Recently, *Marion Healthy Living* went behind the scenes to witness the making of monstrous amounts of food at Munroe Regional Medical Center. They dish out over $3 million in food annually, and that got us wondering where it all goes. Here's a peek behind the curtain into a branch of the hospital not usually explored.

WRITTEN BY *Katie McPherson*
PHOTOS BY *John Jernigan*

Sitting in the office of Susan Briers, it doesn't take long to realize it's no ordinary workplace. The clanging of pots is punctuated by scuffling feet behind food carts. The smell of baking bread floats through the open door. An elevator hums on the other side of the wall, carrying servers to different floors to start the day's deliveries.

The office of Susan Briers, director of food & nutritional services, sits just outside the main kitchen of Munroe Regional Medical Center. Here they churn out over $3 million worth of food each year, and it's no simple process. She was kind enough to explain the entire production, start to finish, providing a behind-the-scenes glimpse of one very busy kitchen.

Munroe has 421 patient beds available, and while the patient population is always in flux, the kitchen is usually cooking for 320 or more.

"Some patients are here for surgery or are NPO (nothing by mouth)," she explains, "but we feed around 90 percent of the patients here on average."

Feeding the hospital at maximum capacity is a daunting task, but it isn't the only one assigned to Susan and staff. If it's served in Munroe, it comes from their kitchen. They dish out food for retail in the cafeteria and coffee shop located on Munroe's first floor to feed visitors and family members, and catered meetings, luncheons and volunteer meals are their responsibility as well.

A production such as this takes some serious orchestration. For a hospital in need of the ultimate conductor, Susan Briers is the woman for the job. She boasts 30 years of experience in the food services industry (12 of those in the health care field), and her résumé includes events at famous venues like the National Gallery of Art. From working in museums and high-end restaurants to college dining halls, she's seen it all.

"A lot!" Susan replies, when asked how much food comes out of the Munroe kitchen. "We spend about $3 million on food annually, not counting supplements and formula for TPN (total parenteral nutrition)."

With all that food, Munroe needs plenty of staff. There are about 80 food service employees total, and about 50 of them are present on a typical work day. The staff is made up of guest service specialists, dieticians, managers, cooks and servers working retail locations, catering events and serving patients.

When patients are admitted for care, often they receive a diet order from their physician.

"A diet order is like a prescription order," Susan states. "We all have to abide by it." This is especially important if new medications, like Coumadin, require some food groups get nixed. Munroe's dieticians help patients understand their new diets while reforming old eating habits.

"It's an opportunity for us to teach people how to eat well," Susan says.

It's these diet orders and health standards that Susan builds upon to create original recipes for future menus.

"Everything we put out is made from scratch, and we really analyze nutritional value," she says. Recipes are designed to cross over many different diets. It's standard practice to make meals low in sodium and fat to promote all-around health and simplify meeting the needs of the patient population at large. With this in mind, she crafts up new dishes and gets them ready to send to the kitchen.

At Munroe, it's out of the office and into the frying pan. New recipes are tested in the kitchen to make sure they're plausible, nutritious and delicious. The end product must be declared low sodium and low fat and turn out the same each time it's prepared. Lastly, the recipe undergoes a taste test. If the fledgling food cuts the mustard, Susan makes it an official member of the roster.

It's important that recipes be standardized so that, no matter the cook on duty, the end

Special Features

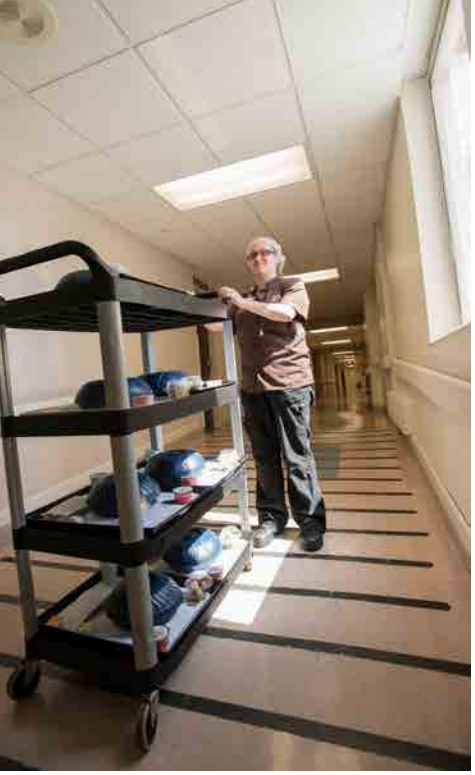
THREE MOST REQUESTED ITEMS: HOMEMADE BREAD PUDDING WITH CARAMEL, BROWNIES AND POUND CAKE WITH FRESH STRAWBERRIES

