The implementation of a PPP Model in Providing Hospital Food Services

By: Vivian Wong
New Territories West Cluster Coordinator
(Hospital Food Services)
Background

- Outdated facilities
  - From 1950’s
  - Operational issues
    - Inefficient in providing required output
    - Inadequate to comply with the modernizing quality and sanitary standards
  - Financial issue
    - Costly to repair, maintain, and refurbish
Background

- Jacob & IBM Consultancy Reports
  - Confirmed operational and financial issues hospital management experienced
- Needs for modernization
  - Status Quos
  - Existing distributed facility remodeling
  - Central Production Unit (CPU)
  - Public Private Partnership (PPP)
Re-conceptualizing Hospital Catering Services

Objectives
- Re-focus on core competency
- Streamline operations
- To adopt a modern technology for the provision of a high level catering service

Constraints
- Financial
- Human resources
PPP Process Overview

Feasibility Study
- Identify problem/s
- Select solution
- Devise overall planning

Catering Service Analysis
- Understand as-is system
- Identify improvements
- Develop concepts for the to-be system

Catering Service Redesign
- Identify key performance indicators (KPI)
- Design new operations for the processes
- Identify changes required to other organization processes

Implementation
- Select vendor partner
- Installation and configuration of new technologies
- Training
- Testing
PPP Process Overview

Understand the as-is system
- Minimal information gathering
- Superficial process modeling

Identify improvements
- Outcome analysis
- Breaking assumptions
- Technology analysis
- Activity elimination
- Proxy benchmarking
- Process simplification

Develop concept for the to-be system
- Extensive information gathering
- Detailed to-be process model
- Detailed to-be data model
Before and After ‘Right-Sizing’

- General Mgr.
- Catering Manager
- Supervisor
- Procurement
- Production Crew
- Repair & Maintenance
- Ward Staff
- Supporting Staff
- Portering Staff
- Vendor Partner
The New Technology: Cook-Chill Cold-Plating Production

- Production scheduling
- Bulk cooking
- Tumble chilling
- Meals to wards
- Re-therming
- Cold plating
Sanitary and Efficiency

Before Renovation

After Renovation
More Sanitary and Efficiency

Washing Facility

Dish Washing Machine
Overall Improved Meal Service

Meal delivery to & at wards
Improved Patient Satisfaction as Value Added
Compliance of Financial Constraints

- The expensive cost of capital outlay $31.5 million was funded by the incoming vendor partner.
- Saving of operating costs $4.1M per year.
- Maintaining the cost per meal at an affordable level.
  - Before $14.28 per meal
  - After $13.55 per meal
Critical Success Factors for Organizational Change

- Top Management buy-in and commitment
- Good project management
- Thorough mastery of Clinical setting and service requirements, well specified KPIs
- Good communication and Internal Engagement
- Transparency in personnel deployment
- Support and training
Thank You!