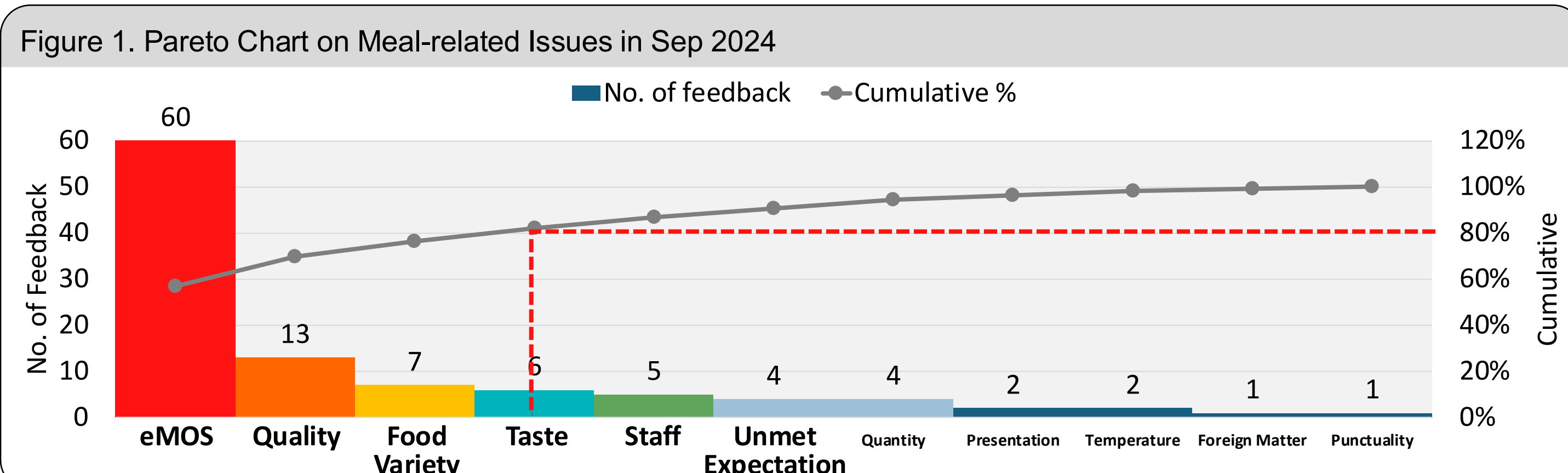


### INTRODUCTION

St. Andrew's Community Hospital (SACH) is a service under the St. Andrew's Mission Hospital group. In addition to inpatient rehabilitation, subacute and palliative care, SACH also operates home care and home palliative care, centre-based day and rehabilitative care, and outpatient and migrant worker clinics.

Hospital meals play a crucial role in patient recovery. However, the quality of these meals, including their variety, presentation, and appeal, often falls short of expectations, resulting in the increase in feedback on meal-related issues.

Following the change of food service vendor, these negative feedback rose from a monthly average of seven (Jan – Aug 2024) to 105 in Sep 2024. As shown in the Pareto Chart (Figure 1), **system errors** had the biggest impact on the patients, followed by **meal quality, food variety and taste**.



