

ROOM SERVICE:

A NEW APPROACH TO FOOD SERVICE IN ACUTE CARE FACILITIES

by

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Abstract

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Room Service: A New Approach to Food Service in Acute Care Facilities

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The objective of this study is to document the satisfaction of Food and Nutrition Services Room Service meals as perceived by inpatients at Myrtle Werth Hospital, Mayo Health System in Menomonie, Wisconsin.

The design method of the study involved a four point scale questionnaire. The questionnaire investigated convenience, taste, appearance and temperature of foods served via room service.

The 42 post subjects and pre-subjects involved in the study included inpatients at Myrtle Werth Hospital, Mayo Health System in Menomonie, Wisconsin these inpatients were utilizing the room service meal program during November and December of 2002.

The statistical analysis used for the study compared two months of data including pre and post surveys of room service food program. Results show that implementation of room service increased customer satisfaction scores by 4.1% for appearance of food and 8.0% for temperature of food. Convenience of meal times was unaffected by the implementation of a room service program.

The findings of this study suggest an in-patient focused room service style of food service will increase customer satisfaction scores related to food in an acute care facility. These scores are based on the inpatients' satisfaction with the convenience, taste, appearance and temperature of the food served.

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Chapter One

Introduction

Statement of the Problem

Shorter hospital stays and higher expectations for customer service by inpatients in a healthcare setting are presenting a challenge for food and nutrition service departments. The challenge is to achieve customer service standards as set by the hospital administration while controlling costs within the food service department.

Customers expect more from hospital food service workers in regards to customer service. The style of service expected resembles fine dining service with professional, well dressed staff following food safety codes and presenting aesthetically pleasing nutritious meals.

Purpose of the Study

The purpose of the study is to investigate inpatient perception and satisfaction of the room service food program at Myrtle Werth Hospital, Mayo Health Systems in Menomonie, Wisconsin. The study results will be utilized in advancing the room service food program to meet a goal of 100%, 3s and 4s (good and excellent) on surveys to ensure customer satisfaction is reaching the recommended guidelines for quality assurance (QA) according to the Mayo Health System.

Questions, Objectives or Hypothesis

The main question of the study is to measure the customer, inpatient satisfaction of the food served by the Food and Nutrition's Room Service program at Myrtle Werth Hospital when it was still within the first year of implementation. The surveys will measure four variables of the food as it relates to customer satisfaction with the room service food program.

Justifications or Significance

The significance of the study allows the results to be applied to the improvement of the room service meal program allowing Myrtle Werth Hospital to achieve a quality assurance goal set by the Mayo Health System.

Assumptions of the Study

The study assumes that inpatients completed the surveys and that surveys were not filled out by family members or staff (for the inpatient). The study also assumes inpatients are in a proper frame of mind and are not under the influence of drug therapy or dementia disorders while filling out the surveys.

Definition of Terms

Room Service: In room dining program available to inpatients at the Myrtle Werth Hospital, Mayo Health System. Patients review a restaurant style menu and place an order on a dedicated telephone line linked with the Food and Nutrition Services. A dietitian answers this telephone.

Meal Times: Breakfast serving times are from 8:00 a.m. to 10:00 a.m. lunch serving times are from 11:00 a.m. to 1:30 p.m. and dinner serving times range from 4:30 p.m. to 6:00 p.m. daily. The six hour ordering time can be supplemented with between meal snacks.

Quality Assurance Percentage: Within the Mayo Health System, the Quality Assurance department keeps records on quality improvement programs that are initiated within the hospital. The guideline given for the Food and Nutrition department was to measure customer service. The goal given was to reach 100% of 3s and 4s (good and excellent) in reference to the room service food program survey.

Breakthrough Customer Service: A complete change or metamorphosis of an organization to provide differentiated service to customers.

Reliability: The ability to perform the promised service dependably and accurately.

Responsiveness: The willingness to help customers and provide prompt service.

Assurance: The knowledge and courtesy of employees and their ability to convey trust and confidence.

Empathy: The caring, individualized attention provided to customers.

