Summer Training

At

CK Birla Hospital, JAIPUR

Date: 10 May 2021 to 02 July 2021

Management of complaints in Food and Beverage Department By Reducing Café Delays

A Report

By

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Sincerely,

Sunita Gureliya

Roll no- 1220

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ABBREVIATIONS

ABC	**Always better control**
A/D	**Admissions/discharge**
ALOS	**Average length of stay**
ABG	**Air blood gas**
BMW	**Bio-medical waste**
CSSD	**Central sterile supply department**
F&B	**Food and beverages**
TMT	**Treadmill test**
HDU	**High dependency unit**
HIS	**Hospital information system**
HRD	**Human resource development**
ICU	**Intensive care unit**
MLC	**Medico legal case**
MRD	**Medical record department**
NABH	**National accreditation board for hospital and healthcare providers**
IPD	**In-patient department**
OPD	**Out-patient department**
OT	**Operation theatre**
TAT	**Turnaround time**
TPA	**Third party administrator**
SOP	**Standard operating procedure**
EHC	**Executive health checkup**
MICU	**Medical intensive care unit**
PICU	**Pediatric intensive care unit**
NICU	**Neonatal intensive care unit**
SICU	**Surgical intensive care unit**
ECG	**Electro cardio graph**
MRI	**Magnetic resource imaging**
ENT	**Ear nose throat**
MIS	**Management information system**
CCTV	**Close circuit television**

SECTION-A

ORGANIZATION PROFILE-

The Calcutta Medical Research Institute (CMRI), the BM Birla Heart Research Centre (BMB), and its most recent initiative, Rukmani Birla Hospital (RBH), all belong to CK Birla Hospitals, which have set milestones in the healthcare industry. Three interconnected concepts bind the hospitals together: Clinical Excellence, Ethics, and Patient Centricity. These operating approaches have proved critical in allowing hospitals to expand and provide treatment to those in need. CK Birla Hospitals has three locations in Kolkata and Jaipur, with a total of 800 beds and comprehensive outpatient and inpatient treatments. The hospitals continue to set new benchmarks in Cure and Care, with a purpose to provide high-quality healthcare to all people, backed by cutting-edge technology and modern infrastructure.

Overview of the hospital Rukmani Birla Hospital is a multispecialty hospital with 230 beds that provides comprehensive in-patient, out-patient, and emergency care. Clinical excellence, ethical conduct, and a patient-centered approach are the three guiding principles. RBH includes a total of 24 specialised healthcare departments, each equipped with cutting-edge medical technology and staffed by a team of highly qualified doctors and nurses. It was founded in Jaipur in the year 2014. It is a NABH-accredited Indian quality council. It can be found at Gopalpura Bypass Road, near the Triveni Bridge, in Jaipur, Rajasthan, 302019. Rukmani Birla Hospital in Jaipur is equipped with cutting-edge technology and ergonomically built interiors. There are six modular OTs, an advanced cath lab, a modular IVF and diagnostic lab, a big 12-bed emergency ward, a 15-bed dialysis unit, and 64 critical care beds. Patients have access to fully prepared life-saving ambulances 24 hours a day, seven days a week.

- **Vision:** To provide the highest level of patient care and clinical excellence.
- **Mission:** To set the bar for providing an incomparable patient experience through clinical and service excellence in an exclusive environment that hold innovation and quality, as well as compassion, accountability, and transparency.
- **Commitment towards quality:** To support the highest standard of quality in the services offered at the hospital.

- **Quality Policy Statement:** To continually improve our human and technology resources in accordance with the finest global trends in medical science.

Hospital has following department:

Anesthesiology	CTVS	Dental Services	Endoscopy
Cardiology	Critical Care Services	Dialysis	Emergency
Endocrinology	General Medicine	General surgery	Gastroenterology
GI Surgery	Psychiatry	Neonatology	Nephrology
Neurology	Neurosurgery	Obstetrics & gynecology	Otolaryngology (ENT)
Pediatrics	Plastic and Reconstructive surgery	Respiratory medicine (Pulmonology)	Urology

Rehabilitative Services:- Osteopathy, Speech and Language and Physiotherapy

Support Services:- Ambulance**,** Blood Storage Centre**,** Health Checkup**,** Pharmacy**,** Nutrition**,** Food and Beverages**,** Mortuary**,** ATM

Diagnostic Services:

Diagnostic Imaging services- Bone Densitometry, CT Scan, Mammography, MRI, Ultrasound, X-ray

Laboratory Services- Biochemistry, Clinical Pathology, Cytopathology, Hematology, Histopathology, Immune Assay, Microbiology and Serology

Other Diagnostic Services- Audiometry, ECG, Echocardiography, EEG, EMP/EP, Holter Monitoring, PFT, Spiro logy, Tread Mill Testing, Urodynamic Studies

FLOOR-WISE PLAN

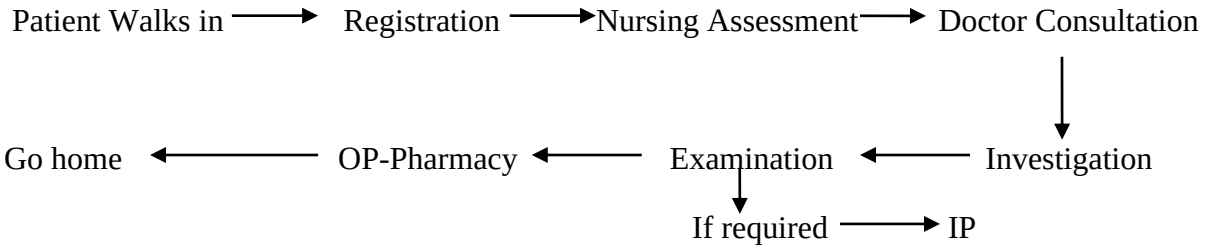
FLOOR	SPECIALITIES AVAILABLE
Basement	Outpatient Billing, OPD, consultant's Chamber, Radiology Department, Teaching Room for Nursing Staff
Ground Floor	Inpatient Billing, Counseling, TPA Desk, Emergency, Daily Report Collecting Section, PHC Section, F&B, Linen, Consult Chamber, Pharmacy, CCD, Cafeteria for Staff Members.
First Floor	Blood Bank, Cath Lab, Pre & Post Operation Rooms, MICU, ICCU, General ICU, KTU, SICU, Waiting Area, Histopath Lab, CSSD, Admin Block.
Second Floor	General Ward – 22 Bedded, Dirty Utility, Waiting Area, Nursing Admin Room, 3 Doctor's Room
Third Floor	IP Beds (18), SCBU, NICU, Labor Room, Maternity Triage, Typing Pool for Discharge Summary Preparation, Dirty Utility
Fourth Floor	IP Beds (45), Doctor's Room, Dirty Utility
Fifth Floor	IP Beds (30), Doctor's Room, Dirty Utility

OBSERVATIONAL LEARNING'S-

Outpatient Department (OPD)-

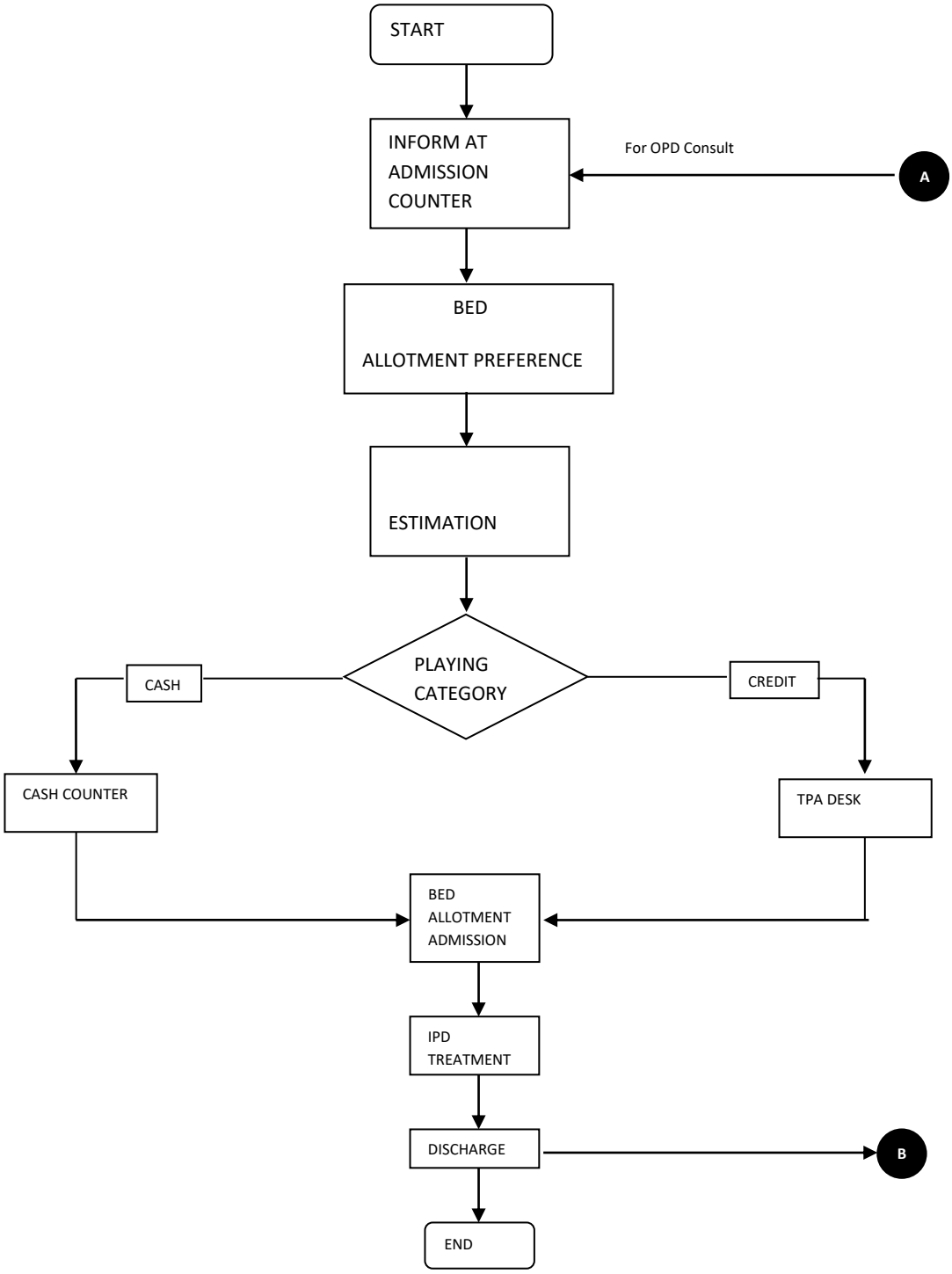
Basically, OPD of the hospital is divided into two parts. Half of the OPD is in ground floor and half is in basement. There are 14 consult chambers in OPD. OPD timings are 10am to 4pm. The sitting capacity is approximately 150. Total number of front desks are 5**.** The system they follow for appointment is first come first serve. Per day OPD is about 250.

