

# **THE DESIRABILITY OF HOSPITAL CATERING SERVICES IN NATIONAL HEALTH CARE DELIVERY**

By

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## **INTRODUCTION**

Hospitals redefine their quality and service standard, in particular, the hospitality aspect of their business. It is in order to meet this and spruce up their hospitality business that many hospitals turn to the hospitality industry for experts to provide the patients with a wonderful healthcare experience (Dada, 2017)

Hospital food is an essential part of in-patient care. Appetizing foods encourage patients to eat well and must contain the nutrients they need to recover from surgery or illness. Catering staff, dietitians, clinical staff, porters, nurses, speech and language therapists, healthcare support workers and other staff who contribute to the provision of food and fluid to hospital patients all have important roles to play in the coordinated approach necessary to provide patients with quality food service (Tony and Jean, 2011)

Effective hospital catering has a framework which is holistic in approach and touches on the following areas

- The dietary needs of each hospital population
- Identification of nutritionally-at risk patients
- Menu planning
- Need for standard recipes and nutritional analysis of menus
- Menus that meet the nutritional requirements of the diverse patient population
- Nutrient and food based standards for meals, snacks and beverages
- Food service standards that promote the best possible eating experience for patients
- Patient's choices

- Ward provisions (Culled from Wales food fland, 2011)

## **CONCEPT OF EFFECTIVE HOSPITAL CATERING**

In order to fully understand the concept of effective hospital catering, it is necessary to point out what effective hospital catering is not.

- Effective hospital catering is not imposing meals on patients because the hospital has limited choice of foods in their menu for the day.
- Effective hospital catering is not serving cold foods to patients because the distance between the kitchen and ward is far and there are no equipment for holding food hot till service time.
- Effective hospital catering is not non-compliance to meal time policy. This does not encourage distractions of the patients during meal time by doctors, nurses and visitors.
- Effective hospital catering is not using old and worn-out serving equipment to present foods to patients.
- It is not producing tolerable, cheap foods, because the hospital caterers want to make more money at the expense of the vulnerable patients, whose immune systems are already weak.
- It is not producing food in unhygienic environment, infested with flies, rodents, cracked walls, poorly ventilated kitchen with poor lighting system
- It is not engaging amateur kitchen staff that barely understands hygienic food handling curbing contamination.
- It is not late service of food even if production started late
- It is not serving food without giving due consideration to the nutritional requirements of individual patients

Effective hospital catering is the provision of food and beverages to patients and people in hospitals to achieve their optimum nutritional requirement and overall well-being through best practices in all ramifications.

Wales (2011) opined that efficient hospital catering should be affirmative in answering the following questions

1. Are the systems of procurement of commodities such that they are sourced from safe suppliers?
2. Are the food production systems well controlled?
3. Are efficient arrangements put in place to deliver the foods to the wards?
4. Do the arrangements at the ward levels help meet patients needs and support their recovery?
5. Is there feedback mechanism to monitor patients' satisfaction with catering services?

These are pertinent questions which response determine the quality of catering services at the hospitals.

