



Nutrient Intake and Remains Food Resulted of Patient at the Special Hospital of Dr. Tadjuddin Chalid and the Local General Hospital of Makassar City

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Abstract

One of indicator as success for the food service in the hospital include nutrients or diets intake and food consumption that put remains by any patients. The Ministry Health of Indonesia Republic have been established an indicator for minimum food service namely ≤ 20 percents remains food resulted which not be all consumed patient. This study conducted in order to know intake any nutrients or diets and remains food resulted which not be all consumed patients at the local general hospital of Makassar City and Dr. Tadjuddin Chalid hospital. A descriptive used as the study designed approach, and there are 35 people as patients at Third Classes have been taken as subject and also given custom food them. The result of this study indicated that both of the hospitals have put a better nutrients food quality to any patients. The nutrient food have an energy by 2632,1 kilocalories, 73,58 grams of proteins, 67,84 grams of fats and 419 grams carbohydrates. The amount nutrient food mentioned has been always given in food service to any patients every day. For all, found that 81,1 percents achieved for nutrients or diets intake and 19,9 percents as remains food resulted which not be all consumed patients. Base on the analyses can be concluded that both of the hospitals have been better performance the food service and to satisfy the minimum nutrient standard conditioned it. Recommended that the management of both hospitals have been urgently established an education to patients about nutrient food consumption and its important consumed all food without making a remains or disposal or effluent it. Besides that, it's necessary to make a modification to food processing and food materials in variation.

Keywords: nutrient intake; remains food; minimum food.

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1. Introduction

The successfully food service established can be begin from a strategy determine any menu and nutrients standard [1]. Intake nutrient and remains food [2] not be clean consumption by patient can be used as an indicator or parameter in the hospital. More than or same ≤ 20 percent [3] remains food not be clean consumption by patient are usually used in the hospital as minimum service standard indicator for food service. The hospital management are giving a food service to satisfy nutrient need all patient and put an expectation to any patient consummate all it without make a remains food in certainty amount it.

Many determinant of factors can be influent any patient not clean food consumption or making a remains food in certainty amount it. The factors caused at patients include change of willing to eat caused a risk malnutrition, tongue organ in feeling, food consumption in disturbance (dysphasia), stress and longtime care in the hospital. Quality food service as like feel to eat, deodorant, big portion of food, menu in variations, texture, behavior of servant, mistake in food service, ineffective time schedule for eat, care room condition [2, 4]. Its high remains food not be consummated in the long time can create some implications or impact to the patients include loss or diminish body power of patient, time longer need to caring any patient. Study have been conducted to 42 patients as stay care at Bhayangkara Hospital of Palembang found that 61,9 percent patient making a remains food with many category [4]. Evaluate to patients' satisfaction [2, 4] on the food in service them established from intake nutrition and remains food not be consumption and also flavors [2, 5].

This research conducted at the Local General Hospital of Makassar City and The Special Hospital of Dr. Tadjuddin Chalid in order to know intake any nutrients or diets and food consumption that put remains by any patients. This research aimed to get a general description about intake any nutrients or diets and food consumption that put remains by any patients at the both of hospitals.

The specific objective in this research were to analyze the intake any nutrients or diets and food consumption that put remains by any patients and analyze the amount remains food not be consumption by patients at the local general hospital of Makassar City and the special Hospital of Dr. Tadjuddin Chalid.

2. Materials and Methods

A descriptive design as method of this research or study used to know any description about intake nutrients or diets and amount remains food not be consumption by patients. There are 35 people patients of third classes are get ordinary food as subject in this research. A questionnaire on remains food used as instrument in this study. All data have been collected then descriptively analyzed and compared with quality nutrient food and food service standard in the both of hospitals.