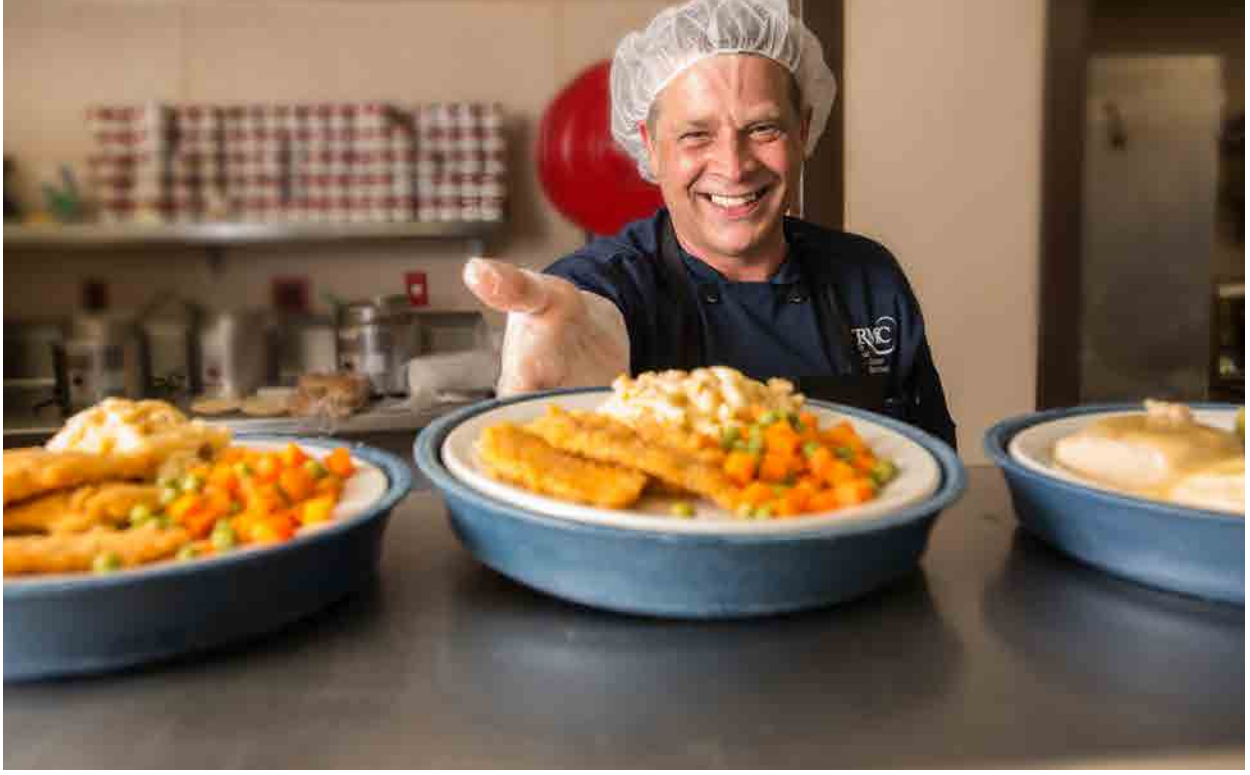
PATIENTS' FAVORITE MEAL: BAKED CHICKEN, SPINACH RICE, STEWED TOMATOES, GARDEN SALAD AND ORANGE CAKE

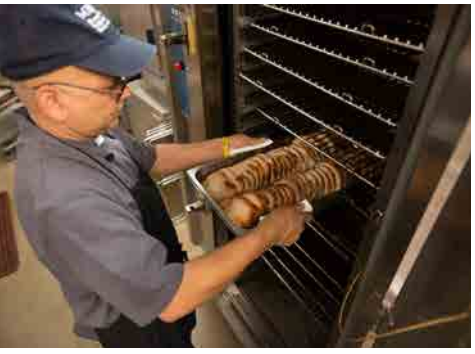
FAVORITE STAFF MOMENT: SHARING IN POSITIVE CUSTOMER COMMENTS AND CONGRATULATING THE PEOPLE WHO MADE THEM HAPPEN

