New Food Service Delivery Model Trial at Mona Vale Hospital

Dear Member,

The HSU, along with some of the HSU state-wide Food Services Consultation Committee representatives, has met with HealthShare at Mona Vale Hospital to receive a presentation on a pilot for a new food service delivery model.

As we have advised in previous newsletters, the HSU has been in discussions with HealthShare regarding pre-packaged meals. We have continued to assert our position that any pre-packaged meals being considered must be in addition to meals currently being produced and not a replacement.

The pilot at Mona Vale is due to be completed in June 2015 and the HSU will be meeting again with HealthShare around late March to get some interim feedback and data. The introduction of the new CBORD automated foods service technology is intended to significantly decrease the amount of food wastage and allow patients to receive their meals approximately 2 ½ hours after ordering.

The HSU will be closely monitoring this pilot and will continue to provide members with updates as they come to hand. We will be working to ensure any future changes to food services will insulate us as best as possible from privatisation whilst maintaining and protecting HSU members’ positions.

Organisers will be visiting workplaces to discuss this matter and to take advice on any member’s questions and/or concerns, which we will raise with HealthShare.

In unity,

Gerard Hayes
Secretary, HSU NSW/ACT.
Dear Gerard,

Re: Pilot of New Service Delivery Model at Mona Vale Hospital

The pilot of the new Food Service Delivery Model is scheduled to commence on Wednesday, 28 January 2015. Members of the senior Food and Hotel Services team met with Adam Hall and HSU representatives on Friday, 16 January 2015.

The Project Manager, Gary Sullivan provided a presentation (attached) followed up with a tour of the kitchen and proposed activities. The feedback we received was very positive.

The group agreed that the staff needed to settle into their new duties before visitors could be admitted to the kitchen to view activities. To that end we agreed to convene the next consultative meeting at Mona Vale Hospital towards the end March 2015.

We look forward to working with you as we develop this exciting new model.

Yours sincerely,

Carmen Rechbauer
Manager, Food and Hotel Services

03/1/2015
HealthShare Patient Food Services
Enhanced Service Delivery Model
A number of factors are driving the need for a new, enhanced patient food service delivery model

**Patient Satisfaction**
- A significant amount of food served to patients are meals they did not choose themselves (default meals)
- Average length of hospital stay has reduced over time, however order-to-meal time has not adapted to the changing operational environment

**Patient Nutrition**
- The launch of the 2011 Nutrition Care Policy requires the implementation of processes focused on the nutrition care of patients
- There is variation and inconsistency in levels of patient screening and monitoring, leading to a lack of quantitative meal intake data across NSW

**Sustainability**
- The level of spend on Food Services is not sustainable and improvements must be made through internal operational enhancements
- Food Services labour productivity is inconsistent across NSW hospitals
- Customer choice will have implications for pricing

**Compliance**
- The regulatory environment has become more stringent, which requires greater consistency in execution of Food Services activities across NSW to ensure overall compliance

These factors impact patient consumption, wellbeing, and the overall patient experience

These factors drive the need to improve internal efficiencies and operations to continue to deliver quality health services to the public.
The shift in focus towards the patient as an individual is realised in three dimensions:

- **Patient Centricity**: Redirecting focus onto the patient as a person, rather than another meal tray to complete. Enabled by people, process and technology changes.

- **Patient Access**: Logistics – the right food delivered at the right place in a timely manner. Consumption – self-selected food the patient will eat.

- **Patient and Customer Empowerment**: Customers and consumers are empowered through choice and engagement at both individual and system level as the model adapts based on feedback (i.e., consumption data) and choice.

**Variety** is a key enabler across all three dimensions:

Variety enables choice to patients, even with complex nutritional requirements, and in doing so drives patient satisfaction, consumption and positive nutritional outcomes.
The key process change is a shorter order-to-meal service time

Current State

- **Patient Order**: Significant transport time to retake orders, rework as patients change their mind and inventory issues due to inaccuracies.
- **Assembly**: Over production to allow for errors, rework due to changing orders, significant waste in tray line process.
- **Delivery**
- **Meal time**
- **Collection**
- **Wash**

Future State

- **Patient Order**: Significantly reduced ordering time
- **Assembly**
- **Delivery**
- **Meal intake data**
- **Collection**
- **Wash**: Reduced wash time – dependent on individual facility

Enablers

- Skilled, collaborative & agile PFS teams
- Simplified processes between order and delivery
- Food ICT system and tablets

**Current State**

8-36hr

**Future State**

2.5hr

4hr total cycle
Implementation of the Food ICT system, Wi-Fi infrastructure and tablet devices will enable a number of components of the enhanced SDM

- One-time order entry, directly at the bedside, reducing manual data entry and rework
- Enables choice for patients with complex diet codes
- Data, analytics and reports to support clinical and administrative decision making
- Access to and application of dietetic policies and guidelines by staff during order taking
- Using input data, the system could flag the attention of clinical staff for intervention
- Technology training for all roles involved in order taking.
The diagram below summarises the evaluation objectives, timelines, key activities and desired outcomes for each phase of the pilot at Mona Vale.

### Conceptual tests for evaluation during Mona Vale pilot

<table>
<thead>
<tr>
<th>Objective</th>
<th>Phase 0: Preparation</th>
<th>Phase 1: Status Quo Plus (SQ +)</th>
<th>Phase 2: Phase 1 Menu + PPMs</th>
<th>Phase 3: Fully Optimised PPM</th>
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<tr>
<td>To what extent does the SDM affect default meals and by inference, patient satisfaction?</td>
<td>Determine the current status quo baseline</td>
<td>Determine the marginal impact on labour and food waste of moving to the SQ+ model and whether the benefits scale Validate process, activity and role standards/assumptions</td>
<td>Determine the incremental impact on labour and food waste of operating with the Phase 1 menu + PPMs Determine the impact of decanting on processes, labour and costs</td>
<td>Determine the impact on labour and food waste of moving to the fully optimised PPM model Determine whether a call centre is a viable alternative to traditional ordering</td>
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<tr>
<td>To what extent does the SDM affect patient consumption and by inference, hospital-acquired malnutrition?</td>
<td>Prepare teams for key model changes Develop standards for data collection Test equipment and infrastructure for functionality Establish current state process baseline measurements in a paper-based, selective menu environment Perform SDM process and Lean training with teams Conduct CBORD focus group to confirm consumption data reporting requirements Test equipment to ensure it meets functional requirements e.g. new collection trolleys and dishwashers</td>
<td>Transition to the SQ + model by implementing key model changes: - Order taking within &lt;4 hrs of meal - Agile teams &amp; re-direction of resources to core tasks - ICT System &amp; use of iPads for order taking &amp; consumption data Test process, activity and role assumptions e.g. Leading hand role, collection &amp; wash timing</td>
<td>Provide patients with a choice of PPMs or meals from the Phase 1 menu Test decanting by transitioning to decanting and then removing the decanting process Test process and activities given the new menu choice</td>
<td>Transition to the fully optimised PPM model by implementing a range of choices of PPMs Test process and activities given the use of PPMs Implement call centre in a controlled environment i.e. single ward?</td>
</tr>
<tr>
<td>To what extent does the SDM affect labour mix, level of effort, food and labour wastage and associated costs?</td>
<td>Develop standards for data collection Test equipment and infrastructure for functionality Establish current state process baseline measurements in a paper-based, selective menu environment Perform SDM process and Lean training with teams Conduct CBORD focus group to confirm consumption data reporting requirements Test equipment to ensure it meets functional requirements e.g. new collection trolleys and dishwashers Transition to the SQ + model by implementing key model changes: - Order taking within &lt;4 hrs of meal - Agile teams &amp; re-direction of resources to core tasks - ICT System &amp; use of iPads for order taking &amp; consumption data Test process, activity and role assumptions e.g. Leading hand role, collection &amp; wash timing</td>
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<td>To what extent does the SDM create standardisation in products and processes, therefore enable compliance?</td>
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### Key Activities

**Phase 0: Preparation**
- Determine the current status quo baseline
- Prepare teams for key model changes
- Develop standards for data collection
- Test equipment and infrastructure for functionality
- Establish current state process baseline measurements in a paper-based, selective menu environment
- Perform SDM process and Lean training with teams
- Conduct CBORD focus group to confirm consumption data reporting requirements
- Test equipment to ensure it meets functional requirements e.g. new collection trolleys and dishwashers

**Phase 1: Status Quo Plus (SQ +)**
- Determine the current status quo baseline
- Prepare teams for key model changes
- Develop standards for data collection
- Test equipment and infrastructure for functionality
- Establish current state process baseline measurements in a paper-based, selective menu environment
- Perform SDM process and Lean training with teams
- Conduct CBORD focus group to confirm consumption data reporting requirements
- Test equipment to ensure it meets functional requirements e.g. new collection trolleys and dishwashers
- Transition to the SQ + model by implementing key model changes:
  - Order taking within <4 hrs of meal
  - Agile teams & re-direction of resources to core tasks
  - ICT System & use of iPads for order taking & consumption data
  - Test process, activity and role assumptions e.g. Leading hand role, collection & wash timing

**Phase 2: Phase 1 Menu + PPMs**
- Determine the incremental impact on labour and food waste of operating with the Phase 1 menu + PPMs
- Determine the impact of decanting on processes, labour and costs

**Phase 3: Fully Optimised PPM**
- Determine the impact on labour and food waste of moving to the fully optimised PPM model
- Determine whether a call centre is a viable alternative to traditional ordering

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**Conceptual tests for evaluation during Mona Vale pilot**

- **Patient Satisfaction**
- **Patient Nutrition**
- **Sustainability**
- **Compliance**