

4.4FOOD SERVICES

4.4.1Overview

Good food is important in the treatment of the patient and in a part of his total care.

The food service department in today's modern hospitals ranks as one of the major department.

It is headed by a specialist who is either a professional manager or a chief dietitian.

Most people tend to pass judgements on the cleanliness of the hospital, the personnel care and attention given to them as patients and visitors and on the quality of food.

The coffee shop is one of the places where a visitor often stops by on entering the hospital and it sets the overall impression of the hospital for the first-time visitor.

An irritated customer may give vent to his feelings at the patient's bedside and look for faults in patient care.

Hospitals have long recognized the public relations value of the food service department.

Unfortunately, criticism of food is one of the most frequently heard complaints in any hospital.

The major share of this criticism can be avoided by a properly planned and administered food service department.

4.4.2Functions

1. Provide the best possible food at a cost consistent with the policy of the hospital.
2. Buy to specifications, receive supplies, check their quantity and quality, and store, produce, portion assemble and distribute food.
3. Establish standards for planning, menus, preparing and serving food, and controlling meals. Standards must be established before setting up food purchase specifications.
4. Establish policies, plan layouts and equipment requirements.
5. Plan and implement patient therapy, education and counselling; advise patients and their families on special dietetic problems prior to their discharge from the hospital or when referred from the outpatient clinics.
6. Train dietetics interns.
7. Impart instructions to nurses, medical and dental students, interns and residents about principles of nutrition and diet therapy.
8. Cooperate with medical staff in planning, preparing and serving experimental metabolic research diets.

4.4.3Location

Earlier, hospital kitchens were generally allocated space unusable for any other purpose.

A food service department located below the ground level is certain to have a deleterious effect on the

quality of food and efficiency of the department.

A kitchen is the basement, for example, is likely to be dingy, dark and poorly ventilated. A ground floor location is preferable, and is who convenient to deliver supplies.

Current cooperation/municipal by laws in most places prohibit locating kitchens in basement floors.

Older hospitals that had this kitchens below the ground level found themselves in a quandary when municipalities in cities started enforcing this rule.

The department should be close to the materials management department and the storage area should be close to the unloading dock.

Easy access to vertical transportation system serving patient care units is important to facilitate delivery of patient meals and return of used trays and utensils.

The cafeteria and dining room should be close to the food preparation and production area and within convenient access to the hospital staff.

4.4.4 Design

The design and physical facilities of the food service department have an important bearing on the standard of food service, labour costs and the morale of employees.

For example, storage rooms for removed from the work area, poor arrangement of the preparation and production areas for work flow and a long travelling distance for prepared food lower the employees efficiency levels and increase unnecessary steps resulting in increased costs.

In general layout, the most important factor to be borne in mind is the logical work flow- receiving supplies, storing and refrigerating them, preparing and serving food, returning trays and washing dishes.

There should be adequate space and facilities to perform the work in each of these functional areas.

Fig. 4.1 shows a typical food service department flowchart. Fig. 4.2 shows a plan of food service department.

4.4.5 Functional Areas

i) Receiving Area and Control Station

The food service department requires a substantial amount of supplies and materials.

The receiving area that may be common to other hospital supplies and should be large enough for handling bulk supplies.

The receiving clerk inspects and checks all the supplies both for quantity and quality.

In the case of dietary supplies, the direction or a staff member of the food service department personally checks the supplies.

The receiving area should be equipped with scales to weigh materials and supplies.

All internal control measures described under materials, management apply to this area

too.

