Private and Public Hospital Food Services

Is there a difference?

How to meet expectations within budget

Carmel Lazarus: A/Director of Allied Health, St Vincent’s Hospital and, Food Service Manager, St Vincent’s Health Australia Darlinghurst
clazarus@stvincents.com.au
Largest Catholic health & aged care provider along east coast

27 Facilities

- 6 Public
- 8 Private
- 13 aged care
- 4 co-located research institutes

SVHA Facilities
- 2,500 beds
- 1,100 aged care places
- 16,000 staff employed
- 1,300 volunteers
Our Mission
As a Catholic health and aged care service our mission is to bring God’s love to those in need through the healing ministry of Jesus. We are especially committed to people who are poor or vulnerable. We draw on the talents of our people and collaborate with others who share our vision and values to continue the pioneering spirit of Mary Aikenhead and the Sisters of Charity. We are committed to providing compassionate and innovative care, enabling hope for those we serve.
Our Food and Nutrition Service

Predominantly Cook Fresh Food Service Operation
Manage production and distribution of our meal service

Centrally Hot Plated Meals for inpatients

Bulk Delivery/Cafeteria style with Dining Room for
Mental Health Service – Private and Public
Homeless Health

One Staff Cafeteria servicing the Public and Private Hospitals

One designated team servicing Public and Private Hospitals
Production Team
Meals Delivery Team
Nutrition Assistant Team

NSW Food Authority and HACCP Accredited
Produce >1million meals/year
Interconnectivity between Entities

Separate entities

Revenue streams - Health Funds vs MoH

Different Drivers

Patient Acuity – very complex in public environment, particularly around homeless health and mental health services

What does this mean for Food and Nutrition Services?
Components of Food Service System
Patients don’t discriminate

MEDIA RELEASE

May 2016

Hospital elderly: malnourished and underfed

Patients are starving in our public hospitals but Royal North Shore Hospital is leading the way in an effort to address the problem, a public hearing at the hospital heard this week.

Hospital nutrition and dietetics manager Joanne Prendergast said malnutrition was a problem.

"It's a front-line clinical tool," Ms Prendergast said. "Malnourished people have poorer outcomes when they are admitted and are more likely to die while in hospital and after discharge."

Ms Prendergast said dietitians were providing nutrition education and screening to ensure patients were eating a balanced diet.

The hospital dietitian, Rhonda Matthews, said she had conducted a 3-month study of food service in hospitals in the Northern Sydney area and found that poorly nourished patients stayed in hospital for an average of 30 days, compared with 18 days for a well-nourished patient, because their bodies were less able to fight disease.

Hospital dietitian, Rhonda Matthews, said the study showed the need for better food service in hospitals. She said the study also showed that many patients were not being screened for malnutrition.

The study found that many patients were being discharged before they had been screened for malnutrition.

"It's important that we identify patients who are malnourished early so we can provide them with the care they need," Ms Matthews said.

Ms Prendergast said the hospital was working with dietitians to ensure patients were getting the best possible care.

The hospital has also introduced a new dietetic service to help patients with their dietary needs.

"It's important that we provide patients with the best possible care," Ms Prendergast said.

New South Wales

Elite nursing home under investigation

One of the country's most prestigious nursing homes, The Elisabeth by Sydney's St Vincent's Private Teaching Hospital, is under investigation over allegations of abuse.

The publicly-owned aged care facility has long been home to Sydney's elderly with residents including the former prime minister Paul Keating.

A former resident, now living at the University of New South Wales, has described "a dark place" at the facility, where residents were "treated like animals".

"I think the facility should be shut down," the resident said.

The facility is operated by the Elisabeth by Sydney (formerly Wigram) and managed by the University of New South Wales.

"I was treated like a virus in a Petri dish," the resident said.

The facility is owned by the University of New South Wales and managed by the University of New South Wales.

