

LEARNING TO SELF SURVEY, APPLY QAPI PRINCIPLES, AND ENSURE FOOD SAFETY (F 371)

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Based upon CE Manual:

Dietary Services: Mastering Survey & Mastering QAPI

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OBJECTIVES- Participant will be able to:

- Evaluate effective Food Safety systems: Standards, staff training/competency, monitoring staff practices for weaknesses (Quality Assurance/Performance Improvement-- QAPI's Root Cause Analysis)
- Change from old QAA retrospective (problem to solution) approach to new QAPI “forward thinking”, preventative, pro-active, to Prevent Food Borne Illness (collaborating with Infection Control Officers)
- Empower & encourage ownership of Front line dietary staff in Competency Expectations and as Performance Leaders

DIFFERENCE BETWEEN OLD QA & NH NEW QAPI

- **AIM, POINT OF VIEW--**

Old QA: Retrospective — looking backward, PROBLEM TO SOLUTION

New QAPI: Proactive, Preventative — looking forward

- **SCOPE—**

Old QA: Silo approach, department oriented

New QAPI: Facility wide, cooperation, support

- **METHOD—**

Old QA: Audits to inspect if standards are met

New QAPI: Systematic data-driven to identify PI

DIFFERENCE BETWEEN OLD QA & NEW NH QAPI

- **FOCUS—**

Old QA: Mistakes, Finding outliers; solving problems

New QAPI: Improving processes and systems,
Considering the balance between quality of life and
quality of care outcomes

- **EMPLOYEE/LEADERSHIP—**

Old QA: Quality assurance coordinators and assigned
QA team; Very little direct involvement of senior
leaders

New QAPI: Expectation of all staff (Front Line Staff)
involved in PI, some as PI leaders, Residents as
Performance leaders

CMS: QAPI MANDATE: PERFORMANCE IMPROVEMENT & ROOT CAUSE ANALYSIS

- CMS: A bold initiative to broaden quality assurance and performance improvement activities (QAPI) in nursing homes
- Existing QAA provision (F 520) requires correction of identified quality deficiencies **BUT not the details as to the means and methods taken to implement the QAA regulations** or reinforcing the critical importance of **HOW** NH can establish and maintain accountability for QAPI processes in order to sustain quality of care and quality of life for NH residents
- <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-12-38.pdf>
- www.hcpro.com/LTC-264966-6935/CMS-releases-information-on-nursing-home-QAPI-initiatives.html
- **New from CMS: Mandated Five Elements for QAPI, New tag**
- <https://www.cms.gov/SurveyCertificationGenInfo/Downloads/fiveelementsqapi.pdf>

ELEMENT 1: DESIGN AND SCOPE

- *A QAPI program must be ongoing and comprehensive, dealing with the full range of services offered by the facility, **including the full range of departments**. When fully implemented, the program should address clinical care, quality of life, resident choice, and care transitions. It aims for **safety and high quality** with all clinical interventions while emphasizing autonomy and choice in daily life for residents (or resident's agents). **It utilizes the best available evidence to define and measure goals**. Nursing homes will have in place a written QAPI plan adhering to these principles.*

ELEMENT 2: GOVERNANCE AND LEADERSHIP

- *The governing body and/or administration of the nursing home develops and leads a QAPI program that involves leadership working with input from facility staff, as well as from residents and their families and/or representatives. The governing body assures the QAPI program is **adequately resourced** to conduct its work...and **ensuring staff time, equipment, and technical training** as needed for QAPI...setting priorities ...staff are **held accountable**, there exists an atmosphere in which staff are not punished for errors and do not fear retaliation for reporting quality concerns*

ELEMENT 3: FEEDBACK, DATA SYSTEMS AND MONITORING

- *The facility puts in place **systems to monitor care and services**, drawing **data from multiple sources...***
- *This element includes using **Performance Indicators to monitor** a wide range of care processes and outcomes, and reviewing findings against benchmarks and/or targets the facility has established for performance.*
- *It also includes **tracking, investigating, and monitoring Adverse Events** that must be investigated every time they occur, and action plans implemented to **prevent recurrences.***

ELEMENT 4: PERFORMANCE IMPROVEMENT PROJECTS (PIPS)

- *The facility conducts **Performance Improvement Projects (PIPs)** to examine and improve care or services in areas that are identified as needing attention.*
- *A PIP project typically is a concentrated effort on a particular problem in one area of the facility or facility wide; it involves gathering information systematically to clarify issues or problems, and intervening for improvements.*
- *PIPs are selected in areas important and meaningful for the specific type and scope of services unique to each facility.*