NUMBER OF DIETS ACCOMMODATED: 44 THERAPEUTIC DIETS, NOT COUNTING CUSTOM DIET CHANGES BY PHYSICIANS

FAVORITE FESTIVE HOLIDAY FOODS: JULY 4TH GETS SPECIAL PICNIC-THEMED MENU OF GRILLED HAMBURGER, BAKED BEANS, GARDEN SALAD AND WATERMELON; LOW-FAT, LOW-SODIUM VERSION OF THANKSGIVING DINNER







product is always the same. To ensure this, chefs receive books of production sheets. These sheets list all the food to be made for a given meal as well as portion sizes, amount needed and, most importantly, the temperature the food must reach during cooking.

Munroe follows HACCP guidelines, or hazardous analysis of critical control points, which were originally set forth for quality control of food for astronauts to prevent food sickness in space. Critical control points are the points where food safety could be compromised, like heating and cooling. The space standards were adopted by Munroe to keep healing patients on the mend.

Once the recipe is finalized, a clinical nutrition manager enters the nutritional information of each recipe ingredient into a program called CBORD. Later, when patients make their menu choices, CBORD enforces their diet order by bumping any choices from their tray that aren't allowed.

Once a production sheet has been drafted up, recipes are introduced into the regular menu rotation. This is where Susan steps in. When it comes to menu creation she says "you have to juggle it." Menu design means bearing a lot of variables in mind.

First, recipes for patient menus and retail menus are laid out in spreadsheets and selected to be served as breakfast, lunch or dinner. Menus are planned for seven days at a time, each individually organized and then compared to the other. This ensures that the kitchen staff can accomplish both demands simultaneously with the available equipment.

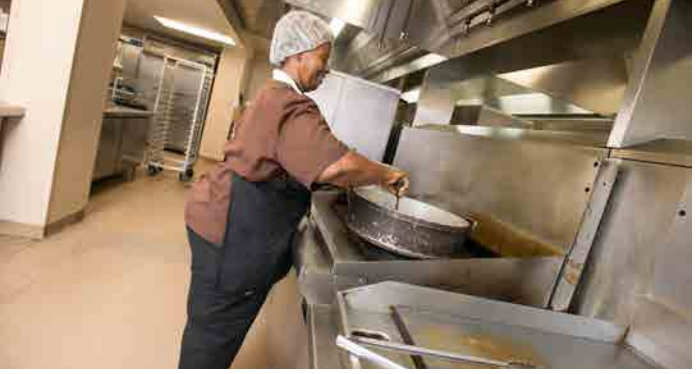
"Have you ever watched someone cook Thanksgiving dinner?" Susan asks. "We can't have oven meals for patients, oven meals for the cafeteria and for catering. A lot of planning goes into it.

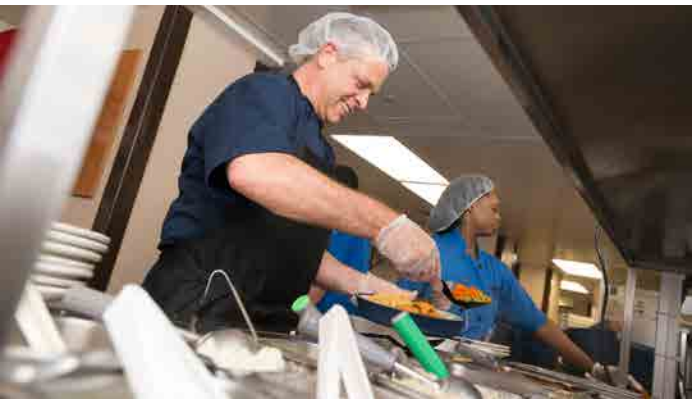
"Menu development is an art, not a science. It's about the feel," she explains. Susan tries to build the menu based on what people might expect on certain days and times. "We want lunch-y things and dinner-y things where they should be, and we ask 'what do people expect to eat on a Sunday?'"

