

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

DATE: September 6, 2011

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

FROM: Geri Lyday, Interim Director, Department of Health and Human Services
Prepared by: Paula Lucey, Administrator, Behavioral Health Division

SUBJECT: From the Interim 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

Initiatives

Previous reports to the Board noted that BHD received citations in the SOD related to the Dish Room. In an effort to address these citations and explore alternative meal service options at BHD, a patient-centered dining pilot program has been implemented on a unit within the Rehab Central Program. This pilot program began operation on July 18, 2011, and the State has confirmed that the new meal delivery method satisfies the SOD citations.

The pilot program eliminates the current tray delivery service provided to this unit. The kitchenette on the unit was remodeled to include a steam table, under-counter dish machine, coffee maker and microwave. An A’viands employee transports the meal in bulk to the kitchenette, assembles the meals on the unit, and serves the meals to the clients, with assistance from the nursing staff.

The goals of this program include:

- Fostering independence in patients in regards to choice at meal and snack times;
- Improving customer satisfaction with meals;
- Decreasing the amount of food waste;
- Promoting positive interactions between patients, BHD staff and A’viands staff;
- Decreasing errors due to dietary cart issues such as cold or burnt items;

- Decreasing spending on supplemental charges for snacks, supplements and nourishments;
- Reducing the cost of replacing the current meal delivery carts by exploring more financially responsible alternatives;
- Eliminating the need for operational improvements to the tray line and dish room area; and
- Correcting state survey notations in regard to resident choice and accommodation of needs.

While only in its infancy, the pilot has received many compliments from residents and unit staff alike, and BHD and A'viands are actively working to ensure the success of the pilot. With the assistance of A'viands, BHD plans to expand the initiative to the other long-term care units and possibly the Acute units in the near future.

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.

TABLE 1. SELECTED DIETARY PERFORMANCE METRICS (FEBRUARY – JUNE 2011)					
	<i>February</i>	<i>March</i>	<i>April</i>	<i>May</i>	<i>June</i>
<i>Tray accuracy</i>	88%	88%	75%	56%	89%
<i>Texture Modifications</i>	88%	88%	88%	89%	89%
<i>Portion Sizes</i>	100%	100%	88%	100%	89%
<i>Time</i>	75%	75%	62%	89%	56%

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>February</i>	<i>March</i>	<i>April</i>	<i>May</i>	<i>June</i>
<i>Temperature</i>	89%	56%	57%	81%	60%
<i>Time</i>	100%	67%	78%	63%	80%
<i>Taste</i>	78%	45%	45%	50%	80%
<i>Variety</i>	100%	67%	56%	75%	30%
<i>Overall</i>	75%	67%	56%	62%	80%

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 per month. It is also important to note that the survey respondents change on a monthly basis.

BHD has been 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 the follow-up and resolution provided. Table 3 provides a summary of the number of email complaints by type to date 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.

Type of Complaint	Complaints by Occurrence
Dietary Error - i.e. wrong texture served, inappropriate item served	20
Food Issue - i.e. substitution from menu, over-cooked, dislike item, etc	50
Portion Size	5
Late Meals, Missing Meals	31
Administrative - i.e. missing meal counts, tableware issue, in-service needs	22
TOTAL COMPLAINTS	128
Total Meals Served (January – July 2011)	368,663
Complaints as a Percentage of Meals Served	.035%

All complaints are considered formal complaints. Of the 128 email complaints tracked so far in 2011, 20 were considered serious in nature and relate 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. To date for 2011, the average monthly cost for BHD for meals is \$424,026 and \$24,763 for required supplements and snacks/nourishments. The total cost for meals and supplements/snacks in 2011 is projected to be \$5,385,469. 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 \$63,559 per month. Therefore, the total average monthly cost including BHD and contracted expenses for 2011 to date is \$512,348. 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 \$109,584 and translates into an annual savings of over \$1.31 million.

Recommendation

This is an informational report. No action is necessary.



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