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NFS 211 Business Plan
Due: 5/4/2017

Executive Summary:

Eating disorders are, unfortunately, a growing epidemic in the United States. As more individuals suffer from an eating disorder, there is more need for facilities that offer inpatient and outpatient nutrition services to help manage and change disordered eating. The following report analyzes A New Hope: Center for Eating Disorders and its functional role in helping to provide nutritional care to individuals suffering from disordered eating.

The facility is located just outside the Seattle, WA area and specializes in adolescent/young adult inpatient nutrition care. It was developed by collection of 4 Registered Dietitians, 2 Pediatric Physicians, and 3 Psychologists during the early 1990s. The collective experience of this cohort totals more than 25 years and allowed for the development of an extremely specialized form of inpatient adolescent and young adult disordered eating rehabilitation.

With the help of staffing and budget plans (that have been researched and outlined in following sections of this report) A New Hope will be able to offer even better, qualified staff to raise its position in the West Coast market as a specialized purveyor of optimal disordered eating nutritional care.

In addition to expanding quality staff, the background and success of A New Hope's inpatient practices speaks volumes to the capabilities of the eating disorder facility to provide exceptional nutritional care to those suffering from an eating disorder. A New Hope is looking to expand into services for intensive outpatient program options in the future. The goal is to be able to successfully transition inpatient care individuals into outpatient programs that will prepare them for re-entry into normal, every-day life. With this intension, A New Hope will be able to further differentiate themselves from competitors in the market and increase their opportunity to bring new clientele into the facility.

Overview:

A New Hope: Center for Eating Disorders is a large inpatient facility located 20 minutes outside of Seattle in Bellevue, WA. Our facility has 450 beds and we service individuals that suffer from eating disorders, either in food addiction or food abhorrence. As the needs of our clients are very individualized, they have a separate section of food service. It is self-operated so that cooks can prepare meals in house. Self-operation is a more conventional method of food service. Having the ability to change menu items based on the patient's recovery is vital to the success of their rehabilitation. For this reason, patients can request their meals be delivered to their rooms or to be distributed in the cafeteria. This assures quality meals and nutrition are being provided to our patients while still allowing interaction with other patients in the facility. Patient's have facility cards that release their meals

(determined by the Registered Dietitians, with input from physicians) when swiped in the cafeteria. These meals are ordered by the RD via a computer system that distributes meal information to the cooks.

The cafeteria is run differently as it services more than just patients. The cafeteria participates in a centralized food service system. The food prepared here is for the staff and visiting family. Our facility contracts with a distributor who supplies pre-prepared/mostly prepared foods which are set-up in stations around the cafeteria. The menu rotates on a 3-week cycle. Meal tickets can be purchased and handed in at stations in exchange for trays.

A New Hope: Center for Eating Disorders

Position Description

Category: Healthcare

Department: Clinical and Behavioral Nutrition

Job Title: Certified Eating Disorder Registered Dietitian - Inpatient Continuing Care (RD - CEDRD)

Job Type: Full Time - Days; some weekends/holidays

Location: Bellevue, WA

Summary: The Certified Eating Disorder Registered Dietitian for Inpatient Continuing Care provides nutritional care, support, and education for patients checked in for eating disorder management. The RD (CEDRD) will work closely with counselors, therapists, medical physicians and other members on the clinical care team. The RD (CEDRD) will be responsible for patient risk assessments, nutrition education, defining patient nutrition goals, and weekly nutrition counseling in both individual and group settings. The intended purpose is to be a point of contact and safe place where patients can discuss thoughts on food actions to combat eating disorders.

Qualifications:

- B.S. in Nutrition or Dietetics from a 4-year University with curriculum approved by the Accreditation Council for Education in Nutrition and Dietetics (ACEND). MS preferred.
- Completion of an accredited dietetic internship.
- Current status as RD/RDN (Registered Dietitian/Registered Dietitian Nutritionist).

- Further certification as a CEDRD (Certified Eating Disorder Registered Dietitian) required.
- Must have current state Registered Dietitian license - Washington state CD (Certified Dietitian)
- Experience with long-term care programs.
- 2 years experience in Behavioral Health Dietetics preferred.
- Ability to obtain Serve Safe certification within 6 months of hire.

Job Requirements/Performance Criteria:

Percentages reflect daily time to be dedicated to each task.