3. Results

All results of this research can be given as follow:

3.1 Description on respondents

Table 1: Description of respondent's characteristics

| Characteristic of Respondents | | n | Percentage (%) |
|-------------------------------|--|----|----------------|
| 1. | Sex | | |
| a. | Male | 15 | 42,9 |
| b. | Female | 20 | 57,1 |
| | Amount | 35 | 100 |
| 2. | Education Level | | |
| a. | Under Elementary school (not graduate) | 4 | 11,5 |
| b. | Elementary school (graduate) | | |
| c. | Secondary school (graduate) | 13 | 37,3 |
| d. | High Secondary school (graduate) | 5 | 14,4 |
| e. | University (graduate) | | |
| | Amount | 12 | 34,5 |
| | | 1 | 2,3 |
| | | 35 | 100 |
| 3. | Profession or job performance | | |
| a. | Daily Worker | 9 | 25,7 |
| b. | Businessman | | |
| c. | Students | 4 | 15,4 |
| d. | Household (working in the domestic domain) | 5 | 14,4 |
| e. | Not working yet (unemployed) | | |
| | Amount | 12 | 34,5 |
| | | 5 | 14,4 |
| | | 35 | 100 |

| | | | |
|-----------------------------------|--|--------------|------|
| 4. | Resource of cost caring | | |
| a. | General expenditure | 2 | 5,7 |
| b. | Askes (Health insurance) | | |
| c. | Jamkesmas (community health provision of government) | 0 | 0 |
| d. | Jamkesda (health provision of local government) | 9 | 25,7 |
| e. | BPJS (Board of Social Welfare Provision Management) | | |
| | Amount | 14 | 40,0 |
| | | 10 | 28,6 |
| | | 35 | 100 |
| Long time in care at the hospital | | 2 to 11 days | |

3.2 Description on menu

Menu cycles 10 days used as menu standard. The menu pattern established with giving 3 times by completely food service (primary food) and plus food supplement with snack given for 1 to 2 times. The comparison on the quality of nutrition food for both of the hospital can be given as follow.

Table 2: The comparison value of nutrient food in service

| Value of Nutrient Food in Service | The Local General Hospital of Makassar City | The Special Hospital Of dr.Tadjuddin Chalid | Average |
|-----------------------------------|---|---|---------|
| Energy (kilocalories) | 2462,55 | 2801,6 | 2632,1 |
| Protein (grams) | 77,25 | 69,9 | 73,58 |
| Fats (grams) | 68,51 | 67,13 | 67,84 |
| Carbohydrate (grams) | 363,23 | 475,05 | 419.14 |

3.3 Remains Food

Table 3: Mean remains food resulted in a day base on the time to eat

| Time to Eat | Remains (%) |
|---|----------------|
| Breakfast | 30,9 |
| Lunch | 14,1 |
| Dinner | 15,7 |
| Amount (quantity) effluent/ disposal of food in a day | 59,8 |
| Average remains food resulted every eat in a day | 19,9 (< 20%) |

Table 4: Mean remains food not consumed by patient (in percent) based on the menu pattern and time of eating

| Menu Pattern | Breakfast | Lunch | Dinner |
|-------------------|-----------|-------|--------|
| Rice | 20,7 | 13,8 | 12,0 |
| Animal side dish | 17,1 | 15,9 | 13,4 |
| Vegetable dishes | - | 14,7 | 12,8 |
| Vegetables | 55,1 | 10,2 | 16,2 |
| Fruits | - | 9,4 | 7,0 |
| Snack | - | 20,5 | 9,7 |
| Amount/ Total | 92,9 | 84,5 | 71,1 |
| Amount in average | 30,9 | 14,1 | 15,7 |

Table 5: Conversion nutrient value of remains food not be consumption by patients

| Nutrient Value | The Local General Hospital of Makassar City | The Special Hospital Of dr.Tadjuddin Chalid | Average |
|------------------------|--|--|---------|
| Energy (kilocalories) | 490 | 557,5 | 523,75 |
| Proteins (grams) | 15,4 | 13,9 | 14,65 |
| Fats (grams) | 13,6 | 13,4 | 13,5 |
| Carbohydrate (grams) | 72,3 | 94,5 | 83,4 |