ELEMENT 5: SYSTEMATIC ANALYSIS AND SYSTEMIC ACTION

*The facility uses a **systematic approach to determine when in-depth analysis is needed to fully understand the problem, its causes, and implications of a change.** The facility uses a thorough and highly organized/structured...*

- *will be expected to develop **policies and procedures and demonstrate proficiency in the use of Root Cause Analysis.** Systemic Actions look comprehensively across all involved systems to prevent future events and promote sustained improvement. This element includes a focus on **continual learning and continuous improvement***

RECAP: CMS MANDATED 5 ELEMENTS, APPLICATION TO PREVENTION OF FOOD BORNE ILLNESS/SANITATION (F 371)

- **1. Utilizes the best available evidence to define & measure goals (Current FDA Food Code, State Regs)**
- **2. Dept not working in silo (Infection Control Officer collaborates with Dietary Leadership)**
- **3. Performance Improvement Projects (PIPs)-- a concentrated effort on a particular problem, effective and meaningful (Preventing Food Borne Illness-FBI)**
- **4. Develop policies and procedures and demonstrate proficiency in the use of Root Cause Analysis (How to prevent FBI), continual learning/improvement**

CMS CHALLENGES LTC PROVIDERS TO LOOK FOR “TOOLS” AND RESOURCES: LTC CAN LEARN FROM QAPI IN HOSPITALS

- DR ALICE BONNER, CMS, NURSING HOME SURVEY DIV. AT AMDA CONFERENCE: New Core Principles are mandated, Tools not mandated, **many tools already being used.**
- **Has LTC looked at the advanced QAPI practices of hospitals??**
- Build upon what has & will be available:
 - NH Quality Campaign
 - All Effective Tools: www.ihl.org; PDSA cycle, AHRQ
- <http://cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/QAPI.html>

(HOSPITAL) PATIENT SAFETY INITIATIVE PILOT SURVEYOR WORKSHEETS: INFECTION CONTROL & DIETARY APPLICATION

- <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-12-32.pdf> (May 2012)
- ***1. A.3 The Infection Control Officer(s) can provide evidence that the hospital has developed general infection control policies and procedures that are based on nationally recognized guidelines and applicable state and federal law.***
- ***1. B.1 The Infection Control Officer(s) can provide evidence that problems identified in the infection control program are addressed in the hospital QAPI program (i.e., development and implementation of corrective interventions, and ongoing evaluation of interventions implemented for both success and sustainability).***

(HOSPITAL) PATIENT SAFETY INITIATIVE PILOT SURVEYOR WORKSHEETS: INFECTION CONTROL & DIETARY APPLICATION

- ***1. B.4 The hospital utilizes a risk assessment process to prioritize selection of quality indicators for infection prevention and control.***
- ***1. C.8 The Infection Control Officer can provide evidence that reportable diseases are documented and submitted as required by the local health authority.***
- ***1. D.1 Healthcare personnel receive job-specific training on hospital infection control practices, policies, and procedures upon hire and at regular intervals***

(HOSPITAL) PATIENT SAFETY INITIATIVE PILOT SURVEYOR WORKSHEETS: INFECTION CONTROL & DIETARY APPLICATION

- *1. D.8 Hospital has well-defined policies concerning contact of personnel with patients **when personnel have potentially transmissible conditions.** These policies should include:*
 - ** work-exclusion policies that encourage reporting of illnesses and do not penalize with loss of wages, benefits, or job status*
 - ** **education of personnel** on prompt reporting of illness to supervisor and occupational health*
- *1. D.10 **Healthcare personnel competency and compliance with job- specific infection prevention policies and procedures are ensured through routine training and when problems are identified by the Infection Control Officer.***

(HOSPITAL) PATIENT SAFETY INITIATIVE PILOT SURVEYOR WORKSHEETS: INFECTION CONTROL & DIETARY APPLICATION

- *Hand hygiene is performed in a manner consistent with hospital infection control practices, policies, and procedures to maximize the prevention of infection and communicable disease including the following:*
 - *2. A.1 Soap, water, and a sink are readily accessible in patient care areas including but not limited to direct care areas (such as food and medication preparation areas).*
 - *2. A.4 Healthcare personnel perform hand hygiene using soap and water when hands are visibly soiled*
 - *2. D.8 Facility has established and follows a cleaning schedule for areas/equipment to be cleaned/serviced regularly (e.g., ... refrigerators, ice machines). Manufacturers' instructions*

