

HOSPITAL CATERING

Hospital catering comes within that section of the catering industry classified as Welfare catering. Hospital catering employs 5.8% people as against a total labor force in the hotel and restaurant industry.

Apart from the School meals service, Hospital catering is one of the largest catering organizations within Welfare catering. Approximately 50% of staffs are employed in the hospital service and of these about 74% are full time catering staff. This employment of catering staff produce and serve meals to patient involving in the region of mid-day meals and the equivalent number of breakfasts, teas and evening meals.

The total number of full-time catering staff may be broken down as follows:
(Approximately)

2.5%	Catering officers & assistants.
0.5%	Housekeeper caterers.
1%	Dietitians.
1%	Kitchen superintendents & assistants.
6%	Head cooks & assistants.
26%	Cooks of other grades.
31%	Other kitchen staff.
2%	Dining room supervisor.
29%	Other dining room staff.
1%	Clerical staff.

The development of the hospital catering service goes back to the National Health Act of 1947. Before this time all hospitals were dependent on income from patients fees, private donations, proceeds from garden parties and so on. Due to this the service of food varied considerably from one hospital to another, and went generally from bad to worse. Very little consideration was being given to an attractively served meal; the correct nutritional value; a wide variety of food; or all food being served freshly cooked and piping hot.

The long term effect of the 1947 Act was that gradually considerable change took place. 'Regional' Boards were organized who were directly responsible to the Ministry of Health. The responsibility of the catering services were transferred from the matron to the hospital catering officer. A wage scale for hospital catering staff was introduced into the Council, wages proposals for nursing and ancillary professions. Hospital catering staff generally work on a straight shift system and have to provide a 24 hour service. The training of hospital catering staff was carried out at the School of Hospital Catering. Because of initial bad planning before 1947 and the slow growth and development of the hospital catering service the major food service problems were for all meals to reach the patient quickly, to look attractive and to have the correct nutritional value. To this end the 'Ganymede' system was introduced.

The Patient

When in hospital likes and dislikes become more important to the patient and this is an important factor that the catering officer must not overlook. Patients may be said to fall into six categories:

1. **Medical.** Who are usually in hospital for a long time. As recovery here may often be long and tedious, the patient is often inclined to lose his appetite and interest in food. Therefore he must be tempted to eat by serving nourishing and appetizing food.
2. **Surgical.** Only stay in hospital for a short time and invariably they begin to improve 3 to 4 days after their operation. These patients need good nourishment with a high protein diet and this will involve the service of special diets.
3. **Geriatrics.** Many old people require hospital treatment and have special needs. Therefore generally speaking they should be provided with soft and easy to eat foods such as stews, roasts, minced meats, etc. They should receive plenty of protein and vitamin C, the latter normally in the form of stewed fruits. It is very necessary for these meals to be attractively served up.

4. **Orthopaedics.** These patients are not normally physical ill but may often be unable to move without help. These patients need a good varied diet with good helpings, attractively served.
5. **Maternity.** Patients need good nourishing food often to include extra milk, eggs, butter, fresh fruit and vegetables.
6. **Pediatrics.** Is the hospitalization of children. As children nowadays commence to eat adult food either there is little problem in catering for children. The only slight difference being that an early supper or high tea of a rather light nature is often served to children. A varied diet containing a good percentage of protein is essential.

The timing of patients mealtimes generally follows the same pattern.

Breakfast	-	7.30 - 8.00 a.m.
Lunch	-	12.00 noon
Tea	-	3.00 - 3.30 p.m.
Supper	-	6.00 - 6.30 p.m.
Later hot drink	-	Anytime between 8.00 - 10.00 p.m.

These times are normally followed as they will not coincide with nurses and doctors meal-times or visiting times. In some hospitals ward waitresses are being introduced in order that meals may be served at a more realistic time. An average of Rs. 140/- per week per head is allowed for food costs in hospitals.

