

Food and Nutrition Services

Introduction

- Effective management of the Food Services Department requires knowledge and understanding of TJC standards and CMS Regulations and Interpretive Guidelines for Hospitals (Appendix A).
 - The CMS CoPs are organized by hospital departments, e.g., Food and Dietetic Services or Surgical Services.
 - Applicable TJC requirements for Food Services are scattered throughout the Hospital Accreditation Standards.

Organization and Staffing

§482.28 Food and Dietetic Services

- Organized dietary services
 - Directed and staffed by adequately qualified personnel
 - May use contracted food management company if:
 - Dietician serves the hospital on a full-time, part-time, or consultant basis
 - Company maintains at least the minimum standards specified in the CoPs
 - Company provides for constant liaison with the Medical Staff for recommendations on dietetic policies affecting patient treatment

§482.28(a)(1) Managing Food and Dietetic Services

- Full-time employee:
 - Serves as director of the food and dietetic services
 - Approves and maintains polices and procedures
 - Is responsible for daily management of the dietary services
 - Is qualified by experience or training
 - Demonstrated through education, experience, or specialized training
 - Qualifications necessary to manage the service
 - Appropriate to the scope of services

§482.28(a)(2) Qualified Dietician

- Full-time, part-time, or on a consulting basis
- Supervises nutritional aspects of care
 - Approves patient menus and nutritional supplements
 - Provides patient, family, and caretaker nutritional counseling
 - Performs and documents nutritional assessments
 - Evaluates patient tolerance of therapeutic diets when appropriate
 - Collaborates with other services to plan and implement patient care to meet nutritional needs
 - Maintains patient data to recommend, prescribe, or modify therapeutic diets

§482.28(a)(2) Qualified Dietician

- Qualification determined on basis of:
 - Education, experience
 - Specialized training
 - State licensure or registration
 - Maintaining professional standards of practice

§482.28(a)(2) Qualified Dietician

- If not available full-time, must provide for:
 - Dietary consultation that meets needs of patients
 - Frequency of consultation depends on:
 - Total number of patients
 - Their nutritional needs
 - Number of patients requiring therapeutic diets or supplementation

§482.28(a)(3) Staffing

- Adequate administrative and technical personnel
- Personnel who are competent in their duties
- Documentation in personnel files that reflects competency (competency assessment)

HR.01.02.01 Staff Qualifications

- Hospital defines staff qualifications
- Specific to job responsibilities



HR.01.02.05 Verify Qualifications

- ④ • If law and regulation require licensure, certification, or registration, the hospital verifies these credentials with the primary source and documents the verification:
 - When hired
 - When credentials are renewed
- The same process applies if the hospital requires the certification.
- ④ • The hospital verifies and documents education and experience if required by job responsibilities.
- ④ • Comply with applicable health screening as required by law or hospital policy.


HR.01.02.05 Criminal Background Checks

- ④ • Background checks are verified when required by law, regulation, or organization policy.
- If state law, regulation, or organization policy requires background checks on all employees, volunteers, and students, TJC expects them to be done.
- If checks are required for only a subset of staff, TJC expects them for those staff.
- If state law delineates terms such as "all employees," hospital policy should define the category.


HR.01.02.07 Staff Function

- All staff who provide care, treatment and services possess a current license, registration or certification as required. 
 - Cross-link to PDA02, CON02
- Staff members practice within their scope of practice. 
- Staff members oversee the supervision of students when they provide patient care, treatment, and services.

HR.01.06.01 Competency Assessment

- Define competencies.
- Use assessment methods to determine competence.
 - Test taking
 - Return demonstration
 - Use of simulation
-  An individual with the educational background, experience, or knowledge related to the skills being reviewed assesses competence.

HR.01.06.01 Competency Assessment

- Staff competency assessment occurs:
 - ① – Initially; documented as part of orientation
 - ② – Every 3 years, or more frequently as required by policy or law and regulation
- The hospital takes action when a staff member's competence does not meet expectations. 