- 1) Provide excellent Medical Nutrition Therapy to patients at A New Hope Center for Eating Disorders - **This should be done at all times!**
- 2) Perform patient risk assessments to determine how to proceed with nutrition therapy.
- 3) Work with patients to repair food habits while focusing on altering attitudes and beliefs about eating, food, and its effect on body image - (35%)
- 4) Work with physicians and nurses to establish an eating regimen that factors in medication and any complications associated with the patient's eating disorder - (20%)
- 5) Analysis of food service providers to guarantee quality of products being purchased for use - (5%)
- 6) Coordination with patient's psychologists/therapists on creating new feelings about food as they relate to body image and determination of food triggers - (20%)
- 7) Work with patient's family on how to meal plan and form a safe and supportive environment for the purpose of restoring weight - (15%)
- 8) The RD (CEDRD) will participate in any training/classes offered by the facility and complete 6 credit hours of continuing education semi-annually - (5%)

Physical Effort:	-Must be able to lift up to 25lbs with frequent carrying of objects up to 15lbs. -Must be able to push or pull objects throughout the facility.
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	<ul style="list-style-type: none"> -Must be able to climb stairs. -Must be able to stand or sit for long amounts of time. -Must be able to read printed materials. -Must be able to type on a computer. -Must be familiar with Microsoft Suite. -Must be able to speak and write in English.
Mental Effort:	-Ability to perform job requirements as previously outlined.
Work Environment:	<ul style="list-style-type: none"> -Ability to work with others in the Dietetics department. -Ability to work with other staff interdepartmentally. -Ability to adapt to changing work environment. -Must adhere to patient confidentiality requirements of the facility. -Ability to work productively and meet deadlines. -Is present and active for scheduled shifts.

Age of patients serviced:

Adolescent (ages 12 - 17 years)

Adult (ages 18 - 25 years)

Staffing Plan for A New Hope: Center for Eating Disorders

A New Hope's Cafeteria Hours:

Breakfast: 7 - 10am

Lunch: 12 - 2pm

Dinner: 4:30 - 7pm

Calculations to determine FTE's Needed:

Calculations are based on the hospital running at 75% capacity and no meal adjustment, as this is an eating disorder facility - all patients must eat the 3 meals provided in the day.

$$450 \text{ beds} \times 0.75 = 337.5 \text{ beds filled (patients)}$$

$$337.5 \text{ patients} \times 3 \text{ meals per day} = 1012.5 \text{ meals/day}$$

$$1012.5 \text{ meals per day} \times 30 \text{ days per month} = 30375 \text{ meals/month}$$

~25% of patients have 2 visitors on a daily basis and that use the cafeteria for 1 meal (the lunch hour)

$$(337.5 \text{ patients} \times 0.25) \times 2 = 168.75 \text{ visitors}$$

$$168.75 \text{ visitors} \times 1 \text{ meal per day} = 168.75 \text{ meals/day}$$

$$168.75 \text{ meals per day} \times 30 \text{ days per month} = 5062.5 \text{ meals/month}$$

Meals served during breakfast:

During the breakfast hour, 338 customers are served. Total sales during breakfast is \$750.

$$MEF = \frac{\text{Total Sales}}{\text{customers served}} = \frac{\$750}{338} = \$2.22$$

$$\text{Total Sales per month} = \$750 \times 30 = \$22,500$$

$$\text{Meal Equivalent} = \frac{\$22,500}{\$2.22} = 10135.14 \text{ meals per month}$$

Meals served during lunch:

$$(337.5 \text{ patients} \times 1 \text{ meal per day}) + (168.75 \text{ visitors} \times 1 \text{ meal per day}) = 506.25 \text{ meals/day}$$

During hour, 507 customers are served. Total sales during lunch is \$1250.

$$MEF = \frac{\text{Total Sales}}{\text{customers served}} = \frac{\$1250}{507} = \$2.47$$

$$\text{Total Sales per month} = \$1250 \times 30 = \$37,500$$

$$\text{Meal Equivalentts} = \frac{\$37,500}{\$2.47} = 15182.19 \text{ meals per month}$$

Meals served during dinner:

During dinner, 338 customers are served. Total sales during dinner is \$925.

$$MEF = \frac{\text{Total Sales}}{\text{customers served}} = \frac{\$925}{338} = \$2.74$$

$$\text{Total Sales per month} = \$925 \times 30 = \$27,750$$

$$\text{Meal Equivalentts} = \frac{\$27,750}{\$2.47} = 10127.74 \text{ meals per month}$$