The Ganymede System

The Ganymede System is a method of food service used in hospital catering. It was originally American but the patent has now been bought by a British firm. This system is installed in a number of hospitals in this country and also in hospitals in various countries in Europe and as far as South Africa and Asia. This system is too costly and this is one of the disadvantages - the high cost of conversion of existing premises. When all the dishes listed on the menu are prepared and cooked, the Ganymede Dry-Heat system takes over. Production is 8 / 10 meals set up per minute, and each meal may be different in its make up according to the patient's choice. One initial problem caused by this system was staff, since a large number of staff is required around the conveyor belt for setting up the meals. This is generally overcome by using house-porters, and making use of a number of house-maids from various wards, for a period of 30 minutes over the luncheon and dinner service period.

The equipment required is all based around a conveyor belt and consists mainly of heated and cold plate dispensers; machine which holds the pellets; dispenser for the bases; electric portable bain-marie for holding various dishes of vegetables, etc.; tray dispenser; quick fry tops and hot-plates near by for excess equipment in case it is required.

The advantages of this system are that the patient receives his meal presented appetizingly on the plate and piping hot. Labor and administration costs can be reduced to some extent. Time originally spent by the house-maids in the ward 'plating up' meals can now be put to better use by completing other duties. The patient is able to select the meal he requires from a given menu. It has been estimated that there is a saving of four hours per day in the wards because of the easier and speeded up means of service to the patient, and as little or no washing up is done in each ward but in a central wash-up area.

The menu, with a choice, is given to each patient at 8 a.m., and he then marks off his requirements for lunch, dinner and breakfast the following day by putting 'X' in the appropriate box. These menus are then collected by the ward sister who sends them down to the catering manager. He, by means of an automatic machine, is informed of the number of portions of each dish required, and then this information is passed on to the kitchen by 9 a.m. At service time, depending on the type of dish, extra portions are available in case required. The patient may also mark on the card if he requires a large or small portion. By this system of dry heat service a meal will keep in perfect condition for up to 45 minutes. Therefore if for some reason a patient is not available when meals are brought to the ward, but comes in 30 minutes later, his meal is still satisfactory. The private patient's choice of menu is larger and more varied than the main wards, and here the menus are often printed in part French and part English. The evening meal for private patients is termed 'Dinner' but for other words 'Supper'.

To commence the service of the meal a supervisor stands at the end of the conveyor belt and checks each meal before it is placed in an unheated trolley to go to the wards. The meal required, with the help of a pellet (metal alloy disc), will remain at the correct temperature for approximately 45 minutes. The pellet, 1/4kg (1/2lb) in weight, is placed in the base and the plate on top, allowing the air to circulate, which in turn circulates the heat from the pellet. Before use the bases are heated to 104°C (250°F), the pellet to 152°C (400°F), and the plate to 104°C (250°F).

One member of staff stands at each of the service points along the conveyor belt and deals with a certain item of food as listed on the menu. As each tray progresses along the belt with the patients chosen menu upon it, the appropriate members of staff place the necessary portions of food on to the plate. A suggested order of items on the tray is - cutlery in a serviette and a menu; main dish; sauce; vegetables; potatoes; sweet; sauce and soup. Beverages are made and dispensed from the ward kitchens.

The china plates in use are specially made to absorb the required heat without cracking. Bowls used for soups and hot sweets are plastic and have a vacuum in the bottom which helps the soup or sweet to retain its heat for the required period of time. Care must be taken when using this equipment as the bowls, being specially made. Bakelite trays are used as they are light and easily cleaned. All cutlery used is generally stainless steel.

For nutritional purposes as much food as possible is fresh. To some extent however this form of service lends itself to the use of pre-portioned wrapped foods e.g. for butters, preserves, sugars, marmalade, salt and peppers and creams. This again is more hygienic, cuts out wastage, and helps to reduce costs and storage problems to a minimum.

A system similar to the Ganymede System has been introduced in some hospitals.