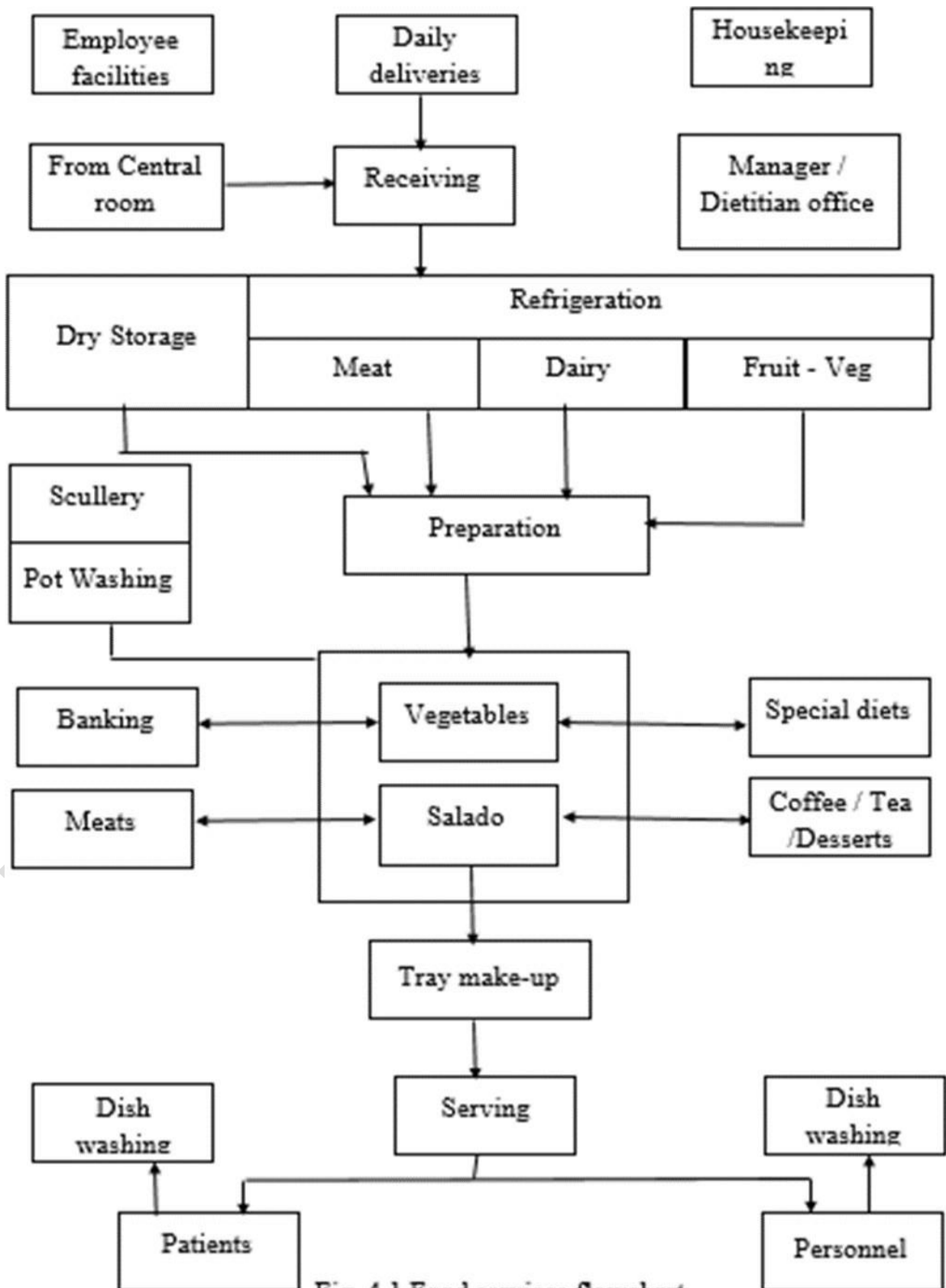


Fig. 4.1 Food services flowchart

ii) Storage and Refrigeration Room(s)

The storage area, which comprises dry and refrigerated storage, should be adjacent or close to the receiving area.

Dry storage is for staples and refrigerated storage for perishables. Hospitals generally stores several days' supplies to meet any eventuality. Some dry foods are bought and stored in bulk.

Wooden, or steel racks and platforms are used for storage.

