


**GUAM MEMORIAL HOSPITAL AUTHORITY
ADMINISTRATIVE MANUAL**

APPROVED BY:  Danielle A. Manglona, MSN, MBA, RNC, CPPS, CPHRM Acting, Hospital Administrator/CEO	RESPONSIBILITY: Hospital-wide	EFFECTIVE DATE: June 24 , 2016	POLICY NO. A-IM700	PAGE 1 of 4
TITLE: CAFETERIA INFORMATION AND SPECIAL FUNCTION REQUESTS				
LAST REVIEWED/REVISED: 06/2016				
ENDORSED:				

PURPOSE:

To delineate the hours of operation for food and beverage services provided by the Guam Memorial Hospital Authority cafeteria, and to outline the operational procedures for purchasing food and beverages from the cafeteria, or for requesting food and beverages for special functions.

POLICY:

Food and beverage services in the cafeteria and for special functions are available through the Guam Memorial Hospital Authority Dietetic Services Department.

Cafeteria services are available to hospital staff, physicians, visitors, support persons, and the public. The cafeteria and dining room is off limits to patients.

Special Function services are available to requesting departments of the hospital, and, if feasible, to paying customers.

DEFINITIONS:

Special Function: A hospital/department sponsored event to provide food and beverage catered by the Dietetic Services Department, as planned and budgeted by requesting department.

Requesting Department: Any hospital department, unit, or section authorized to provide food and beverages for hospital/department sponsored events utilizing their department's budget to cover such costs.

RESPONSIBILITIES:

Hospital Food Services Administrator:

1. Receives from requesting departments their approved budgeted Special Function request amount for the fiscal year of planned and anticipated department events.
2. Determines feasibility of provision of food and beverage services for special functions from Dietetic Services' budget.
3. Establishes the Special Function accounts for all requesting departments.

Hospital Chef Supervisor:

1. Coordinates special functions by determining staffing, food, and supply needs.

Cashier II Supervisor:

1. Coordinates special functions by receiving, approving, and communicating with the requesting department.

2. Itemizes special function pricing and maintains records of special function accounts.

Clerk III:

1. Places food and supply orders for special function requests.
2. Works with Cashier II Supervisor on food and supply availability or substitutions.
3. Notifies Cashier II Supervisor of food and supply price changes.

PROCEDURE:

I. CAFETERIA SERVICES

A. Hours of operation

1. Monday – Friday: 7:00 a.m. to 8:00 p.m.
2. Weekend, Holidays: 9:00 a.m. to 2:00 p.m.

B. Hot Meal Service Hours

- | | <u>Monday - Friday:</u> | <u>Wknd, Holiday:</u> |
|--------------|-------------------------|------------------------|
| 1. Breakfast | 7:00 a.m. – 10:00 a.m. | Closed |
| 2. Lunch | 11:15 a.m. – 2:00 p.m. | 11:15 a.m. – 2:00 p.m. |
| 3. Dinner | 5:15 p.m. – 8:00 p.m. | Closed |

C. Grill Services

- | | <u>Monday - Friday:</u> | <u>Wknd, Holiday:</u> |
|--------------|--------------------------------|-----------------------|
| 1. Breakfast | 7:00 a.m. – 10:00 a.m. | Closed |
| 2. Lunch | ... not available at this time | |
| 3. Dinner | ... not available at this time | |

D. Salad Bar

- | | <u>Monday - Friday:</u> |
|---------------|-------------------------|
| 1. Lunch only | 11:15 a.m. – 2:00 p.m. |

E. Purchasing of food and beverage in the cafeteria

1. Selection of food and beverage in the cafeteria is Ala Carte.
2. Food and beverages are reasonably priced and prices are posted in the cafeteria menu board and on counter top signs.
3. After food and beverage are selected and placed on a cafeteria food tray, it is brought to the cashier station for purchase.
4. Running tabs and accounts are not established for cafeteria customers.
5. Outpatients participating in a meals payment program must establish a pre-paid account with the Cashier II Supervisor and Hospital Food Services Administrator. Meal patterns shall be planned by the clinical dietitian and prepared during regular patient trayline times.
6. GMHA Volunteer Association members with proper identification and in proper pink uniform attire must sign out their food and beverages at the cashier station, at no more than the set meal allowance by the association.
7. GMHA volunteers and volunteens, blood donors, and recipients of the hospital's employee recognition program may redeem their meal coupons or certificates for specified food and beverages at the cashier station before its expiration.

F. Dining

1. Dining capacity: 60
2. The cafeteria and dining room is off limits to patients.
3. Infant high chairs (count: 2) is available to customers with young children.

G. Vending Machines

1. All existing vending machines located in the alcove of the dining room are not under the responsibility or care of the Dietetic Services Department.