PROCESS MAPPING



Inpatient Department (IPD)

PROCESS MAPPING



Blood Bank-

Blood Bank is in 1st floor. The blood bank is licensed and approved by Drug Control Organization, Rajasthan.

Blood bank consists of –

- Whole human blood IP
- Packed RBCs IP
- Platelet concentrate IP
- Fresh frozen plasma IP
- Cryoprecipitate USP
- Plateletpheresis SDP

Laboratory Department –

Laboratory is located on the first floor. Manpower of this department is 18. Qualification required is DMLT.

- Clinical staffs – 8
- Microbiology staffs – 4
- Sample collection staffs – 4
- Histopathology staffs – 2

Emergency Department- In this department there are 2 ambulances with ACLS. There are in total 4 staffs in ER. The qualification required is Graduation. Continuous training and education are given to the staffs regarding all the procedures. In case of medico-legal cases they follow the procedure in accordance to the law.

Medical Intensive Care Unit (MICU)-

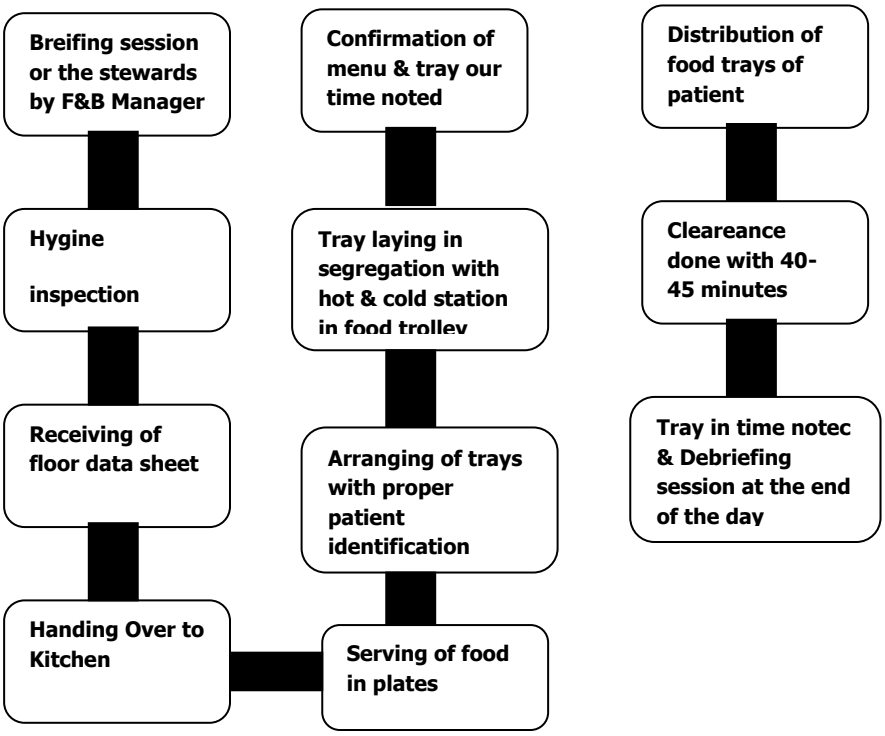
- Location – First Floor
- Type – Cubical
- Manpower – 35

- Number of beds – 14
- Isolation bed – 1
- Indicators- medication error, identity error, patient safety and infection control

Dietary (F&B Department)-

It is ground floor and outsourced company. It is owned by Life Pillars.

WORK FLOW PROCESS



CSSD-

CSSD (Central Sterile Supply Department) is the most important department of the hospital. It has various functions and is in the ground floor of Rukmani Birla Hospital, Jaipur

Zones is CSSD-

1. Decontamination

2. Clean
3. Sterile

Color Coding

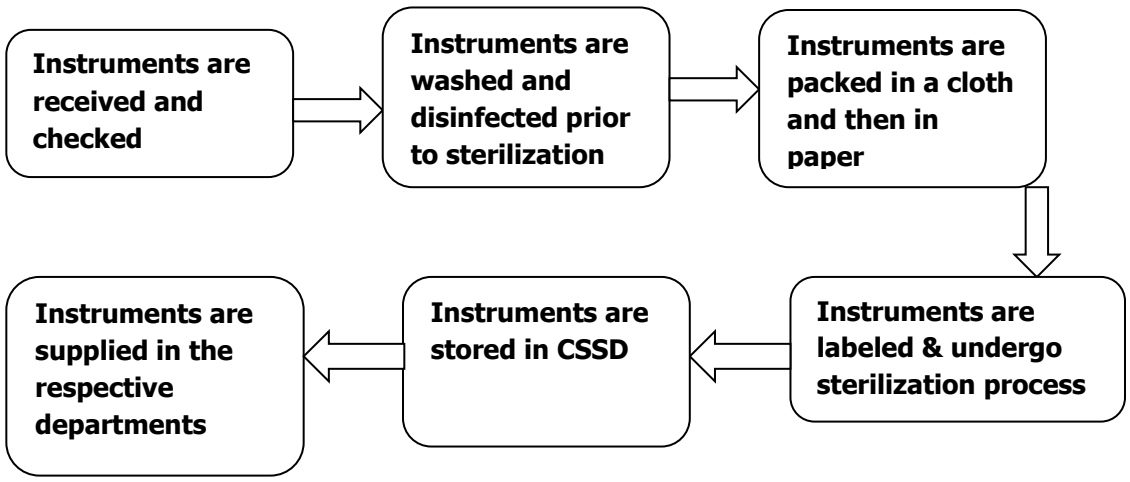
Decontamination – Red, Clean - Blue, Sterile – Green

Color helps to eliminate ambiguity, simplify training, give monitoring, and decrease cross contamination. This is how a well implemented system works:

1. Reusable tools are available in a variety of colours, with each colour denoting a specific usage for a distinct section of the hospital, such as patient toilets, patient rooms, the ICU, and operating rooms.

2. Before being re-used, used tools are cleaned according to CDC recommendations for Blood Pathogens.

PROCESS FLOW



Medical Gases-

Medical gas supply systems are used to distribute specific gases and gas mixes to various por tions of hospitals and other health care institutions. Products handled by such system typically include:

- Oxygen

- Air for medical purposes
- Nitrous oxide
- Nitrogen
- Carbon dioxide
- Vacuum of medical purposes
- Waster anesthetic gas disposal (US) or anesthetic gas scavenging system (ISO)

PROCESS FLOW OF PHARMACY-

For IP Pharmacy-

Every requirement comes in form of E-Prescription generated by concern doctors an nursing staff as per patient's need.

Process Flow of Pharmacy for Inpatients-

for medications is raised through CPRS for inpatients	⇨	Request for dings to pharmacy	⇨	received in IPD pharmacy through HIS	⇨	requirement, putting barcode in medicines, hand over to GDA	⇨	to respective IP Floors

Patient journey mapping in Pharmacy

Comes to the counter & gives the prescription letter Written by concerned doctor. →	the medicines from the rack, after collecting all medicines prescribed, give them to the billing counter →	Cross check of medicines is done and then billing is done. →	done, pharmacist guides the patient attender about how to take medicines & then, patient left out

GENERAL DUTY ASSISTANT DEPARTMENT-

The GDA plays an important role in ensuring that patients receive the best possible treatment. Medical, surgical, acute care, mental health therapy, and invasive procedures are among the services that the GDA may provide.

The following are the responsibilities of a General Duty Assistant working in an inpatient facility:

- planning and coordinating the unit
- nursing care
- Help with housekeeping and sanitation
- Patients and specimens are transported.
- Participating in ward management, post-mortem care, and other related tasks

HOUSKEEPING DEPATMENT-

Housekeeping is a hospital support service department in charge of the cleanliness, upkeep, and aesthetics of patient care spaces, public areas, and staff areas.

OBJECTIVE OF HOUSKEEPING SERVICES-

- General sanitation, cleanliness and comfortable environment.
- Quality control of sanitary equipment and cleaning agents.
- Good interdepartmental cordial relation.
- To maintain a good reputation of the hospital

OFFICE OF PATIENT EXPERIENCE-

Also known as patient experience department, plays an important role as it is a mediator between hospital departments and the patients or their families to bring about the most productive healthcare treatment and overall a positive hospital experience.

OPE connects with patients and their families to address concerns or special needs that may arise during their line of treatment within the hospital. And it works directly with various, hospital departments and professional healthcare workers to solve problems.

SECTION – B

1. PROJECT TITLE- Managing complaints of F&B department by reducing café delays at CK Birla Hospital, Jaipur.

1.1. INTRODUCTION-

Patient satisfaction has become a significant metric for assessing the quality of health-care services. When looking at total hospital patient satisfaction, food service satisfaction may go unnoticed.

