

MENU PLANNING IN HOSPITAL CATERING

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Abstract

A quality assurance system (QAS) for menu planning in hospital catering was the objectives of our study research. This must include a monitoring procedure so that actual results may be checked against standards and specifications with a continually update. Guidelines and standards must be given to catering managers to ensure that the hospital is obtaining the best possible catering service in terms of quality and price. In seven stages a QAS system give objective criteria in control and monitoring of all stages in catering process.

Key words: *Quality assurance system (QAS), menu planning, catering.*

Introduction

The hospital catering service must be improved in all aspects: the food and beverage quality, production and service, hygiene, department organization, control and performance evaluation, overall general management (Davis, 1991; Knight, 1997).

The hospital catering services are created for patients, staff and visitors. The menus will be table d'hôte type with medical restrictions as to the type of diet they are allowed. Modified diets or the therapeutic diets are diets adapted from normal hospital menu and used as part of the medical treatment. The diet must contain all of the nutrients required for a balanced diet with medical restriction in direct correlation with the patient disease. Modified diets include diabetic, low calorie, convalescent gastric, acute gastric diets etc (Davis 1991, Vintila, 1998, 2004, 2005). In addition, Davies (1991) said that full (normal) diets, light diets, soft and special diets were created by catering department.

The objective of this study was to create a QAS, which could be applied in public and private hospital and all healthy institutions.

Results and Discussion

The purpose of catering services evaluation is to improve:

1. Efficiency standard;
2. Quality standard;
3. Overall performance of catering department.

A QAS is created on the basis of principle stages in catering management, presented as a flow chart in Figure1.

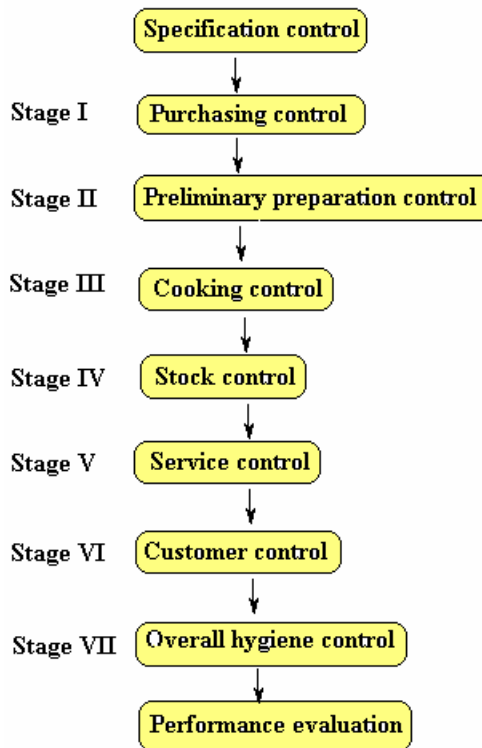


Fig. 1. Quality assurance system for a hospital-catering department

Actual specification (standards, quality, performance) is checked against control specification specified in the catering contract service agreed between catering contractors and hospital manager. Performance evaluation is expressed as performance level (PL):

$$PL = \frac{S_c}{T_c} \cdot 100$$

where: S_c -satisfactory checks of specifications application

T_c -total checks in a period of one, three or six months.

The recommended items for control in each stage of catering processing are:

- | | |
|-----------|--|
| Stage I | Quality index by standards specification for raw materials, ingredient, and additives.
Packaging, distribution and storage conditions
Purchasing price evaluation |
| Stage II | Good Manufacturing Practices (GMP) for each operation, correlate with destination
Good Hygiene Practices (GHP) for each operation, correlate with destination
Quality and dose of ingredients, additives
Portion yield |
| Stage III | Time – temperature - Portion size - Destination control in direct correlation one with each other parameters.
GMP for the nature of catering product
GHP for the cooking methods
Portion yield
Appearance, color, taste for cooked product |
| Stage IV | Time-temperature control
Size of hot/cold stock (stock level)
Stock rotation
GHP |
| Stage V | Quality of catering product (appearance, color, taste, presentation)
Portion yield
Temperature of serving |

	Time of service
	Packaging control
	Distribution/ Regeneration Control
	GHP for packaging, distribution, service
Stage VI	Sensorial Quality evaluation of catering product (appearance, color, taste, size)
	Quality evaluation of service procedure
	Price evaluation

Conclusion

An efficiently QAS in hospital catering services give the best results in terms of quality and price, avoid toxic infection problems and due to the best collaboration between hospital managers and catering contractors.

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