

## Dietary Services Project

### **Exhibit A** Scope of Work

#### **Service Overview**

Contractor agrees to provide to the California Department of Public Health (CDPH) the services described herein.

The purpose of this project is to improve the safety and quality of dietary services in California's skilled nursing facilities (SNFs). The California Association of Health Facilities (CAHF) will conduct a problem needs assessment, provide training to facility foodservice managers and professional staff on safe food handling and implement quality improvement for sustainability.

#### **Service Location**

The services shall be initially performed at applicable facilities statewide and then implemented at all skilled nursing facilities statewide.

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**Services to be Performed**

- A. Phase 1: Project Start-up and Analysis of Dietary Deficiencies.  
(July 1, 2017 through December 31, 2017)
- 1) Hire staff/SNF dietary expert.
  - 2) Form advisory group to help guide the project.
  - 3) Analyze dietary deficiencies for the past three years.
  - 4) Conduct a literature search to identify readily-available training materials and tools to promote food safety and person-centered care practices in dietary services.
    - a) This research will assist in developing tools to include checklists, posters and mechanisms to self-evaluate for specific regulatory requirements, as well as a resident satisfaction survey.
- B. Phase 2: Develop a series of publicly-available training programs.  
(October 1, 2017 through September 30, 2018)
- 1) Convene advisory group (this would include CDPH Dietary Consultants from the start) on a quarterly basis to help guide the development of the training materials.
  - 2) Finalize the number and type of materials that will be produced and plan to disseminate materials.
  - 3) Produce short, targeted, 15-minute videos in three (3) languages, as well as using webinars, posters and other written materials.
  - 4) Solicit ten (10) volunteer facilities and begin beta testing the trainings.
  - 5) These tools will include a model Quality Assurance Performance Improvement (QAPI) tool to encourage internal dietary services improvements as well as a resident satisfaction tool.
- C. Phase 3: Develop tools for facility-wide and individual self-evaluation.  
(October 1, 2017 through September 30, 2018)
- 1) Produce the training material and policies and procedures that have been developed by CDPH Dietary Consultants.
    - a) If the Centers for Medicare & Medicaid Services Dietary would like to, they may review the training material prior to dissemination.
- D. Phase 4: Disseminate training materials and self-evaluation tools to all California SNFs and provide technical assistance to SNFs.  
(October 1, 2018 through June 30, 2020)
- 1) The training materials and self-evaluation tools will be disseminated through several mechanisms.
    - a) Contractor staff will reach out to all SNFs to solicit volunteers to beta test the materials, and to receive more intensive training. This will aid in determining the utility of the materials, and help refine the training approaches. Ten facilities will be selected.
    - b) Expand the number of volunteer SNFs to a total of 50 to receive more direct training and use of self-evaluation tools. SNF staff's knowledge of their role (as appropriate) in

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- practicing safe food preparation, storage and handling, as well as how to honor resident food choices and promote person-centered care is vital.
- c) Disseminate training materials and resources to all California SNFs by sending a letter with the links, and a copy of the materials.
  - d) Offer a subsequent series of webinars open to all SNFs with an opportunity to interact with Project staffs. Webinars will be available in different geographic regions and will be tailored by SNF staff's role. Offer technical assistance.
  - e) Convene four (4) regional conferences at no cost to the participants.
  - f) Conduct outreach at CAHF or stakeholder events to promote the materials and respond to questions.
  - g) A separate website will be developed for training and self-evaluation materials to be easily accessed by providers, staffs, and other interested parties.
- E. Phase 5: Evaluate and report on changes in dietary compliance.  
(July 1, 2020 to December 31, 2020)
- 1) Contractor staff will obtain copies of Statement of Deficiencies and Plan of Correction (SNF 2567s) on a "flow" basis to identify any changes in dietary-related deficiency patterns in the 50 facilities participating in the beta test and volunteer facilities; plus any other facilities that have completed surveys prior to the end of the Project.
  - 2) Facilities that were not among the initial 50 facilities will receive a query as to whether they have used the training and self-evaluation materials.
  - 3) A summary of findings will be submitted with the final grant report.

### **Results Measurement**

The following measures will be used to ensure completion and analyze the effect of the project.

#### **A. Phase 1 – Specific Aims**

- 1) Analyze dietary-related deficiencies to better understand the nature and prevalence of deficient practices.
- 2) Conduct a literature search for readily-available training materials and self-evaluation tools.
- 3) Form an advisory group comprised of key stakeholders, including residents.
- 4) Draft training materials and self-evaluation tool kit for review by the advisory group.

#### **B. Phase 2 – Specific Aims**

- 1) Distribute the dietary training material program to all 50 SNFs who participated in the training.
- 2) Distribute and train 50 SNFs on the self-evaluation toolkit and provide on-going self-evaluation material.
- 3) Provide direct technical assistance, as needed.
- 4) Test the knowledge of the dietary staff in the 50 participating facilities, on food procurement, storage, preparation and serving in accordance with the proper sanitary and regulatory guidelines.

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C. Phase 3 – Specific Aims

- 1) Conduct webinars on training materials and self-evaluation tools to all SNFs by geographic areas, and by target audience.
- 2) Make available technical assistance (help-desk type of service by telephone or e-mail).
  - a) The questions from providing technical assistance will be logged and tracked to assist in the development of Frequently-Asked Questions (FAQs) to post on the website.
- 3) Convene multiple training opportunities throughout the state to maximize use of the training materials.
- 4) Create a separate website for the materials prepared through this contract. Links to this website would be posted on CAHF, and other key stakeholder websites to maximize access.

D. Phase 4 – Specific Aims

- 1) Expand the number of facilities participating to receive more direct training and use of self-evaluation tools.
- 2) Convene four (4) regional conferences to conduct training, present the materials and respond to questions.
- 3) Outreach directly to SNFs by sending letters and materials.

E. Phase 5 – Specific Aims

- 1) Analyze dietary-related deficiency patterns post-contract period. The analysis will be based on several variables related to process measures (e.g. number of deficiencies, scope and severity of deficiencies and the repeat of the deficiency from one year to another) and compared to the deficiency patterns detected in Phase 1.

F. Required for all Phases

- 1) Project status updates via teleconference or in person meetings on a quarterly basis starting with the execution date of the contract.
- 2) Provide a report summarizing the data and analysis for each phase. Each report shall be submitted to the CDPH contract representative thirty (30) days after each phase is completed.
- 3) Submit written quarterly progress reports to CDPH regarding program operations and submit any and all requested data or information upon request.
  - a) Reports shall be 12 point Arial font with one inch margins and a title reflecting the time period.
  - b) Reports shall include relevant data regarding the survey deficiencies, list of publicly available training material tools for self evaluation and other program information.