The quality of nursing and physical care, as well as the quality of technical medical care, are the most frequently mentioned in the research.A comprehensive literature review shows that there are various studies conducted on other things rather than food satisfaction. Food service plays an important part in patient recovery and life quality so it is an important component in a hospital.

1.2. PROBLEM STATEMENT-

According to the previous studies it is seen that food service remains a big problem in hospital field. Number of studies in health sector on food services are quite low. On the same line the patient complaints related to FnB service in CK BIRLA HOSPITAL, JAIPUR. A sharp rise in number of complaints was recorded between Jan 2021 to June 2021. Patient's complaints increased from 12 in January 2021 to 24 in May 2021. Seeing the number of complaints this study was done to address the problem of café delays for inpatients in the hospital. This study also addresses the overall satisfaction of patients. Utmost this study aims to help the hospital provide inpatient with nutritious meals on time for faster recovery and their betterment.

1.3. OBJECTIVES-

(i) To understand the cause of café delay in different floors, dialysis and ICU's.

(ii) To assess the TAT (Turn around time) in FnB department.

(iii) To conduct a GAP analysis

(iv) To assess patient satisfaction with FnB department.

2. METHODOLOGY-

- **Study Area-** CK BIRLA HOSPITAL, JAIPUR
- **Study Design-** Cross Sectional
- **Study Period-** 10 May 21 – 30 June 21
- **Study Population-** Inpatients and Patients of Dialysis
- **Sample Size-** 200 for café delay and 150 for patient satisfaction survey
- **Sampling Method-** non-probability convenience
- **Data Collection-** Through observation and by schedule
- **Data Analysis-** Analyzed data using Microsoft excel and Test statics
- **Type of Data-** Quantitative by simple random sampling method.

3. OBSERVATIONS-

3.1 month wise complaints service/meal delivery/clearance

The bar chart shows the number of complaints received from the patients regarding Service, delivery and clearance through feedback form in the months of January to June, the number of complaints is 12 in January month from that it is increased to 50 in May and then decreased 24 in June which is appreciable. But as the number of complaints is increasing from January so it needs to be addressed.

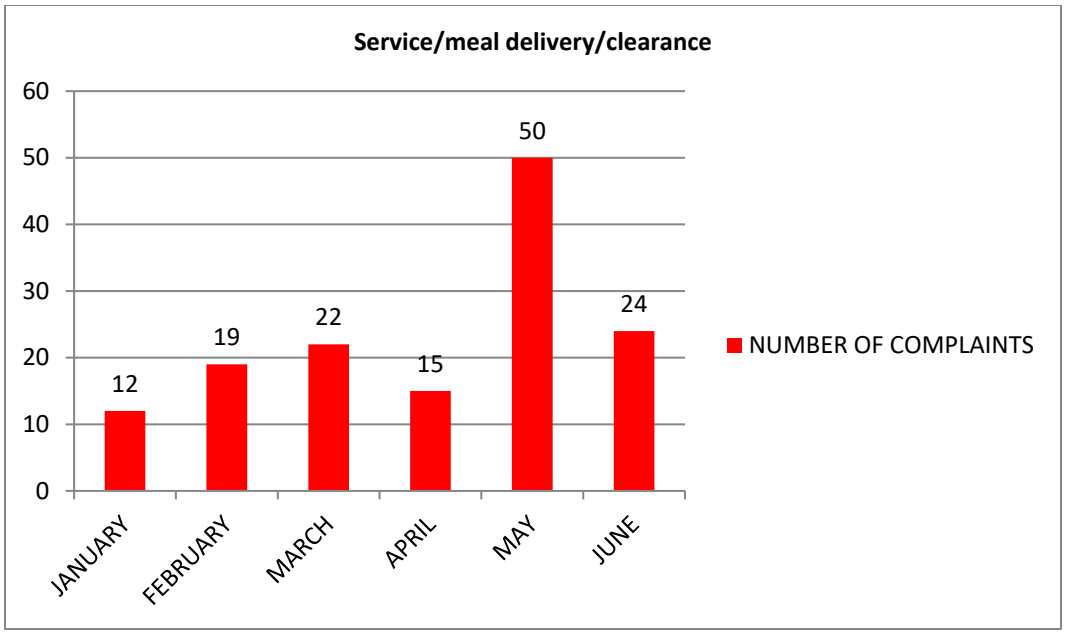


FIG 3.1 service/ meal delivery/ clearance from Jan 2021 to June 2021

3.2 month-wise service

The given bar graph shows month wise complaints from the patients regarding service in food and beverage department from January 2021 to June 2021, number of complaints from January is increasing as it was 21 in may which is alarming and needs to be resolved.

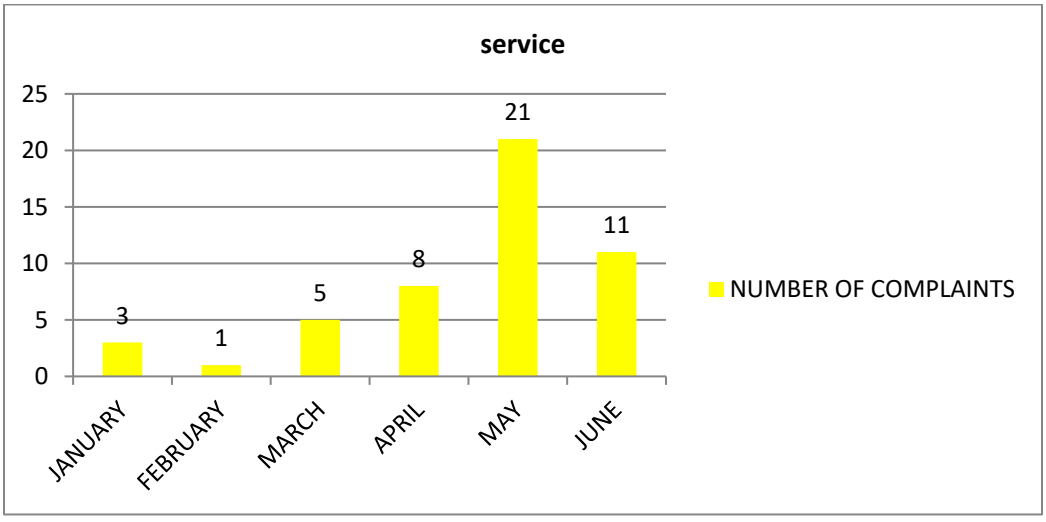


Fig 3.2 service complaints from Jan 2021 to June 2021

3.3 waiting time for service

The given graph shows month wise complaints from the patient regarding waiting time service in food and beverage department from January 2021 to June 2021. In month of May we have 22 complaints and June has 12 complaints which shows that the complaints are decreasing, therefore we can say that that patient's satisfaction is increasing for the waiting time.

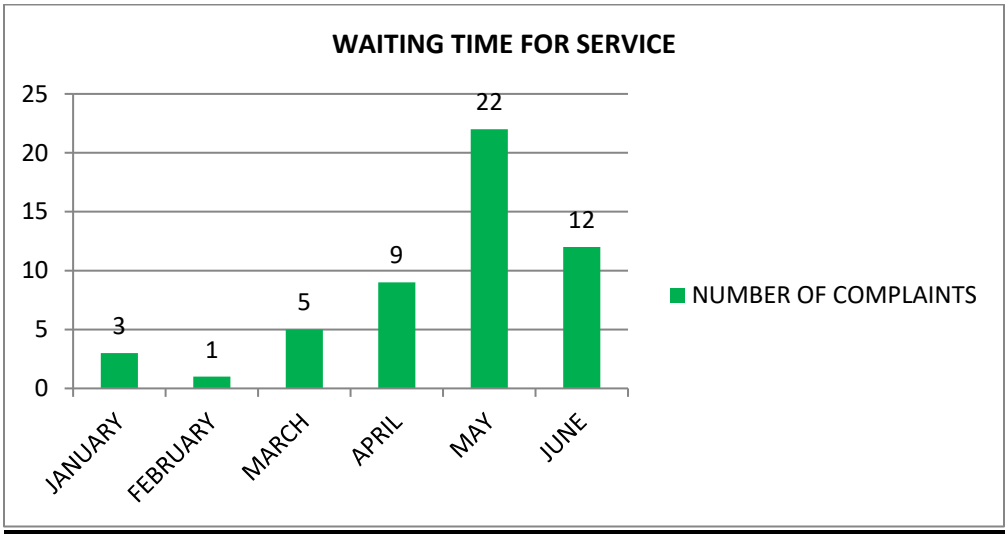


Fig. 3.3: waiting time for service from January to June 2021

4. FINDINGS-

4.1 Turn Around Time (TAT)

According to the hospital administration the ideal TAT for beverages should be 20 minutes and for non beverages it must be 30 minutes. TAT is calculated separately for beverages and for non beverages under 7 parameters that are KOT(kitchen order ticket) pickup time, cooking starting time, cooking finish time, packing starting time, packing finish time, out for delivery time and final delivery time and it is calculated for 4 weeks.

4.1.1 Order Delay

For calculating delay in orders, total 200 orders are observed and TAT is calculated. Out of 200 orders 128 order is of beverages and 72 order is of non beverages comparing beverage order it is seen that only 89 orders are on time and remaining are delayed out of 128 orders and comparing non-beverage orders it is seen that 48 orders are on time and remaining are delayed out of 72.

	TOTAL ORDERS	
	BEVERAGES	NON-BEVERAGES
DELAYED ORDERS	39	24
ORDER ON TIME	89	48
TOTAL ORDERS	128	72

Fig. 4.1.1.1- number of delayed orders for 200 orders were recorded over period of 4 weeks

After adding both beverages and non-beverages total order delays contribute to 31.5 % and total orders on time in four weeks of time period contributes to 68.5%.

