

Area Agency on Aging District 7, Inc.
MEAL SERVICE PROGRAMS
Policy and Procedures

Policy Name: Continuous Improvement Plans

Created: 12/29/14

Policy #: MSP-007

Revised: 03/20/2015

Reference: Rule 173-4-04 (11)(b)(c), Rule 173-4-04.1 (12)(b)(c)

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Policy: All meal service providers will develop and implement an annual plan to evaluate and improve the effectiveness of the program's operations and services to ensure continuous improvement.

Procedures:

- 1) Provider will conduct satisfaction surveys from consumers, staff and program volunteers (examples attached as pages 2 and 3).
- 2) Provider will elicit comments from consumers on the dining environment, type of food, portion size, food temperatures, nutrition program schedule, and staff professionalism.
- 3) Provider will write an annual plan (templates attached as pages 4 and 5) which addresses the following:
 - a) A review of the existing program,
 - b) Results of the satisfaction survey that has been conducted,
 - c) Comments received from consumers regarding items listed in #2 above,
 - d) Modifications that will be made that respond to the changing needs or interests of the consumers, staff, or volunteers,
 - e) Proposed program and administrative improvements (with timelines for completion), and,
 - f) Results of program monitoring.
- 4) AAA7 will be provided with the written report within 90-days of the end of the calendar year being reported upon. (For example, the January-December 2014 report is due at AAA7 by March 30, 2015.)
- 5) AAA7 will send Provider acceptance, or Conditions of Acceptance, to the plan within 30-days of receipt of the plan.
- 6) AAA7 will monitor progress of improvements planned during their site visits by their registered dietitian, quality assurance/improvement team, or other designated AAA7 employees.
- 7) Plans will be filed and made available to Ohio Department of Aging staff during their annual monitoring of the AAA.

**CONGREGATE MEALS
PARTICIPANT SATISFACTION SURVEY**

Please circle the number of your satisfaction from 1 (poor) to 5 (excellent). Your comments are welcome.

1) Is our dining room clean, neat, well-lit and at a comfortable temperature?

1 2 3 4 5

2) Do you like the types of food served here? Any suggestions?

1 2 3 4 5

3) Is the food appetizing in appearance and flavor?

1 2 3 4 5

4) Are the portion sizes adequate to meet your needs?

1 2 3 4 5

5) Is the hot food hot and the cold food cold?

1 2 3 4 5

6) Do you find the nutrition education sessions interesting?

1 2 3 4 5

7) Is the dining staff polite and helpful?

1 2 3 4 5

Comments: _____

**HOME-DELIVERED MEALS
PARTICIPANT SATISFACTION SURVEY**

Please circle the number of your satisfaction from 1 (poor) to 5 (excellent). Your comments are welcome.

1) How do your meals look upon arrival?

1 2 3 4 5

2) Are your hot foods hot and your cold foods cold?

1 2 3 4 5

3) Do you like the types of meals served?

1 2 3 4 5

4) Are the portion sizes adequate to meet your needs?

1 2 3 4 5

5) Do you understand the directions for heating/reheating the meals?

1 2 3 4 5

6) Are your meals delivered timely, such as within an hour of the scheduled delivery time?

1 2 3 4 5

7) Is your delivery person polite and helpful?

1 2 3 4 5

8) Does the food have good flavor?

1 2 3 4 5

9) Do you find the *Nutrition Notes* newsletter informative?

1 2 3 4 5

Comments: _____

CONGREGATE MEALS CONTINUOUS IMPROVEMENT PLAN

PROVIDER: _____

Completed by: _____ Date: _____

- I. Review your existing program:
 - A. average number of attendees
 - B. dining environment
 - C. average meal cost
 - D. food quality/ acceptance
 - E. number of employees, number of volunteers
 - F. effective aspects of your program
 - G. areas of your program need attention.

- II. Survey Results
 - A. Tally scores of each question
 - B. Comments from surveys

- III. Modifications
 - A. Made from surveys
 - B. Areas identified for program improvement

- IV. Proposed Improvements
 - A. List proposed improvements

- V. Results of Monitoring
 - A. Final results of changes made

HOME-DELIVERED MEALS CONTINUOUS IMPROVEMENT PLAN

PROVIDER: _____

Completed by: _____ Date: _____

- I. Review your existing program:
 - A. Food Packaging
 - B. Food Temperatures During Storage
 - C. Food Preparation
 - D. Holding Foods
 - E. Retention of Food Quality
 - F. Delivery of Food
 - G. Compliance to all Regulations

- II. Survey Results
 - C. Tally scores of each question
 - D. Comments from surveys

- III. Modifications – Please summarize below any modifications that were made to the home-delivered meal program in response to the needs and interests of consumers.
 - A. Modifications

- IV. Proposed Improvements – Please summarize below any proposed program and administrative improvements that will be made to the home-delivered meal program in the coming year.
 - A. Improvements

- V. Results of Monitoring – Please attach copies of all monitoring paperwork during the past year, including reports from AAA7 staff, health departments, USDA, etc.