



**REENGAGING, REACTIVATING AND  
REIMAGING HEALTHCARE  
FOODSERVICE  
~THE PLANNING AND ACTIONS  
REQUIRED IN THE JOURNEY BACK TO  
THRIVING IN A NEW REALITY**

# OBJECTIVES

1. Summarize challenges faced by foodservice directors during COVID-19 and identified solutions.
2. Implement best practices for today's environment in food service operations for HR, staff and wellness
3. Learn techniques for thriving financially, and engaging humanity.



## PRESENTERS:

- Frank Coffey, Director Food & Nutrition at St. John's Episcopal Hospital
- Heather Duffy, RDN, CPHQ, Director Food & Nutrition, JFK-Hackensack Meridian Health
- Simone Nicolas, MS, RDN, CDN, Corporate Director of Culinary Services, National HealthCare Associates, Inc
- Angela O'Neill, RD, Director Nutrition Services, Hunterdon Medical Center
- Moderated by Marsha Diamond, MA, RDN, President, Diamond Approach





ST. JOHN'S EPISCOPAL HOSPITAL  
EPISCOPAL HEALTH SERVICES INC.

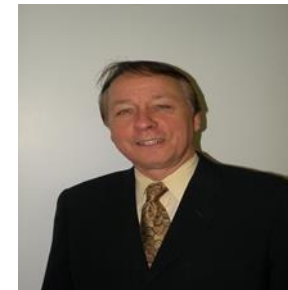


## Saint John's Episcopal

Lord Have Mercy: Inside One of Americas Deadliest Zip codes

<https://www.rockawave.com/articles/lord-have-mercy-inside-one-of-americas-deadliest-zip-codes>

Presented by:  
Frank Coffey



**An Uber driver in Far Rockaway became Queens' first confirmed case of coronavirus, officially known as COVID-19**

**The 33-year-old man is in stable condition at St. John's Episcopal Hospital after contracting pneumonia as a symptom of the new coronavirus, officially known as COVID-19, Mayor Bill de Blasio said Sunday**



**Mandate- Increase Bed capacity by 50%**



# HOSPITAL INCIDENT COMMAND SYSTEM

- Daily Briefs with Senior Management
- Minutes disseminated to all team members
- Food & Nutrition Huddles
- 11:00 am
- 3:30 pm

Food & Nutrition Briefs 11:00 am/ 3:30 pm

Daily updates- Census, Covid patients positive  
DOH /CDC/ IC updates  
Staffing/Labor Pool  
Supplies/Equipment  
Meal Distribution  
Rumor Control  
Finance  
Open Items



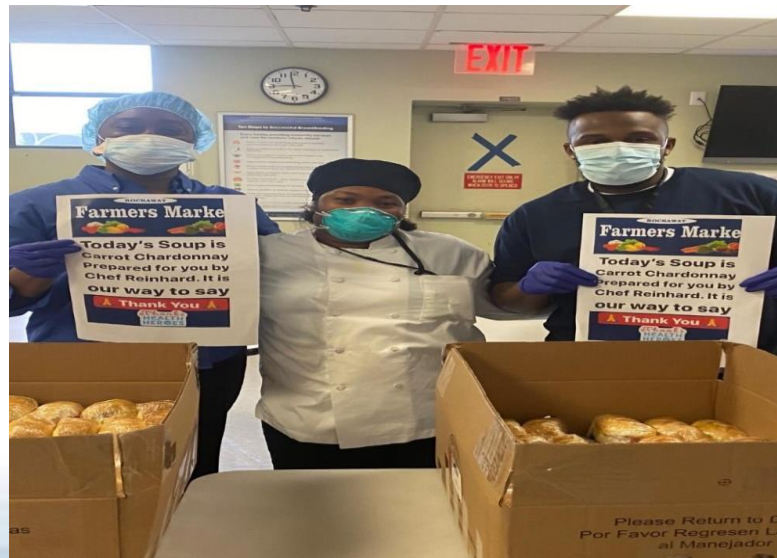
## Necessary Actions

- Temperature checks 2x daily- still in play
- Single entry in & out of building
- Elimination of assignments
- Closure of seating in cafe
- Retail changes- grab and go
- Social distancing
- No catering
- Setting up acrylic barriers
- Committees put on hold
- Isolation trays all patients

## Controlling the Spread from within

- Daily sanitation of pantries, retail grab and go areas
- Decontaminating and sanitizing of utility carts, meal carts before entry into the kitchen
- Conversion to disposables for patient and retail service
- Shields, head cover, N95, surgical masks, gowns, booties  
No person denied requests.