### GOAL

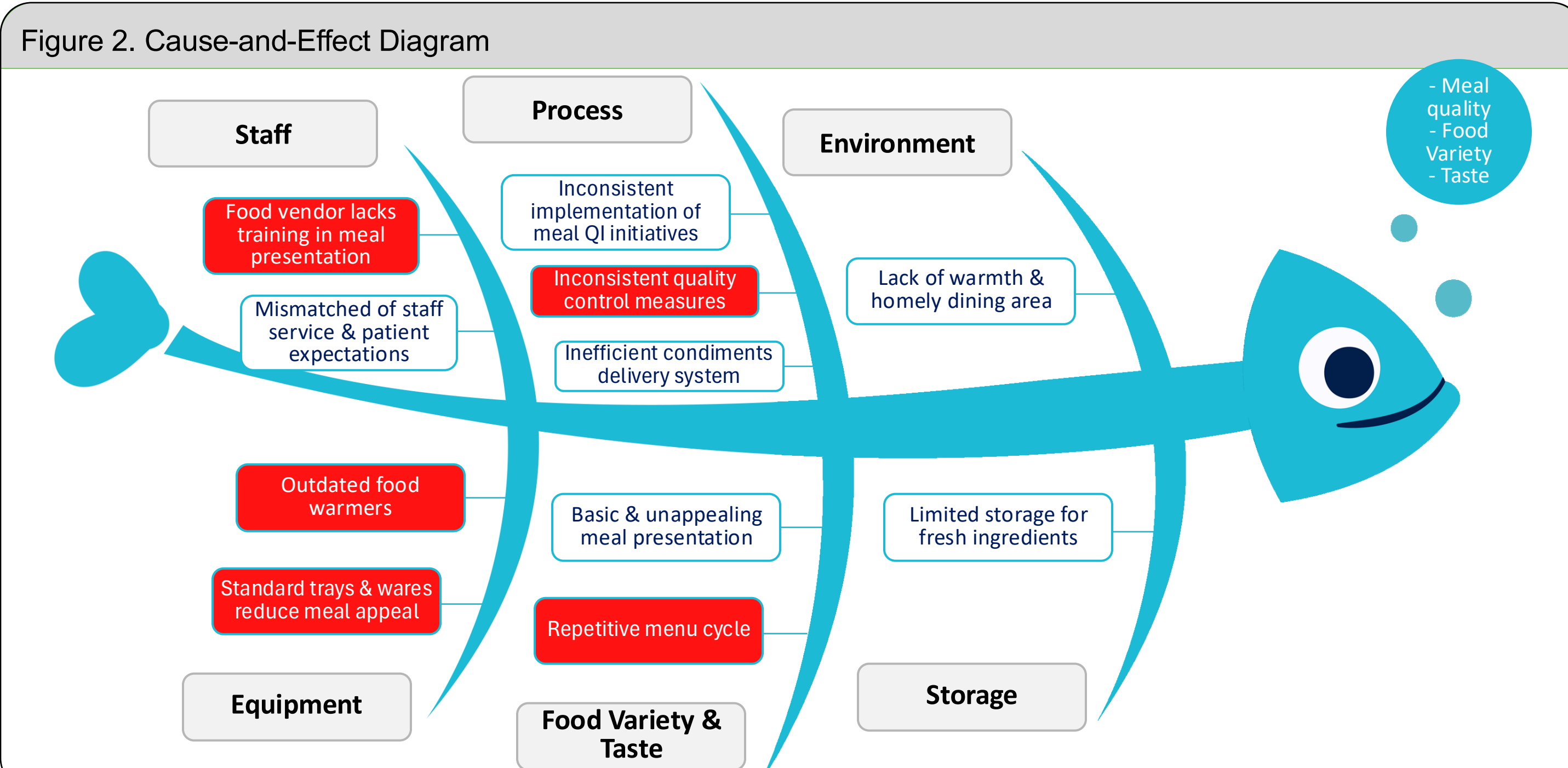
To reduce meal-related feedback by **90%** from **105 per month** to **10 per month** in 5 months from **Oct 2024 to Feb 2025**.

### PROBLEM ANALYSIS

During the onboarding of a new food vendor, system errors arose where new or modified orders were not captured. To streamline meal ordering and improve accuracy, an internal **electronic Meal Ordering System (eMOS)** was developed to replace the vendor's system.

Using a **Cause-and-Effect Diagram** (Figure 2), the following root causes were identified:

- Staff:** Lack of kitchen staff training in plating techniques, colour variety and garnishing, leading to visually unappealing meals that do not meet patient expectations.
- Process:** Inconsistent vendor quality control, resulting in variability in meal standards.
- Equipment:**
  - Use of unappealing serving ware and lackluster food presentation, diminishing the overall dining experience.
  - Reliance on outdated food warmers, impacting meal temperature and overall food quality.
- Food Quality & Presentation:** Repetitive menu cycles limited food variety, while inefficient condiment distribution affected patient taste preferences.



### IMPLEMENTATION PLAN

Figure 3. Developed an internal eMOS system, improving meal ordering and accuracy.

