

Thickened Liquids Management Process Indicator (Phase I)

Developed by Arkansas Innovative Performance Program

*Brought to you by the Thickened Liquids Task Force,
representing these agencies and institutions:*

- **Arkansas Innovative Performance Program**
- **Arkansas Health Care Association**
- **Arkansas Office of Long Term Care**
- **Arkansas Foundation for Medical Care**
- **Arkansas Nursing Homes**

*Working together to create a Best Practices approach
to continuous quality improvement for long-term care
residents with swallowing difficulties.*



ACKNOWLEDGEMENTS

ARKANSAS INNOVATIVE PREFORMANCE PROGRAM

Thickened Liquids Task Force

Thickened Liquids Management Process Indicator – Phase I

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Thickened Liquids Management Phase I Implementation Process Improvement/ Best Practice

Summary of Expected Approaches Based on Best Practices

Overview

- Our objective is to improve the thickened liquid implementation process to Arkansas nursing home residents. The purpose of this material is to explain how to do this consistently with good practice and with existing regulatory expectations.
- A work group including professionals with experience in geriatrics and nursing home care discussed in depth the topic of thickened liquids to the long term care population. They used available references relating to the management of dysphagia, as well as, but not limited to current standards for thickened liquids in long term care facilities to help prepare the process indicator/ best practice and the related guidance. The accompanying process indicator/ best practice checklist contains a series of steps related to the thickened liquid implementation process.
- We provide this information to help each facility provide the best possible care on an ongoing basis as a means of process improvement. Along with the information in the OBRA regulations, our surveyors may use this process indicator/ best practice and this guidance to review how your facility's thickened liquid implementation process is designed to deliver the highest practical quality of care to Arkansas residents.
- We encourage you to utilize these steps in managing your thickened liquid implementation process.

Process Basics

The thickened liquid implementation process in a nursing home should include but not be limited to the following:

- Assessment/Recognition of Potential Process Improvement Areas: The purpose of this step is to provide a data centered approach to recognizing actual or potential inconsistencies in the current process and initiates the problem solving process. The facility's staff and practitioners organize a process improvement team and identify a process owner to collect relevant information about the current process and then evaluate and organize the information to identify if a problem may exist.

- Plan: The facility's process improvement team attempts to identify areas for potential inconsistency in the current process that lead to the root cause(s) identification, or provide data supporting the current process. The facility's process improvement team uses the root cause analysis information to review and revise the current process as indicated. Where causes may be identifiable and correctable, they address them and/or explain why they could not or should not have done so. Utilizing this information, the process improvement team develops a plan of action focused by a measurable goal statement that has been articulated to the facility staff involved in the thickened liquid implementation process.
- Do: The facility's process improvement team selects an area of the facility to implement a pilot study.
- Study: The facility's process improvement team audits the pilot study group to determine if the process improvement plan generated the desired outcomes.
- Act: The facility's process improvement team makes necessary recommendations to the Quality Assessment and Assurance Committee and/or facility administration.

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Introduction

Approximately 8.3% nursing homes residents are using thickened liquids. The area of thickened liquid deficiencies ranks in the top 10 deficiencies for Arkansas providers. It is essential to implement a system of thickened liquids management that ensures facility personnel manage the quality of care delivery system in accordance with best practices.

Assessment/Recognition of Improvement Area

The purpose of this step is to focus on the targeted improvement area. During this phase, the facility should ask and answer three critical questions to guide and direct their process improvement steps: 1) What do we want to accomplish? 2) What changes can we make to result in an improvement? 3) How will we know an improvement has been made?

Randomly select 10%, or a minimum of 10 medical records, including but not limited to, for review:

- physician's orders,
- physician's telephone orders,
- admission orders,
- discharge orders from a transferring facility,
- medication administration record,
- diet roster,
- tray identification card,
- speech evaluations,
- and
- dietician recommendations.

Review the data sources to answer the question, “Are all thickened liquid orders complete and consistently transcribed?” Record your data findings. This data will compare actual practice in your facility with the acceptable standards of practice. Identify a process improvement team with complimentary skills that are committed to a common purpose and hold themselves mutually accountable. The team should consist of 3-5 members that will plan, do, study and act on the process improvement. Involve the staff that is involved in the process such as, the Director of Nursing/designee, Charge Nurses, Dietary Service Manager, Dietary Aide, CNA, Speech Therapist and Dietary Consultant.

Plan

The process improvement team should set a realistic, measurable and easily understood goal statement. This statement will be utilized by the process improvement team as well as other facility staff to help maintain focus and measure successes. Have the team identify and define every step in the current process. A baseline of performance can be established by examining:

- current standards of practice,
- facility’s policy, procedure and/or protocols,
- the OBRA regulations,

as well as performing a line-by-line detailed audit of the existing thickened liquids orders.