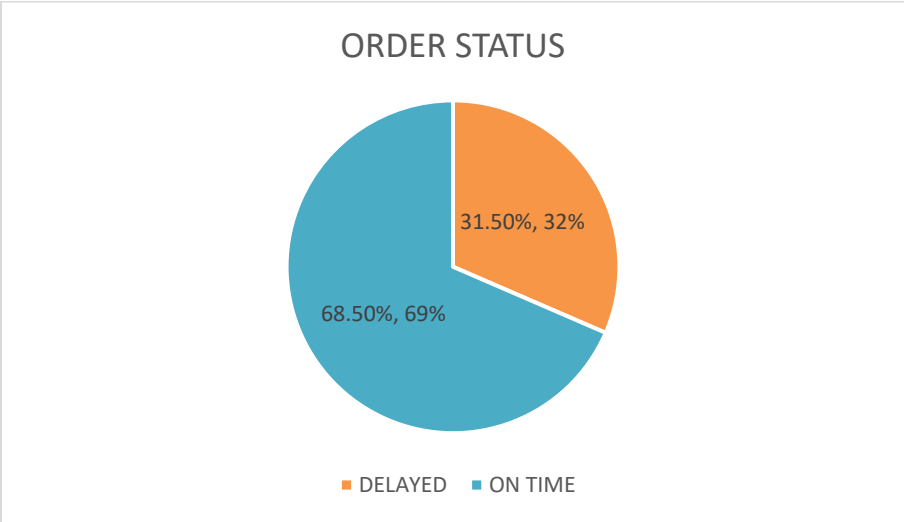


Fig 4.1.1.2 - 31.50 % of all the service requested served late

30.5% of the beverage orders were delayed and 33% of non beverage orders were delayed.

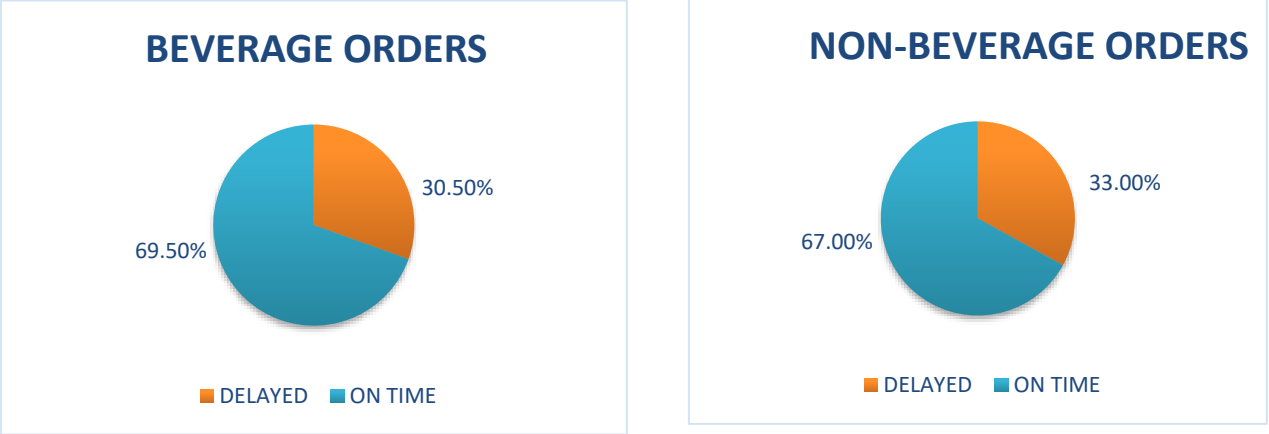


Fig 4.1.1.3 beverage and non-beverage delayed

4.1.2 Beverages Delay-

Out of 128 orders for beverages 39 are delayed, in the absolute numeric terms, 3 and 4 floor and Dialysis has the highest delay

Fig 4.1.2.1 beverage delay department wise

BEVERAGE DEPARTMENT	DELAY NO.
DIALYSIS	9
2 FLOOR	3
3 AND 4 FLOOR	20
5 FLOOR	4
EMERGANCY	2
BLOOD BANK	1
GRAND TOTAL	39

4.1.3 Non-Beverage Delay-

In the table below number of non-beverages order delay is calculated department wise that is IP wards, dialysis and blood bank in 4 weeks of time period.

Out of over all 72 orders for non-beverages 24 are delayed.

In the absolute numeric terms 3rd and 4th floor and dialysis has the highest delay.

NON- BEVERAGE	DELAY
DEPARTMENT	NO.
DIALYSIS	4
2 FLOOR	3
3 AND 4 FLOOR	12
5 FLOOR	3
EMERGANCY	2
BLOOD BANK	0
GRAND TOTAL	24

Fig 4.1.3.1- non-beverage delay department wise

4.1.4 Department wise order and delay Distribution-

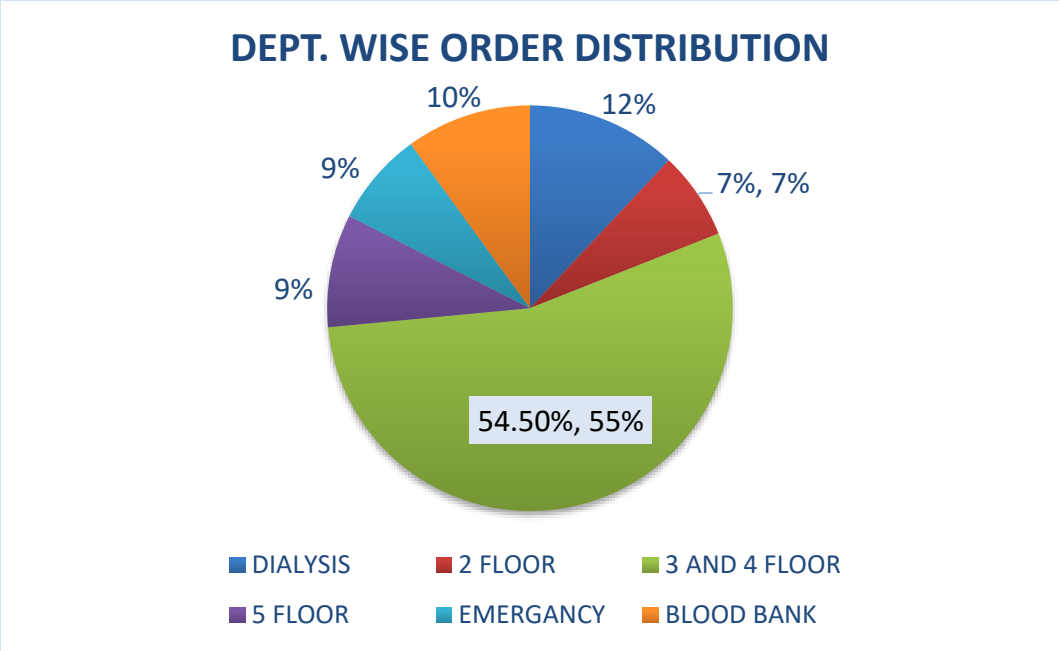


Fig4.1.4.1- department wise order distribution.

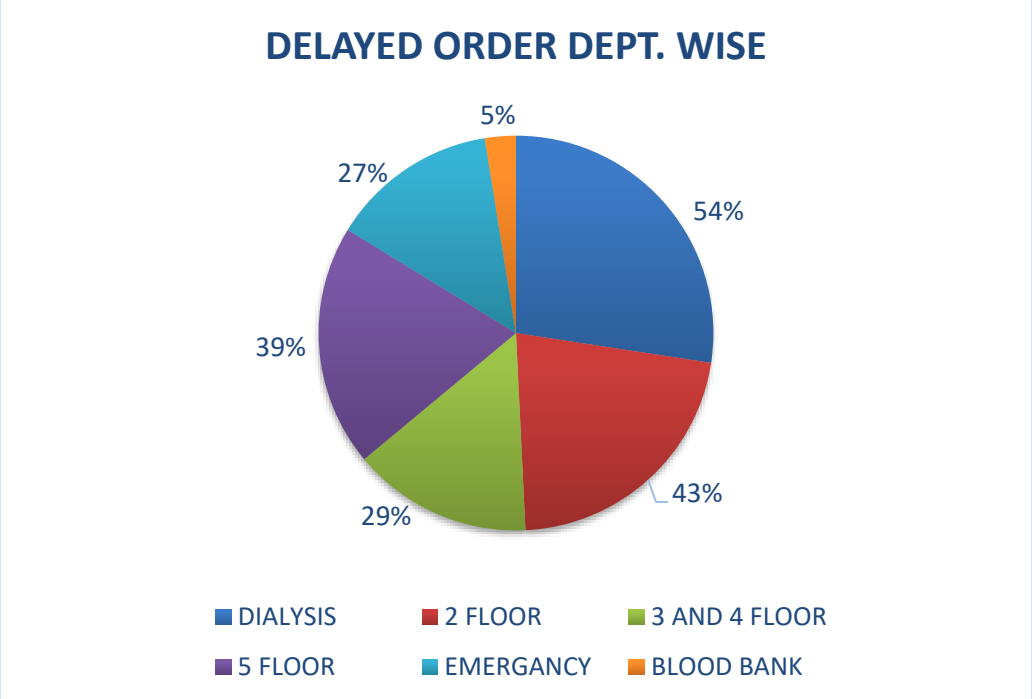


Fig 4.1.4.2- department wise order delay

4.1.5 DEPARTMENT WISE ORDER-

In the table below, while comparing delayed orders against the orders received from the department we found that Dialysis 2 floor and 5 floor has the highest percentage.