Order D	Wk	Class	Islam	Texture	Special Requ	Remarks (include)	PSA Info	Diet Choli	Breakfast M	Lunch Meal	Lunch St	Dinner Mea	Dinner St	Therapeutic Re
Mon, 24/03/915	C	Y	NA	Easy Ch	Non Spicy			porridge for lun	Mala	Malay	Malay	Por	Light	DM 1500 Low
Tue, 25/03/915	C	Y	NA	Easy Ch	Non Spicy			porridge for lun	Mala	Malay	Malay	Por	Light	DM 1500 Low
Wed, 26/03/915	C	Y	NA	Easy Ch	Non Spicy			porridge for lun	Mala	Malay	Veget	Por	Veget	DM 1500 Low
Thu, 27/03/915	C	Y	NA	Easy Ch	Non Spicy			porridge for lun	Mala	Porridge	Malay	Por	Light	DM 1500 Low
Fri, 28/03/915	C	Y	NA	Easy Ch	Non Spicy			porridge for lun	Mala	Malay	Malay	Por	Veget	DM 1500 Low
Sat, 28/03/915	C	Y	NA	Easy Ch	Non Spicy			porridge for lun	Mala	Veget	Malay	Por	Veget	DM 1500 Low
Sun, 29/03/915	C	Y	NA	Easy Ch	Non Spicy			porridge for lun	Mala	Malay	Malay	Por	Light	DM 1500 Low

**Before:** The system failed to capture new and changed orders.

**After:** Along with developing the internal eMOS, enhancements included colour coding for International Dysphagia Diet Standardisation Initiative (IDDSI) levels, diet types, and special requests, further reducing missing or incorrect meals. Issues were resolved by **Oct 2024**.

Figure 4. Provided Staff Training on Food Presentation

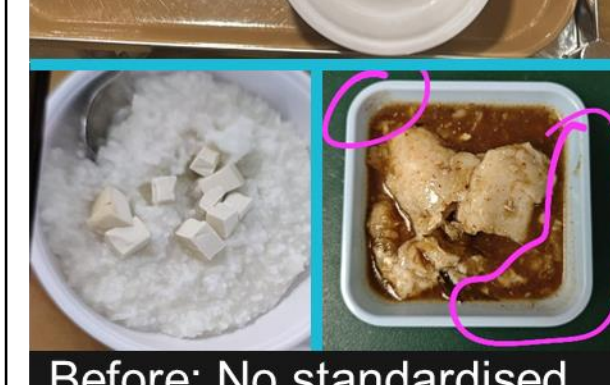


Figure 5. Implemented Regular and Consistent Quality Control Measures – 8/10/24



**Visual Quality Control:**  
Daily photo updates by the kitchen staff, audited by SACH Operations

Figure 6. (1) Upgraded the Meal Trays and Wares.  
(2) Printed Colourful Order Chits.

