



Comparative Study of Food Services Between State and Private Islamic Hospitals in Makassar

Yusma Indah Jayadi, Rezki Nurfami, A. Syamsiah Adha, Sukfitrianty Syahrir, Dian Ihwana Ansyar, Ichsanul Ahkam

Program Studi Kesehatan Masyarakat, Fakultas Kedokteran dan Ilmu Kesehatan, UIN Alauddin Makassar, Indonesia
yusmaindahji@gmail.com

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Kata Kunci	Abstrak
Manajemen penyelenggaraan makanan; Rumah sakit islam; Rumah sakit umum;	Penyelenggaraan makanan institusi dan industri adalah program terpadu yang terdiri atas perencanaan, pengadaan, penyimpanan, pengolahan bahan makanan dan penyajian atau penghidangan makanan dalam skala besar. Kegiatan penyelenggaraan makanan ini harus berpedoman pada PGRS untuk menjamin makanan yang bermutu agar pasien dapat mempercepat proses penyembuhannya. Penyelenggaraan makanan institusi walaupun berpedoman kepada PGRS, nyatanya dilapangan terjadi perbedaan pengaplikasiannya, terkhusus pada instalasi gizi Rumah Sakit. Penelitian ini bertujuan untuk mengetahui bagaimana perbandingan manajemen penyelenggaraan serta pelayanan makanan yang ada pada Instalasi gizi di Rumah sakit islam dan Rumah sakit umum. Penelitian ini termasuk jenis penelitian kualitatif bulan mei 2022 dengan pendekatan fenomenologi yaitu menggambarkan pelaksanaan manajemen dalam kegiatan penyelenggaraan makanan di Instalasi Gizi Rumah Sakit Islam Faisal dan Rumah Sakit TK.II Pelamonia. Subjek dalam penelitian ini adalah kepala rumah sakit, tenaga pengolahan, tenaga gizi, pramusaji dan keluarga pasien. Teknik pengumpulan data melalui wawancara mendalam menggunakan daftar pertanyaan. Perbedaan dalam pelaksanaan manajemen dalam kegiatan penyelenggaraan makanan di Instalasi Gizi Rumah Sakit Islam Faisal dan Rumah Sakit TK II Pelamonia yang meliputi syarat dapur yang baik, kebutuhan petugas pada instalasi gizi, perencanaan kebutuhan bahan makanan, pengadaan bahan makanan, petugas yang melakukan pengolahan bahan makanan, prasyarat pengolahan bahan makanan, dan petugas pendistribusian makanan. Diharapkan kepada pihak Rumah Sakit Islam Faisal dan Rumah sakit TK II pelamonia untuk melakukan evaluasi sesuai dengan Permenkes RI No. 73 tahun 2013 tentang Pedoman Pelayanan Gizi Rumah Sakit.
Keywords	Abstract
Food management; Islamic hospitals; General hospitals;	<i>Institutional and industrial food delivery is an integrated program consisting of planning, procuring, storing, processing foodstuffs, and serving or serving food on a large scale. This feeding activity must be guided by the PGRS to ensure quality food so that patients can accelerate the healing process. The implementation of institutional food even though it is guided by PGRS, in fact in the field there are differences in its application, especially in hospital nutrition installations. This study aims to compare the management of food organizations and services in the nutrition installation of Islamic hospitals and general hospitals. This research is a type of qualitative research in May 2022 with a demonology approach, namely describing the implementation of management in food delivery activities at the Nutrition Installation of Faisal Islamic Hospital and Pelamonia Hospital. The subjects in this study were the head of the hospital, processing personnel, nutritionists, waiters and patients' families. The study of data collection through in-depth interviews using a list of questions. Differences in the implementation of management in food delivery activities at the Nutrition Installation of Faisal Islamic Hospital and Pelamonia Hospital which include good kitchen requirements, the needs of officers in nutrition installations, planning for food needs, procurement of foodstuffs, officers who process foodstuffs, prerequisites for processing foodstuffs, and food distribution officers. : It is expected for the Faisal Islamic Hospital and Pelamonia Hospital to evaluate by the Minister of Health of the Republic of Indonesia No. 73 of 2013 concerning Guidelines for Hospital Nutrition Services.</i>

