

March 10th



HEALTHCARE SUMMIT *2026*

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Meet The Speakers



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GOALS FOR THIS PRESENTATION

- Understanding Zero-Based Labor Modeling
- Review the benefits & the “WHY”
- Building the Zero-Based Labor Plan
- Implementing and Refining the Model

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UNDERSTANDING ZERO-BASED LABOR MODELING



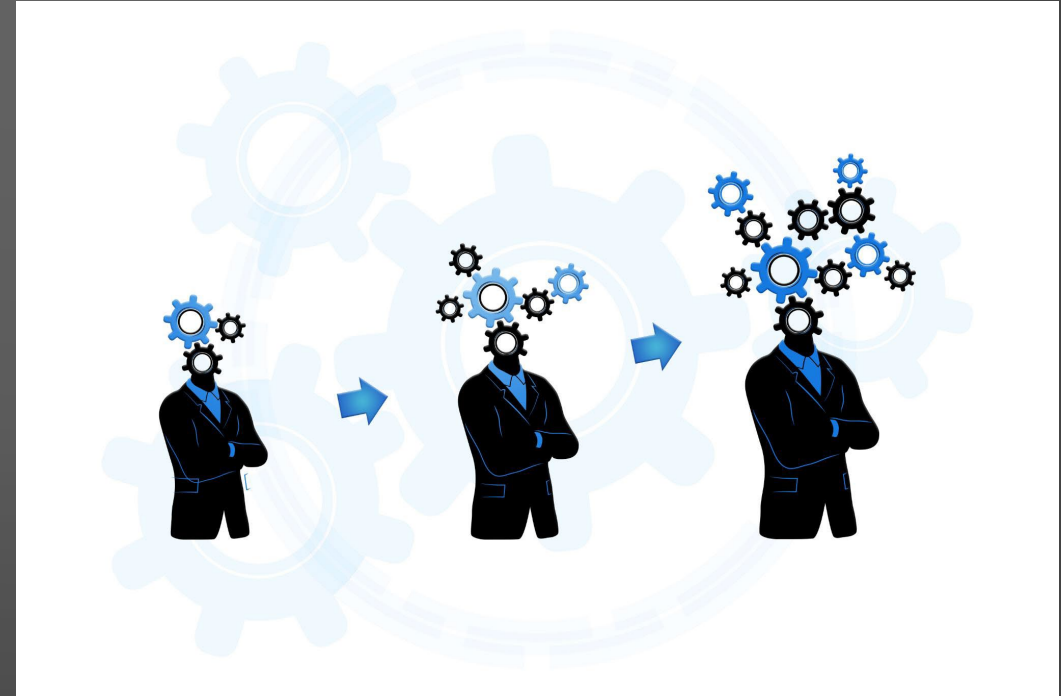
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WHAT IS ZERO ABOUT IT?

Built from a clean slate, zero-based labor modeling is initiated each budgeting cycle through an evaluation of actual tasks and workloads.

This approach focuses on accurately defining labor requirements to improve operational efficiency and optimize resource allocation.

The goal is to reduce costs by eliminating unnecessary labor, ensuring staffing levels correspond accurately to genuine operational needs.



7 BENEFITS OF ANSWERING- “WHAT DO YOU DO ALL DAY”

- Able to add or subtract tasks from corresponding workflow as needed
- Can effectively distribute tasks when faced with a longer-term absence/vacancy
- Able to respond to fluctuating census quickly & thoroughly
- Define purpose for each team member
- Provide a vocabulary when seeking additional FTEs
- Understand where your challenges lie and re-organize workflows
- Determine where training/cross training, equipment, menu management, service adjustment may be necessary

8 WHAT CAN CHANGE WITHIN YOUR DEPARTMENT THAT IMPACTS YOUR LABOR MODEL

- Did you add a kiosk or additional services in the retail area
- Have you added or eliminated programs like meals on wheels or other charitable feeding or regular caterings(prisons, schools, MOBs)
- Have you increased existing services (Doctors lounge, box lunches for ED or Infusion centers, increase of floor stock items)
- Have you implemented more scratch cooking

9 COMMON CHALLENGES AND MISCONCEPTIONS

Resistance to Change

People often resist change, creating obstacles to adopting new processes or ideas.