Tangibles: The appearance of physical facilities, equipment, personnel, and communication materials.

Limitations of the Study

One large limitation of the study is the small sample size. Myrtle Werth Hospital, Mayo Health System is a small, acute care facility with general cases of care. Diet orders range from clear to full liquid to general diets along with specialized diets of cholesterol and sodium controls. The average length of stay for an inpatient is 2.7 days. Questionnaires were handed out after inpatients had received at least two meals involving room service. Following this protocol limited the number of inpatients who qualified for the study.

Another limitation is the grouping of temperatures in one question. In reality, the temperatures of hot food and cold foods should have been investigated as individual questions to truly assess opinions of temperatures according to inpatients.

A final limitation involved one questionnaire where the patient signed her name and also put on the identifier of her room number. This particular questionnaire was eliminated from the study to retain anonymity.

Methodology

The research consists of a survey investigating the convenience of meal time, taste of food, appearance of food and temperature of food for the room service program at Myrtle Werth Hospital Mayo Health System in Menomonie, Wisconsin for two months in the Fall of 2002. The survey investigates a four-point customer service rating of the food presented by the room service food program measuring convenience, taste, appearance and temperature of the food items.

Inpatients consuming at least two meals of solid foods with the room service program will receive the survey. Inpatients call in meals to the hospital room service office. A dietitian answers all calls and intervenes with nutritional advice when appropriate.

Chapter Two

Literature Review

The standard hospital food service is in the process of change. The days of cycle menus, paper menus chosen 24 hours in advance and batch cooking are changing into made to order meals for inpatients. Hospital budgets are requiring food service directors to increase customer service while cutting down on food waste to keep expenses reduced. According to "Food Quality Up" (2002), costs are coming down in food service departments when room service tactics are introduced to reduce waste as customer service scores are increasing. According to Charter (2001), "the biggest advantage of room service is that we're giving patients exactly what they want. They have total freedom of choice and it solves most problems you have with patient satisfaction" (p. 8).

Room service tactics involve made to order meals where customers can choose what they want to eat from a restaurant style menu according to "Hotel-Style Tips" (1996). Customers are allowed to eat at the time they want to eat instead of the standard meal times of 8:00 a.m., 12:00 p.m. and 5:00 p.m. for breakfast, lunch and dinner. A host or hostess delivers the inpatient's meal tray within a specified amount of time. According to Gregoire (1994), patient perceptions of service quality differed when dietary employees delivered meal trays to the inpatient in contrast to nursing personnel delivering trays.

Plate waste is decreased while duplicate and late trays are eliminated resulting in reduced food budget costs according to Weisberg (2002). According to "Food Quality Up" (2002), Baystate Medical Center in Springfield, Pennsylvania has shown an increase from 75% to 90% in inpatient satisfaction scores while reducing food costs. The reason for the reduced food costs

is due to less waste because inpatients are ordering what they want to eat. There are no more late trays or duplicate trays sent to patients.

The room service food program allows a hospital to reduce tray costs from untouched meals or food that is delivered when patients are asleep or out of the room for tests. "Your food costs go down and patient satisfaction goes up," says Carlton Green, director of nutrition at Johns Hopkins Hospital and Medical Center (Williams, 1999). Also according to Williams (1999), "We've seen better than \$50,000 savings in a 100-bed facility," says Doug Baker, Sodexo Marriott director of room service (p. 92).

According to Schirg (1995), the variety of foods and flexibility of serving times is truly needed in today's competitive market of health care. A patient may not choose a healthcare facility for the food service, but the food service will definitely reflect upon the overall satisfaction of the patient's stay, according to an article entitled "Hospital Takes Innovative" (2000). It is reported positive inpatient word of mouth regarding food service in a hospital can be the most effective marketing tool for a healthcare site.

According to Lau and Gregoire (1998), food quality was the best predictor of overall satisfaction for both inpatients and post discharge patients. As inpatient expectations were increasingly met or exceeded, inpatient rating of quality service was increased. Focusing on an inpatient-centered meal service with quality food can result in increased success of the food and nutrition department.