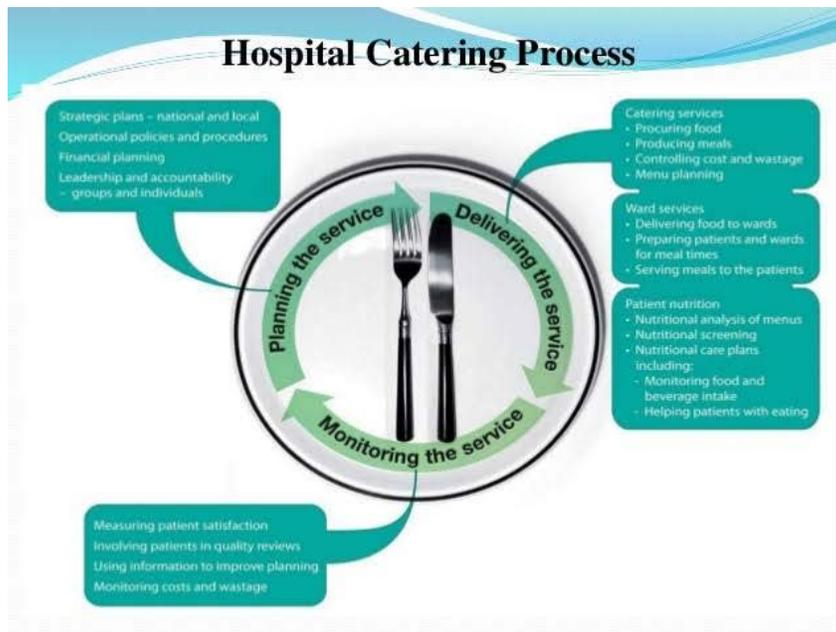
## CHARACTERISTICS OF GOOD NUTRITIONAL CARE IN HOSPITAL CATERING

In order to have a sound nutritional care to complement medical care, a sound system of nutritional need analysis and as well as assurance is imperative. The following points are germane to guarantee adequate nutrition for patients

- All patients are screened on admission to ascertain their nutritional status particularly those with significant nutritional problems or those at risk of it. Patients should be re-screened weekly to measure their progress.
- There must be a care plan which identifies the nutritional care needs of patients and how they can be met.
- The hospital must include specific guidelines on food services and nutritional care in its clinical arrangements.
- Patients must be involved in planning and monitoring arrangements.
- Implementation of protected mealtimes to provide a conducive environment to enjoy the meals. All staff and departments must respect these mealtimes.
- All staff have the appropriate skills and competencies needed to ensure that patients' nutritional needs are met and all staff receive regular training on nutritional care and management.
- Hospital facilities are designed to be flexible and patient focused, to provide and to deliver an excellent experience of the food service and nutritional care, 24 hours a day, everyday
- The hospital has a policy for food service and nutritional care, which is patient centred and performance managed, in line with governance frameworks.
- Food services and nutritional care can be delivered to patient only.
- The hospital supports a multi-disciplinary approach to nutritional care and values the contribution of all staff groups working in partnership with patients and users

(Source: Council of Europe Resolution, Food and nutritional care in hospitals, 2009)  
<http://www.nrls.npsa.nhs.uk/resources/>

## THE HOSPITAL CATERING PROCESS. FIGURE I



Source: Wales Audit Office, 2011

Medical treatment and the hotel function (catering) determine patient satisfaction (OZ, 1991) and both functions play a role in the competition between hospitals. Research has shown that patient satisfaction regarding non-aspects of a hospital stay have a large effect on overall satisfaction (Berry & Bendaupdi, 2003; Berry et al, 2003).

Dada 2009 opines that well known models for customer satisfaction, such as servqual and serviceage contain a number of dimensions that can be applied to a hospital stay

Serviceage is a framework developed by Bitner to understand the relationships between environment and user in service organisation (Bitner, 1992). The framework includes parameters concerning perceived (physical space, employees) and customer's response

## OVERVIEW OF DIMENSIONS OF PATIENT/CUSTOMER SATISFACTION MODELS

PCF 2006	Gallagher & Hodge 1999	Picker Institute	Servqual (Babakus and Mangold 1992)	Servicescape (Bitner, 2002)	Fitzgerald et al (1991)
Comptence		Safe High Quality Care	Reliability Service Performance		Safety Competence
Information		Communicati on	Information		Communicati on
Treatment, Respect, sincere attention, spending time, tact keeping, no imposing appointment, support, independence, respect patient's decisions, room for personal belongings	Service provider values, caring, extra mile, anticipating future needs	Emotional support, respect for patient's preferences, involvement of family and friends. Overall impression including courtesy	Empathy, caring, Individual attention, assurance, inspire trust and confidence. Courtesy, responsiveness, willingness to help promptly	Employee Response	Courtesy, friendliness, reliability, responsiveness & availability
Organisation, complaints procedures, visiting hours		Service values, timely, available, adoptable, accessible, flexible	Coordination of care		
Accommodati on, accessible hygiene and cleanliness, personal space	Physical comfort	Tangibles, physical facility, staff appearance, equipment	Space layout, signs, ambience conditions	Accommodatio n, access, comfort, appearance, cleanliness, safety	
Evaluation, Inspection, Procedures					

Source: NPCF, 2006

Coming to hospitals, generally the perceived (physical) space would include hygiene and cleanliness, employees will consist of nursing, catering, medical and facility staff Dada (2017).