Productivity: The cafeteria and room service used 5,505 labor hours over the course of the month observed.

$$\text{Meals Per Labor Hour} = \frac{(10135.14 + 15182.19 + 10127.74)}{5055} = \frac{35445.07}{5055}$$

= 6.44 meals per labor hour

FTE's needed:

$$\text{FTEs} = \frac{5505}{173.33} = 31.76 \text{ FTEs}$$

$$\text{Adjusted for overtime (1.5\%)}(31.76 \times .015) + 31.76 = 32.24$$

Staff Breakdown: (32.24 FTEs)

1 full time Kitchen Manager - Days (1*1 = 1 FTE)

1 full time Kitchen Manager - Nights (1*1 = 1 FTE)

10 full time Chefs/Cooks (10*1 = 10 FTEs)

8 full time Sous-Chefs (8*1 = 8)

6 part time Sous-Chefs (6*.5 = 3)

12 part time Tray Servers (12*.5 = 6)

6 part time Dishwashers (6*.5 = 3)

Total FTEs would be 32 with this breakdown

Sample Daily Staffing Schedule:

Full Time - 6:00am - 2:00pm Shift

2:00pm - 10:00pm Shift

Part Time - 6:00am - 10:00am Shift

10:00am - 2:00pm Shift

2:00pm - 6:00pm Shift

6:00pm - 10:00pm Shift

(am) 6	7	8	9	10	11	(pm) 12	1	2	3	4	5	6	7	8	9	10
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-----Kitchen Manager Days -----

-----Kitchen Manager Nights -----

----- Chef A -----

----- Chef B -----

----- Chef C -----

----- Chef D -----

----- Chef E -----

----- Chef F -----

----- Chef G -----

----- Chef H -----

(am) 6	7	8	9	10	11	(pm) 12	1	2	3	4	5	6	7	8	9	10
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----- Chef I -----

----- Chef J -----

----- Sous Chef (FT) A -----

----- Sous Chef (FT) B -----

----- Sous Chef (FT) C -----

----- Sous Chef (FT) D -----

----- Sous Chef (FT) E -----

----- Sous Chef (FT) F -----

----- Sous Chef (FT) G -----

----- Sous Chef (FT) H -----

----- Sous Chef (PT) A -----

----- Sous Chef (PT) B -----

----- Sous Chef (PT) C -----

(am) 6	7	8	9	10	11	(pm) 12	1	2	3	4	5	6	7	8	9	10
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-----Sous Chef (PT) D -----

---- Sous Chef (PT) E ----

---- Sous Chef (PT) F ----

---- Tray Server A -----

---- Tray Server B -----

----- Tray Server C -----

----- Tray Server D -----

-----Tray Server E-----

----- Tray Server F -----

-----Tray Server G-----

-----Tray Server H-----

-----Tray Server I-----

(am) 6	7	8	9	10	11	(pm) 12	1	2	3	4	5	6	7	8	9	10
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-----Tray Server J-----

----- Tray Server K-----

-----Tray Server L -----

-----Dishwasher A -----

----- Dishwasher B -----

----- Dishwasher C -----

-----Dishwasher D -----

---- Dishwasher E ----

---- Dishwasher F ----

Budget Plan for A New Hope: Center for Eating Disorders

FTE's needed per month is 32.24 FTEs with the following staff breakdown (previously provided in the Staffing Plan):

Staff Breakdown: (32.24 FTEs)

1 full time Kitchen Manager - Days (1*1 = 1 FTE)
1 full time Kitchen Manager - Nights (1*1 = 1 FTE)
10 full time Chefs/Cooks (10*1 = 10 FTEs)
8 full time Sous-Chefs (8*1 = 8)
6 part time Sous-Chefs (6*.5 = 3)
12 part time Tray Servers (12*.5 = 6)
6 part time Dishwashers (6*.5 = 3)

Breakdown of Wages :

The median salary for a full time Sous-chef in Seattle, WA is \$36,298. A New Hope offers all employees a benefits package, which is broken down below:

Social Security: In Seattle the average is ~ 5.1% of salary
 $\$36,298 * 5.1\% = \$1,851.20$

401K/403B: In Seattle the average is ~2.4% of salary
 $\$36,298 * 2.4\% = \871.15

Disability: In Seattle the average is ~ 0.6% of salary
 $\$36,298 * 0.6\% = \217.79

Healthcare: In Seattle the average is ~ 12.2% of Salary
 $\$36,298 * 12.2\% = \$4,428.36$

Time Off: In Seattle the average is ~ 8.3% of Salary
 $\$36,298 * 8.3\% = \$3,012.73$

Total Benefits = ($\$1,851.20 + \$871.15 + \$217.79 + \$4,428.36 + \$3,012.73$) = \$10,381.23

Salary and Benefits package for a Full Time Sous-chef (Days) at A New Hope: \$36,298.00 + \$10,381.23 = \$46,679.23.

