



Sisa Makanan : Perspektif Manajemen Instalasi Gizi RSUD Khidmat Sehat Afiyat Kota Depok

Food Waste in Inpatients: Management Perspective in the Nutrition Installation of Khidmat Sehat Afiyat Public District Hospital Depok City

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ABSTRACT

Implementation of nutritional management in hospitals is an important component in nutritional installation and analytical quality, which aims to provide food for patients, from menu planning to food distribution to achieve optimal nutritional status and maximum recovery for patients. Hospital nutrition services can be carried out well if they are supported by good and efficient nutrition installation management. The aim of the research is to determine and analyze the description of the implementation of nutritional management in inpatients at Khidmat Sehat Afiyat Regional Hospital, Depok City in 2023. This research uses analytical-qualitative methods with data collection techniques through in-depth interviews using recording equipment, observation sheets, and document review at nutrition installations. The main informants were nutrition installation officers and key informants, heads of nutrition installations and inpatients. The research results show that the implementation of nutrition management starts from the input stage, namely human resources with the requirement of a nutritionist with a minimum diploma education. All officers comply with the SOP by paying attention to hygiene, sanitation and complete use of Personal Protective Equipment.. Budget planning is carried out once a year, originating from the Depok City Government's APBD funds. Menu planning uses an 11-day menu cycle. Orders and purchases are made every 2 days for wet food ingredients and once every 3-4 days for dry food ingredients. Food storage uses the FIFO/FEFO method. Food processing is carried out by looking at the menu cycle based on the recipe. Distribution uses a centralized method with good and timely service. The output is that most patients like the appearance, cleanliness, aroma and taste of the food and are satisfied with the nutritional installation services. The implementation of management in terms of input,

process and output at RSUD has largely gone well.

Keywords: *Management, Nutrition, Hospital*

ABSTRAK

Pelaksanaan manajemen gizi di RS merupakan komponen penting yang di selenggarakan instalasi gizi yang bertujuan untuk menyediakan makanan bagi pasien mulai dari perencanaan menu sampai pendistribusian makanan untuk mencapai status gizi yang optimal dan pemulihan maksimal pada pasien. Pelayanan gizi rumah sakit dapat terlaksana dengan baik jika didukung dengan manajemen instalasi gizi yang baik dan efisien. Tujuan penelitian mengetahui dan menganalisis gambaran pelaksanaan manajemen gizi pada pasien rawat inap di RSUD Khidmat Sehat Afiat Kota Depok Tahun 2023. Penelitian ini menggunakan metode kualitatif analitik dengan teknik pengumpulan data secara wawancara mendalam menggunakan alat perekam, lembar observasi, dan telaah dokumen di instalasi gizi. Informan utama yaitu petugas instalasi gizi dan informan kunci kepala instalasi gizi dan pasien rawat inap. Hasil penelitian menunjukkan bahwa pelaksanaan manajemen gizi mulai dari tahap input yaitu SDM dengan syarat ahli gizi minimal Pendidikan Diploma. Semua petugas mematuhi SOP dengan memperhatikan hygiene sanitasi dan penggunaan Alat Pelindung Diri (APD) secara lengkap. Perencanaan anggaran belanja dilakukan setahun sekali yang berasal dari dana APBD Pemerintah Kota Depok. Perencanaan menu menggunakan siklus menu 11 hari. Pemesanan dan pembelian dilakukan 2 hari sekali untuk bahan makanan basah dan 3-4 hari sekali untuk bahan makanan kering. Penyimpanan bahan makanan menggunakan metode FIFO/FEFO. Pengolahan bahan makanan dilakukan dengan melihat siklus menu berdasarkan resep. Pendistribusian menggunakan cara sentralisasi dengan pelayanan yang baik dan tepat waktu. Output sebagian besar pasien menyukai tampilan, kebersihan, aroma, dan rasa makanan serta merasa puas dengan pelayanan instalasi gizi.