EFFECTIVE SYSTEMS: PREVENTING FOOD BORNE ILLNESS

1. Policies/Procedures: Based upon evidence standards (FDA Food Code, industry standards, & any state requirements)
2. Training: Based upon P & P, staff trained according to the P & Ps for their work areas
3. Monitoring: Based upon P & P and Training,
Can staff demonstrate/discuss why they practice as they do?
Do staff take ownership to evaluate for weaknesses?
4. QAPI--Performance Improvement: From weaknesses found

ESTABLISHING EVIDENCED BASED FOOD SAFETY STANDARDS: FOOD CODE REFERENCED IN F 371

- 11/9/2009 Today announced the new FDA Food Code, a model code and reference document
- Provides a scientifically sound technical basis for regulating food industry
- --More than 1 million restaurants... food service operations in institutions such as schools, hospitals, nursing homes
- Serves as a reference document for the retail food industry.

ESTABLISHING EVIDENCED BASED FOOD SAFETY STANDARDS:

FOOD CODE REFERENCED IN F 371

- --Provides practical, science-based guidance and manageable, enforceable provisions for **mitigating known risks of foodborne illness**
--“**FOOD CODE** adoption and implementation ... important for achieving **UNIFORM NATIONAL FOOD SAFETY STANDARDS** and for enhancing the efficiency and effectiveness of our nation’s food safety system.”

USE EXACT LANGUAGE, LEARN TO REFERENCE THE FOOD CODE 2009

- Are Policies and Procedures according to Food Safety Standard?
- Director of Food Service: Responsible for Effective P & P, Training, & 'Self Surveys' or 'Sanitation Checklists?>>>
- Often the Last step is Missing: Identifying Weak areas and Performance Improvement (QAPI)



'BIGGEST CHALLENGE' FOR DIRECTOR: HAVING STAFF VERBALIZE 'THE POLICY' & DEMONSTRATE CORRECT PRACTICES



**SURVEYORS ARE ASKING MORE
QUESTIONS OF STAFF TO DETERMINE
COMPETENCY**

- How can Food Service Director And Supportive Trainers Prepared Each Staff Person For Their Job & INVOLVE THEM?
- To know the 'Food Safety' Policies and demonstrate the Correct Practices?
- To prevent transmittable diseases (pathogens) from coming into kitchen

KNOW FEDERAL NURSING HOME REGULATIONS ON SANITATION AND PREVENTING FOOD BORNE ILLNESS

- www.cms.hhs.gov > Regulations/Guidance>Manuals>upper left: “Internet Only”> Publications: 100-07 State Operations Manual (SOM)> scroll all the way down to “Appendices” > Appendices PP
-
- SKILLED NURSING:
- SOM Appendix PP are the OBRA Regulations, Surveyor Guidance and Investigative Protocols
- Current Regulations of 9/25/09:
- **F 371** Sanitation, Revised 9/1/08 & 6/12/09 (Visitor Food) References FDA Food Code
- **F 441** Infection Control, Revised 9/25/09
- **F 520** Quality Assessment and Assurance (QAA); Soon to come: QAPI tag.

RESPONSIBILITIES IN REGS: DIETITIAN, DIRECTOR OF FOOD SERVICE, F 361

- If not employed full-time, determine if the Director of Food Service receives scheduled consultation from the dietitian:
 - Developing and implementing continuing education programs for dietary services and nursing personnel;
 - Supervising institutional food preparation, service and storage.
- “A director of food services has no required minimum qualifications, but must be able to **function collaboratively with a qualified dietitian** in meeting the nutritional needs of the residents.”



COMPETENT DIETARY STAFF, F 362

“Sufficient support personnel” is defined as enough staff :

To prepare and serve palatable, attractive, nutritionally adequate meals

– *At proper temperatures and appropriate times*

– *And support proper sanitary techniques being utilized.*

- NOTE: How can you demonstrate that staff are “Competent?” : In Orientation and ongoing Inservice, annual evaluations

APPYING ROOT CAUSE ANALYSIS (RCA) IN FOOD SAFETY

In Element 5, QAPI requires nursing homes to “demonstrate proficiency in the use of Root Cause Analysis.” Used by a variety of different industries as a tool to identify why something went wrong, Root Cause Analysis (RCA) utilizes a simple five-step process that asks “Why?” at each juncture, digging deeper until the root cause of the problem is clear

<http://www.ober.com/files/quality-assurance-whitepaper.pdf>

APPLYING ROOT CAUSE ANALYSIS (RCA)

- **THE 5 WHY'S ARE:**

1. Q: Why is this happening?

A: Because X.