II. SPECIAL FUNCTIONS

A. Request

1. Requesting departments with an approved budget for food and beverage and an existing account established with, or funds transferred to, the Dietetic Services Department may submit a request form for a Special Function. These departments generally are:
 - a. Medical Staff Office
 - b. Administration
 - c. Education
 - d. Nursing
 - e. Professional Support Services departments
 - f. Planning
 - g. Special Services – for Heart Team
2. Other parties may request for a Special Function and payment must be made in advance (at least 48 hours) to the cafeteria cashier station.
3. Completion of the Special Function Request form is required. See Attachment I.
4. All Special Function requests must be submitted to the Hospital Chef Supervisor or Cashier II Supervisor, as designated, at least 48 hours (2 working days) prior to the event. For parties with over 20 persons, requests must be submitted at least one (1) week prior to the event.

RESCISSION:

Policy 6540-1, *Cafeteria Information and Special Event Requests* of the GMHA Administrative Manual made effective March 1, 2010.

ATTACHMENT:

I. [Request for Special Function](#)

ATTACHMENT I

**Guam Memorial Hospital Authority
850 Governor Carlos G. Camacho Road
Tamuning, Guam 96913**

REQUEST FOR SPECIAL FUNCTION

**REQUEST SHOULD BE MADE AT LEAST 2 WORKING DAYS (48 HOURS) PRIOR TO FUNCTION.
FOR LARGE FUNCTIONS (>20 persons), contact Dietetic Services 1 WEEK prior to Function.**