Introduction

Institutional/mass Food Administration (I/MFA) is the implementation of food that is carried out in large quantities or bulk. The limits on the number of held in each country vary, according to the agreement of each country. In the UK it is considered that the implementation of a lot of food is when producing 1000 servings per day, and in Japan 3000-5000 servings a day. Meanwhile, in Indonesia, the implementation of many mass food used is when the implementation of more than 50 servings per processing. So that if 3 meals a day, then the number of portions held is 150 servings a day(1). As to organising food: Providing food that suits the nutritional needs of patients to accelerate the healing of diseases and shorten the treatment period, Providing food for hospital employees to meet nutritional needs while on duty, achieving the effectiveness and efficiency of maximal use of food costs (1).

Hospital Nutrition Services (HNS) in Indonesia is one of the components of the health service system in hospitals. Historically, the nutrition unit was first incorporated into the organizational structure of the hospital in 1962, namely at the National Central General Hospital (RSUPN) Dr. Cipto Mangunkusumo Jakarta(1)With the Decree of the Minister of Health of the Republic of Indonesia No. 983 Menkes/SK/XI/92 concerning the Organizational Structure and Work Procedures of General Hospitals, the nutrition unit that carries out nutrition service activities in hospitals is called the Nutrition Installation. Overall, nutrition services in hospitals cannot be said to be adequate. The problems faced in some hospitals are still fundamental problems, such as lack of sources of costs, labour and physical facilities, and in addition, the role of nutrition unit managers in planning is less involved. Hospital food services in Indonesia, both in government and private hospitals, have now begun to improve, due to competition between homes to get public satisfaction, especially patients. However, not all hospitals have been able to carry out food services with a system approach, due to the limited resources available, especially in class C and D hospitals in the regions. So that the handling efforts are still carried out separately, and have not been comprehensive (1).

Another research by J Jufri, A Hamzah, B Bahar. 2012, mentioned that budget planning at Lanto Dg. Pasewang General Hospital, Jeneponto Regency, is not budget planning but direct financing. Costs are sourced from hospital revenues. Planning through the work team, using a 10-day menu cycle, rotation and evaluation are not carried out in a certain period, carried out if many patients are complementary to the menu. The steps on menu planning are not fully by PGRS measures such as not making changes/updates to the menu cycle. The need for groceries is planned for per day, the head of the installation plans the needs based on how much the budget is for the cost of groceries and the number of patients fed each day. The ordering and purchase of groceries are ordered daily and dry groceries are ordered within an indeterminate period, no system is made, and the ordering of food ingredients is only made by the ka. nutritional installation, the needs of foodstuffs are adjusted to the number of patients according to the standard portion per person per type of food. The process of systematically receiving foodstuffs has not been fully by PGRS(2).

Research conducted by Sinamo (2020) at Salak Hospital shows that menu planning for the time of using the menu cycle has been used for three years so it is not by PGRS. Planning food needs and planning the budget for foodstuffs has been carried out following PGRS. The procurement of foodstuffs is carried out twice a week which has been ordered through. The receipt of foodstuffs and the processing of foodstuffs have been carried out following PGRS guidelines. Storage of dry foodstuffs and wet foodstuffs are separated but the regulation of the storage temperature of foodstuffs has not been following PGRS and distribution has been carried out following PGRS (3).

A study by Taufik et al. (2020) highlights the importance of proper menu planning, food procurement, and storage to ensure the availability of safe and nutritious food in hospitals (4). Additionally, a study by Chou et al. (2019) emphasizes the importance of implementing standard operating procedures for food preparation, handling, and storage to prevent foodborne illnesses in hospitals (5).

Based on the analysis of Institutional Food Service Management in various hospitals, there are gaps in the implementation of the different components, including the kitchen criteria, menu planning process, food budget planning, planning for food needs, procurement of foodstuffs, receipt of foodstuffs, storage of foodstuffs, processing of foodstuffs and distribution of food. These gaps could potentially affect the quality and safety of the food served in hospitals, which is crucial for the well-being and recovery of patients.

