Mater Private Hospital, South Brisbane:

Traditional tray line to Roomservice

July 2013
Background & Issues – Pre July 2013

- 14 day cycle, semi integrated paper menu
- Cook fresh and cook chill production
- Traditional menu delivery in am → dinner, breakfast, lunch
- Fully manual menu processing; paper and storage issues
- Set meal times: BF @ 6am; L @ 12pm; D @ 5.30pm
- Significant surgical and oncology population
- Significant patient status and preference changes, movement
- Issues related to diet communication and changes
- Significant production time to produce “non-menu” items
- Many late meal tray deliveries
- Patient feedback – Press Ganey survey
- Plate waste & kitchen waste
The project while responding to consumer feedback, focused on ensuring a safe method of ordering and delivering meals, meeting the nutritional needs of the patient whilst creating efficiencies and minimising waste in production.
The Process

• Engagement of DM&A (USA consultants)
• Steering committee formed
• Working groups formed
  ➢ IT
  ➢ menu
  ➢ HR and training
  ➢ marketing
  ➢ building and construction; procurement
  ➢ process planning
• Multidisciplinary – F/S, N&D, Service Improvement Unit (& nursing), IT, marketing, HR, capital works
The Implementation

- Workflow redesign – menu management, production, delivery, collection
- Interface solutions
- Database build, compliances, therapeutic diet revision
- Training and education
- Clinical process changes – nursing, allied health
The Product

- Hotel style room-service model
- One integrated menu with educational symbols (CHO, ♥, GI)
- Meal service available 0630 – 1900hrs
- All day breakfast; non breakfast menu items from 1100hrs

**OPTIONS:**

1. **Room-service**: Patients call for meals → call centre (RSR) → production (kitchen) → delivery within 45mins (DH) → dirty tray pickup within 1hr (DH)

2. **Room-service Assist**: bedside entry using ipads

3. **Set Menu**: standard/ default meals provided (3)
The Outcomes

- Nil paper; less crowded menu office (call centre)
- Real time menu change updates through CBORD
- Improvement to diet allocation and patient changes
- Production time dedicated to menu items
- Reduction in meal delivery errors
- Reduction in midmeals/ supplements produced
- Nil late meal deliveries
- Introduction of 3 patient identifiers on meal delivery
- Patient feedback improved
- Plate waste & kitchen waste reduction
The Metrics

• Plate waste from 29% to 12%
• Change in largest wastage items from protein/meat to milk/tea/coffee
• Change in highest waste wards from surgical & onc/haem wards to CV and ortho wards
• Change in most common reason for waste from nausea/unwell to taste/temp/texture dislike

➤ Next step to correlate foodservice system and plate waste to nutritional intake and status

• Consumer engagement: 80-100% consumers enjoy roomservice and rate it as improved meal service compared to previous model
• Significant improvement in patient satisfaction surveys
The Learnings

• Engage all stakeholders early – use the multidisciplinary team
• Map all the processes early and use good project management methodology
• Use the change process opportunity to improve other integral processes eg diet allocation, patient information transfer, pt identification
• Listen to consumers
Phase 2 & Ongoing

Phase 2

- Menu redesign with consumer feedback
- Phase Two – Visitors and relatives to order

Ongoing

- Ordering integration with Patient Entertainment System
- Upgrades to service delivery software
Ongoing Audit Matrix

**Ongoing process audits** – KPI’s
(scripting & pt identifiers, diet allocation, queued tickets)

**Ongoing outcome audits**: (meal quality, mealtme environment, plate waste, pt satisfaction)

Malnutrition screening prevalence & process audits

? Links between foodservice model and nutritional status of patients