



Patient Room Service Coming on Strong

“In the future, room service systems probably will transform the face of healthcare foodservice,” says Sharon Cox, MA, RD, CDN, director, food and nutrition services, Memorial Sloan Kettering Cancer Center, New York. Cox also is president of the National Society for Healthcare Foodservice (HFM), New York, which represents more than 2,000 on-staff (self-op) foodservice professionals at acute-, extended- and long-term care facilities in the U.S. and Canada, and their suppliers.

While Cox says the a la carte meal delivery service has yet to hit full-fledged trend status, HFM conducted a survey last year that indicated approximately 42% of members plan to implement some form of room service and, of those members, 26% already have a program in place.

The room service approach enables healthcare facilities to ensure that patients eat, and that means quality food that looks appetizing, Cox notes. “It’s where healthcare is going. Food has always been an integral part of care and the healing process. We must have a program that entices people to eat,” she says.

A renowned cancer treatment center, Sloan Kettering conducted a room service pilot in 2001 with three patient units and went full house in 2002. This large operator produces 1,500 to 2,000 meals a day for in-patient/out-patient service and another 4,000 meals a day for its cafeteria. All in-patients (425 beds) and out-patients receive room service menus, customized to meet individual diet needs, such as clear liquid or diabetic.

As a result, Sloan Kettering’s patient satisfaction scores have grown dramatically, Cox says. A benchmarking service that looks at all facets of healthcare patient issues for 600 to 700 hospitals nationwide has scored the acute-care operator as high as the 99th percentile in patient satisfaction with food.

Five factors that count toward such a rating, says Cox, include:

- Variety of menu selection
- Courtesy of the person serving
- Quality of food
- Temperature of food
- Explanation of special restricted diets

However, cost has to be taken into account in implementation, Cox points out. “The challenges to consider include whether there is any renovation required in the kitchen to make the program work, since it is a la carte, and most of us prepare food in bulk. Also, unless you already have people for tray delivery, the program would require increased labor.” Changes in food delivery equipment might also be necessary, she adds.

On the plus side, there is less plate waste with an a la carte service, and it enables operators to “buy the food you want when you want it,” says Cox. This means more portion-control items and foods that can be easily prepared within 15 minutes.

In the HFM member room service survey, 76% of respondents said the program required 10% to 20% more labor, 85% said food cost dropped 10% to 20%, and 14% said food costs dropped fully 30% to 40%!

For Sloan Kettering, implementation was cost-neutral, according to Cox. “We had the labor for tray delivery and, rather than cut food costs, we elected to enhance our menu by providing a larger variety.”