2. Q: Why did X happen?

A: Because Y.

3. Q: Why did Y happen?

A: Because Z.

4. Q: Why did Z happen?

5. A: **Because of the following root cause: _____.**

APPLYING ROOT CAUSE ANALYSIS (RCA)

LIKE PEELING THE LAYERS OF AN ONION, RCA is the vehicle that will drive nursing homes from surface-level red flags to the discovery of their core problems. “Root cause analysis is about trying to understand the problem behind the problem, If problems occur repeatedly, it may mean that the system for getting work done is more at fault than any individual problem. “

***Dr. Rosalie Kane, Professor, University of Minnesota,
CMS’ QAPI Demonstration Project Director***

ONE QAPI “TOOL”: PDSA FROM INSTITUTE FOR HEALTHCARE IMPROVEMENT

- ***Plan:*** Developing a plan to test the change
- ***Do:*** Carrying out the test
- ***Study:*** Observing and learning from the consequences
- ***Act:*** Determining what modifications should be made to the test

[http://www.ihl.org/IHI/Topics/Improvement/ImprovementMethods/Tools/Plan-Do-Study-Act%20\(PDSA\)%20Worksheet](http://www.ihl.org/IHI/Topics/Improvement/ImprovementMethods/Tools/Plan-Do-Study-Act%20(PDSA)%20Worksheet)

QAPI CONCERN: INFECTION CONTROL
PREVENTIONIST REQUIREMENT
LTC: F 441(REVISED 12/09)

- *Infection preventionist, a person designated to serve as coordinator of infection prevention and control*
- **Surveillance**, including process & outcome surveillance, monitoring, data analysis, documentation and communicable diseases reporting (State and Federal)
- **Education, including training** in infection prevention and control practices, to **ensure compliance** with facility requirements, State and Federal regulation
- <http://www.cms.gov/transmittals/downloads/R55SOMA.pdf>

HELPING THE INFECTION CONTROL PREVENTIONIST

- Infection Control Preventionists are in charge of PREVENTING ALL INFECTIONS (C diff, MRSA) but also Food Borne Illness
- They come with a wealth of knowledge, capitalize on it
- Show them a video: **“Successful Kitchen Operations using FDA Food Code and F 371”** by Kitty Friend, RD Surveyor/Trainer, Wisconsin Department of Health Services, Division of Quality Assurance. **Excellent!**
- **<http://dhsmedia.wi.gov/main/Viewer/?peid=f9db4c4e4cab4ac3b71e54ef2dd5cc63>**> (MediaMatrix)

HOW CAN INFECTION CONTROL PREVENTIONIST WORK WITH FRONT LINE STAFF TO MEET INTENT OF EMPLOYEE HEALTH (F C CHAP 2)?

- Can staff state what was given during employee orientation?
- Can staff state symptoms and exposures that they are to report?
- Can staff state what would prevent them from handling food for highly susceptible population?
- Can they state when they can return to work? What is required for reinstatement? Is the Employee Health Nurse involved?
- What is to be reported to Regulatory Authorities/County?

PIP 1: EMPLOYEE HEALTH & INFECTION CONTROL PREVENTIONIST ROLE

- **Performance Improvement Project:** Identified Problem/Area of Weakness to Improve in Employee Health (Chapter Two of Food Code):

- Staff are unaware of P & P.

Examples: They cannot identify the **SYMPTOMS** of “food borne illness” that they are to report so determinations can be made for exclusions from working and safe return to work.