Pelaksanaan manajemen baik dari segi input, proses maupun output di RSUD sebagian besar sudah berjalan dengan baik

Kata Kunci: Manajemen, Gizi, Rumah Sakit

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Introduction

Nutrition services are part of the health service program in hospitals. The goal of the nutrition service program is to improve the quality of hospital services with appropriate nutrition services integrated with other health services (1). Hospital nutrition services are services provided by nutrition units that are adapted to the patient's condition based on the patient's clinical condition, nutritional status and metabolic status (2). The

patient's nutritional condition greatly influences the disease healing process, conversely the course of the disease will have an impact on the patient's nutritional condition. The nutritional condition of inpatients in hospital is a health problem that often occurs when providing food that does not meet the patient's nutritional needs while in hospital can cause a decrease in nutritional status and endanger the patient's recovery (3). Hospital nutrition services can be implemented well if they are supported by good and efficient nutrition management. Nutrition management is a series of activities carried out from planning to distributing food to patients, functioning as a system with the aim of producing high quality food (4). Therefore, ensuring food quality and patient satisfaction with food services is very important. Nutritionists have the responsibility to provide food services that have been adjusted to the needs of patients and their type of treatment, this aims to reduce the risk of infection in patients, the success of food services is indicated by less food waste or patients finishing their food so that there is no food waste (5).

Ari Handayani's research at the GRHA Permata Ibu Depok hospital shows that the average soft food waste is 17.14%, which meets the hospital's minimum standards. The largest amount of food waste is based on type, namely, staple foods 25.9%, vegetables 21.9%. Food waste is caused by the appearance of the food, the taste of the food, punctuality, and the friendliness of the food serving staff. This causes inadequate food intake, which has an impact on the length of stay, high treatment costs and loss of food costs which is detrimental to both the patient and the hospital (6).

The availability of facilities and infrastructure in nutrition facilities is still lacking or the available budget is very limited, so that the type, quantity and specifications of food ingredients used sometimes do not meet hospital dosage standards. The problem in implementing medical services is that the standard menu must meet dietary needs, but in reality patients do not finish eating due to illnesses such as menu variations, food taste and aroma and inappropriate processing of food ingredients (7).

Based on the analysis and study above, researchers are interested in conducting research at the hospital on how to implement nutrition management at the KISA Public Hospital, which is managed by the Depok City government in 2023.

Methods

The type of research used is qualitative research using in-depth interviews, observation and document review.

a. Research Informant

The selection of informants in this research was divided into main informants and key informants. The main informants chosen were the Head of the Nutrition Installation and nutrition staff who have roles from planning to the food distribution process. The key informants were inpatients at KISA Depok and one representative each was taken from class III, II, I, and VIP. Key informants were selected using a purposive sampling technique.

b. Data collection

Data collection was carried out directly face to face with the resource person. The data collection technique was carried out through a triangulation process, namely interviews using an interview guide by asking a series of questions related to the research problem being studied in depth, observation by making direct observations related to the implementation of nutritional management in inpatients at Khidmat Sehat Afiyat Hospital, Depok City so that can find out the actual situation, as well as review documents obtained from daily notes, photo archives, meeting results, and activity diaries. Data collection tools in this research are (1) The researcher himself as an interviewer. (2) Semi-structured interview guide containing open questions to explore research objectives. (3) Field notes are used to record the results of the researcher's observations during interviews. (4) Observation sheets are used to record information on the results of researchers' observations while conducting research. (5) In this case, the voice recorder uses a gadget that is used to record the results of live interviews.

c. Data Analysis

Data analysis in this qualitative research study used method triangulation and source triangulation techniques. Source triangulation is seen by looking at the synchronization between the statements of the main informant and the key informant. Method triangulation was carried out by combining interview methods, document review (nutrition installation inventory data) and direct observation so as to get a complete picture in this research.