**Meal donations 14,500**  
**Snacks 4,000**  
**Beverages 2,753**  
**Comfort Items 12,753**





## **GL CODING FOR Reimbursement**

**688888**

**Hazardous Pay**

**Double OT**

**Manager Meet**

**Staff Meet**

**Disposables- Flatware, Isolation Trays**

**3 Month Supply**



Core Performance Area	Observations/Issues/Areas for Improvement	Recommended Corrective Action(s) if any
Communication	Excellent daily updates Senior Leadership and External affairs did a good job communicating effectively	Activate command center at first sign of phase two
Resource Management	Labor pool efficient backfilling positions. Unable to find a temp RD.	Recommend dietitians be able to work from home.
Security & Safety	Single entrance to hospital should have been in place immediately. Compliance into building, exiting not monitored well.	Accountability for non-compliance. Temperature monitoring by Thermo-scan at the entrance of the hospital. Not enforced well
Staff Management	Food & Nutrition did not suffer from a lack of staffing. Daily huddles 2x/ put many fears and uncertainties to rest.	No recommendations. Staff assignments were eliminated in the retail and catering area with no adverse effect on operations.
Utilities Management	Ensure back up morgue refrigerators are readily available before the counts rise..	Ensure key departments have three-month supplies on hand for phase 2. Lease a warehouse for storage
Patient Management	Food Service transitioned to disposable flatware for patient and employee feeding	Coordinate meal delivery with Nursing to ensure timely delivery of food to isolation patients.

## Regulatory Concerns- Policies & Procedures

Are staff familiar with Isolation signage

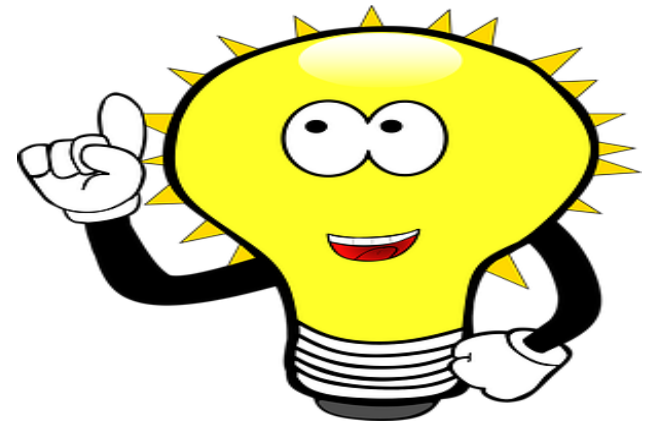
Donning & Doffing PPE

Regular or Disposables for meal service

How are carts disinfected

Process for surface cleaning in kitchen

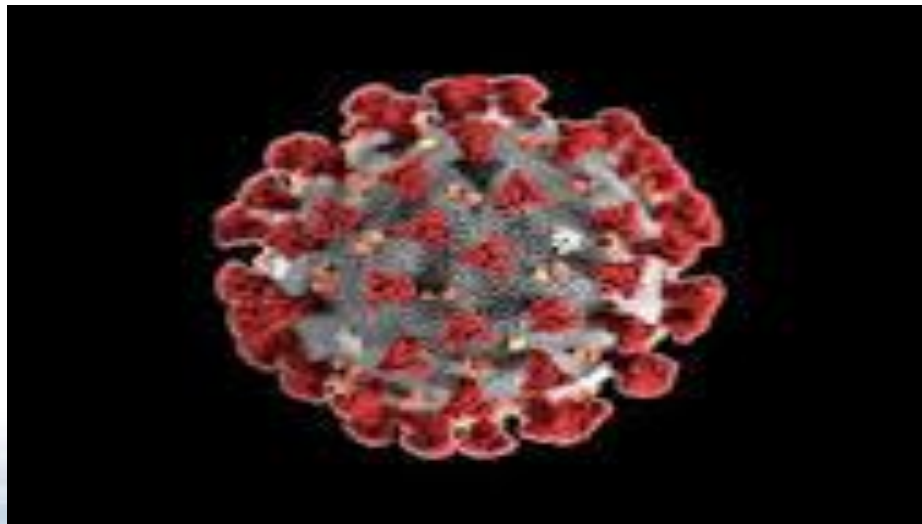
Education and training records





ST. JOHN'S EPISCOPAL HOSPITAL  
EPISCOPAL HEALTH SERVICES INC.