Large hospitals have walk-in coolers and refrigerators with varying degrees of temperature for meat and meat products and poultry, dairy products and eggs and fruits and vegetables.

As in restaurants, it is a common practice in such hospitals to freeze all leftover foods for later use.

The refrigerators should have a thermometer in each unit to check temperature daily.

The walk-in refrigerator should also have an alarm connected to a place with a 24-hour personnel coverage in case someone gets locked inside accidentally.

iii) Preparation and Production Areas

Some hospitals prefer to have a separate pre-production preparation area where sorting, peeling, slicing, chopping and washing may be done prior to cooking.

A double sink with draining boards, worktops, peelers and grinders are the necessary facilities and equipments.

There should be efficient arrangements in the production area so as to permit the best workflow and minimum cross traffic.

Special attention should be paid to the size of the production area.

Early in the planning stage, it should be decided whether the hospital will serve only vegetarian food or non-vegetarian food as well.

There should be a separate kitchen for non-veg foods.

Some raw foods, when cooked may produce disagreeable odours and also taint other food. This may be necessary to handle separately.

Food in hospitals is prepared using the progressive approach.

In progressive cooking, food is prepared in small batches at regular intervals during the serving-time.

This provides freshness and palatability and the food remains hot.

The essentials of good production are:

- Good physical layout that ensures easy flow of work.

- U t techniques of preparing each kind of food that preserve natural flavour and nutritional value.
- Progressive cooking and preparation in the shortest possible time.
- Good management and supervision.

iv) **Serving Room**

The serving room is a place where patient food trays are assembled or made up. It receives prepared food in bulk from the kitchen and the refrigerators.

After the trays are assembled, they are loaded on to tray carts or food trolleys and sent to the patient floors.

It is imperative that the serving area be close to the elevators.

The equipment and facilities in the serving room includes refrigerators, table-tops and cupboards for storing trays, dishes, cutlery and other articles necessary for assembling trays.

The dietitian has the overall responsibility for inpatient food.

She has the last immediate duty of checking the trays for proper identification, accuracy and temperature of foods and ensuring that the food is palatable and served attractively.

v) **Food Delivery**

Food trolleys that can be plugged into an electrical outlet to keep the food hot are now available.

An airline track is a tray truck with separate heated and refrigerated sections for hot and cold foods, and bulk thermal containers for liquids.

The hot bulk cart contains hot food in bulk that is dished on to the patient trays on the patient floors.

Many hospitals distribute foods in individual hot food containers carried in open food

Smaller hospitals may serve them in ordinary tiffin carriers. Beverages like

coffee and tea are poured in the patient rooms.

Whatever the method of distribution is used, the patient serving should not take more

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than 45 minutes; if it does, the system should be evaluated.

vi) Special Diet Kitchen

This is an integral part of the hospital kitchen.

The special diets should be prepared under the supervision of a qualified dietitian the actual preparation being carried out by student dietitians or interns as part of their training.

Since special diets are usually modification of the basic menu and since the special diet kitchen derives its supplies from the main kitchen and transports the trays through the same tray carts, it should be located in the main kitchen or close to it.

It also requires pots, pans vessels, etc. like the main kitchen but on a much smaller scale. In addition, it requires scales for weighted diets.

vii) Dishwashing Area

Dishwashing, an otherwise noisy job, is made easy with large modern dishwashing machines.

In these, a continuous stream of soiled dishes are loaded at one end and clean dishes unloaded at other side.

Wire baskets may be used to place glasses and cups in individual compartments.

In smaller hospitals, washing of dishes, etc., is generally done manually in the scullery. An abundant supply of hot and cold water should be piped to the dishwashers and sinks. Drainage and plumbing should be well engineered.

Soiled dishes are brought to the dishwashing area and scraped. The waste is collected in a garbage receptacle.

Dishes are then checked and placed in dishwashing trays, and loaded for washing. After this, they are stacked in appropriate places for reuse.

viii) Pot Washing Area

Washing of pots, pans and utensils is usually done by hand. It is best done in a separate room.