DEPARMENT WISE ORDER DELAY			
DEPARTMENT	TOTAL ORDERS	DELAYED ORDER	DELAYED ORDER %
DIALYSIS	24	13	54.17
2 FLOOR	14	6	42.86
3 AND 4 FLOOR	109	32	29.36
5 FLOOR	18	7	38.89
EMERGANCY	15	4	26.67
BLOOD BANK	20	1	5.00
GRAND TOTAL	200	63	31.50

Fig 4.1.5.1 Total delayed order and its % department wise

4.1.6 TAT (Turnaround Time) Calculation-

Average TAT for beverages is 21 minutes against standard delivery time of 20 minutes and for non-beverages average TAT is 32 minutes against the standard delivery time of 30 minutes

.

TYPE OF FOOD	AVERAGE OF TAT (Min)	Std. Dev. OF TAT (Min)
BEVERAGES	18	10
SOLID FOOD	28	18
GRAND TOTAL	23	14

Fig. 4.1.6.1 Average TAT time taken for different items

4.1.7 Average and Delayed Orders TAT for Beverages-

DEPARTMENT	AVERAGE TAT(Minutes)	DELAYED ORDER TAT(Minutes)
DIALYSIS	16	18
2 FLOOR	20	24
3 AND 4 FLOOR	18	23
5 FLOOR	20	22
EMERGANCY	18	21
BLOOD BANK	17	24
GRAND TOTAL	18	22

Fig 4.1.7.1 Average beverages TAT and delayed in floor wise orders

4.1.8 Average and Delayed Orders TAT for SOLID FOOD-

DEPARTMENT	AVERAGE TAT(Minutes)	DELAYED ORDER TAT(Minutes)
DIALYSIS	25	30
2 FLOOR	30	35
3 AND 4 FLOOR	26	33
5 FLOOR	30	35
EMERGANCY	29	32
GRAND TOTAL	28	33

Fig 4.1.8.1- Average beverages TAT and delayed in floor wise orders

5. PATIENT SATISFACTION SURVEY-

This survey was conducted on 150 persons to know the patients over of satisfaction with food and beverages services. This survey was conducted over a period of week. The Google form was designed primarily to collect the qualitative data and quantitative data. Later this questionnaire which was form in Google forms was later analyzed using the Microsoft Excel.

- For patient satisfaction survey Likert's Scale was used.

Numbers in the Likert Scale Indicates-

1. Strongly agree, 2. Agree, 3. Neutral, 4. Disagree, 5. Strongly disagree

5.1 PRESCRIBED DIET BY DIETICIAN-

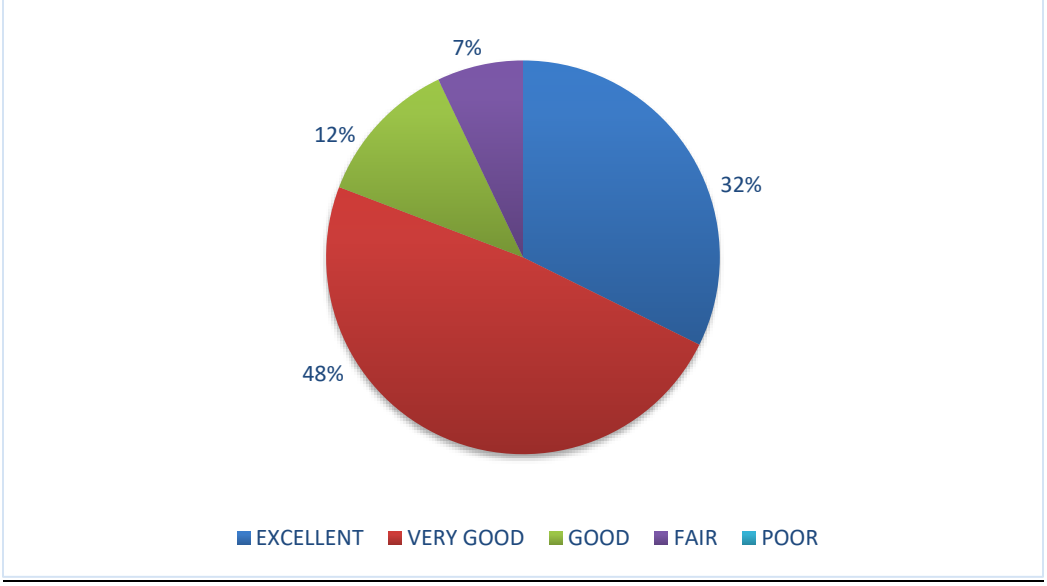


Fig 5.1.1 rating given by patients toward prescribed diet.

Observation:

- 32% Patient rated diet prescribed by dietician as excellent.
- 48% patients rated very good.
- Only 7% patient rated diet prescribed by dietician as fair, which is a good sign because on this font we don't see much of concern

5.2 DELAYED SERVING IN TYPE OF ORDER-

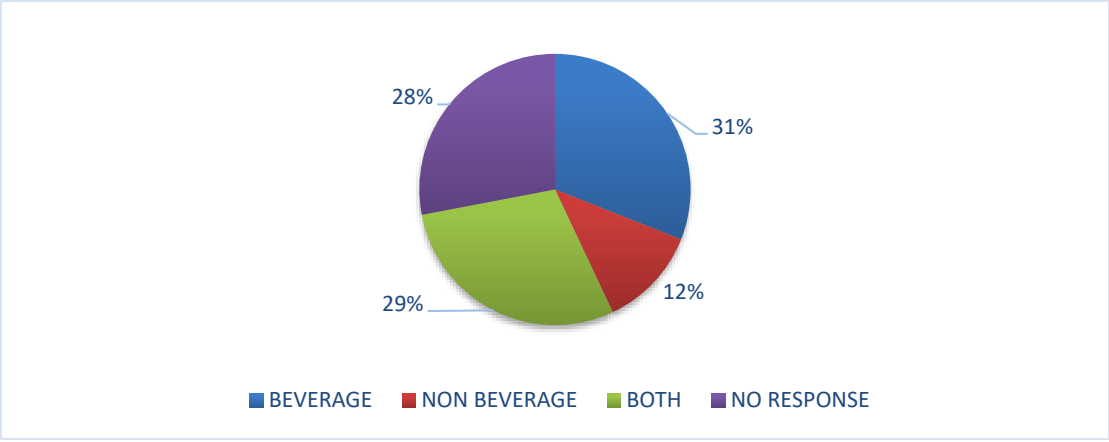


Fig 5.2.1 serving delay in types of order

Observation:

- 31% of the respondents said that order of beverage generally reach late to them. Another 28% said both the type of order reaches late.
- Only 12% patient's complaint exclusively about non beverage delay. Seeing the response it is quite easy to state that beverage delivery need more attention.

5.3 MEAL MEETING DIETARY NEEDS-

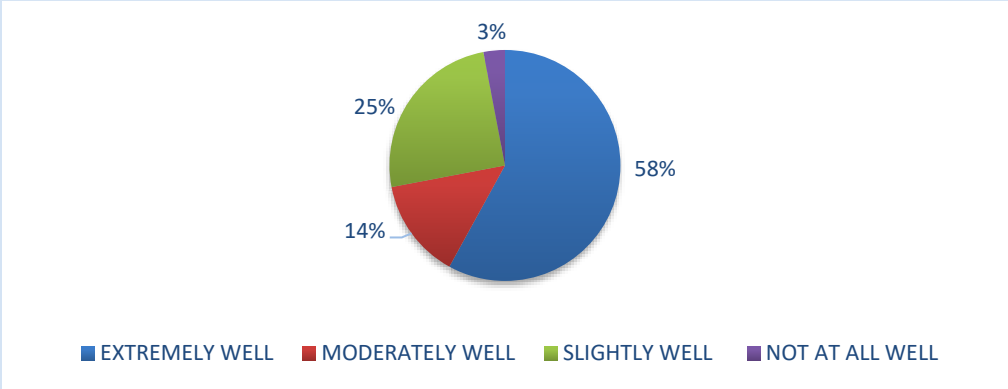


Fig 5.3.1- rating for meal meeting dietary needs.

Observation:

- 83% of the respondents rate admin meeting dietary requirement either extremely well or moderately well.

- 25% said it is slightly well and another 3% it is not well at all total of these two categories makes 17%. Referring to this number it wouldn't be wrong to say that the dietary needs should be given little more attention.

5.4 NURESE RESPONSE REAGARDING FnB-

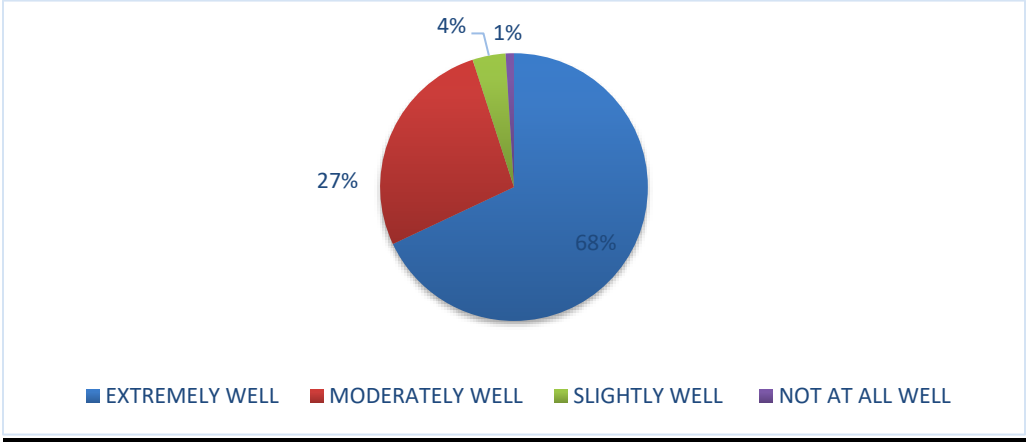


Fig. 5.4.1 nurses response towards food and beverages.

