ABSTRACT

Patient nutrition care is an integral part of hospital treatment and the consumption of a balanced diet is crucial to aid recovery. Nutrition and health are interrelated and good nutrition is a prerequisite for good health. Nutrition services in most hospitals in our country however do not receive the due they deserve. Very little Indian data is available on quality of nutrition services in hospitals and such data from Srinagar is negligible. The present cross sectional exploratory study, aimed to ‘Evaluate the nutrition services at registered hospitals of Srinagar and develop recommendations for optimal nutrition care of patients. Hospitals of Srinagar (government, private and autonomous) registered with Directorate of Health Services (DHS), were studied. The investigation comprised 3 Phases. In Phase I, the general status of nutrition services was studied in registered hospitals. Phase II included detailed study of those hospitals which provided nutrition services to patients. Based on the findings of Phase I and Phase II, recommendations for improving nutrition services were developed for Phase III, and feedback was obtained from stakeholders. Willingness of the sample to participate and informed consent formed the basis of the study. Hospitals were coded to maintain confidentiality. The sample for Phase I comprised hospitals of Srinagar, DHS officials and some stakeholders involved in nutrition services. Phase II included a representative sample of all stakeholders involved directly or indirectly with nutrition services such as hospital administrators, doctors, nurses, dietitians, storekeepers, kitchen/canteen managers, head cooks, stewards and sanitation workers from each hospital under study. Patients were included (n=155) for their perception of nutrition services and for nutritional assessment of long term stay patients in hospitals (n=56). Microbiological assessment of food, water and surfaces (n=108) was also investigated for sanitation and hygiene of the food service units. Data was collected using pre tested interview schedules, checklist, observation and discussions. Standard techniques for anthropometry and microbiological analysis were used. A scoring pattern was developed to evaluate the overall status of nutrition services and differences across the hospitals. Salient findings of Phase I revealed that though Srinagar has several hospitals, but only 19 hospitals were registered with DHS and of these only 11 provided nutrition services to patients. Four hospitals had dietitians but only 1 had a dietetic department. In Phase I, absence of dietetic departments and inappropriate dietician to patient ratio were highlighted as areas for improvement of nutritional care of patients. Phase II included the 11 hospitals offering food to patients. It was observed that 10 government/private hospitals had a contractual hospital kitchen/canteen and only 1 had a hospital run kitchen. This hospital offered various therapeutic and special diets, unlike others which served only normal diets to all patients, with less oil and salt and in some cases, bland diets. Phase II reaffirmed the lacuna in terms of presence of a dietetic department and dietitians. The role of hospital administrators, doctors and nurses in nutrition services were minimal, despite awareness of the importance of nutrition in patient care. Dietitians at three hospitals performed limited jobs and dietitians at only one hospital, with a dietetic department, performed most jobs in accordance with DGHS guidelines. Other personnel involved in nutrition services performed their jobs to varied extents, but there was lack of awareness of the DGHS and other guidelines for job specifications for nutrition services. A need was thus brought out towards increasing awareness and availability of DGHS guidelines especially
for dietitians and stewards. The comprehensive evaluation of the food service unit showed that, aspects like infrastructure and physical facility layout were adequate in all the hospitals. In terms of food production, there was a need for documentation of standardized recipes and inclusion of all food groups in the hospital menus, the diets being mostly unbalanced. The results of microbiological assessment of food, water and surfaces (permission not being granted for this by one hospital) revealed positive results with these being safe at other 10 hospitals. Patients perception in terms of nutrition services showed that 45% patients were satisfied by the hospital nutrition services and 55% showed a negative response. Patients reported a need for dietary counselling and dietitians at hospitals. With respect to nutritional status of long term stay patients (≥10-15 days), it was seen that initial mean height, weight and BMI were found to be normal in most of the patients. Loss of weight, though insignificant, occurred in 40% patients, within 10-15 days of hospital stay. Biochemical and clinical profile did not reveal any major deficiencies except mild to moderate anaemia in 76% patients. Dietary and nutrient data revealed wide variability with mostly unbalanced diets among patients, across all hospitals. However, based on modified Malnutrition Universal Screening Tool (MUST), no patient was at nutritional risk within 10 days hospital stay. In Phase III, the response to the recommendations developed, in the form of a leaflet, was positive from all stakeholders. Their response indicated awareness of the importance of nutrition and dietitians in patient and nutrition care, but lack of action was apparent in this regard. The major constraints reported were financial in nature. It may thus be concluded that there were several lacunae in the nutrition services in hospitals of Srinagar, but willingness was exhibited by the key nutrition service providers to attempt implementing the recommendations. If patient care is to be optimized, then nutrition services need to be appropriate in hospitals. Hospital food service does not operate in isolation but requires the co-operation and integration of several stakeholders to provide the ultimate patient care.