

JUSTIFICATION FOR RENOVATION OF THE
CHILDREN'S HOSPITAL MEDICAL
CENTER CAFETERIA

By

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CHAPTER I

INTRODUCTION

According to experts responsible for predicting the future of health care services, their efforts are being limited by strings attached to the pragmatic past. These strings are holding back imagination and are destroying much of the hospital services field at the present time (5). Rising costs, limited budgets, and finite resources seem to be leading to a revolution of commitments by health care services providers. However, an attempt to predict with accuracy what the philosophy and commitments to these services will be in the future is likely to yield results that are presumptuous.

Development of services and service systems for hospitals will depend on politics, taking into account government involvement and expenditures, existing economic interests, and professional organizational ability. Forecasting the future requires examination of the past and taking a good look at these limiting factors. Hospital food services and dietary development have been a part of this pragmatic past. History dates the existence of employee feeding programs and the need to subsidize them to the mid-nineteenth century. Employee cafeterias were usually a part of the central food production facility and amounted to providing hot meals to on-duty nurses (10). That philosophy has not changed much in the past 100 years.

The Main Cafeteria at The Children's Hospital Medical Center (CHMC) in Boston, Massachusetts, was first opened in 1952. Service was designed for a hospital population of about 1200 staff and employees. Since then, Personnel Department records indicate that the medical staff, nursing services staff, support services staff, and the general medical center community have grown by 160 percent. Food services have been limited to non-selective menus and restricted hours of service for the past eight years during which time most of this growth has occurred. The only additions to the food service physical plant occurred in 1965 and 1968. A separate doctor's serving line, which utilized common cafeteria dining room space, was constructed adjacent to the Main Cafeteria and dishroom area in 1965. No additional seating was instituted. In 1968, the adjoining Fegan Building (Ambulatory Out-Patient Services Complex) was completed. At that time, a Snack Shop featuring short-order grill service with a maximum seating arrangement for 150 persons was designed for the facility.

Initially, 1952, it was the objective of the hospital administration to offer subsidized food service to all staff and employees of the medical center. However, as hospital operating costs began to rise, it became apparent that patient care expenses would be prioritized and food service costs would have to be recovered and better controlled. In 1974, an administrative decision was made to begin an investigation of the financial, physical and esthetic conditions of the Main Cafeteria and the doctor's serving line. As part of this investigation, the researcher was requested to survey the current population of CHMC employees to determine the general food service needs as they currently exist. The survey results were to exemplify customer wants and

preferences in menu selection, general atmosphere, serving hours, and types of food presentation and service.

The objectives of this study were:

1. to develop a survey which would solicit the food service needs of The Children's Hospital Medical Center employee population,

2. to analyze the data obtained from the survey which pertains to food service needs of this sample population, and

3. to make suggestions and recommendations for the Food Service Department at The Children's Hospital Medical Center based on the findings of this research.

CHAPTER II

REVIEW OF LITERATURE

It has become essential that food service operators define their purpose. This purpose must then support the reasoning for all management decisions which control productivity. Labor productivity which is defined as per-worker output of goods and services rose about three percent per year until 1945 (1). However, this figure has dropped about two percent per year in more recent years, due to a greater allocation of capital investment to non-productive areas such as environmental control and worker safety.

Food service operations deal with productive systems which are by their very nature insufficient. It is next to impossible to determine the exact comings and goings of customers, their precise needs, or the weather conditions for any given day when service is desired. Many man-hours have been devoted to food preparation procedures which are minute and meticulous. Physical plants frequently are out dated, poorly maintained, and/or suffering from being over extended. In general, hospital food service operations daily are faced with such problems.

Today the number one concern in hospital food service is labor cost, including cost of unionization efforts and labor disputes (1). Operators from every part of the country are anticipating further cost increases in the future. Some of these operators are experimenting with new systems, services, equipment and management approaches that

will help curtail costs and keep them at a minimum. At the same time, customer service needs are more demanding in all segments of the food service industry, including hospitals. Requests for more services and extended hours, attention to individual likes and preferences, plus customer food knowledge has created a need to expand operations and has placed a burden on present facilities. Therefore, the customer is more of a major concern to hospital food service managers than ever before.

It is anticipated that the customer of the 1980's will expect more for his dollar. These customers will be judging their experiences with meals eaten away from home against a background of advanced food knowledge and preference. Average food and service will no longer be tolerated. People will be choosier and more critical than ever before, and management should be alerted to this number two problem (1).

Management's third major problem is that of physical facilities. Many of the new service and technical advancements in food production have stimulated facilities' improvements. A new consideration in hospital food facilities' planning stems from "progressive patient care," which encourages ambulatory patients who are able to feed themselves to eat in common dining areas within the hospital (2). Many employee cafeterias are being utilized for patient feeding or for special event food functions for patients. To accommodate increased customer demands, many hospital food service operations have had to reduce services, limit menu selection and restrict dining rooms for established employee meal-break periods. New facilities, such as the employee cafeteria at Cedar's Sinai Medical Center, Los Angeles, offer innovative services with maximum product quality and minimum labor expenditures (3). In their new 719 seat cafeteria, a scramble service system similar to a

supermarket has been provided where food items have been individually wrapped for customer selection from either heated or refrigerated reach-in cases. There is a Salad Bar, Cold Food Service Area, Budget Shop, Bar-B-Q Pits with Hot Deli, Steam Table Service, Fried Chicken Stand, Hamburger-Hot Dog Fast Food Counter, Pizza Shop and Mexican Food Shop all within the scramble food service area. Everything has been processed and served supermarket-style. Food Service Director, Jerome Berkman (3, p. 40), says, "this technique, plus the carpeting, affords the customer a very fast, quiet, and pleasant shopping experience."

An attempt to deal with the three major problems set out above within hospital food service is evidenced by articles being published in trade journals. Food Management (5), a journal designed for schools, colleges, hospitals, nursing homes and contract (management) services, includes an article on the new age of hospital food service. Statements in that article indicate that cost containment is the central issue facing hospitals everywhere. This cost consciousness has precipitated a need for more productivity. Critics of health care services point out that throughout this current inflationary period, hospitals have failed to really seek productivity commensurate with recent increased charges (5). If government agencies continue to reimburse hospitals for total costs, there will exist little incentive for hospitals to be efficient. The article does enforce the fact that there is an effort by hospitals to thwart off a national health insurance program, a program aimed at controlling costs. To set good examples, hospitals are making a great effort to contain their own costs.

Statistics show that food service departments have been doing a conscientious job in cost containment (4). Although budgets for

dietary/food service departments have been steadily increasing, these budgets have decreased in recent years as a percentage of the total hospital budget. These departments continue to seek changes that will help them control costs.

Many hospitals have been containing expenses by sharing services. For example, group purchasing has often been utilized by food service departments. Profit oriented management companies have increased their efforts to enter the hospital food service field with claims that through good management, they can cut costs even after allowing for profits. Their records indicate an average 8.5 percent lesser charge to hospital administration (subsidy) than at non-profit institutions (5). Sharing services with the patient has also reduced health care costs. Patients who are ambulatory can obtain their meals in the hospital's cafeteria or other specified dining rooms. This frees valuable time of both the nursing staff and food service staff, and reduces costs to the hospital or third-party payers.

Another factor which has increased costs has been the fact that more and more hospitals are decreasing the in-patient days of hospitalization. The number of out-patient visits has increased many times faster than the actual number of patients. Therefore, hospital food services are being asked to address themselves to the food service problem of these out-patients. More and more vending company services have been utilized to help meet the needs of these out-patients.

Of the seven million meals served each day in this nation's hospitals, half are served to medical staff, nursing staff, other employees, students and visitors (5). Their meals are eaten in employee cafeterias and public dining rooms and offer a variety of service

styles. These include new concepts such as, sandwich smorgasbords, where customers put together their own sandwiches and pay for them by the ounce; self-service salad bars where salads are paid for by the bowl size; scramble system cafeteria services, and supermarket-style food services where prewrapped food items are available for selection. In almost all new or recently remodeled facilities, food service directors have established service systems to reduce labor costs. Other goals have been to supply quick and efficient food service to more customers and to do this in a physical plant which is attractively decorated and inviting to all visitors and employees. Such systems tend to generate greater participation from the hospital community. Each individual service operator must determine what is best for the hospital, for it is almost impossible to make an accurate comparison with other successful operations. A labor saving idea in one food service might be offset by a greater energy cost. The need for space might be prioritized in one location and totally inappropriate in another situation. Craig Weisman (5, p. 34), Director of Food Services at the University of Washington Hospital has said:

The system a hospital food service department uses is simply an expression of an individual's courage. Each food service director is going to decide what is best by deduction, by experience, by his own background and by the type of institution in which he works.

To help determine what system is best suited for an operation, it is necessary to know the institution. At the Iowa Farm Bureau Building, Des Moines, Iowa (6), impressive compliments concerning the employee cafeteria are a common occurrence. "Employees tell me that they look forward to coming to the cafeteria for lunch," says Food Service Manager, Randy McKinnes (6, p. 43). The Iowa Farm Bureau management has

determined that the food service program boosts morale and increases afternoon productivity. Much of this is due to the aesthetically attractive surroundings and the fast food service system which it incorporates. An emphasis was placed on acoustics in order to make the dining area as relaxing as possible. Lines have almost been eliminated, thus reducing unnecessary waiting periods for service. The company is committed to offering a quality food service. Through this commitment it is encouraging better productivity of its employees.

For many years employee feeding in health care facilities was looked at by administration as a fringe benefit. Menu selection was limited and food presentation was stark. In some cases, the employee cafeteria featured yesterday's patient menu or, at best, offered token economical, freshly prepared items, such as casseroles (7). Physical plants left much to be desired, as the cafeteria frequently was planned as a part of the sterile atmosphere of the hospital itself. Usually found somewhere in the basement, the dining area was crowded with military-type rows of tables and chairs, was clogged with pipes and was excessively noisy. These traditional attitudes and conditions are changing.

Newly constructed or remodeled hospital facilities offer employee dining areas that are attractively decorated, inviting to employees, visitors and patients (7). The attitudes of both administrators and employees regarding this service as a fringe benefit have also changed. Menu pricing in these facilities generally remains lower than in neighboring restaurants yet does not incorporate more real costs than in the past. These lower prices entice participation by employees. However, other factors which are considered important by employees are menu

selection and variety and portion size. Administrators question the logic of employee feeding being considered a fringe benefit. Employee feeding does place a large financial drain on hospital funds. However, it has been conceded that the service is needed for the convenience of those employees having a relatively short meal-break period, as well as the philosophy that well-fed employees will function more efficiently and have fewer absences (7).

Administrators must consider conditions assuring that the revenue from the cafeteria will cover expenses, rather than economically drain hospital funds. This requires knowing your customer and supplying him with the food service he wants. According to a market research study made by Mannings, Incorporated, an analysis of potential hospital cafeteria customers included the following observations:

The majority of customers--employees--are relatively youthful, predominantly female, and are very value conscious.

[The study] refers to this new market as the 'Hungry Generation' because of their continuous search for the sensual experience, i.e., the kind of activity enabling the pleasant use of the senses--sight, hearing, touch, smell and taste.

They want the real in everything--especially foods when they eat away from home.

Intimacy is a requirement for comfort and conversation.

Their meals are often in front of the television in their own homes or when they eat out they prefer fast food operations.

They eat what they like, when they like, and are not concerned with traditional fare.

They . . . want things natural and casual. Hand hewn beams, used bricks, stone, aged wood, warm, earthy colors tend to further the appeal of these 'natural' settings (7, p. 21).

It becomes fairly apparent that old facilities, as described earlier, will not satisfy this "Hungry Generation." Redecoration or remodeling would be recommended. It is also necessary to develop new food service concepts specifically aimed at the current, as well as potential, customer. Creating a total environment which will appeal to the majority of employees within the hospital should increase patronage and patron satisfaction, thus helping to reduce the hospital subsidy. At several West Coast hospitals where environment and menu changes were introduced, employee acceptance and participation have greatly impacted on increased revenues and reduced costs (1).

CHAPTER III

PROCEDURE

Introduction

The first objective of this study was to develop a survey which would solicit the food service needs of The Children's Hospital Medical Center employee population.

Survey Development

A survey was developed and written. The statistician selected for the project was Ms. Paula Sanofsky, Ph.D., Special Projects Coordinator, The Children's Hospital Medical Center. Ms. Sanofsky met with the researcher; Ms. Patricia Breider, Assistant Food Service Administrator; and Mr. Herbert Strayhorn, Health Care Intern (student); and developed the Food Service Survey (Appendix A). The survey's objective was to solicit responses to questions which would help determine individual food service needs at the hospital. These responses were to provide information regarding the following concerns:

1. convenience of serving hours and other related meal breaks,
2. menu item preference,
3. the availability of take-out service,
4. types of meal service to be made available, i.e., salad bar service, short-order grill service, etc., and

5. general subjective ratings of the present food service at the hospital.

There was adequate space provided on the printed survey for additional personal comments. A cover letter was developed to explain the purpose of the survey and give the recipient sufficient information for completing the survey and returning it to the researcher (Appendix B).

Random Sample Selection

A random sample was identified. From an approximate total listing of 3600 CHMC employees (persons on the hospital payroll), it was determined by Ms. Sanofsky that a sample population of 900 could be obtained from the Personnel Department by manual selection methods. Every fourth numbered employee was designated to receive a survey by inter-departmental mail. Due to the possible large number of Spanish speaking sample members, Spanish translations of the survey were devised and made available from the Food Service Department (Appendix C).

Test Sample

A test sample of 13 hospital staff members were asked to complete the survey. Mr. Strayhorn was present to answer questions and to keep a mental record of apparent problems encountered when these individuals participated. Corrections were written after the participants completed the survey. The 13 staff members had some knowledge of what was being attempted; i.e., the need for careful documentation of customer food service needs and preferences.

Results of Test Sample

Several questions did stimulate thoughtful responses with the test group. One major concern coming from a number of the test sample group dealt with their actual participation in the current food service program. Some of those participating said that they never purchased food or beverage in the Main Cafeteria and wanted to be sure the survey did apply to them. This question did allow Ms. Sanofsky to make a suggestion that the cover letter emphasize the need for all those receiving the survey to read it and complete the questions applicable to him or her. The suggestion resulted in a reconstruction of the cover letter (Appendix D), making it clear to all persons receiving the survey that they should and could participate.

Printing, Distribution and Collection

After complete evaluation of the survey, photo-copy printing was done at The Children's Hospital Medical Center Print Shop. Collating, stapling and folding also were done by Print Shop personnel. Three digit code numbers were assigned to the random sample and these numbers were affixed to the printed surveys. Mr. Strayhorn was responsible for establishing an address list to correspond to the selected random sample. Inter-departmental envelopes were manually addressed with the names from the sample address listing. Distribution was by Inter-Departmental Mail service.

The cover letter gave instructions as to the method for returning the survey to the Food Service Office. It was predetermined that a time limit be established for the return of the surveys. Three regular

working days were considered sufficient time to expedite a response.

Tabulation

The surveys were collected in a central location of the Food Service Department. A standard answer coding chart was devised by Ms. Sanofsky, Ms. Breider, Mr. Strayhorn and Ms. Janice Hamilton, Food Service Manager. This chart would reflect answers to objective questions which were expected to most often appear on the survey as well as those questions expected for the subjective questions (Appendix E). The correlation of this coding chart was done with single digit numbers to be used by data processing personnel. Computer coding forms (Appendix F) furnished by the Management Information Systems Department were used for tabulation of all the surveys. These completed forms were processed by key punch operators for submission of data for electronic computation.

Results and computed tabulation were studied by the researcher and a discussion and recommendations are presented in Chapter IV.

CHAPTER IV

RESULTS AND DISCUSSION

Aging major equipment and physical facilities which require constant upkeep and often times expensive repairs were the primary reasons for management considering renovation of the employee cafeteria at The Children's Hospital Medical Center in Boston, Massachusetts. In order to justify the need for renovation of the cafeteria, the researcher was requested to conduct a survey of a random sample of hospital employees and staff members.

The objectives of this survey were:

1. to determine the convenient food service serving hours for the cafeteria,
2. to assist the Food Service Production Staff in determining customer menu item preference,
3. to determine customer preferences in cafeteria food services,
4. to determine whether there is a need for take-out service, and
5. to obtain some subjective ratings of the present food service operations which might assist in the justification for cafeteria renovation.

Of the 900 surveys distributed, 243 valid responses were received. An additional 71 surveys were returned blank and 23 were classified as "crank" responses and were discarded. It was determined by Ms. Sanofsky, survey statistician, that this response constituted an actual sample of

8.9 percent of the total hospital employee population and was sufficient response for completing the research. Historically, hospital originated surveys have had less than a valid 10.0 percent response.

Constant communication with the Hospital Engineering Department proved to be most informative and helpful in assessing the correct timing for considering cafeteria renovation. As often happens in a large health care institution, plans may be made in one department which have some effect on another. Even with the very best attention, communications may break down. By working with Hospital Engineering we were kept aware of remodeling and renovation projects which would affect the food service areas of operation.

For example, Radiology, which occupies the floor space immediately above the cafeteria, planned extensive plumbing renovation. This project required the dismantling and replacement of the cafeteria dining room ceiling. Another factor which motivated this research was the major expenditure to repair a malfunction of the 20-year-old dish machine in the cafeteria. A decision to repair or replace had to be made. Further magnifying the situation were (1) customer requests for extended serving hours, (2) a desire of the Food Service Staff to provide varying optional services such as "serve-yourself salads," and (3) a general administration suggestion to eliminate the "institutional" aspect of the Food Service Department.

Analysis of the overall results of this survey indicated that the hospital employees would prefer a food service which would operate continuously from 6:00 a.m., serving breakfast, luncheon, and dinner. They desired a varied menu to include Deli-style sandwiches, grill service items, and "make-your-own" salads, served in a quiet atmosphere.

Indications also included a desire for take-out service. Each part of the survey (Appendix A) will be analyzed and discussed separately.

The survey was to provide responses to questions which would enable management at The Children's Hospital Medical Center to justify the renovation of the Main Cafeteria. Statistician, Paula Sanofsky, was satisfied with the number of valid surveys returned to the Food Service Department. Results of those questions answered on the surveys follow.

Question: Please circle the days you work. A total of 154 respondents circled the weekday choice on the survey, representing 63.4 percent of the total valid respondents (Table I). Only seven respondents (2.8 percent) circled weekend choices. Eighty respondents (32.9 percent) circled all seven days or combinations of days which included both weekdays and weekend days.

TABLE I
DAYS USUALLY SCHEDULED TO WORK

	Number Responding	Percent of Total
Weekdays	154	63.4
Weekends	7	2.8
Both	80	32.9
No Response	2	0.9
TOTAL	243	100.0

Question: What are your usual hours? The greatest number of respondents claimed to be at work at or after 9:00 a.m. (Table II) and to leave work at or before 5:00 p.m. (38.4 percent). This would indicate the time of day when the greatest amount of food service would be required. An additional 21.9 percent of those responding claimed to report to work between 6:30 a.m. and 9:00 a.m. If breakfast hours were extended beyond the present 9:00 a.m. closing hour, there would be a possibility that additional employees would utilize the service. Also, if dinner service was begun earlier than the present 5:00 p.m. service hour, there would be a possibility that the cafeteria might have additional customer participation.

Question: How many times a week do you eat in the cafeteria? Figure 1 indicates that 53 respondents participated in the weekday breakfast service and only eight participated on weekends. Thirty-seven participated in coffee break service on weekdays and 14 on weekends. One hundred sixty-one respondents ate lunch on weekdays and 28 did the same on weekends. Dinner participants included 48 during the week and 23 on weekends. Obviously the weekday lunch meal was the most popular. Interesting to note, of the 87 respondents (Table I) scheduled to work weekends, 28 (or 32 percent) participated in the noon meal and 26.4 percent participated in the evening (dinner) meal. During the week, 68.8 percent participated at lunch and 20.5 percent in the evening meal. This would suggest a need to investigate differences between weekend and weekday lunch service and menu variety needs.

Question: What times are most convenient for you? More individuals responded to the breakfast service portion of this question than indicated that they currently eat breakfast in the Main Cafeteria

(Table III). The researcher would like to assume that there is, therefore, a need to change the present opening hour of service (6:30 a.m.) to accommodate possibly early patrons. Twenty-six percent of the respondents selected 6:00 a.m. as a convenient hour to begin service. There seems to be little need to remain open later than the current 9:00 a.m. closing hour. Those responding to other possible hours were generally interested in times prior to 9:00 a.m.

TABLE II
HOURS USUALLY SCHEDULED TO WORK

	Number Responding	Percent of Total
Begin before 6:30 a.m. and end before 11:30 a.m.	1	0.4
Begin before 9:00 a.m. and end before 5:00 p.m.	53	21.9
Begin at or before 9:00 a.m. and end at or before 5:00 p.m.	93	38.4
Begin after 9:00 a.m. and end after 5:00 p.m.	45	18.6
Begin after 2:15 p.m. and end after 5:00 p.m.	25	10.4
Begin and end other than above combinations	7	2.8
No response	10	7.8
TOTAL	243	100.0

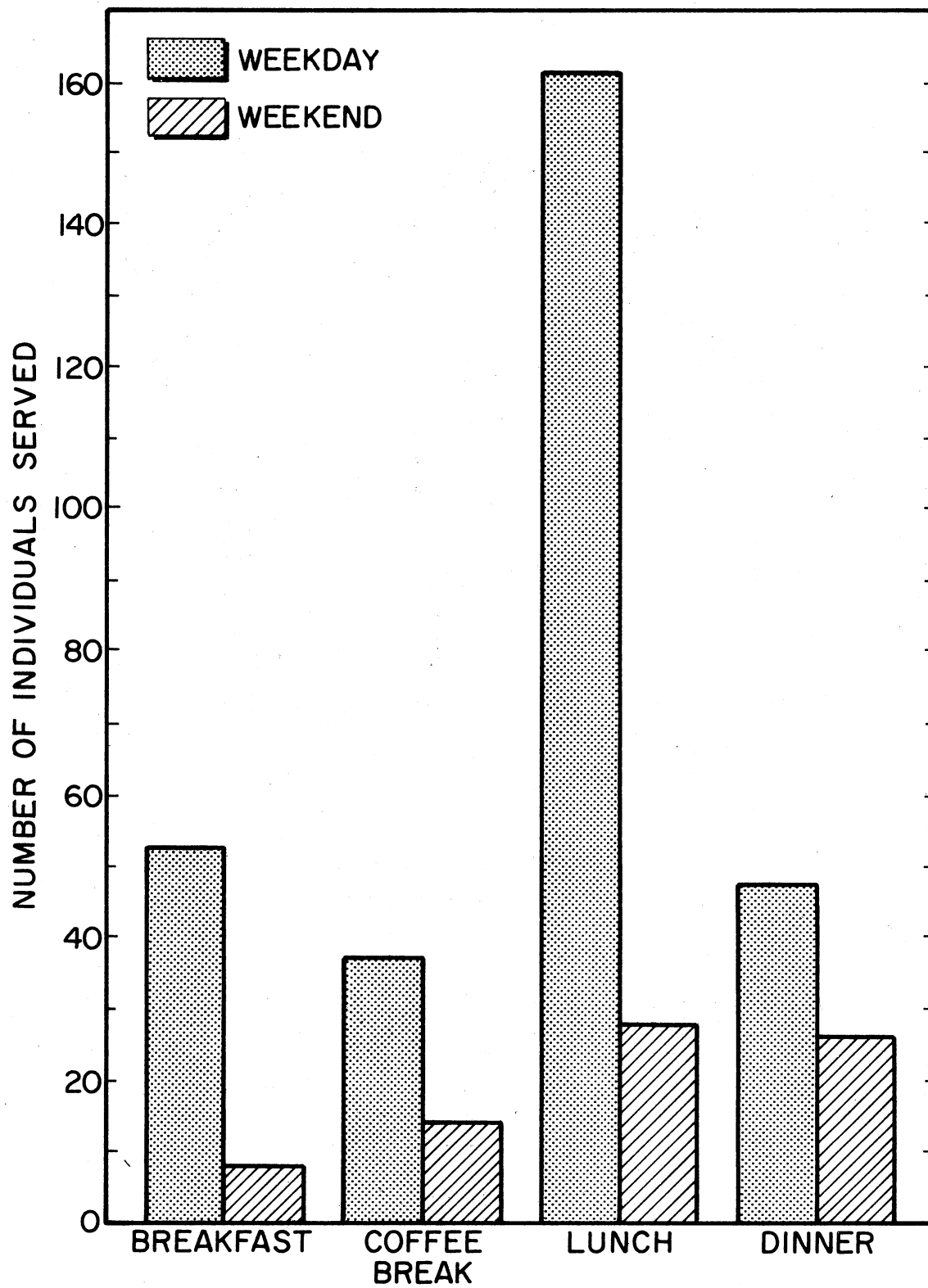


Figure 1. Number of Employees Eating in Cafeteria

TABLE III
RESPONSES TO BEGINNING AND ENDING OF SERVICE HOURS

Meal	Begin Service	No.	End Service	No.
Breakfast	6:00 a.m.	17	9:00 a.m.	20
	6:30 a.m.	10	9:30 a.m.	6
	7:00 a.m.	14	10:00 a.m.	3
	7:30 a.m.	14	10:30 a.m.	2
	Other	<u>10</u>	Other	<u>28</u>
	Total	65	Total	69
Coffee Break	9:00 a.m.	18	9:30 a.m.	9
	9:30 a.m.	7	10:00 a.m.	8
	10:00 a.m.	10	10:30 a.m.	7
	10:30 a.m.	4	11:00 a.m.	13
	Other	<u>3</u>	Other	<u>4</u>
	Total	42	Total	42
Lunch	11:00 a.m.	20	2:00 p.m.	70
	11:30 a.m.	40	2:30 p.m.	13
	12 noon	51	3:00 p.m.	3
	Other	<u>28</u>	Other	<u>49</u>
	Total	139	Total	138
Dinner	4:30 p.m.	14	6:30 p.m.	8
	5:00 p.m.	17	7:00 p.m.	7
	5:30 p.m.	8	7:30 p.m.	10
	Other	<u>12</u>	Other	<u>25</u>
	Total	51	Total	50

The current hours for coffee break service are 9:45 a.m. until 10:30 a.m. Sixty percent of the respondents requested beginning service earlier and 31 percent requested service until 11:00 a.m. Considering the uncomplicated service of the present coffee break menu (assorted pastry, juices, hot and cold beverages, and cold cereal), the researcher suggests continuous coffee break service. This would begin at the close of breakfast and end at 11:00 a.m.

Lunch service respondents indicated a need for meal availability at 11:00 a.m. (14.4 percent of those responding selected the 11:00 a.m. hour as being convenient). The current serving hours in the Main Cafeteria for the lunch meal are 11:30 a.m. until 2:15 p.m. It appears reasonable to assess the need to remain open until 2:00 p.m. since almost 51 percent of the respondents indicated the necessity.

Convenient evening meal service hours were more difficult to determine. The present 5:00 p.m. until 6:45 p.m. serving hours are not adequate when considering that many subjective comments were received specifically addressing the need to extend dinner meal service to as late an hour as 9:00 p.m. The researcher would recommend further studies to better define the closing hour needs of those actually participating in the current dinner meal service.

Question: Are current cafeteria hours convenient for you? The majority (69.4 percent) of the respondents considered the current hours of operation convenient for their needs (Table IV). The researcher has previously indicated that the service times for breakfast should be expanded, beginning at 6:00 a.m. and the need to change the dinner meal closing time should be investigated further.

TABLE IV
 NUMBER OF RESPONSES TO CONVENIENCY
 OF CAFETERIA SERVICE HOURS

	Number of Responses	Percent of Total
Hours are convenient	168	69.4
Hours are not convenient	41	16.9
No response	34	13.7
TOTAL	243	100.0

Question: Where else do you eat besides the cafeteria when you are at work? Table V indicates that 53.1 percent of those responding do occasionally eat at the Fegan Snack Shop, another hospital managed food service facility, serving hot and cold sandwiches and other short order menu items. The limited menu also includes a selection of dessert and beverage items. Serving hours are from 8:30 a.m. until 4:00 p.m., Monday through Friday, excluding holidays. The dessert selection and beverage selection are identical to the selection available in the Main Cafeteria. Located within the hospital complex, the atmosphere is more modern, less noisy, and offers a less institutional appearance.

More than one third of those that responded indicated they sometimes used the Women's Committee Lunch Shop. This operation, very similar to the Fegan Snack Shop, is conveniently located near the main lobby area of the hospital. It is very small, with limited seating capacity, but seems to meet the needs of staff, employees and visitors who desire a quick sandwich and beverage to carry away to another

location of the hospital complex. Take-out service is almost a requirement of the patrons of the Lunch Shop.

TABLE V
RESPONSES TO ALTERNATE PLACES AT WHICH TO EAT

Food Service	Number of Responses	Percent of Total
Fegan Snack Shop	129	53.1
Women's Committee Lunch Shop	85	35.0
Children's Inn--Restaurant	72	29.6
Children's Inn--Cafeteria	35	14.4
Other Hospital Cafeteria	15	6.2
Harvard Medical School	2	0.8
Other	76	31.3

The Children's Inn Restaurant has full liquor service and is located within easy walking distance of the hospital complex. Waitress service with a complete self-service salad bar make up the service style of this operation, which is open for lunch and dinner, seven days each week. Almost 30 percent of the respondents indicated this as an alternate place at which to eat.

The Children's Inn Cafeteria, located adjacent to the Children's Inn Restaurant, is pleasantly decorated, modern, and offers a variety of hot and cold foods appropriate for any commercially operated cafeteria.

At lunch time, the cafeteria specializes in Syrian bread sandwiches. Open for breakfast, lunch and dinner, seven days each week, the Children's Inn Cafeteria also has limited seating capacity, but does accommodate many hospital complex patrons.

Other hospitals in the immediate area have food facilities similar to the cafeteria at The Children's Hospital Medical Center. All of the facilities are regularly restricted to "employees only" during the lunch meal service. Prices and menu selection vary from operation to operation, with the inclusion of beer and wine offered at the Harvard School of Public Health Cafeteria.

Question: In what ways do you prefer other places to the cafeteria? The most frequent responses to this question included noise as being the primary reason for selecting an alternate place at which to eat. Thirty-three respondents said the cafeteria was much too noisy, acoustics were poor, and privacy impossible because of having to speak loudly with a meal companion. Twenty respondents commented that they needed "a change of pace," especially, a desire for different menu items. Eight respondents included atmosphere as a reason for selecting another eating place. Only six respondents indicated food quality as a reason for eating elsewhere.

Question: Would you prefer having the following kinds of food more often, less often, or the same as now? Figures 2 and 3 clearly demonstrate how the respondents indicated their menu preferences. At lunch, diet items, whole meat entrees, fish entrees, sandwiches, and salads seemed to be preferred (Figure 2). At dinner, more diet items, whole meat entrees, fish entrees, salad and vegetarian items were chosen (Figure 3). The item selected the least number of times was casseroles.

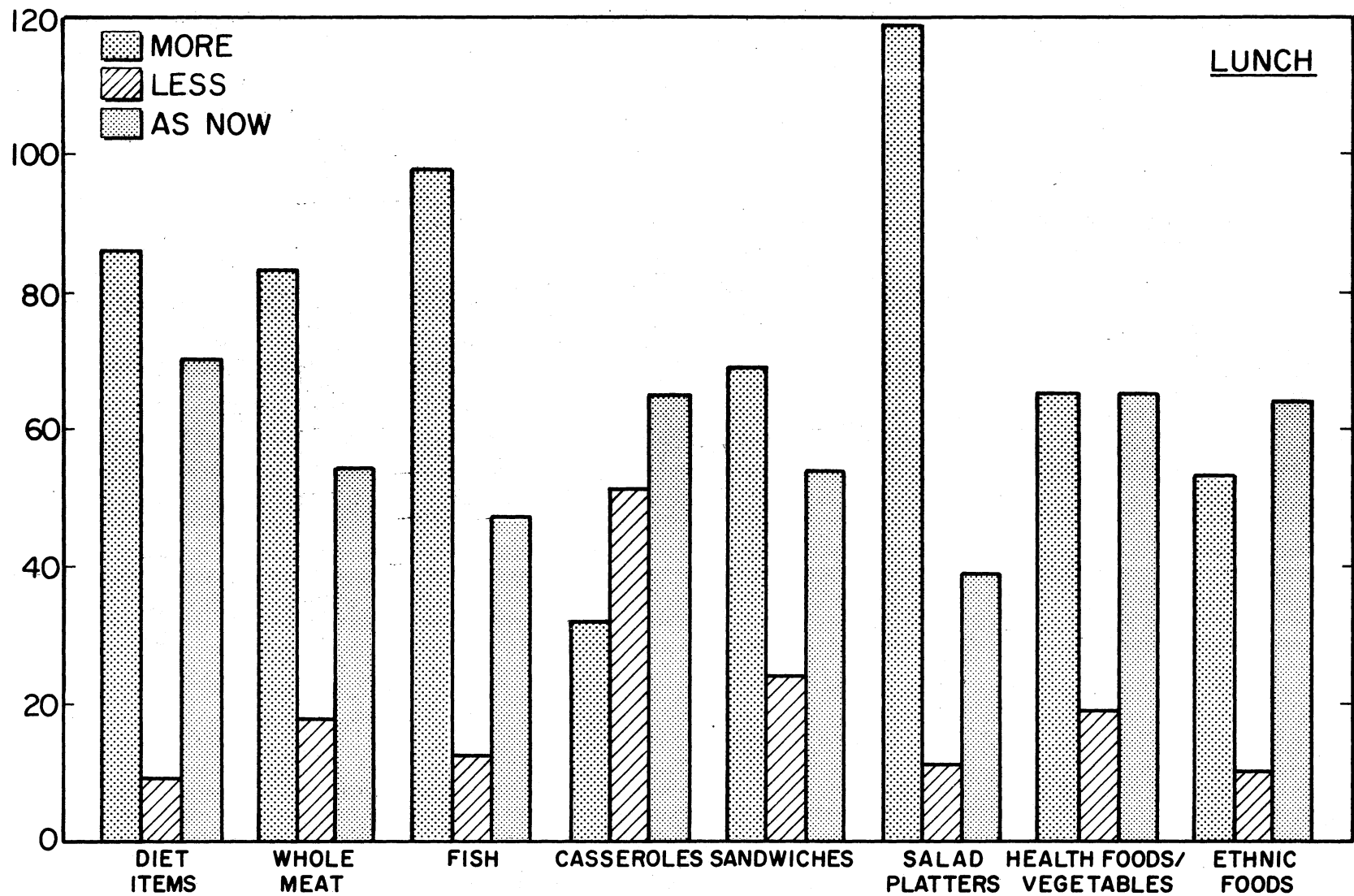


Figure 2. Responses to Preferred Menu Selection Frequency--Lunch

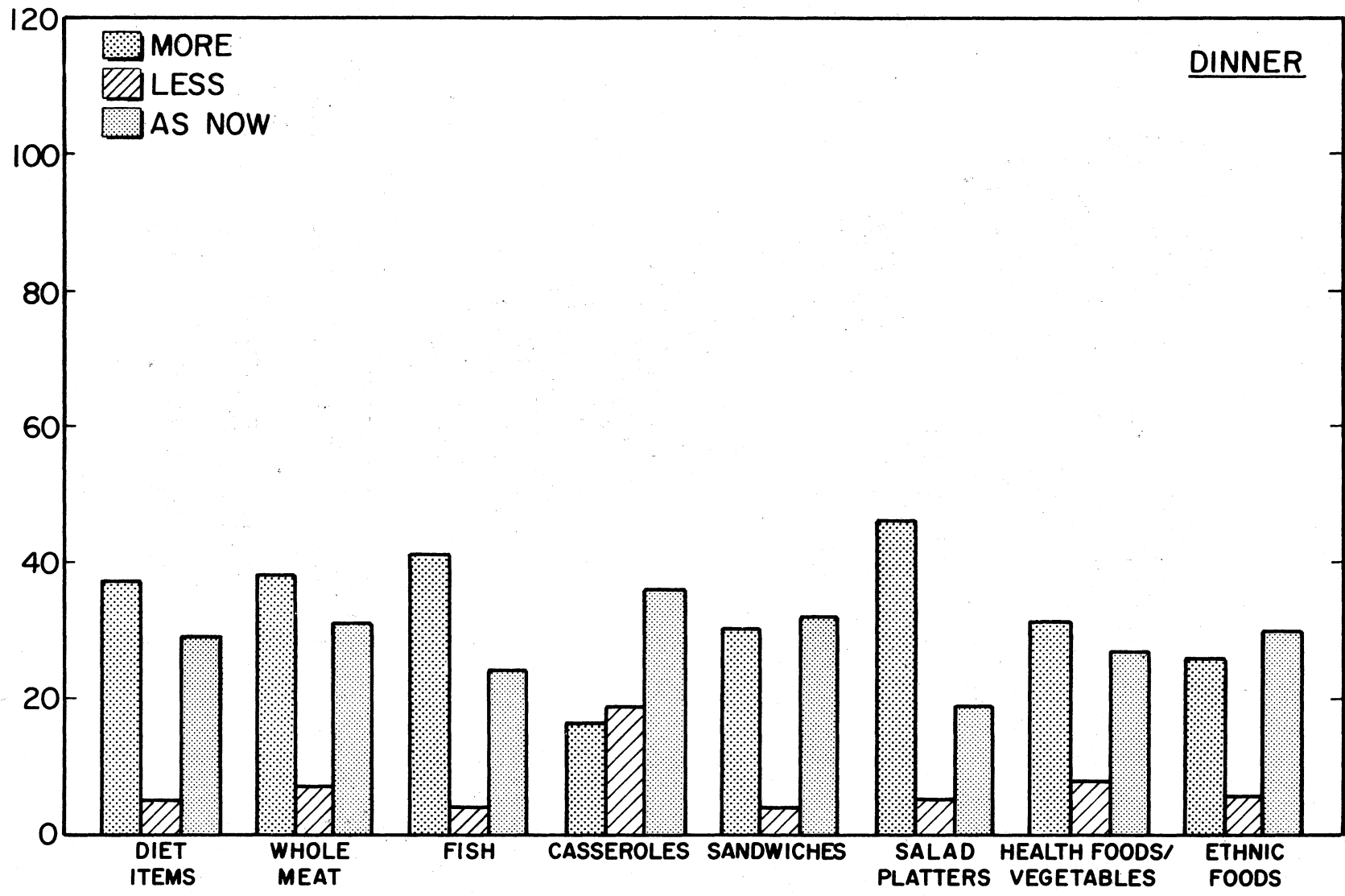


Figure 3. Responses to Preferred Menu Selection Frequency--Dinner

Question: Would you prefer having more whole meat entrees even if you had to pay more? Respondents seemed to want to pay more for having whole meat entrees offered more frequently on the menu (Table VI). The individuals who did not respond to this question, however, could indicate a "do not care" response. Therefore, it might be of value to further investigate more frequent offerings of whole meat entrees, paying close attention to menu pricing.

TABLE VI
NUMBER OF RESPONSES TO "WOULD YOU PREFER MORE WHOLE MEAT
ENTREES EVEN IF YOU HAD TO PAY MORE"

Response	Number of Responses	Percent of Total
Yes	70	28.8
No	115	47.3
No response	58	23.9

Question: Would you prefer having larger portions even if you had to pay more? A majority of 55.6 percent of the respondents indicated their preference for not paying more for larger portions (Table VII). Subjective comments solicited here indicated portion size as adequate with several respondents saying they would prefer to select two portions at the current price rather than having portion size increased.

TABLE VII
 NUMBER OF RESPONSES TO "WOULD YOU PREFER HAVING LARGER
 PORTIONS EVEN IF YOU HAD TO PAY MORE"

Response	Number of Responses	Percent of Total
Yes	55	22.6
No	135	55.6
No response	53	21.8

Response requested: Are there current menu items you especially like? What? Are there current menu items you especially dislike? What? Are there menu items you like which are not available? What? Responses to these questions will not be considered by the researcher at the present time. The purpose of having these questions included with the survey was to solicit ideas for menu writing which was not an objective of this research project. To be efficient, save important man-hours and avoid duplication of effort, the menu item questions were included. Subjective responses were given to the cafeteria supervisors and Food Production Manager for later tabulation and use.

Response requested: Please check (✓) all items you would be likely to purchase if a "take-out" service were available. With all 243 respondents answering this question, the positive indications shown in Table VIII were made. Only 10.7 percent of the respondents indicated not wanting any take-out service available. It is the researcher's opinion that with any change in service, definite consideration should be given to the availability and easy access of a take-out service,

especially with soups, salads, and sandwiches. At the present time, only beverages and some desserts are available for removal from the cafeteria area (portioned onto disposable service ware).

TABLE VIII
TAKE-OUT SERVICE RESPONSES

Item	Percent of Total
Soup	39.9
Salad platter	53.1
Garden salad	49.0
Sandwich	58.4
Hot entree	33.3
Baked dessert	28.4

Response requested: Please number (one through four) the following type of food services in the order you would prefer having them available: salad bar, pre-wrapped food counter, short-order grill, deli-style sandwich counter. Prioritized preferences in food service availability indicated high percentage rankings, first and second choice, for salad bar (54.3 percent) and deli-style sandwich counter (68.3 percent). Short-order grill (28.4 percent) and pre-wrapped food counter (23.9 percent) services had less preference. The researcher makes note here that 17.3 percent of the respondents selected the

pre-wrapped food counter as a first choice. This enforces the previously made statement concerning a need for take-out service availability.

TABLE IX
PRIORITY OF FOOD SERVICE PREFERENCES

Service	First Choice		Second Choice		Third Choice		Fourth Choice	
	#	%	#	%	#	%	#	%
Salad bar	102	42.0	30	12.3	36	14.8	51	20.9
Pre-wrapped food	42	17.3	16	6.6	49	20.2	110	45.3
Short-order grill	35	14.4	34	14.0	93	38.3	48	19.8
Deli-style sandwiches	35	14.4	131	53.9	39	16.0	10	4.1

Question: Do you usually eat (1) alone, (2) with one or more persons, (3) with three or more persons? This question was asked to solicit comments on seating arrangements in the present cafeteria dining room and to be taken into consideration if renovation is to take place. The majority (58.4 percent) of those answering claimed to share their meal break with one or two other people. The present arrangement in the cafeteria is long rows of tables and chairs, in order to make use of all available seating space. It appears that more intimate seating would be appropriate and suitable to most participants. Other responses were:

eat alone, 44; with three or more, 40; no response, 17.

Question: How would you rate the following? (Circle the appropriate word.) Poor, fair, good, excellent. The current hours of service and food presentation received favorable (majority ranking of good or excellent) ratings (Table X). Menu selection category ranking indicated satisfactory or acceptable ratings (37.9 percent, good; 33.3 percent, fair). Results of this tabulation also indicated dissatisfaction with the noise level, length of waiting lines, and general atmosphere of the cafeteria (majority ranking of poor and fair). The circled ratings for "indoor" and "outdoor" seating were not considered a valid indicator, since new dining room chairs were installed in the cafeteria two months prior to the taking of the survey. It is the researcher's opinion that the respondents may have misunderstood the question to mean "do you like the new dining room chairs?". Outdoor seating was known by the researcher to be favored during the good weather months, and helped relieve the often times crowded conditions in the cafeteria dining area. Therefore, this portion of the question was biased since the survey was distributed at a time when favorable weather conditions existed.

TABLE X
 TABULATION OF CIRCLED RATINGS

Item	Poor		Fair		Good		Excellent	
	#	%	#	%	#	%	#	%
Current serving hours	16	6.6	66	27.2	101	41.6	44	18.1
Menu selection	39	16.0	81	33.3	92	37.9	10	4.1
Food presentation	19	7.8	73	30.0	113	46.5	19	7.8
Noise level	96	39.5	79	32.5	44	18.1	7	2.9
Waiting lines	86	35.4	96	39.5	42	17.3	3	1.2
General atmosphere	34	14.0	105	43.2	79	32.5	7	2.9
Indoor seating	12	4.9	85	35.0	121	49.8	8	3.3
Outdoor seating	14	5.8	45	18.5	110	45.3	46	18.9

CHAPTER V

CONCLUSION AND RECOMMENDATIONS

Aging dining facilities reminiscent of an institutional physical plant, with out-dated equipment which was constantly needing repair and offering an inefficient serving system, was everything but what "the doctor ordered". At The Children's Hospital Medical Center, as in other institutions across the country, the desires of the customers were exemplified by trends for more comfort and relaxation in the food service area. Furthermore, it was evident that employees and staff wished the convenience of obtaining a variety of well prepared menu items at convenient times.

The customer presents the challenge for the food service operator in the 1980's. This challenge could spell trouble for the operator whose service, or quality, or value, does not keep pace with the standards of tomorrow's demanding, highly knowledgeable "diner-out". This individual appears to be a person who appreciates good food, imaginatively conceived and pleasantly served when it is needed.

The CHMC survey showed that a majority of those who responded may be satisfied with the current hours of operation, but would prefer these hours to be extended. Other recent developments within the hospital have indicated a need to have some form of manual food service offered almost every hour of every day throughout the year. With renovation, facilities can be modernized and made more efficient, allowing labor

hours to be reduced and better utilized.

The survey results also indicated a need to update facilities to accommodate the customers' newly acquired knowledge of food service. It was interesting to note comments concerning portion sizes, product preparation methods, pricing procedures and more, which were included on many of the surveys. Definite requests included a need for more privacy while dining and quieter surroundings. Nutrition seemed important to some respondents with 64 percent requesting the expansion of diet item menu selections. Fish entrees continue to be popular with 60 percent of the respondents requesting this menu item be continued at the present mean or increased. Salad bar service may be a current food fad, but it does remain popular with the respondents.

To accommodate food service changes, i.e., short-order grill service, deli-style sandwich service, and salad bar service, renovation is a necessity if efficiency in operation is to be maintained. To incorporate the changes without renovation would require expenditures for equipment and additional labor without considering the needed maintenance and updating of the physical plant.

Those answering the survey indicated they must wait too long for their meal service in the Main Cafeteria. Maybe they were short on patience of scheduled break time. However, rearrangement of the physical layout and renovation of the facilities should enable the Food Service Department to offer a variety of services.

While the researcher did not survey the customer we do not know (the ambulatory out-patient and the neighborhood hospital community member), these individuals must be considered potential users of the facility. Present hospital trends indicate this. If cost containment

is to be incorporated into the food service operation at the hospital, administrative decisions must be made to include or exclude this potential revenue. If this customer is to be included, then the present facilities (Figure 4) must be renovated to accommodate this new customer's participation.

One concept (Figure 5) indicates total combination and relocation of the existing serving lines, consolidation of food production and service space, and expansion of seating (dining room) capacity. With such a rearrangement of the physical layout, service changes could be made available for "round-the-clock" periods in an appropriate atmosphere befitting the staff, employees, and visitors at The Children's Hospital Medical Center.

Since the survey results have been tabulated and discussed within this study, certain actions have been taken. Results of the study indicated a need to expand the serving hours. This was done to both the breakfast and evening meals. The noon meal closing hour was changed from 2:15 p.m. to 2:00 p.m. An evening (11:00 p.m. to 7:00 a.m.) grill service was begun and tried for a six week period. Indications are that these serving hour changes have been appreciated and are meeting the food service needs of the employees.

With renovation anticipated, some service changes have been initiated, including a one time per week self-service salad bar and the availability of additional take-out service. These service changes are not all inclusive or permanent, but they have been attempted to give credibility to the Food Service Survey.

The researcher has suggested that further investigation be made concerning extended serving hours and entree item menu pricing.

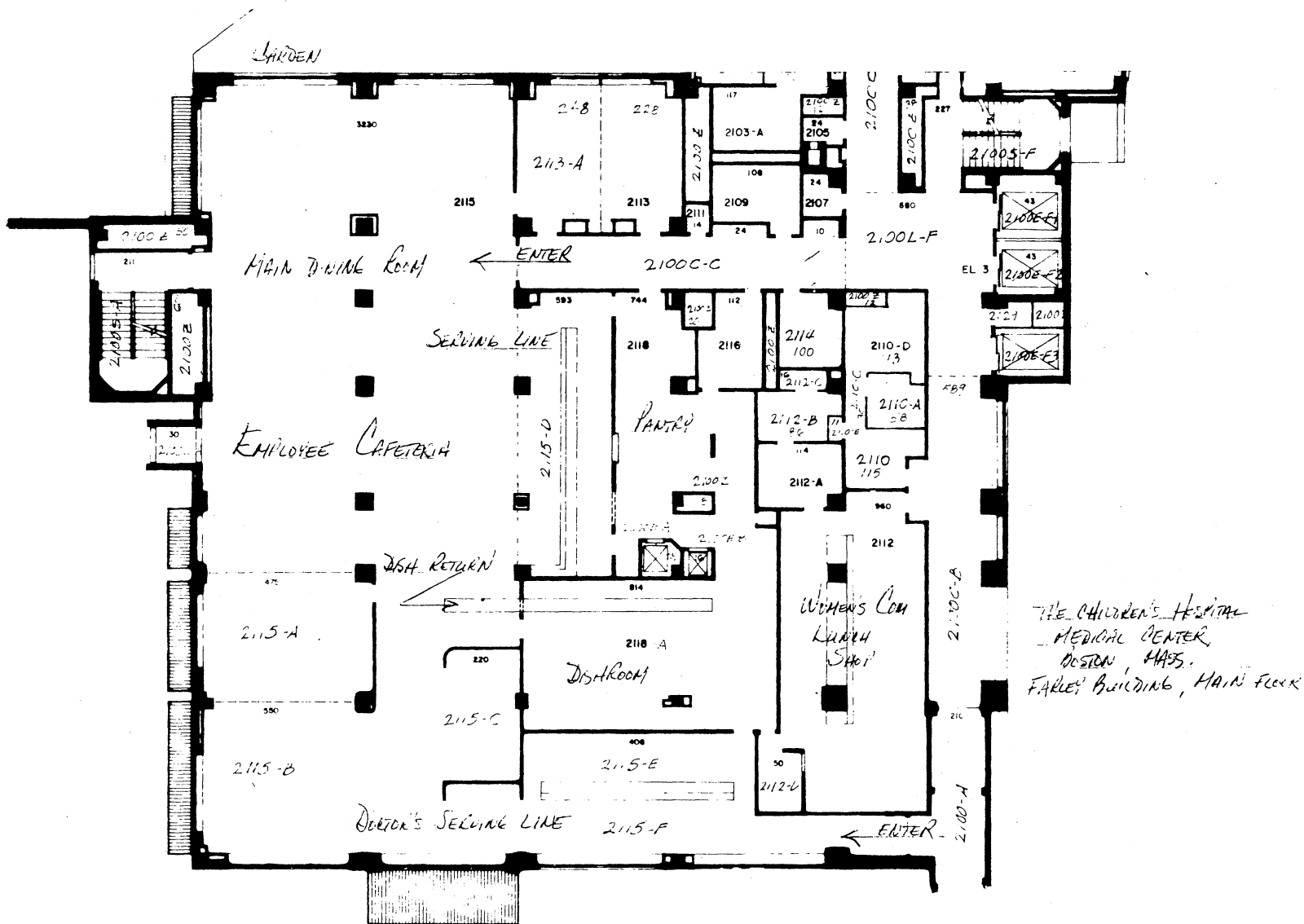


Figure 4. Present Floor Plan at The Children's Hospital Medical Center Cafeteria

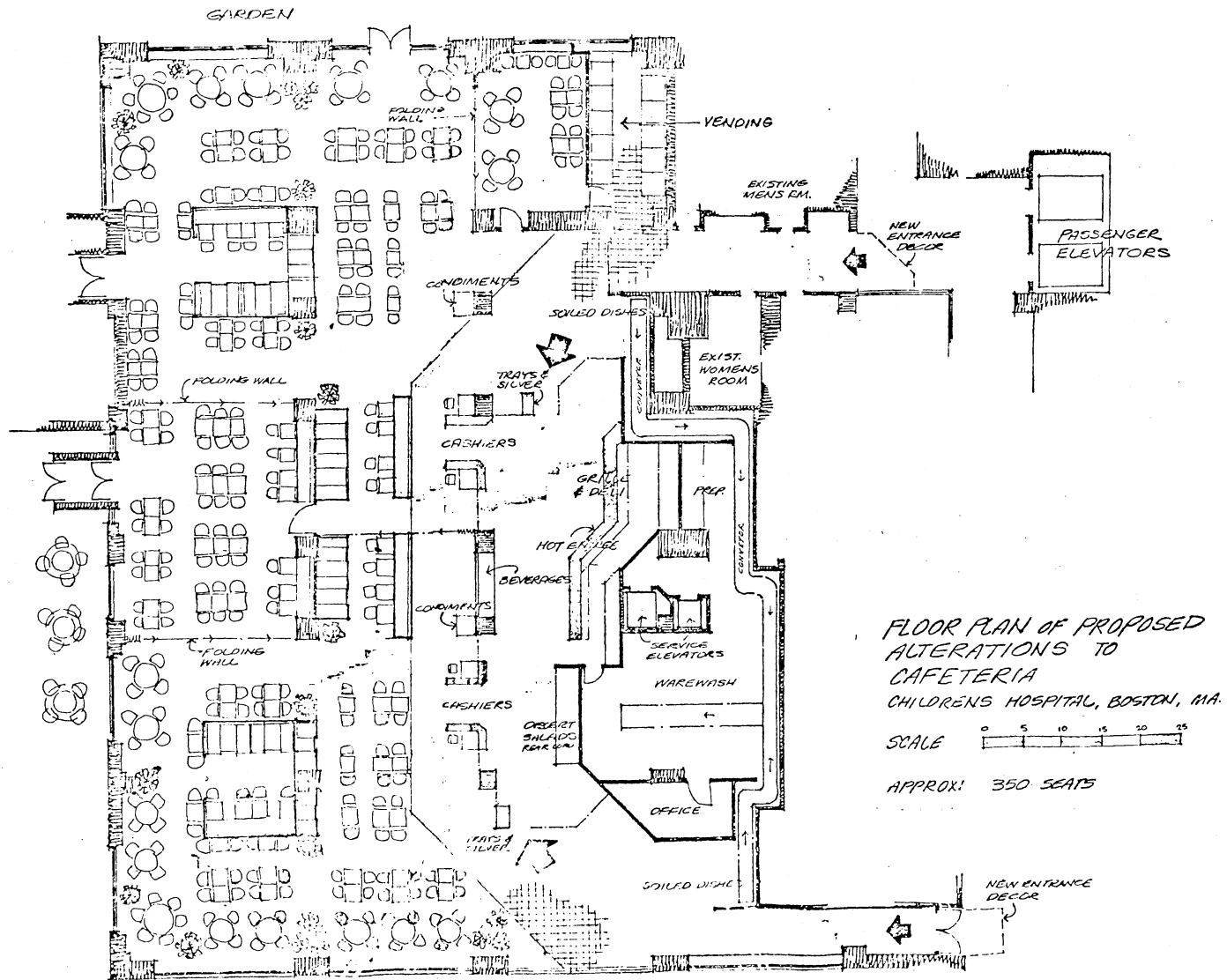


Figure 5. Proposed Floor Plans at The Children's Hospital Medical Center Cafeteria

Proposals have been submitted to hospital administration for increasing revenues through reducing or eliminating restrictions on dining room usage. With renovation, more customers will be able to be accommodated, representing as much as a 15 percent increase in revenues. At the present time, patients and parents of patients cannot use the hospital cafeteria between 11:30 a.m. and 1:30 p.m., Monday through Friday. There are strong encouragements being received by Patient Services Division Administration to eliminate this restriction. This displeasure adds additional support to the need to renovate the facility to allow for full service needs.

Cost reductions will result from better utilization of space, energy, equipment, labor, and raw goods and supplies. With the consolidation of the present serving lines into a scatter system service, a reduction of three full-time employees is projected, resulting in a savings of approximately \$25,000 annually. Add to these dollar factors the anticipated morale improvement of those participating in the food service program either as a good food service worker enjoying better working conditions, or as a satisfied hospital employee who has a new, pleasant atmosphere to enjoy meals prepared to meet their needs at desired times of service.

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APPENDIXES

APPENDIX A

FOOD SERVICE SURVEY

THE CHILDREN'S HOSPITAL MEDICAL CENTER
FOOD SERVICE SURVEY

Code No. _____

EMPLOYEE
INFORMATION

Please check (✓) the days you work: _____ Weekday(s)
 _____ Weekends
 _____ Both

What are your usual hours? _____ to _____.

FOOD
SERVICE
HOURS

	How many times a week do you eat in the cafeteria?		What times are most convenient for you?
	Mon-Fri	Sat-Sun	
Breakfast			_____ to _____ or _____ to _____
Morning Coffee Break			_____ to _____ or _____ to _____
Lunch			_____ to _____ or _____ to _____
Dinner			_____ to _____ or _____ to _____

Are current cafeteria hours convenient for you?
 _____ yes _____ no

Comments:

OTHER
FACILITIES

Where else do you eat besides the cafeteria when you are at work?

_____ Fegan Snack Shop
 _____ Women's Committee Lunch Shop
 _____ Children's Inn - Restaurant
 _____ Children's Inn - Cafeteria
 _____ Other Hospital Cafeteria
 _____ Harvard University Food Service
 _____ Other (Specify) _____

In what way(s) do you prefer other places to the cafeteria?

MENU SELECTIONS

Would you prefer having the following kinds of food MORE OFTEN, LESS OFTEN, or the SAME AS NOW?

	<u>Lunch</u>	<u>Dinner</u>
Diet items	__ more __ less __ as now	__ more __ less __ as now
Whole-meat entrees	__ more __ less __ as now	__ more __ less __ as now
Fish entrees	__ more __ less __ as now	__ more __ less __ as now
Casseroles	__ more __ less __ as now	__ more __ less __ as now
Sandwiches	__ more __ less __ as now	__ more __ less __ as now
Salad platters	__ more __ less __ as now	__ more __ less __ as now
Health foods/ Vegetarian dinners	__ more __ less __ as now	__ more __ less __ as now
Ethnic foods (Specify)	__ more __ less __ as now	__ more __ less __ as now

Would you prefer having more whole-meat entrees even if you had to pay more? __ yes __ no

Comments:

Would you prefer having larger portions even if you had to pay more? __ yes __ no

Comments:

Are there current menu items you especially like? What?

Are there current menu items you especially dislike? What?

Are there menu items you would like which are not available? What?

FOOD PRESENTATION

TAKE-OUT

Please check (✓) all items you would be likely to purchase if a "take-out" service were available?

__ soup __ sandwich __ other _____

__ salad platter __ hot entree __ none

__ garden salad __ baked dessert

Please number (1-4) the following types of food services in the order you would prefer having them available:

_____ Salad bar

_____ Pre-wrapped food counter

_____ Short-order grill

_____ Deli-style sandwich counter

SEATING

Do you usually eat

_____ alone

_____ with 1 or 2 persons

_____ with 3 or more persons

GENERAL SUMMARY

How would you rate the following? (Circle appropriate number)
Please comment on all "poor" ratings.

	<u>Poor</u>	<u>Fair</u>	<u>Good</u>	<u>Excellent</u>	<u>Comments:</u>
Current hours of service	1	2	3	4	_____
Menu selections	1	2	3	4	_____
Food presentation	1	2	3	4	_____
Noise level	1	2	3	4	_____
Waiting lines	1	2	3	4	_____
General atmosphere	1	2	3	4	_____
Indoor seating	1	2	3	4	_____
Outdoor seating	1	2	3	4	_____

Other comments:

Thank you for completing the questionnaire. Please refold, staple, and drop in inter-office mail. Thank you.

APPENDIX B

COVER LETTER



The Children's Hospital Medical Center

300 Longwood Avenue, Boston, Massachusetts 02115, Telephone: (617) 734-6000

The Children's Hospital Medical Center Food Service Survey

Dear CHMC Employee:

A survey is being conducted to identify employee preferences regarding:

- a) cafeteria hours;
- b) menu selections;
- c) type of service and food presentation;
- d) cafeteria atmosphere.

You have been selected to participate in the survey as part of a random sample of all hospital employees. We would appreciate your completing the enclosed survey form and returning it through inter-office mail no later than _____. Survey findings will be used in planning for cafeteria renovations and improvements in our food services.

Thank you for your assistance.

Sincerely,

John H. Wills
Food Service Administrator

JHW/pc

Enclosure

APPENDIX C

SPANISH TRANSLATION OF COVER LETTER
AND FOOD SERVICE SURVEY



The Children's Hospital Medical Center

300 Longwood Avenue, Boston, Massachusetts 02115, Telephone: (617) 734-6000

The Children's Hospital Medical Center

Examen de Opinion del Servicio de Alimento (Dietary)

Estimado (a) empleado de CHMC:

Dirigimos un examen de opinion para identificar las preferencias de nuestros empleados sobre:

- a) Horario de la Cafeteria
- b) Selección de menús
- c) Tipo de servicio y presentación de alimentos
- d) Atmósfera en la cafeteria.

Le hemos elegido para tomar parte en el examen de opinión, lo que representará la opinion general de los empleados del hospital. Le agradecemos completar la forma adjunta, y nos la devuelva por correo del hospital antes del 2 de agosto. El resultado final del examen de opinion nos ayudará a planear la renovación de la Cafeteria, y el mejoramiento de nuestro servicio.

Muchas gracias por su cooperación.

John H. Wills
Food Service Administrator

JW/ga

THE CHILDREN'S HOSPITAL MEDICAL CENTER

EXAMEN DE OPINION SOBRE EL SERVICIO DE ALIMENTO

Code No. _____

INFORMACION
DEL
EMPLEADO

Por favor indique (✓) los días que trabaja: _____ Días entresemana
 _____ Fines de semana
 _____ Ambos
 Que horas trabaja? _____ a _____

HORARIO
DE
SERVICIO

	Cuantas veces por semana come en la cafetería?		Cuáles son las horas más conveniente para Usted?
	Lunes-viernes	sábado-domingo	
Desayuno			_____ a _____ o _____ a _____
Descanso de café			_____ a _____ o _____ a _____
Almuerzo			_____ a _____ o _____ a _____
Cena			_____ a _____ o _____ a _____

Le conviene el horario actual de la Cafetería? _____ Sí _____ No
 Observaciones:

OTRAS
FACILIDADES

Donde come aparte de la Cafetería, los días que trabaja?
 _____ Fegan Snack Shop
 _____ Women's Committee Lunch Shop
 _____ Children's Inn - Restaurante
 _____ Children's Inn - Cafeteria
 _____ Otros hospitales
 _____ Restaurante de la Universidad de Harvard
 _____ Otro (especificar) _____
 Porque le gusta más las otras facilidades que la Cafetería?

SELECCIONES DE MENU

Prefiriera comer los alimentos siguientes MAS, MENOS, o LO MISMO QUE AHORA?

Almuerzo

Comidas de dieta	<u> </u> más <u> </u> menos <u> </u> lo mismo	<u> </u> más <u> </u> menos <u> </u> lo mismo
Carne	<u> </u> más <u> </u> menos <u> </u> lo mismo	<u> </u> más <u> </u> menos <u> </u> lo mismo
Pescado	<u> </u> más <u> </u> menos <u> </u> lo mismo	<u> </u> más <u> </u> menos <u> </u> lo mismo
Cacerolas	<u> </u> más <u> </u> menos <u> </u> lo mismo	<u> </u> más <u> </u> menos <u> </u> lo mismo
Sandwiches	<u> </u> más <u> </u> menos <u> </u> lo mismo	<u> </u> más <u> </u> menos <u> </u> lo mismo
Ensaladas	<u> </u> más <u> </u> menos <u> </u> lo mismo	<u> </u> más <u> </u> menos <u> </u> lo mismo
Comidas de Vegetarianos	<u> </u> más <u> </u> menos <u> </u> lo mismo	<u> </u> más <u> </u> menos <u> </u> lo mismo
Comidas étnicas (especificar)	<u> </u> más <u> </u> menos <u> </u> lo mismo	<u> </u> más <u> </u> menos <u> </u> lo mismo

Prefiriera más comidas con carne aunque le resultara más costoso?

 Sí No

Observaciones:

Prefiriera porciones más grandes aunque le resultara más costoso?

 Sí No

Observaciones:

Hay algún menú actual que prefiere en particular? Cuál?

