

I. Background

Every day 1,500 meals are served to patients and over 1200 staff and visitors dine at ZSFG café; what and how meals are served influences the overall experience of all our patrons on a daily basis. In a CMS survey in 2009, significant deficiencies were found in Food and Nutrition Services (FNS). The corrective actions were implemented through a contract company in 2010, an action strongly opposed by the union. These circumstances fostered an environment of distrust among employees, making improvements and adjustments to daily FNS operations difficult. FNS has not perceived itself, nor perceived by hospital staff and patients, as an area of excellence. Late trays, tasteless food, outdated café, and limited menu, **have been accepted as the norm**. And this sentiment is reflected in our HCAHPS scores. In 2015, the departure of the contracted company left an operational vacuum, creating the need to rebuild the nutritional database and inventory management system and hire and train new CCSF Management Team. Within this vacuum and approaching deadline to pass licensing and develop new processes required to move into Bld 25, hospital leadership, acting on their belief that food and nutrition services plays a key role in patient healing and staff moral, committed to rebuild FNS. Now aligned with our True North Metrics, providing high quality food and service that encourages healing and promotes community is now part of the strategic vision.

V. Proposed Countermeasures:

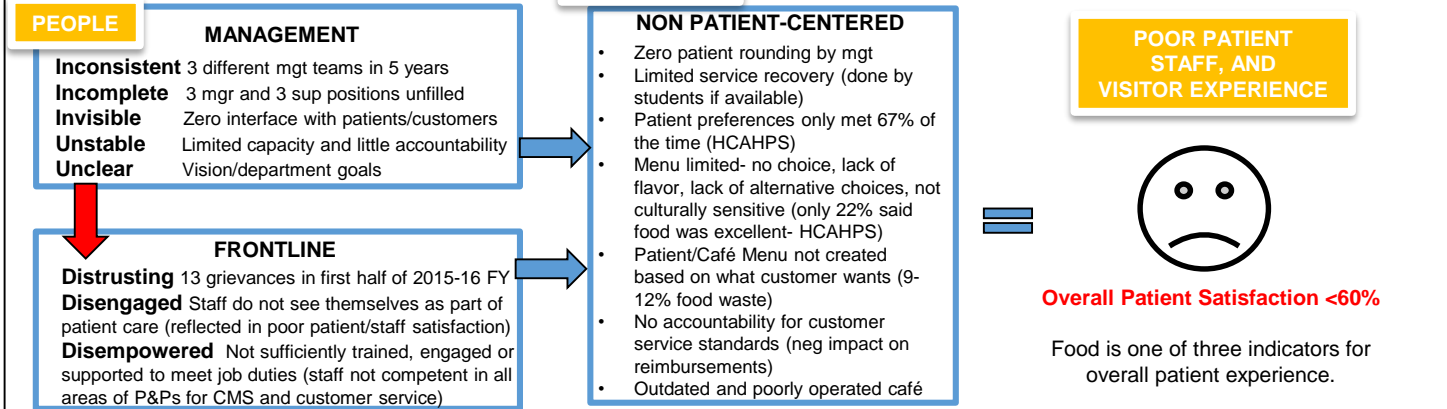
1. PEOPLE

- A. **Hire to fit:** Recruit and retain fully staffed management and front line employees
- B. **Develop Management Team:** Problem solving methodology, humble inquiry, encourage positive behavior, build respect, rebuild trust and celebrate achievements.
- C. **Update MQs and job duties:** Develop/assess competency for all 10 classifications and standard work. Incorporate I-CARE expectations.
- D. **Training and real time feedback for staff:** built in performance measures

2. CULTURE

- A. **Care Experience:** Establish patient-centered standards for meal service. Implement I-CARE model.
- B. **Quality Assurance:** Patient-centered processes and tools for continuous improvement (PDCA)
- C. **Optimize Systems:** CBORD system for nutritional services and food management; build process of labor, production and inventory control; streamline work flows.
- D. **Retail:** Rebuild café environment, menu, and catering operations that is financially sound.
- E. **Transition patient centered meal services to Bld 25.**

