

“Re-thermalized food: A recipe for disaster”

Presentation to the Regina Qu'Appelle Health Region Board

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From CUPE Health Care Workers, Members of CUPE Local 3967

CUPE, which represents more than 5,300 health workers in this region, appreciates the opportunity to talk to board members tonight.

Managers of the Regina Qu'Appelle Health Region recently announced plans to centralize food services at the Regina General Hospital and close the kitchens at the Pasqua Hospital and Wascana Rehabilitation Centre. In place of making home-cooked meals on site, the health region plans to serve-up a menu of re-thermalized food in one centre, and ship it out to the other facilities.

CUPE, which represents dietary and other health workers in this region, has many concerns about this proposal. Based on the information collected by our union's national research department, we believe it could be a recipe for disaster.

Here are some of the reasons for our concerns.

What's wrong with re-thermalized food systems?

1. The system is designed to cut costs by abolishing jobs.

The primary reason for moving to this high-tech system of food production is not to improve the taste or nutritional content of the food served to patients in health facilities - despite managers' claims to the contrary.

The primary motivation is to cut costs by eliminating jobs in dietary.

Managers of our health region estimate they will save about \$1.88 million annually by moving to this re-thermalized food system. All of the expected savings will be achieved by cutting jobs. The proposal calls for the elimination of at least 47 full-time equivalent positions. We believe that could add up to a loss of more than 67 jobs.

However, we don't believe the projected cost-savings will materialize. In fact, the experience of other jurisdictions suggests this high tech scheme will prove much, much more costly. (I'll return to this point in a minute.)

2. Re-thermalized food systems have received bad reviews in other jurisdictions

- At a long-term care facility in Winnipeg, residents lost an average of six pounds in one month after re-thermalized meals were introduced.
- At the Grace General Hospital in Winnipeg, 98% of the hot entrees served in the cafeteria were coming in frozen and at least 80% of the salads were pre-made.

- In a New Brunswick hospital, only 48% of patients surveyed were satisfied with the food using the cook/chill/re-thermalized system.
- Residents at the Sussex nursing home in New Brunswick suffered from diarrhea, vomiting and cramps when the new system was introduced. Since the publicized complaints by patients and their families in New Brunswick, toast now comes from a local restaurant instead of from Toronto.

3. The re-thermalized food system requires enormous capital and operating costs.

These high tech systems require enormous capital investment. The managers in our health region, for example, estimate the capital cost of the project will be \$4.6 million.

The equipment is not only extremely expensive to purchase, it has a short life span and needs to be replaced every 9 or 10 years.

4. This high-tech system won't reduce costs or save money.

According to Laval University professor Denise Ouellet, who conducted a comprehensive review of the literature on food production technology, "the economic advantages of the new technologies remain to be proven."

Although management claims this new system will save money, the experiences of other centres suggest that won't happen.

- In Winnipeg, where the kitchens of nine health facilities were amalgamated in a public private partnership, costs were exceeded by \$3 million.
- In Montreal, privatized meal services increased food production costs by 13 percent. On a per unit basis, privatized food costs were \$2.25 higher than those prepared by publicly-run services.
- The cleaning function for the re-thermalization carts in a Toronto based hospital did not work and the \$15,000 carts had to be scrubbed down by hand, creating extra work.
- The excessive packaging has created headaches for workers and tremendous physical waste (all slices of bread are individually wrapped). Since switching from conventional to cook/chill and shared food production, Toronto hospital has had its first ever deficit in their dietary budget.

5. This high tech scheme supports multinational corporations, instead of our local economy.

Another reason we object to this half-baked scheme is because it involves spending millions of dollars on multinational corporations that are in the business of privatizing our public health care system.

Morrison Health Care Food Service, for example, is based in Atlanta. According to the company's web page, "cutting food service cost. . . is a job only an expert like Morrison can do."

Morrison recently joined Compass Group, the company that is working closely with the Campbell Liberals government in B.C. to privatize public health care services.

It is our position that not once cent of taxpayers' money should be "invested" in these multinational corporations.

Invest in our public hospital and nursing home kitchens!

Eating nutritious food is an important part of wellness. It is critical for both people in long-term care and acute care facilities.

Instead of closing the kitchens at the Pasqua Hospital and Wascana Rehabilitation Centre, the board should be developing plans to improve and modernize them.

We would welcome the opportunity to participate in such a plan, one that supports our local economy and builds on the skills of our experienced dietary staff.