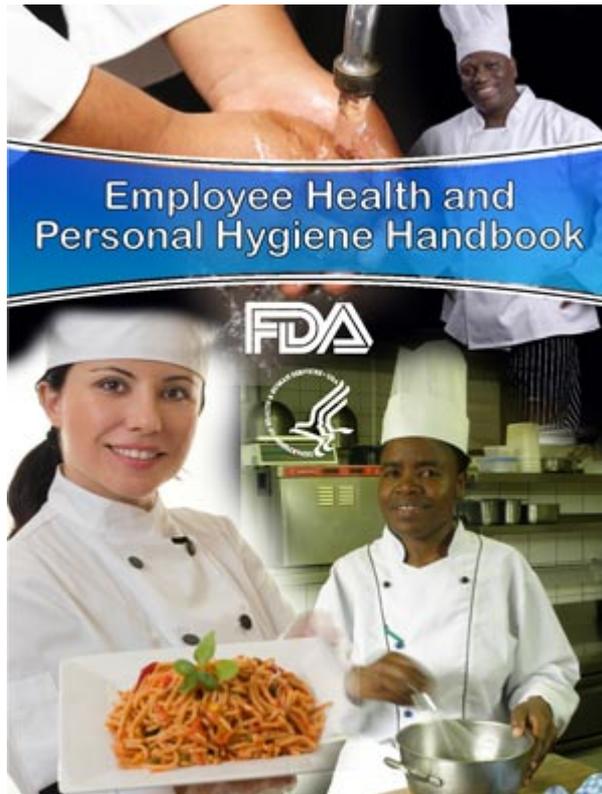
- Staff cannot state what **EXPOSURES** of Food Borne Illnesses they are to report.
- Cannot identify the risk when exposure to family members with Hepatitis A (where you can be a carrier and show no signs of the disease)

PIP ON EMPLOYEE HEALTH & INFECTION CONTROL OFFICER'S ROLE

- Google: **FDA Employee Health and Personal Hygiene Handbook** (Based upon Food Code Chapter Two)
- **Outstanding webcast training on FDA Handbook**
<http://www.cdc.gov/nceh/ehs/EHSNet/resources/FDAwebcast.htm>
- Compare these “standards” from Food Code, compare facility’s P & P and training for Employee Health, reportable SYMPTOMS & EXPOSURES
- Determine how the facility could improve the P & P, staff orientation, and training.

FDA EMPLOYEE HEALTH AND PERSONAL HYGIENE HANDBOOK

CHAPTER TWO OF FOOD CODE (Goggle: Download)



- **Outstanding webcast training on FDA Handbook**
<http://www.cdc.gov/nceh/ehs/EHSNet/resources/FDAwebcast.htm>
- Compare these “standards” from Food Code, compare facility’s P & P and training for Employee Health, reportable SYMPTOMS & EXPOSURES
- Determine how the facility could improve the P & P, staff orientation, training

QIS SURVEYOR TASK FORM: INFECTION CONTROL

- States: Are staff (all food handlers) free from communicable diseases?
- Are practices consistent with current infection control principles and prevent cross?
- Example: Besides the Food Code:
- www.cdc.gov/hicpac/pdf/norovirus/Norovirus-Guideline-2011.pdf (Example: Pg. 13 Food Handlers Guidance; Pg. 15 Normal Dishwashing for Norovirus)

CAN STAFF STATE: WHAT SYMPTOMS ARE TO BE REPORTED? AND RETURN TO WORK POLICY?

- What symptoms of foodborne illness should food establishments be most concerned about?
- Vomiting
- Diarrhea
- Jaundice (yellow skin or eyes)
- Sore throat with fever
- Infected cuts and burns with pus on hands and wrists
- What should food employees do when they have symptoms of vomiting or diarrhea?
- If at work: Stop work immediately;
- Report to management; and
- Go home and return after at least 24 hours have passed since the vomiting and diarrhea symptoms ended.

CAN STAFF STATE THE BIG FIVE PATHOGENS AND IF THEY HAVE BEEN EXPOSED (ESP. HEP A)?

- A food employee infected with a Big 5 pathogen will typically shed hundreds of thousands of pathogens in their feces that can be easily transmitted to food even when good handwashing practices are used. Consequently, the illness experienced by the consumer can be very severe.
- Norovirus;
- *Salmonella Typhi* (typhoid-like fever);
- *E. coli* O157:H7, Enterohemorrhagic or Shiga toxin-producing *E. coli*;
- *Shigella* spp. (causes shigellosis); and
- Hepatitis A virus

EMPLOYEE WITH SORE THROAT OR FEVER AND WORKING WITH HSP

- What should food employees do if they have a sore throat with fever?
- Report the illness to the manager
- PIC in food facility serving the general public: ONLY Restricts: Reassignment to a position that does not include the handling of food, food-contact equipment, utensils, or single-service articles
- BUT If the employee works in a food establishment serving an Highly Susceptible Population (HSP), such as a hospital, nursing home, assisted living facility, or a day care center:
- Exclusion: The employee must stop working and go home until obtaining a clearance from a health practitioner and presenting it to the manager.