**We are Food Service Directors in  
the NY/ NJ area. None of us will  
ever be the Same**





Heather Duffy, RD, CPHQ  
Director, Nutrition &  
Food Management



# REENGAGING, REACTIVATING AND REIMAGING HEALTHCARE FOODSERVICE

*~THE PLANNING AND ACTIONS  
REQUIRED IN THE JOURNEY BACK  
TO THRIVING IN A NEW REALITY*





# Hazard Vulnerability Analysis

## Staffing

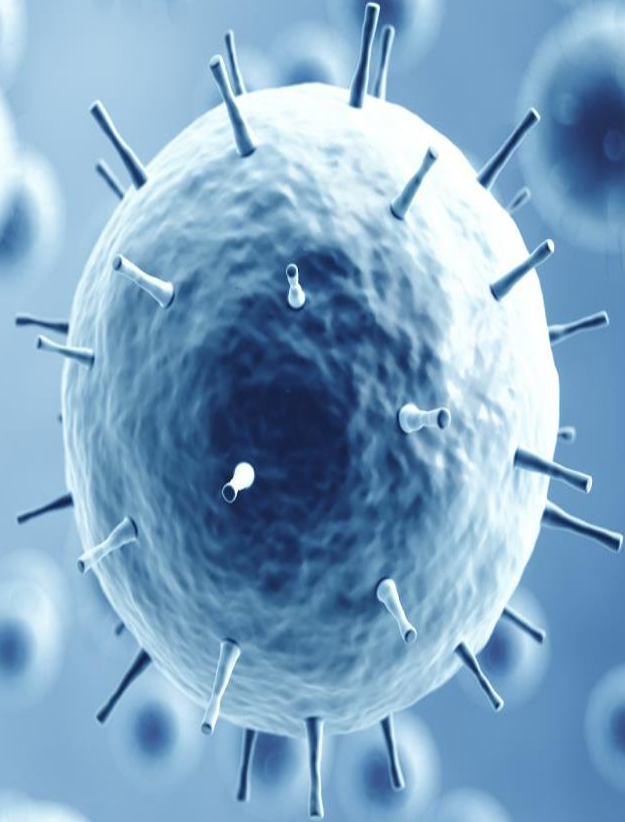


## Supplies/ deliveries



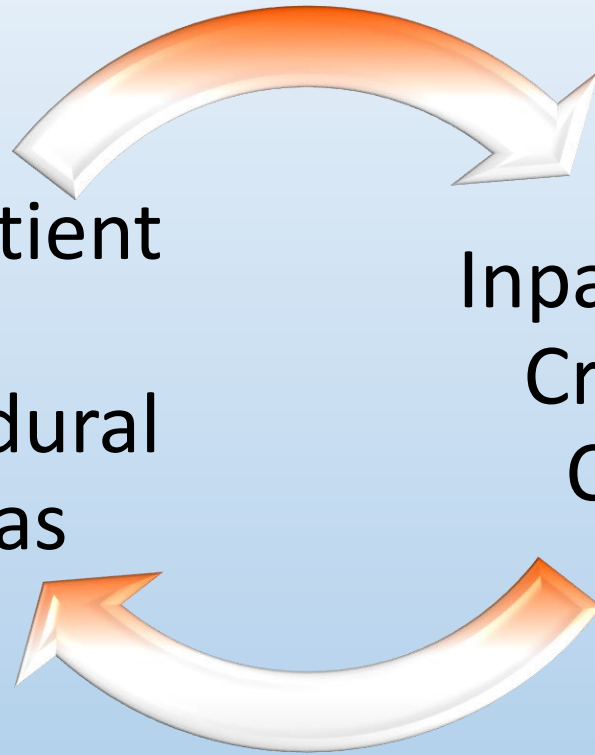
# What happened?