Furthermore, there is a need to compare the institutional food service management between government hospitals and private Islamic hospitals to identify any differences in their approach towards ensuring the availability of safe and nutritious food for patients. This comparison will enable us to identify any gaps or weaknesses in the current practices of these hospitals and help develop effective strategies to improve the quality and safety of food services. This study aims to provide insights into the current state of institutional food service management in government and private Islamic hospitals and identify areas for improvement.

Methods

This research is a type of qualitative research with a descriptive approach, namely describing the implementation of management in food delivery activities at the Nutrition Installation of Pelamonia

Makassar Hospital and Faisal Islamic Hospital which includes the process of menu planning, planning food needs, procurement of foodstuffs, receipt of foodstuffs, storage of ingredients food, food processing and food distribution. This research was conducted at the Pelamonia Makassar Hospital and Faisal Islamic Hospital During the study, this research was conducted from May 23 to 28, 2022. The selection of informants in this study uses purposive sampling techniques, which are techniques carried out to select informants who know the problem, can express opinions properly and correctly, can be trusted to be a good source of data and are willing and able to provide information related to the research topic. The target population in this study are public and private hospitals, especially those that are Islamic and have food service management, as well as officers involved in providing food services to patients or visitors to the hospital.

The inclusion criteria in this study are:

- a. Hospital officers who work in the nutrition installation in the planning, reception, storage, processing and distribution of food organization in public and private hospitals, especially Islam in Makassar.
- b. officers who have worked and have experience in the food organization system in public and private hospitals, especially Islam in Makassar.

The exclusion criteria in this study are:

- a. officers who are not involved in the provision of food services to patients or hospital visitors.
- b. officers who are not willing to be interviewed
- c. officers who have only worked for less than one month.

The informant chosen by the researcher is someone who provides information about something you want to research. The types of informants consist of 3, namely:

- a. The key informant is the Head of Nutrition Installation who is trusted to be able to provide accurate information about planning activities to menu assessments for patients and is a maker and policy maker at the Nutrition Installation at Faisal Islamic Hospital and Pelamonia Makassar Hospital.
- b. The main informants were staff at the Nutrition Installation who participated in the activities in the room.
- c. Additional informants were inpatients and families of patients of the Faisal Islamic Hospital and Tk. II Pelamonia Makassar Hospital.

Analysis was continued with narrative analysis to reformulate stories by respondents. Furthermore, data were mapped and interpreted.

Results

Pelamonia Hospital is located in Makassar City which has a variety of services, one of which is nutrition services, and its implementation is carried out in a nutrition installation. The location of the nutrition installation room of Pelamonia Hospital is in the back corner block within the scope of the hospital, parallel to the laundry room of the hospital. Faisal Islamic Hospital Makassar has a variety of services, one of which is nutrition services whose implementation is carried out in the nutrition installation room. The location of the nutrition installation room is at the end of the hospital which is directly opposite the parking lot and adjacent to the inpatient care building.

Based on the results of the interview, information was obtained related to the criteria for a good kitchen, for the two hospitals have met the similarities in terms of the floor surface being made sufficiently gentle towards the wastewater sewer, The ceiling surface must covering the entire roof of the kitchen space, the surface is flat, light-coloured and easy to clean, The surface is equipped with a hot air dispensing device and odours installed as high as 2 (two) meters from the floor and the capacity is adjusted with kitchen area, The kitchen furnace is equipped with a smoke hood, smoke trap device, chimney, filter and channel and fat collector, All furnaces are located under the smoke hood, The door corresponding to the outer courtyard is made double, with the outer door opening towards the outside, The kitchen space consists of:

- a. Equipment washing place.
- b. A place to store groceries.
- c. Place of processing.
- d. Place of preparation.
- e. Place of administration.

