

Breakfast Cart Waste Study

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Problem:

When the hospital breakfast was converted to continental style two years ago, a cost analysis was not performed to determine whether this new method was the best choice for both the hospital and its patients. With the plans to change to a cook/chill system already underway, it is pertinent to be able to compare the two systems. This breakfast cart waste study is the first part of an effort to gain a snapshot of both the waste and cost per patient meal with the continental breakfast.

Current process:

The continental breakfast is comprised primarily of dry and cold items (cold cereal, prepackaged muffins and bagels, and yogurt, fruit, and milk). These are loaded onto three sets of carts. Each set consists of a cart that carries the dry items and a cart that carries the cold items. These items are stocked the afternoon before service. Additional items are prepared in the morning (hot cereals, boiled eggs, scrambled eggs) and added to the dry cart in a warming unit. The carts go up to the floors and the patients are able to choose items from the carts. Trays for patients with specific diet restrictions are made and sent up separately.

Method:

The aim of this study is to look at the total amount of items served on one specific day and then the amount of waste collected on that same day. On the day previous to the study, I counted all the items that had already been stocked on the carts. In the morning, I did a recheck before the carts left the kitchen, confirming counts on all items added to the carts. I then stayed in the kitchen, near the tray line, to observe all trays that were prepared, counting the items as the trays were made. Once the carts returned, I recounted everything on them before they were restocked, in order to obtain a count of everything that actually left the carts.

As dirty trays began to return from the floors, I looked at each and counted every item that was left before the trays were passed on to the dish washer. The items counted included any untouched, unopened items and partially eaten items that had at least half left.

Possible errors:

Every effort was made to accurately account for every item that left the kitchen. Contact was made with all of the breakfast workers, especially the cart passers to insure their cooperation. However, it is possible that items were added to the carts after the count

was made or that items may have been missed when counting the trays leaving. Some of the items were only able to be estimated (these include the small items such as butter and creamer) which was based on the amount of other items served. In addition, the waste count was only of the items left on trays that returned to the kitchen. If items remained in the patients rooms before being thrown away, they were not accounted for. Only a waste count of the larger items was done.

Results:

The waste was first counted as an amount of each item and then quantified into a percentage of the item served. The waste percentage reached as high as 50% (hot cream of wheat). Several items had waste percentages over 20%, including some of the more expensive items, such as the prepackaged yogurts.

Further research:

The information gained from this study will be used to calculate cost per patient meal with the current continental breakfast. This study provides data for the total number of each item served in one day. Once the cost for each item is obtained, the cost per patient meal can be determined. This information will be crucial in analyzing whether the switch to a cook/chill system will be cost efficient.