

Food Room Service Project Mater Health Services, Australia

GGHH Agenda Goals

- Food
- Waste

Institution's Goals

- Mater Private Hospital Brisbane was the first private hospital in Australia to offer hotel-like Room Service to patients. The initiative has also led to some sustainability related outcomes.
- Food has not been identified as a major theme of the *Sustainability at Mater* program, but there are links to the procurement and waste themes from this initiative led by the Nutrition Dietetic and Food Services teams at Mater.

Progress Achieved

- Reduction in total food costs by \$330K per annum
- Significant reduction of floor stock
- Opportunity to offer seasonal produce
- FTE neutral (reallocation of staffing)

The Issue

Prior to implementing Room Service, a traditional fully manual, paper based, cookfresh, trayline system was in place. Like many hospitals, patients completed their menu choice the day prior to meals. Paper menus were delivered to patients to complete and then picked up at a later designated time. Traditional hospital meal times were in place with dinner being plated and served between 5.30 pm and 6.30 pm. We provided set standard midmeals to many of our therapeutic diets, many of which we suspected anecdotally were not consumed. Many late meal deliveries were required late as a result of patients not completing a menu, late admissions and significant changes to diet codes between menu ordering and meal production.

We also had relatively low ratings on our patient satisfaction measures for food, high levels of plate waste and significant general kitchen waste as a result of our forecasting and bulk cooking processes.

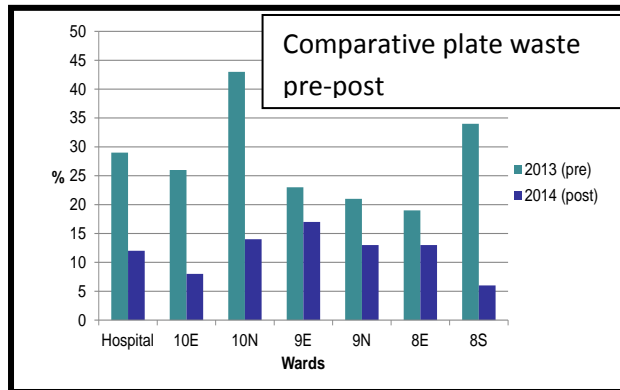
Sustainability Strategy

The chosen solution was 'Roomservice Choice on Demand' which is a system most commonly seen in the USA, previously not seen in Australia. As its name suggests, it is most like a hotel style room service system. One a la carte style menu integrates 97 per cent of therapeutic diets and we use educational symbols to assist patients' appropriate choices. Patients are able to order their meals anytime between 6.30 am and 7 pm and their meal is prepared fresh and delivered within 45 minutes. Breakfast items are available all day and lunch and dinner (hot items) from 11am. The menu was reviewed 12

months post implementation and patient feedback and suggestions are now included in the new menu.

Tracking Progress

There were four key measures of success following the implementation of this new system. The first was patient satisfaction which was measured through an external benchmarking organisation. The second was plate waste, and a five point visual tool as well as a semi structured interview seeking feedback on reasons for waste was used. The graph shows differences in the pre and post plate waste as a



hospital total and also by individual wards. The third was kitchen savings and food costs and there was a significant reduction in total food costs by an estimated projection of \$330 000 per year. This has been partly due to reduced floor stock but also due to significant reduction in kitchen waste as we moved from forecasting and bulk cooking to cooking on demand. In terms of staffing this model requires an increase in Full Time Equivalents in chefs throughout the day but this is offset by a decrease in total kitchen staff at peak times (particularly those previously used to both prepare and deliver midmeals) as there is now no standard midmeal trolley. In addition to this, the use of a single a la carte menu and an electronic menu management system allows much easier changes to menu items enabling seasonal produce to be used, further reducing food costs. The fourth and final measure we looked at was nutritional intake measured again through a five point visual tool. Both protein and energy intake was clinically significantly increased in the roomservice model.

Challenges and Lessons Learned

- Educating patients and making them aware of the new meal ordering system and how and when they can order their meals, as this is unlike any other hospital foodservice system in Australia.
- We have implemented a module within the electronic menu management system called Tray Monitor Tray Pickup © to allow us to track dirty trays and ensure that we have timely tray pickup as this was one a challenge encountered early in the process .
- We have seen a clear meal order pattern when patients are left to order their meals/ snacks themselves which has assisted us to reduce unnecessary food waste. There are a high percentage of patients who order food at traditional breakfast and dinner times, slightly less at traditional lunch times and reduced ordering in between these times (i.e. traditionally morning tea, afternoon tea and supper times). This reduction in ordering at supper may be a result of the spread of meal ordering hours increasing, as evening meals can be ordered as late as 7 pm and delivered by 7.45 pm. This time change then negates the need for supper and we have reduced our food and supplement waste at this time significantly.

The number one lesson learned is that if patients are left to decide for themselves what and when they will eat (within medically determined therapeutic diet restrictions), their satisfaction increases, their nutritional intake increases and our waste and costs decrease.

An electronic menu management system can allow relatively quick and easy master menu changes to be made to enable patient preferences to be accommodated and popular/unpopular items to be determined and seasonal produce to be utilized leading to decreased waste and reduced costs of food purchased.

Using an agile cook on demand system also allows local and seasonal produce to be utilized, further enhancing the sustainability value of our menu:

Local ■ Seasonal ■ Nutritional ■ Sustainable

Next Steps

We are looking to integrate the ordering system into the patient entertainment system allowing patients to order meals via their TV/entertainment screen.

We will be repeating our nutritional intake and plate waste measures on a regular basis and are looking to implement a brand new module Mobile Intake © which allows monitoring of nutritional intake and plate waste on a meal by meal or daily basis using live data. We are also conducting stakeholder surveys to obtain clinician feedback on room service as a foodservice system (dietitians, speech pathologists, nurses).

We receive many requests from patients wanting their relatives and guests to join them in a meal in hospital and we are currently in the planning stages to enable guests to purchase meals.

Demographic Information

Mater Health Services comprises several hospitals, health centres, a world-class medical research institute and pathology and pharmacy businesses—all with one aim—to provide Exceptional Care. Our concerted pursuit of innovation—to discover, improve, adopt and adapt—differentiates Mater as a leader in the areas of health, education and research. By integrating these fields into the delivery of exceptional healthcare services, Mater is committed to the development and maintenance of healthy communities.

Mater is dedicated to providing healthcare services through a sincere commitment to our core Values of Mercy, Dignity, Care, Commitment and Quality. A Catholic not-for-profit ministry, we are committed to an holistic approach to healthcare in response to ever-changing community needs. We continually strive to improve how we deliver patient care, keep our knowledge and skills relevant, advance our understanding of illness and health and manage resources effectively.

Keywords / topics:

Food, Waste, Room Service