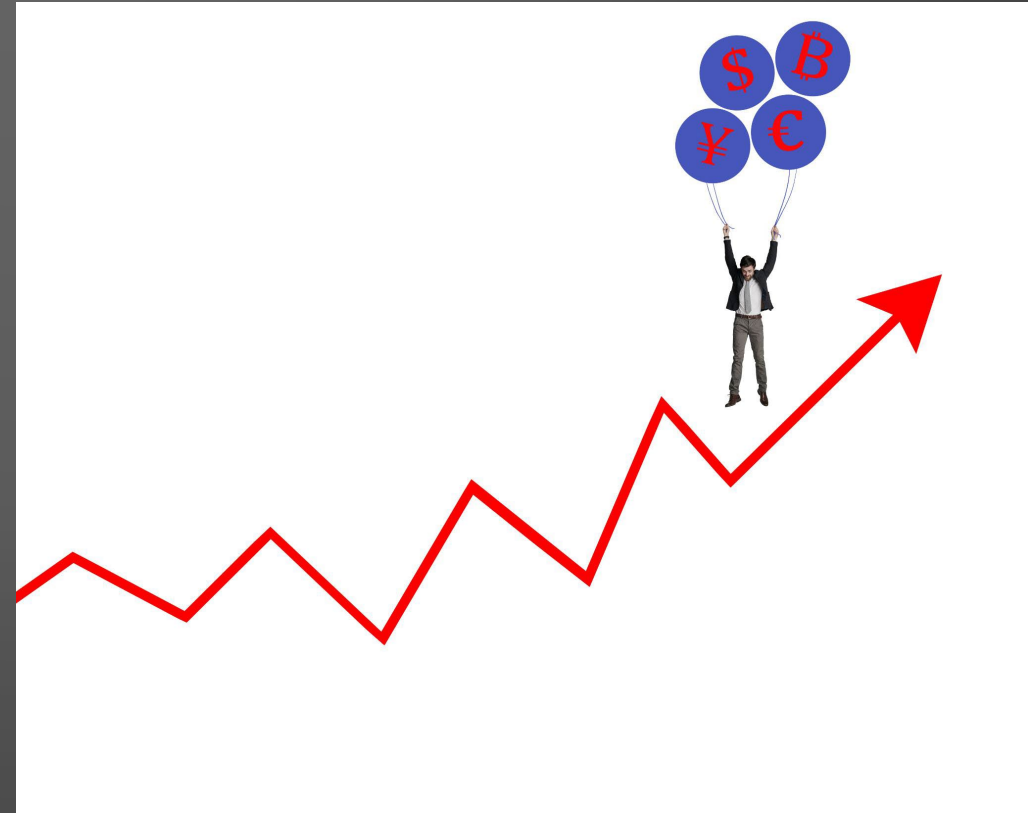
Data Gathering Complexity

Collecting accurate and comprehensive data can be complex and time-consuming.

Misunderstanding Principles

Misinterpreting zero-based principles leads to confusion and poor implementation.

3/12/2026



ASSESSING OPERATIONAL REQUIREMENTS IN HOSPITAL & SENIOR CARE FOOD SERVICE

IDENTIFYING YOUR SERVICE LEVELS FOR PATIENT & OR RESIDENT NEEDS

Variable Service Levels

Service levels differ depending on resident health conditions, dietary restrictions, and personal preferences to provide tailored care. Who are your patients? What is your demographic?

Service Priority- Align with Administration

Obviously, three meals daily for patients and residents has to be the priority- make sure that piece of your schedule is first in line for FTE use. What is the vision for level of service- do you and administration agree on that goal? Is it realistic?

Accurate Staffing Assessment

Understanding the history of your schedule may be a good place to start. How long has the current labor model been in use? Are there current gaps that seem unsolvable? Is cross-training possible given the schedule seems to not allow time for it? How is your leadership team doing, are supervisors or leads pulling their weight?

COMPLIANCE WITH REGULATORY STANDARDS AND QUALITY BENCHMARKS



Health and Safety Consideration

Staffing plans must meet health and safety Best Practices to protect patients and staff. Work with AHF or your system administration to determine what those look like for your operation.



Quality Standards Maintenance

Maintaining quality benchmarks ensures high resident satisfaction and care excellence.



Labor Requirement Impact

Regulatory compliance influences staffing levels and labor needs in senior care settings. Ensure you are aware of the most current requirements are for your city/county.

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BUILDING THE ZERO- BASED LABOR PLAN



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TASK MAPPING AND TIME STUDIES FOR FOOD SERVICE ROLES



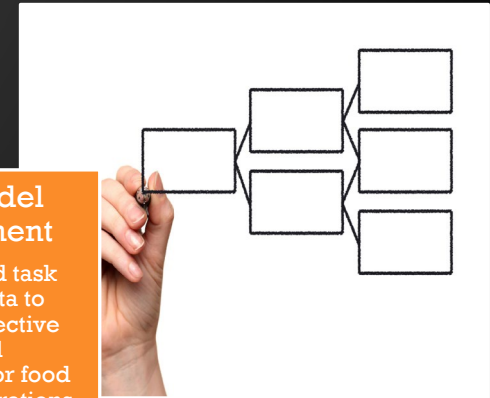
Task Identification

- Detail each task performed by food service staff for accurate labor analysis and role clarity.



Time Measurement

- Measure the time required for each task precisely to collect reliable data for planning.



Labor Model Development

- Use detailed task and time data to build an effective labor model optimized for food service operations.

EXAMPLE OF TASK LIST FOR AM COOK

Pre-shift and breakfast service (6:00 a.m.–9:00 a.m.)

- 6:00 a.m.** Arrive and check the daily menu, including any special dietary orders, substitutions, or resident feedback from the previous day.
- 6:15 a.m.** Take and record equipment temperatures for refrigerators and freezers to ensure they are within safe limits.
- 6:30 a.m.** Begin preparing breakfast according to standardized recipes and portion sizes.
- 7:00 a.m.** Ensure the dining area is set up for service and assist with final plating and presentation of meals.
- 7:30 a.m.** Serve breakfast. In smaller facilities, this may involve direct interaction with residents.
- 8:30 a.m.** Post-breakfast cleanup, including washing dishes, sanitizing workstations, and storing food items properly.