The place must have deep sinks, abundant supply of hot and cold water and drying racks.

Pots and utensils should be identifiable so that they can be returned to their respective user units.

ix) Cafeteria

While accepting the proper nutritional care of patients as the primary responsibility of the food service department, most hospitals also provide food to non-patients and non-patient areas, such as the hospital staff, visitors and patient bystanders.

They also cater to functions and meetings through the cafeteria, coffee shop and the snack bar.

In planning the cafeteria, the following factors should be considered:

1. The number and kinds of groups to be served-day staff, resident medical and nursing staff, visitors, patient attendants and bystander.
2. Whether these should be separate dining rooms for medical staff, officers, VIPs and other staff.
3. Types and extent of food selection-vegetarian or non-vegetarian, number of food items, a complete meal for a fixed price or items by selection
4. Kind of service – self-service at the counter or table service; whether there should be a separate counter for doctors.
5. Size of the dining room and number of shifts – whether all persons can be accommodated in two or three sittings during a one or one-and-a-half-hour mealperiod.
6. Method of clearing table. If self-service, whether personnel will be required to return their trays to a designated area, e.g. a trolley or a cart, and whether they will be required to dump garbage in the garbage bin before depositing the trays.

The hospital cafeteria works like a fast food business operation – cash down.

The customers buy coupons at the counter, pick up food items in exchange for them, carry their trays to the tables and eat.

Alternatively, they pick up their food items in a tray and pay the cashier who will be seated at the far end of the food counter.

The hospital cafeteria should be designed for this kind of operation.

A customer-oriented menu is the key to the successful management of a hospitalcafeteria.

The chief of food service must recognize certain fundamental principles that ensure an efficient and profitable running of the cafeteria. They are:

- Satisfaction of the customers who enjoy good food. In the case of hospitals, they are more of semi-captive customers.
- Variety in food. Patients may or may not be accustomed to luxury but most of them are used to variety in their diets at home. If it is not provided, they may quickly develop a distaste for the food.
- Purchase of high quality food at economical prices.
- Receiving and storing food supplies properly.
- Exercising effective control on supplies at the point of receiving, storing andissuing.
- Preparing foods according to standard recipes and standard quality and serving them attractively in standard portion.
- Accounting for sale of food.

x) Coffee Shop and Snack Bar

The coffee shop and snack bar should preferably be away from the main kitchen and dining rooms to cater largely to in-between-the-meals coffee, tea and snacks to outpatients, visitors and personnel.

This way, the main cafeteria can remain closed except for breakfast, lunch and dinner as keeping the whole cafeteria open over two shifts is costly.

The coffee shop should be easily accessible to outpatients, particularly emergency patients.

This is important in the night when the cafeteria is closed and the patients need refreshments.

It should be designed like a fast food restaurant for a quick turnover of patrons and not as a lounge where people settle down for an informal chat over a cup of coffee or tea.

4.4.6 Organization

Traditionally, a dietitian has been the chief of the food service department, also called the dietary or nutrition department.

But in larger hospitals, professional managers with degrees in management and food service or hotel management are now becoming more common with dietitian as the dietetic supervisor.

In smaller hospitals, the dietitian may serve a dual role as both dietetic supervisor and department manager.

The manager usually reports to one of the associate administrators.

The department has two main functional divisions: one relating to the administration of the department and food production, and the other relating to therapeutic food service and instructions to patients, and their counselling.

Administrative duties ranging from purchases to planning of menus occupy most of the manager's time.

The therapeutic duties include diet therapy, planning patient menus and special diets, supplying a special diet list to patients and counselling.

Educational activities include teaching students and training dietitian trainees. The bulk of workers in the department are unskilled.

The trend in hospitals is to employ workers at the lowest salary level

The results in instability, lack of responsibility, and poor quality of work. The department is often a hotbed of unions and union activities.

Many hospitals make it mandatory that those working in the food service department undergo physical examinations regularly to ensure that they are free of communicable diseases.

