Improving the Dietary Experience

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Customer Service Project

Introduction

Heartland of Sterling Heights, MI is a 120-bed skilled nursing facility that holds a strong focus on short term rehabilitation. In May of 2016, Heartland was cited during a state survey for serving food at inadequate temperatures. The facility understood there was an opportunity for improvement within their dietary department, but multiple approaches to fix their internal issues had failed. There was a need to perform a root cause analysis to identify and remove barriers hindering the dietary department's success in order to provide quality meals to its patients.

Opportunities & Objectives

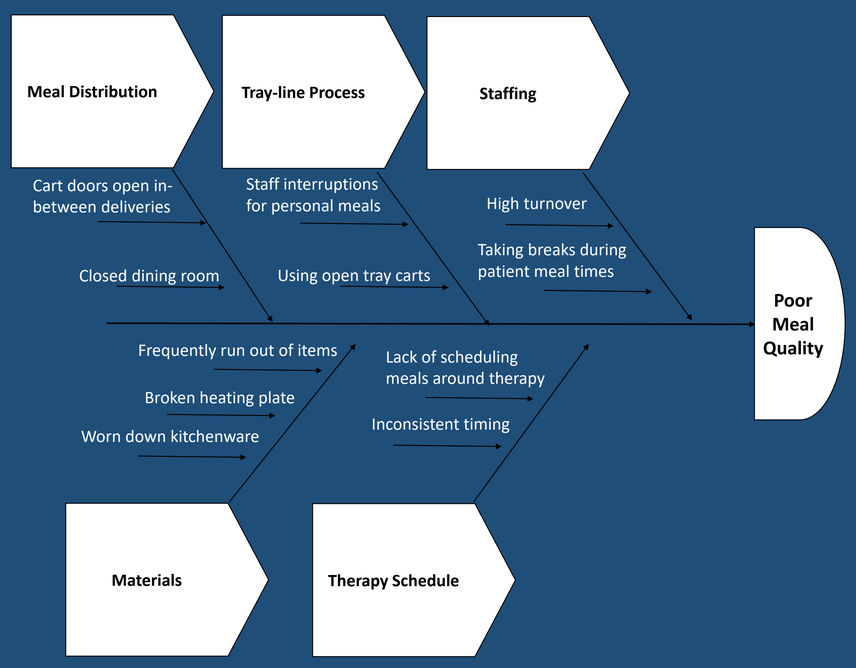
Current Knowledge:
Nourishment among the aging population is crucial in maintaining good health and improving functional mobility. According to the National Institute on Aging, malnourishment can increase the likelihood of infections, poor wound healing, pressure sores, immune deficiency, anemia, and abnormally low blood pressure. Providing palatable meals is vital to ensure the facility is taking the proper interventions to decrease the possibility of a patient experiencing these symptoms due to a lack of nutrition.

Objectives and Goals:
This project was designed to improve the processes and communication channels involved in the delivery of patient meals so Heartland can provide every patient a hot meal.

- ❑ Increase patient satisfaction in regards to meal temps
- ❑ Increase the patient perception on the quality of the food
- ❑ Decrease the amount of time it takes to deliver meals

Methodology

Ishikawa's Fishbone Diagram was used to identify all the possible causes that were leading to a number of patient's poor meal quality perceptions. Once these issues were identified, the facility had a clearer focus on the areas they must improve on in order to provide a better dining experience.



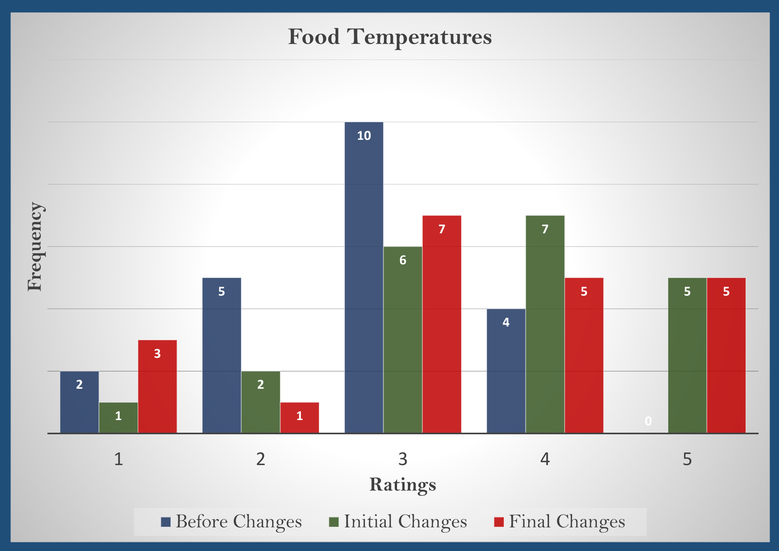
Methodology

Before Changes
- Collect baseline data
- Observe preparation and distribution methods
- Take inventory of dietary equipment
- Identify areas to improve