Results

A. Input

1. Man

Becoming a nutritionist at the Khidmat Sehat Afiat Regional Hospital, Depok, you must fulfill certain requirements in accordance with the needs and work of a particular field. The results of the interview are as follows:

“Di sini tuh mbak, untuk menjadi ahli gizi, ada persyaratan tertentu untuk memenuhi standar akreditasi. Jadi kalau seorang ahli gizi atau ahli gizi, harus memiliki setidaknya diploma, bagus kalau S1 dan S2, dikarenakan untuk quality control dan penanggung jawab produksinya, ada juga ahli gizi yang untuk visit keruangan. Selain ahli gizi petugas kami juga ada yang lulusan SMA/SMK sederajat namun mereka pernah mengikuti pelatihan tata boga atau pernah menjadi penyelenggara makanan ditempat lain” (Inf-1)

To increase the competency of nutrition officers, human resource training has also been carried out regarding nutrition services in hospitals. The following is an excerpt from an interview with the informant :

“Kalau untuk pelatihan kita ada ya dari rumah sakit sendiri itu setahun sekali, ada juga yang pelatihan undangan dari luar rumah sakit bebas dilakukan oleh petugas”. (Inf-1)

The informant can answer clearly and fluently in answering every question asked by the researcher. It can be said that the informant really understands the management

activities at the KISA Public Hospital Nutritional Installation.

2. Money

The budget process for nutrition installations is the responsibility of the finance department and the head of nutrition installations. The food budget mechanism is made every year based on the number of patients from the previous year, so planning is done before the beginning of the year to prepare budget needs. The following is an excerpt from the interview:

“Jadi kita mbak, sebelum awal tahun sudah menyiapkan daftar kebutuhan dan kebutuhan anggaran. Kita tuh dibagi terminan, misalnya kita buat 3 bulan diawal atau persemesterlah gitu, nanti seiring berjalannya waktu kita akan ketemu tuh kebutuhannya berdasarkan jumlah pasien”. (Inf-1)

The amount of costs incurred varies, depending on the menu, number of consumers and the number of portions of food produced. Estimates of food costs can be seen from menus or menu guidelines, recipe standards, price standards and the average number of patients (8). At the Depok City Hospital, the total budget for the last year for the nutrition installation cannot be stated with certainty, but it can be calculated from the number of existing patients. The following is an excerpt from the interview:

“Untuk jumlah total anggaran kita tidak bisa menyebutkan ya mbak, ya bisa di kira-kira kita itu 150 porsi per sekali makan, bisa lebih bisa kurang. Nah kita itu 3 kali makan plus 2 kali snack”. (Inf- 1)

There are no obstacles in the budgeting process at the nutrition installation at Khidmat Sehat Afiat Hospital Depok because the funds come directly from the state in accordance with the needs of the nutrition installation, considering that the nutrition installation is an important unit related to the nutritional needs of patients. The following is an excerpt from an interview with the informant:

“Anggaran di RSUD Depok Alhamdulillah tidak ada kendala, ini kelebihan RS pemerintah, anggaran bisa mudah didapatkan karena langsung diberikan dari pemerintah, jika anggaran kurang atau tidak cukup bisa mengajukan lagi”. (Inf-1)

The nutrition installation has followed PGRS guidelines in carrying out activities in the nutrition installation, especially for patient menus. The following is an excerpt from an interview with the informant:

“Kami selalu antisipasi mbak, ya kami bisa mengubah menu, misalnya merencanakan berapa anggarannya, itu terjadi untuk menurunkan harga. Kalau untuk menu kita sesuai pedoman PGRS ya mbak, tapi kan kalau anggaran sesuai kebutuhan”. (Inf-1)

3. Material

To support nutrition installation officers in carrying out their duties and responsibilities, the availability of infrastructure is one of the most important aspects that must be considered. Following are excerpts from the interview:

“Sarana kita sudah sangat memadai ya mbak, ruangan sudah terpisah, bahan kering, basah, dan lain-lain. Nanti lihat deh” (Inf-1)

“Sudah sesuai standar yaa mbak kalau di sini tuh semua harus sesuai standar pokoknya, apalagi ini juga kan salah satu rumah sakit pemerintah jadi sarana prasarannya sangat diperhatikan kelengkapannya”. (Inf-7)

