

Room service boot camp total body...the nitty gritty!

This section will provide you with a big piece of the puzzle. It pertains to budget projections, staffing needs, project planning, and developing your presentation for administrative approval.

Review each item below and make notes on each item appropriate for your plan.

Good information will help define your plan.	Status	Action plan
Did you do complete market research within your own organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Did you survey your current patients/customers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you really know what your patients/customers want/need/expect?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Can you manage this project or will others be designated as the "lead"?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Can you and your team commit to this project?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you need a consultant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Define your current staff skill sets	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Define staff skill sets for Room Service (experience with call center systems, short order cooks, wait staff, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
List the differences between current and required skill sets. Who do you need to hire or can you retrain current staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Complete an analysis of the condition and potential use of your current equipment and define capital expenditures	<input type="checkbox"/> Yes <input type="checkbox"/> No	
What percentage of your patients can participate in a room service program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Would using a phone be a problem for your patients?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have space available for a call center?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you prepared comprehensive budget projections? (equipment/ staffing/ training/misc)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a Vertical or Horizontal facility layout? (Up/Down is less \$)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Distribution & Logistics: distance = time. Can you can make a delivery in under10 min to the furthest location?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Define your Internal/External support systems	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Define current/proposed diet restrictions and/or liberalization	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Will you offer room service to more than one site/location?	<input type="checkbox"/> Yes <input type="checkbox"/> No	



If for more than one location, will you need a call center for each or, can one call center manage orders for all facilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	

What does it look like?

Next, define what Room Service “Is”. How will patient/guest selections be communicated and how far in advance do you plan to take orders? What management controls will be in place? What tools will you need to “Communicate”? Who will you serve?

Select all that apply to the system you plan to implement.

System management	Impact on cost +/-	Impact on staff +/-
<input type="checkbox"/> Manual Processes		
<input type="checkbox"/> Automated/Computerized System		
<input type="checkbox"/> Other:		

Restricted or unlimited services	Action plan
<input type="checkbox"/> Call now/Serve now (this is the typical protocol for room service)	
<input type="checkbox"/> Call now/Schedule service	
<input type="checkbox"/> Combination - Call now/Serve now & Call now/Schedule service	
<input type="checkbox"/> Other:	



Meal periods - establish service periods and cut-off times.	Action plan
<input type="checkbox"/> Breakfast..... From _____:_____ To _____:_____	
<input type="checkbox"/> Lunch..... From _____:_____ To _____:_____	
<input type="checkbox"/> Supper..... From _____:_____ To _____:_____	
<input type="checkbox"/> All-Day breakfast.... From _____:_____ To _____:_____	
<input type="checkbox"/> Snack..... From _____:_____ To _____:_____	
<input type="checkbox"/> Other..... From _____:_____ To _____:_____	

Ordering methodologies	Impact on cost +/-	Impact on staff +/-
<input type="checkbox"/> Orders are processed in a call center		
<input type="checkbox"/> Staff assists patients with selections on paper menus		
<input type="checkbox"/> Staff assists patients w/ selections on PDA devices		
<input type="checkbox"/> Staff assists patients w/ selections on wireless tablet PCs		
<input type="checkbox"/> Staff assists patients via phone orders to the call center		
<input type="checkbox"/> Patients make selections via IVR (interactive voice response systems)		
<input type="checkbox"/> Patients make selections via ITV (interactive television systems)		
<input type="checkbox"/> Make menu selections from "Door Hangers"		
<input type="checkbox"/> Other:		



Clientele – who will you serve?	Action plan
<input type="checkbox"/> Patients Only (All)	
<input type="checkbox"/> Patients Only (By Diet Type)	
<input type="checkbox"/> Patients Only (By Nursing Station)	
<input type="checkbox"/> Patients Only (By Diet Type & Nursing Station)	
<input type="checkbox"/> Guests – No Charge	
<input type="checkbox"/> Guests - Charge	
<input type="checkbox"/> Staff - No Charge	
<input type="checkbox"/> Staff - Charge	
<input type="checkbox"/> Other:	
<input type="checkbox"/> Other:	
<input type="checkbox"/> Other:	
<input type="checkbox"/> Other:	