As an incentive for the Full Time Sous-chef to work the night shift, A New Hope offers a 3% increase in the Day Shift's base salary. This is based on the national average of percentage raise individuals get annually.

$\$36,298.00 * 3\% = \$37,386.94$

Social Security: In Seattle the average is ~ 5.1% of salary

$$\$37,386.94 * 5.1\% = \$1,906.73$$

401K/403B: In Seattle the average is ~2.4% of salary

$$\$37,386.94 * 2.4\% = \$897.29$$

Disability: In Seattle the average is ~ 0.6% of salary

$$\$37,386.94 * 0.6\% = \$224.32$$

Healthcare: In Seattle the average is ~ 12.2% of Salary

$$\$37,386.94 * 12.2\% = \$4,561.21$$

Time Off: In Seattle the average is ~ 8.3% of Salary

$$\$37,386.94 * 8.3\% = \$3,103.12$$

Total Benefits = $(\$1,906.73 + \$897.29 + \$224.32 + \$4,561.21 + \$3,103.12) = \$10,692.67$

Salary and Benefits package for a Full Time Sous-Chef (Nights) at A New Hope: $\$37,386.94 + \$10,692.67 = \$48,079.61$.

The median salary for a Full Time Chef in Seattle, WA is \$48,142. A New Hope offers all full time employees a benefits package, which is broken down below:

Social Security: In Seattle the average is ~ 5.1% of salary

$$\$48,142 * 5.1\% = \$2,455.24$$

401K/403B: In Seattle the average is ~2.4% of salary

$$\$48,142 * 2.4\% = \$1,155.41$$

Disability: In Seattle the average is ~ 0.6% of salary

$$\$48,142 * 0.6\% = \$288.85$$

Healthcare: In Seattle the average is ~ 12.2% of Salary

$$\$48,142 * 12.2\% = \$5,873.32$$

Time Off: In Seattle the average is ~ 8.3% of Salary

$$\$48,142 * 8.3\% = \$3,995.79$$

Total Benefits = $(\$2,455.14 + \$1,155.41 + \$288.85 + \$5,873.32 + \$3,995.79) = \$13,767.51$

Salary and Benefits package for a Full Time Chef (Days) at A New Hope: \$48,128.00 + \$13,767.51 = \$61,909.51.

As an incentive for the Full Time Chef to work the night shift, A New Hope offers a 3% increase in the Day Shift's base salary. This is based on the average percentage raise individuals get nationally.

\$48,142.00 * 3% = \$49,586.26

Social Security: In Seattle the average is ~ 5.1% of salary

$$\$49,586.26 * 5.1\% = \$2,528.90$$

401K/403B: In Seattle the average is ~2.4% of salary

$$\$49,586.26 * 2.4\% = \$1,190.07$$

Disability: In Seattle the average is ~ 0.6% of salary

$$\$49,586.26 * 0.6\% = \$297.52$$

Healthcare: In Seattle the average is ~ 12.2% of Salary

$$\$49,586.26 * 12.2\% = \$6,049.52$$

Time Off: In Seattle the average is ~ 8.3% of Salary

$$\$49,586.26 * 8.3\% = \$4,115.66$$

Total Benefits = (\$2,528.90 + \$1,190.07 + \$297.52 + \$6,049.52 + \$4,115.66) = \$14,181.67.

Salary and Benefits package for a Full Time Chef (Nights) at A New Hope: \$49,586.26 + \$14,181.67 = \$63,767.93.

