

**COUNTY OF MILWAUKEE**  
**Behavioral Health Division Administration**  
 INTER-OFFICE COMMUNICATION

**DATE:** January 30, 2012

**TO:** Peggy Romo West, Chairperson – Health & Human Needs Committee

**FROM:** Héctor Colón, Director, Department of Health and Human Services  
*Prepared by: Paula Lucey, Administrator, Behavioral Health Division*

**SUBJECT:** **From the Director, Department of Health and Human Services, Submitting an Informational Report Regarding the Status of the Contracting Out of Dietary Services**

**BACKGROUND**

The 2009 Budget included an initiative to contract for food service operations at the Behavioral Health Division (BHD). On June 8, 2009, A’viands LLC, the selected vendor, began operating the BHD food service. At the March 9, 2011 meeting of the Health and Human Needs Committee, it was requested that BHD continue to provide semi-annual status reports.

**DISCUSSION**

*Performance*

BHD works closely with A’viands to monitor food quality and service and resolve errors. BHD has three Dietitians, a Dietitian Supervisor, a Quality Improvement Coordinator, and a Contract Services Coordinator, who monitor the daily operations of the A’viands contract. A’viands management staff also attend the noon safety meeting when requested or as issues arise.

The Dietitian Supervisor performs regular checks of the meals provided to BHD patients and residents. A summary of data that is routinely collected on meal service and delivery is included in Table 1.

<b>TABLE 1. SELECTED FOOD METRICS (FEB - DEC 2011)</b>											
	<i>Feb</i>	<i>March</i>	<i>April</i>	<i>May</i>	<i>June</i>	<i>July</i>	<i>Aug</i>	<i>Sept</i>	<i>Oct</i>	<i>Nov</i>	<i>Dec</i>
<i>Tray Accuracy</i>	88%	88%	75%	56%	89%	100%	72%	89%	82%	83%	100%
<i>Texture Modifications</i>	88%	88%	88%	89%	89%	100%	86%	100%	100%	100%	100%
<i>Portion Sizes</i>	100%	100%	88%	100%	89%	100%	100%	100%	89%	100%	100%
<i>Time</i>	75%	75%	62%	89%	56%	100%	71%	78%	55%	67%	86%

	<i>Feb</i>	<i>March</i>	<i>April</i>	<i>May</i>	<i>June</i>	<i>July</i>	<i>Aug</i>	<i>Sept</i>	<i>Oct</i>	<i>Nov</i>	<i>Dec</i>
<i>Cold Food Temperature</i>	30%	73%	100%	70%	56%	34%	34%	65%	77%	73%	82%
<i>Hot Food Temperature</i>	50%	62%	64%	69%	66%	62%	65%	75%	30%	70%	83%

**Tray accuracy:** All items ordered on the tray card are present on meal tray at time of delivery. Threshold is 100% accuracy.

**Texture Modifications:** All mechanically altered foods required are at the desired consistency at time of delivery. Threshold is 100% accuracy.

**Portion Sizes:** All portion sizes are of correct measurement at time of delivery. Threshold is 100% accuracy.

**Time:** Meals are delivered on a timely basis. Threshold is within 10 minutes of scheduled serving time.

*Tray testing for each category is completed bi-weekly for a sample of 8-9 per month.*

Also in 2011, BHD Dietary staff began conducting weekly customer satisfaction surveys. The results are presented in Table 2, and show the percentage of customers rating the given measure as either good, very good, or excellent in each month.

	<i>Feb</i>	<i>March</i>	<i>April</i>	<i>May</i>	<i>June</i>	<i>July</i>	<i>Aug</i>	<i>Sept</i>	<i>Oct</i>	<i>Nov</i>	<i>Dec</i>
<i>Temperature</i>	89%	56%	57%	81%	60%	62%	43%	70%	100%	67%	66%
<i>Time</i>	100%	67%	78%	63%	80%	61%	83%	80%	84%	100%	66%
<i>Taste</i>	78%	45%	45%	50%	80%	63%	61%	60%	67%	66%	66%
<i>Variety</i>	100%	67%	56%	75%	30%	69%	70%	80%	66%	67%	66%
<i>Overall</i>	75%	67%	56%	62%	80%	84%	57%	60%	67%	50%	66%

**Meal Temperature:** Are meal temperatures acceptable to customer at time of meal service (i.e. hot food hot, cold food cold)?