The Helitherm tray service

This is a Swedish system working on similar principals to the Ganymede using a selective menu, tray service, and run on an assembly line. By this method the food is kept hot by specially insulated trays. This system is expensive to install and very often difficult in existing premises. One of the main advantages of the system is its flexibility, in that there are no heated pellets or special ovens required so that the trays may be used in smaller units. Perhaps the one disadvantage of the Helitherm tray service is that the menu does not travel directly towards the server as in the Ganymede system and therefore some difficulties may arise in the server reading the menu. Both system will complete approximately 8 to 10 trays per minute.

The cold dishes will be served from one side and hot foods from the other sides of the assembly line. The bain-maries are placed against the conveyor belt which means the operator fills the plate by means of a forward movement as against a sideways movement employed in the Ganymede system. This now means that if there is a shortage of staff in the Helitherm tray service system one server may possibly be able to serve from more than one section.

At the beginning of the belt one operator puts the menu in its holder and the hot plate on the tray. As the tray passes down the moving belt the servers place the required portions of food on to the plate. At the end of the belt the tray is checked and lids put in place. The trays are then put into trolleys and sent to the various wards.

Hospitals have also experimented with Smethursts Ltd. 'Top Tray System' which was introduced to the catering industry in 1963 / 1964. The 'Top Tray System' consists of complete deep frozen meals prepared in central kitchens and reheated in radiant heat ovens at the service points. The main disadvantages are the fairly high cost per meal and the fact that there are limits to the variety of food which may be prepared in this way. One main advantage is that the food may be prepared in 'Off Peak' hours and then brought into use as and when required. Labor costs can be reduced, and the labor force can be deployed to other necessary duties without the usual pressures of a service period.

Microwave ovens are already making an appearance in hospitals to provide quick reheating facilities for food at certain periods of the day and night, when if labor were employed the wages bill would

be sky high. All forms of dishes required can be prepared the day before in 'Off Peak' hours in a central kitchen and blast frozen. When required the following day the dishes are ready for service only one minute after going into an oven at full heat. The skill and craftsmanship of the food preparation staff are still required in the preparation of each dish, which can be done and completed when not under pressure. The final reconstitution can be carried out by unskilled staff in a matter of seconds.

Automatic vending is another aspect of food and beverage service which is creeping into the hospital catering service. Because of the necessity of a 24 hour service in the hospital to patients, surgeons, doctors, and the nursing staffs, the introduction of automatic vending machines for beverages, both hot and cold, and hot and cold snacks cuts labor costs and ensures a constant and reliable service. In this way staff are able to get a drink or snack as and when they wish. The vending machines must be replenished and cleaned daily and have regular maintenance. For maximum sales they must be sited correctly. Whether the time will come when complete meals will be dispensed from an automatic vending machine in a hospital remains to be seen.

It can be seen that the new system are devised to boost the morale of the patient by continually presenting him with well cooked food, attractively plated-up and piping hot. At the same time over the period of a week or a fortnight the patient has a wide and varied selection of dishes from which to choose.

HOSPITAL STAFF MENU

BREAKFAST

*Porridge or Cereal
Grilled Bacon
Apple Fritters
Toast
Preserve
Beverage*

Or

*Porridge or Cereal
Welsh Rarebit
or
Boiled Egg
Toast
Preserve
Beverage*

LUNCHEON

*Tomato Juice
Roast Lamb, Mint Sauce
Cauliflower, Carrots
Roast or Creamed Potatoes
or
Scotch Egg
Florida Salad with Crisps
Plum Pie & Custard, Milk Pudding
or
Ice Cream
Beverage*

Or

*Chicken Soup
Fried Fillet of Haddock
Sauce Tartare
or
Beef Hot-Pot
Chipped or Creamed Potato
Peas and Tomatoes
Cabinet Pudding, Jam Sauce
Milk Pudding
or
Ice Cream
Beverage*

DINNER

*Vegetable Consomme
Fish Pie
or
Rissoles & Bacon
Chipped Potato's
Peas
Stewed Plums & Semolina
Beverage*

Or

*Kidney Soup
Fried Sausage
or
Fried Egg
Creamed Potato
Baked Beans
College Pudding & Jam Sauce
Beverage*