Dining Programs in Patient Centered Care
Beyond Patient Satisfaction
Table of Contents

Executive Summary .......................................................................................................................... 3
How Patient Centered Care Changes Nutrition and Dining ....................................................... 5
Aligning Management and Patient Centered Strategies ............................................................... 8
Adoption of Patient Centered Nutrition, Dining and Guest Service Programs ....................... 10
Conclusion ...................................................................................................................................... 13
About Unidine .............................................................................................................................. 13
Executive Summary

Hospital executives must be nimble and adapt quickly in the current health care environment. Challenges come from many directions and the ability to respond appropriately requires a comprehensive understanding of the complex interaction of legislation, regulation, economics, science, technology, consumer empowerment and, of course, the practice of medicine on a hospital’s ability to perform its mission in the community it serves. What has often been missing from this list, however, is the human element that is now at the center of the movement towards a patient centered model of care. In the emerging environment of increased transparency and consumer empowerment, more information than ever before is available for patients to compare health care providers and make informed decisions about the caregivers and the environment in which that care is being delivered. Embracing a patient centered model of care that transcends a preoccupation with narrowly defined measures of patient satisfaction may prove to be the factor that distinguishes hospitals that thrive from those that fail.

Within the patient centered care movement, Planetree is leading the way. Planetree (www.planetree.org) is a non-profit organization whose mission is to provide education, information and resources in support of efforts to create patient centered care in healing environments. Planetree has created a designation program that recognizes hospitals that have embraced patient centered care in a comprehensive manner, and its programs are currently expanding from an initial focus on acute care environments into continuing care environments as well.

In recent years, Unidine Corporation has enjoyed the opportunity to provide food and dining services to hospitals that are leaders in patient centered care. We have found our philosophy towards dining and nutrition to be closely aligned whenever we partner in such environments. In fact, this report and the survey from which it was derived are a direct outgrowth of Unidine’s commitment to support the patient centered care philosophy.

In the Fall and Winter of 2010, Unidine conducted a survey of hospital executives that was designed to provide a snapshot of how hospital dining and guest services are used to facilitate patient-centered care. Topics covered in the survey and in this report fall into two major categories:
• How are hospital dining services tied to patient-centered care strategies through reporting, metrics and accountability?
• What elements of dining and guest service programs are used to align hospital services with a patient-centered philosophy of care?

We hope you find this report useful and welcome your feedback and comments. It is our expectation that the insights we have gained from this effort will lead to more in-depth research and reports in the near future.
How Patient Centered Care Changes Hospital Dining Programs

Hospitals are concerned, first and foremost, with the quality of the medical care they provide. But beyond this primary concern are a number of other issues. Some are central to the hospital's strategy, and others play an ancillary role. Traditionally, food and dining services in hospitals has been on the list of ancillary services. However, we are seeing indications that food and dining services are evolving to a more central role in many hospitals.

As consumer empowerment has taken hold, hospitals have shed many of their institutional trappings. Patient satisfaction surveys have gained in importance, and although they are still primarily focused on quality of medical care, most standard patient surveys include questions related to hospital food service. Typically, the questions concern the temperature and quality of the food and courtesy of the server. On the standard Press Ganey™ hospital patient satisfaction survey, for example, three of the 38 questions are related to the patient dining experience.

Online resources have emerged that help health care consumers compare hospitals based on patient survey results. These consumers want to know which hospitals leave patients most satisfied. Some hospitals are publishing their patient satisfaction scores on their web sites or in their annual reports, hoping to gain a competitive edge with savvy consumers.

Patient satisfaction measures have increased the importance of food and dining services. In a recent interview, one hospital

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**Figure 1.** Traditionally, food and dining services play an ancillary role.
executive commented, “Patients may not be able to judge medical competence, but they will always be able to judge three things: are people nice to them; is the food any good; and is the place clean?” Recognizing that the hospital dining experience leaves a lasting and memorable impression and that food related questions have a measurable impact on patient satisfaction scores, hospital executives are paying more attention to getting it right. As a result, hospital dining moves from the ancillary realm in Figure 1, to a more central role as shown in Figure 2.

