

# Pod-tastic

Tired of tray lines, hospital directors are switching to pods to increase patient satisfaction.

**F**or hospital directors looking to upgrade their kitchens without spending big bucks, shorten the length of tray assembly or improve patient satisfaction, pods might be the answer. Pods, or multiple serving units, is a system that deconstructs the traditional tray line into several smaller units. Each pod is self-contained, with everything needed to assemble patient trays located within the pod. A dedicated team works at each pod assembling trays for a specific hospital unit or floor(s), as opposed to the entire hospital census like in a tray line operation.

To find out how different operations are using pods at their hospitals, *FSD* talked to four directors to learn how they became “pod” people.

**WakeMed Health & Hospitals:** This 593-bed hospital in Raleigh, N.C., has been running a pod system since switching from a traditional tray line in June 2002. “The hospital wanted us to go to room service, but we determined it was more expensive than we could afford at the time,” says Sandra Ray, manager of production and conference dining. “So we started brainstorming things that we could do other than the traditional tray line.”

After hearing from a sales rep about a new system being used in some hospitals in South Carolina, Ray and other foodservice department staff visited three hospitals. “We gleaned different things from each hospital,” Ray says. “One was doing something similar to pods.”

In January 2002, WakeMed piloted one pod. Now, there are three pods. Each pod has one server who serves two hosts/hostesses. “It’s really like running six mini tray lines,” Ray says. Each pod is composed of one serving station with an activator; plates, domes and lids; two air curtain refrigerator units; one hot holding cabinet; and two starter stations. The host places mats on the trays as well as all the cold food and condiments. At the same time, the server plates the hot food and gives the

plate to the host. Once the host has everything needed for the tray, he/she loads the tray into a cart. When the cart is full, the host leaves the kitchen and delivers the trays to the patients. A different host then takes the exiting host’s spot and begins to assemble his/her trays.

Ray says they moved to pods because they were looking for a way to prepare and deliver patient trays that would improve patient satisfaction, and pods were the best fit. “We



also wanted to shorten the amount of time that it took us to run our tray line,” she adds. “Our hospital was just getting bigger and it was taking us so long to run a standard tray line. Meals were not being served at your typical meal service time.” Ray says originally the time to assemble trays for one meal period was shortened by as much as 45 minutes when they moved to the pod system, but because the hospital has continued to grow, the time is now similar to what it was on tray line. However, a fourth pod is in the works, which Ray hopes will once again decrease assembly time.

Another reason WakeMed decided to go with a pod system was to give patients a personal touch in their meal



**A hosts/hostess system used in conjunction with pods improves customer satisfaction and staff accountability.**

“A lot of people think there is a lot of expense when you change your system,” Ray says about why she thinks more hospitals aren’t using pods. But at WakeMed the change to pods was done for around \$20,000. “We used a lot of our existing equipment,” she says. “We did not add any FTEs when we initially started. We just realigned staff.” Some staff members who previously worked only in the kitchen are now hosts who have daily patient contact.

**Shands at the University of Florida:** When the circular tray line at this 650-bed hospital in Gainesville was on its last leg, Bill Notte, director of food and nutrition services, decided to plan for a renovation instead of waiting for the tray line to stop working altogether. This led Notte to talk to Ray and others at WakeMed, where he learned about pod systems. After looking at other possible options—another tray line or a retherm system—Notte decided a pod system would work best. “We liked that we could start six nursing units at one time instead of one nursing unit on the tray line at a time,” he says. So in November of 2006, Shands moved to a pod system.

Notte’s system is set up in a “T.” The top of the T is where the steamtable is located. The leg of the T is where two worktables, facing each other, are set

service. “One of the best ways to improve customer satisfaction is with a personal piece,” Ray says. In addition to assembling and delivering trays, the host/hostess visits patients after breakfast to get lunch orders and once again after lunch to get orders for dinner and the next day’s breakfast.

The hospital switched to a spoken menu when they went to the pod system. “We offer one daily special,” Ray says. “Prior to that, patients could select one of two different offerings.” If a patient doesn’t wish to order the daily special, he/she can order from the “all-time favorite” menu, which is a compilation of items that are cooked daily, such as hamburgers, hot dogs, pizza and baked chicken. The facility is cook-serve.

Continued from p. 42

## Pod-tastic

up. There is one person working at the steamtable and one person at each of the worktables. There are three pods. “The equipment is fairly simple,” Notte says. “It takes a steamtable, two worktables, some reach-in air curtain refrigerators, a heat activator, a back-up warmer and a tray system—we use the Aladdin Heat on Demand.” The total cost to change to the pod system was around \$171,000. Fifteen thousand dollars was spent on electrical work, with the remaining money used to purchase equipment.

No FTEs were added. A host system for tray delivery was already being used, so Notte simply moved some workers who had been working on the tray line to the hostess position.