Census dropped  
308 inpatients positive.  
85% census  
~70 intubated



Outpatient  
/  
Procedural  
Areas

Inpatient /  
Critical  
Care



# Meal Service Modifications



# Food Donations



# Levity During COVID-19

**Who's That Baby?**

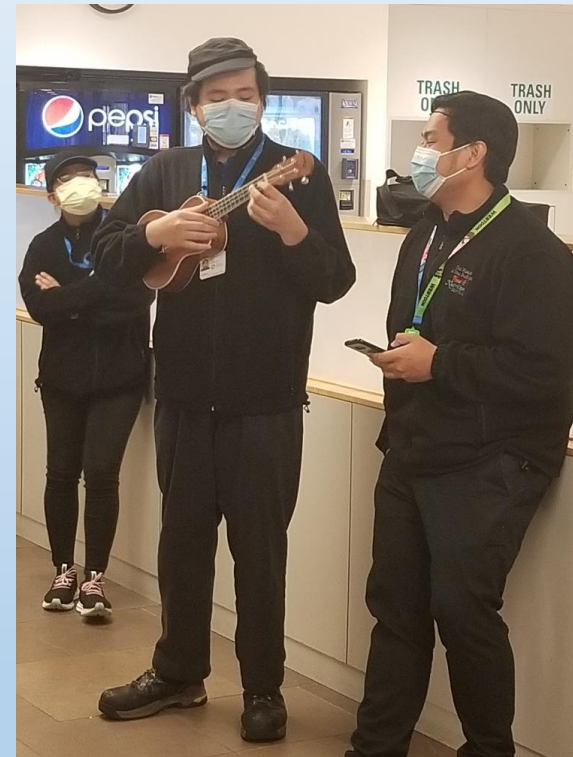
Match the team member name to the corresponding baby photo. Team members with correct matches will be included in a drawing to win a pair of Shoes For Creus. Completed Forms must be submitted to Kristin no later than Friday, May 22nd.

Enter the team member name on the line that corresponds with the photo.

A. \_\_\_\_\_  
 B. \_\_\_\_\_  
 C. \_\_\_\_\_  
 D. \_\_\_\_\_  
 E. \_\_\_\_\_  
 F. \_\_\_\_\_  
 G. \_\_\_\_\_  
 H. \_\_\_\_\_  
 I. \_\_\_\_\_  
 J. \_\_\_\_\_  
 K. \_\_\_\_\_  
 L. \_\_\_\_\_  
 M. \_\_\_\_\_  
 N. \_\_\_\_\_  
 O. \_\_\_\_\_  
 P. \_\_\_\_\_

**The Babies**  
 Mark • LaToya • Freddy  
 Dennis • Lauren • Lij  
 Nikki • Gene • Heather  
 Carol • Angela • Chris  
 Alejandro • James  
 Kristin • Danielle

Submitted by: \_\_\_\_\_  
 your name



A metal fork is stuck vertically into a yellow dashed line on a gravel road. The road is made of grey gravel and has a yellow dashed line running down the center. The background shows green trees and a bright sky. The text is overlaid on the left side of the image.

**The road back to “normal.”**

- **Self-assessment /decisions**
- **Process back to “normal” is longer**



# Good Leader



Nimble



Calm



Genuine



Caring



Communicates



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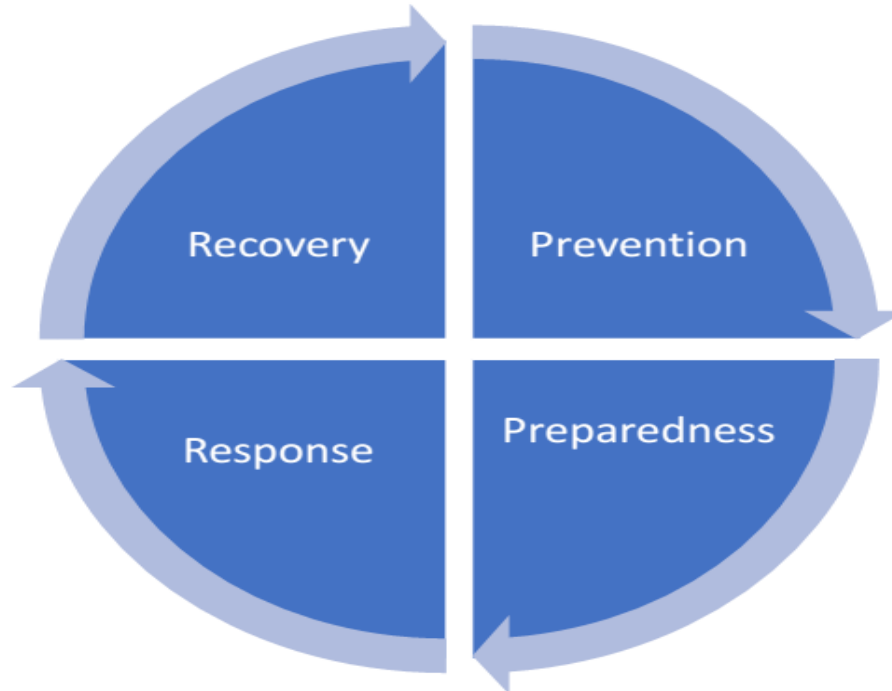
## Re-engagement, Re-activation and Re-imaging Healthcare Foodservice



