Since the 1990s, many hospitals have upgraded their patient dining programs to deliver a form of service that has come to be known as a “room service” model. These hospitals were motivated by two factors:

- Increased demands of a patient population that had come to expect higher levels of service and quality, and
- Increased pressure from hospital administrations and insurers to control costs or limit reimbursement.

What many hospital administrators have come to realize is that a different model is needed to optimize patient care and operational efficiency, one that takes the best of the high touch approach of an earlier age and the high-tech approach represented by the room service model. This hybrid approach is referred to as “in room dining.”

From Institutional to Room Service

In the post-World War II era, hospitals and medical care reflected the institutional approach to work and process that was popular at the time. Like many manufacturing operations, hospital food service took on a “production line” approach where productivity ruled and flexibility was severely restricted or eliminated entirely. The purpose of hospital food service was to feed patients and employees in a cost-effective and efficient manner. While the generations that came of age during the first half of the 20th century found this approach familiar and reasonable, those that followed had different expectations.

The Patient-Centered Care movement evolved out of frustration with the institutional model of healthcare. Hospitals, healthcare providers and the patients they served began to push back and insist that the purpose of every function and process related to providing care in the hospital setting should have as its goal the health and wellness of the patient. Sometimes, this may be at odds with what appears to be the most efficient process for executing a particular function. However, when balanced against recognition that the function was not an end in itself but rather the means to the real goal of health and wellness, a different picture emerges.

In other words, the institutional approach to hospital food service is to manage hospital dietary programs in the most efficient way and deliver nutrition and sustenance to a patient during their stay at the lowest cost. Left out of the equation are food temperature, flavor, service, variety, education, personal preference, and many other factors that contribute to making mealtime the satisfying, nurturing and enjoyable social experience people expect.

In recent decades, patients have become empowered and patient satisfaction has influenced a variety of changes. Survey tools like Press Ganey and HCAHPS are used by hospitals to develop service improvement strategies. High ratings on these and other surveys become differentiators and marketing tools in a competitive healthcare marketplace. And although the primary mission of the hospital remains the delivery of high quality medical care, hospitals began to realize that the patient’s dining experience left a lasting impression that was reflected in satisfaction with her hospital stay. The patient may not be well qualified to understand whether or not her medical care was as good as it should be, or whether it is comparable to another hospital in the community, but she can easily identify a poor meal served in an impersonal manner.

In the 1990s, hospitals began to experiment with the room service model of food service. Facilitated by new technology, dining services creates room service style menus that are left in the patient’s room along with a phone number he can call to place an order and request a specific delivery time. Some hospitals change menus or rotate menus to offer variety, or they may supplement their menus with daily specials. The control that patients have over what they eat and when they eat it has contributed to significant increases in patient satisfaction with the dining experience at hospitals that have adopted such an approach. In one study, “Room Service, A New Approach to Food Service in Acute Care Facilities,” which was published in 2003, Kari Flom
reported that “implementation of room service increased customer satisfaction scores by 4.1% for appearance of food and 8.0% for temperature of food.”

Challenges with the Room Service Model

Yet, adoption of the room service approach is not widespread. The technology used to manage call centers and match an individual patient’s dietary restrictions to menu choices can be a significant investment for small and medium-sized hospitals. Hospital food service employees often require additional training to make the change from the institutional tray line model of service to the room service model. New equipment or construction may be required; and there is a perception that choice and flexibility adds cost and inefficiency. For patients, making a call to a call center to order a meal can be impersonal and, when combined with anxiety about dietary requirements and other limitations, frustrating, confusing or even scary. This is particularly true as hospital stays grow shorter (the average length of stay in nonfederal short-stay hospitals fell from 6.4 days in 1990 to 4.8 days in 2007). The hospital population that remains is often older, rising from an average of 40.7 years of age in 1970 to 52.5 years in 2006, more seriously ill, or is heavily medicated and less likely to navigate a self-service dining model successfully. Often, an added burden falls to nursing staff who must assist patients with food orders and dining staff with meal delivery. Nurses are also often required to troubleshoot meal errors and respond to patient complaints. This is clearly not the best use of a valuable and costly resource.

