Robinson Memorial Hospital sees immediate and far-reaching benefits in offering patients what they want to eat, when they want to eat it with room service.

By Allison Rezendes

A note sent from a patient earlier in the day sits on Patty McClain’s desk. It reads, “Your food is one of the highlights of my hospital stay. It is delicious and enjoyable. Thank you.”

“Those are the kinds of things that can get you through a whole week when you’re dealing with this magnitude of change,” says McClain, director of nutrition services at Robinson Memorial Hospital, Ravenna, Ohio. A little less than four months earlier, Robinson switched from traditional meal service to room service. While several years’ worth of intense planning went into the conversion, McClain says she and her team continue to learn everyday.

“Once you convert, the work is just beginning,” she says.

Considering the number of changes to equipment, staff, call center and menu, it’s easy to see why offering room service could have a steep learning curve. But when patient satisfaction and food quality scores rise—and food waste drops—it can make all the extra work worthwhile.

Set In Motion

McClain began to consider room service several years ago, weighing whether it would be a good fit for Robinson. She knew that patients were not happy with the traditional meal service model, which required them to order all three meals for the next day 24 hours ahead of time.

“It made the whole service seem more institutionalized because the menu was limited and it had that long lead time between ordering and eating,” she says. “Under the room service model, it’s all about getting patients food when they are ready to eat. That just makes sense.”

Throughout the planning process, McClain visited a handful of facilities with room service operations and often networked with fellow members of the National Society for Healthcare Foodservice Management (HFM)
a great resource, she says. Next, she developed a business plan that included a restaurant-style menu, followed by a list of equipment needs. After getting the green light from administrators, the project was set in motion.

At that point, Ron Kooser, president of Cini-Little Int'l, Inc., a foodservice facilities design firm headquartered in Germantown, Md., teamed with McClain. (Kooser is based in Chagrin Falls, Ohio.)

Kooser says the project at Robinson was unique because much of the planning had already been done.

"In many cases, a client is new to the planning process and construction and really doesn't know what to expect from our participation," says Kooser. "We often have to educate them as we go through the process, beginning with establishing the project objectives or goals. Patty had a very strong vision. She knew what she wanted to accomplish."

Nuts And Bolts

To convert the Robinson kitchen to a room service operation, the initial plan was to retrofit the existing cooking line. Soon into the project, though, the team discovered that the existing HVAC system would not suffice. To produce a room service menu, the kitchen needed a new exhaust hood to accommodate new equipment, and that meant the kitchen had to be reconfigured.

"Having to install a new HVAC system extended the length of the project, but it also allowed us to really start fresh rather than having to retrofit an existing space," says McClain.

Another bonus of the new HVAC system (from Greenheck) was increased energy efficiency. McClain says the kitchen went from having a hood system that was constantly on (it was old, from the '70s), to one that turns off at the end of the day and is much more efficient in general.

Another upgrade was a utility distribution system. Rather than having all the equipment hook up individually to multiple gas, electric and water supply outlets, all utilities channel into a single distribution system, off of which multiple pieces of equipment pull power and water.

Kooser says the system gives operators more flexibility as far as equipment placement and accommodates future changes. "It also cuts down on the installation time because electricians and plumbers only need to access a single, central connection on each of the utilities."

In With The New

With the updated HVAC and utility distribution system in place, the team selected the rest of the equipment it would need. A crucial part of the equation for room service is the TurboChef C3 oven, according to McClain. The staff relies on the fast cook oven to cook or retherm many entrees, including breaded chicken, herb-baked chicken, roast beef, meatloaf, potato-crusted fish, garlic and herb tilapia, breaded fish for sandwiches, and egg patties for breakfast sandwiches. "The oven cooks proteins evenly, cooks multiples of dishes evenly, crisps and browns and it is fast," she says.

Other key equipment includes an Amana commercial microwave oven, Keating Miraclean gas griddle, McCall reach-in refrigerator and Traulsen reach-in freezer. A Traulsen refrigerated equipment stand with four drawers holds foods cold right at hand on the line. Cooks also use a 36" Wolf gas range and a custom, stainless over-shelf with a Hatco heat lamp to cook, plate and ready room service orders for quick service.

In hindsight, McClain says she would install a freezer at both ends of the hot line, rather than at just one end. "Based on our volume, one cook can handle our foodservice line the majority of the day, during off-peak times," she says. Having a freezer at both ends would have cut down on how much the cook needs to travel to fill orders.

For room service, McClain opted for 6-tray-capacity delivery carts from Lakeside and 10-tray-capacity carts from Dinex. The small carts are easier to maneuver on multiple trips. Digital timers on top are set for 10 mins., after which the carts go, full or not.

Robinson Memorial Hospital

Ravenna, Ohio

No. of Beds: 280 licensed
(141 staffed)

No. of Patient Meals Per Day: 310

Opening Date: Oct. 2008

Menu Sampler: Roast beef, hamburgers, chicken and dumplings, pan-seared tilapia, made-to-order omelets, chocolate cake, apple pie

Cost of Project: $850,000

Director of Nutrition Services: Patty McClain

Project Consultant: Ron Kooser, Pres., Cini-Little Int'l, Inc., Chagrin Falls, Ohio

Architecture: HFP/Ambuske Architects Inc., Beachwood, Ohio

Engineering: Peters, Tschantz & Associates Inc., Akron, Ohio

Kitchen Contractor: Breckenridge Kitchen Equipment & Design, Huron, Ohio
New Uses For Old Equipment

During the redesign, a handful of existing pieces of equipment was repurposed. For starters, the tray line was cut down to about 7'. One of the reasons the line was cut, says Kooser, was to encourage staff to think they were running a more à la minute operation than an assembly line. “Patty was adamant about encouraging this new mind set for the staff,” he says. With a shorter line, you have to hustle.

The kitchen also uses two types of stainless carts: a 6-tray capacity Lakeside cart and a 10-tray capacity Dinex cart. “We use the smaller capacity carts to ensure that the trays leave quickly to maintain food temperatures and support our promise of delivery within 45 minutes,” says McClain. A side benefit is the safety factor – the smaller carts are easier to maneuver and to see over on the delivery route, she explains. “Our larger carts were taller than employees; they had to be to carry the volume of meals we used to serve at once.” Having dedicated delivery carts helps with cleaning and sanitation as well because they’re never used to hold soiled trays.

That’s due to the new way the department reuses its old, 22-capacity-tray delivery carts. Still in great condition, they’re now housed in pantries on each floor to collect soiled trays.

The team kept other items as well, including steam wells, which hold gravies, soups, and sauces; a conveyor toaster; three reach-in refrigerators; and a frost top. The kitchen also kept its Dinex dinnerware (cranberry on black trays) and classic stainless-wrapped, wax-core bases. The bases are warmed in a convection-heated lowerator; they hold heat well and have held up for decades, according to McClain. “When one of our supervisors came on board 25 years ago, these bases were already here!”

Reorganizing Staff

Along with the kitchen, McClain reorganized the staff structure to meet the demands of room service. For the most part, McClain says, the number of FTEs for patient services remained stable, but how those FTEs are used changed dramatically. Many of the positions were shifted away from assembly positions on the tray line and were instead reassigned as cook staff and call center staff.

The shifts changed as well. Under the traditional meal service model, the staff finished the day around 7 p.m. and clocked out within half an hour. Under the room service model, staff now finishes the day after 8 p.m. Meanwhile, the kitchen still opens at the same time (6:30 a.m.-7 a.m.), but the number of staffers clocking in that early has been cut in half.

McClain says that, overall, most of her employees stayed after the transition to room service and were willing to learn new skills. She did hire two new cooks, though, who work not only the room service line, but also help with prep and cooking support on the retail side of the operation.