According to King (1999), traditionally food usually ranks far down the list in terms of positive feedback, dragging down the overall satisfaction rating for a hospital. Implementing a

room service food program can allow a hospital to increase overall patient satisfaction ratings with a focus on one department.

The focus of food service in health care needs to be designed around a system that provides the inpatients with maximum choice of foods. These choices are prevalent in a room service food program. Once this aim is shifted to a patient focused system rather than a food and nutrition department focused system, higher patient satisfaction scores can be achieved. According to "Sodexho Refines Room" (2001), among the 100 hospitals utilizing the Sodexho™ room service program, many report a six to eight point improvement inpatient satisfaction. Also according to "20 Entrees and Meals" (2002), Princeton Community Hospital has improved patient satisfaction while helping reduce waste by implementing a room service food program.

An added benefit of room service is that patient intake is increased since the patient is allowed to eat what they want when they want it. According to Weisberg (2002) at Memorial Sloan-Kettering, room service has significantly increased inpatient meal consumption as well as increased inpatient satisfaction. An inpatient satisfaction survey revealed that 88.7% of inpatients receiving room service rated overall service as exceeding their expectations.

At Innovis Health in Fargo, North Dakota inpatient consumption is up resulting in shorter patient stays. According to Riell (2001) the higher consumption results in more calories and this is getting inpatients up and out of the hospital "a little bit quicker" in Budzielek's opinion (p. 50). Reduced length of stay for the inpatient is a benefit for both patient and health insurance companies.

According to Williams, Virtue, and Ackins (1998), after implementing room service to cancer patients being treated in the hospital, caloric intake improved significantly and protein

intake increased by 18%. The largest increase was in inpatient satisfaction with hospital food service, excellent rating increased by as much as 35%.

Sloan-Kettering Cancer Center implemented room service and saw an increase in consumption with 88% of inpatients surveyed consuming greater than 50% of their main entrée. This increase allowed a faster healing time for cancer patients according to Williams (1999).

At Highline Community Hospital in Burien, Washington redirected costs to the Food and Nutrition department have resulted in virtually eliminated waste of food according to “Service Up, Waste” (2002). Swedish Medical Center in Seattle, Washington, had also seen plate waste go down by 19% and inpatients are eating more, according to “Good Timing” (2002). North General Hospital had realized a 15% drop in foodservice costs while its inpatients get broader menu choices according to Matsumoto (2001).

Boston hospitals self-operated foodservice have been recognized by Boston magazine with praise for foodservice at the Center for Women and Newborns by providing a room service style menu with serving times between 11:00 a.m. and 11:00 p.m. with a continental or full breakfast offered every day. New mothers also receive a fruit and cheese basket when entering their room after giving birth (“Foodservice at Boston”, 2002).

According to “Hospitals Go Gourmet” (1998) the goal of foodservice is to have inpatients feel like they’ve been to a fine hotel when they come to your hospital. Inpatients expect excellent healthcare but now satisfaction includes how they are treated and the quality of the food.

In summary, the literature supports a change from tray line service for inpatients to a more customer-focused room service with inpatient freedom of choice and the inpatient bill of rights. This change supports the increase of inpatient satisfaction scores in referenced hospital

stays and helps to eliminate food waste. Room service is not only the trend for the hospital food service industry but it is becoming the standard for inpatient food service.

The change to a room service food program follows suit to providing excellent customer service. In today's competitive market, breakthrough customer service can provide an edge over other companies. A complete change or metamorphosis of the organization can provide differentiated service that manages the customer relationship according to Brown (1997). Breakthrough customer service makes an organization easy to do business with that can not be duplicated by competition due to the focus on important customer issues. Breakthrough customer service is all about best practices.