Decision Tree: 2-201.12 Table 1a: Summary of Requirements for Symptomatic Food Employees

- Symptom:
 - Facilities Serving an HSP :
 - Removing from Exclusion:
 - Regulatory Authority Approval Needed to Return to work?
- Sore Throat with Fever
 - Excluded
- Food Code 2-201.12(G)(1)
When food employee provides written medical documentation 2-201.13(G)(1)-(3).
- No**

(Con't): PIP ON EMPLOYEE HEALTH & INFECTION CONTROL OFFICER'S ROLE

- Evaluate current role of Infection Control Preventionist/Officer. How could he/she collaborate more and consider what he/she will provide?
 1. **Policy/Procedure Manual Review:** Define practices
 2. **Training:** During new staff orientation and ongoing inservice training on Employee Health & Food Borne Illnesses that are transmittable
 3. **Monitoring:** Conduct Food Safety Audits, including questions on Employee Health
 4. **Identify weak areas:** Apply QAPI, Help develop PIPs

PIP 2: CAN YOUR FACILITY DEMONSTRATE QAPI SYSTEMATIC ANALYSIS & SYSTEMIC ACTION --- ROOT CAUSE ANALYSIS (RCA)

- How does your facility implement QAPI ELEMENT 5 Root Cause Analysis? “Additionally, facilities will be expected to develop policies and procedures and demonstrate proficiency in the use of **ROOT CAUSE ANALYSIS (RCA)**. Systemic Actions look comprehensively across all involved systems to prevent future events and promote sustained improvement”
- Example : What steps for Root Cause Analysis would you use to evaluate HOW EFFECTIVE YOUR **CONTRACTED SERVICES ARE?** Internal Ice machine Cleaning, Dish Machine, Juice Machines, Hood Cleaning, Back Flow Prevention (Grease Traps, Rotor Rooter)

PIP 2: WITH INFECTION CONTROL OFFICER: EVALUATE YOUR ICE MACHINES FOR EFFECTIVE CLEANED & SANITIZING

- a. Does Dietary Dept have a copy of manufacturer's guidance for EACH ice machine for: Internal ice making components?
 - 1) Ice machine cleaner for algae, slime
 - 2) Approved sanitizer for killing bacteria and virus like Norovirus ---Remember cruise ship outbreak
 - 3) Bin or if no bin, nozzles; Ice scoops; Processes, flush times?
- b. Who provides the service? Maintenance or Contracted ?
- c. Is Dietary P & P the same as Manufacturer's Guidance?
- d. Does Dietary Dept receive copy of PM (Preventative Maintenance)? Is service provided as defined in the P & P?
- e. If NOT, What PIP could be developed & tracked, until sustained?

PIP 3: WHEN MUST STAFF WASH HANDS, WHEN TO USE A SANITIZING GEL, AND NO BARE HAND CONTACT WITH READY TO EAT (EVEN IF GEL IS USED)

- REVISED F 441 INFECTION CONTROL (9/25/09)
- *HAND WASHING:*
- *When hands are visibly soiled (hand washing with soap and water); Before and after direct resident contact (for which hand hygiene is indicated by acceptable professional practice);*
- *Before and after eating or handling food (hand washing with soap and water); APPLIES TO RESIDENTS AND PATIENTS WHO HANDLE FOOD*
- *Before and after assisting a resident with meals (hand washing with soap and water)*

GUIDANCE ON STAFF TRAINING FOR NO BARE HAND CONTACT FOR READY TO EAT

- Food Code: Additional Safeguards for Highly Susceptible Populations:
3-801.11
- (D) FOOD EMPLOYEES may not contact READY-TO-EAT FOOD

FDA Employee Health and Hygiene Handbook: Pg. 31

Chapter: NO BARE HAND CONTACT WITH READY-TO-EAT FOODS

LEARNING TO “SELF SURVEY OR SELF EVALUATE” FOOD SAFETY SYSTEMS USING INSPECTIN TOOLS: QIS SURVEYOR TASK FORM FOR KITCHEN OBSERVATION

- Task Form: Identifying what surveyors will be reviewing for safe food handling

QIS SURVEYOR TASK FORM:

<http://www.aging.ks.gov> >>Manuals>>

QIS Training , Surveyor Task Forms

- Scroll to: CMS FORM 20055
- KITCHEN /FOOD SERVICE OBSERVATION
- Many Others: Nutrition, Hydration, Tube Feeding, Dining



QIS SURVEYOR TASK FORM: OLD QAA QUALITY ASSESSMENT & ASSURANCE

- <http://www.aging.state.ks.us> >Manuals>QIS Scroll to Mandatory Task Forms
- (Kitchen, Dining, Infection Control, Revised 12-2009, Nutrition, Hydration, Tube Feeding)
- QAA: Committee minutes are confidential and do not need to be disclosed to the surveyor
- When surveyors identify deficiency area: Evaluate if facility has previously identified this QAA concern
- IS staff working to correct it? Is there an Action Plan & Aggressive effort to correct it? It is to advantage of the facility to disclose the facility's QAA efforts
- Good Faith Effort

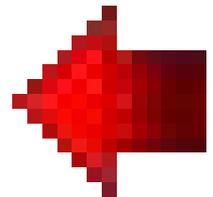
SELF EVALUATE YOUR KITCHEN USING QIS SURVEYOR TASK FORM

- **Intent : To identify any practices that might indicate potential for food borne illness**
- **Observe for Safe Handling of Potentially Hazardous Foods in all areas**, including storage (labeled , dated—safe discard) , thawing, temperature control
- **Hygiene/hand washing, Employee Health:**
Prohibition of staff with signs of infection/indication of illness, foods prepared under sanitary conditions
- **Are staff trained & competent?** Can they demonstrate and explain the facility's standards?

LEARNING TO “SELF SURVEY OR SELF EVALUATE” FOOD SAFETY SYSTEMS USING INSPECTION TOOLS

FORM 3-A

Food Establishment Inspection Report					Page ___ of ___	
governed by State Code Section XXX.XXX		No. of Risk Factor/Intervention Violations		Date _____		
ood County		No. of Repeat Risk Factor/Intervention Violations		Time In _____		
4 Any Street, Our Town, State 11111		Score (optional)		Time Out _____		
Establishment	Address	City/State	Zip Code	Telephone		
Issue/Permit #	Permit Holder	Purpose of Inspection	Est. Type	Risk Category		
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS						
Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item			Mark "X" in appropriate box for CO&S and/or R			
In compliance		OUT-not in compliance	N/O-not observed	N/A-not applicable	CO&S-corrected on-site during inspection	R-repeat violation



FOOD CODE 2009: ANNEX 5

RISK-BASED INSPECTION METHODOLOGY

- Pg. 544 STEP BY STEP INSPECTION GUIDE
- Pg. 561 Assessing Special Requirements Related to Highly Susceptible Populations (HSP)
- Food establishments that serve highly susceptible populations (HSP) must adhere to additional requirements as specified under Chapter 3-8 Food Preparation of the Code.

2 HACCP (HAZARD ANALYSIS CRITICAL CONTROL POINTS) MANUALS: FOR OPERATOR & FOR REGULATOR

- *“Managing Food Safety: A Manual for the Voluntary Use of HACCP Principles for Operators of Food Service and Retail Establishments.”*
- <http://www.fda.gov/Food/FoodSafety/RetailFoodProtection/ManagingFoodSafetyHACCPprinciples/Operators/default.htm>.
- *Managing Food Safety: A Regulator’s Manual for Applying HACCP Principles to Risk-Based Retail and Food Service Inspections and Evaluating Voluntary Food Safety Management Systems.”*
- (<http://www.fda.gov/Food/FoodSafety/RetailFoodProtection/ManagingFoodSafetyHACCPPrinciples/Regulators/default.htm>).

PIP 4: ESSENTIAL EQUIPMENT & PROPER TECHNIQUES

FOOD CODE 2009 ANNEX 5.

- Appropriate food thermometers
 - Alcohol swabs or other suitable equipment for sanitizing thermometers
 - Chemical test kits for chemical sanitizers used in three compartment sink, buckets, dishwasher
 - Other equipment such as fire extinguishers and hood
- Evaluate training & practices

- (1) Heat-sensitive tape



- (2) Maximum registering (min-max) if you have a high temp dish machine: Plate level temperature



PIP 5: ALLERGEN EDUCATION

- **2-103.11 (L)** Added "food allergy awareness" as a part of the food safety training of employees by the Person in Charge
- **NOTE: ANNEX 4 (4) Food Allergens As Food Safety Hazards**
- WHAT P & P HAVE YOUR DEVELOPED?
- WHAT INSERVICES HAVE YOU GIVEN YOUR STAFF? FACILITY STAFF?
- HOW HAVE YOU EVALUATED THEIR KNOWLEDGE, PRACTICES?

These 'BIG EIGHT' foods account for 90% or more of all food allergies: • Milk • Egg • Fish (such as bass, flounder, or cod) • Crustacean shellfish (such as crab, lobster, or shrimp) • Tree nuts (such as almonds, pecans, or walnuts) • Wheat • Peanuts • Soybeans.

PIP 6: PIP ON SANITIZING PRACTICES

- Evaluate according to “standards” in Food Code, or your state requirements:
- **01.114(A) "CONCENTRATION RANGE"** not minimum ppm.
Example: Quat Ammonia Sanitizer: 150-400ppm
- **501.114 "CONTACT TIMES"** and "EPA-registered label use instructions."
Example: Quat Ammonia Sanitizer: Pots must be immersed 60 sec to be effectively sanitized.
- Is P & P current? Has training been provided based upon P & P? Is staff monitored for effective sanitizing? Need a PIP?

PIP 7: VISITOR FOOD AND RESIDENT RIGHTS: CMS MEMO: (5/29/09)

- Evaluate the facility P & P and practices compared to the guidance given on resident rights in CMS Memo:
- *“Procure food from sources approved or considered satisfactory by Federal, State or local authorities” is intended solely for the foods procured by facility.*
- *Foods accepted by residents from visitors, family, friends, or other guests are not subject to the regulatory requirement*
- *Residents have the right to choose to accept food from visitors, family, friends, or other guests according to their rights to make choices.”*

CMS MEMO SCLetter09_39.

Visitor Food (cont'd)

- *“The facility does have a responsibility under the food safety regulatory language at F371 to help visitors to understand safe food handling practices (such as not holding or transporting foods containing perishable ingredients at temperatures above 41 degrees F.)*
- *and to ensure that if they are assisting visitors with reheating or other preparation activities, that facility staff use safe food handling practices and encourage visitors and residents who are contributing to food preparation in the facility to use these safe practices as well.”*
- www.cms.hhs.gov/SurveyCertificationGenInfo/downloads/SCLetter09_39.pdf

DEFINED MACHINE USE: EPA APPROVED, ACCORDING TO MANUFACTURER & BREAKDOWN GUIDANCE

- CAN STAFF VERBALIZE, DEMONSTRATE:
- High Temperature Dishwasher (heat sanitization):
- Wash & Rinse Temperatures: Final Rinse 180 degrees F (manifold) final rinse (160 degrees F at the rack level/dish surface)
- Low Temperature Dishwasher (chemical sanitization):
- Wash & Final Rinse 50 ppm (parts per million) hypochlorite (chlorine) on dish surface in final rinse.
- USE OF THREE COMPARTMENT SINK PROCEDURE WHEN DISHMACHINE BREAKS DOWN

PIP 8: BACKFLOW PREVENTION

MAINTENANCE: FOOD CODE CHAPTER 5

- How are you demonstrating effective maintenance?
- All equipment has needed air gaps?
- Any backflow into sinks, up the drains?
- Regular snaking of pipes? Cleaning out the grease trap? Documented maintenance?
- Hoses attached to faucets: Backflow preventer

NEW CHALLENGE: DEMONSTRATING QAPI INVOLVEMENT OF FRONT LINE WORKER

- **Coach Wooden: Things turn out best for those who DO their best to have things turn out.**
- **“New Processes”:** How do we HELP Front Line staff DO their best & meet intent of QAPI?
- Are old processes perfectly designed to get results we are getting? We want predictability, Threatened by Change, Stonewalling, staff not respected or empowered, Survey deficiencies produce victim behavior & blaming barriers

PERFORMANCE IMPROVEMENT: NEW ACTIONS BY FRONT LINE STAFF

- Paradigm shift for Front Line Staff to: This is important. It applies to me. It's my responsibility, not just management
- I need to know the standards/policies
- I am also responsible for being trained & are practicing according to our P & P
- I look for ways to help & improvement
- I am accountable. I am empowered
- I will succeed each day and during survey

MAY YOU ALWAYS ENJOY FOOD SAFETY AND MAY
SURVEYORS SEE GREAT STRIVES AS PROVIDERS:

- Develop the new CMS mandated QAPI
- Empowering Front Line Staff
- Prevent Food Borne Illness according to national standards in FDA Food Code
- Meet the Intent & Requirements of Revised Sanitation And Infection Control Tags
- Use QIS Surveyor Task Forms
- Collaborate with Infection Control
- MAY YOUR SURVEYS GO WELL!

