Step 4 Assessment: Quality Improvement for Meals

Date: _____/____/____ Staff Observer: _____

Meal: ____Breakfast ____Lunch ____Dinner

How many total residents are eating in the dining room? _____
Identify 5-10 residents who should receive feeding assistance. Observe them throughout the entire meal and record information below.

	1	2	3	4		5		6	7	8	
Resident Name	Physical Assist*	Verbal Instruction*	Social Stimula-tion*	Supplement Yes	Consumed	Assist Time >5 min	Assist Time <5 min	Total % Eaten	Medical Record Total % Eaten	Medical Record Assistance Provided	Comments
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QUALITY INDICATORS: See attachment for scoring rules, rationale, and training/service goals.

1. Total number of residents observed during meal. _____
2. How many residents ate less than 50% of the meal (column 6)? _____

2a. Of those who ate less than 50% (column 6), how many received more than 5 minutes of assistance from staff (column 5: >5)? _____

2b. Of those who ate less than 50% (column 6), how many had documentation of less than 60% eaten (column 7)? _____

3. How many residents received physical assistance (column 1)? _____

3a. Of those who received physical assistance (column 1), how many also received verbal instruction (column 2)? _____

4. How many residents received at least one episode of social stimulation (column 3)? _____
5. How many residents have medical record documentation that assistance was provided (column 8)? _____

5a. Of those who have documentation of assistance (column 8), how many were observed to receive assistance (column 5: >5)? _____

* Check if provided at least once during meal. Observational codes and instructions:

Physical Assistance/Physical Guidance	(e.g., Aide feeds resident or aide guides resident to feed self)
Verbal Instruction	(e.g., "Pick up your spoon and take a bite"; "Swallow")
Social Stimulation	(e.g., "Are you hungry?" "How are you today?" "How are you feeling?" "It's good to see you.")

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EVALUATE MEALTIME CARE WITH THESE SIX QUALITY INDICATORS

We present below the rules and rationale that guide the scoring of six QIs related to feeding assistance, all of them based on our previous work. The scoring rule for each QI reflects a liberal approach that maximizes the opportunity to "pass."

1. Proportion of residents eating in the dining room.

Score: No rule for this one; however…
Rationale: All residents should be encouraged to eat all of their meals in the dining room for several reasons. First, most residents say they prefer to eat their meals in the dining room. Second, presence in the dining room allows the staff to provide time-efficient feeding assistance to small groups of residents. And third, dining in a common room promotes social interaction among residents and staff, which in turn stimulates food and fluid intake.
Service/Training Goal: Ideally, all residents, excluding those who are bed-bound, tube-fed, or on hospice or palliative care, should eat all of their meals in the dining room. This includes breakfast and dinner, which are often served in residents' rooms. Supervisors should work with staff to identify ways to increase the number of residents who eat in the dining room, including using non-traditional staff to help transport residents and offering two seatings per meal period.

2. Staff ability to provide assistance to high-risk residents.

Scoring Rule: Score as "fail" residents who eat less than 50% of their food and receive less then five minutes of staff assistance during the meal.
Rationale: All residents with low intake who are responsive to the mealtime intervention should receive feeding assistance for 30 to 45 minutes in small groups of three from one staff member. Thus, if any observed resident receives less than five minutes of assistance, then feeding assistance is not being provided according to the protocol. Inadequate feeding assistance is particularly detrimental to residents who consistently eat less than 50% of each meal and thus are at especially high risk for weight loss and undernutrition.
Service/Training Goal: All nurse aides should provide adequate feeding assistance to all nutritionally at-risk residents.

3. Staff ability to accurately document clinically significant low food and fluid intake among residents.

Scoring Rule: Score as "fail" residents who eat less than 50% of their meal based on the supervisor's observations, but who are reported by nurse aides to have consumed 60% or more.
Rationale: While residents who consistently eat less than 75% of most meals meet the MDS criterion for low intake, recent evidence suggests that those who consistently eat less than 50% are at a significantly higher risk for weight loss. Thus, if staff document that a resident consumed more than 60% of a meal when, in fact, the resident ate less than 50%, they are likely failing to identify a clinically significant intake problem for that resident.
Service/Training Goal: All nurse aides should be trained to use the same guidelines to calculate residents' food and fluid intake. Note: before and after photographs of residents' meal trays serve as a helpful training tool for teaching staff how to conduct intake estimates. You don't need many photo-pairs for training; just a few will do.

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4. Staff ability to provide verbal instruction to residents who receive physical assistance at mealtimes.

Scoring Rule: Score as "fail" any resident who receives physical assistance from staff during the meal without also receiving at least one verbal prompt directed toward eating (e.g., "Why don't you try your soup?"). As a practical matter, this QI can be scored only for residents who eat meals in the dining room.
Rationale: Studies show that verbal prompting encourages residents to eat independently and to eat more. There is growing consensus that verbal prompting coupled with physical assistance helps define optimal feeding assistance. Moreover, recent research indicates that nursing home staff often provide excessive physical assistance to residents who could otherwise eat independently with just verbal prompting or encouragement. Even if a resident requires full physical assistance to eat, staff should minimally provide verbal notification ("let's try a bite of soup next, okay?"; "I'm going to give you a bite of soup next.").
Service/Training Goal: Ideally, all residents who receive physical assistance should also receive verbal instruction or notification from staff. Failure to provide verbal instruction or notification may reflect a language barrier or a need for staff education. Nurse aides, for example, may inappropriately assume that it is a waste of time to provide verbal instruction to residents with dementia.

5. Staff ability to provide social stimulation to all residents during meals.

Score: Score as "fail" any resident who does not receive at least one episode of social stimulation from staff during the meal.
Rationale: Studies show that social stimulation improves food and fluid intake; thus, staff should socially interact with all residents throughout the meal. Social interaction differs from verbal instruction in that it consists of simple statements that are not specifically directed toward eating, for example greeting a resident by name: "Hello, Mrs. Smith, it's good to see you today." As a practical matter, this QI can be scored only for residents who eat meals in the dining room.
Service/Training Goal: Ideally, all residents should receive at least one episode of social stimulation from staff during meals.

6. Staff ability to accurately document feeding assistance.

Score: Compare how nurse aides describe the provision of feeding assistance in residents' charts with the supervisor's recorded observations.
Rationale: This QI enables supervisors to evaluate the accuracy of medical record documentation of feeding assistance and identify strategies to prevent documentation errors.
Service/Training Goal: A discrepancy between how nurse aides and supervisors document both the type and duration of feeding assistance may point to the need for a standardized form for charting care delivery that is more specific than a simple checklist or documentation that feeding assistance was provided "as needed", neither of which are informative from a quality improvement perspective. Staff may also want to document reasons for not providing assistance (e.g., resident refused the meal or assistance).
Double-Duty Assessments: The six quality indicators described here are just a few examples of the QIs you can generate using the information you collect from this form. You can modify the QIs by altering definitions; for example, by re-defining the amount of feeding assistance deemed "acceptable" as 10 minutes, not five. You can also create brand new QIs; for example, you could identify the proportion of residents who are given an oral nutritional supplement but do not receive more than 15 minutes of assistance. Improvement efforts, in this case, would focus on making sure all these residents receive 15 or more minutes of feeding assistance prior to being given a supplement.