Customer service involves many aspects with one of the largest in providing the customers with excellent personalized service. According to Perucca (2001), customer service is a relationship. Service excellence begins with the initial patient contact. It is the delivery of any action that results in customer satisfaction. Customer referrals are seriously influenced by providing excellent service to satisfy customer needs. Personalizing customer service with empathetic behaviors significantly impact customer satisfaction scores. According to Perucca (2001) data from patients in 545 hospitals reported that the most important factor in recommending a hospital was how staff responded to patients' needs. Customers expect their needs to be addressed in a timely manner.

Companies that interact with customers can't avoid giving them a total experience, according to Haeckel, Carbone, and Berry (2003). A customer's total experience directly affects perceptions of value and word of mouth endorsement. Customers desire more than functionality.

Customers also want intangible values such as a sense of control, fun, aesthetic pleasure and enhanced self esteem according to Haeckel, Carbone, and Berry (2003).

Customers consciously and unconsciously filter a barrage of clues and organize them into a set of impressions, both rational and emotional. These clues evoke an affective response. According to Haeckel (2003), two types of clues affect customers' emotional perceptions: mechanics (clues emitted by things) and humanics (clues emitted by people). Functional mechanics and humanics clues are synergistic rather than additive; they must be combined from creation to execution.

Delivering excellent service is a winning strategy. Quality service sustains a customers' confidence and is essential for a competitive advantage. According to Berry and Parasuraman (1994), excellent service is a profit strategy because it results in more new customers, more business with existing customers, fewer lost customers, and fewer mistakes requiring the repetition of services. Service is a key component of value that drives any company's success.

Quality of customer service is defined by the customer. According to Berry and Parasuraman (1994), conformance to company specification is not quality. Conformance to the customer's specifications is quality. Customers are looking for five broad service dimensions that help the customer judge service quality. The five dimensions according to Berry and Parasuraman (1994) are: reliability, responsiveness, assurance, empathy, and tangibles that help customers judge service quality. Of these five dimensions reliability is the most important. When a firm makes frequent mistakes or when it does not keep its promises, customers lose confidence in the firm's ability to do what it promised dependably and accurately.

The above five dimensions filter through the consumer's mind and create three components: interaction quality, physical environment quality, and outcome quality. In turn these components create service quality and along with product quality and price result in customer satisfaction (Zeithaml & Bitner, 2003). All of these factors together result in customer satisfaction perceptions as held by the consumer.

According to Berry (1999), delivering great service does not entail changing one aspect of a company. Delivering great customer service is redefining a whole company to focus on the customer's needs. The journey of delivering great service is a long difficult task that needs to be worked on daily with each customer. The art of delivering great service "is immensely rewarding, not just financially, but spiritually" (p. 3).

Inpatients can teach hospitals how they want to be served (Berry, 1999). "Whoever knows a particular customer best has the advantage with that customer" (Peppers & Rogers, 1993, 141). It is a relationship of continuous learning. This relationship can define the branding of a hospital. Strong brands increase customers' trust of the invisible." Strong brands enable customers to better visualize and understand the service. They reduce customers' perceived monetary, social or safety risk in buying a service that is difficult to evaluate prior to purchase" (p. 199). Hospitals with strong brands dare to be different. Branding creates a customer snapshot of expectation and comfort. This service relationship is invaluable in the service-profit chain. "Profit and growth are stimulated primarily by customer loyalty. Loyalty is a direct result of customer satisfaction" (Heskett, Jones, Loveman, Sasser, Schlesinger, 1994).

Loyalty is measured in foodservice by the share of the stomach (Heskett, Jones, Loveman, Sasser & Schlesinger, 1994). This loyalty is built on the depth of the relationship