Meal delivery is a key component of the program and McClain says she uses hosts and hostesses just as before, only now they make more trips. Once a tray cart fills, it leaves the kitchen; if it’s not filled after 10 minutes, it leaves anyway with the trays it has.

After placing their order, patients are promised their meal within 45 minutes. While that may seem like a generous amount of time, McClain says, they’re just meeting that time limit at peak times, while orders during off-peak hours might take less time to deliver.

Call It In

In the call center, at least one or two operators are on hand to accept orders from patients at all times. This type of live service, McClain says, is a whole new ball game compared with the manual method the operators used under the traditional meal service model. The operators have to fulfill standard and therapeutic meal requirements in a real-time setting, as opposed to reviewing a menu at their leisure almost a day in advance.

The call center operators were formally and intensively trained on DFM Technolo-
Two operators, Charles Davis and Barbara Bauman, can handle the orders in the room service call center. DFM software is the key. Company reps were on hand for thorough training.

gies' software two weeks prior to going live. After the conversion, there was further training and constant support, either from various representatives of the software company, Jill Holland, Robinson’s room service manager, or McClain herself.

Clean Plates
After switching to room service, patients at Robinson went from choosing between two entrees, two sides and a few desserts 24 hours in advance to selecting from a completely revamped, restaurant-style menu. While most patients choose from the primary menu, the hospital also has a renal menu and a pediatric menu.

Off the primary menu, some of the more popular lunch and dinner entrees include roast beef with gravy, chicken and dumplings and hamburgers. Top breakfast entrees, which are offered all day, are French toast and made-to-order omelets with such ingredients as cheese, onion, bell pepper, ham or spinach. Other offerings include homemade meatloaf, potato-crusted fish, pan-seared tilapia, and lasagna roll-ups.

High scores are rolling in on patient surveys. In addition to food quality (flavor, right temperature, quick service), a garnish program and attention to plate presentation play key parts in the positive feedback.

"Today we use fresh chopped parsley or whole sprigs, mint leaves, paprika-dipped lemon wedges to make beautiful garnishes,” she says. Staffers sprinkle pancakes with a few representative examples of the pancakes’ fillings such as walnuts, banana slices and chocolate chips. “Previously, we had no real garnish program.”

Less Waste
Room service also led to a decrease in incidental food use, she says, meaning more cost savings and less waste. For example, under the previous model, staffers would automatically place containers of milk on non-select trays – and those containers often would get tossed partially consumed or unopened. But under the room service model, you only get milk if you order it.

After reviewing how her kitchen was impacted, McClain offers some advice to operators developing a room service menu. For one, figure out how many menu items your staff can handle during peak periods.

“Find the right balance of variety vs. your ability to produce,” she says.

“For instance, a small thing that turned out to be more labor intensive than we thought was offering four flavors of yogurt,” she says. “It’s amazing what the implications are in terms of ordering, storage and making sure the right flavors are chosen by your assembly people. Under revision, we’re very likely to take that down to the two most popular flavors.”

Plan, Plan, Plan
Overall, McClain has one word of advice for operators looking to convert to room service: plan. Plan the menu, plan how to structure staff using time studies (how much time will each aspect of the meal prep and delivery take?), plan how to maintain department operations during construction and plan to ensure regulatory standards are met during policy and procedure development.

Kooser couldn’t agree more. “Any time you have a renovation in place, it’s different because you really have to think through the phasing and how the operation’s going to function during the construction,” he says. “It’s not just a matter of building a new space or a new building and installing equipment.” The project actually ends up costing less when you plan ahead, instead of react, he adds.

Another tip from McClain is to engage the nutrition staff, nursing staff and other patient-care personnel during the planning phase and all the way through the process. Open the lines of communication so that they better understand what’s happening, and also so that they can provide feedback. It’s important that you let them know you consider them stakeholders.

“It helps them feel better appreciated and they provide valuable insights from different perspectives,” she says. “Aside from patients, hospital employees are the population who are most impacted by your change.”