"I was treated like a virus in a Petri dish," the resident said.
Quality of Care determinants

Quality of Technical care
Quality of Interpersonal relationships
Hospital Amenities and Environment
## Best Practice Australia Employee Culture Survey

### Food Services - Production and Stores Action Plan - 2013

<table>
<thead>
<tr>
<th>Action Item: Values and Behaviours</th>
<th>Proposed Strategies</th>
<th>Proposed KPIs</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code of Conduct Training and discussion around appropriate behaviours and expectations</td>
<td>All staff attend code of conduct training and receive booklet</td>
<td></td>
<td>Completed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Action Item: Barriers to a Great Workplace - Fairness in Rostering</th>
<th>Proposed Strategies</th>
<th>Proposed KPIs</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meeting with HR/Union regarding rosters</td>
<td>Held a series of meetings with staff representatives to communicate issues raised in meetings regarding rostering</td>
<td></td>
<td>Completed</td>
</tr>
<tr>
<td>Improve communication around roster changes</td>
<td>Supervisors notify staff of roster variations before distributing</td>
<td></td>
<td>Ongoing</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Action Item: Leadership – good communication and performance review</th>
<th>Proposed Strategies</th>
<th>Proposed KPIs</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performance Appraisals – include development plan</td>
<td>Complete for all staff annually</td>
<td></td>
<td>Completed for 2013</td>
</tr>
<tr>
<td>Monthly meetings – attended by Senior Manager</td>
<td>Attend at least bi-monthly staff meetings</td>
<td></td>
<td>Ongoing</td>
</tr>
</tbody>
</table>

### Which questions rated the strongest for us?

<table>
<thead>
<tr>
<th>Attribute</th>
<th>Your Rating</th>
<th>Benchmarking Partner Norm</th>
<th>Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>The organisation ... Ensures management listen to staff.</td>
<td>95%</td>
<td>35%</td>
<td>Leadership</td>
</tr>
<tr>
<td>The organisation ... Addresses morale issues.</td>
<td>100%</td>
<td>41%</td>
<td>Engagement</td>
</tr>
<tr>
<td>The organisation ... Ensures high standards of leadership.</td>
<td>100%</td>
<td>45%</td>
<td>Leadership</td>
</tr>
<tr>
<td>Manager(s) for my work unit ... Help me to plan how to improve my performance.</td>
<td>94%</td>
<td>43%</td>
<td>Leadership</td>
</tr>
<tr>
<td>The organisation ... Addresses staffing issues.</td>
<td>84%</td>
<td>33%</td>
<td>Quality &amp; Innovation</td>
</tr>
</tbody>
</table>
Private vs Public

Budget
- Patient Expectations
- Food Quality
- Medical and Therapeutic Needs
- Nutrition Standards
- Cultural Preferences
- Food Safety
- Appetising Meals – appealing, tasty
- Courteous Staff

Environment
- Patients
- Culture
- Staff
- Expectations
- Staff Award
- Meal Presentation
- Variety of Menu
- Technology

Budget
- Environment
- Patients
- Expectations
- Staff Award
- Meal Presentation
- Service Trends
- Variety of Menu
- Technology

Staffing

Culture
Applying a Framework to Improve Patient Experience

ACI Nutrition Network

The Patient Nutrition Care Journey
A guide to support implementation of the NSW Health Nutrition Care Policy

St Vincent’s Health Australia
Code of Conduct

EQuIP National Guidelines

SAFETY. QUALITY. PERFORMANCE.
Framework to meet expectations

Embedded Patient Advocacy into this Framework

Nutrition screening, assessment, care planning, monitoring
Will highlight undernourished patients and those at risk of becoming undernourished and who require referral to other services

Food and fluids provided
Access to suitable meals, special diets and fluids will be available where clinically indicated

Mealtime environment
The meal environment will be conducive to eating. Meal time at least 30min.