- 68% of the nurse's rated F&B services as extremely well. 27% given moderately well rating.
- Only 1% nurses complaint about the F&B services.

5.5 SERVICE STAFF CARE- SATISFACTION-

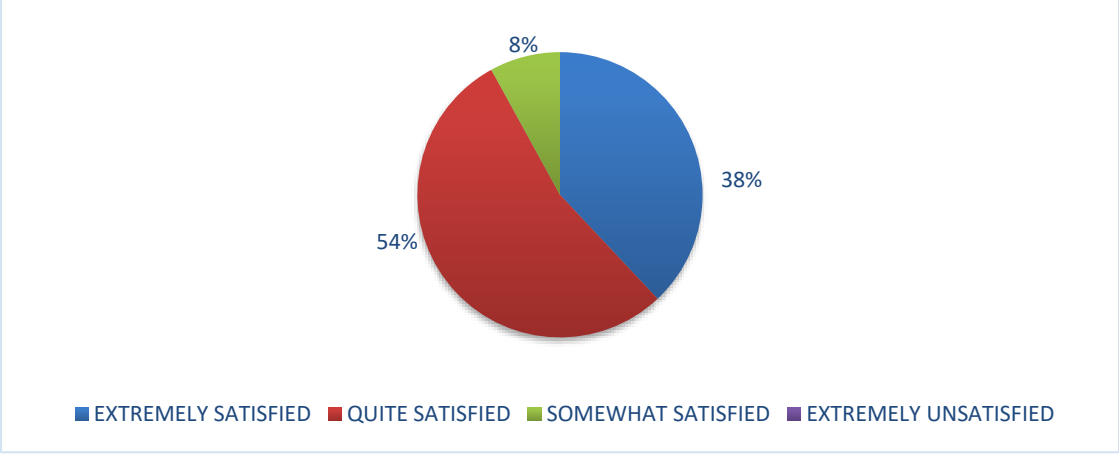


Fig 5.5.1- patient satisfaction towards service staff care

Observation:

- 38% of respondents rated services staff care as extremely satisfied and 54% rate it as quite well.
- Only 8% patient said that the service staff care is somewhat satisfied while none of the respondents said it is bad.

5.6 FOOD SERVED- (HOT AND FRESH)-

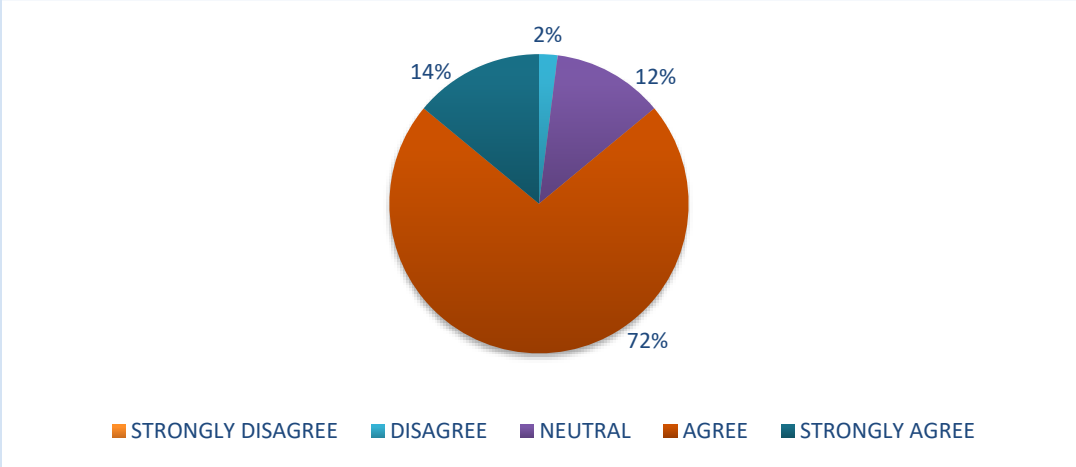


Fig 5.6.1- rating for food served (hot and fresh)

Observation:

- 86% of the respondents said that the food is served hot and fresh.
- Only 2% of the respondents sad that food is not served hot and fresh.

5.7 FOOD VARIETY-

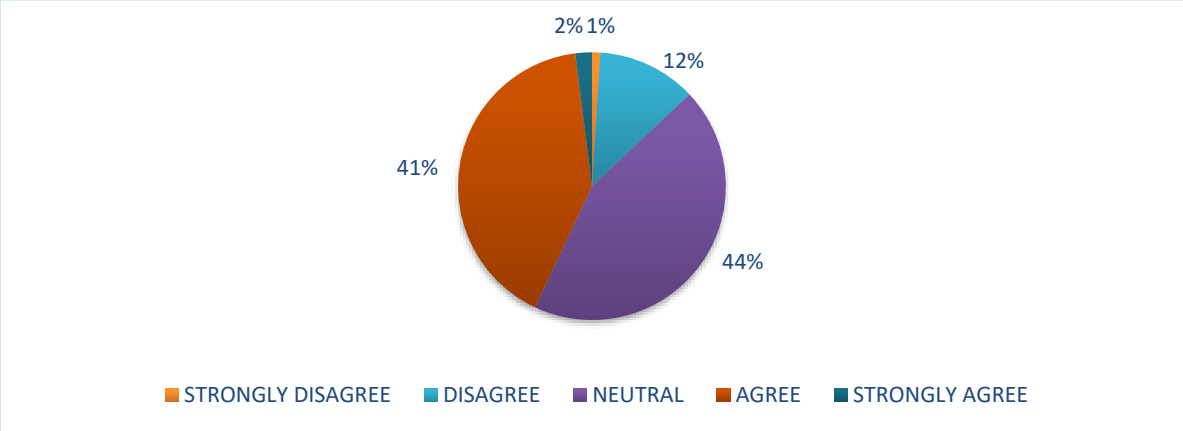


Fig. 5.7.1 food variety offered by fnb department

Observation:

- 44% of the patients prefer to stay neutral about the food variety question so this seems to be an issue.
- Another 12% said that they are not happy with the variety of food served.

5.8 FOOD QUALITY-

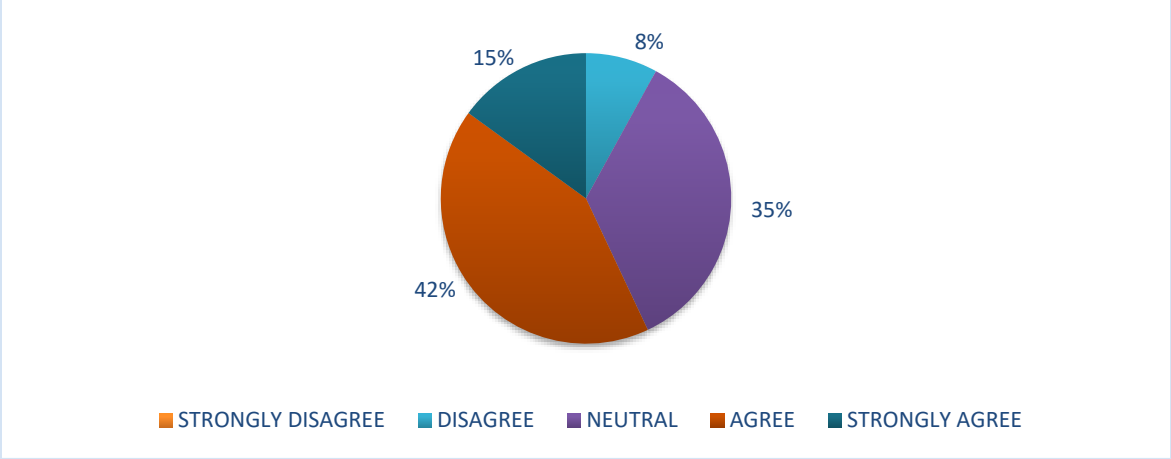


Fig. 5.8.1- response for food quality

- 42% of the respondents were agree with the idea that food quality is good. While 35% of the patients were neutral during the survey about the food quality.
- 35% of neutral rating and 8% of disagreed rating makes a total of 43% which is a cause of concern and which cannot be ignored.

5.9 FOOD TASTE AND FLAVOUR-

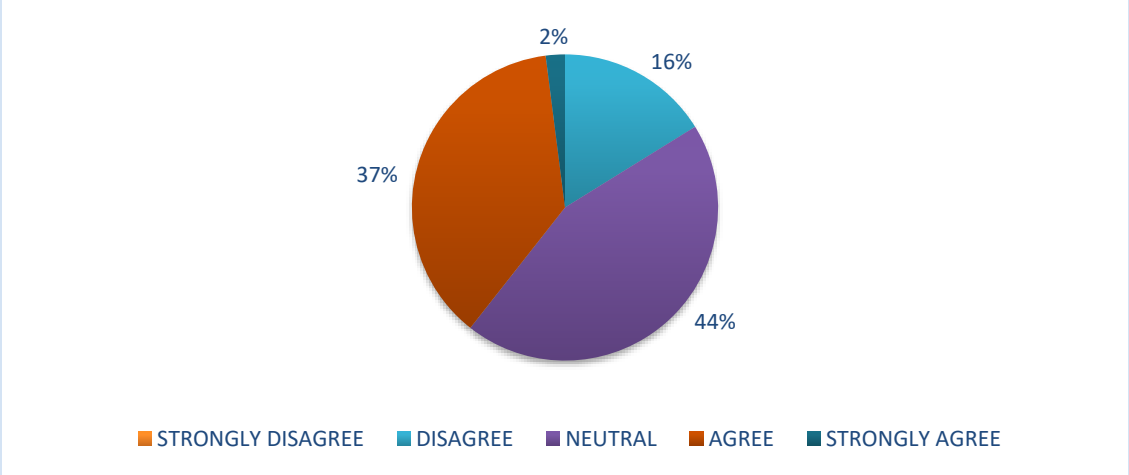


Fig.5.9.1 Response for food taste and flavor.