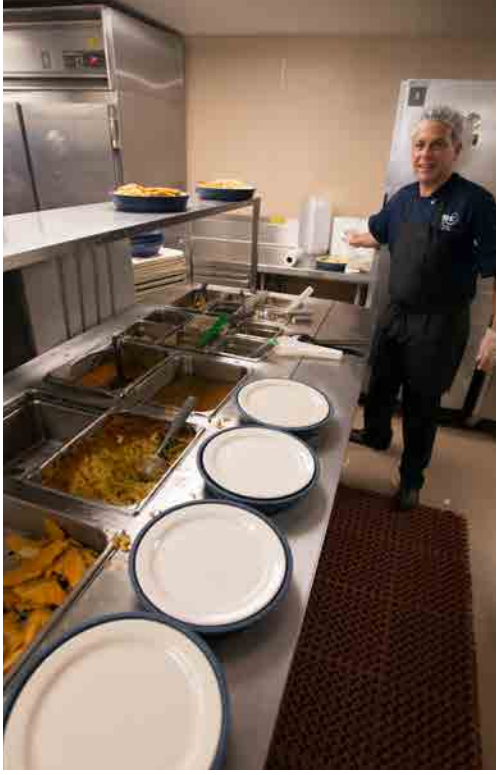
After years of experience in the northern United States, Susan has learned that "people eat regionally." For example, she found that Florida folks aren't keen on cranberries.

"I couldn't get anyone to eat them! I want to give patients food they can identify."

"Menu development is an art, not a science." **–SUSAN BRIERS**







Keeping in mind what her patients find familiar and comforting, she constructs a weekly menu that boasts variety while upholding all these standards.

After consolidating all of the recipes, the production manager orders in the new supplies. Where do they get all this food? Most of the ingredients come from commercial providers like Sysco, US Food and Cheney Bros. Some specialized products like bagels and milk are sourced from local vendors. While local products are a welcome addition to the pantry, purchasing bulk quantities of food from large-scale providers means the food has gone through intensive quality checks. That gives staff and diners a greater sense of insurance.

With plenty of ingredients on the shelves, it's almost time to get cooking. Guest service specialists distribute and collect menus from their patients whose menu selections are then entered into CBORD. This software places indicators on certain foods so they can be filtered out if they don't fit a diet order. For example, those in the hospital with renal troubles can't have too much potassium, so if a patient on such restrictions chooses mashed potatoes, CBORD will replace them with rice. CBORD can also catch allergy triggers and prevent things like lactose and gluten from sneaking onto the wrong plate.

"They own that process 100 percent," Susan says of her guest service specialists' daily rounds. They distribute menus and assemble food trays while answering questions and acting as a resource all the way. There are two guest service specialists per floor, and they each work three and a half days in 12-hour shifts.

"Patients get to know their server and get comfortable asking for things," Susan says.

With all the prep work done and orders placed, it's finally time to dish out some grub. Patients' meals are delivered to them, and cafeteria diners line up for a bite to eat. While everyone enjoys the good eats, Susan performs quality checks on different food items, focusing on those that are more likely to vary.

Through the tedium and many steps of the process, Susan keeps one goal in focus. "You want the patients to feel good and as comfortable with their food as possible." For patients who need to make dietary changes to better their condition, the learning process begins in the hospital. Dieticians can explain certain aspects of a diet, but the patient will see them executed by the kitchen and food services staff. "It's about incorporating this into their life at home when they leave and bettering their health." MHL

Edible Outtakes

Munroe's 44 therapeutic diets encompass every need imaginable. A diet order can consist of one diet type or multiple depending on the patient. We asked for some specifics about a few common diet orders and which foods get the axe. Here's what we found out.

Diabetic diets are the most commonly prescribed diet order with carbohydrate restrictions based on a designated calorie level.

The restrictions of renal diets change based on the patient's kidney function, limiting any combination of the following snacks:

- **FLUIDS:** COFFEE, SODAS, WATER, GELATIN
- **PHOSPHORUS:** SODAS, PEANUT BUTTER, CHEESE
- **POTASSIUM:** BANANAS, ORANGES, CHOCOLATE, POTATOES
- **PROTEIN:** MEAT, EGGS, POULTRY
- **SODIUM:** SALT, PROCESSED FOODS

Cardiac diets call for lower intake levels of fat, cholesterol and sodium.

Some diets are simply texture modified, meaning the food is mechanically altered for easier eating and digestion. The level of modification ranges from "mechanical soft" to ground to puréed completely.