Supervision and assistance to eat and drink
Assistance to eat and drink will be offered

Mealtime observation
Will highlight if patients are at risk of becoming undernourished and if there is a need for referral to other services

Transfer of care
Quality and safety, communication, patient feedback, clinical handover and continual clinical monitoring

Policy and Governance

Nutrition and Food Governance Committees
NSW Health and Local Health Districts

Nutrition Care Policy
NSW Health

Nutrition Standards and Therapeutic Diet Specifications for inpatients in NSW hospitals

UNDER THE STEWARDSHIP OF MARY AIKEN-HADD MINISTRIES
Gap Analysis – Adapted Framework

Patient Nutrition Care Journey

Nutrition screening, assessment care, planning monitoring
- Admission, Nursing, Medical, Nutrition Risk
- Referral to dietitian
- Referral to other services
- Diet orders

Food and Fluid assessment
- Patient menu selection
- Meal assembly
- Meal Delivery

Meal Time environment
- Supervision and assistance to eat and drink
- Meal time observations

Transfer of care

Quality and safety
Integrated Approach – Public and Private

Key Systems

Structure - Refine the governance structure to ensure coordinated care and oversee nutrition policy implementation

Roles - Identify responsibilities of key staff involved in food and nutrition service delivery

Menu Service - Improve provision of nutrition care and advice through a spoken meal selection system
  – Bedside Menu Service

Meal Service - Improve patient meal access through meal service and assistance

Menu Re-design - Develop and implement a Menu development program incorporating NSW Health Nutrition Standards. Inviting patient representation for the committee and sensory analysis panel.

Patient Advocacy - Develop and implement a Patient engagement system to ensure our food and nutrition care is responsive and drives patients needs
Engaged Consumers

Written Feedback Program
Collated and Reported at Monthly Menu Review Committee
Patient Satisfaction Survey – validated tool – Press Ganey – collected monthly
Consumer Advocacy

Conduct Ward Rounds

Interview Patients and their Family
Table report at Menu Review Committee
Attends Sensory Analysis/Taste Testing Food Panel

Attends Nutrition Governance Committee

Involved in Recipe Development & Product Evaluation
Expectations – How do we know?

Team Meetings

Executive

PATIENT

Line Staff

Line Manager

Board

Strategic Plan

Daily Briefings

Culture Survey

Performance Reviews

Patient Satisfaction Surveys

Consumer Advisory Council

Patient Advocate – Ward Visits

UNDER THE STEWARDSHIP OF MARY AIKENHEAD MINISTRIES
### Goal Setting - Align to Strategic Plan

#### FOOD SERVICES - STRATEGY MAP 2010-2012

<table>
<thead>
<tr>
<th>SERVICE GOALS</th>
<th>PATIENTS</th>
<th>SUPPORT SERVICES STAFF</th>
<th>OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INTERNAL PROCESS</strong></td>
<td>Maintain quality and safety.</td>
<td>Increase staff satisfaction.</td>
<td>Enhance existing and develop new partnerships.</td>
</tr>
<tr>
<td>Improve by innovation.</td>
<td>Increase patient satisfaction.</td>
<td>Enhance unity and compassion through values-based education.</td>
<td>Incorporate technology.</td>
</tr>
<tr>
<td>HACCP Accreditation.</td>
<td>Develop a systems based approach to services</td>
<td>Provide caring professional and rewarding work environment</td>
<td>Continual HACCP accreditation.</td>
</tr>
<tr>
<td><strong>LEARNING AND GROWTH (Technical Services Staff)</strong></td>
<td>Develop new ideas to improve work processes.</td>
<td>Participate in staff survey.</td>
<td>Improve communication and timeliness of information.</td>
</tr>
<tr>
<td></td>
<td>Develop training Programs to support initiatives.</td>
<td>Identify staff motivators and develop reward and recognition program.</td>
<td>Participate in relevant committees and forums.</td>
</tr>
<tr>
<td>To continuously survey our customers.</td>
<td>Improve communication channels.</td>
<td>Develop career-path, ongoing education.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Develop new ideas to improve work process.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Develop and empower supervisors.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Develop career-path, ongoing education.</td>
<td></td>
</tr>
<tr>
<td><strong>FINANCIAL</strong></td>
<td>Meet budgeted benchmarks.</td>
<td>Meet financial goals.</td>
<td>Consider budget allocation for staff development needs.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Continue cost vigilance and benchmarking.</td>
</tr>
</tbody>
</table>
Meeting Expectations