HR.01.07.01 Evaluate Performance

- Based on performance expectations that reflect job responsiveness
- Once every 3 years, or more frequently as required by policy, law, or regulation

§482.12(e) Contracted Services

- The Governing Body is responsible for all services whether provided directly or through contract.
 - Assure services comply with all applicable COPs and standards.
 - Take action through QA/PI to assess services, identify quality problems, implement corrective actions, and ensure monitoring and sustainability of corrective or improvement activities.

§482.12(e)(1) Contracted Services

- Services contracted by the Governing Body are provided in a safe and effective manner.
 - Services are subject to QA/PI evaluations.
 - Services should be reflected in QA/PI plan.
 - Minutes reflect that every contracted service is evaluated.
 - Contractors must follow CoPs and related requirements.(It is the hospital's responsibility to see that it happens.)

§482.12(e)(2) Contracted Services

- The hospital must maintain a list of all contracted services, including the scope and nature of the services provided.


§482.12(e) Contracted Services

- It is the responsibility of the Governing Body to monitor all services, including all of those provided under contract.
 - Identify quality and performance problems.
 - Implement improvement activities or corrective action, as warranted.
 - Monitor sustainability of corrective or improvement activities.
 - Ensure that service is provided in a safe and effective manner.

LD.04.03.09 Contracted Services

- Standard applies only to care and services provided to patients.
- Medical Staff and clinical leaders advise while leaders approve.
- ① • The nature and scope of services is defined in writing.
- Leaders monitor contracted services by:
 - Establishing expectations for performance
 - Communicating expectations in writing to the contractor (may be part of the agreement or in addition to it)
 - Evaluating services in relation to expectations

LD.04.03.09
Contracted Services (cont.)

- Take steps when expectations are not met:
 - Increase monitoring.
 - Provide consultation or training to the contractor.
 - Renegotiate contract terms.
 - Apply defined penalties.
 - Terminate the contract.
- ① • When contracts are terminated, continuity of care is maintained. 

Monitoring Options

- Review of :
 - Accreditation or certification status
 - Documentation, including medical records or QA reports
 - Incident reports
 - Periodic reports submitted by the individual or hospital providing services under contractual agreement
 - Documentation, including medical records
 - Collection of data that address the efficacy of the contracted service
 - Performance reports based on indicators required in the contractual agreement
 - Patient satisfaction studies
 - Results of risk management activities
- Direct observation of the provision of care
- Input from staff and patient

Orientation and Ongoing Staff Education


HR.01.04.01 Orientation

- The organization determines key safety content or orientation (may include P&Ps associated with PC, EC, and IC).
- ④ • The hospital orients staff to key safety content before staff members provide care.
- ④ • As appropriate to job, includes:
 - Policies and procedures (including safety and infection control)
 - Job duties/responsibilities and those specific duties related to infection control and pain management
 - Cultural diversity and sensitivity
 - Rights and ethics training

HR.01.05.03 Ongoing Education and Training

- ④ • Staff participates in ongoing in-services to maintain or increase competency.
- ④ • Training occurs when job responsibilities or duties change.
- ④ • Ongoing in-services are appropriate to the needs of the population(s) served and comply with law and regulation.
- ④ • Staff participates in education and training that incorporate team communication, collaboration and coordination of care.
- ④ • Staff participate in education and training about need to report adverse events.
- ④ • Staff participate in education and training about fall prevention.

HR.01.05.03 Ongoing Education and Training

- ④ • Staff members participate in education and training that addresses how to identify:
 - Early warning signs of a change in a patient's condition.
 - How to respond to a deteriorating patient, including how and when to contact responsible clinicians.
- ④ • Education is provided to staff and LIPs who may request assistance and those who may respond to those requests. 

Common Competency Targets

- Food safety
 - Cooking
 - Serving
 - Holding/storage
- Equipment use
- Patient interaction (patient ID, serving)

Other Required Education

APR.09.02.01 Staff Reporting Concerns

- Educate staff, Medical Staff, and other individuals who provide care, that concerns about the safety or quality of care provided may be reported to The Joint Commission.
- The hospital informs its staff and Medical Staff that it will take no disciplinary or punitive action because of reporting.
- The hospital takes no disciplinary or punitive action against employees, physicians, or other individuals when they report.