There are other challenges as well. Responding to on-demand meal orders is inefficient in a hospital where dozens or even hundreds of patient meals are served during each meal period. Even the physical layout of the facility can become an impediment for dining staff that have to deliver on-demand meals at acceptable temperatures to patients on different wings or floors. While hotels are structurally optimized for room service, with central elevator banks and vertical orientations, hospitals often expand horizontally in a piecemeal fashion.

This is not to say that the room service model is never appropriate. For patient populations that are generally high functioning and where flexibility in meal times is required, the room service model is appropriate. A perfect example is an obstetrics wing or specialty hospital that serves new mothers and family members whose arrival, delivery and departure times are rarely predictable, but who are generally healthy.

The In Room Dining Solution

A new “in room dining” model has the potential to overcome many of the obstacles of the room service dining model while providing additional benefits. In room dining is a hybrid, on-demand solution that offers choice and flexibility, but scales better to small and medium-sized hospitals and mitigates some of the impersonal aspects of the room service model. Hospital in room dining is being hailed as a significant evolution in hospital dining programs.

The in room dining model is centered on the concept of the Guest Services Representative (GSR) who manages patients’ dining and nutrition needs during their hospital stay. The GSR explains the dining program to a new patient, reviews the daily menu, accommodates family and visitors, takes the orders, answers questions, conducts meal rounds and ensures that the patient has a memorable dining experience. Contrast this approach with one in which a brochure is left at the bedside table to explain the dining program, the order is phoned in to an anonymous call center, the tray is dropped off and a phone number is available if a patient has a problem or complaint.

The GSR is a trained professional who provides continuity, familiarity, accountability and a more memorable dining experience for the patient. One of the great benefits of this model is its scalability. A small hospital with an average census of 30 – 40 patients can use in room dining to
In Room Dining Improves Patient Satisfaction and Operational Efficiency in Hospital Dining Programs (continued)

provide personal service without investment in a costly technology infrastructure. Each GSR has responsibility for approximately 30 patients, usually representing a zone within a hospital. Small hospitals may have only one or two zones, but a 200 bed hospital may have six or seven zones. The GSR works closely with nurses and dietitians to ensure that all dietary requirements and restrictions are managed for each patient, and that personal preferences and care needs are taken into consideration. In many cases, the GSR forms a close, personal bond with the patient over the course of her stay.

Technology providers have developed programs that increase efficiency in medium-sized and large hospitals by streamlining order taking and managing dietary requirements and restrictions through a central database. GSRs make patient rounds just prior to meal time with wireless handheld tablets that instantly transmit orders to the kitchen for timely fulfillment. Dietary restrictions in the patient’s record automatically limit menu options for each patient, and nutritional information for each meal ticket is included for reference by nurses, doctors, and clinical dietitians. Patients receive personalized attention in addition to choice and flexibility while the dining program is optimized through use of technology. At the same time, the burden on nursing staff to support dining operations is shifted to the more cost-effective GSR.

When patients exercise choice in the selection of meals, waste is reduced and it is much more likely that the appropriate nutrition will be consumed. This results in improved health and wellness of the patient and increased cost control for the hospital. While explaining the menu and assisting the patient with his order, the GSR can highlight daily specials to optimize inventory management and purchasing leverage. At the same time, GSRs are able to respond quickly to patient questions, concerns or complaints to improve not only the patient’s dining experience, but their overall impression of their hospital stay. Both the patient and the hospital benefit.

It has also been found that 80 – 90% of patients are satisfied receiving their meals at pre-scheduled meal times. Coordinating patient meal times improves quality and consistency of the product as well as efficiency in the kitchen. Using the hybrid in room dining model, flexibility can still be available to each patient, and the GSR can manage expectations so that only 10 – 20% of meal orders are on-demand.

At New Milford Hospital, in New Milford, Connecticut, a small community hospital that implemented an in room dining program as part of their comprehensive commitment to patient centered care and healthy food, Press Ganey scores for food service improved from the 30th percentile to the 99th percentile in just six months. In this particular case, the result was extraordinary but increases in patient satisfaction and operating efficiency at hospitals that implement in room dining programs are common across our experience and client portfolio. As hospital populations continue to shift and operations evolve in response to changing healthcare regulations, the in room dining model is a solution that can satisfy a variety of circumstances and should be considered carefully.

Citations: