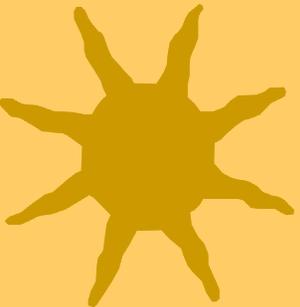
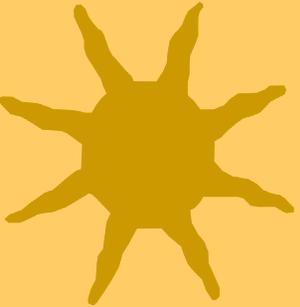
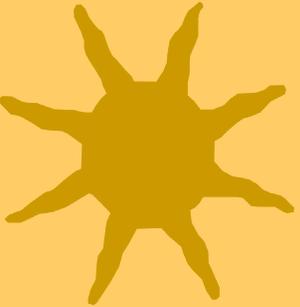


Nutrition Care Activities Report

BNCOC
Nutrition Care Branch
AMEDDD Center & School
Ft. Sam Houston, TX
(210) 221-3466



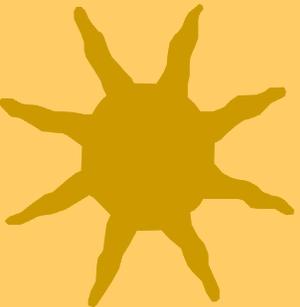
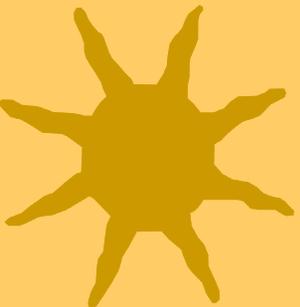
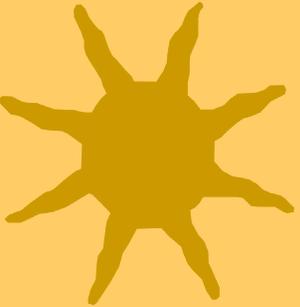
Background



- ★ May 1997
- ★ Developed corporate nutrition care strategic plan linked to the AMEDD strategic plan
- ★ Addressed all dietetic professional and leadership activities
- ★ Benchmarking program was one of the established goals of the plan.



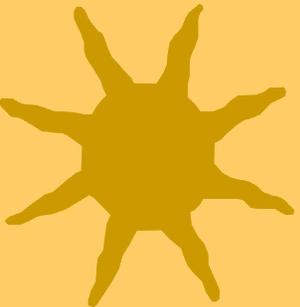
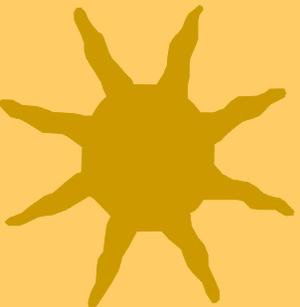
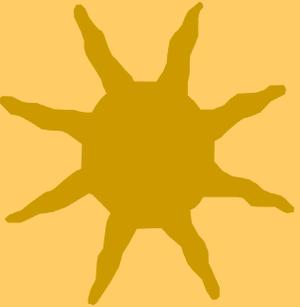
Benchmarking



- ★ The MEDCOM Benchmarking Analysis (MBA) program
 - Evaluates operational efficiencies
 - Establishes corporate guidelines and standards for performance and staffing (clinical and food service operations).
 - Shows trending and statistical analysis
 - Lists the best demonstrated practices (BDP).
- ★ MEDCOM uses the data
 - To review operations from a corporate perspective
 - To compare Army nutrition care productivity statistics to standards within the civilian industry.
 - To assist commanders in providing the best services in the most efficient manner possible.



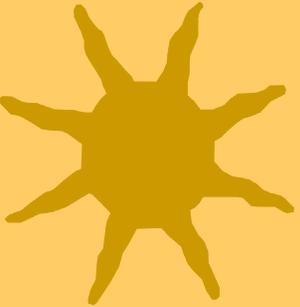
Terminal Learning Objective



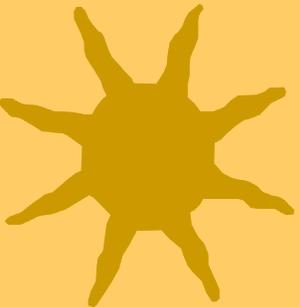
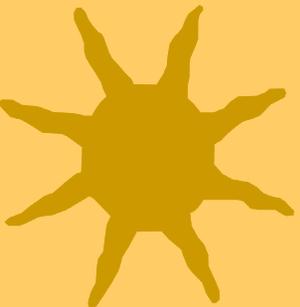
- ★ Given the Nutrition Care Activities Report, demonstrate understanding by completing practical exercises on data entry, meal equivalent, and data interpretation using TC 8-502, “Nutrition Care Operations”, Chapter 18.



Data Entry Information

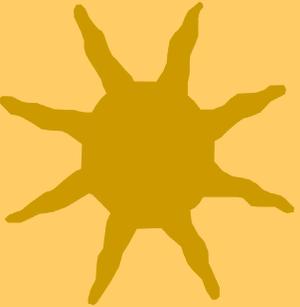


- ★ Spreadsheet format – MC696
- ★ Each field described
- ★ Consistency between Medical Treatment Facilities
- ★ Sent in monthly



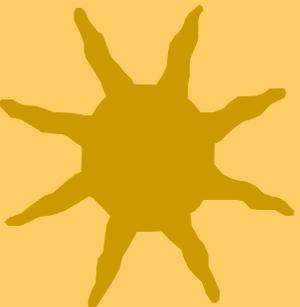
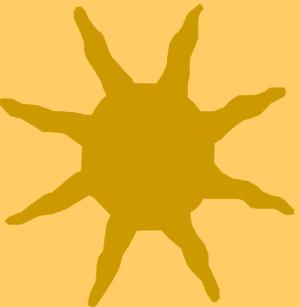


Report Heading



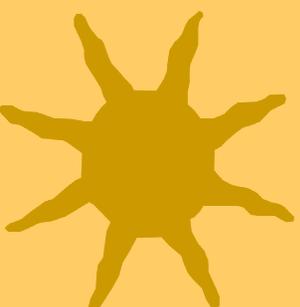
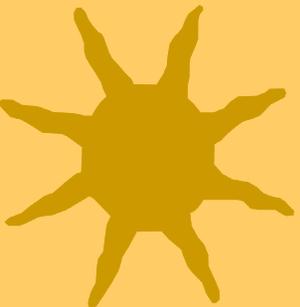
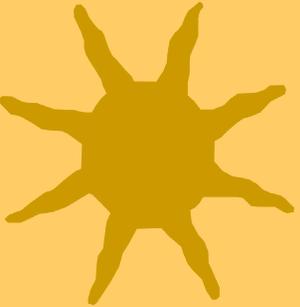
★ FY

★ Name of Facility





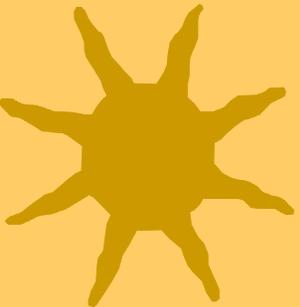
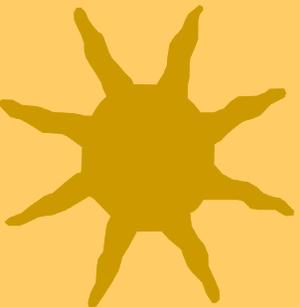
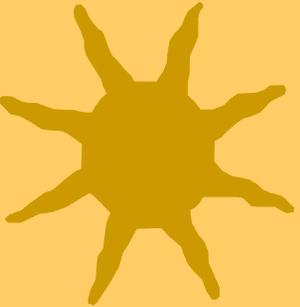
Meal Transactions



- ★ The number of meals served in each of the customer categories.
 - Patients: The actual number of patient meals served to patients
 - Meal Card Holders (SIK): The number SIK transactions served to military members with meal cards as indicated from your cash register report.



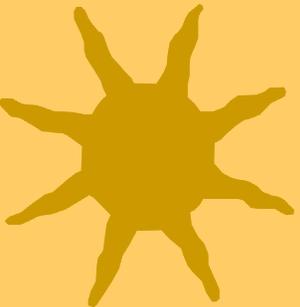
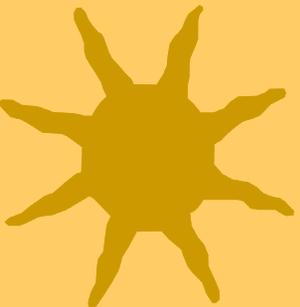
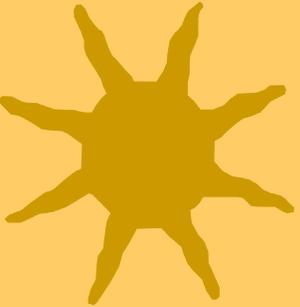
Meal Transactions



- Cash: The number of cash customer Transactions as indicated from your cash register report.
- Total Transactions: This entry automatically calculated (Patients + SIK + Cash transactions)



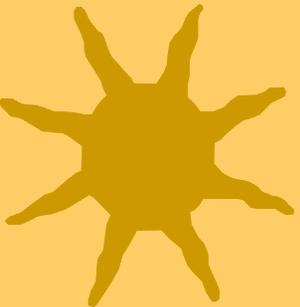
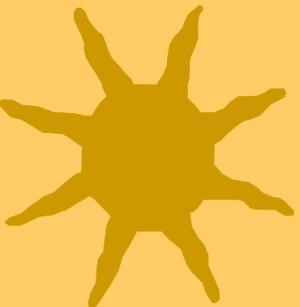
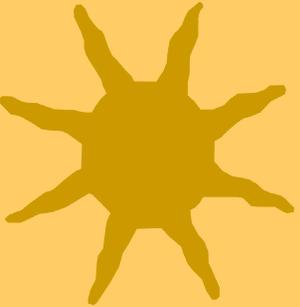
Total Meal Days



- ★ Enter the number of meal days.
- ★ Note: A meal day is equivalent to the Army accounting term “ration.”
- ★ Manual calculation: Daily meals served cafeteria [Weighted factor for each meal period {B = 20% L = 40% D = 40%} + Patient Meal Days].



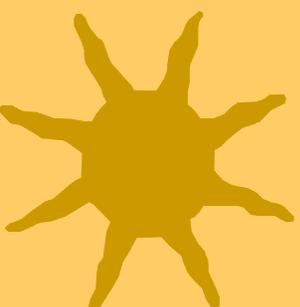
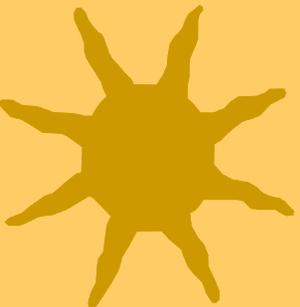
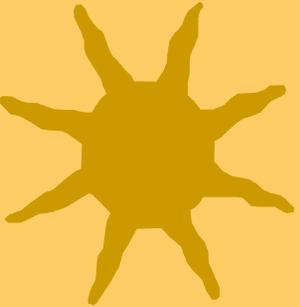
Total Meal Days PE



	Cafeteria Meals	Weighted Meal Day	Patient Meals	Weighted Meal Day	Total Meal Day
B 20%	120	24	42	8.4	
L 40%	450	180	38	15.2	
D 40%	275	110	50	20	
	Total Cafeteria	314	+ Total Patient	43.6 =	357.6



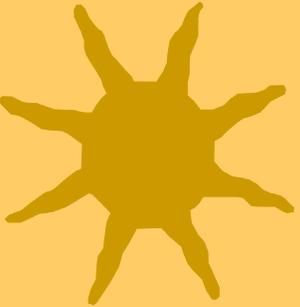
Patient Meal Days



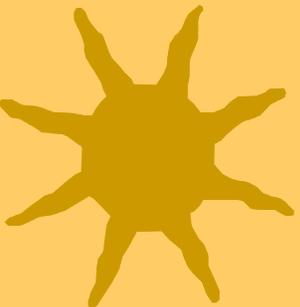
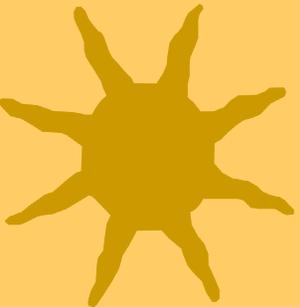
★ Total patient day census minus bassinets (Occupied Bed Days).



Meal Equivalent

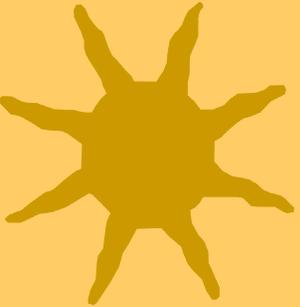


★ The cost of a pre-determined standard meal.



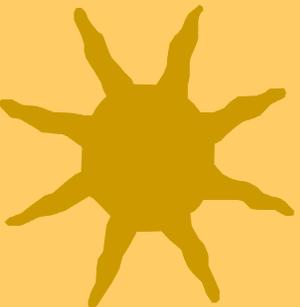
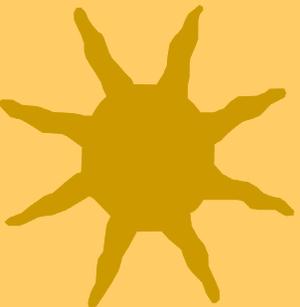


Meal Equivalent Factor Products



★ Product Definition:

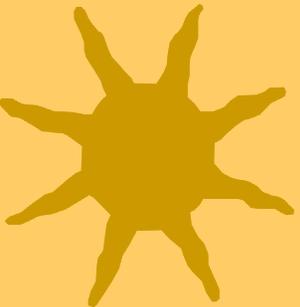
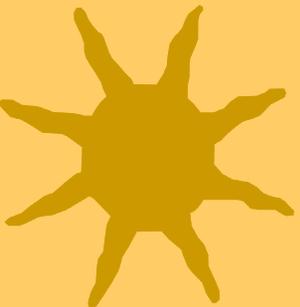
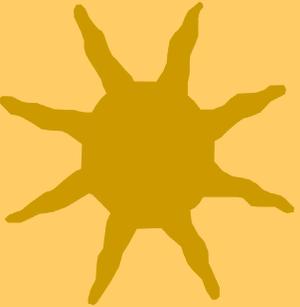
- **Chicken Breast:** 5oz of the most commonly served chicken breast.
- **Mashed Potato:** This is a 4oz serving of mashed potatoes. If you cost average starches, input the raw food cost of the cost averaged product.
- **Green Beans:** 4oz of green beans. If you cost average vegetables, input the raw food cost of the cost averaged product.
- **Small Salad:** This should equal 4oz of salad if you sell it by the ounce. It would mean the small salad or side salad if they are sold by container.





Meal Equivalent Factor Products

Cont.

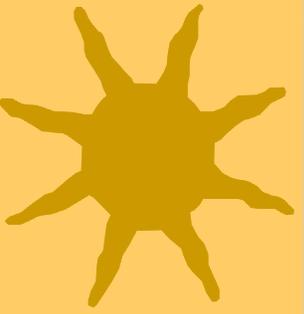
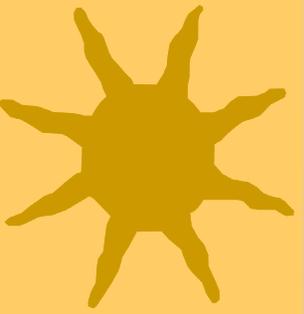
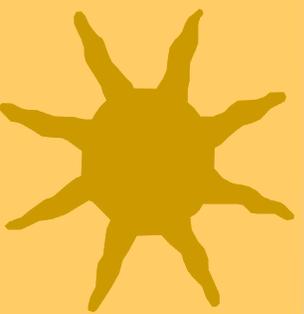


-
- **Piece of fresh fruit:** It should be the cost of a single piece of fresh fruit. If you cost average fruits, input the raw food cost of the cost averaged product.
 - **12oz Soda:** This should be calculated based on the per ounce cost of your sodas. Some facilities sell by cup size and do not have a 12oz serving. These sizes can easily be converted to a 12oz serving by creating a recipe in NMIS for that size. If you only sell canned soda then you should footnote it because it will normally cost more than the fountain sodas.



Meal Equivalent Factor Worksheet

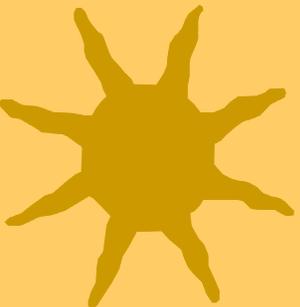
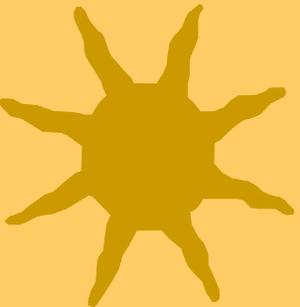
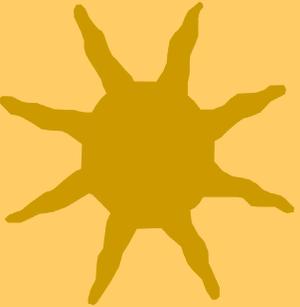
(How to complete the worksheet)



FOOD ITEM	RAW FOOD COST	SELLING PRICE (Raw cost x 1.2 x 1.33)
Chicken Breast Entrée (5 oz)	\$0.80	\$1.30
Mashed Potato (4 oz)	\$0.10	\$0.20
Green Beans (4 oz)	\$0.25	\$0.40
Small Salad (4 oz)	\$0.46	\$0.70
Fresh Fruit (small)	\$0.29	\$0.50
Fountain Soda (12 oz)	\$0.19	\$0.30
Meal Equivalent Totals	\$2.09	\$3.40
		NOTE: 1.20 is the condiment charge; 1.33 is the surcharge



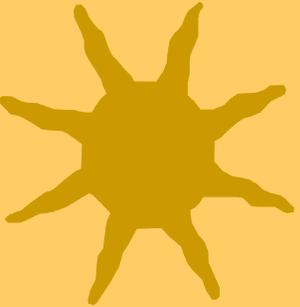
Account Status



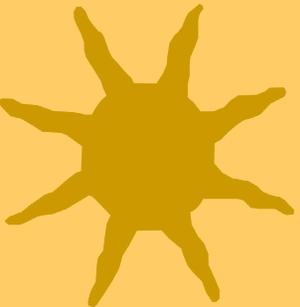
- ★ **MTF BDFA:** The authorized monetary value of a meal day as provided through the area TISA/Food Service Advisor or through the internet web site at <http://www.quartermaster.army.mil/aces/BDFA>.
- ★ **Patient BDFA:** The authorized monetary value of a meal for patient meal reimbursement. 1.15 x BDFA



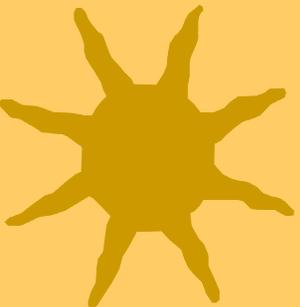
Account Status Cont.



★ **Purchases:** The dollar value of subsistence (food) received for the month.



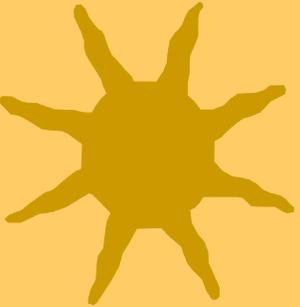
★ **Revenue:** Total Subsistence Earning (Earned Income) This includes revenues earned from SIK and Patient BDFA reimbursements and cash collections.



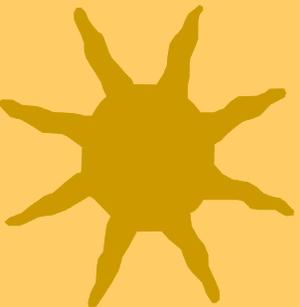
★ **Surcharge Collections:** Is money collected in the dining facility to offset operating expenses.



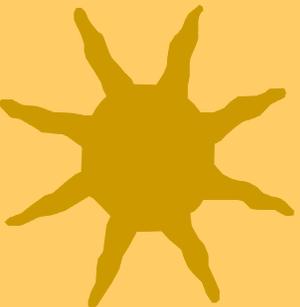
Account Status Cont.



★ **Total Revenues:** the total income from Subsistence Earning and Surcharge.

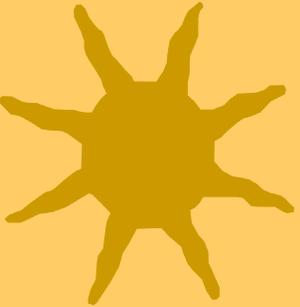


★ **Amount Overspent (+) or Underspent (-) (Purchases minus Earnings):** It is a statement of profit or loss. It is the Purchase-Total Revenues.

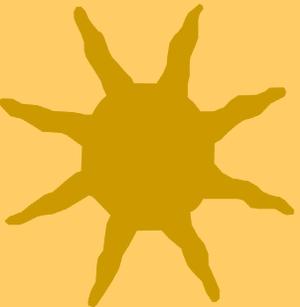




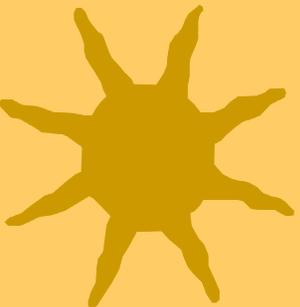
Account Status Cont.



★ **Opening Inventory:** The value of food held in inventory at the beginning of the reporting month.



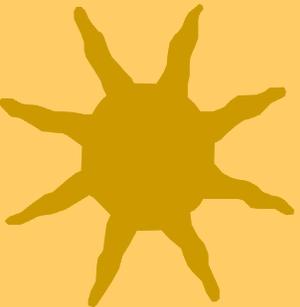
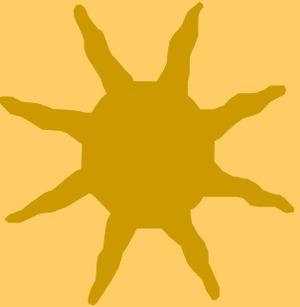
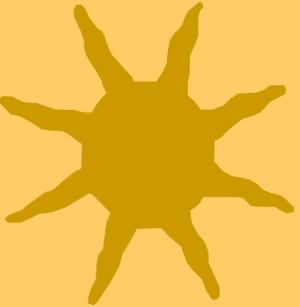
★ **Closing Inventory:** The value of food held in inventory at the end of the reporting month.



★ **Amount overspent or under spent after inventory adjustments:** automatically calculated on spreadsheet. Formula =
 $(\text{purchases} - \text{total revenue}) + (\text{opening inventory} - \text{closing inventory})$



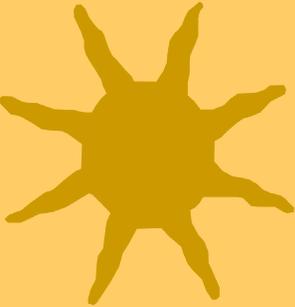
Labor Cost



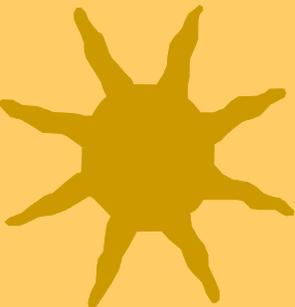
- ★ **Clinical:** perform MNT, nutrition counseling and intervention and screening for the majority of their work day.
- ★ **Non Clinical:** working in NCD but not categorized as clinical.
- ★ **Military:** military base pay + 24% benefits for all dietitians (65C) and hospital food service specialists (91M).
- ★ **Civilian:** hourly wage x number of hours worked + 24% benefits + overtime, holiday pay, and Sunday premium
- ★ **Total Labor = Military clinical + military non clinical + civilian clinical + civilian non clinical**



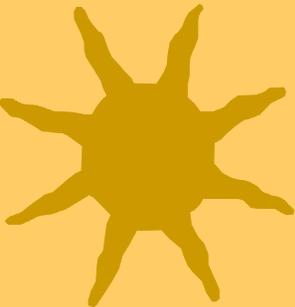
Additional Costs



★ **Nutritional Supplements:** Cost of all nutritional supplements provided to inpatients.



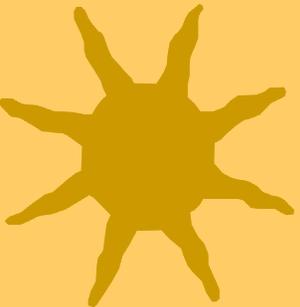
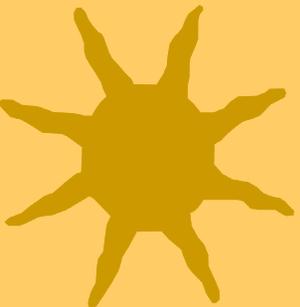
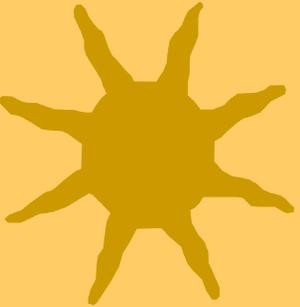
★ **Supply Costs:** Cost of all non-food supplies less CEEP and MEDCASE items.



★ **Contract Costs:** Any contractual service costs or Activity Based Costing (ABC) charges.



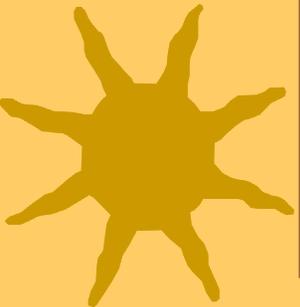
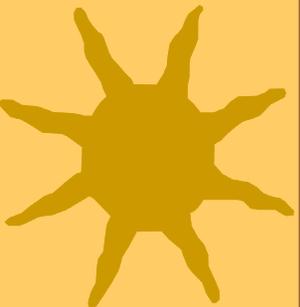
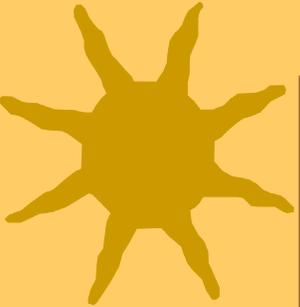
Staffing



- ★ Number of each category that are authorized and assigned.
- ★ Does not take into consideration any military deployments.
- ★ Civilian FTE = 40 hour work week.
- ★ Part-time and intermittent employees are figured by number of hours worked per week divided by 40.



Readiness

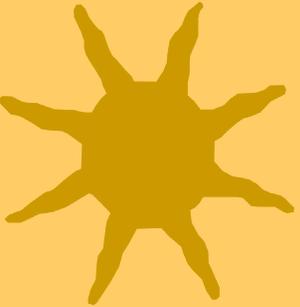


★ Number of officers and/or Enlisted Members involved in:

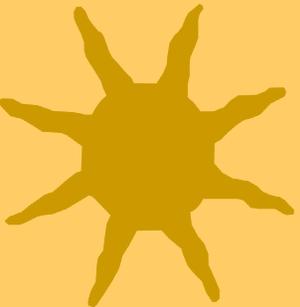
- Deployment
- Training Exercises



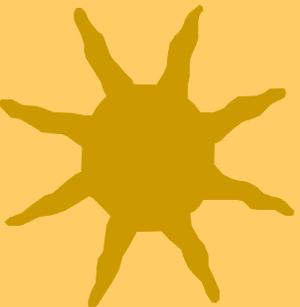
Clinical Data



★ **Outpatient Visits:** Is the total number of outpatient visits reported to PAD, usually through CHCS



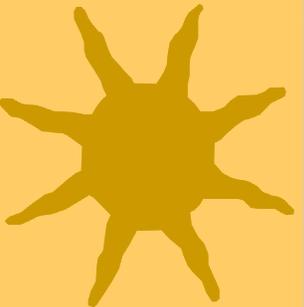
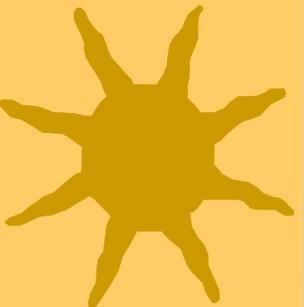
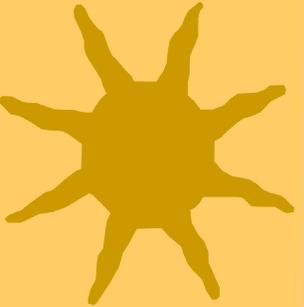
★ **Cost per Clinic Visit and Visits per FTE :** on EAS IV repository report from MEPRS office



★ **Inpatient Relative Value Unit (RVU):** Is the number of inpatient visits weighted by complexity of therapy



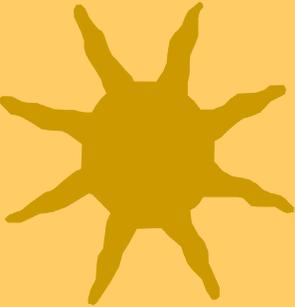
What does it all mean?



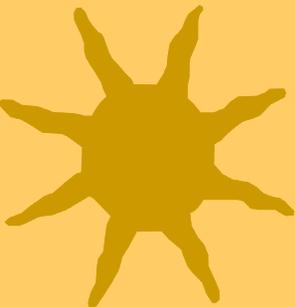
- ★ Time for benchmarking
- ★ Analyze operating efficiencies or performance indicators
- ★ GOAL = Continuous Improvement



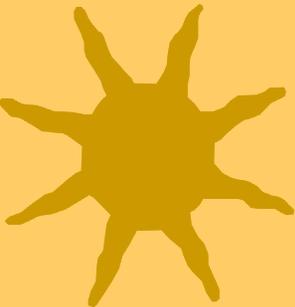
Performance Indicators



Divide cost as stated by the number of meal equivalents (total revenue ÷ meal equivalent factor)



★ **Total Cost per Meal:** Food cost + Labor Cost + Supplement Cost



★ **Adjusted Cost per Meal:** Food cost + Supply Cost + Labor Cost + Supplement Cost – Total Revenues

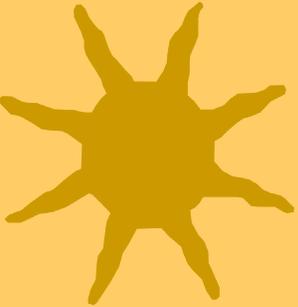
★ **Food Cost per Meal:** Food Cost

★ **Labor Cost / Meal:** Labor Costs

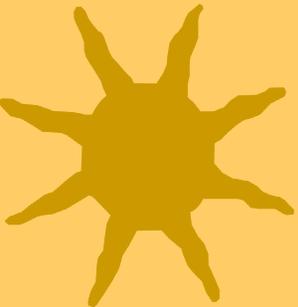
★ **Supply Cost per Meal:** Supply Cost



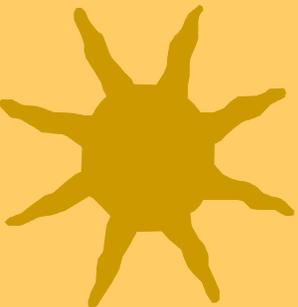
Troubleshooting



BOTTOM LINE – decrease costs or increase revenues to reach performance indicators.
Here's how:

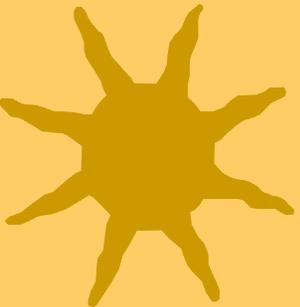
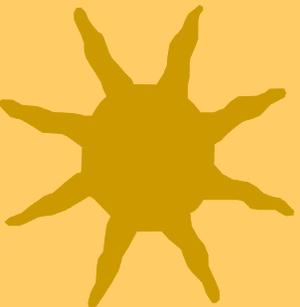
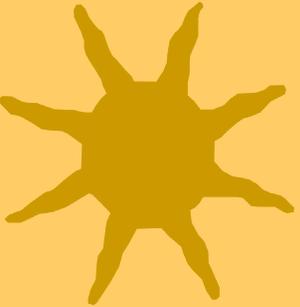


- ★ Total costs – affected by food, labor, supply and/or supplement costs
- ★ Adjusted cost per meal equivalent -increase the volume of patrons
 - Extend your hours for self-serve in the dining facility
 - Solicit and implement ideas from your customers to increase patronage





Troubleshooting

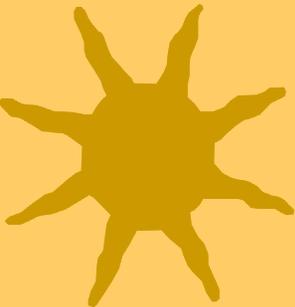
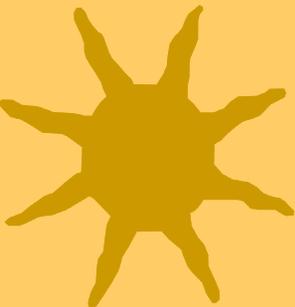
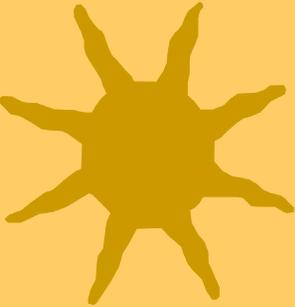


★ Food Cost per meal equivalent

- Ensure all recipes are accurate
- Practice portion control
- Inventory control
- Update NMIS pricing
- Waste control
- Staff meals
- Shop around



Troubleshooting

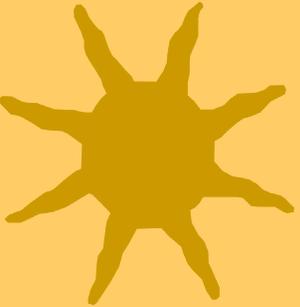


★ Labor Cost per meal equivalent

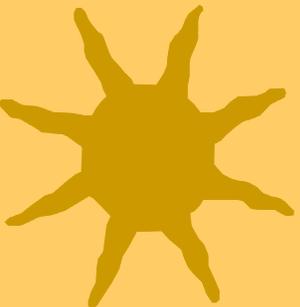
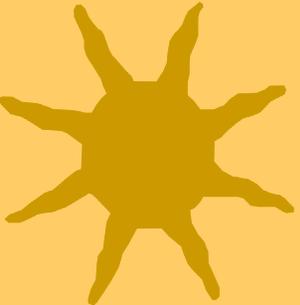
- Minimize use of overtime
- Reevaluate the need to rehire
- Ensure staff is scheduled appropriately
- Ensure pay grades actually reflect required workload
- Consider part-time instead of full-time employees
- Crack down on sick leave abuse



Troubleshooting

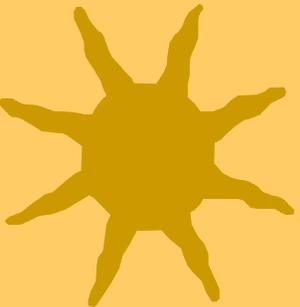
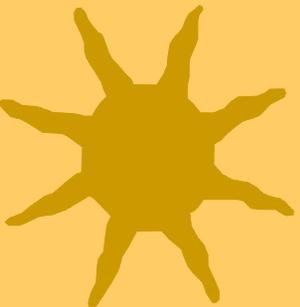
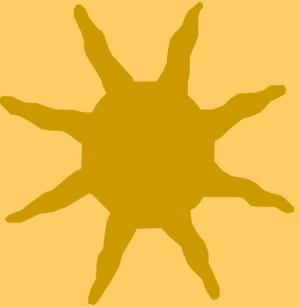


- ★ Supply cost per meal equivalent
 - Buy in volume
 - Shop around for lowest cost
 - Use china instead of paper
 - Decrease loss of silverware & china





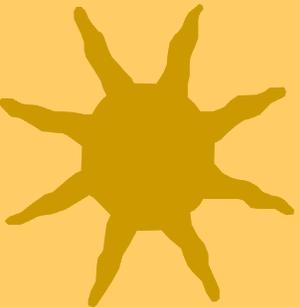
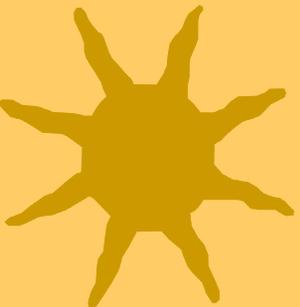
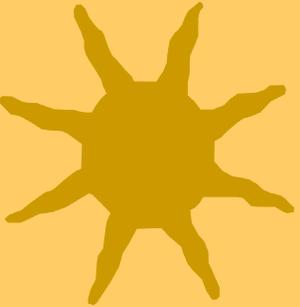
Case Study



- ★ USA MEDDAC Hospital has a high cost per meal. In examining options to reduce the cost per meal, the following factors are reviewed:
- ★ Current status:
 - Total Revenue = \$900/ Meal Equivalent Factor of \$3.00 = 300 meals served
 - Labor Costs(\$300) + Food Costs (\$200) + Supply costs (\$100) = Total Costs \$600
 - \$600.00 costs/300meals = \$2.00 per meal



Case Study cont

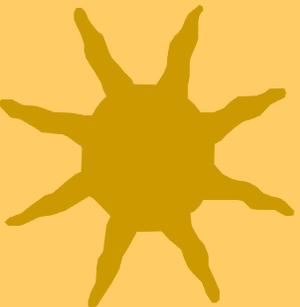
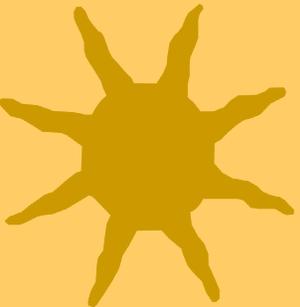
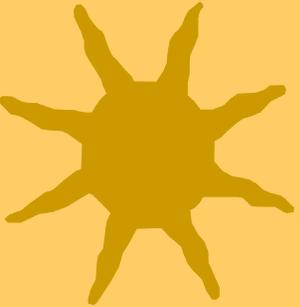


- ★ Change labor costs: Labor costs decrease due to release of cook and shifting labor to an under employed PTS employee.
 - Total Revenue = \$900/ Meal Equivalent Factor of \$3.00 = 300 meals served
 - Labor Costs(\$230) + Food Costs (\$200) + Supply costs (\$100) = Total Costs \$530
 - \$530.00 costs/ 300 meals = \$1.76 per meal



Case Study cont

- ★ Change food costs: Meal equivalent changes because you ordered a lower cost chicken breast.
 - Total Revenue = \$925/ Meal Equivalent Factor of \$2.50 = 370 meals served
 - Labor Costs(\$300) + Food Costs (\$150) + Supply costs (\$100) = Total Costs \$550
 - \$550.00 costs/ 370 meals = \$1.48 per meal





Summary

- ★ Prepare Nutrition Care Activities Report monthly
- ★ Understand each data field for correct input
- ★ Compare data by benchmarking
- ★ Analyze ways to improve performance