The median salary for a Full Time Kitchen Manager in Seattle, WA is \$52,785. A New Hope offers all full time employees a benefits package, which is broken down below:

Social Security: In Seattle the average is ~ 5.1% of salary

$$\$52,785 * 5.1\% = \$2,692.04$$

401K/403B: In Seattle the average is ~2.4% of salary

$$\$52,785 * 2.4\% = \$1,266.84$$

Disability: In Seattle the average is ~ 0.6% of salary

$$\$52,785 * 0.6\% = \$316.71$$

Healthcare: In Seattle the average is ~ 12.2% of Salary

$$\$52,785 * 12.2\% = \$6,439.77$$

Time Off: In Seattle the average is ~ 8.3% of Salary

$$\$52,785 * 8.3\% = \$4,381.16$$

$$\text{Total Benefits} = (\$2,692.04 + \$1,266.84 + \$316.71 + \$6,439.77 + \$4,381.16) =$$

Salary and Benefits package for a Full Time Kitchen Manager (Days) at A New Hope: \$52,785.00 + \$15,096.52 = \$67,881.52

As an incentive for the Full Time Kitchen Manager to work the night shift, A New Hope offers a 3% increase in the Day Shift's base salary. This is based on the national average of percentage raise individuals get annually.

$$\mathbf{\$52,785.00 * 3\% = \$54,368.55}$$

Social Security: In Seattle the average is ~ 5.1% of salary

$$\$54,368.55 * 5.1\% = \$2,772.78$$

401K/403B: In Seattle the average is ~2.4% of salary

$$\$54,368.55 * 2.4\% = \$1,304.85$$

Disability: In Seattle the average is ~ 0.6% of salary

$$\$54,368.55 * 0.6\% = \$326.21$$

Healthcare: In Seattle the average is ~ 12.2% of Salary

$$\$54,368.55 * 12.2\% = \$6,632.96$$

Time Off: In Seattle the average is ~ 8.3% of Salary

$$\$54,368.55 * 8.3\% = \$4,512.59$$

$$\text{Total Benefits} = (\$2,772.78 + \$1,304.85 + \$326.21 + \$6,632.96 + \$4,512.59) = \$15,549.39$$

Salary and Benefits package for a Full Time Kitchen Manager (Nights) at A New Hope: \$52,785.00 + \$15,549.39 = \$68,334.39.

Seattle, WA has an ordinance that went into effect on April 1, 2015 that sets minimum wage based on the size of the facility.

As this is a large hospital that doesn't include benefits in the part time individual's pay, the minimum wage in 2017 is set at **\$15.00/hr. This will be applied to all tray servers and dishwashers working day shift. A dollar increase - \$16.00/hr - will be applied to all tray servers and dishwashers working night shift.**

Since cooks/sous-chefs are a more specialized skill that requires additional schooling, research suggests a max hourly wage of \$18.32/hr. In order to leave room for continued growth and pay raises, **all part time sous-chefs working day shift will receive \$16.75/hr. A dollar increase - \$17.75/hr - will be applied to all sous-chefs working night shift.**

Monthly Labor Budget:

1 Kitchen Manager (Days) * \$67,881.52 =	\$67,881.52
1 Kitchen Manager (Night) * \$68,334.39 =	\$68,334.39
5 Full Time Cooks (Days) * \$61,909.51 =	\$309,547.55
5 Full Time Cooks (Night) * \$63,767.93 =	\$318,839.65
4 Full Time Sous-Chefs (Day) * \$46,679.23 =	\$186,716.92
4 Full Time Sous-Chefs (Night) * \$48,079.61 =	\$192,318.44
3 Part Time Sous-Chefs (Day) * \$16.75/hr = \$17,420*3 =	\$52,260.00
3 Part Time Sous-Chefs (Night) * \$17.75/hr = \$18,460*3 =	\$55,380.00
6 Part Time Tray Servers (Day) * \$15.00/hr = \$15,600*6 =	\$93,600.00
6 Part Time Tray Servers (Night) * \$16.00/hr = \$16,640*6 =	\$99,840.00
3 Part Time Dishwashers (Day) * \$15.00/hr = \$15,600*3 =	\$46,800.00
3 Part Time Dishwashers (Night) * \$16.00/hr = \$16,640*3 =	<u>\$49,920.00</u>
	\$2,041,438.47

Monthly Labor Budget = \$2,041,438.47/12 = \$170,119.87

Decreasing the monthly Labor Budget by 3% would be equivalent to cutting (\$170,119.87 * 3%) = \$5,103.60 from the budget.

In order to cut the budget down, A New Hope has opted to decrease the percentage they pay on healthcare insurance. Company insurance plans are continually in fluctuation and, though this will more than likely make employees unhappy, it is not an uncommon occurrence for insurance plans to change.

The shift will be from 12.2% of base salary down to 10.2% of base salary.