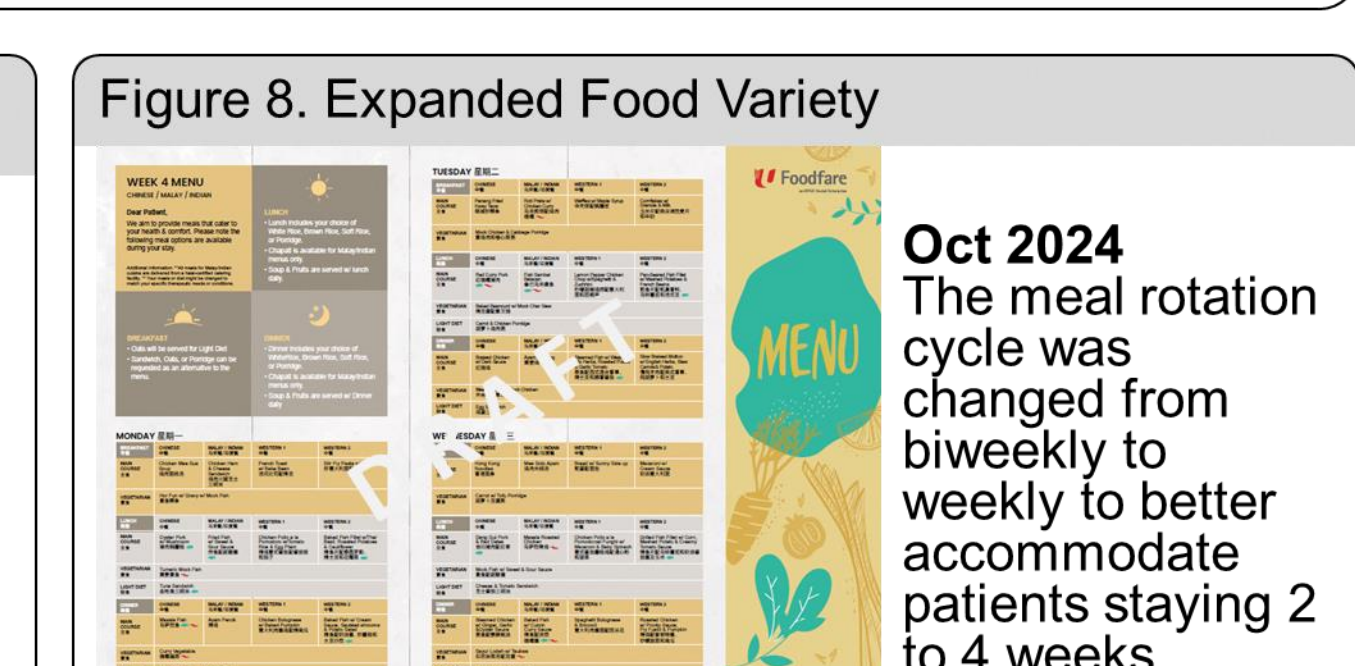
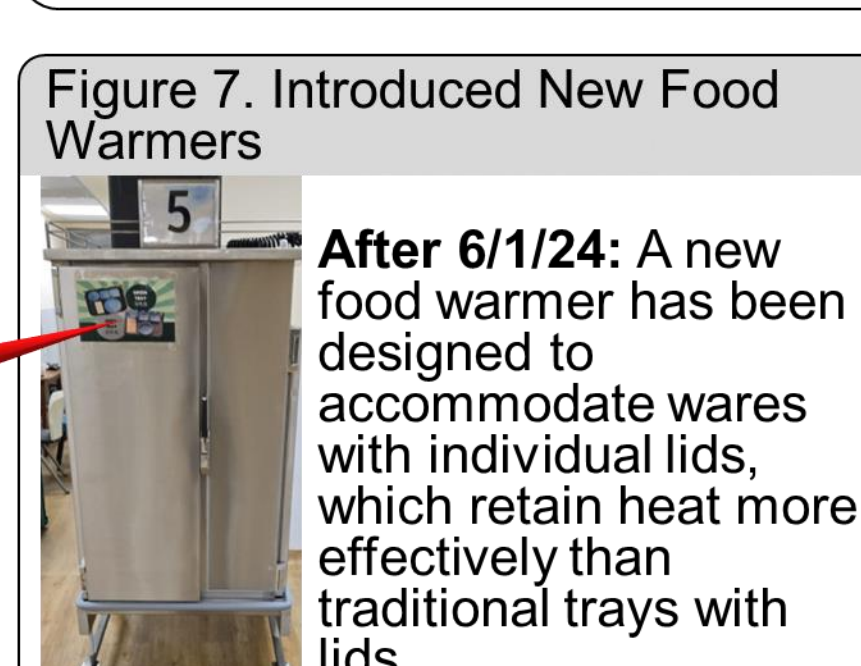
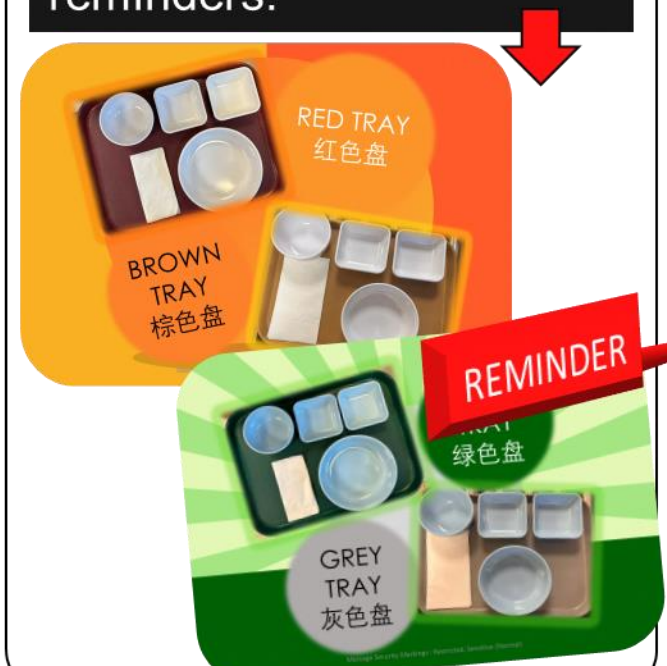