Initial Changes
- Coordinate "Early Tray Cart" to remove conflict with therapy schedule
- Order kitchen equipment needs
- Recollect measurements to analyze success/failures
- Educate dietary staff on expectations and best practices

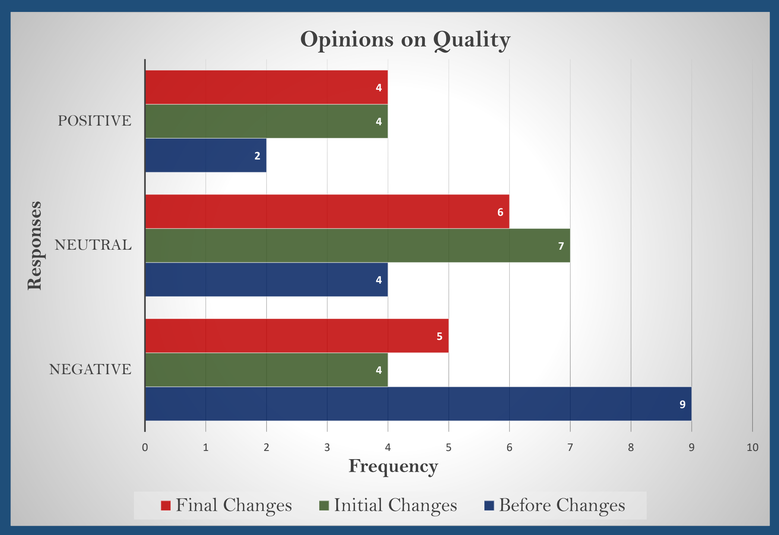
Final Changes
- Reopen dining room
- Deliver menus daily instead of weekly
- Reeducate nursing staff on delivery process and appropriate break times
- Encourage all patients to utilize dining room

Outcomes



The graph above shows the responses to the 21 Patients who were asked during each measurement, "On a scale of 1 to 5 with 5 being hot and 1 being cold, what is the temperature of the food?"

The graph below displays patient responses when asked, "How is the food here?" It is organized between positive, neutral, and negative responses.



Outcomes

Food Temperatures:
Zero patients responded "5" while gathering preliminary data. This response option spiked up to 5 of 21 patients responding to this category during the "Initial Changes" and "Final Changes" stages.

Averages:
Before Changes - 2.76 Initial Changes - 3.62 Final Changes - 3.38

Opinions on Quality:
60% of patients surveyed responded negatively when gathering preliminary opinions on food quality. This number decreased to just 13.33% after the "Final Changes" interventions were put into place.

Meal Delivery Times:
15 different patient wings were observed during the meal delivery process in each of the 3 phases. Meals were transported on a large enclosed cart from the kitchen to patient rooms. Recordings were started from the time the cart got to each wing and ended when the last tray was delivered to the room.

Before Changes:	Initial Changes:	Final Changes:
Longest - 00:17:32	*Longest - 00:15:42*	*Longest – 00:14:23*
Shortest - 00:02:29	*Shortest - 00:05:15*	*Shortest – 00:04:56*
Average - 00:08:58	*Average – 00:09:47*	*Average - 00:08:23*

Conclusions

Takeaways:
During patient 1-on-1 interviews regarding facility meals it was noted that many of the recipients with cold meals had therapy scheduled around meal times. This directed Heartland's team to have a stronger focus on coordinating meal delivery times around the conflicting therapy appointments. Most interventions created success other than the patient meal delivery times. The inconsistencies most likely stem from the dining room opening and closing between stages, open in "Before Changes" and "Final Changes" while closed in "Initial Changes", adding the number of trays that must delivered. Variables including staffing assignments and call-offs can also make the delivery process a lengthier process.

Although a number of processes and interventions were put in place, there are still areas to improve on and variables to eliminate so Heartland can provide a higher quality dining experience to its patients.

Recommendations

The dietary team will continue to work towards improving their processes to provide a refined meal experience for all patients. The following recommendations can benefit Heartland's team.

- ❑ Conduct weekly meal temperature audits on a test tray
- ❑ Assign specific nursing staff to deliver patient meals
- ❑ Follow company provided recipes while preparing food
- ❑ Eliminate variability in meal serving times
- ❑ Provide department specific orientation for dietary staff
- ❑ Improve par level tracking to decrease the amount times the kitchen runs out of a particular food item
- ❑ Audit kitchen equipment, silverware, cups, etc. monthly and replace as needed

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