Food for Thought: Maximizing the Positive Impact Food Can Have on a Patient’s Stay

Executive Summary
For inpatients, mealtime can, and should, be a bright spot amid the inevitable anxiety associated with a hospital stay. While it may not alleviate the physical pain of an injury or the emotional strain associated with a difficult diagnosis, high-quality, appetizing food can offer a welcome distraction, as can a kind word and friendly smile from the employees who deliver it.

In recent focus groups conducted by Press Ganey Consulting in collaboration with Louisiana-based Ochsner Health System on behalf of Compass One Healthcare, 45 recently discharged hospital patients and their family members perceived the process of meal service—ordering, receiving and enjoying their food—as a positive aspect of their inpatient stay.

Press Ganey researchers combined the qualitative data gathered from each of three focus groups with quantitative analyses from Press Ganey’s patient experience data related to food service. Press Ganey’s patient experience survey asks patients to rate three relevant items in this regard:

- The quality of the food
- The temperature of the food (hot food hot, cold food cold)
- The courtesy of the person serving the food

Analyses of survey responses to these items in the Press Ganey database reveal that patients and family members typically separate their experience with hospital food into two general categories: the characteristics of the food itself (seasoning, preparation, temperature, etc.) and issues related to the ordering and delivery of meals (menu selection, ease of ordering, timeliness of delivery and order accuracy).
In the focus group discussions, participants generally had stronger opinions about the ordering, availability and delivery of their meals than the characteristics of the food itself. In fact, a majority of participants admitted that they did not expect the food to taste great, acknowledging that they were in a hospital, not a fine dining restaurant. Several participants note that they were pleasantly surprised by the food quality, while some others found it predictably bland or lacking in flavor.

**Getting a Better Taste for Patients’ Food Experience**

To gain deeper insight into patients’ perceptions of their inpatient food experience, Press Ganey researchers conducted a separate analysis of survey responses to questions related to the accuracy and timeliness of the food order that a group of hospitals added to their inpatient survey.

Data for this analysis were collected during 2014, 2015 and 2016, and consisted of 9,734 respondents in seven urban short-term acute care hospitals (including two critical access hospitals) in the Midwest, West and Southeast. All were nonreligious voluntary non profits, with limited or no medical school affiliation, and staffed bed sizes ranging from fewer than 100 to more than 400.

The researchers explored whether and to what degree patients’ perceptions of the food being delivered accurately, on time and with courtesy would affect their perception of food quality. As indicated in the table below, the evaluation of overall food quality is strongly related to accuracy, timeliness and courtesy. In the case of meal order accuracy, those who were pleased with the level of accuracy and gave top-box ratings to the accuracy question were more likely to also rate quality of food as top box (64% of the time). In contrast, when the accuracy of the meal order was not top box, food quality rarely (10%) received top-box ratings.

A similar dynamic existed for the other four items when compared to quality of food ratings, where the majority of patients gave top-box ratings for food quality when the independent variables related to accuracy, timeliness and courtesy were rated as top box. The likelihood of food quality receiving a top-box rating plummeted to 10% or less when accuracy, timeliness or courtesy was not a top-box rating.

<table>
<thead>
<tr>
<th>Independent Variable</th>
<th>If Independent Variable Is Top Box, Likelihood That “Quality of Food” Will Be Rated Top Box</th>
<th>If Independent Variable Is NOT Top Box, Likelihood That “Quality of Food” Will Be Rated Top Box</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ACCURACY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accuracy of your meal order</td>
<td>64%</td>
<td>10%</td>
</tr>
<tr>
<td>Getting food checked off menu</td>
<td>59%</td>
<td>7%</td>
</tr>
<tr>
<td><strong>TIMELINESS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food delivered in a reasonable time</td>
<td>54%</td>
<td>10%</td>
</tr>
<tr>
<td>Meals delivered when scheduled</td>
<td>61%</td>
<td>8%</td>
</tr>
<tr>
<td><strong>COURTESY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Courtesy of person serving food</td>
<td>55%</td>
<td>6%</td>
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</tbody>
</table>

This analysis suggests that the ordering and delivery aspects of food service strongly influence patients’ overall perception of food quality. Patients expect the right food to be delivered on time and in a courteous way, and when those baseline expectations are met, achieving optimal ratings for food quality becomes highly likely.
Understanding Clinicians’ Food Service Concerns

In addition to quantitative and qualitative assessment of patients’ and family members’ perceptions around food service, the Press Ganey Consulting team also interviewed hospital clinicians and food service leaders to better understand their perspectives on how food influences quality and patients’ experiences. Their comments and concerns fell into three major categories: meal accuracy, timeliness and teamwork.

