.
 - (5) Indicators will be developed to measure and assess these identified areas. Responsibility for monitoring will be assigned. As appropriate, an interdisciplinary team will be formed to address processes requiring input from other disciplines and services.
 - (6) FANS staff may complete patient rounds in order to get immediate feedback on meal service and proactively correct any potential problems. This includes:
 - (a) Calling from the diet office or knocking on the door and requesting permission to enter the room
 - (b) Asking the patient for permission to ask feedback on overall experience
 - (c) Respecting the patient's privacy while conducting rounds
 - (d) Present yourselves professionally, and in a courteous manner, and handle complaints diplomatically.
 - (e) Honor special requests by patients, administration, Food and Nutrition staff, medical and nursing staff, etc., as soon as possible.
 - (f) Communicate any pertinent information obtained to the appropriate personnel, while maintaining patient confidentiality.
 - (7) Performance improvement initiatives are also developed in partnership with the Infection Prevention department, including bi-annual department surveys to ensure compliance with Joint Commission and Ohio Department of Health guidelines.
 - (a) The outcome of all local health inspections along with action steps to immediately correct items not in compliance with local health department regulation are reported to senior leadership and Infection Prevention.

<p>Approved by:</p> <hr/> <p>Daniel Barbee Chief Executive Officer</p> <hr/> <p>Date</p> <hr/> <p>Joshua Krupinski Director, Food & Nutrition</p> <hr/> <p>Date</p> <p><i>Review/Revision Completed by:</i> <i>Director, Food & Nutrition</i></p>	<p>Policies Superseded by This Policy: None</p> <p>Initial effective date: 8/2002</p> <p>All Review/Revision Dates:</p> <p>6/05</p> <p>6/2/2008</p> <p>7/1/2011</p> <p>7/1/2014</p> <p>3/3/2017</p> <p>4/23/2019</p> <p>5/3/2022</p> <p>Next review date:</p>
--	---