Some hospitals are pushing the model even further. Although this is certainly not the case at every hospital, some hospitals have moved food and dining services into the center. To understand why, we take a closer look at the components of a patient centered model of care.

In the opening section, we introduced the Planetree organization. Planetree has developed a model for patient centered care in acute care, consisting of ten components.

The components of the Planetree Acute Care Model are:

- Human Interaction
- Family, Friends & Social Support
- Information & Education
- Nutritional & Nurturing Aspects of Food
- Architectural & Interior Design
- Arts & Entertainment
- Spirituality
- Human Touch
- Complementary Therapies
- Healthy Communities
One of the core components of this model, the “Nutritional and Nurturing Aspects of Food,” is clearly tied to food and dining programs. But beyond that, food and dining programs in hospitals affect many other core components. For example, programs that educate patients, staff, or the broader community about nutrition and the dangers of obesity may fall within the core components of “Information & Education,” “Nutritional & Nurturing Aspects of Food,” or “Healthy Communities.” Enhanced levels of service and personal interaction between Guest Services Representatives and patients support the core component of “Human Interaction.” Calming herb and vegetable gardens that represent a comforting and natural retreat, engage the senses and contribute fresh, natural ingredients for meals are a “Complementary Therapy.” These are just a few examples that demonstrate how different tactics related to food and dining programs in hospitals can be integrated to satisfy multiple components of a patient centered care model.

For hospitals that have embraced food and dining services as a central strategy, the game has changed. Instead of managing to the three standard questions: the temperature of the food, the quality of the food and the courtesy of the server, hospital executives can leverage the nutritional and nurturing aspects of food to improve the overall patient experience, improve medical outcomes, and reach out into the community. In an era in which many of the most pressing health issues of our time include an obesity epidemic, access to healthy food options, and sustainable, affordable food production and distribution, the opportunities are endless.
Aligning Management & Patient Centered Strategies

There’s an old adage that you can’t manage what you don’t measure. For hospitals that are developing a patient centered model of care, this is important. There is a big difference between rolling out a program and ensuring that program’s successful adoption. Are you adding nutritional information about the food you are serving in order to check off a box, or are you ensuring that patients, staff, and visitors are empowered to act upon that information in a way that has a positive impact on health and wellness? Are you offering pantries and kitchen areas for family and friends to prepare meals for their loved ones that remain unused? Are your community outreach programs based on a thoughtful and careful needs assessment, and have you designed the metrics and reports to measure the results?

Often, good programs fail in their execution because either metrics and reporting have not been established, or no one is being held accountable for the results. One section of the survey was designed to find out if hospitals have responded to the challenge of measurement, reporting and accountability to elevate the use of food and dining strategies in patient centered care from a series of nice tries and half efforts to a central strategy. The results to this point indicate that there is a lot of work to be done.

By an overwhelming margin, the most common reports used by the senior executives with responsibility for food and dining services were budget to actual, patient satisfaction and employee satisfaction reports. Over 90% of the respondents monitored budget and patient satisfaction and 76% monitored...
employee satisfaction. Of course, this isn’t surprising since regardless of your philosophy, these basic elements are critical to management. What is surprising, however, is that these were the only reports used by almost all of the respondents, regardless of how far along the continuum towards a patient centered model of care the hospital reported to be.

When asked to report on the metrics or KPIs used to monitor performance, the results were similar. Most of the metrics were standard components of the patient satisfaction survey, including the temperature of the food, the quality of the food and the courtesy of the server. One additional metric that was used frequently was correct meal ticket fulfillment, an important quality measure and performance measure, but one that applies regardless of the level of commitment to patient centered care.

In most hospitals responding to the survey, the senior executive in charge of food and dining was reported to be held accountable for metrics that tie food and dining to a patient centered model of care. But once again, the metrics to which they were held accountable most often were those associated with standard patient satisfaction surveys, standard financial accountability, or employee satisfaction.

From these survey results, we must conclude that although nutrition and dining programs are important components of patient centered care in hospitals, the metrics, reporting and accountability necessary for success lag in development. And if it is true that you can’t manage what you don’t measure, then development of metrics that apply to the new programs that hospitals are implementing is essential.

Top KPIs that tie food & dining performance to patient centered care

- Patient satisfaction scores
- Correct orders delivered
- Timeliness
- Appearance
- Budget/financial management

For Discussion

- How would you rate the management strategies related to patient centered care initiatives in your hospital?
- Do you have examples of metrics that were developed specifically to manage new nutrition and dining programs?
- What accountability is in place to maintain management focus on patient centered care initiatives?
- Do you think that standard patient satisfaction measures related to the patient dining experience are sufficient?
- How do you measure and report on nutrition and dining initiatives related to family and support group, employees and community outreach?
Adoption of Patient Centered Dining and Guest Services Programs

We started with the overall philosophy of patient centered care, and then discussed management strategy necessary to ensure it remains a management focus. Next, we examine individual tactics – the programs that different hospitals are using. To develop our survey, we conducted an expansive review of the current literature related to patient centered care and the many programs related to dining and guest services that hospitals have implemented. We then separated them into the Acute Care Core Component categories as defined by Planetree and asked hospital executives to indicate if the program was currently in use, in the process of implementation, planned for implementation within the next 12 months, or not planned at all.

The encouraging news is that adoption of the many programs associated with nutrition and dining programs in patient centered care is widespread. The patient centered programs related to nutrition and food that you are most likely to see (reported by at least three-quarters of the survey respondents) include:

- Nutritionists and dietitians are available to answer the questions of patients, family and friends.
- The nutritional or medical reasoning behind special dietary restrictions are clearly explained to patients.
- Meals in the cafe are made with fresh ingredients and healthy options are always available.
- Patients are offered choice in meals and menu items.
- Patients are visited by someone from dining services.

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Prevalent Nutrition & Dining Programs in Hospitals

<table>
<thead>
<tr>
<th>Program</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutritionists &amp; dietitians available</td>
<td>90%</td>
</tr>
<tr>
<td>Dietary restrictions clearly explained</td>
<td>90%</td>
</tr>
<tr>
<td>Meals made with fresh ingredients</td>
<td>85%</td>
</tr>
<tr>
<td>Patients offered choice</td>
<td>80%</td>
</tr>
<tr>
<td>Visited by someone from dining services</td>
<td>75%</td>
</tr>
</tbody>
</table>
who explains the menu, ordering procedures and how to contact dining services with questions, needs or concerns.

- Menus and other informational materials are provided in primary languages of patients and families served by hospitals.

Within the next 12 months, the following programs will be added to the list of adoption by 75% or more of the survey respondents:

- Staff that provide services related to dining services and amenities have patient centered expectations included in their performance evaluations.
- Family and friends are offered opportunities to dine with patients in their rooms or in public/semi-private areas in the hospital.
- Family and friends are notified of available dining services and other amenities when they visit a patient.
- Nutritional information for all menu items is included on menus.
- Staff that take orders are trained or provided with information to respond to questions regarding nutrition and menu items.
- Hospital staff has access to nutritional information for food available at cafes and other venues in the hospital.
- The hospital offers training programs on nutrition and healthy eating to staff to promote health and wellness.

Clinical Nutrition in Hospital Dining Programs

A successful clinical nutrition program is fully integrated into dining service operations to enhance nutritional services and promote improved clinical outcomes. As a member of both the dining service team and clinical interdisciplinary team, the dietitian helps to identify dining strategies that support patient motivation and education. For patients who are recovering away from their usual environment, the one enjoyment of their day may be the meals provided by dining services. If the culinary and nutrition experts communicate the connection between food and nutrition with passion and excitement, the result is enhanced clinical outcomes and increased patient satisfaction.

Serving as ambassador, the dietitian generates excitement for new menu items, recipes and changes in seasonally available fruits and vegetables, promoting “food first” while reducing the need for nutritional supplements. Unidine supports a team approach that includes the experts who are focused on food and nutrition – the dietitian and the chef – and who together complement each other’s respective talents. The excitement for food starts in the kitchen and flows out to patients, family, customers, and the greater community.
• All patient meals are made to order with fresh ingredients.