Observations:

- 37% patient's said that they agree with the statement that food is tasty. While 44% were neutral they were nor negative nor positive about this question.
- A sum of neutral and disagree makes 60% which means that food taste and flavor should be focused in F&B department.

5.10 BEVERAGE QUALITY-

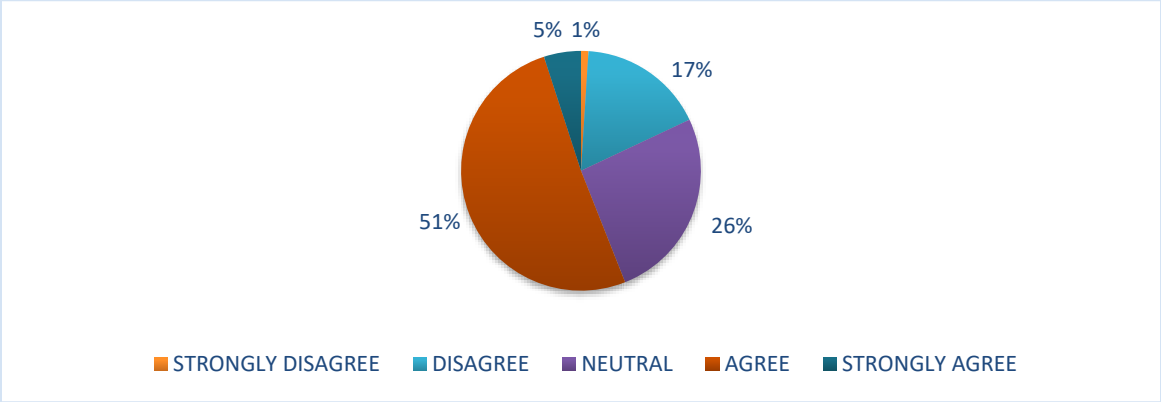


Fig. 5.10.1 Response for beverage quality

Observations:

- 56% of the patient said that the beverage quality is either good or very good.
- 26% responses were neutral and 17% responses disagreed which draw attention towards the fact that a lot can be done to improve the quality of beverage served.

5.11 UTENSIL- CLEAN AND HYGINE-

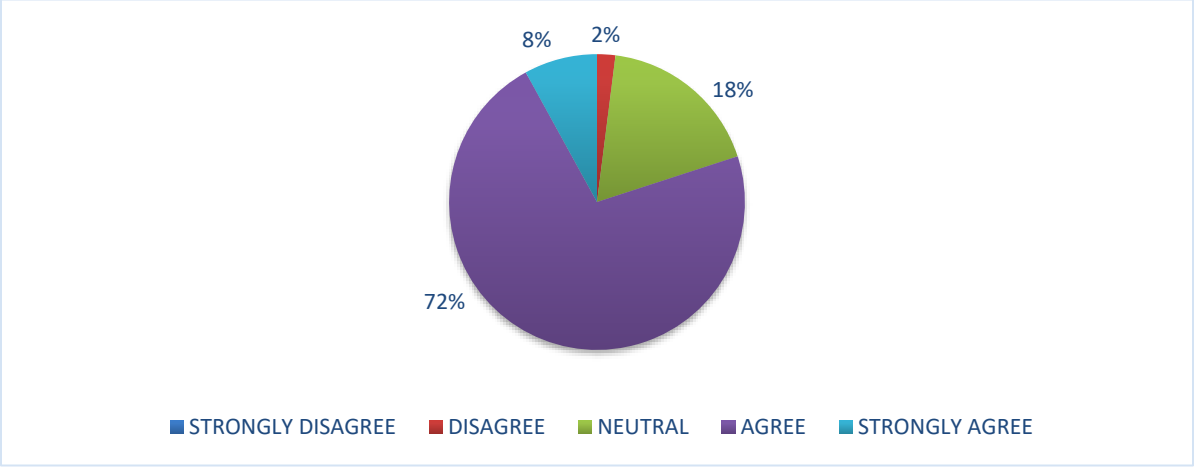


Fig 5.11.1 response towards utensils (clean and hygiene)

Observations:

- Hygiene of utensils doesn't seem to be an issue as 80% of respondents rated it either as agree or strongly agree on Likert scale.

5.12 SERVICE- ORDER CORRECT AND COMPLETE-

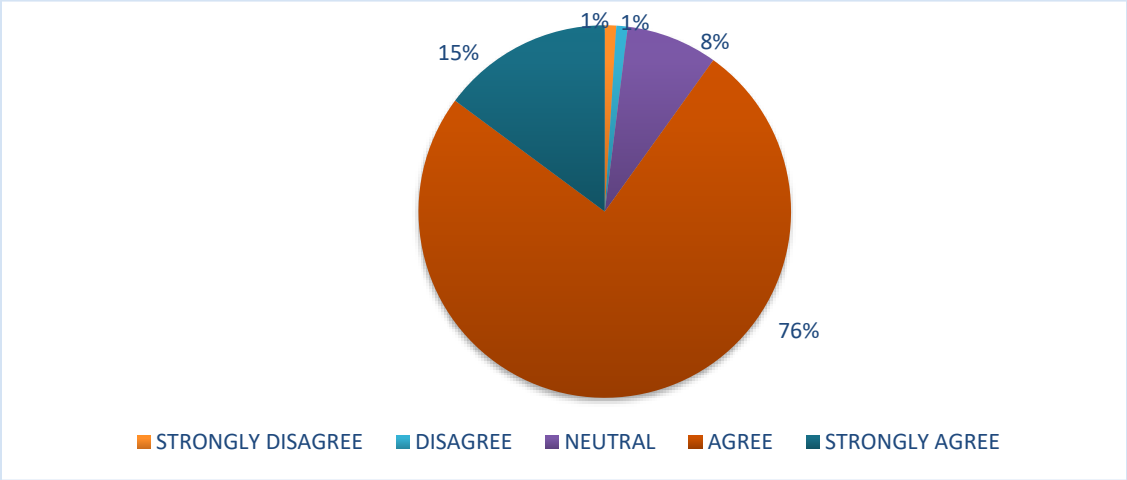


Fig. 5.12.1 response toward service orders being correct and complete

Observations:

- As 1% of patients were dissatisfied with the fact that order reach to them correct and complete ,so this doesn't seem to be an area of concern.

5.13 ORDER TAKER'S ATTITUDE-

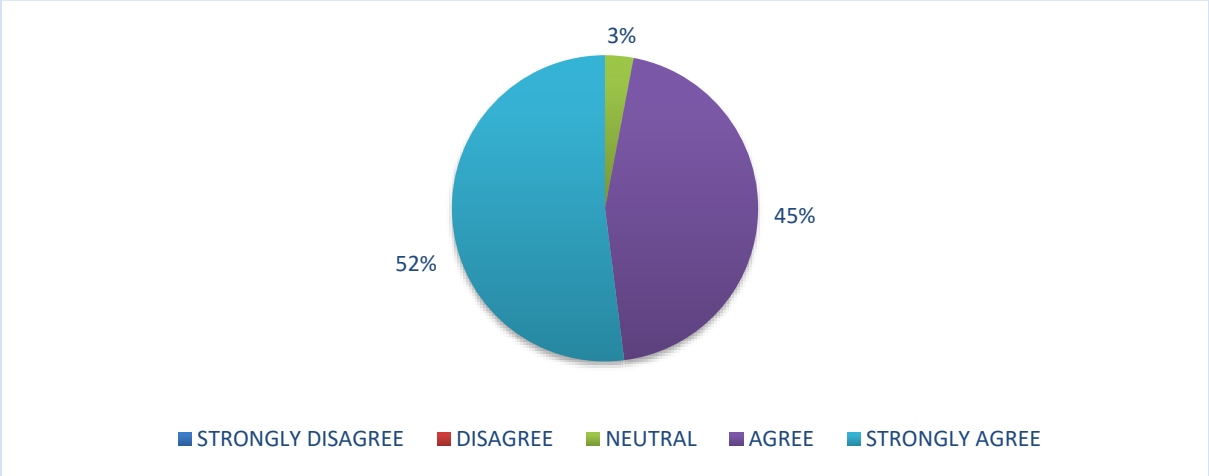


Fig 5.13.1 Response for order takers attitude.

Observations:

- A total 97% of the patient's said that they agree and strongly agree with the statement that order taker listen and takes down the order patiently and has polite attitude.

5.14 AVAILABILITY OF USEFUL ACCESSORIES-

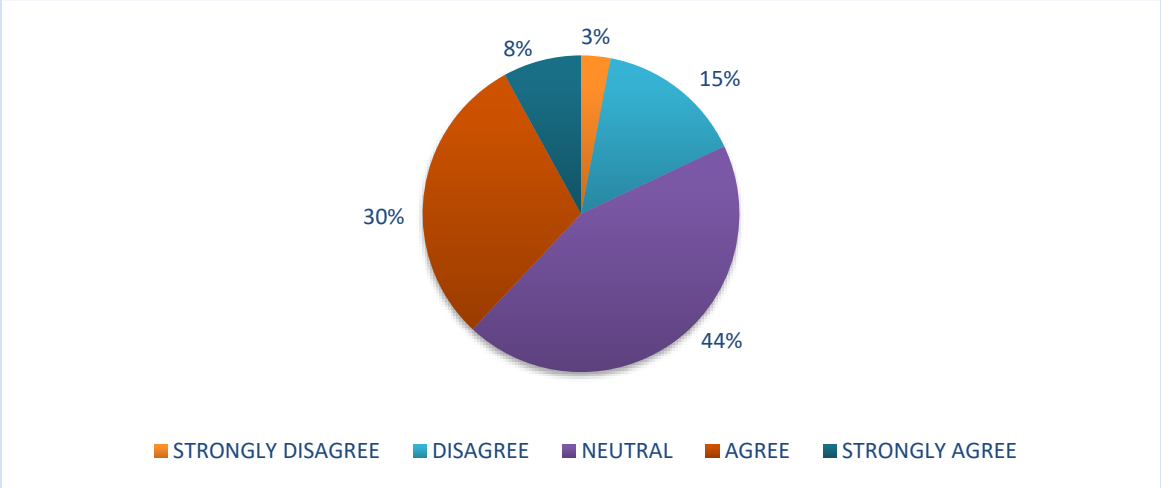


Fig 5.14.1 Response for availability of useful accessories.