Simone E Nicolas, MS RDN CDN  
Corporate Director of Culinary Services

What are the planning and actions required in the journey back to the new reality?

## Response Cycle

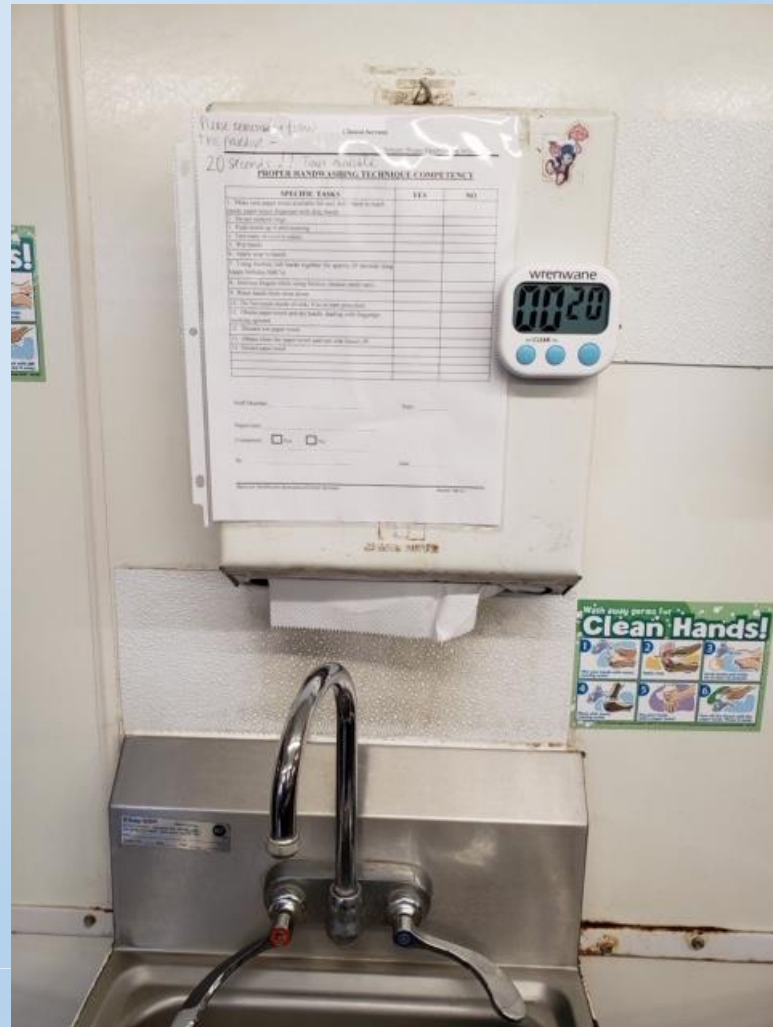


# Infection Prevention

Best practices to ensure safety of employees were re-enforced and reviewed with all staff on PPE

Hand washing

Additional training was also provided on social distancing and Covid-19 Facts in order to be safe at home as well as in the workplace.



CDC guidelines state that the combination of hot water and detergents used in dishwashers is sufficient to decontaminate dishware and eating utensils and that reusable dishware and utensils may be used for patients requiring Transmission-Based Precautions.

Staff are the backbone of our operations and have worked to ensure that staff are kept safe in our environment



# Preparedness

We continue to provide a full menu to residents with Dining Enhancements.

There has been some service modifications based on staffing

Our role to serve residents nutritious and healthy food, as well as support nursing in their efforts to provide direct care at meal times became more evident with floor staff verbalizing appreciation of the kitchen.



