## Step 4 Assessment: Quality Improvement Between Meal Snacks

DATE	11	SNACK TIME:	ACTIVITY:
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			TOTAL %		Amount	Amount Type of		Amount of Assist	
RESIDENT NAME	TIME	Food Items Given	Eaten	Fluid Items Given	Consumed	ASSIST	LESS 1 min	MORE 1 min	
1					OZ				
2					OZ				
3					OZ				
4					OZ				
5					OZ				
6					OZ				
7					OZ				
8					OZ				
9					OZ				
10					OZ				

QUALITY INDICATORS:						
Use the information collected above to score these quality indicators and identify areas for improvement.						
1. How many targeted residents were offered something to eat (food items given)? Ideally, all should be offered food.						
2. How many targeted residents were offered something to drink (fluid items given)? Ideally, all should be offered fluids.						
3. How many targeted residents received at least one minute or more of individual staff attention? Ideally, all should receive >1 minute of assistance.	of					
3a. Of those who received staff attention (>1 minute), how many received verbal cueing or social stimulation? Ideally, all should.						
4. How many targeted residents have medical record documentation of snack consumption? Ideally, all should have such documentation	on.					
Compare medical record documentation of snack consumption to above data (food and fluid items given and consumed).						
5. How many have documentation that matches observation for percent of food consumed (food items given and consumed)?						
6. How many have documentation that matches observation for fluid consumed (fluid items given and ounces consumed)? All should.	d.					
"Codes for Type of Assist. Record all that apply.  None = N (no assistance provided) Physical = P (e.g., aide feeds resident) Physical Guidance = PG (e.g., aide guides resident to feed self)  Verbal = V (e.g., "Pick up your spoon and take a bite"; "Swallow") Social Stimulation = SI (e.g., "How are you today?"; "How are you feeling?")						