Requesting Department: Requested by: _____ Date: _____ Contact No.: _____ FUNCTION NAME: _____ Date: _____ Day: Su M T W Th F Sa <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Event Beginning Time:</td> <td style="width: 50%;">Event Ending Time:</td> </tr> <tr> <td>Set Up or Pick Up Time:</td> <td>Removal or Return Time:</td> </tr> <tr> <td colspan="2">Location:</td> </tr> </table> Expected No. in Attendance: _____		Event Beginning Time:	Event Ending Time:	Set Up or Pick Up Time:	Removal or Return Time:	Location:		FOR DIETETIC SERVICES DEPARTMENT STAFF USE ONLY <hr/> Date Received REQUEST: _____ Time Received REQUEST: _____ Received by: _____ Print Name CASHIER SUPERVISOR: <input type="checkbox"/> Request Accepted <input type="checkbox"/> Sorry, unable to meet Request _____ Date _____ Cashier Supervisor & Special Function Coordinator																															
Event Beginning Time:	Event Ending Time:																																						
Set Up or Pick Up Time:	Removal or Return Time:																																						
Location:																																							
Food Specify food items: 1. 2. 3. 4. 5. 6. 7. 8.	Beverage Specify beverage items: 1. 2. 3. 4. 5. 6. 7. 8.	Supplies Indicate supplies below: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 20%;">CHECK</th> </tr> </thead> <tbody> <tr><td>Chinaware</td><td></td></tr> <tr><td>Glassware</td><td></td></tr> <tr><td>Disposables</td><td></td></tr> <tr><td style="text-align: center;">9" paper plates</td><td></td></tr> <tr><td style="text-align: center;">6" paper plates</td><td></td></tr> <tr><td style="text-align: center;">Forks</td><td></td></tr> <tr><td style="text-align: center;">Spoons</td><td></td></tr> <tr><td style="text-align: center;">Knives</td><td></td></tr> <tr><td style="text-align: center;">Napkins</td><td></td></tr> <tr><td style="text-align: center;">8 oz Styrofoam cups</td><td></td></tr> <tr><td style="text-align: center;">Stirrer</td><td></td></tr> <tr><td style="text-align: center;">Drinking straws</td><td></td></tr> <tr><td style="text-align: center;">Soup bowl</td><td></td></tr> <tr><td style="text-align: center;">Sugar</td><td></td></tr> <tr><td style="text-align: center;">Sugar substitute</td><td></td></tr> <tr><td style="text-align: center;">Creamer</td><td></td></tr> <tr><td style="text-align: center;">Tea bags</td><td></td></tr> </tbody> </table>			CHECK	Chinaware		Glassware		Disposables		9" paper plates		6" paper plates		Forks		Spoons		Knives		Napkins		8 oz Styrofoam cups		Stirrer		Drinking straws		Soup bowl		Sugar		Sugar substitute		Creamer		Tea bags	
	CHECK																																						
Chinaware																																							
Glassware																																							
Disposables																																							
9" paper plates																																							
6" paper plates																																							
Forks																																							
Spoons																																							
Knives																																							
Napkins																																							
8 oz Styrofoam cups																																							
Stirrer																																							
Drinking straws																																							
Soup bowl																																							
Sugar																																							
Sugar substitute																																							
Creamer																																							
Tea bags																																							
Service Type: <input type="checkbox"/> Pick up by requesting department <input type="checkbox"/> Set-up by Dietetic Services Department <input type="checkbox"/> Chafing dishes/sterno to be loaned to requesting department. <input type="checkbox"/> Food/beverage containers, trays, platters will be provided by Requesting Department.																																							
NOTE: All service will be buffet unless otherwise specified. No wait staff available.																																							
Special Instructions		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: center;">Loan Equipment/Utensils</th> </tr> <tr> <th style="width: 60%;">Description</th> <th style="width: 20%;">Qty</th> <th style="width: 20%;">Condition</th> </tr> </thead> <tbody> <tr><td>1.</td><td></td><td></td></tr> <tr><td>2.</td><td></td><td></td></tr> <tr><td>3.</td><td></td><td></td></tr> <tr><td>4.</td><td></td><td></td></tr> </tbody> </table>		Loan Equipment/Utensils			Description	Qty	Condition	1.			2.			3.			4.																				
Loan Equipment/Utensils																																							
Description	Qty	Condition																																					
1.																																							
2.																																							
3.																																							
4.																																							
Charges: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">Food</td><td style="width: 50%;">\$</td></tr> <tr><td>Beverage</td><td>\$</td></tr> <tr><td>Supplies</td><td>\$</td></tr> <tr><td>Other</td><td>\$</td></tr> <tr><td>TOTAL</td><td>\$</td></tr> </table> HOSPITAL CEO'S APPROVAL: <hr/> Hospital Administrator/CEO Date: _____	Food	\$	Beverage	\$	Supplies	\$	Other	\$	TOTAL	\$	<p style="text-align: center;">EQUIPMENT/UTENSIL ISSUANCE</p> The above items were issued on a LOAN BASIS on _____ at _____ am/pm. The said items are to be returned on _____ at _____ am/pm. GMHA Dietetic Services Department Reserves the right to demand the return of the loaned items before the said return date. The borrower acknowledges that GMHA will not be liable for any incident or ham caused by the use of the borrowed items. By signing this, the borrower is, therefore, responsible for any claim against this instrumentality. The borrower will be liable for any damages made to the loaned items. The said items were issued in the condition stated above. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">BORROWER (print & sign name):</td> <td>Date:</td> </tr> <tr> <td>ISSUED BY (print & sign name, Authorized Dietetic Services Staff):</td> <td>Date & Time:</td> </tr> </table> <p style="text-align: center;">EQUIPMENT/UTENSIL RETURN</p> The above items was returned on _____ at _____ am/pm in the following condition: <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR (specify reason: _____)			BORROWER (print & sign name):	Date:	ISSUED BY (print & sign name, Authorized Dietetic Services Staff):	Date & Time:																						
Food	\$																																						
Beverage	\$																																						
Supplies	\$																																						
Other	\$																																						
TOTAL	\$																																						
BORROWER (print & sign name):	Date:																																						
ISSUED BY (print & sign name, Authorized Dietetic Services Staff):	Date & Time:																																						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">RETURNED BY (print & sign name):</td> <td>Date:</td> </tr> <tr> <td>RECEIVED BY (print & sign name, Authorized Dietetic Services Staff):</td> <td>Date & Time:</td> </tr> </table>		RETURNED BY (print & sign name):	Date:	RECEIVED BY (print & sign name, Authorized Dietetic Services Staff):	Date & Time:																																
RETURNED BY (print & sign name):	Date:																																						
RECEIVED BY (print & sign name, Authorized Dietetic Services Staff):	Date & Time:																																						


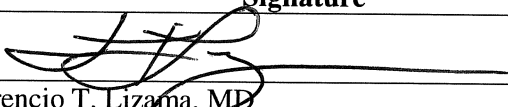
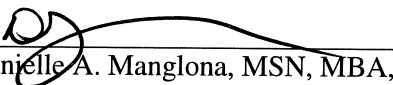
**GUAM MEMORIAL HOSPITAL AUTHORITY
REVIEW AND ENDORSEMENT CERTIFICATION**

The signatories on this document acknowledge that they have reviewed and approved the following:

Submitted by: Dietetic Services

Policy No.: A-IM700

Policy Title: Cafeteria Information and Special Function Requests

Reviewed/Endorsed Title	Date	Signature
	6/16/16	
		Jessica Alingog Hospital Food Services Assistant Administrator
Reviewed/Endorsed Title	Date	Signature
	6/20/16	
		Florencio T. Lizama, MD Acting, Associate Administrator of Professional Support Services
Reviewed/Endorsed Title	Date	Signature
	23 June 2016	
		Danielle A. Manglona, MSN, MBA, RNC, CPPS, CPHRM Acting, Hospital Administrator/CEO

*Use more forms if necessary. All participating departments/committees in developing the policy should provide signature for certification prior to submitting to the Compliance Officer.