Patient Expectations

**Quality:**
- Safe food supply
- Nutritious Food
- Appealing to the eye
- Right temperature and taste

**Service:**
- Reach Meal
- Courteous staff
- Correct & timely meal
- Assistance with selection
- Time to eat
- Attentiveness
- Variety/Portion choice
- CUSTOMISATION

Line Manager

- Reliability
- No Surprises
- Follow SPs
- Professionalism
- Feedback on issues

Operational Staff

- Correct, timely pay
- Develop professionally
- Safe environment
- Job Security
- Communicate vision clearly
- Treated according to Code of conduct

CEO/Board – SVHA

- Mission and Social Justice - Strengthening our mission
- Exceptional care – patient centred
- Remarkable People - Investing in our people
- Sustainability and Growth - Growing to support community demand

UNDER THE STEWARDSHIP OF MARY AKE-ENHEAD MINISTRIES
Balanced Scorecard – Monitoring Performance

<table>
<thead>
<tr>
<th>KPI</th>
<th>Performance Measure</th>
<th>Manager Responsible</th>
<th>Service Responsibility</th>
<th>SVHN Responsibility</th>
<th>Frequency of Reporting</th>
<th>Status</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Services provided within budget.</td>
<td>CL</td>
<td>Provide services within budget.</td>
<td>Provide appropriate funding for any additional services requested by or negotiated with any of the facilities of SVHN.</td>
<td>Quarterly</td>
<td>Met</td>
<td>Variations to budget provided monthly to SVHN Support Services</td>
</tr>
<tr>
<td></td>
<td>Excessive annual leave balances reduced.</td>
<td>CL</td>
<td>System in place for measuring and monitoring excessive leave.</td>
<td>Ensure excessive leave reports are easily available to manage the process effectively.</td>
<td>Annually</td>
<td>Ongoing</td>
<td>Reduced excessive leave, 75% staff HR avoids NA for last 4 months highlighting staff with excess leave</td>
</tr>
<tr>
<td></td>
<td>50% of staff attended mandatory training including training as required by SVHN.</td>
<td>CL</td>
<td>Schedule and monitor staff attendance at mandatory training.</td>
<td>Where appropriate provide face-to-face mandatory training sessions that are at appropriate times for Support Services staff to attend.</td>
<td>Annually</td>
<td>Met</td>
<td>100% completed</td>
</tr>
<tr>
<td></td>
<td>Staff performance reviews and development plans in place.</td>
<td>CL</td>
<td>Schedule and complete the performance reviews and development plans completed annually.</td>
<td>Online performance reviews are accessible to all staff.</td>
<td>Annually</td>
<td>Ongoing</td>
<td>100% completed</td>
</tr>
<tr>
<td></td>
<td>Action plans from Best Practice Australia survey</td>
<td>CL</td>
<td>Action plans in place for all services.</td>
<td>Support as appropriate.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Implement Code of Conduct</td>
<td>CL</td>
<td>Code of Conduct training held for all staff &amp; HSES attendance at sessions.</td>
<td>HR and Mission support for implementation.</td>
<td>Annually</td>
<td>Met</td>
<td>Julie Taylor has some sessions, others done within staff meetings</td>
</tr>
</tbody>
</table>

