

Name of Policy:	<u>Performance improvement monitoring</u>	
Policy Number:	3364-104-501	
Department:	Food & Nutrition	
Approving Officer:	Director, Food & Nutrition	
Responsible Agent:	Food & Nutrition Management Clinical Nutrition Personnel	
Scope:	Food/Clinical Nutrition Services	
		Effective Date: 6/1/2022 Initial Effective Date: 8/2002
<input type="checkbox"/> New policy proposal <input type="checkbox"/> Minor/technical revision of existing policy <input checked="" type="checkbox"/> Major revision of existing policy <input type="checkbox"/> Reaffirmation of existing policy		

(A) Policy Statement

It is the policy of the Food and Nutrition Services (FANS) to have 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 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.
 - Performance data is reviewed and shared by the Director, Chief Clinical Dietitian, and/or Customer Services Manager
 - Data is communicated to staff in huddle sheets and/or email. No direct patient information is to be shared.
 - Action plans are developed by departmental management team and shared with staff.
 - 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:
 - Use of two patient identifiers
 - Proper hand washing techniques
 - Respecting the patient's privacy while conducting services
 - Presenting a professional, courteous demeanor in all interactions
 - 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.