Meanwhile, the physical condition of the tools used is still good, but if a tool is damaged and cannot be repaired, it will be reported to the finance department and replaced with a new one. Procurement is carried out once a year, regarding equipment maintenance, namely, after use the equipment is immediately washed and stored in a dry place. When the tool is not in use, store it in a food storage area. The following are the results of interviews with informants:

“Jika alat disini rusak mbak dan tidak bisa dibenerin, kita laporkan ke bagian pengadaan dan keuangan, supaya bisa diganti dengan yang baru (Inf-6)

“Kita beli setahun sekali, karena alatnya kalau masih bisa diperbaiki, kalau ada yang rusak kita perbaiki, kalau tahun ini tidak bisa untuk beli yaa kita pakai dulu begitu. Seadanya salama masih bisa dipakai, kalau cara merawat alat-latnya itu kalau alat udah selesai dipake langsung di cuci lalu disimpan ditempat kering. Jika tidak dipake lagi maka akan disimpan di gudang penyimpanan bahan makanan” (Inf-1).

4. Methode

The SOP for food management activities in the nutrition installation used is made by the head of the nutrition installation and determined and signed by the Director of Khidmat Sehat Afiat Depok Regional Hospital. In principle, the SOP that applies this year is still based on the SOP from previous years.

Sanitary hygiene for food handlers in the nutrition installation at Khidmat Sehat Afiat Depok Regional Hospital is in accordance with existing SOPs starting from washing hands, using complete PPE to anal health checks for food handlers which are held once every six months to prevent the presence of bacteria e. coli on the food handler. Following are the results of the interview:

“Harus ya mbak, kita bahkan semua petugasnya cek kesehatan enam bulan sekali sampai yang lewat anus tuh supaya tidak ada bakteri ecoli ke makanan yang masuk lewat tangan, kalau cuci tangan mah wajib ya sebelum dan sesudah melakukan kegiatan”. (Inf- 2)

B. Process

1. Planning

Planning activities at the nutrition installation at Khidmat Sehat Afiat Regional Hospital, Depok refer to established procedures. Planning activities and determining food needs in nutrition installations use the number of patients from last year and if there are additional beds, they will be added. Planning activities at the Depok Regional Hospital's nutrition installation begin with patient meal planning steps and refer to the PGRS 2013. The following is an

excerpt from the interview:

“Awalnya kita dari perawat akan mengirim DPMP (daftar permintaan makan pasien) bahwa lantai 8 misalnya, total hari ini permintaan makanan pasien seluruh yah mau cair, padat, apapun gitu akan direkap ahli gizi, lalu dihitung untuk menu selanjutnya, ini menjadi dasar pembuatan perencanaan bahan makanan untuk PT. A misalnya, kita kan pihak ke 3 ya. Jadi sesuai kondisi pasien hari ini ada berapa per jam makan”. (Inf-1)

“Oh, kalau perencanaan bahan makan kering dan basah itu kita sebulan sekali, kalau kebutuhan bahan makanannya dua hari sekali kita pesen ya, besok penerimaan nih, lihat yaa”. (Inf-3)

This is also supported by a review of documents from the nutrition installation manual at KISA Public Hospital, Depok, which states that food needs planning is planned by the head of the nutrition installation, assisted by staff, using an 11-day menu cycle, but for the menu itself, it is carried out by just one expert. nutrition and planning itself assisted by other officers. Based on document review and interviews, the nutrition installation at Khidmat Sehat Afiat Hospital, Depok, has its own spice standards and recipes. The following is an excerpt from the interview:

“Ada standarnya, terutama untuk pasien dengan penyakit tertentu, kita harus menyesuaikan bumbu dan resepnya, lebih soal rasa kan, kalau bumbu dasar sih sama aja, nanti mbak bisa lihat resep-resep dan standar bumbu kita”. (Inf-7)

2. Reception

Reception is one of the activities to realize planning and ordering food needs at the hospital. The following is an excerpt from the interview :