IC.02.04.01 Flu Immunization

- Annual program offered to LIPs and staff
- Educate LIPs and staff about (at minimum):
 - Influenza vaccine
 - Non-vaccine control and prevention measures
 - Diagnosis, transmission, and impact of influenza

PC.02.02.13 End-of-Life Care

- Comfort and dignity are optimized during end-of-life care.
 - Applies everywhere, not just hospice
 - Interventions address patient/family comfort, psychosocial needs, emotional needs
 - Staff education on unique needs of dying patients and family/caregivers

LD.03.05.01 Change Management & PI

- Leaders provide resources for change management & PI:
 - Sufficient staff
 - Access to information
 - Training
- Management of change and PI support both safety and quality.
- Internal structures can adapt to change.
- Leaders evaluate effectiveness of management of change and PI.

LD.03.01.01 Culture of Safety

- Leaders foster a culture of respect and teamwork.
- Culture is regularly evaluated using valid and reliable tools.
- Staff members at all levels are involved in quality initiatives.
- Safety and quality education is provided for all staff members, as is access to literature regarding patient safety.

EM.02.02.07 Managing Staff

- The hospital prepares for how to manage staff in emergency situations.
 - Staff roles are defined in advance.
 - Staff members are oriented to assigned responsibilities.
 - Training prepares staff members to adjust to changes in volume, acuity, work procedures and conditions and response partners within and outside the hospital.

EM.02.02.07 Managing Staff

- Roles and responsibilities in an emergency situation are described for:
 - Communications
 - Resources and assets
 - Safety and security
 - Utilities
 - Patient management
- Process for assigning staff to all essential functions
- Training of staff for assigned roles

Providing Patient Care

PC.01.03.01 Planning Care

- Development of a nutritional plan for care based on needs identified through assessment/ reassessment process
- Written plan based on patient's goals, the timeframes, setting and services required to meet those goals
- Evaluation based on goals
- Revision based on changes in needs


§482.28(b) Screening Assessments

- Screening criteria are developed to identify patients at nutritional risk.
- If a patient is identified as being at altered nutritional status, a nutritional assessment is performed.
- A timeframe establishes expectation for completion of nutritional assessment.
- Patients are re-evaluated as necessary to ensure their ongoing nutritional needs are met.
- A timeframe establishes expectation for completion of nutritional reassessment.



At-Risk Categories

- Those who require nutritional assessment may include:
 - Patients requiring artificial nutrition (enteral, TPN, PPN)
 - Patients whose physical status interferes with their ability to ingest, digest, or absorb nutrients
 - Patients whose diagnosis or presenting signs/symptoms indicate a compromised nutritional status (e.g., anorexia nervosa, bulimia, dysphagia, malabsorption)
 - Patients whose medical condition can be adversely affected by their nutritional intake (e.g., diabetes, CHF, food-drug interactions)

PC.01.02.03 Assessment and Reassessment

- RN completes nursing assessment within 24 hours of inpatient admission 
 - LPNs role in nursing assessment
- Nutritional and functional screening completed within 24 hours after admission when warranted

PC.01.02.03 Assessment and Reassessment

- Ⓧ • Initial assessments are conducted within defined timeframes. 
- Reassessment occurs as necessary, based on plan of care or need. 

§482.28(b)(2) Nutritional Needs

- Nutritional needs are met in accordance with recognized dietary practices.
 - Recommended Dietary Allowances (RDA)
 - Dietary Reference Intake (DRI) of the Food and Nutrition Board of the National Research Council
- Updated as recommendations change (usually every five years)

§482.28(b)(1) Therapeutic Diets

- Prescribed by qualified practitioner or qualified dietician
- Documented in the medical record, including information about tolerance
- Evaluated for nutritional adequacy
- Dietitian may assess a patient's nutritional needs and provide recommendations or consultations for patients, but patient's diet must be prescribed by the practitioner responsible for the patient's care

PC.02.02.03 Nutritional Care

- The hospital makes food and nutrition products available.
 - The hospital assigns responsibility for the safe and accurate provision of food and nutrition products.
 - Food is prepared using proper sanitation, temperature, light, moisture, ventilation, and security.
 - Food provided is appropriate to care (special diets).
 - Cultural, religious, and ethnic preferences are honored when possible.
 - Substitutes of equal nutritional value are offered
 - Food is brought in and stored properly.
 - A therapeutic diet manual approved by the dietician and Medical Staff is current and available to all medical, nursing and nutritional service staff.