4. Discussions

Generally, both of the hospitals (The Local General Hospital of Makassar and The Special Hospital Of dr.Tadjuddin Chalid) have a menu program about food in service to satisfy any food nutrition consumption need for patient. Any menu designed with 10 days in cycles, so enable to make a flavor in variations, select food matters with attractively color and effectively food portion for patients [3]. Average nutrient food value in service are 2632,1 kcal energy, 73,58 grams protein, 67,84 grams fats and 419,14 grams carbohydrate. A quantity nutrient food value in service for energy, fats and carbohydrate at both the hospitals' performance have higher than Almatier standard namely 2146 kcal energy, 59 grams fats and 331 grams carbohydrate, but for protein more lower than by comparison 73,58 grams (performance by both the hospitals) and 76 grams (Almatier standard) [6].

Aritonang state that in order to making a menu program, so should in balanced that is given a nutrient value has suitable need with good flavor, so that patient can be receive any nutrient food in service to them [7]. Any patient get a care service in the hospital have differently clinic conditions, performance disease with acute and cronies, and also have different light – weight ill suffered them. For patient with cronies illness has need more and more nutritious food to consumption in order to increase his/ her nutrient statute [8]. In related that, both of the hospitals have been researched, found that they are given food with nutrition value more higher than recommended to them, and they expected to satisfy a nutrient need for all patient in service.

Intake any food to patient can be influenced many determinant of factors both internal and external ones. Internal factors include: sick in feeling, nausea or vomit, food consumption in disturbance, change of willing to eat. External ones are food in service (include flavor food, perform food, variation of menu, kind of food, etc.), time to food service in conditions, and patient get food consumption out the hospital which caused they don't need any food in service by hospital [2, 3, 8]. Besides that, there are a medicine have been consumed by patient caused an effect as like a vomit or nausea in the morning so that patient don't wish to eat at morning. The condition indicated by its largest proportion remains food resulted in the morning namely 30,9 percents (high category). For lunch time, found that average 14,1 percents of remains food resulted and for dinner get 15,7 percents ones. For all, in a day found remains food resulted are 59,8 percents (highest category). But, if viewed from means value, average remains food resulted in every time is 19,9 percents and have been achieved a value-standard <20 percents. Based on the result of this research, found some argument or pretention caused any patient can't be eaten all food consumption in service. There are many patient don't like vegetables, they don't like to eat tuna fish, they don't like to eat a cooked fish, they don't like to eat an white eggs, they have feeling to food in changes, they don't have feel to food in service, any food in service felled unsalted them, they have a nausea or vomit in the morning, they don't hungry when any food in service because they have eaten before one, they have consume snack given by their family especially when after launch. Another pretention that, many patient have a perception that hardly frying fish (too dry). Its conditions have related with flavor of menu, time food in service especially at the morning which possibility food become more cooler when patient wish to consume it and or patient has a vomit or nausea if eat, patient has sick of head when his/ her weak up in the morning. Its highest remains food resulted have been too related with less understanding or knowledge of patient about nutrient food in service to them. Lower understanding or knowledge of patient have related with education level owned them namely 37,3 percent patients only graduate elementary school. So, many patients have job performance as household in the domestic domain which they don't have exactly income, and about 40,0 percent patients have expected an aid expenditure's resource from regional health insurance (the health cost provision of local government). Instead of, many patients have less capability in the social economy (not be welfare). Another argument are told by many patient about their attitude not be consumed all food in service are less food processing method, food matter not be in variation, and they don't like any food in service by hospital so that they are more wish any food from their home.

5. Conclusion

1. Generally, both of the hospitals (The Local General Hospital of Makassar and The Special Hospital Of dr.Tadjuddin Chalid) have been given food service to their patients with a better nutrient quality and in order to satisfy any food nutrition consumption need for patients.
2. Intake of food nutrient for patients have been 81,1 percents achieved them.
3. Remains food resulted for all patients have been 19,9percents achieved them.

6. Recommendation

1. Any hospital have necessary established a modification into food processing and food matters in variation especially vegetables and fish.

2. For any patients, they are need an education about its important to fully consumed all food in service by hospital in order to improving or enchanted their nutrient status and supporting any caring effort of disease or illness them.

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