# Response to change in operations

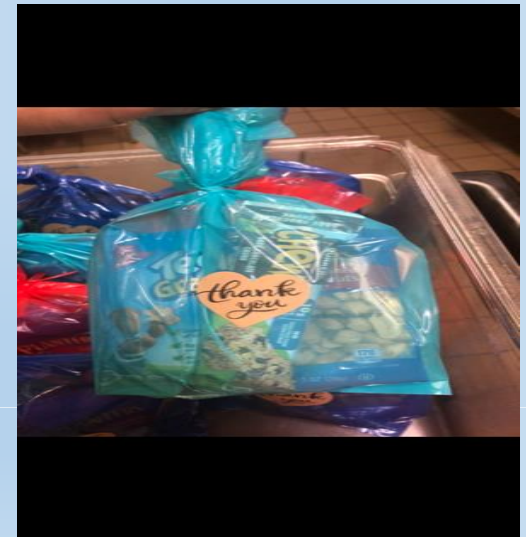
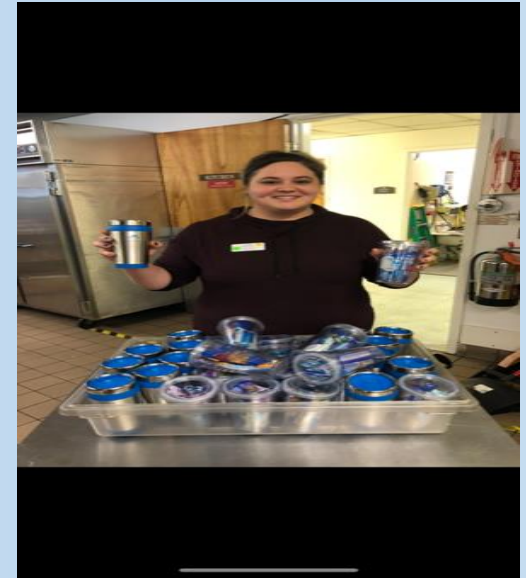
Pre Covid-19



Post Covid-19

# Keeping staff engaged

1. Sharing information as timely as possible to keep up with the pace of changes
2. Acknowledge the situation if stressful and allow for a breather or time out
3. Encourage therapeutic coping strategies





# Nutrition Management

Clinical Nutrition collaborated with Rehab Services to manage calorie intake of the compromised Covid patient with a loss of appetite

Additional calorie dense foods and fluids were added to trays and offered between meals

## Nutrition and Hydration with COVID

Patients with COVID-19 and those recovering from COVID-19 may experience:

- Loss of taste and Smell
- Decreased PO intake
- lack of interest in food
- Fatigue and weakness during meal
- Dysphagia
- Lack of sensation in oral/pharyngeal cavity
- Metallic taste in mouth

Consider combating some of these symptoms with the following strategies:

- Offer small meals/snacks throughout the day
- Encourage our patients to drink during any and all interactions
- Downgrade diet to decrease effort required to masticate and manage
- Add spices or sweet and salty foods (if dietary restrictions permit)
- Offer fortified foods with added calories, fat and protein
- Compensatory strategies to decrease risk of dysphagia/aspiration
- If patient has a metallic taste...offer finger foods (if appropriate), coated spoon or plastic utensil
- Discuss any changes/strategies with IDT including nursing and dietary. IV fluids may be initiated for patients with decreased appetite and temp of >99

# Recovery

Communal dining and group activity restrictions implemented by CMS on March 13 remain in effect. Maintain phone and video contact with families & residents

Testing has been widespread for residents and staff so that some normal functions can resume e.g.

Re-implementing weekly and daily interdisciplinary meetings, meal rounds and limited in person room visits



# References

Siegel JD, Rhinehart E, Jackson M, Chiarello L, and the Healthcare Infection Control Practices Advisory Committee, 2007 Guideline for Isolation Precautions: Preventing Transmission of Infections Agents in Healthcare Settings.

<https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html>



# Our Pandemic Journey

- 178 Licensed Beds
- Rural Hunterdon County
- Healthcare Sites also in Somerset & Warren Counties
- Room service
- Employee Cafeteria, Outsourced Visitor Café & Wellness Café



All was good until the end of February.....