“The hostess is now the person completely responsible for getting the patient’s order, assembling the tray, delivering the tray, picking up the tray and getting the order for the next meal,” Notte says. “Before on the tray line, somebody assembled the tray based on the ticket and somebody else would deliver the tray. We rolled all the responsibilities into one position, the hostess. We try to keep the hostesses to 30 patients each.”

When assembling trays, the hostess puts everything on the tray except the hot food, which is plated by the steamtable worker and handed to the hostess.

Menu changes were also made when Shands changed to pods. Before, patients ordered meals one day before service. Now, patients order meals for same-day service. To accommodate this, Notte went to a “chef’s special” menu. Patients are offered one selection—a chef special—at each meal. If a patient doesn’t want the chef’s special, he/she can order from a fixed restaurant menu with 15 additional choices, such as a grilled chicken sandwich or a chef salad. The menu prior to the switch to pods was on a 28-day cycle. “About 85% take the chef’s special as offered,” Notte says. Shands is a cook-serve facility.

Notte says the flexibility of a pod system is one reason he would tell other directors to make the switch. For example, he says, some hospitals have a “C-shaped” pod as opposed to a T, so that everyone is on the inside of the C.

Notte did not run a test pod, choosing instead to install the system all at once. After dinner was served Nov. 3, 2006, the tray line was removed and the pods were set up. The following day, break-



Pods are “T-shaped” at Shands. Everything needed to assemble trays is within the pod.



fast trays were assembled and served from the cafeteria, and lunch service was handled from the pods. Patients were served from a non-select menu for the first couple of weeks until staff became comfortable using the pods.

Notte says since starting the pod system, patient satisfaction has increased from the 60th percentile to the 80th percentile.

**NYU Langone Medical Center:** When Regina Toomey Bueno interviewed in 2007 for the director’s position at the 800-bed hospital in New York City, she suggested changing to pods to improve customer satisfaction and as a way to switch to cook-serve from cook-chill, which the hospital was currently doing. When Toomey Bueno was hired, she started planning the switch to pods and credits the hospital’s administration with their support.

Bernard Birnbaum, senior vice dean and chief of hospital operations, says, “I learned a lot about lean management and thought we could transform NYU into a lean enterprise. When

Regina explained the pod system to me, I said, ‘that sounds like a lean production cell,’ and I loved the idea.”

Last June, the Medical Center piloted one pod. They plan to add another three this month. Toomey Bueno’s pods are “T-shaped,” and operate much like those at Shands. Toomey Bueno visited Notte’s operation to prepare for the switch. She did, however, make a few changes to Notte’s system. Instead of a five-well steamtable, she has six-well one. The steamtable is also dry, so that drains wouldn’t have to be added in the floors. At the Medical Center, the person assembling the hot food plates also pours coffee.

In addition to the person assembling the hot food and the two people assembling the cold food and trays, each pod also has a runner who activates the heat-on-demand plates and backs up any items that may be running low in the pod, such as condiments.

Once the entire hospital is converted to the pod system, only bulk items like soups and sauces will be done

cook-chill, and the rest of the items will be cook-serve.

Toomey Bueno strongly suggests using reach-in, air curtain refrigerators because items inside are easy to see and people don’t have to worry about doors not closing all the way.

In addition to patient satisfaction going up, Toomey Bueno says employee morale has also increased.

**Saint Peter’s University Hospital:** In January, this 450-bed hospital in New Brunswick, N.J., will begin its pod system. “We’ve been looking around for two years at new trends like room service,” says Debbie Signorelli, manager of food and nutrition. “Our kitchen would require significant renovations to run room service and you have to add FTEs so the hospital wasn’t able to commit that amount of money.”

Signorelli still wanted to make a change to improve patient satisfaction and employee morale, and after hearing about pods from other directors, she decided to make the switch.

“One of the things that a pod system does is increase staff accountability,” Signorelli says. “On a traditional tray line, there are maybe nine or 10 employees who have some sort of hand in assembling that tray. With the pod system you are breaking the tray line up into three mini tray line areas and you have one employee who is going to see the patient for menu selections, assemble the tray and deliver the tray. So the accountability of the correctness of items on that tray rests with one employee.”

When Saint Peter’s starts pods, there will be three. “The key thing that we are doing with the switch is that we [will be] labor neutral,” Signorelli says. “We are redistributing the labor pool.” New equipment for the system will cost \$140,000.

In conjunction with the pods, the menu will be changed to restaurant style, as opposed to the current seven-day cycle menu.

Another change is moving to a liberalized diet program. In the program, patients can order anything from the menu unless a physician has specified that the patient must follow a specific diet, such as those on post-gastric bypass, protein restricted and liquid diets. The diet and clinical nutrition staff will monitor patient selections. If a patient chooses inappropriate selections three times, an educational consult will be conducted. Symbols on the menu identify the items that are high calorie, high sodium, etc. The program is intended to teach patients how to make healthier choices after hospitalization.

by Becky Schilling