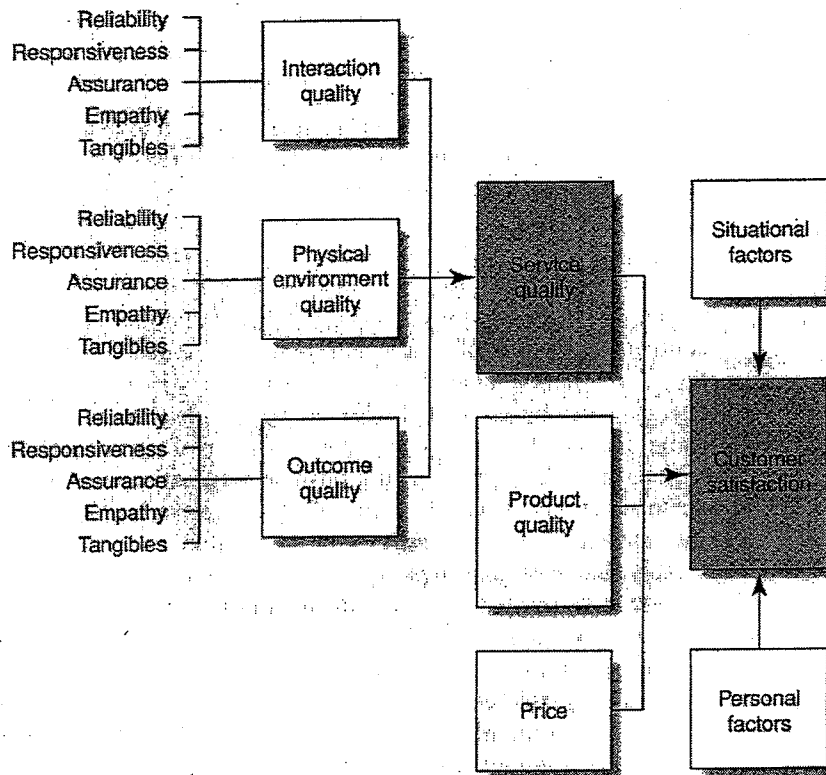
between the patient and the service producer. It has been documented by Southwest Airlines that the closer management is to the customer in giving frontline service the higher the customer satisfaction and resulting loyalty.

For many years marketing plans were structured around the four P's: price, product, place and promotion. This model was expanded to include three more P's: personnel, physical facilities and process management. Process management involves the production and supervision of meal preparation, packaging and serving. It is important to meet the pre-sold expectations of customers and to exceed these expectations. They have expectations of how meals should look, taste, smell and reflect temperature differentials. These expectations can not be kept to chance (Magrath, 1986). Quality process management will deliver these expectations, however in the soul of service innovation is a tool of excellence. "Great service companies revel in leading change; they hear the beat of their own drums rather than competitive drums, they invent rather than imitate" (Berry, 1999, p. 25). This entrepreneurial response to the perception of unmet market need creates a marketing strategy and results in explicit positioning. When a hospital chooses to change a service structure it demands an appreciation of the interrelatedness and intricacy of service systems. Service is not like a product engineered in a factory. "Producing" a service is a dynamic, continuous event (Shostack, 1987).

Customer satisfaction is impacted by a product features but also the consumer emotions. It is critically important that services and products are delivered with positive emotions. It has been proven that an employee's emotions can impact customer satisfaction ratings (Zeithaml, Bitner, 2003). The classic customer perception of quality and customer satisfaction is explained

by the Figure 1. This figure explains the interrelatedness of service, product and price related to customer satisfaction.

Figure 1. Customer Perceptions of Quality and Customer Satisfaction



(Zeithaml & Bitner, 2003)

The Service-Profit chain requires a quality product delivered with the exceptional service in a reliable, responsive interaction. A customer's perception is truth to the customer. Their satisfaction is based on their evaluation of the product or service and if it met their needs and expectations. If it exceeds their expectations a hospital has branded a name for itself creating customer loyalty and long term profit.

Chapter Three

Methodology

Description of Methodology

The research consisted of a survey investigating the room service food program at Myrtle Werth Hospital, Mayo Health System in Menomonie, Wisconsin for a two-month period in the fall of 2002. The survey investigated a four-point customer service rating of the room service food program based on convenience, taste, appearance and temperature of food items.

Paper surveys were given to inpatients who had received at least two meals with the room service program. The patients called in meals to the Food and Nutrition office using a dedicated phone line.