Hay comidas actuales que no le gustan? Cuáles?

Hay comidas que le gusta, pero que no encuentra aquí? Cuáles

PRESENTACION DE ALIMENTOS

TAKE-OUT (PARA LLEVAR)

Por favor indique los artículos que compraría si hubiera un servicio "take-out".

<u> </u> Sopa	<u> </u> Sandwiches	<u> </u> Otro
<u> </u> Ensalada	<u> </u> Platos calientes	<u> </u> Ninguno
<u> </u> Verduras	<u> </u> Postre	<u> </u> no

Por favor numere (de 1-4) los tipos de comidas en el orden que prefiriera comerlos:

_____ Bar de ensalada
 _____ Comida pre-envuelta
 _____ Parilla de ordenes pequeños
 _____ Sandwich de estilo "Deli"

ASIENTOS

Normalmente come

_____ Solo (a)
 _____ Con 1 o 2 otras personas
 _____ Con 3 o más personas

SUMARIO
GENERAL

Como valoraría los siguientes? (Indique el número apropiado)
 Por favor comente sobre las valuaciones que marca "pobre".

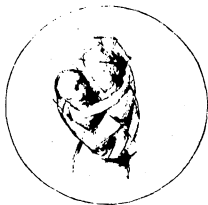
	<u>Pobre</u>	<u>Regular</u>	<u>Bueno</u>	<u>Excelente</u>	Observaciones:
Horas actual de servicio	1	2	3	4	_____
Selección del menú	1	2	3	4	_____
Presentación de comidas	1	2	3	4	_____
Nivel del ruido	1	2	3	4	_____
Línea de espera (de servicio)	1	2	3	4	_____
Atmósfera general	1	2	3	4	_____
Asientos interior	1	2	3	4	_____
Asientos exterior	1	2	3	4	_____

Otras observaciones:

Gracias por completar este cuestionario. Por favor doblelo, precíllelo, y devuelvalo por correo del hospital. Muchas gracias.

APPENDIX D

RECONSTRUCTED COVER LETTER



The Children's Hospital Medical Center

300 Longwood Avenue, Boston, Massachusetts 02115 Telephone: (617) 734-6000

The Children's Hospital Medical Center

Food Service Survey

Dear CHMC Employee:

A survey is being conducted to identify employee preferences regarding:

- a) cafeteria hours;
- b) menu selections;
- c) type of service and food presentation;
- d) cafeteria atmosphere.

You have been selected to participate in the survey as part of a random sample of all hospital employees. We would appreciate your completing the enclosed survey form and returning it through inter-office mail no later than August 2, 1976. Persons not regularly using the Main Cafeteria should read and answer the appropriate sections of the questionnaire. Survey findings will be used in planning for food service renovations and improvements.

Thank you for your assistance.

Sincerely,

John H. Wills
Food Service Administrator

JHW:h1

Enclosure

APPENDIX E

STANDARD ANSWER CODING CHART

<u>For Columns</u>	<u>Explanation</u> (of single digit code)
1 - 3	Three digit survey number
4	Code for days usually worked: 1 = Weekdays 2 = Weekends 3 = Both
5	Code for usual hours worked: 1 = begins work before 6:30 a.m. and completes before 11:30 a.m. 2 = begins work before 9:00 a.m. and completes before 5:00 p.m. 3 = begins work at or after 9:00 a.m. and completes at or before 5:00 p.m. 4 = begins work after 9:00 a.m. and completes after 5:00 p.m. 5 = begins work after 2:15 p.m. and completes after 5:00 p.m. 6 = other than the above
6	Number of "Monday-Friday" breakfasts eaten in cafeteria
7	Number of "Saturday-Sunday" breakfasts eaten in cafeteria
8	Total of column 6 and 7
9	Number of "Monday-Friday" coffee breaks eaten in cafeteria
10	Number of "Saturday-Sunday" coffee breaks eaten in cafeteria
11	Total of columns 9 and 10
12	Number of "Monday-Friday" lunches eaten in cafeteria
13	Number of "Saturday-Sunday" lunches eaten in cafeteria
14	Total of columns 12 and 13
15	Number of "Monday-Friday" dinners eaten in cafeteria
16	Number of "Saturday-Sunday" dinners eaten in cafeteria
17	Total of columns 15 and 16

<u>For Columns</u>	<u>Explanation</u> (of single digit code)
18	Code for convenient time to begin breakfast service: 1 = 6:00 a.m. 2 = 6:30 a.m. 3 = 7:00 a.m. 4 = 7:30 a.m. 5 = other than 1-4 above
19	Code for convenient time to end breakfast service: 1 = 9:00 a.m. 2 = 9:30 a.m. 3 = 10:00 a.m. 4 = 10:30 a.m. 5 = other than 1-4 above
20	Code for convenient time to begin coffee break service: 1 = 9:00 a.m. 2 = 9:30 a.m. 3 = 10:00 a.m. 4 = 10:30 a.m. 5 = other than 1-4 above
21	Code for convenient time to end coffee break service: 1 = 9:30 a.m. 2 = 10:00 a.m. 3 = 10:30 a.m. 4 = 11:00 a.m. 5 = other than 1-4 above
22	Code for convenient time to begin lunch service: 1 = 11:00 a.m. 2 = 11:30 a.m. 3 = 12 noon 4 = other than 1-3 above
23	Code for convenient time to end lunch service: 1 = 2:00 p.m. 2 = 2:30 p.m. 3 = 3:00 p.m. 4 = other than 1-3 above
24	Code for convenient time to begin dinner service: 1 = 4:30 p.m. 2 = 5:00 p.m. 3 = 5:30 p.m. 4 = other than 1-3 above

<u>For Columns</u>	<u>Explanation</u> (of single digit code)
25	Code for convenient time to end dinner service: 1 = 6:30 p.m. 2 = 7:00 p.m. 3 = 7:30 p.m. 4 = other than 1-3 above
26	Code for "Are current cafeteria hours convenient for you?" 1 = yes 2 = no
27 - 33	Code for "Where else do you eat . . ." 0 = no response 1 = positive response
27	Fegan Snack Shop
28	Women's Committee Lunch Shop
29	Children's Inn-Restaurant
30	Children's Inn-Cafeteria
31	Other hospital cafeteria
32	Harvard University Food Service
33	Other
34	Code for "In what way(s) do you prefer other places . . ." 1 = quiet (noise factor) 2 = atmosphere/decor 3 = alcoholic beverage served 4 = menu selection 5 = quality of food 6 = portion size 7 = menu pricing 8 = other than 1-7 above
35 - 50	Code for menu selection frequency: 1 = "more" response 2 = "less" response 3 = "as now" response
35	Lunch-Diet items
36	Whole meat entrees
37	Fish entrees
38	Casseroles
39	Sandwiches
40	Salad platters
41	Health foods/vegeterian dinners
42	Ethnic foods

<u>For Columns</u>	<u>Explanation (of single digit code)</u>
43	Dinner-Diet items
44	Whole meat entrees
45	Fish entrees
46	Casseroles
47	Sandwiches
48	Salad platters
49	Health foods/vegetarian dinners
50	Ethnic foods
51	Code for "Would you prefer more whole meat entrees . . ." 1 = "yes" response 2 = "no" response
52	Code for "Would you prefer having larger portions . . ." 1 = "yes" response 2 = "no" response
53 - 60	Code for response to "take out" question 0 = no response 1 = positive response
53	Soup
54	Salad platter
55	Garden salad
56	Sandwich
57	Hot entree
58	Baked dessert
59	Other
60	None
61 - 64	Code for "food service preferences" 1 = Salad bar 2 = Pre-wrapped food counter 3 = Short-order grill 4 = Deli-style sandwich counter
61	First choice
62	Second choice
63	Third choice
64	Fourth choice
65	Code for "Do you usually eat" 1 = alone 2 = with 1 or 2 others 3 = with 3 or more
66	Circled rating for "current hours of service"
67	Circled rating for "menu selection"
68	Circled rating for "food presentation"

<u>For Columns</u>	<u>Explanation</u> (of single digit code)
69	Circled ratings for "noise level"
70	Circled ratings for "waiting lines"
71	Circled ratings for "general atmosphere"
72	Circled ratings for "indoor seating"
73	Circled ratings for "outdoor seating"

APPENDIX F

COBOL CODING FORM

VITA¹

John Henry Wills

Candidate for the Degree of

Master of Science

Thesis: JUSTIFICATION FOR RENOVATION OF THE CHILDREN'S HOSPITAL MEDICAL CENTER CAFETERIA

Major Field: Food, Nutrition and Institution Administration

Biographical:

Personal Data: Born March 21, 1942.

Education: Received Bachelor of Arts degree from Michigan State University, East Lansing, Michigan, December, 1964; attended Babson College, Wellesley, Massachusetts, 1975; completed the requirements for the Master of Science degree in Food, Nutrition and Institution Administration, Oklahoma State University, July, 1977.

Professional Experience: Various management positions; The Stouffer Foods Corporation, Cleveland, Ohio, November, 1964 to March 1968; Assistant Director of Residence Halls Food Service, Oklahoma State University, Stillwater, Oklahoma, May, 1968 to December, 1973; Food Service Administrator, The Children's Hospital Medical Center, Boston, Massachusetts, January, 1974 to present.

Professional Organizations: American Society of Hospital Food Service Administrators, Massachusetts Hospital Food Service Director's Administration, Massachusetts Restaurant Association, National Association of College and University Food Services.