Observations:

- 44% PATIENT'S have neutral response about useful accessories provided with food. While 18% patient's disagreed or strongly disagreed about the useful accessories provided, so it is an area of improvement

5.15 OVERALL SERVICE-

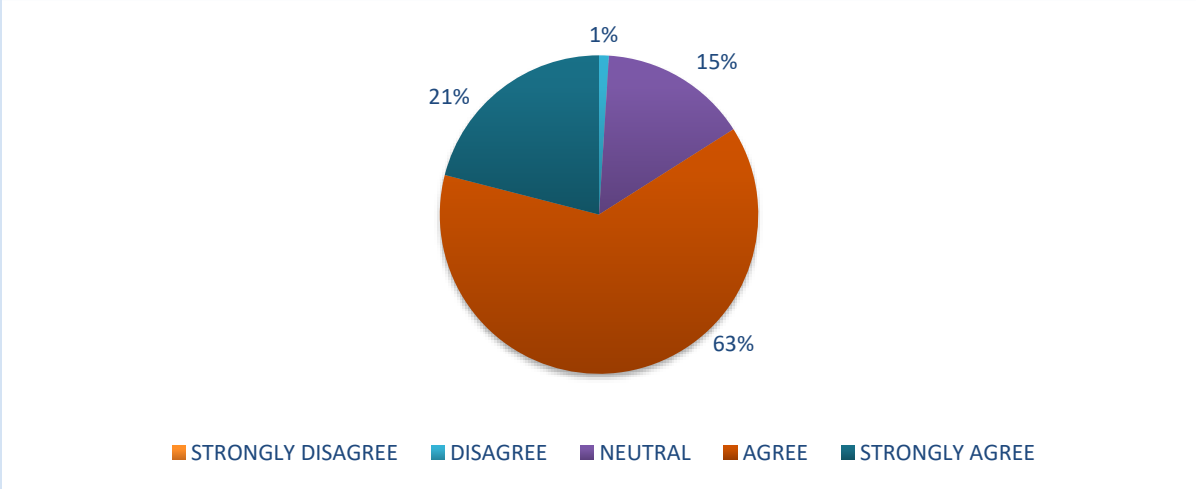


Fig 5.15.1 Response for overall service.

Observations:

84% of the patients are in favor of the statement that overall service is good of F&B department. Since a total of 16% respondent fall under the category of neutral and disagree. 16% is significant number for overall service rating, so I strongly feel that the hospital administration needs to focus on this area religiously.

5.16 VALUE FOR MONEY-

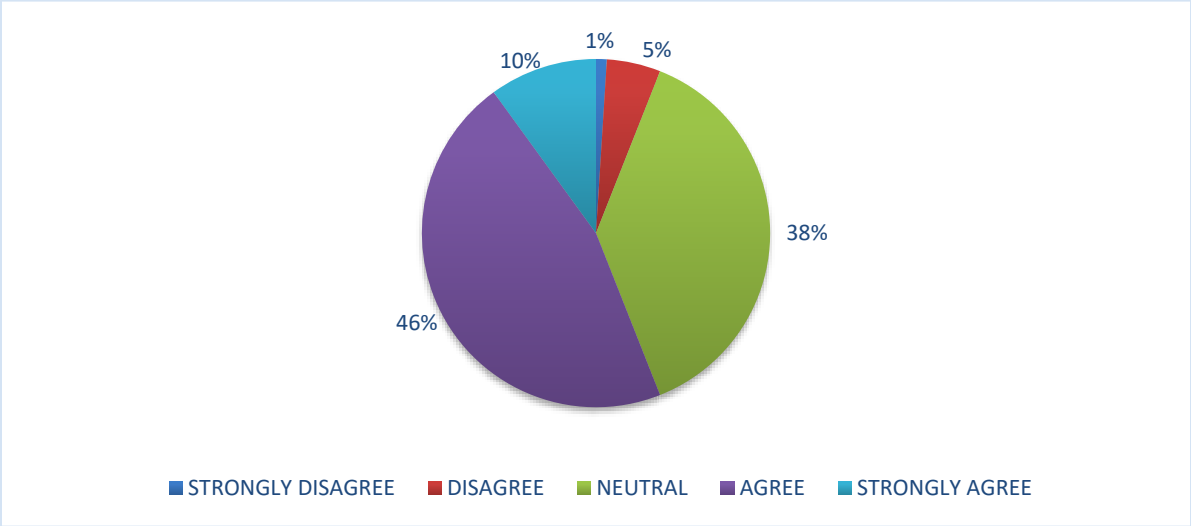


Fig 5.16.1 response on value for money

Observations:

60% of the respondents rated strongly agree or agree on the question of value for money. Only 6% respondents said that they don't see value for money at this Hospital.

6 RECOMMENDATIONS-

(i) There should be floor wise allocated delivery staff for the delivery of quick serving beverages to avoid the delay in beverages, and chef's need to make sure that all the kinds of serving items are ready at any point in time.

(ii)To reduce the overall delay we need to focus specially on those department and floors which are having highest number of delays and handle with care patients.

(iii) Order from ICU's and labor department should be given topmost priority.

(iv) We should focus more on timely delivery of beverages and non-beverages items and try to bring their TAT down to maximum 20 minutes for non-beverages and 10 minutes for beverages.

For that I have mentioned some recommendations.-

a) KOT should be arranged on the basis according to the time of order, patients name and room number should be noted for convenience

b) Ready order should be arranged in sequence according to the room number in the food trolley in order to minimize delay.

c) Order should be delivered by allocated floor staff only according to the sequence and it must be arranged by assembly staff to avoid delay.

d) There should be one person to pick up the KOT or 1 bell should be kept there to signify steward for every new order.

e) Supervision by the staff supervisor is must before the order is going out for delivery in order to check if the meals are served as per the KOT.

f) Staff should check if the food is served hot and fresh.

g) Food served should have labeled tag showing what is being served.

h) Food served should be in clean tray and tray mat should be present.

i) Delivery staff should take some extra items with them at the time of major meal delivery time.

RECCOMENDATIONS

ISSUES	SOLUTIONS
Lack of communication	Delivery in service staff communication or outsource delivery services
KOT pickup is delayed	Creating token system and tracking cycle time for each order
Maximum complaints from 3 and 4 floor	3rd and 4th floor patients, ICU and dialysis order should be given priority
Prioritizing the orders	Prioritizing orders based on Time slot and Urgency
Too much clearance time	Cleaning activities should be streamlined
Quick serving items taking time	Dedicated staff for quick packing and serving of items.

Fig 6.1- recommendations for issues.

7. CONCLUSION-

With this I conclude that café delay is a major problem to look at for F&B department.

The department should take necessary actions to minimize these issues related to delivery as the percentage of delay delivery is very alarming. Communication is somehow a major reason for delay, which can be improved briefing the staff and order taker. Patient's complaints varies in between 32% to 37% majorly for delay of food service.

By following the above recommendations, continuous monitoring and timely briefing of the staff I believe that the problems can be solved.

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ANNEXURE

PATIENT SATISFACTORY SURVEY FORM

Name of patient

Your answer

Room no. / ward no.

Your answer

Explanation about the prescribed diet

- ○ excellent
- ○ very good
- ○ good
- ○ fair
- ○ poor

Delayed serving time in?

- ○ beverages
- ○ non beverages
- ○ both
- ○ no response

How well did the meals served at this hospital meet your delivery needs?

- ○ extremely well
- ○ moderately well
- ○ slightly well
- ○ not at all well

During the stay at this hospital how well did the nurses listen to you regarding food and beverages?

- ○ extremely well
- ○ moderately well
- ○ slightly welll
- ○ not at all well

Over the course of your stay in this hospital were you satisfied with the staff service care you received

- ○ extremely satisfied
- ○ quite satisfied
- ○ somewhat satisfied
- ○ somewhat dissatisfied
- ○ quite dissatisfied
- ○ extremely dissatisfied

The food is served hot and fresh

0 1 2 3 4 5

strongly disagree ○○○○○○ strongly agree

The menu has good variety of items

1 2 3 4 5

strongly dissatisfied ○○○○○ strongly satisfied

The quality of food is excellent

1 2 3 4 5

strongly dissatisfied ○○○○○ strongly satisfied

The food is tasty and flavourful

1 2 3 4 5

strongly disagree ○○○○○ strongly agree

The quality of beverages is excellent

1 2 3 4 5

strongly disagree ○○○○○ strongly agree

The utensils in which food is served is clean and hygienic

1 2 3 4 5

strongly disagree ○○○○○ strongly agree

My food order is correct and complete

1 2 3 4 5

strongly disagree ○○○○○ strongly agree

Availability of sauces, napkins , utensils etc was good

1 2 3 4 5

strongly disagree ○○○○○ strongly agree

Order takers speaks clearly

1 2 3 4 5

strongly disagree ○○○○○ strongly agree

The service is excellent

1 2 3 4 5

strongly agree ○○○○○ strongly disagree

The value for price paid is justified

1 2 3 4 5

strongly disagree ○○○○○ strongly agree

ANY RECOMMENDATIONS

Your answer

Submit