During this review, carefully examine each step to help identify the root cause of the process variation. Identification of the root cause assists in making decisions based on data rather than hunches and to look for lasting solutions to the process as opposed to making quick fixes. In developing the process improvement plan, identify all criteria that

will help evaluate potential solutions to the problems such as associated cost, ease of implementation and work force redesign that would result in improved staff/resident performance and outcomes. The development of an implementation strategy will assist in identifying how change will be accomplished. Communication is critical at this stage. Sharing information with the staff who will be involved in making the changes is crucial to making a positive impact on the process change. Select an area of the facility to pilot test the process improvement theory. By choosing a specific area, you gain the benefit of seeing how the changes affect the current process on a small scale. Pilot studies also give you early results that allow you to see if your goal can be attained or should be amended. At this stage of process improvement, consider who will train the staff, who will update/revise/remove any tools as necessary, who will be the monitor, what are our resources for information and implementation support and who will audit the outcomes of the process improvement? During this phase, the process improvement team should be able to determine all steps in thickened liquid management including but not limited to receiving orders for thickened liquids, determine facility process for implementation of these orders including a review to ensure all necessary components of an order are present, as well as documentation of necessity for order. Where do they document the order, how does the order get transcribed to telephone orders, monthly orders, medication administration records, and how is the dietary department notified? What is the dietary procedure for receiving diet orders? Is there a current system to verify the tray identification card with the orders? What does our software system require to accurately input and code diet orders? When assessing the current process, it is important to review all methods in which the facility staff conducts the task. Evaluate any duplicate work

areas or “work around” techniques the staff has implemented. A thorough review of the policy/procedure and protocols will provide feedback determining if the current policy is part of the issue or if a lack of understanding or implementation of the current process is the issue. Give significant importance to the review of the current process and carefully consider the staff knowledge of the process. In this phase, you will need to follow an order for a thickened liquid from start to finish. Begin with the original order and ensure all components of an order are readily identifiable. This should include but not be limited to the resident’s name, diet, consistency, and medical reason for the thickened liquid as a minimum.

Do

After completing the necessary training and education to the staff involved in the process improvement effort, implement the plan in the pilot group area. It is important to gain feedback from those who are utilizing the plan on an ongoing basis. This phase allows you to initiate your plan and gain vital information regarding work process improvement. Training and education prior to the initiation of the pilot study is a fundamental element of success. Increase the knowledge base of the work group by clearly articulating the goal and the expected outcomes. Train the group on all aspects of the process improvement. Educate resident, resident’s family, and all staff on the necessary components of thickened liquid implementation. Follow the implementation phase carefully to ensure you have accurately captured all necessary components in the system.

Study

After completion of the pilot study, an evaluation of the process improvement allows the team to organize observations, collect data to check whether the change has helped attain

the goal and evaluate staff reactions as well as affects to resident quality of care. Data gathered in the study will assist in validating the positive aspects of change in a facility wide model and will assist in gaining support and buy in from staff affected by the change. Utilizing the same or similar audit tool you used at the beginning of identifying this process, review the pilot group's data for information that will meet or exceed your goal expectations. Review the information that will allow you to track a thickened liquid order from initiation to delivery. Carefully consider if there have been improvements in diet order transcription, printing monthly orders with comparison of diet roster and tray identification cards. Analyze the data carefully and prepare to present the process improvement team's findings to administration for guidance.

Act

After completing the audit and evaluation of the pilot process, gather necessary information and present to facility administration with recommendations to adopt, adapt or abandon the process improvement. Once the decision has been made, the education and training to all facility staff involved in the process is began. Utilize the successes of the pilot group and identify facility resources to answer questions regarding the process changes. Implementation of the process improvement facility wide will require consistent follow through and attention to detail with a rapid response to any variations noted in the process. Utilize the process improvement team for continued validation of the process improvement.

Ongoing Monitoring

Since the process of thickened liquids implementation is a part of day-to-day facility operations, it is vital to the quality improvement process to consistently and routinely monitor the physician's orders, physician's telephone orders, admission orders, discharge orders from a transferring facility, the medication administration record, the diet roster, the tray identification card, speech evaluations, and dietician recommendations to ensure the implementation of the thickened liquid process is intact. Without ongoing monitoring the risk of error is greatly increased and creates a potential for negative outcome to the resident. Through the task of gathering and analyzing data, you will be able to monitor your thickened liquid management system in a manner that will highlight real or potential issues and allow for quick and validated responses to other areas of quality improvement.

**Thickened Liquids Management Phase I
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General Instructions:

For each Assessment question, review the available data sources to determine the correct response. For each “No” answer, there will need be an investigation of the area to determine the need for additional process improvement plans.

Assessment Data	Yes	No	NA
Does the original order contain all of the necessary components for thickened liquids <ul style="list-style-type: none"> • Consistency • Diagnosis or Medical Necessity • Exceptions if applicable 			
Was the order transcribed to the physician’s orders sheet correctly?			
Was the order transcribed to the appropriate physician’s telephone order form?			
If the order was a change in an existing order, was the original order discontinued appropriately from the physician’s orders and the medication administration record?			
Was the telephone order transcribed to the physician’s orders accurately?			
Was the order transcribed to the medication administration record accurately?			
Do the physician’s order, the medication administration record, the diet roster, and the resident identifier correspond?			
Was the order entered into the facility software program accurately?			
Was dietary notified of the changes?			
Was the tray identification card updated?			
Was diet roster updated?			
Was the CNA Flow sheet updated?			
Was the diet served as ordered?			
Were the diet roster and tray identification card verified with the written order for accuracy?			
Was correct diet served to resident?			
Were medications given with liquids appropriate to order?			
Were liquids at bedside appropriate to order?			
Were liquids served during activities appropriate to order?			
Was resident identifier in place at bedside?			
Was there documentation of education of resident/ resident’s family and staff?			