“Kalau untuk pencatatan dan pelaporan kita wajib ada ya neng, barang sampai nih di cek lalu baru ditimbang, bersihkan, dibuat laporannya, setelah dibuat baru langsung diserahkan ke PJ”. (Inf-4)

“Proses penerimaan kita wajib ya hygiene sanitasinya, pakai APD, celemek, tutup kepala, masker, sarung tangan, lengkap gitu, ada prosedurnya”. (Inf-4)

3. Storage

Food storage and nutritional installations at Khidmat Sehat Afiat Hospital Depok are considered to be in accordance with the Hospital Nutrition Service Guidelines. The following is an excerpt from an interview with the informant:

“Kalau untuk bahan makanan kering kita cek dulu expirednya mbak, simpan pakai sistem FIFO sama 1 lagi tuh sistem FEFO, kalau basah kan selalu di labelin tanggal simpannya untuk memudahkan kita ambil bahan makan yang mau dimasak duluan. Suhu penyimpanan juga dilihat sesuai kan dengan standar SOP dan pedoman, nanti bisa dilihat sendiri aturan suhunya ada di depan freezernya”. (Inf-5)

This statement is also supported by the results of a document review at the nutrition installation at Khidmat Sehat Afiat Hospital, Depok, that food storage

must be stored according to the FIFO (First In First Out) / FEFO (First Expired First Out) principle. Each food ingredient requires certain types of storage. For example, storing animal ingredients in the freezer, the temperature that must be used for storage is < -10 °C. Storage below this temperature can be stored for more than 1 week based on HACCP standards (9). However, usually animal food is never stored for more than three days. So the ingredients used are always fresh.

4. Processing

The processing of food ingredients at Khidmat Sehat Afiat Hospital Depok pays great attention to recipes and spice standards to maintain the taste of the food so that it is of good quality and suitable for consumption. The following is the researcher's interview with the informant:

*“Ada standarnya ya untuk bumbu dan garam. Kalau bumbu dasar sih sama semua pasien, paling garam gulanya yang berbeda buat pasien diet yang DM atau DT tergantung menu dari ahli gizinya, kita kan gak pake s*sa atau penyedap lain”. (Inf- 7)*

Before processing food ingredients, food processing staff always carry out hygiene and sanitation and use complete PPE according to the SOP in the nutrition installation. The diet and non-diet menus are prepared together, but later there will be separation and processing again with just spices. Following are the results of the interview:

“Selalu ya mbak, kenakan celemek, masker, sarung tangan, dan penutup kepala. Ya minimal ya pakai jilbab kalau yang perempuan. Kalau cuci tangan mah wajib setiap kegiatan, kalau sarung kotornya langsung ganti gitu”. (Inf-6)

“...Menu diet dan non diet itu di masak bareng, pas matang kita pisah 2 wadah lalu yang buat non diet kita tambahkan garam maupun gula sesuai resep”. (Inf-7)

Based on the research results of food that has been processed in the kitchen, portioning and serving are then carried out by 6 serving staff, consisting of 3 processing staff, including production PJs, assisted by 3 waiters. One of the tasks of the production PJ is to check the patient's diet for each treatment class. Then the waiter prepares and arranges the eating utensils on the serving shelves. After that, the food is placed on the patient's plate and plate.

At the portioning stage, the food to be served to the patient is not weighed first, but only estimated by the staff. Food presentation is adjusted to the treatment category, patient age and patient eating patterns. Class I and VIP for rice, porridge, team rice are placed on large plates, side dishes and fruit on small plates, and vegetables in bowls made of ceramic, also accompanied by spoons and forks. After that, the food is wrapped in plastic wrapping and placed on a tray made of brown wood.

The types of food in classes II and III are the same as in classes I and VIP, only

the serving containers are different. Class II patient food is placed on rice, rice porridge, team rice on a large plate, side dishes and fruit on a small plate, and vegetables placed in a bowl placed in a plastic tray without a bottom accompanied by a plastic spoon for eating. For Class III adult patients, rice, porridge, steamed rice, side dishes and fruit are placed on a large plate equipped with a plastic spoon. Meanwhile, for pediatric patients, rice, porridge, team rice, side dishes and fruit are placed on a small plate, which is also accompanied by eating utensils in the form of plastic spoons.