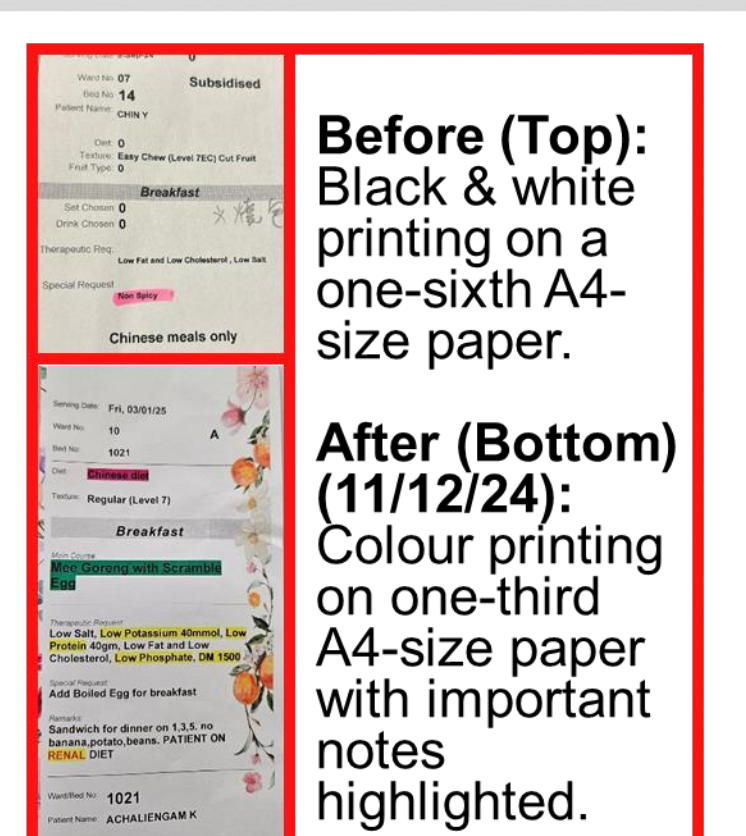
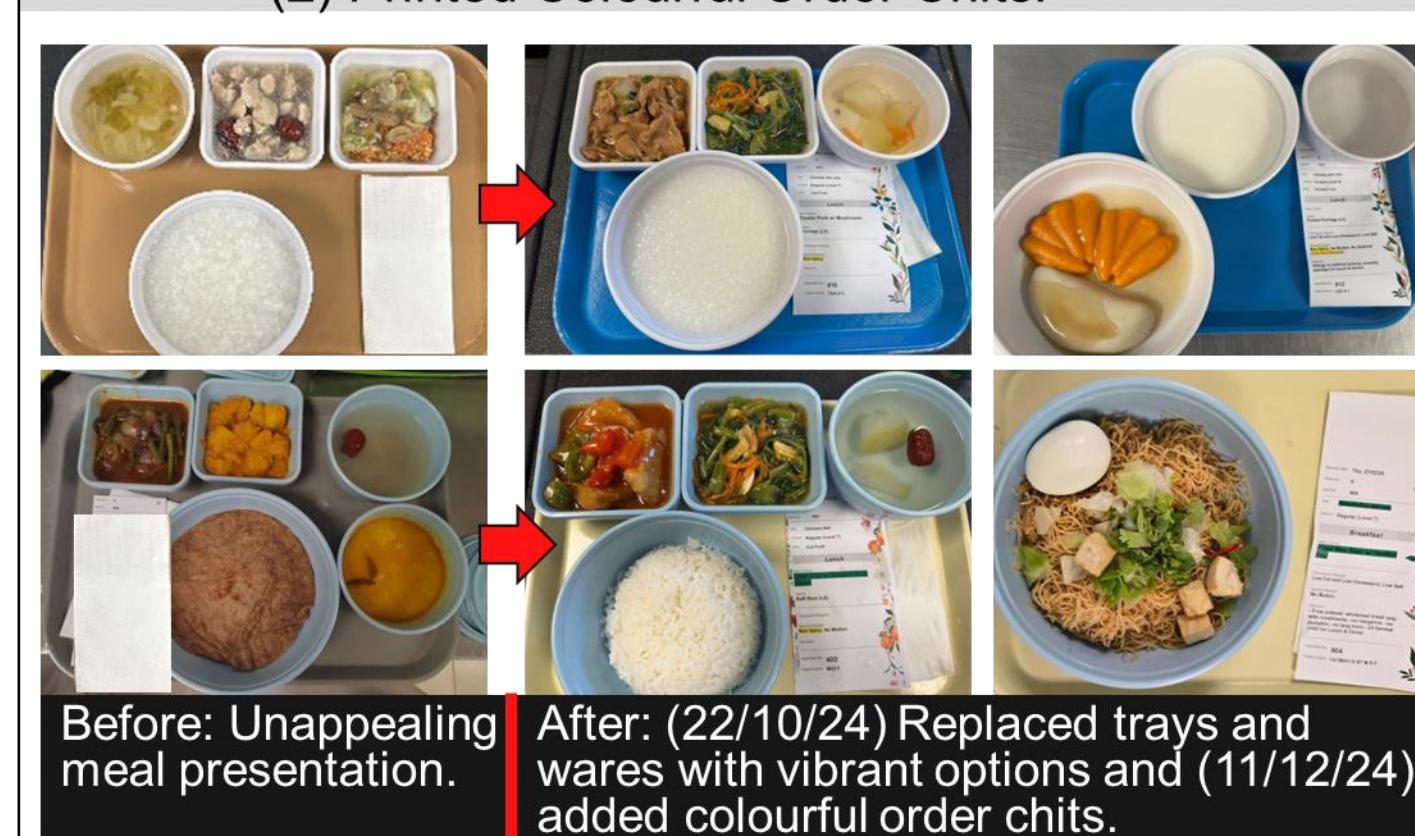


