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Benchmarking in Heatlh Care Foodservice Operations

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POSTER SESSION: FOOD, FOODSERVICE, AND MANAGEMENT/MEDICAL NUTRITION THERAPY

TITLE: "READY-SET-COOK": AN INTERACTIVE NUTRITION EDUCATION PROGRAM FOR UNIVERSITY STUDENT-ATHLETES

AUTHOR(S): L.A. White, MS, RD, LD; L. Burgoon, MS, RD, LD; B. Sabbert, MS, RD, LD; R. Ahlgren, MS, University of Illinois, Urbana-Champaign

LEARNING OUTCOME: To describe an interactive nutrition education program used to provide hands-on cooking experience to enhance culinary skills.

ABSTRACT TEXT: "Ready-Set-Cook" was an interactive program designed to offer hands-on food preparation experience to university freshmen and sophomore student-athletes. Anecdotes of poor nutrition practices and expressed interest in sports nutrition were the catalyst for this programming. Designing the program was a cooperative effort that included staff from the university health center, athletic academic services and training table facility. Programs took place over 5 sessions, with 242 athletes and 8 coaches attending. After a brief discussion about optimal nutrition for peak athletic performance, participants were assigned to one of 6 cook stations supplied with a microwave oven, grill, toaster oven or blender. Participants used ingredients provided to prepare a snack, entrée and/or side dishes. Each group sampled the prepared food and completed a work sheet describing the recipe, ingredients used, degree of difficulty, and how to incorporate the food items into a healthful meal plan. Information from each group's work sheet was presented to the group at large. Written evaluations completed by 192 athletes (79% response) suggest they found the program to be useful, informative and fun. Presenters identified the interactive format as a program strength, however it necessitated limiting group size. Athletes and program leaders agreed that the recipes were simple to prepare and using more difficult recipes would improve the program.

TITLE: A STANDARDIZED METHOD FOR BENCHMARKING CLINICAL SERVICES

AUTHOR(S): C.C. Bowman, M.S., R.D./L.D., Saint Francis Health System, Tulsa, OK; L.A. Coston, MBA, R.D./L.D., Saint Francis Health Care System, Tulsa, OK

LEARNING OUTCOME: To provide managers a standardized method for benchmarking clinical nutrition services.

ABSTRACT TEXT:
The continuum of change in health care reimbursement has necessitated the development of output standards or benchmarks that allow managers to compare their operation to other similarly organized and operated departments of like size. The result of this process has been "right-sizing." The guidelines for benchmarking within the foodservice industry are clearly defined by many sources such as MECON and HFM, and include statistics such as meal equivalents generated per man-hour, net cost per patient day, and other activities that are quantifiable in numeric terms. More difficult, however, is the standardization of clinical nutrition output where a revenue stream may not be attached to the service provided. In our 660 bed urban hospital, an existing computer program for measuring clinical productivity is utilized to allow comparisons to benchmarking standards. Using Microsoft Excel™, the services of all clinical staff, including dietitians and dietetic technicians are classified in increments of time required to provide either nutritional assessment and/or counseling services. An intervention of 1 to 7 minutes is short (S); 8 to 15 minutes is brief (B); 16 to 30 minutes is intermediate (I); and, 31 to 60 minutes is comprehensive (C). The goal is for each dietitian to generate between 60 to 80% of his or her productive time in direct patient care. This process allows clinical managers to capture and integrate into the productivity model additional clinical activities required for successful patient outcomes. Among these activities are time spent in patient care rounds, calorie counts, and group counseling. In addition to productivity monitoring, one result is an internal benchmarking program that gives managers a concept of the amount of work required for each clinical position. The most important result is the ready availability of data that is easily adapted to any external benchmarking program adopted by the facility.

TITLE: DECREASING ON THE JOB INJURIES AT A LARGE MILITARY HOSPITAL FOODSERVICE DEPARTMENT

AUTHOR (S): J. Reagan, MS, MHA, R.D., MAJ, U.S. Army; B. Forman, MS, R.D., COL, U.S. Army; A. Briscoe, LT, U.S. Army; T. Olson, LT, U.S. Army, Walter Reed Army Medical Center, Washington, D.C.

LEARNING OUTCOME: To provide resources for decreasing on the job injuries in healthcare organizations.

ABSTRACT TEXT: Using a FOCUS-PDCA (find a problem, organize a team, clarify current knowledge, understand variables, and select the process to improve) approach, we organized a process-action team to decrease on the job injuries of foodservice employees. Over the past four years, 105 injuries occurred in the kitchen with the majority of injuries in the dish room. Most injuries were contusions or back injuries. Total lost time from injuries included 120 lost days from 19 injuries. The process action team concentrated on four areas of improvement: equipment, environment, employee involvement, and management processes. The team initiated a safety shoe program to decrease slips and falls. The team made improvements to the environment by identifying and eliminating physical and procedural hazards while also improving workflow in the kitchen. Employees developed a safety motto "Nutrition Care Directorate U B Safe" and safety contests for each section. Management focused on employee training incorporating a safety topic of the month with supervisor focused monthly training and new employee safety training. Employee safety certification was also developed. This program is the starting point for decreasing accidents, which will potentially reduce injuries, improve employee morale, and decrease workman's compensation insurance premiums.

TITLE: BENCHMARKING IN HEALTH CARE FOODSERVICE OPERATIONS

AUTHOR (S): J. J. Reagan, MS, MHA, R.D., MAJ, U.S. Army, C. M. Bednar, Ph.D., R.D., M. Rew, MS, R.D., Texas Woman's University, Denton, TX and M. Worley, MS. R.D., LTC, US Army

LEARNING OUTCOME: To describe benchmarking practices in health care foodservice operations

ABSTRACT TEXT: A questionnaire focusing on benchmarking measures and practices was developed and pilot tested with 22 foodservice directors at healthcare facilities. A revised questionnaire was mailed nationwide to 200 members of the American Society of Healthcare Foodservice Administrators and 200 members of the American Dietetic Association Practice Group, Management in Food and Nutrition Systems. The 111 respondents (28% response rate) included mostly self-operating foodservice directors using conventional production systems at facilities with an average of 300 patient beds. Nearly all used some type of benchmarking; however, only 28 facilities were benchmarking clinical productivity. Eighty-eight directors had used a benchmarking partner. Most directors used meal equivalents, patient days or meal transactions as workload indicators. Meal equivalents were calculated by a wide variety of methods. Labor hours were most often calculated as productive hours, and full-time equivalents. Respondents considered the most effective performance measure to be net expense per meal and food cost per meal. Chi-square analysis and a modified Friedman test showed that most variations in benchmarking practices were not related to size of hospital or type of management (self-operation vs. contract). For accurate comparisons, foodservice directors should use the same method of calculating meal equivalents as their benchmarking partners.