For nurses, ensuring that patients received the appropriate food when on a special diet was important. This concern was voiced most often for diabetic patients, whose meal selection and timing influenced medication administration. Similar concerns were expressed, though less frequently, for bariatric surgery, cardiac and nephrology patients.

Timeliness also was mentioned by clinical leaders as being especially important for some patients, including those who are required to eat on a regular, predictable schedule. In fact, for diabetic and bariatric surgery patients, timeliness could impact clinical quality and outcomes.

Clinical staff and food and nutritional service leaders acknowledged the importance of strong teamwork to provide patients with positive, satisfying and clinically appropriate meal experiences. Examples in which teamwork and collaboration are absolutely essential include helping patients understand their special diets, consistently monitoring and encouraging them to eat so that they receive the nutrition they need to recover, and ensuring that the medical chart is up to date and consistently checked to flag NPO status or other dietary restrictions.

The chart below illustrates the association between staff communication, especially as it relates to special diets, and patients’ perception of food quality. In cases where patients rated the explanation of the diet as “very poor,” there was a 15-point gap in mean “quality of food” score between those on a regular diet and those on a special diet. This gap narrowed substantially among patients who rated the dietary explanation as “good” or “very good.”

![Quality of Food Mean Score Chart](chart-link)
Creating a Recipe for Food Service Success

Based on the quantitative and qualitative research information, Press Ganey Consulting has identified five major implications for food and nutrition services teams.

1. **Food service should be a pleasurable experience during inpatient stays.**

   Food selection is one of the few choices patients have during a hospital admission. Food and nutrition services leaders and employees should recognize that elements of the experience beyond just food taste and temperature are important to patients. Menu options help provide a greater sense of control, contributing to patients’ positive experiences.

   When interviewed by Press Ganey consultants, front-line food service staff described the positive influence they were able to have on a patient’s stay. Sharing these stories in staff meetings and huddles helps reinforce the important role the food service staff plays on the caregiving team.

2. **Teamwork makes a difference.**

   The question “How well did staff work together as a team to care for you?” is one of the questions that is the most highly correlated to global patient experience ratings on the Press Ganey inpatient survey. A positive, collaborative relationship between food and nutrition services and nursing staff contributes to the perception of teamwork. Food and nutrition services leadership should make it a priority to connect with nurse managers and their teams to solicit their input and keep them apprised of menu or process changes that so the clinical team can communicate the changes to patients and families.

3. **Meal ordering and service is important to patients.**

   During their hospital stay, patients expect the ordering and delivery of meals to be efficient and accurate. When individual meal items must be substituted because of availability or diet restrictions, patients expect the person delivering the meal to be able to explain why or to provide an alternate option that is agreeable to the patient.

   Also, patients report significant frustration when meals are delivered late, often associating delays with incorrect or unappealing food temperature, whether the delay actually was the cause of the temperature variance or not. Accurate, timely delivery of meals can affect a patient’s experience, and it can also impact clinical outcomes and recovery for patients whose consumption of food is linked to medication administration or other therapies.

4. **“Room service” options are popular, but may not be best for all patients.**

   Patients report that they appreciate the ability to call and order food at any time of the day. For certain patients, including those who have cognitive deficiencies or require food at predictable, consistent times, this approach can create more frustration than benefits. Hospitals that have adopted a hybrid model report success with an approach that provides more traditional ordering and meal delivery at established times for some patients.

   In addition to these challenges, a room service model can sacrifice a facility’s ability to dedicate individual food delivery staff to specific units, limiting food service employees’ ability to establish relationships with the care team and with longer-term patients. These relationships can create a sense of familiarity in an unfamiliar setting, resulting in reduced anxiety during a patient’s stay.
5. **Special diets require special attention**

Leaders and managers from acute care hospitals who were interviewed by Press Ganey consultants reported that a substantial proportion of patients are on either a special or restricted diet, which could affect their overall food ordering or delivery experience. Patients on restricted diets indicate preference for a menu that is limited to the items available for them to order, avoiding the temptation and ultimate disappointment of not being able to order a preferred entrée or dessert.

Partnering with the dietitians and other members of the care team to help patients understand the benefit of a restricted diet can diminish disappointment and frustration with food services. A better understanding of why certain foods are harmful or how they may contribute to discomfort or poor health may also aid in recovery and in the reduction of unnecessary readmissions or visits to the emergency department.

**Summary**

As one of the notable aspects of a hospital stay where the patient is given choices and some level of control, food service represents an area in which improvement efforts can complement other patient experience improvement strategies. Looking beyond the fundamental aspects of food taste and temperature can produce additional gains in patients’ overall perceptions of the food service experience. Importantly, it can also eliminate unnecessary frustration and avoidable suffering related to an experience that has the potential to be pleasurable during an inpatient stay.
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