\$36,298 * 12.2% = \$4,428.36

\$36,298 * 10.2% = \$3,702.40 ---> This saves A New Hope \$725.96 * 4 = \$2,903.84 /12 = \$241.99 /month

\$37,386.94 * 12.2% = \$4,561.21

$\$37,386.94 * 10.2\% = \$3,813.47$ ---> This saves A New Hope $\$747.74 * 4 = \$2,990.96/12 = \$249.25/\text{month}$

$\$48,142 * 12.2\% = \$5,873.32$

$\$48,142 * 10.2\% = \$4,910.48$ ---> This saves A New Hope $\$962.84 * 5 = \$4,814.20/12 = \$401.18/\text{month}$

$\$49,586.26 * 12.2\% = \$6,049.52$

$\$49,586.26 * 10.2\% = \$5,057.80$ ---> This saves A New Hope $\$991.72 * 5 = \$4,958.60/12 = \$413.22/\text{month}$

$\$52,785 * 12.2\% = \$6,439.77$

$\$52,785 * 10.2\% = \$5,384.07$ ---> This saves A New Hope $\$1,055.70/12 = \$87.98/\text{month}$

$\$54,368.55 * 12.2\% = \$6,632.96$

$\$54,368.55 * 10.2\% = \$5,545.59$ ---> This saves A New Hope $\$1,087.37/12 = \$90.61/\text{month}$.

Additionally, four of the twelve tray servers will have reduced monthly hours. Upon review of the staffing plan, A New Hope has come to realize this job is currently overstaffed based on its hours of operations. Instead of cutting the position completely, four different individual tray servers on different shifts will have reduced hours on a month to month basis.

As the shifts are currently scheduled, tray servers work 4 hours/day, or $4*30 = 120$ hours per month. The two individuals will be scheduled for a 3 hours/day shift, or $4*30 = 90$ hours per month. The savings breakdown will be as follows:

Day Shift:

$4 \text{ hours} * 30 \text{ days} = 120 \text{ hours/month} * 2 \text{ Tray Servers} = 240 \text{ hours/month} * \$15.00 = \$3,600.00$

$2 \text{ hours} * 30 \text{ days} = 60 \text{ hours/month} * 2 \text{ Tray Servers} = 120 \text{ hours/month} * \$15.00 = \$1,800.00$

---> This saves A New Hope $\$1,800.00/\text{month}$.

Night Shift:

$4 \text{ hours} * 30 \text{ days} = 120 \text{ hours/month} * 2 \text{ Tray Servers} = 240 \text{ hours/month} * \$16.00 = \$3,840.00$

$2 \text{ hours} * 30 \text{ days} = 60 \text{ hours/month} * 2 \text{ Tray Servers} = 120 \text{ hours/month} * \$16.00 = \$1,920.00$

---> This saves A New Hope $\$1,920.00/\text{month}$.

The total savings with these two changes is equal to: $(\$241.99 + \$249.25 + \$401.18 + \$413.22 + \$87.98 + \$90.61 + \$1,800.00 + \$1,920) = \$5,204.23$. This is actually saving 3.06% of the monthly budget.

Marketing Plan for A New Hope: Center for Eating Disorder

A New Hope boasts great inpatient opportunities for individuals combating eating disorders. What it lacks is quality focus on its outpatient objectives and availability for those transitioning back into the real world once they've modified their eating behaviors. The following plan is a proposal on expanding into intensive outpatient opportunities at the facility.

Opening an outpatient section to A New Hope would offer great revenue benefits to the facility, especially in the food service department. This could also solidify a patient's reasoning for choosing the facility which, in turn, would increase A New Hope's revenue.

Examples of why a patient would potentially choose A New Hope for outpatient care:

- Gives patients a sense of security - graduating from an inpatient program to an outpatient program in the same facility with the same team.
- Patient knows the inpatient procedures have already worked for them and can expect similar outcomes from the outpatient treatment.
- Patient has already created a rapport with a treatment team and trust.
- Distance - if the patient is already a resident of Washington state, they could initially choose the inpatient program at A New Hope because of its locale and continue their outpatient care here.

The market is currently saturated with facilities specializing in outpatient care. If A New Hope focused their marketing efforts on the relationships between a patient and their nutrition care team, how the transition will take place from inpatient to outpatient programs, and highlight that the extreme specialization of the facility in adolescent and young adult eating disorders makes them an invaluable asset as an eating disorder facility, not a liability.