PC.02.01.03 Care as Ordered

- Care is provided as ordered or prescribed.
- Prior to providing care, orders for care are obtained (or renewed) from an LIP.
- Most recent orders are used for providing care.

RC.02.03.07 Verbal Orders

- Define in writing, which staff members are permitted to receive and record verbal orders.
- Verbal orders are authenticated within the timeframe.
 - Default is 48 hours if no state law
 - LIP responsible for patient's care may sign until 2012
- Authentication includes the time the verbal order was written.

RC.02.03.07 Receiving Verbal Orders

- Authentication
 - Time and date of order
 - Time and date of authentication
- Tips and tricks
 - Fax back signed orders
 - On-call schedule to allow for time to authenticate orders next AM prior to hand-off

PC.02.03.01 Education

- Patients receive education specific to needs.
 - Assess learning needs (includes cultural and religious beliefs, emotional barriers, desire to learn, physical/cognitive/communication barriers).
 - Education is provided as appropriate.
 - Coordinate education provided by all disciplines.
 - Educate on how to communicate safety concerns.
 - Evaluate understanding of the education and training.

PC.02.03.01 Education

- Specific education elements:
 - Explanation of plan for care
 - Basic health practices and safety
 - Safe, effective use of medications
 - Nutrition interventions, modified diets, or oral health
 - Pain and pain management
 - Oral health
 - Safe, effective use of medical equipment or supplies
 - Habilitation or rehabilitation techniques as appropriate
 - Fall reduction strategies

PC.02.03.01 Patient Discharge Education

- Written discharge instructions are given to the patient and/or patient's caregiver or family in a manner they can understand (e.g., special or modified diets).
- Note: Diet instructions for heart failure patients and anticoagulant therapy are required as an element of the National Quality Improvement Goals (TJC) and CMS Process of Care Measures.

PC.04.01.03 Discharge Plan

- Discharge planning begins early.
- Identify the needs for psychosocial or physical care, treatment, and services after discharge or transfer.
- The patient, family, LIPs, clinical psychologists, and staff involved in the patient's care, treatment, and services participate in planning the patient's discharge or transfer.
- Prior to discharge, the hospital arranges for ongoing care needs.
- Reassessment occurs according to the timeframes established.
- Reassessment includes a review of plans to determine if the discharge plans meet the needs of patients.

PC.04.01.05 Discharge Education

- Patients/families are educated about:
 - Discharge plan
 - Continuing care, treatment, and services the patient will need
 - Information about why they are being discharged or transferred
 - Information about alternatives to transfer
 - How to obtain any continuing care, treatment, and services needs
- Written discharge instructions are provided in a manner that the patient and/or the patient's family or caregiver can understand. (see also RI.01.01.03)

Patient Rights

§482.13(b)(2) Informed Decisions

- The patient or the patient's representative should receive adequate information, provided in a manner that the patient or the patient's representative can understand, to assure that the patient can effectively exercise the right to make informed decisions.

RI.01.01.03 Effective Communication

- Information provided in a manner tailored to patient's:
 - Age
 - Language
 - Ability to understand
- Communicates with patient who has vision, hearing, speech or cognitive impairment in manner that meets patient's needs

§482.13(a)(2) Grievance Resolution

- CMS definition of patient grievance:
 - Formal or informal, written or verbal complaint
 - Made to the hospital by a patient, or the patient's representative
 - Regarding
 - The patient's care (when the complaint is not resolved at the time of the complaint by staff present)
 - Abuse or neglect
 - Issues related to the hospital's compliance with the CMS Hospital Conditions of Participation (CoPs)
 - A Medicare beneficiary billing complaint related

§482.13(a)(2) Grievance Resolution

- The hospital must have a process for prompt resolution of patient grievances.
- The hospital inform each patient whom to contact to file a grievance.
- The Governing Body must approve and be responsible for the effective operation of the grievance process, and must review and resolve grievances, unless it delegates the responsibility in writing to a grievance committee.