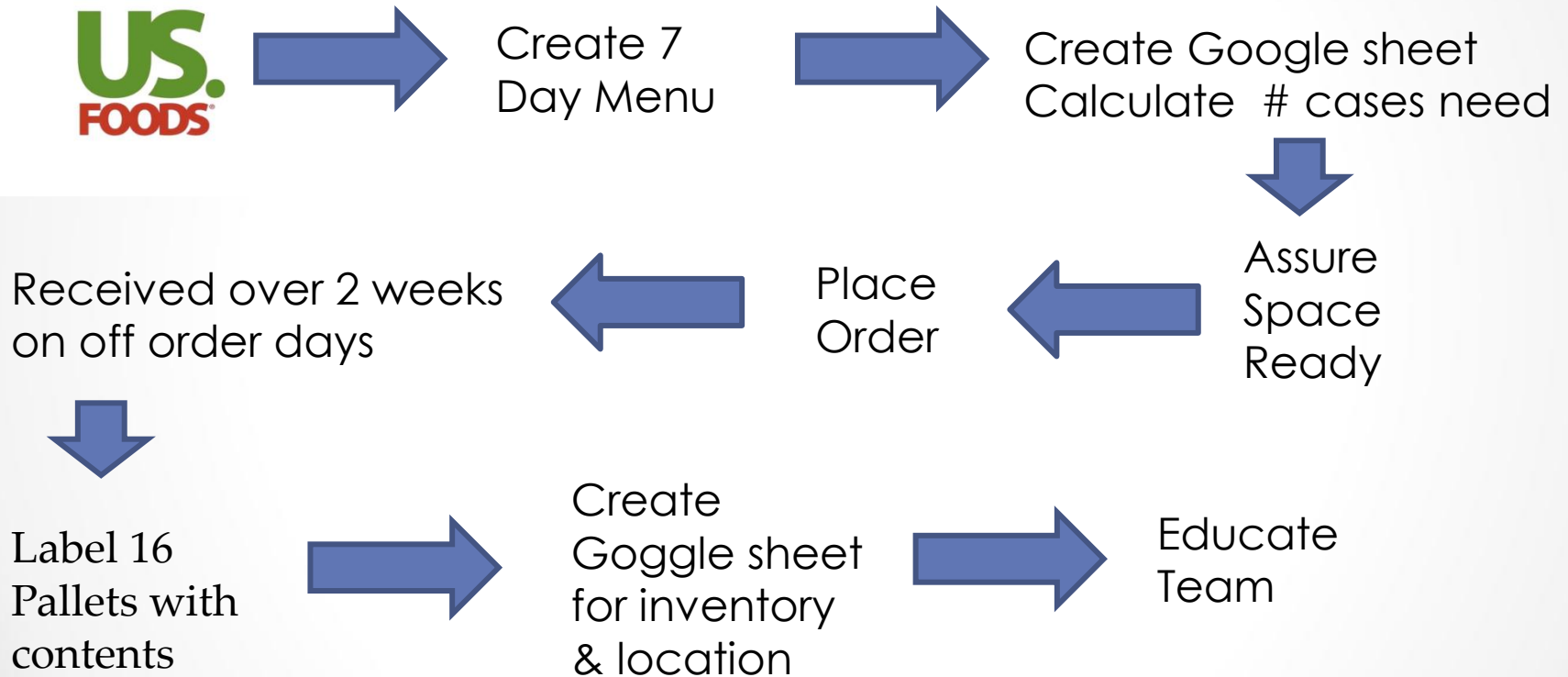
**Hunterdon Healthcare**

Your full circle of care.



# Challenges & Solutions

Order supplies for possible need – 14 days worth for 1000 people



**Hunterdon Healthcare**

Your full circle of care.

# Challenges & Solutions

## Disposable Service – Lack of Styrofoam Trays



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# Challenges & Solutions

**Tomorrow your team will no longer be passing trays to preserve PPE**

- ? Use Room Service Menu or Change to Standard
- ? How best to time trucks to units
- ? Communication to Patients About Change
- ? Getting team educated and shift reductions



**Thank you snack bags for nurses**



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# Best Practices

3/10 Goodbye  
Salad Bar  
Hello Grab n Go



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# Best Practices



**Hunterdon Healthcare**

Your full circle of care.