SWOT Analysis:

<p>Strengths</p> <ul style="list-style-type: none"> • Established inpatient care facility. • One of a select few facilities that caters to adolescent and young adult rehabilitation in Washington State. • Focus on treatment team dynamics to increase patient preparedness and willingness to combat their eating disorders. • Holistic activities - art, yoga etc. 	<p>Weaknesses</p> <ul style="list-style-type: none"> • Brand awareness - could focus on better brand development to attract customers. • Extremely specialized target market: age restrictions; only for individuals with eating disorders. •
<p>Opportunities</p> <ul style="list-style-type: none"> • Continuing education and reinforcement of patient mindset toward food. This allows for real follow-up between the patient and their treatment team. • Catering or meal delivery services for patients not eating at the facility every day. • Attractiveness - getting and retaining patients as well as attracting extremely qualified staff. • Ability to develop qualified service agreements with other healthcare professionals or facilities --> referral of patients to A New Hope. 	<p>Threats</p> <ul style="list-style-type: none"> • The Emily Program - adolescent eating disorder facility that offers inpatient and outpatient care outside of Seattle. • Saturated market - many big facilities located in Seattle and California. • Hospitals with eating disorder treatment floors. • Referrals from therapists, psychologists, and counselors to different facilities.

- Special Interest Programs (ie offering individuals with a language barrier care from someone who speaks the same language etc.)

Unfortunately, forecasting shows that eating disorders are increasing in prevalence and currently affect over 24 million people in the United States. What is even more disturbing is that the average age of individuals with disordered eating is continually decreasing, with signs and symptoms occurring in children as young as 6.

The current market has many options for eating disorder facilities but none that are as specialized in adolescent/young adult rehabilitation as A New Hope. The main competition in the Seattle area is a small facility, The Emily Program, located in Bellevue, WA. The Emily Program only has 16 beds for its inpatient care but does have outpatient care and is nationally known/has multiple locations throughout the US. The Emily Program is also meant for individuals of all ages rather than A New Hope's target age of 12-25.

Distribution: Marketing for the new outpatient services would happen first within the facility. Those individuals who are transitioning out of their inpatient care would be offered the first spaces in the outpatient program. As the costs accompanied with the initial start-up of the outpatient program will be significant, there will only be 40 spots available for the first year.

All individuals on the patient care team will do assessments as patients are nearing the end of their inpatient stay. They will evaluate who they believe will need more help adjusting to life outside of the facility and whom they believe has a need for more structured outpatient care.

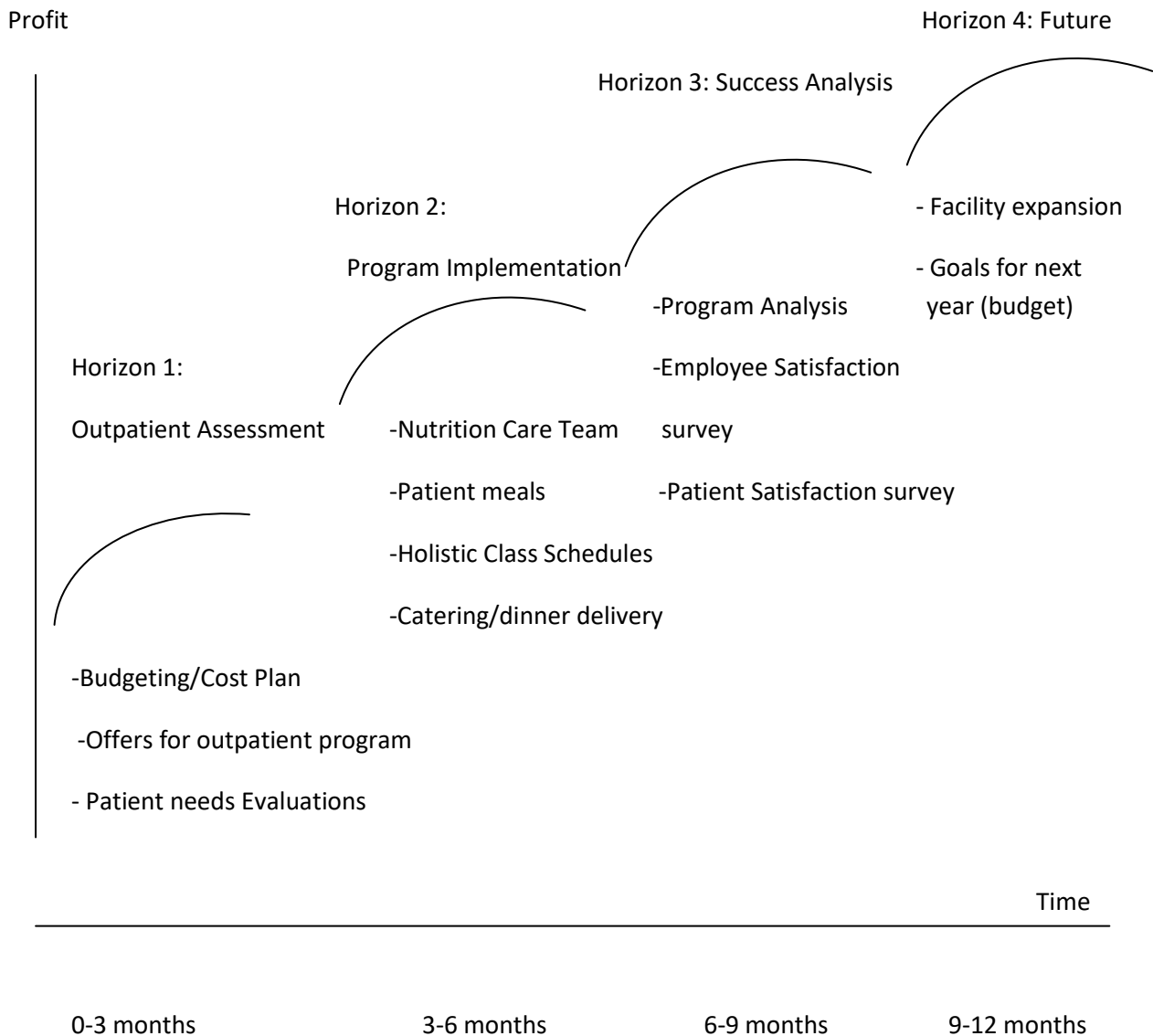
The individuals determined eligible, will be invited to join the outpatient program.