§482.13(a)(2) Grievance Resolution

- The process must include a mechanism for timely referral of patient concerns regarding quality of care or premature discharge to the appropriate Utilization and Quality Control Quality Improvement Organization.
- The hospital must establish a clearly explained procedure for the submission of a patient's written or verbal grievance to the hospital.

§482.13(a)(2) Grievance Resolution

- The process must specify timeframes for review of the grievance and the provision of a response.
- The hospital must provide the patient with written notice of its decision containing:
 - The name of the hospital contact person
 - The steps taken on behalf of the patient to investigate the grievance
 - The results of the grievance process
 - The date of completion

RI.01.07.01 Complaints

- The hospital establishes complaint resolution process
- Informs patient/family about process
- Reviews and, when possible, resolves complaints
- Acknowledges receipt of complaint when immediate resolution not possible
- Provides phone number and address of relevant authority in order to file a complaint
- Allows complaints to be voiced without fear
- Provides written notice of complaint resolution
- Process completed within defined timeframes
- Process includes mechanism for timely referral of concerns regarding quality of care or premature discharge to QIO

Performance Improvement

PI.01.01.01 Data Collection

- The hospital collects data to monitor its performance.
 - Internal data
 - Staff and patients
 - Medical records
 - Observations
 - Quality control/risk management
 - External sources
 - Community
 - Insurers
 - The Joint Commission

PI.02.01.01 Data Analysis

- Data are compiled and analyzed.
 - Raw data compiled and transformed into useful information
 - Patterns or trends identified
 - Compared to external benchmarks, when appropriate

PI.03.01.01 Improve Performance

- Take action on improvement opportunities.
- Evaluate actions taken to confirm effectiveness.
- Take action when planned improvements are not achieved or sustained.

Safety

NPSG.01.01.01 Patient Identification

- Use two patient identifiers when administering medications, blood, or blood components; when collecting blood samples and other specimens for clinical testing; and when providing treatments or procedures.
- Two patient identifiers should be used when the patient requires a special diet. TJC advises that it may be easier to implement the practice of checking two identifiers prior to each tray delivery. If this is not routine practice, tray passers may forget to use for special diets.

NPSG.03.05.01 Anticoagulation Therapy

- Use authoritative resources to manage potential food and drug interactions.
- Written policy addresses baseline and ongoing laboratory tests required for therapy.

NPSG 07.01.01 Hand Hygiene

- Comply with current CDC or WHO hand hygiene guidelines.
- Organizations are required to comply with IA, IB, IC CDC recommendations.
- Set goals for improving compliance with hand hygiene guidelines.
- Improve compliance with hand hygiene guidelines based on established goals.

§482.41(c)(4) Lighting and Ventilation

- Proper ventilation, light, and temperature controls are present in pharmaceutical, food preparation, and other appropriate areas.
 - Areas using ethylene oxide, guteraldehydes, or other potentially hazardous substances
 - Locations where oxygen is transferred
 - Isolation rooms in compliance with Federal and state laws, OSHA, CDC, NIH
 - Pharmaceutical preparation areas
 - Laboratory locations

LS.02.01.35 Fire Extinguishing Systems

- 18" or more of open space maintained below sprinkler deflector to top of storage
- Travel distance to nearest fire extinguisher is 75 feet or less
- "K" Fire extinguishers within 30 feet of grease-producing cooking devices
- Exhaust hoods, exhaust ducts and grease-removal devices for grease-producing cooking devices

LS.02.01.35 Fire Extinguishing Systems

- Automatic fire extinguishing systems for grease-producing devices:
 - Activate the building fire alarm system
 - Deactivate the fuel source
 - Control the exhaust fans

LS.02.01.20 Egress

- Exits must be clear of obstructions or impediments to the public way.
 - Clutter
 - Equipment
 - Carts
 - Furniture
 - Construction material
 - Snow and ice

IC.02.01.01 Implementation

- Surveillance activities to identify, minimize, reduce, or eliminate infection risks
- Use of standard precautions and personal protective equipment (PPE) to reduce risk of infection
- Use of transmission-based precautions in response to suspected or known pathogens
- Investigation of outbreaks of infectious diseases
- Minimize risk when storing or disposing of infectious waste