Specifically for ER/IGD patients, isolation patients, and patients who are still affected by COVID-19 at Khidmat Sehat Afiat Depok Regional Hospital, they get the same type of food but the placement of rice, rice porridge, team rice, side dishes, vegetables and fruit is placed on a small plate made from disposable plastic with a plastic spoon. After the food is served and packaged, the waiter places it on a covered trolley and distributes the food to each class of patients. Providing food to isolated patients, whether affected by COVID-19 or other infectious diseases, is only placed on the table in front of the inpatient room door. Meanwhile, for other patients, it is given directly into the hands of the patient, family, or placed directly on the table next to the patient's bed.

5. Food Distribution

Food distribution at the nutrition installation at Khidmat Sehat Afiat Depok Regional Hospital is carried out according to the patient's meal schedule (morning, afternoon and evening) and is carried out in a centralized manner, where food on trolleys is delivered by waiters directly to the patient's hands to avoid mistakes. The following is an excerpt from the researcher's interview with the informant:

“Pada dasarnya bagian gizi mendistribusikan makanan keseluruh fasilitas perawatan rumah sakit yang membutuhkan. Kalau sistemnya masing-masing ruangan ahli gizi akan mengajukan menu apa yang mereka minta melalui form permintaan makanan. Kemudian bagian instalasi gizi akan mengevaluasi kesesuaian menunya, jika sesuai kita penuhi, kita kan membuatnya sesuai permintaan dan kebutuhan pasien yaa” (Inf-3)

C. Output

Patient Acceptability

Results of interviews conducted in the room Most of the inpatients at KISA Public Hospital, Depok, like the food provided by the nutrition installation with good waiter service and also the acceptability of patients at the Depok Regional Hospital, they liked the food served. Based on the researchers' observations, it was found that most of the plates used for food looked empty without any food left. The following are the results of interviews with several inpatients at KISA Public Hospital, Depok:

Class I Inpatients (adults)

“Alhamdulillah selalu tepat waktu, petugasnya baik, ramah, bersih. Rasa dan aroma makanannya juga enak. Peralatan makan bersih ya, kalau makanan dari luar paling beli cemilan aja sih, Saran saya ya semoga selalu baik ya makanannya”. (Inf-9)

Class II Inpatients (adults)

“Bagus yaa, aroma dan rasanya enak, saya suka, tapi pernah kemarin makanannya ada kayak kurang mateng gitu, kemarin aja sih itupun tempe doang yang lainnya enak saya makan. Alat makan lengkap ya, bersih banget. Petugasnya baik, ramah, tepat waktu juga. Penampilan petugas rapi dan bersih kok. Bawa roti aja paling, kalau saran ya itu lebih perhatikan lagi masak bumbunya”. (Inf-10)

Class III Inpatients (adults)

“Tepat waktu ya, pokoknya sebelum dzuhur udah sampe ya makanannya, enak semua, “bersih kok peralatannya, petugasnya juga bersih, rapi, ramah, sopan. Kalau makanan saya gak pernah bawa dari luar, paling buah aja buat kalau mual. Saran, ya semoga tambah baik aja”. (Inf-11)

VK Room Inpatients (maternity)

“Pengantaran makanan sih baik ya mbak, tepat waktu terus kayaknya, aroma rasa enak sih cuma saya kadang bosan, 3 hari disini menunya gitu-gitu aja, bubur memulu. Peralatannya mah bersih sih, petugasnya mah baik, ramah, bersih, rapih juga. Saya gak boleh bawa makanan dari luar. Saran saya, paling ya lebih variatif aja gitu makanannya”. (Inf-12)