• Patients are offered choice in selection of mealtime.

• Healthy food options are available to staff 24 hours a day.

• Cafes and public and staff dining areas are welcoming and inviting with comfortable seating and ambiance.

• Artwork is incorporated into public dining areas and cafes to enhance comfort, familiarity and enjoyment.

The programs you are least likely to see in hospitals in the near future include:

• We offer opportunities for family and friends to cook for patients in the hospital.

• We offer a valet service at the hospital entrance for all incoming patients and guests.

• We have a patient and family advisory council that is encouraged to provide substantive feedback on all aspects of dining and amenities at the hospital.

• Dining services and other amenities are available to family and friends 24 hours a day.

• Kitchen and pantry areas are available on all floors for friends and family of patients.

• Community kitchens are used to generate comforting aromas by cooking breads, cookies or other foods associated with comfort.

For Discussion

• How do you make decisions about which nutrition, dining and guest service programs to implement in your hospital?

• If you have implemented any of the programs listed, which have been most and least effective? Why?

• Is a lack of information, tools or resources to implement such programs keeping you from attempting them?

• If such resources were available, how likely would you be to use them?
The hospital organizes farmers markets for patients, families, staff and the community utilizing local farmers.

Interestingly, several of the items on this list are signature programs in the patient centered care literature, such as the patient and family advisory council, kitchen and pantry areas on all floors, and aromatherapy related to the preparation of comfort food in these satellite kitchens. On the other hand, these programs are likely to be the most complicated or expensive to implement.

**CONCLUSION**

Hospitals across the United States are using a variety of strategies to enhance their commitment to patient centered care. Many of these strategies directly or indirectly involve the hospital dining program. At the same time, hospital food and dining programs are evolving from ancillary services to prominence at the core of hospital operations. Together, these are parallel developments driven by a challenging business environment, legislative changes, increased transparency and consumer empowerment.

What is often lacking, however, are the sophisticated management tools that usually accompany a successful business strategy. To ensure that new initiatives are successful, hospital executives should be committed to their effective management and put in place the metrics, accountability and reporting that will sustain the programs over the long run.

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**About Unidine**

Unidine Corporation was founded in 2001 by Richard B. Schenkel, an industry visionary whose background in food and service management in the healthcare industry spans nearly three decades. Unidine focuses exclusively on providing customized food and dining solutions that incorporate fresh food, superior service and hospitality, and efficient management to improve patient satisfaction, optimize operations and control costs.

Unidine Corporation currently serves over 130 clients across the United States. We have earned a reputation for culinary excellence, customer service and innovation that extends from our dining programs to our management systems. Our low account-to-management ratio ensures quick access to senior executives and responsiveness to client needs. In 2010, Richard Schenkel was recognized for the innovative, customer-centric organization he has built when he was named a finalist in the Ernst & Young Entrepreneur of the Year 2010 program in New England.

Call Unidine today to see how our custom programs and passionate commitment to delicious food and customer service can help you to elevate the dining experience in your hospital, independent or assisted living facility, skilled nursing facility, or CCRC.
Another key to the success of dining strategies in patient centered care is to take a comprehensive and integrated approach. Each of the different elements or strategies described in this white paper can, on its own, have a positive effect. But integrated into a comprehensive strategy, the effects of the individual elements are multiplied. In one high touch example, a single Guest Services Representative outlines the dining program to a new patient, explains the daily menu, accommodates family and visitors, takes the orders, conducts meal rounds and ensures that the patient has a memorable dining experience. Contrast that scenario with one in which a brochure is left on the bedside to explain the dining program, a menu is collected by food service staff, a nurse drops off the food tray and a phone number is available if a patient has a problem or complaint. Each scenario contains the same program elements. But under the first scenario, a single, trained professional provides continuity, familiarity and a more memorable patient-centric experience. Ultimately, there is no “right” formula for all hospitals, but through good planning, implementation and management, the dining program can become an important element of a hospital’s patient centered care approach.