Dietary aides, if properly trained, can perform a variety of functions such as checking supplies, writing requisition, checking and reporting census, making out time schedules, checking routine tray line, and making out charge slips.

Early in the planning and design development stage, hospitals should decide as a matter of policy whether hospital food is to be compulsory for all patients or whether they can bring food from home, perhaps with the exception of special diets.

The size of the department and the primary functions of this department.

- It is the determination of meals that are to be served to the patients and the non-patients.
- Cycle menus that are commonly used consists of a series of skeleton menus to be served over the length of the cycle-weekly, biweekly, or monthly.
- Variation are sometimes made to take advantage of seasonal foods.

Some progressive hospitals allow the patients to select their own meals using menu cards as in restaurant.

Dietitians help patients in giving their orders.

Therapeutic nutrition requires a qualified dietitian to assist in patient therapy.

In most case, nutrition therapy, as ordered by a physician, requires modification of the normal diet in its content, consistency and preparation.

Therapeutic and special diets and meals should be clearly marked, preferably by colourcoded labels.

4.4.7Facilities and Space Requirements

- Food service manager's office. It should offer an unobstructed view of all the parts of the department, and be ventilated and preferably soundproofed.
- Secretarial, clerical office with space for file cabinets and other equipment, seating for visitors, vendors, etc.
- Office space for chief dietitian and staff dietitians. Some hospitals locate the office of therapeutic dietitians on the patient floors so that they can be available quickly to the medical staff and patients.
- Receiving area.
- Storage and refrigeration area with walk-in refrigerators, coolers and drug storage.
- Pre-production preparation area.
- Cooking or food production area, separate for vegetarian and non-vegetarian foods.
- Special diet kitchen.
- Tray assembly or
make up area.
Dishwashing area.
- Pot washing area.

- Trolley, cart washing area and clean act storage area.
- Deep sinks and hand washing facilities in various places.
- Garbage disposal facilities.
- Storage with racks and cabinets for clean trays dishes, cutlery etc.
- Storage with racks for clean pots, pans, vessels, etc.
- Employee facilities like lockers, staff toilet, etc.
- Janitor's closet.
- Dining hall with self-service counter, cashier's booth, clean tray storage area, seating for adequate number of people, used tray depositing area, hand washing facilities, drinking water fountain, etc.
- Special (private) dining rooms for officers, medical staff, special guests, meetings, etc.
- Coffee shop/snack bar, preferably off site.

4.4.8 Problem Situation

4.4.8.1 Conflicts

Conflicts often arise between the food service staff and the nurse service staff and the nursing and admitting staff when patient admission, discharge and transfer result in last minute requests, cancellation, or changes in preparation and delivery of scheduled meals.

Sometimes, food gets wasted.

A degree of tolerance, understanding and effective communication will help reduce such conflicts.

Another point of conflict between the food service and nursing department is who should pass and pick up patient trays. This is an administrative decision.

It is hard to provide a menu that pleases everyone.

Complaints against the food service department are common and frequent.

The work of the department is rendered more difficult because of the need to contain costs.

Dietitians can play an effective role in this regard both in the preparation of the menu and in talking to patients, especially in the matter of special diets which may not always be palatable or pleasing to the eye.

Many hospitals provide subsidized food to personnel and charge a much lower rate to them to visitors and patients.

Some hospitals provide free food to employees of the food service department while on duty.

Most hospitals like to continue this tradition, but it because of the rising cost, they have to reduce or abolish the subsidy, and it may breed resentment among employees.

4.4.8.2 Theft

Petty theft and pilferage are common in the food service department.

These mostly involve food dishonest consumed on the premises, stealing patient food, eating food left in patient trays, and pilfering food from the store room and pantries on the patient floors.

The biggest offenders are the employees of the department, housekeeping, maintenance personnel and guards.

An effective method to curtail this is to lock the place where food is stored. Good supervision is necessary.

Bigger frauds can take place in materials management level, particularly in the purchasing process.

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