A Reason for Meal Rounds: Improving Patient Satisfaction with Meals
Beth Israel Deaconess Hospital - Milton

Introduction/Problem

Beth Israel Deaconess Hospital Milton (BID-Milton) recognized an issue with patient perception scores specific to the meals domain. Patients are surveyed on the meals overall, the temperature of food, the courtesy of the person who served food, and the overall quality of the food. Best practices emphasize the importance of meal rounding, as it directly correlates with improved patient experience scores. Although meal rounding was implemented in April 2015, the initial paper method was ineffective relative to trending data from patient feedback and identifying opportunities for improvement.

Aim/Goal

The goal was to improve the patient perception score for the meals domain by at least 10% (Top Box) within 12 months of the January 2016 score of 31.6 (Goal: 35). From rounding data, interventions can be identified and strategically approached.
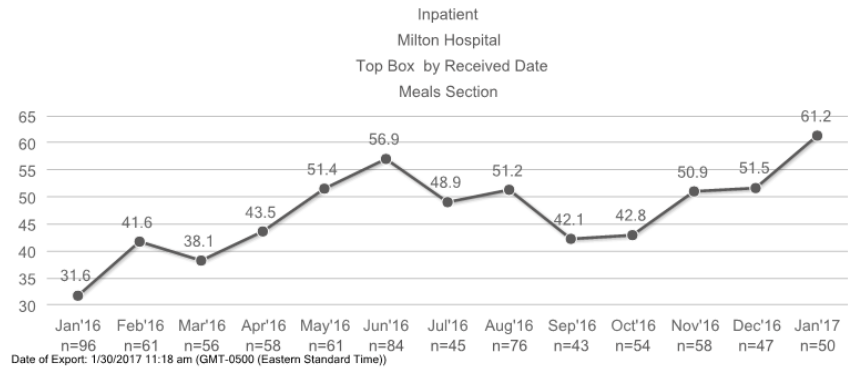
The Team

- Michele Morgan, MS, RD, LDN: Director, Food & Nutrition Services
- Christina Gaudet, RD, LDN: Manager, Clinical Nutrition
- Sara Kubetin, MS, RD, LDN: Staff Dietitian
- Tiffany Huang, RD, LDN: Staff Dietitian
- Nora Blake: BIDMC System Director, Food Services
- Shana Sporman, RD, LDN: BIDMC GM, Food & Nutrition Services

The Interventions

- Purchased mobile technology tools (iPads) for real time data collection (December 2015)
- Contracted with Service Depot as a rounding tool for measuring and monitoring patient feedback (December 2015)
- Utilized the service recovery function to rapidly address opportunities for improvement
- Study trends (both positive and negative) and feedback to determine and implement meaningful actions plans
- Share progress on a weekly basis to all food service staff
- Rounding on new admissions to introduce patients to the services offered and process to provide feedback

Results/Progress to Date

Inpatient
Milton Hospital
Top Box by Received Date
Meals Section

Date of Export: 1/30/2017 11:18 am (GMT-0500 (Eastern Standard Time))

Month	n	Score
Jan'16	n=96	31.6
Feb'16	n=61	41.6
Mar'16	n=56	38.1
Apr'16	n=58	43.5
May'16	n=61	51.4
Jun'16	n=84	56.9
Jul'16	n=45	48.9
Aug'16	n=76	51.2
Sep'16	n=43	42.1
Oct'16	n=54	42.8
Nov'16	n=58	50.9
Dec'16	n=47	51.5
Jan'17	n=50	61.2

The above above graph displays the top box scores per month for the meal domain between January 2016 – January 2017. During that time the 10% increase goal (35) has been exceeded and sustained. As of January 2017, the top box score has increased from 31.6 to 61.2 (this represents a 30 point or 100% improvement within 12 months).

Lessons Learned

- While utilizing Service Depot for rounding provides excellent feedback and data to be shared, this system does not interface with the hospital's electronic census. Because of this, a manual/time consuming process is required to identify new admissions.
- Shorter length of patient stays may prohibit nutrition staff in being able to conduct service recovery opportunities
- Rounding is not conducted 7 days per week (not on weekends or holidays)

Next Steps

- Add additional staff/interns/volunteers to sustain rounding processes
- Continue rounding on all new admissions and patients with service recovery indicators
- Collaborate with EVS to ensure all patients have a menu at the bedside
- Identify strategies to achieve rounding within 1 day of admission
- Continue to provide feedback to Service Depot to optimize rounding tool

Beth Israel Deaconess Medical Center

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