As there are not many outpatient facilities in Seattle for individuals with eating disorders between the ages of 12-25, I believe the general feedback on opening this part of the facility will be positive. The initial cost will be high as there will be a need for more cooks, chefs, meal transportation vehicles and employees, as well as facility expansion for the outpatient operations (hours from 7am - 4pm).

Survey analysis and forecasting analysis will be conducted every three months to determine baselines for operating the outpatient part of the facility. This could be very time consuming and will require a lot of in depth statistical analysis.

Based on data from other inpatient/outpatient eating disorder facilities, the expected outcome would be increased revenue, especially from the foodservice stand point. Catering operations will be developed and there will be an expected increase in breakfast and lunch time meals as more patients will be in the facility during those times.

Something that could potentially threaten the outpatient expansion would be a brand new facility entering the market or a hospital in the area expanding their expertise in eating disorder treatments. These types of threats will need to be continually monitored by management at A New Hope.



The main goals of outpatient expansion are as follows:

- 1) Determine which of the patients phasing into outpatient care will be eligible for A New Hope's outpatient programs. Once 40 patients have been identified and agree to further their care, the program will begin. This will happen in the first 3 months of the program inception.
- 2) Distribute outpatient program information on company website and throughout the facility - started in the third month and continue into the foreseeable future.

3) Determine goals for breakfast and dinner meal increases at the facility based on previous facility numbers. This should be done by the end of month 4.

4) Reach-out to eating disorder facilities in the area that don't have proper accommodation and are looking for places to refer their own patients. This will be done through networking - a fundraiser for the new outpatient facility at A New Hope, emails, and radio spots. The fundraiser will be hosted during the second quarter (somewhere between 3-6 months). The goal is to have at least a 25% increase in interest or application to the outpatient facility at A New Hope.

5) Distribute employee and patient surveys for thoughts on the outpatient program and where changes can be made for improvement. Surveys will be distributed at 6 months and should have analysis finished by 9 months.

6) The goal by the end of the first year will be to double patient enrollment (80 individuals). This will offer insight into expansion options.

6) Determine if expansion is feasible based on current patient ratings, budget, and revenue increase from first group of individuals in the outpatient program.

With the data collected over the first year of outpatient services, A New Hope will be able to determine if the market is deep enough to expand the facility for increased numbers of outpatient program participants. Current forecasting expects this to be a very attainable goal.

Marketing efforts will continue to advertise why outpatient services at A New Hope have been influential in the area and they will use their experience in offering exceptional eating disorder nutrition treatment for inpatient practice to provide outpatient care.