Hospital Catering
Healthcare

A Case Study by

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MCGRATH

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Introduction

The client was a 500 bed hospital general hospital, a psycho-geriatric unit with 120 beds and a small rural unit of 30 beds. The catering department was running with an overspend equivalent to 20% of the annual budget.

In addition to budget issues there were a number of service level issues surrounding the quality of the food on offer and the lack of out of hour's provision for medical staff. Exit poles from junior doctors completing training at the hospital highlighted poor catering provision as a major drawback to working at the hospital.

Problem Statement

In addition to spiraling costs the service level issues included concerns about the quality of the food. The Chief Dietician had raised concerns that a number of vulnerable patients at the hospital could be at risk due to the nutritional value of the pre-prepared meals.

Feeding patients was not regarded as a priority at ward level and food was often served to patients outside temperature control guidelines.

The food waste levels were very high and frequently menus had to be changed at the last minute due to insufficient stock levels.

The overtime and temporary staff usage was unmonitored and contributing significantly to the budget deficit.

The hospital shop was very run down and poorly stocked. Computerized tills were

not being used correctly so the stock control facility was unused.

The staff dining room was underutilized and in addition to poor quality the customers had to wait for many food items causing queues and delays.

The out patients tea bar still had equipment purchased a year previously not yet installed. Similar to other areas the computerized tills were not being used correctly so the stock control facility was unused.

Objectives

1. To install a management control system to monitor key performance indicators for patient meals such as cost per meal.

2. To ensure that commercial activities such as the dining room and shop were at least breaking even.

3. To implement a sales and marketing program to boost dining room and shop sales.

4. To improve the delivery of catering services to hospital staff.

5. Ensure high quality food and service to ward based patients.

McGrath Solution

Communication changes were implemented to greater involve the catering staff in the vital role they have to play within the hospital and improve morale in the kitchens.

Catering managers contacted each ward to discuss their individuals catering requirements. Kitchen employees were sent to the wards on a daily basis to assist nurses making up the trays and cleaning down. This also helped address the issues surrounding food service delivery.

The breakfast and evening meals were amended to suit individual wards preferences. The lunch time meal was retained as a pan-hospital delivery.

Existing catering projects that had petered out within the commercial areas were reignited i.e. new equipment bought previously for the out patients tea bar was installed and the hospital shop was given a coat of paint. Additional projects including change of layout in the staff dining room were designed and implemented. Availability of stock items was assured through implementation of computerized stock system.

A longer term recommendation was made to close the satellite kitchen. As part of the process of evaluating alternative food delivery systems another hospital with a similar satellite model to the proposed option was visited to enable catering staff and hospital management to see it in action and ask questions.

A management control system was developed with the catering team to assist Chefs with forecasting and reduce excess waste and hours.

Benefit 1: Cost Reduction

The cost per meal was reduced by 27% during the course of the project.

Benefit 2: Turnover Increase

The dining room sales increased by more than 25% compared with previous year's figures without any price increases.

Benefit 3: Increased Motivation

Catering staff morale improved as they were now seen as part of a successful team within the hospital.

Benefit 4: Better co-operation

The kitchen staff now has a much greater association with the patients which has led to much greater levels of presentation and co-operation with the wards.

Benefit 5: Better service

By changing the hours of the outpatients tea bar a much better late night food service was provided for staff and patients with the additional benefit of a more accessible location.

Benefit 6: Better value

The Nurse managers and Dieticians were consulted and recommended changes that resulted in greater food choices and increased nutritional value for patients on the wards.

Implementation

Throughout the project the catering team and related staff were involved in determining the best approach and action.

Patient Food Service

The main hospital operated a production line for assembling all three meals; the food was packed onto trays and delivered to wards by portering staff. Many of the temperature problems could be attributed to this method of assembling and distributing meals.

In consultation with the ward sisters a revised food delivery system was designed around the needs of the patient.

The decision to only run the production line once a day at lunchtime had a profound impact on the kitchen. Because the production line had to be cleaned and reset each time it was used a disproportionate amount of kitchen time had been spent on set up. This change freed up enough kitchen staff time to allow the main kitchen to also produce food for the two smaller hospitals producing significant cost reduction and improvements in service.

Tailoring the Service to the Patients

Catering managers worked with ward sisters to customize the service to each ward. Wards with mobile patients such as the maternity unit opted for a buffet service while wards with bed bound patients were given a trolley service.

Trolleys were tailored of the wards so the children ward was provided with a “Thomas the Tank Engine” trolley. Both breakfast and evening meals have one hot dish ie porridge in the morning and soup in the evening. Nurse Managers and Dieticians were consulted.

This was piloted in one ward in the main hospital and a pilot ward in the smaller hospital tested food prepared in the central kitchen and transported to a hot trolley on site. The project team with catering staff conducted observations made on the time taken to deliver and serve the food at ward level and monitoring of food quality was undertaken. The pilot results were unanimously successful and provided a boost of confidence to the catering staff.

As the project was rolled out to the entire hospital feedback from the wards was greatly improved and the catering and nursing staff worked together to produce protocols at ward level. This continued to build the relationship and created a team approach to patient feeding.

Commercial Activities

A system of forecasting staff meal numbers was introduced in the dining rooms was introduced based on the uptake of meal items previously. The layout of the staff dining room was

changed to offer some food i.e. baked potatoes to be available from a hot plate rather than being produced to order. Items that would continue to be produced to order were located outside the main traffic flow thereby preventing bottlenecks.

The members of the catering team were involved in the development of key performance indicators including the daily sales and the value of sales of each main menu item as a percentage of the overall sales.

Weekly stock checks were introduced and the weekly wage bill used to calculate a weekly profit level for the dining room. This gave the team a greater sense of ownership and awareness of the impact their decisions made. It also allowed them to evaluate changes in a much shorter time frame.

Management System

The catering mangers worked closely with the project team to develop that would give them greater insight to their ongoing performance. The catering managers forecast the expected volumes of each meal item based on a scanning system which collates information from the patient's menu cards. The Chefs then plan their staff and materials on a daily basis according to the projected meal numbers. An hour before each meal final numbers are available from the menus system and additional meals are prepared if necessary. A waste system was introduced to monitor waste on a meal by meal basis and the chefs measured daily against cost per meal targets and nutritional balance indicators. The volume of meals served from the trolleys is recorded based on the number of trays issued and individually packaged items are used to eliminate waste.

The stock of raw materials is monitored weekly with the raw materials issued against a specific meal type; the cost of each meal is monitored weekly. Other key performance indicators are also recorded such as meal volumes and labor costs. As a result of the changes n production and distribution process the use of temporary staff was curtailed and the overall wage bill reduced significantly.

Summary

The changes in the catering department were hailed as a great success not only by the catering department and hospital management but also the ward nurses and general hospital staff.

Nutritional concerns were addressed system elements were introduced and training carried out with catering staff to ensure that nutritional considerations were applied to each meal.

Motivation amongst catering staff improved considerably and the team members are proactive in their approach to identifying problem areas and finding solutions they can implement.

The introduction of the management control system and key performance indicators gave hospital management a transparent view of increased levels of performance.

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