Policies and Procedures

§482.28 Policies and Procedures

- Policies and procedures outline:
 - Availability of diet manual and therapeutic diet menus to meet patient needs
 - Frequency of meals served
 - System for diet ordering and patient trays delivery

§482.28 Policies and Procedures

- Policies and procedures outline:
 - Accommodation of non-routine occurrences (e.g., parenteral nutrition [tube feeding], total parenteral nutrition, peripheral parenteral nutrition, change in diet orders, early/late trays, nutritional supplements, etc.)
 - Integration of the food and dietetic service into the hospital-wide QA/PI and Infection Control programs

§482.28 Policies and Procedures

- Policies and procedures outline:
 - Guidelines for acceptable hygiene practices of food service personnel
 - Guidelines for kitchen sanitation
 - Safety practices for food handling
 - Emergency food supplies

§482.28 Policies and Procedures

- Policies and procedures outline:
 - Orientation, work assignments, supervision of work, and personnel performance
 - Menu planning, purchasing of foods and supplies, and retention of essential records (e.g., cost, menus, personnel, training records, QA/PI reports, etc.)
 - Service QA/PI program

Other Required Documentation

§482.28(b) Diets

- Current menus are posted in the kitchen.
- Menus are nutritionally balanced.
- Patients who refuse the food served should be offered substitutes that are of equal nutritional value to meet basic nutritional needs.

§482.28(b)(3) Diet Manual

- Approved by the dietician and Medical Staff
- Not more than five years old
- Diet manual available to all medical, nursing, and food service personnel
- Includes the different types of therapeutic diets routinely ordered
- Is consistently used as guidance for ordering and preparing patient diets

§482.24(c)(1) Medical Record Entries

- §482.24(c)(1)(i) All orders, including verbal orders are dated, timed, and signed.
 - CMS now requires a read-back and verification process.
- §482.24(c)(1)(ii) For a period of five years ending January 26, 2012, verbal orders may be signed by a practitioner other than the ordering practitioner who is caring for patient.
- §482.24(c)(1)(iii) Timeframe for authentication of verbal orders is determined by state law. In the absence of state law, verbal orders are authenticated ASAP, but no later than 48 hours after receipt of order.

§482.24(c)(1) Medical Record Entries

- All entries in the medical record must be:
 - Legible
 - Complete
 - Dated and timed
 - Authenticated in written or electronic form by the person responsible for providing or evaluating the service provided, consistent with hospital policies and procedures
- Dating and timing begins to apply when orders are received at the hospital at the time of service, not necessarily when they are written in the doctor's office and faxed.
- Once the hospital begins processing such an order or prescription, it is responsible for ensuring that the implementation of the order or prescription by the hospital is promptly dated and timed in the patient's medical record.

§482.24(c)(1)(i) Medical Record Entries

- All orders, including verbal orders must be:
 - Legible, complete, and “promptly” authenticated with signature, date, and time
 - “Promptly” defined as performed readily or immediately
 - Authentication may be written, electronic, or faxed
- Medical Records has a current list of authenticated signatures, written initials, or stamps if used for authentication of entries.
- The Governing Body has authorized computer or other code signatures.
- Written P&Ps contain a process for improper use of computer codes or stamps.

RC.01.02.01 Authentication

- The hospital defines types of entries made by non-LIPs that require countersignature.
 - Residents and medical students
 - NPs, PAs, CRNAs, CNM
 - Students
 - Include respiratory orders for all non-LIPs
- The author of each entry is identified.
- All entries are authenticated by the author.
- Stamps are used only by authenticated users.

RC.01.01.01 Complete and Accurate Records

- The hospital defines the components of a complete medical record.
- EPs form an itemized list that reflects CMS expectations.
- All entries, including orders, are dated.
- All entries in the medical record, including orders, are timed.
- The hospital tracks all components of the medical record.

Other Broadcasts

- TJC
 - Medication Management
 - Performance Improvement
 - Provision of Care, Treatment & Services
 - National Patient Safety Goals
 - Environment of Care
- CMS
 - Nursing Services
 - Medical Staff
 - Infection Control
- Departments
 - Compliance for Medical Staff
 - Pharmacy

Help!!



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