II. Current Conditions:

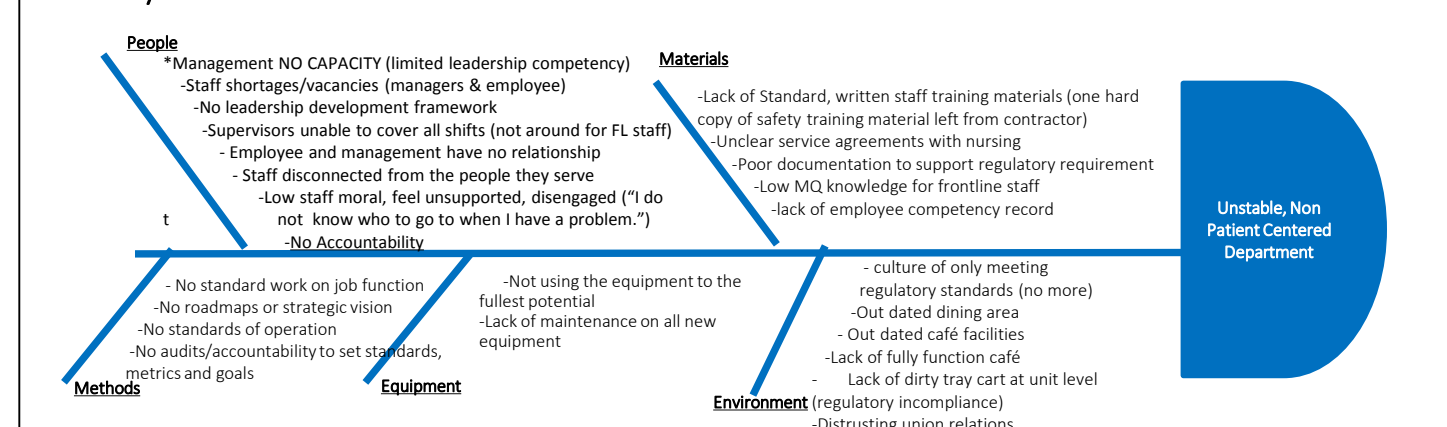


Problem Statement: Food and Nutrition Services has operated with an unstable personnel structure and unclear vision; creating non patient centered processes, tools and technology that disengage and disempower staff, resulting in poor patient satisfaction and high waste in labor, products and resources.

III. Goals & Targets

1. Improve HCAHPS scores with foodservice staff courtesy from 62% to 90% by Dec 2016
2. Improve HCAHPS scores with food taste from 22% said food is excellent to 40% by Dec 2016.
3. Meet patient preferences from 67% of the time to 90% by Aug 2016 (Patient Rounding/Satisfaction Surveys).
4. Increase patient rounding by supervisors and managers from 0% to 10% of patient census daily by April 2016.
5. Improve patient rounding satisfaction from 68% overall satisfaction to 80% by Aug 2016.
6. Employee grievances will go down by 50% in 16/17.
7. 100% of management team will complete Leadership Academy by Dec 2016.
8. 90% of products will consistently be ordered and received through CBOARD Food Management System (currently only 30%) by July 2016
9. All employees > 85% competency & service audit by June 2016.

IV. Analysis



VI. Plan

Counter-Measures	Deliverable	Timeline	Lead	Check (PDCA)
1A	Hire FNS Staff A. Director and Assistant Director (Clinical Lead) B. Patient Services Manager (RD) C. Executive Chef D. Production Chef Manager E. Operations Manager F. Supervisors G. Fill all FNS vacancies (5 PCS positions, 9 Per Diems)	March 2015 June 2015 Feb 2016 March 2016 March 2016 April 2016 April 2016	Director	In Progress
2A, 2B, 2C	Kaizen on "Creating Patient Centered Menu" (meeting patient preferences and diet and nutritional accuracy)	June 2016	Director Assist Dir Exec Chef	In Progress
2A, 2B, 2C	Develop system for service recovery (PDCA). A. Establish Patient rounding standard with feedback loop B. Accountability to the metrics (change made, timeliness)	A. June 2016 B. May 2016	Patient Service Mgr Assist Dir	In Progress In Progress
1C, 1D	A. Update job competency for all 10 classifications B. Update job routines and build standard work C. Train staff on job routines/standard work.	A. April 2016 B. May 2016 C. May 2016	Director Ass Dir Exec Chef	In Progress
1B, 1D 2A, 2B	Develop our People A3 A. Leadership Academy for managers/supervisors (A3 Thinking, PDCA) B. Implement Daily Management System	A. May 2016 B. Sept 2016	Ass.Admin KPO	Planning
2A	Roll out I-CARE for department Teach and coach I-CARE standard work (accountability audits)	June 2016	Assist Director Patient Services Mgr	Planning
2D	A. Create A3 for Café Renovation Project B. Café Menu Improvement project C. Retail Business Plan	A. March 2016 B. April 2016 C. April 2016	Director Exec Chef Ops Mgr	In Progress
6	Transition to Bld 25 (Create A3) A. Survey Ready for Feb Licensing B. Patient Move to Bld 25	A. Feb 2016 B. May 2016	Direc/Assis Dir	A. Completed B. In Progress
2C	CBOARD Optimization A. Enhance Diet Order System- Simplify, standardize, mistake proof, and develop standard work for CPOE to CBORD order interface. B. Implement Production System for product control, recipe standards, and measuring product waste.	July 2016	Director Assist Director Exec Chef	In Progress

VII. Follow-Up

1. **Weekly review of plan by owners**
2. **Review and approval of A3s with senior leadership and Care Experience Advisory Council.**
3. **Bring progress to Quality Council or Executive Staff quarterly.**