Discussion

Training activities for employees can influence HR's knowledge and skills regarding food supplies. Therefore, it is hoped that the management of RSUD Khidmat Sehat Afiat Depok can carry out training for food staff regarding food supplies on a regular basis in order to achieve the targets desired by the nutrition installation and improve human resource performance. The human resources in the nutrition installation, totaling 26 people, are sufficient to carry out various tasks. The human resources in the nutrition installation at Khidmat Sehat Afiat Depok Hospital do not have double jobs and are in accordance with their respective educational backgrounds. This is in accordance with Achmadi's management principles, where resources are placed according to the capacity, education, skills and physical condition of the employee (10)

In terms of budget provision, budget sources are financial contributions that support the implementation process. Health services can run well if they are supported by adequate financial sources. Regarding the services of the Khidmat Sehat Afiat Hospital, Depok, based on the research results, it appears that the budgeting for the nutrition installation at the Khidmat Sehat Afiat Depok Hospital is running well and

there are no obstacles. Funds are allocated according to the needs of feeding institutions. The disbursement process is where the nutrition installation makes plans and applications, while billing is handled by the finance department. There are no obstacles in the budget process for procuring food raw materials at Khidmat Sehat Afiat Regional Hospital, Depok, because funds are directly received from the government according to the needs of the nutrition installation section, considering that the nutrition section is an important entity for maximum nutritional needs for patient recovery and health.

The availability of a budget can certainly influence the planning and procurement process of food ingredients. With an adequate budget, the patient's food and nutritional needs will be met properly, conversely if the budget provided for food is limited then the hospital's food service will be disrupted, especially for its own nutritional needs and the hospital will experience losses.

Creating SOPs is an important thing because it can reduce errors and negligence. Based on the results of research conducted using interviews and observations, it can be concluded that existing SOPs and sanitation hygiene related to the food processing process have been made briefly and clearly so that they are easy for officers to understand and carry out.

In planning activities for food needs in nutritional installations at hospitals, the existence of standard spices and recipes for food processing certainly makes the food in the nutritional installation at Khidmat Sehat Afiat Depok Hospital different from other hospitals. The different taste and characteristic of the nutritional installation at Khidmat Sehat Afiat Depok Hospital will be a plus value in the eyes of the patient and make the patient happy to be treated at Khidmat Sehat Afiat Depok Hospital, especially if the food tastes good, of course the patient will eat it and make it. faster healing process.

Based on the results of interviews during the reception process, no obstacles were found, officers carried out the process of receiving food ingredients according to the PGRS guidelines and SOPs in the hospital nutrition installation. However, from the results of observations made by researchers, it was found that there were officers who assisted in the cleaning process of animal foodstuffs who did not apply appropriate sanitary hygiene, such as gloves, masks or aprons. This is likely to cause contamination of food items either from clothing or splashes of saliva from the officer who is speaking. Based on the results of the discussion above, the process of receiving food ingredients has been carried out in accordance with what is explained in the procedure for receiving food ingredients at the nutrition installation at Khidmat Sehat Afiat Hospital, Depok. However, to avoid contamination of food ingredients after they have been cleaned by staff, the nutrition installation at Khidmat Sehat Afiat Hospital Depok should carry out regular monitoring and evaluate the process of washing wet animal ingredients and give warnings or explanations regarding sanitation hygiene to staff so they can work together well.

According to research and observations carried out by researchers, the storage of food ingredients in the nutrition installation at Khidmat Sehat Afiat Depok Hospital is considered to be in accordance with the Hospital Nutrition Service Guidelines (PGRS)

and SOPs in the hospital. Khidmat Sehat Afiat Depok Hospital is a government hospital where the food storage process must comply with PGRS guidelines in terms of storage methods, sanitary hygiene of staff and materials, as well as complete facilities to support good storage (11).

Based on the results of observations, it is known that there were no obstacles found in the food storage process in the nutrition installation at Khidmat Sehat Afiat Depok Hospital because the storage warehouse requirements in the nutrition installation were in accordance with PGRS guidelines and the storage officers had carried out their duties in accordance with the hospital's SOP and PGRS guidelines, both regarding the use of PPE, hygiene, sanitation, to the food storage process.

