

Medical University of South Carolina

The Institution

The Medical University of South Carolina (MUSC) is the state's largest comprehensive academic medical facility with 750-beds, level I trauma center, a nationally designated cancer center, and nationally recognized children's hospital. The enterprise records more than one million patient encounters annually and has a population of more than 20,000 clinicians, faculty, staff, residents and students. MUSC is a governmental entity funded and operated as a public institution of the state.



The Community

The greater Charleston area has a population of almost 700,000, or 14% of the state's residents, and MUSC's main campus covers 80-plus acres in the heart of downtown. The state's largest racial/ethnic groups are White (68%), Black (28%) and Hispanic (5%).

In South Carolina, adults are over the national benchmark thresholds for the detrimental health behaviors of smoking, excessive drinking, physical inactivity and obesity and the incidence of diabetes is one of the highest in the country. Diabetes hospital costs alone increased by 60% in the first part of the 21st century. Twenty one percent of children are obese and 14% of caregivers report their child to be in fair or poor health.

Seventeen percent of South Carolina residents live below the federal poverty level and 21% of children in Charleston County suffer from food insecurity. Most South Carolina youth do not meet the recommended servings of fruits, vegetables, or whole grains. Across the state, an average of 76% of students participate in the NSLP, although at the elementary school closest to MUSC, 90% participate. Of those who qualify, only 19% participate in SFSP.

The Program

In May 2015, MUSC and their food service partner Sodexo became the first hospital in the Southeast to participate in the USDA's summer feeding program. MUSC was the sponsor and three separate sites served hot food via the offer-vs-serve model. The program proved to be financially sustainable and non-disruptive to the normal, retail operation. In the first two years, more than 7,500 meals were served.

The Stakeholders

Hospital support was garnered by Dr. Susan Johnson, Director of the Office of Health Promotion and the implementation was championed by Sodexo Wellness Dietitian, Debbie Petitpain. The Sodexo Foundation, No Kid Hungry and Lowcountry Foodbank provided guidance and encouragement. The daily operation was managed and documented by a Master's in Public Health / Dietetic Internship student. In year two, a part-time coordinator position was funded by a monetary award. Within the organization, champions of Kids Eat Free were those who interacted with families the most, primarily the Sodexo food service employees and the MUSC guest services concierges, although people from all corners expressed pride, gratitude and appreciation for the program.



The Outcomes

In the first year, 2,385 meals were served and that number grew to 5,143 in year two. Collected data shows the program to be financially sustainable with the USDA reimbursement. Other quantitative measures have not been collected, because the program collects NO information from its customers, allowing each individual to enjoy the dining experience, regardless of who is paying. However, several encounters suggest this program positively impacts employee engagement and the patient experience.

Steps to Implementing SFSP at MUSC

MUSC was the sponsor of the program and had 3 sites on campus - the two retail cafeterias and the cafe in the ambulatory care building, which total approximately 7500 transactions per day .

MUSC qualified as an "open site" because the nearby schools have >50% of children who participate in the NSLP. As such, any child under the age of 18 could participate, allowing all customers to be treated the same (all families with children were offered the Kids Eat Free meal) and reducing stigma.

With multiple food outlets in the cafeteria, a friendly purple octopus mascot was created to help direct flow to the hot line, milk cooler and registers.

MUSC used the offer-versus-serve (OVS) model which eliminated giving the child food s/he did not want, increased the likelihood the child would eat the food and managed labor costs because the participating families were served in the same manner as other customers.

"I told one of my patients' mom about the program. Her 1 year old son had been here for 8 months and his stay had been taxing on the family. She cried when I told her this was available for her 4 other children when visiting their brother. Thank you for pushing this forward. Every dollar - and every positive experience - counts for our families going through tough times."

Kristi Fogg, MS, RDN, Pediatric Registered Dietitian

The responsibility of ensuring national nutrition guidelines were met fell on the food service staff. The food servers advised the family in selecting a combination of foods that would meet the criteria. The cashiers verified the plate at the register with the assistance of the computerized POS system. Each transaction could be reviewed for accuracy allowing for immediate feedback to the staff.



The computerized POS system captured which recipes the kids chose, allowing Sodexo to demonstrate the reimbursement rate covered costs and to describe the population's preferred foods.

In year one, MUSC offered breakfast and lunch Monday - Friday during normal cafeteria hours. In year two, these meals were also offered on weekends.

In year one, bagged lunches were delivered to two different outpatient pediatric clinics. Nurses distributed meals and kept required documentation. Close communication was required to predict how many meals were needed to minimize risk of preparing meals that would not be distributed. Because of the increased financial risk and labor, in year two, instead of delivering meals, the café on the first floor became an OVS site. Children could get their meal and take it with them to clinic to eat.

Results, by the numbers:

- 7,528 meals were served in the first two summers (363 total operating days; 10 weeks each summer).
- The preferred protein choice was chicken (50%), followed by fish (21%) and beef (16%).
- The wellness item was selected 30% of the time.
- Weekly averages: Main hospital: 44 breakfasts, 125 lunches; ART hospital: 17 breakfasts, 30 lunches; ambulatory care cafe: 35 breakfasts, 70 lunches. In year two, the volume increased but not significantly enough to disrupt the operation.
- Average of 25 unitized meals/week through the pediatric clinics (year 1 only).

Additionally, Kids Eat Free clearly has a positive effect on employee engagement; it's not hard to imagine it also has a positive effect on the patient experience.