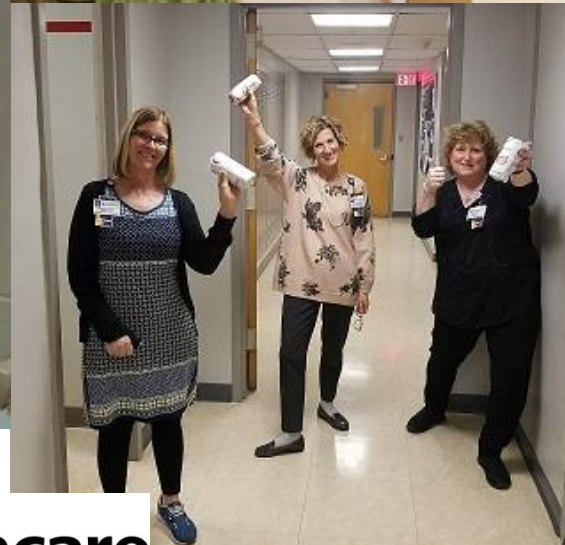
# Best Practices



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# Engage & Thrive



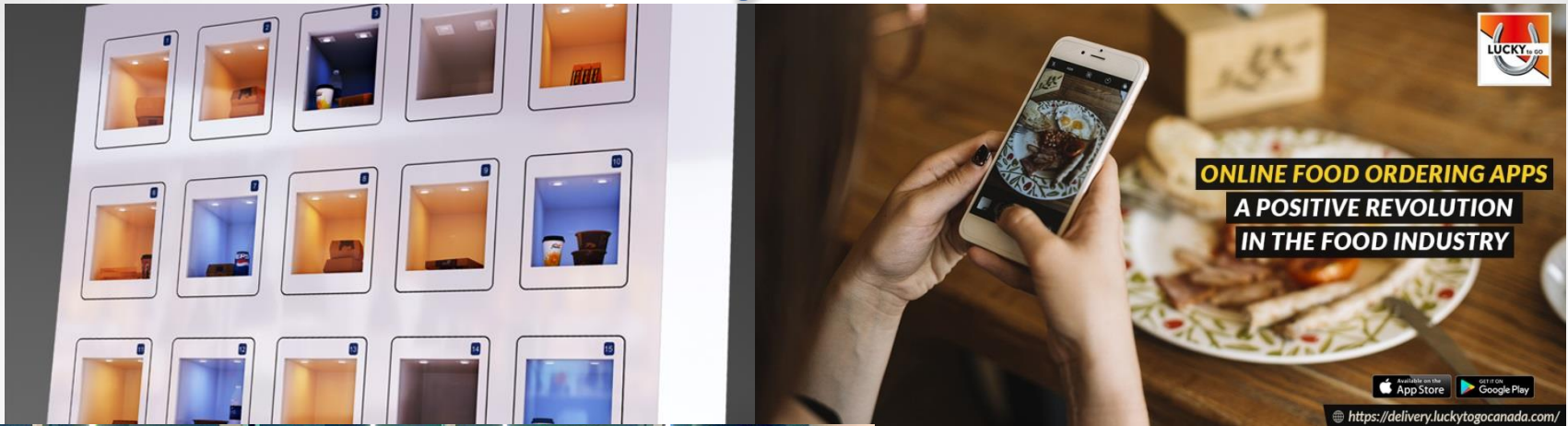
# Engage & Thrive



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# Journey Ahead



MICRO MARKET SOLUTIONS!



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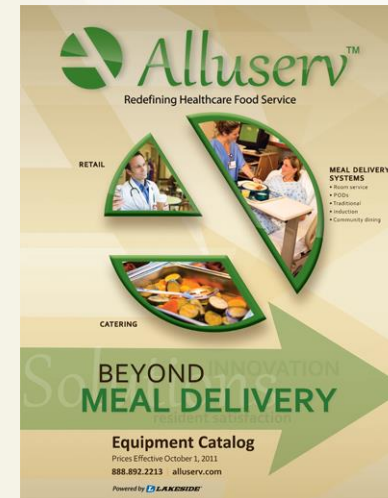
# SPONSORED BY ALLUSERV, LAKESIDE MANUFACTURING, MULTITERIA

**Kevin Vigeant** - Executive VP, Sales,

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860.993.6724 or 888.892.2213



# COVID-19 RESOURCES FROM LAKESIDE/ALLUSERV

- Screen walls / traffic rails-Screen walls
  - provide decorative, functional and safe separation
  - block ugly sight lines too.
- Portable handwashing sinks
- Isolation carts-meal delivery, and yellow isolation carts for masks, garments, etc..
- IV Stands and tables
- Wire Storage & Transportation
- Utility Carts



# THANK YOU FOR ATTENDING

- Video, PowerPoint slide show, and certificate of participation can be found
  - At either of these websites
    - [www.ahfnj.org](http://www.ahfnj.org)
    - [www.ahfny.org](http://www.ahfny.org)