**Time:** Does customer feel that meals are served in a timely manner?

**Taste:** Does customer enjoy the taste of their meals?

**Variety:** Is customer satisfied with variety of foods served at meals?

**Overall:** Is customer satisfied with overall meal experience?

*The surveys are based on a sample of approximately 12 consumers per month. It is also important to note that the survey respondents change on a monthly basis.*

With almost a full year of data now available, BHD is analyzing the new performance measures and will continue to use them to drive further improvements in dietary services.

A'viands also keeps a complaint log listing the type, nature, and location of complaints received via email and telephone and the follow-up and resolution provided. Table 3 provides a summary of the number of email and telephone complaints by type in 2011. The majority of the complaints are regarding food issues such as over-cooked food, substitutions or displeasure with a menu item and late or missing meals. Missing meals, incorrect food items and patient preferences are corrected immediately by A'viands at the point of service. Reported complaints as a percent of meals served are less than .1%, and this statistic has remained fairly constant since the beginning of the A'viands contract.

<b>TABLE 3. ISSUES LOG SUMMARY (JAN – DEC 2011)</b>			
<b>Type of Complaint</b>	<b>Email Complaints By Occurrence</b>	<b>Phone Complaints By Occurrence</b>	<b>Total Complaints by Occurrence</b>
Dietary Error - i.e. wrong texture served, inappropriate item served	31	4	35
Food Issue - i.e. substitution from menu, over-cooked, dislike item, etc	72	53	125
Portion Size	6	0	6
Late Meals, Missing Meals	59	66	125
Administrative - i.e. missing meal counts, tableware issue, in-service needs	37	0	37
<b>TOTAL COMPLAINTS</b>	<b>205</b>	<b>123</b>	<b>328</b>
2011 Total Meals Served	627,734	627,734	627,734
Complaints as a Percent of Meals Served	.03%	.02%	.05%

All complaints are considered formal complaints. Of the 328 complaints tracked in 2011, 35 were considered serious in nature and related to health and safety concerns. They included patients being given inappropriate diets and food being served that patients were allergic to. All of the situations were rectified immediately before any patient was harmed.

#### *Fiscal Savings*

BHD closely monitors the fiscal impact of the dietary contract with A'viands. For 2011, the average monthly cost for BHD for meals was \$434,675 and \$24,148 for required supplements and snacks/nourishments. The total cost for meals and supplements/snacks in 2011 was \$5,315,770. The A'viands contract is for an amount not to exceed \$5,416,186. BHD also has four dietary staff, continuing unemployment costs, prior legacy costs, various small expenses and cross charges. These costs total an average of \$67,189 per month. Therefore, the total average monthly cost including BHD and contracted expenses for 2011 was \$510,170. The actual monthly expenditure cost in 2008, including legacy costs, for the BHD run dietary service was \$621,932. This is an average monthly savings of \$111,762 and translates into an annual savings of over \$1.3 million.

#### *Initiatives*

BHD expanded its patient-centered dining program to the new Women's Treatment Unit in December. A plan is being developed, in collaboration with A'viands, to transition the remaining units to the new food service delivery methodology. BHD has already begun to see success in achieving several of the goals of the program, including:

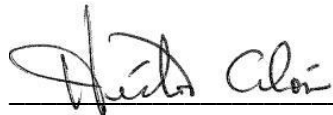
- Fostering independence in clients in regards to choice at meal and snack times;
- Improving consumer satisfaction with meals;
- Decreasing the amount of food waste;
- New way of providing snacks that increase client choice;

- Promoting positive interactions between consumers, BHD staff and A'viands staff;
- Decreasing errors due to dietary cart issues such as cold or burnt items;
- Eliminating the need for operational improvements to the tray line and dish room area;  
and
- Correcting state survey notations (on a preliminary basis) in regard to resident choice and accommodation of needs

In addition, the 2012 Budget contains an initiative to reduce dietary costs by \$500,000. BHD has let a Sandwich RFP, is discussing potential savings ideas with the Department on Aging and has begun discussions with A'viands regarding how these savings will be achieved. BHD is confident that they will achieve the budgeted savings in 2012.

**Recommendation**

This is an informational report. No action is necessary.



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Héctor Colón, Director  
Department of Health and Human Services

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