Performance Measures

• Quality
• Financial
• Internal Processes
• People and Culture
<table>
<thead>
<tr>
<th>NUTRITION QA</th>
<th>PASS</th>
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<tbody>
<tr>
<td>Diet Tray Accuracy - SVPH</td>
<td>100%</td>
<td>100</td>
<td>100</td>
<td>98</td>
<td>98</td>
<td>98</td>
<td>100</td>
<td>100</td>
<td>96</td>
<td>100</td>
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<td></td>
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<tr>
<td>Card File Accuracy - SVPH</td>
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<td>93</td>
<td>94</td>
<td>90</td>
<td>82</td>
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<td>93.7</td>
<td>94.5</td>
<td>90</td>
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<tr>
<td>Supplement Audit - SVPH</td>
<td>75%</td>
<td>81</td>
<td>96</td>
<td>100</td>
<td>94.5</td>
<td>93.3</td>
<td>95.3</td>
<td>92.8</td>
<td>70</td>
<td>98</td>
<td>98</td>
<td>100</td>
<td>93</td>
<td></td>
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</tr>
<tr>
<td>Pts Visited - Total - SVPH</td>
<td>100%</td>
<td>92</td>
<td>94.5</td>
<td>91</td>
<td>92.4</td>
<td>94.4</td>
<td>95.6</td>
<td>94</td>
<td>94.2</td>
<td>94.1</td>
<td>94.3</td>
<td>94.1</td>
<td>94.6</td>
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<tr>
<td>Diet Tray Accuracy - SVH</td>
<td>100%</td>
<td>95</td>
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<td>90%</td>
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<td>Supplement Audit - SVH</td>
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<td>90</td>
<td>96.6</td>
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<td>90.3</td>
<td>90.5</td>
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</table>

<table>
<thead>
<tr>
<th>FOOD SAFETY</th>
</tr>
</thead>
<tbody>
<tr>
<td>HACCP Audit</td>
</tr>
<tr>
<td>NSW Food Authority</td>
</tr>
<tr>
<td>STAFFING - EXCESSIVE LEAVE &amp; PERFORMANCE REVIEWS</td>
</tr>
<tr>
<td>Excessive leave balance - Production/No. of staff/total (&lt;95%)</td>
</tr>
<tr>
<td>Excessive leave balance - Nutrition/No. of staff/total</td>
</tr>
<tr>
<td>Performance Reviews Done Production/No. (95%) of pe</td>
</tr>
<tr>
<td>Performance Reviews Done Nutrition/No. of (95%) of pe</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SVH PT SATISFACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. Feedback forms</td>
</tr>
<tr>
<td>% positive Patient Feedback forms</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SVH PT SATISFACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. Feedback forms</td>
</tr>
<tr>
<td>% positive Patient Feedback forms</td>
</tr>
<tr>
<td>NSW Health Pt Satisfaction Survey</td>
</tr>
<tr>
<td>Min 3.5/5 (70%)</td>
</tr>
</tbody>
</table>
Measuring Performance and Sharing Information

Graph 1: Patient Feedback Before and After Model Implementation

Graph 2: Press Ganey Results - Before and After Model Implementation
Celebrate and Share Successes

Category: Healthcare Measurement
QI Award Winner

Making food and nutrition care a priority on St Vincent’s Campus
FOOD AND NUTRITION SERVICES

QUALITY IMPROVEMENT AWARDS 2012
CERTIFICATE OF ACHIEVEMENT

Food and Nutrition Services
St Vincent’s Private Hospital, Sydney, NSW

We are to acknowledge that

The submission was titled: Making food and nutrition care a priority on St Vincent’s Campus
Authors: Carmel Lazarus, Guy Nelligan

UNDER THE STEWARDSHIP OF MARY AKEN-HEAD MINISTRIES
Thank you to our Wonderful Food and Nutrition Services Team

Homepage Bulletins

Our kitchen rules

Congratulations to St Vincents’ Food and Nutrition team, who have been awarded winners for their project, “Making Food and Nutrition Care a Priority on St Vincent’s Campus”.

This significant achievement was awarded by the Australian Council on Healthcare Standards and is testament to the vision and commitment of the entire team.

Inspired by Florence Nightingale who, in 1860 said “thousands of patients are annually starved in the midst of plenty, from want of attention to the ways which alone make it possible for them to take food”, the team’s aim was twofold:

1. Provide optimal nutritional care and professional hospitality as a critical component of the patients’ total clinical care package; and
2. Encourage a collaborative and coordinated approach to patient care.