Research Design

The variables included in the survey included convenience, taste, appearance and temperature of food items. See Appendix A for a sample survey. The survey is a four-point scale questionnaire with the variables of 4=excellent, 3=good, 2=fair and 1=poor. Questions were numbered 1 to 4. Question 1: Convenience of meal serving times. Question 2: Taste of food. Question 3: Appearance of food. Question 4: Temperature of food. Space was provided for comments to be added by the inpatient.

Subjects

Subjects included in the study involved inpatients at Myrtle Werth Hospital in Menomonie, Wisconsin. Inpatients included in the study were given a questionnaire and also an information sheet regarding the study, subject rights and contact information with questions or

concerns. This information was included with the survey and delivered on the inpatient's meal tray.

Instrumentation

The main instrument involved a four-item questionnaire. Rating of the questions involved a four-point scale from excellent to poor. See Appendix A for the attached questionnaire.

Procedures

Each Monday through Friday for a two-month period in the Fall of 2002, inpatients who met the criteria for the study, were sent a subject's rights form along with a questionnaire and a small pencil to record their opinions.

The surveys were included on the noon meal tray and delivered to the inpatient by the Food and Nutrition hostess. Surveys were returned on the meal tray and delivered to the researcher by the Food and Nutrition Department dishwasher to protect anonymity.

Data Collection

As questionnaires were returned, the survey was checked to make sure all questions had been answered and that anonymity had been kept. Survey data was recorded each day as questionnaires were returned. Data was stored in a hard copy form in the Food and Nutrition Director's office.

Data Analysis

Data was analyzed comparing the two months of data collection before room service was implemented and two months of data collection after room service was implemented. The percentages were compared according to the quality assurance goal of 100% 3's and 4's.

Limitations

The pre or first survey on the room service food program included 60 surveys. They were delivered to inpatients meeting the requirements of the study at Myrtle Werth Hospital, Mayo Health System. Thirty-two useable surveys were returned resulting in a 53% return rate.

The post or second survey with the same questions, plus one added question on taste, was delivered to 92 inpatients meeting the requirements of the study at Myrtle Werth Hospital, Mayo Health System. Forty-one useable surveys were returned resulting in a 44.6% return rate.

Summary

The research consisted of a survey investigating the room service food program at Myrtle Werth Hospital, Mayo Health System in Menomonie, Wisconsin for a two-month period in the fall of 2002. Paper surveys were given to inpatients who had received at least two meals with the room service food program.

Chapter Four

Results

Results comparing the two-month period of data collection before and after room service food program was implemented show that convenience of meal time remained consistent at 100% to meet quality assurance goals (Appendix B and Appendix C). Customer satisfaction of convenience of meal times as rated by inpatients was not affected by the implementation of the room service food program. One hundred percent of the inpatients in this study rated meal time convenience at excellent or good both before and after the room service food program was implemented (Appendix D and Appendix E).

The variable of taste was not measured during pre room service food program because the question related to the taste of food was added after room service food program was implemented. Data collection for two months after room service food program was implemented showed a customer satisfaction rating of 97.6% at excellent or good in regards to taste. However the quality assurance goal of 100% excellent and good was not met in this category (Appendix D and Appendix E).

The variable of appearance of food resulted in a customer satisfaction increase of 4.1% after the room service food program was implemented for quality assurance guidelines. Before the room service food program was implemented, appearance of food received 93.5% of excellent and good ratings by inpatients. After the room service food program was implemented customer service rating of the food increased to a 97.6% rating excellent or good. (Appendix C and Appendix E) However the quality assurance goal set by the hospital administration of 100% excellent and good ratings was not met in this category (Appendix C and Appendix E).

The variable of temperature of food resulted in a customer satisfaction increase of 8.0% after the room service food program was implemented for quality assurance guidelines. Before the room service food program was implemented, the temperature of food received 81.5% of excellent and good rating by inpatients. After the room service food program was implemented customer service rating increased to 90.5% rating excellent or good (Appendix C and Appendix E). However the quality assurance goal of 100% excellent and good ratings was not met in this category (Appendix C and Appendix E).