Time standards and processing techniques for each type of food are based on the chef's experience. Sufficient processing time makes the food cook evenly and does not reduce the taste and the appearance of the food becomes more attractive. Because cooking for too long can remove several important nutrients such as vitamins, uncontrolled addition of salt often causes food to become salty or tasteless (12). Taste here means the taste of food and the quality of appearance (13).

The results of research conducted by researchers found that the nutrition installation at Khidmat Sehat Afiat Depok Hospital uses a centralized distribution type, because the patient's food is divided and served in cutlery at the food processing area. Then the food is received by the patient directly, provided by distribution staff, namely the waiter. This prevents obstacles such as the room nurse bringing the patient additional food to take home, for example fruit provided by the nutritional installation as additional, of course this results in the patient's nutrition being less than adequate due to reduced meal portions and the nutritional installation can get reprimands from the patient and the patient's family. However, the weakness lies in the centralized distribution of food, namely the decrease in food temperature from the nutrition installation to the patient's room, so that regular checks on the warmer trolley are needed so that it can always function properly (14,15).

Based on the nutritional service aspects provided by RSUD Khidmat Sehat Afiat Depok, it has also fulfilled all indicators of hospital nutritional services as outlined by the Indonesian Ministry of Health (2013), namely: nutritional planning, nutritional counseling, dietary pattern management, proper aroma and taste, proper food presentation, and evaluation of leftover food. There were no obstacles found in the food distribution process at the nutrition installation of RSUD Khidmat Sehat Afiat Depok. Officers carry out their duties in accordance with hospital guidelines and SOPs. If the provision of food is planned carefully and patients can enjoy the food provided, then the purpose of providing food in the hospital has been achieved. The amount of food consumed by patients is a good and important indicator to determine the nutritional status and patient satisfaction with food.

Most of the inpatients at Khidmat Sehat Afiat Hospital Depok like the food served. However, it was found that the patient's assessment of undercooked food that is *tempe*. Even though it is only one food, it is still an evaluation for nutritional

installations, especially food processing officers, to pay more attention to the level of maturity of cooking spices so that they can be cooked perfectly. There was only a small amount of leftover food when the researchers observed the time the food plates were withdrawn. The food plates were carried out by nutrition installation officers at 09.00 and 15.00 WIB. This is supported by the results of a document review of food waste data at nutrition installations which states that food waste in 2023 in January was 17.13%, February 14.69%, March 12.06%, April 14.32%, May 12.54%, and June 13.48%. Meanwhile, in a year during the 2022 period it was 17.07%.

This is in accordance with Minister of Health Decree no. 129/Menkes/SK/II/2008 concerning Minimum Service Standards (SPM) for Hospitals that no more than 20% of food is left uneaten by patients, one indicator of the success of nutritional services is the excess or lack of food provided by the hospital (16). The patient's nutritional intake is determined based on the results of excess measurements. The nutrition installation of RSUD Khidmat Sehat Afiat Depok has succeeded in providing good nutrition management services because the average food waste is below 20% with the largest portion of staple food at 17.05% and the smallest portion of side dishes at 13.14%.

Efforts to fulfill the nutritional needs of inpatients are carried out through the service of providing food according to each patient's needs in a timely manner with a delicious taste. Optimizing nutritional needs requires the participation and cooperation of nutrition officers to support food processing teams and other nutritional care teams. Nutrition services are a complex process starting from a nutritional care plan and a standardized nutritional care process where the intervention process integrates the food delivery process from menu planning to food serving (17). In the end, these two aspects will end in measuring patient satisfaction in nutrition services. All of this is a mutually sustainable unity that must be carried out to achieve good and satisfying quality of hospital services for patients (18).

Conclusion

This research concludes: Food waste in hospital inpatients can be influenced by several factors based on the management perspective of nutritional installations in hospitals, both from the input side and the process of administering food in hospitals. Based on the results of this research, the average food waste is 17.05%. This percentage is still below the Hospital Minimum Service Standard, namely 20%. It can be said that food management at KISA Hospital, Depok City is quite good.

Acknowledgment

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Conflict of Interest

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