Introduction

Appetising meals, which are easy to eat, and which provide a good balance of nutrients are vital for the patient in hospital. This is not just to promote recovery but also for the satisfaction and pleasure that good food brings. Indeed, the provision of adequate food and fluid is regarded as part of the basic level of patient care.

Individuals involved in feeding patients in hospital

Any hospital staff who may be involved in any aspect of the feeding of patients are encouraged to work together to promote good nutrition as part of the highest standard of care.

Such staff include:
- medical staff who are involved in making diagnoses and treating the patient;
- nurses who help to feed patients, carry out nutritional assessments and supervise patient care;
- catering managers who are responsible for the catering service;
- catering staff who are involved in preparing meals;
- dietitians who advise on the nutritional content of patients’ meals and upon the specific needs of any patients requiring therapeutic diets;
- speech therapists who are involved in the care of patients with swallowing problems;
- pharmacists who provide specialised products for nutritional support;
- audit staff who may be involved in devising methods of evaluating the nutrition of patients;
- health care assistants who help to care for patients;
- physiotherapists who may advise on positioning of patients while they are eating;
- occupational therapists who can advise on suitable cutlery for those patients who require it;
- administrative staff who assist with the menu choice of patients;
- porters who deliver the food to wards from catering departments; and
- managers who control catering budgets.
While this shows the wide variety of people involved in feeding the hospital patient, others from outside the hospital such as relatives and carers also have important roles in encouraging patients to eat, assisting them to eat and also providing some foods.

Some hospitals use volunteers both to help serve foods and help patients to choose suitable foods from a menu. Also in some hospitals volunteers may be trained to help those patients (for example those who have had a severe stroke) who are unable to feed themselves.

Increasingly outside commercial catering companies may have an enormous impact on the nutrition of patients as more and more hospitals have their catering service provided by such organisations.

Additionally pharmaceutical companies may be involved in producing specialist nutritional products to fortify hospital food with so that those patients who can only eat small amounts receive a meal fortified with extra nutrients.

Quality
Good nutrition is not only part of the standards for quality for catering managers to achieve. Nutritionally well balanced meals also prevent malnutrition that can occur in those patients in hospital who are not adequately fed. The provision of such meals may form part of the general standards for patient care in hospitals.

Apart from the obvious benefits to patient enjoyment, tasty meals that are nutritionally well-balanced are recognised as being able to contribute to the following:

- preventing any deterioration in the nutritional status of patients after they have been admitted to hospital;
- promoting healing of wounds;
- contributing to preventing the development of conditions such as pressure sores;
- assisting patients in resisting infections by promoting a good nutritional status and promoting the correct functioning of the immune system;
- reducing the length of stay in hospital of patients due to slower rates of recovery;
- helping to prevent any deterioration in a patient’s condition in the period after an operation; and
- increasing the tolerance to various treatments such as those which may be used for patients with cancer.

Malnutrition
It has been long recognised from various reports that unfortunately approximately 40 per cent of patients in hospital may suffer from some degree of malnutrition (Hill et al., 1977).

The area of malnutrition in hospital patients is a complex one and some of the factors that are thought to contribute are:

- lack of knowledge of malnutrition among doctors and nurses;
- inadequate provision of nutritious food;
- meals that patients find difficult to eat;
- patients away for tests at meal times;
- difficulties that patients have in eating;
- budgetary constraints for catering managers;
- unfamiliar food;
- illness of patient;
- changes in taste due to patient’s illness;
- increased nutritional requirements;
- changing population of patients;
- logistical considerations of having to deliver food to wards from catering department; and
- ordering in advance from menus.

Recognition of malnutrition in hospital
While the recognition of malnutrition has been evident for over 20 years, recently increasing attention has focused upon it and the fact that it contributes to extending the stay of patients in hospital, increasing the likelihood of infection and hence costing the National Health Service more expense.

In 1992 the King’s Fund Centre produced a report on The Positive Approach to Nutrition as a Treatment which focused on the need to provide an assessment of the nutritional status of patients and also adequate nutrition from food or supplements to support a more rapid recovery.

A document on Nutritional Guidelines for Hospital Catering was produced in 1995 by the Nutrition Task Force and widely taken up as part of standards on nutrition. But despite this there appears to have been little change in the provision of the nutrition of patients.
Over the last year there has been increasing attention to this problem from both a professional and media perspective. Reports such as that of McWhirter and Pennington (1994), and that of the Community Health Councils (1997) and the more recent one on Managing Nutrition in Hospitals – A Policy Analysis for the Nuffield Trust (Maryon-Davies and Bristow, 1999) have made people aware of the problem of malnutrition that exists in hospitals.

Solutions

Conferences such as those organised by the Royal Society for the Promotion of Health on “The challenge of hospital nutrition” (October 1999) and the meeting of the British Association for Parenteral and Enteral Nutrition (BAPEN) held in December 1999, and “Malnutrition (undernutrition) in the UK” held by the British Nutrition Foundation in March 2000 have all focused a heightened awareness of the problems and also offered suggestions for solutions.

Attention to the problem of malnutrition in hospitals has encouraged all who are concerned with feeding patients to be aware of the problem of malnutrition and the consequences it brings. The conferences upon the topic have also made suggestions for improvements which include not only a heightened awareness among staff and indeed patients and their relatives but also encourage more training. Such training is being planned as part of nursing and medical curriculum.

Assessment tools have been developed to enable a rapid assessment of a patient’s nutritional status upon admission to hospital. Depending on the outcome of the assessment patients can be given more appropriate nutritional support. This can include assistance at meal times to specially designed nutritional products being added to foods to enhance their nutritional composition.

More recently organisations such as the Meat and Livestock Commission have worked with expert development chefs, catering managers’ nutritionists and dietitians to devise recipes called Recipes for Recovery, which are nutritionally balanced, and easy for patients to eat. These recipes have been developed so that they can easily fit into the hospital menu and are suitable for a range of therapeutic diets. Such diets are for those people with diabetes, those who require soft diets, high-fibre diets, low-fat diets, etc.

Commercial catering companies who provide hospital meals are also enhancing the quality of the meals. Pharmaceutical companies who supply products for supplementing food have devised recipe leaflets for easy use of their products.

Conclusions

It is hoped that recent initiatives to prevent malnutrition in hospitals will mean that in the future all patients will be adequately fed no matter what their needs.

References

British Association for Parenteral and Enteral Nutrition (BAPEN) (1999), Annual conference, Bournemouth, December.


King’s Fund Centre (1992), A Positive Approach to Nutrition as a Treatment, Kings Fund Centre, London.