Evidence

Post room service food program data involved 92 surveys sent out with 41 surveys returned. Convenience of meal time resulted in 66.7% excellent rating and 33.3% good rating. This met the quality assurance goal as set by Mayo Health Foundation. Taste of food resulted in 64.3% with excellent rating, 33.3% good rating and 2.4% fair rating. The quality assurance goal was not met by 2.4%. Appearance of food resulted in 59.5% excellent rating, 38.1% good rating and 2.4% poor rating. The quality assurance goal was not met by 2.4%. Temperature of food resulted in 52.4% excellent, 38.1% good and 9.5% fair rating. The quality assurance goal was not met by 9.5% (Appendix B, Appendix C, Appendix D and Appendix E).

Pre room service food program data included 60 surveys sent out with 32 returned. Convenience of meal times resulted in 68.8% excellent and 31.2% good. This met the quality assurance goal as set by Mayo Health Foundation. Taste of food was not available due to this variable not measured before room service was implemented. Appearance of food resulted in 37.5% excellent, 56.3% good, 3.1% fair and 3.1% poor. The quality assurance goal was not met by 6.2%. Temperature of food resulted in 31.2% excellent, 46.9% good, 18.8% fair, and 3.1%

poor. The quality assurance goal was not met by 21.9% (Appendix B, Appendix C, Appendix D and Appendix E).

Unanticipated Findings

Fifteen comments were submitted by study participants and provided for additional areas to improve customer satisfaction for the room service food program at Myrtle Werth Hospital, Mayo Health System (Appendix F).

Summary of Findings

Findings suggest that the implementation of a room service food program in an acute care facility can increase customer service satisfaction scores (as rated excellent and good) in reference to convenience, taste, appearance, and temperature of food. The quality assurance goal as set by Mayo Health System was not met in three of the four categories. It was met for convenience of meal time.

Chapter Five

Discussion

Summary

Shorter hospital stays and higher expectations for customer service by inpatients in a healthcare setting are presenting challenges for Food and Nutrition service departments. Customers expect more from hospital food service. Applying a room service food program focusing on inpatient preferences can increase customer satisfaction scores regarding convenience, taste, appearance, and temperature of food.

Limitations

I believe a limitation of the study was subject to small sample size. Gathering data for two months in an acute care facility with an average daily census of ten limited the amount of surveys returned. A second limitation was the question of temperature of food as one factor. The question should have been separated into a hot food category and a cold food category. Another limitation was one survey returned included the patient's name and had to be discarded to protect anonymity.

Conclusions

Based on the study of customer satisfaction of food regarding the room service program implemented at Myrtle Werth Hospital, Mayo Health System during November and December of 2002, a more patient focused food program allowing inpatients to choose from a fine dining style menu allows a higher rating of customer satisfaction related to food. The flexibility in meal delivery and order delivery time allows the inpatient to receive the foods they want when they want them. The results of the study add to the current body of research on customer satisfaction

with food service in healthcare facilities. It is clear from the literature review in service management and marketing, that branding a quality food service program does substantially impact the service profit chain.

The goal set by the Mayo Health System for the Food and Nutrition Department's room service food program is challenging the results for three of the four items. Further study and improvements to the process can result in 100's, 3's and 4's.

Implications

Implications of this study, along with current research supports the change from traditional tray-line food service utilizing choices selected by the patient 24 hours in advance to a fine dining style food service requiring inpatients to place orders from an all inclusive menu and select the delivery time for the meals. Application of the room service food program can increase customer satisfaction scores for food and therefore increase inpatient satisfaction with an acute care facility stay. This customer satisfaction has the potential of shortening hospital stays based on quality nutritive intake, increasing customer satisfaction, creating a potential return customer clientele, improving employee satisfaction and creating a service model resulting in profits for the hospital.

Recommendations for Further Study

A recommendation for this particular study is to continue gathering data for one more year and determine if there are common threads of inpatient concern and opportunities of food service. Application of qualitative research in regards to the patient comments may allow for areas of improvement in the room service meal program.

