

Food Services in Hospitals

By

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The treatment of diseases through diet or therapeutic diets is a fairly new development in hospitals. Even today in India, we do not have Dietitians to handle diets for patients. It was the "lady with the lamp"—Florence Nightingale, who further emphasized the importance of diet for the wounded soldiers during the Crimean war. Thus, she laid the foundation for the establishment of diet kitchen in hospitals. She built the first diet kitchen in 1855 in order to provide "clean, nourishing foods for the ill and wounded soldiers in Scutari." Alexis Soyer was the chief Chef in that kitchen. The plans and procedures set up by him were so independent and efficient that they still hold good for our modern practice.

We have hospitals run by various managements in our country—Central Government, State Government, Corporations, Municipalities, District Boards, Missions, Kasturba Trust and so on. It will be rather difficult to enforce uniform procedures for diet kitchens and therapeutic diets when the managements are so varied and diversified. However, the importance of maintaining good nutrition for the staff and the sick in hospitals through scientific food services, should be recognised in every institution. Feeding the sick efficiently entails many difficulties. First of all, the normal diet must have many modifications to suit the different types of patients and their ailments. The diets may involve greater expense; keeping hot foods hot, and cold foods cold is another problem. In order to feed the individual patient, tray service and the necessary equipment for the same, create another item of expenditure, but when once the relation of efficient food service to the health, well being and happiness of the patient is understood, all

necessary sacrifices and efforts will be made to secure the essentials.

A first class organization should necessarily employ a trained Dietitian to be in charge of food units. Her work will consist of :

The supervision of diets and also the serving.

Giving direction to the personnel who help to prepare the meals.

Teaching dietetics to student nurses, medical students and patients. Planning and purchasing food.

Calculations of dietary needs and requirement; and keeping of accounts.

Additional house keeping duties in relation to food service,

Sharing in community enterprises specially in the field of Nutrition and Health.

Meal planning is one of the essential functions of the Dietitian or the person in charge of Food Service in the hospital. The following basic factors should be considered while planning meals.

The nutritional requirements of the group of people to be fed; their food habits as influenced by locality, race and religion must be studied.

The amount of money available for the food, and the foods which can be procured in the locality have to be taken into account.

Also the type of personnel employed in Food Service, the equipment on hand and other resources which can be commanded, are to be considered.

(A knowledge of the nutritional requirements of Indian people can be obtained from Health Bulletin No. 23, Government of India.)

It is very difficult to change food habits even over a long period of time. Food habits are part of the total culture of the people and inextricably bound up with other aspects of living, methods of production of food, distribution and consumption of commodities, cost, status, education etc. Habits are instilled from childhood. They are influenced by regional and national characters. Therefore, any attempt to change food habits should be very tactfully carried out.

Income is one of the main factors affecting food intakes. The percentage of money spent on food increases as the income decreases. The middle class family in India might spend 50% of their income on food. This expenditure on food may be distributed as follows :

- 20% on milk
- 8% on butter or other fats
- 2.5% on potatoes
- 10% on pulses
- 5% on fruits
- 11% on vegetables
- 5% on eggs
- 22% on meat and flesh foods
- 8% on cereals
- 8.5% on others.

The seasonability of foods specially under the different climatic conditions of India affect the nutritional status of people. When protective foods like mangoes and guavas are available in plenty, people in general enjoy better health during that season. In the dry summer days when fresh vegetables are scarce, malnutrition is very common.

The number, type and experience of the personnel employed in Food Service affect significantly the nature of the food served. The equipment, services and time available also influence meal service.

There are certain procedures to be carried out in meal planning :

Planning of menus in advance :

Since time is a limiting factor, carefully planned out menus far in advance ensure minimum expenditure on time and money. They also avoid repetition of foods and facilitate pur-

chase. The person in charge of Food Service must plan menus for a definite cycle of time—8 to 12 days or a week allowing flexibility in the choice of food materials. If the menus are not planned ahead, last minute preparations will bring in much confusion. The menus should be adjusted and interrelated to those of both preceding and succeeding days. They should help to maintain high standards of preparation and palatability. According to Dr. M. S. Rose, "The ideal meal is a simple one—in which the different types of food are harmoniously represented, but not repeated, and in which food accessories such as pickles and condiments are little needed because the foods themselves are well cooked and each contributes its own characteristic flavour, texture, form and colour to the making of a well blended whole."

Monotony should be avoided in the menus. The following points should be borne in mind while planning menus :

- The purpose of the diet.
- Respect for the habits of the individual
- Suitability, seasonability and availability of foods
- Amount of money and labour involved
- Equipment at hand
- Type of service available
- Cost
- Variety

and advance planning.

It is very important to keep a record of menus.

There are various forms of recording menus. Given below are two forms :

FORM 1.	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Milk							
Meat							
Eggs							
Cereals							
Vitamin C foods							

Vegetables :

Leafy
Yellow
Potatoes
Other fruits

FORM II

Breakfast Lunch Tea Dinner

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Food preparation is the next important step after planning the menus. Preparation of foods should help in the conservation of nutritive values, improvement of digestibility, increasing palatability and attractiveness, and assure safety for human consumption. The person in charge of Food Service must be conversant with the different methods of cooking and must be able to select and apply the suitable one for the particular food. Finally the cooked food should

be served attractively and pleasingly.

If the above principles are applied, it will be then possible to maintain proper standards in a hospital food service. When Dietitians take the place of the present contractors and stewards in hospitals, the role of diet in disease will find its place in treatment. The food service manager or the Dietitian should select her personnel carefully and define the objectives of the diet kitchen to them. She must prescribe standards for meal preparation and procure suitable equipment and provisions. Records must be carefully kept and a high order of sanitation should be established. She should also have a reasonable amount of teaching aids at her disposal. She should be the nucleus for nutrition education in the hospital and community. Through her teaching, records and work in the diet kitchen, there will be provision for research in the therapeutic diets.

WORLD HEALTH DAY

"Clean Water means Better Health"

April 7

A Statement

By

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Abundant supplies of clean water have always been a necessary condition for the rise of the great civilizations of history. Civilizations and cultures were nurtured in the valleys of famous rivers—the Nile, the Euphrates, the Indus, the Ganges and the Yangtse. As these civilizations flourished, however, their growing populations only too often themselves poisoned the waters on which their life depended.

As little as one hundred years ago, cholera, typhoid, the dysenteries and other diseases caused by polluted water still ravaged the peoples of all the continents. Then around 1850 there began what has been called the Great Sanitary Awakening. Through the pioneering labours of people like Chadwick, Shattuck and Snow, and the discoveries of scientists like Pasteur and Koch, the foundations were laid of the great science of public health.