Lunch preparation (9:00 a.m.–12:00 p.m.)

- 9:00 a.m.** Begin prep for the midday meal, which may involve chopping vegetables, preparing meats, and portioning ingredients.
- 10:00 a.m.** Prepare special dietary meals, such as pureed, low-sodium, or diabetic-friendly options.
- 11:00 a.m.** Start cooking the lunch entrees and side dishes, ensuring food quality and taste are consistent.
- 11:30 a.m.** Record the cooking and holding temperatures of all food to comply with food safety regulations.

Lunch service and cleanup (12:00 p.m.–2:00 p.m.)

- 12:00 p.m.** Assist with serving lunch in the dining room and ensuring timely delivery of meals to patients & residents.
- 1:00 p.m.** Begin the extensive post-lunch cleanup process. This includes cleaning all surfaces, pots, pans, and kitchen equipment.
- 1:30 p.m.** Take inventory of lunch ingredients and report any necessary items to the dietary manager for reordering.

Afternoon duties (2:00 p.m.–3:00 p.m.)

- 2:00 p.m.** Prepare snacks or "nourishment" for residents according to the schedule.
- 2:30 p.m.** Begin preparing and organizing for the evening meal shift. This may involve pulling items from storage, portioning ingredients, or reviewing the dinner menu.
- 2:45 p.m.** Complete daily cleaning logs and temperature checks for all equipment.
- 3:00 p.m.** End of shift. Communicate any issues with equipment or food supplies to the next shift or a supervisor.

CALCULATING LABOR HOURS BASED ON ACTUAL WORKLOAD



Task Time Data Utilization

Accurately measuring task time provides a foundation for calculating labor hours efficiently.

Frequency and Volume Metrics

Incorporating frequency and volume data improves precision in labor hour estimations.

Eliminating Guesswork

Using real data removes guesswork and replaces outdated labor standards.

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ALIGNING STAFFING SCHEDULES WITH RESIDENT CENSUS AND MEAL PERIODS

Align Staffing with Resident Census

Adjust staffing levels based on resident census to ensure adequate coverage without overstaffing.

Align Staffing with Meal Periods

Align staff schedules with meal times to maintain high service quality during breakfast, lunch, and dinner.



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IMPLEMENTING AND REFINING THE MODEL



19 TRAINING MANAGEMENT AND STAFF ON ZERO-BASED APPROACHES

Educating Leadership

Training leadership on zero-based labor modeling builds understanding and support for effective implementation.

Engaging Frontline Employees

Teaching frontline staff the principles of zero-based approaches ensures consistent application throughout the organization.

Promoting Buy-In

Comprehensive education fosters buy-in and commitment to zero-based labor modeling practices across all levels.



20 CONTINUOUS MONITORING AND ADJUSTMENT TECHNIQUES

Labor Data Review

Regular analysis of labor data helps identify trends and areas for improvement in workforce management.

Assessing Patient/Resident Needs

Continuous evaluation of resident needs ensures the labor model aligns with service requirements.

Operational Adjustments

Timely operational changes based on data keep the labor model accurate and effective over time.



21 MEASURING OUTCOMES AND PRODUCTIVITY IMPROVEMENTS

Labor Cost Savings

Monitoring labor cost savings helps evaluate financial efficiency and optimize workforce expenditures.

Service Quality Metrics

Tracking service quality metrics ensures customer satisfaction and highlights areas for service improvement.

Staff Utilization

Measuring staff utilization rates identifies workforce productivity and informs resource allocation decisions.



22 STAFFING MODEL AS IT RELATES TO RETENTION- WHY DO PEOPLE LEAVE YOUR TEAM

- **Low pay and inadequate benefits:** Food service workers in senior care, like their counterparts in other industries, often feel their compensation is insufficient for their effort and dedication, especially when it comes to covering rising living costs.
- **Poor management and leadership:** Ineffective or inattentive managers lead to miscommunication, a lack of support, and frustration, making employees feel undervalued and driving them to quit.
- **Lack of recognition and appreciation:** Employees who feel their hard work goes unnoticed are more likely to feel undervalued and seek employment elsewhere.
- **Limited opportunities for career growth:** A lack of clear paths for advancement or professional development can lead workers to seek jobs where they can learn new skills and grow in their careers.
- **Burnout and toxic work environment:** Excessive workloads, poor work-life balance, and stressful, unpredictable environments can lead to exhaustion and a desire to leave for a healthier or more stable workplace.

CONCLUSION

Zero-Based Labor Model Benefits

A zero-based labor model optimizes staffing and controls costs in senior care food service operations effectively.

Patient/Resident Satisfaction

Optimized staffing and operations enhance resident satisfaction with food service quality and attentiveness.

Continuous Evaluation and Training

Ongoing evaluation and staff training are essential to maintain improvements and sustain success over time.