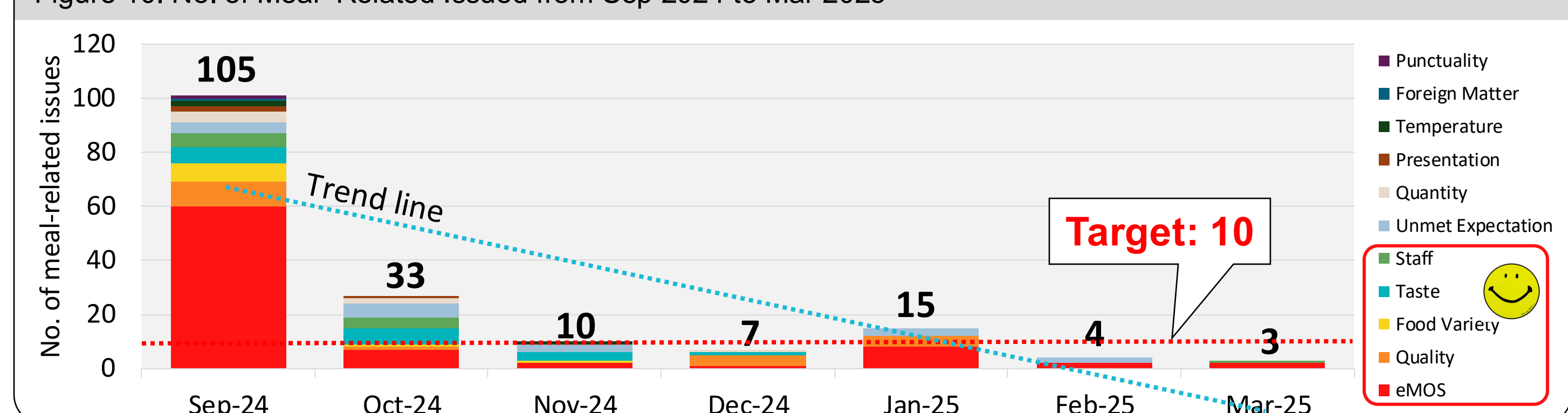
Figure 9. Streamlined Condiment Distribution



### RESULTS

The target of a 90% reduction in meal-related issues has been achieved. **System errors** from onboarding a new food vendor in Sep 2024 had the greatest impact on patients but were resolved by Oct 2024. Enhancements in **quality, food variety, taste** and **staff training** significantly reduced meal-related issues by Feb 2025.

Figure 10. No. of Meal-Related Issued from Sep 2024 to Mar 2025



### SUSTAINABILITY & REFLECTIONS

Sustaining the project required ongoing feedback and staff training. Regular surveys and chef visits monitored satisfaction, while quick improvements in meal presentation and condiment access resolved issues. Collaboration between SACH Operations, the food vendor, and ward staff ensured timely execution. Small changes like personalised meal chits, new wares, and easier condiment access had a big impact. Integrating these improvements into daily routines has ensured long-term meal quality consistency.