The model, the most used model to measure customer's satisfaction distinguishes five dimensions, naming tangibles, reliability, responsiveness, assurance and empathy (Babakus and Mangold 1992).

### CHALLENGES AFFECTING THE IMPLEMENTATION OF EFFECTIVE HOSPITAL CATERING

1. **Poor Funding:** Most hospitals neglect the role that catering plays in the recuperation of the patients, and they most times feel nonchalant in pumping money in that department. The finance, the production arrears of the hospital catering can be fully equipped with the latest equipment which facilitates speed and ease in cooking.
2. **Non-sticking to meal time policy:** Protected meal time s are times or periods when all non-urgent clinical activity stops on hospital wards to allow inpatients/patients to take their meals without unnecessary intense policy and when nursing staff is needed to give help and support to patients during meal times.
3. **Problems of Bernice Planning and Monitoring:** The NHIS involvement should not be regulated only to giving discounts to drugs etc. Some of their policies with respect to service planning and monitoring of hospitals are patchy, a lot needs to be done.
4. **There should be validated nutritional screening for patients on admission and a clear plan of action should be implemented for patients identified with or at risk of nutritional problems.**
5. **Hospital menus should be properly designed and plan and it should state categorically the number of courses required, portion sizes, timing, this should be done using standard nutritionally assessed recipes to ensure meals have the appropriate nutritional content.**

### **ROLES OF HEALTHCARE PROFESSIONALS IN IMPLEMENTING EFFECTIVE HOSPITAL CATERING**

1. **Ward Level Caterer:** Safe delivery of patient's meals and beverages. Ensuring food is presented in an attractive and appealing manners.
2. **Senior Nurse:** Leading on nursing policy and operational procedure in regard to nutrition, members of specialist nutrition support team and training/development.

3. Porters: Delivering food to ward, removal of trolley after meal time.
4. Procurement and Supplies Officers: Liaise with other department to ensure procurement of food and drinks from sustainable and safe sources meet the diverse needs of hospital inpatient.
5. Dietitians: Assessing patient's nutritional requirements, prescribing and advising on therapeutic diets, menu planning and procurement, training and development.
6. Catering Manager: Producing and or procuring meals, menu planning, management of the catering team, food safety and hygiene, training and development, waste monitoring and management.
7. Executive Board Member: A single board level leading for catering, nutrition and food hygiene, supporting implementation of these standards.
8. Doctors: Recognizing that appropriate nutritional care is fundamental to clinical practice, leading specialist nutrition support teams.

## Recommendations

For meal time policy, the following steps can be of help

- Avoiding non-urgent procedure and diagnoses test during meal time.
  - Changing visiting times so that it does not overlap with protected meal time.
  - Promoting protected meal times in patient information booklets or open evenings for patients
  - Closing ward doors and adjusting lighting in ward corridors to discourage unwanted intrusion during meal time.
  - Encouraging non-ward based staff to take their meal breaks during the protected meal time source (Wales Fluid 2011)
- a) The government should pin down a framework that will cover what is expected in hospital catering ranging from food supplies, production, service and ensure that due enforcement is given in order to drive home the reason behind the initiative.
  - b) The government should bring all relevant policy guidance in respect of hospital catering and patient nutrition into an updated national framework.
  - c) NHS bodies should ensure that they have updated procedures that set out the local arrangements for implementing policy requirements and ensure that they are adequately monitored to the letter.