Another recommendation for future research would involve other facilities that have implemented a room service food program for inpatients at acute care facilities. The information from more than one facility in the west Wisconsin area could be analyzed to verify if room service does increase patient satisfaction.

Summary

In today's economy, businesses such as acute care facilities need enthusiastic customers (Szymanski, 2003). These people need to rank services and food service programs as excellent; they need to encourage others to choose the services; and they need to promote their customer satisfaction in the community. The food service program at the Myrtle Werth Hospital, Mayo Health System is a contributing facility to the overall branding for this acute care facility. It has and will continue to make a positive difference for inpatients.

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Appendix A

FOOD SERVICE SURVEY

In an attempt to improve the service that we provide, we would appreciate your opinion.

Please rate the following:

	<u>4</u> Excellent	<u>3</u> Good	<u>2</u> Fair	<u>1</u> Poor
1) Convenience of meal time (circle):	4	3	2	1
2) Taste of food (circle):	4	3	2	1
3) Appearance of food (circle):	4	3	2	1
4) Temperature of food (circle):	4	3	2	1

Any comments are appreciated:

Appendix B

Results for the two months of data (November and December 2001) before room service was

implemented. 60 surveys were sent out: 32 were returned.

The taste question was not included in this data.

Question	Excellent	Good	Fair	Poor
Convenience of meal time	4	3	2	1
	22=68.8%	10=31.2%	0	0
Taste of food				
	Na	Na	Na	Na
Appearance of food				
	12=37.5%	18=56.3%	1=3.1%	1=3.1%
Temperature of food				
	10=31.2%	15=46.9%	6=18.8%	1=3.1%

Appendix C

Results for the two months of data after room service was implemented

(November and December 2002: 92 surveys sent out: 41 returned).

Question	Excellent	Good	Fair	Poor
Convenience of meal time	4	3	2	1
	23=66.7%	14=33.3%	0	0
Taste of food				
	27=64.3%	14=33.3%	1=2.4%	0
Appearance of food				
	25=59.5%	16=38.1%	1=2.4%	0
Temperature of food				
	22=52.4%	16=38.1%	4=9.5%	0

Appendix D

Quality assurance goal expectation as set by Mayo Health System for two months (November and December 2001) before room service was implemented. 60 surveys were sent out: 32 were returned.

Convenience of meal time	3's and 4's %	Goal: 100% 3's and 4's
	100%	made goal
Taste of food	NA	NA
Appearance of food	3's and 4's %	
	93.8%	missed goal by 6.2 %
Temperature of food	3's and 4's %	
	78.1%	Missed goal by 21.9 %

Appendix E

Quality assurance goal expectation as set by Mayo Health System for two months (November and December 2002) after room service was implemented. 92 surveys were sent out: 41 surveys were returned.

Convenience of Meal Time	3's and 4's %	Goal: 100% 3's and 4's
	100%	made goal
Taste of Food	3's and 4's %	
	97.6%	missed goal by 2.4%
Appearance of Food	3's and 4's %	
	97.6%	missed goal by 2.4%
Temperature of Food	3's and 4's %	
	90.5%	Missed goal by 9.5%

Appendix F

Comments from questionnaires collected for two months in the Fall of 2002 in November and December:

Meat was hard as a rock.

Ordering from a menu helps to have good appetite rather than no appetite.

For OB it would be good to get this quality food after hours. Prompt delivery, courteous and helpful "what a treat" hardly what I expected. It's a good feature.

Very Good for Hospital

A very good selection and food is always arranged so nice on plate.

The food service is fantastic. Better than most hotels. It is very nice to be able to have family meals in your own room.

Hospital food sure has improved! Tastes great!

Lovely meals. Thank you!

More variety of dinners.

Great service-friendly-coffee could be hotter.

Good selection-very good service.

I have had difficulty in obtaining 2 glasses of 1% milk. Port tenderloin was too dried out to eat.

Great menu selection not what you'd expect from a hospital.

Everything was wonderful, the service was always with a smile, the staff was helpful.

All thanks to the many accommodations made for snacks and delivery times.