Table 1. Criteria for a good kitchen

Good Kitchen Criteria	Faisal Islamic Hospital	Pelamonia Hospital
The kitchen area is at least 40% of the dining room or 27% of the building area	For the area of the kitchen itself, it is already in the nutrition installation plan regarding how much the building area is and it already meets the area of the kitchen criteria.	The area of the kitchen has not met the criteria of a good kitchen. The kitchen area is less than 27% of the building area
The intensity of natural and artificial lighting is at least 10-foot candles	Lighting from windows, ventilation is already there, but for the serving room, it does not use food candles only using lamps because it is feared that there are insects that enter without lighting ventilation.	Very dim lighting
It must be posted with the words "Wash your hands before touching food and equipment" in an easy-to-see place	There are already posters about hand washing in the washing area of tools and foodstuffs	There is no writing about hand washing in the kitchen area

Air exchange at least 15 times per hour to ensure the comfort of work in the kitchen, and remove smoke and dust, The kitchen space must be free from insects, rats and other animals, and there are at least compounding tables, appliances, cabinets / cold storage facilities, equipment shelves, washing tubs that function and are well maintained.

The flow of Organizing Food Menu Planning

Both hospitals have carried out menu planning, a prerequisite for menu planning following PGRS. *"For the determination of menu planning, a meeting is held with officers in the hospital, chefs and waiters about the menu to be determined, the menu cycle at RSI Faisal uses a 10-day menu cycle, then a revision will be made every 6 months, after which it will be monitored whether there are menu changes or not"* (Informant 1) *"Determination of the menu cycle is also usually a request from patients, through communication with nurses"* (Informant 1) *"In this hospital there is a menu that has been set for 10 days"* (Informant 6) *"usually there are patients who do not eat porridge but are replaced with rice". This is because 18 people do not like to eat porridge, then regarding the side dishes, there are no changes in the side dishes because there is a menu that has been made and will be revised if the menu needs to be changed"* (Informant 6)." (Nutrition Installation Informant of Faisal Islamic Hospital)

Based on the results of the interview, it is known that menu planning is carried out in a team, with a menu cycle of 10 days within 6 months. This research is also in line with Jafri's research, et al conducted at Lanto Dg Pasewang Hospital, Jeneponto Regency (2012) that menu planning in the hospital was planned with the team and the cycle used for the 10-day menu(2).

" in this hospital, there is the formation of work teams such as room nutrition, processing and distribution. Determining the type of menu in terms of the type of cuisine that patients like and 1700 - 2300 servings. To revise sometimes it is seen from the most remaining menu, then a menu evaluation is carried out, every day a different menu and the menu cycle is updated every 6 months." *"The type of patient diet determines the food ingredients used by the hospital. Due to the large number of patients and the various types of diseases of the patients, food ingredients that are safe for consumption for all types of diseases are selected."* (Chairman of Nutrition Installation, Pelamonia)

The results of the interview regarding the standard menu and diet menu at the Nutrition Installation of RSI Faisal are as follows: *"In the Faisal hospital using a standard menu, both in VIP class patients, class 1, 2, and 3, the type of menu is the same, but the cooking method is different depending on the diet being followed such as a low fibre diet, heart diet, low salt diet. lack of nutrition personnel in the nutrition installation, therefore the service is assisted by nurses in collecting a list of diets that patients undergo."* (Informant 1)

"Yes sist, this is for patients who are on a diet, same with the others are only cooked" (Informant 5)

The results of the interview stated that the food for special diet patients and other patients had the same foodstuffs, only that the way they were processed was different. Patients who have a disease that requires a special diet will be given according to the type of diet given to the nutritional installation by the nurse. The nutrition installation of RSI Faisal uses a 10-day menu cycle and is carried out as a team. The preparation of the menu is carried out by the nutrition installation officer and the head of the nutrition installation through an internal meeting of the nutrition installation, at the meeting if there is something inappropriate, it will be corrected and changed together.

Food Needs Planning

The planning of food needs for nutritional installations of the Islamic Hospital Faisal Makassar is distinguished based on the need for wet foodstuffs for each day and dry foodstuffs for some time once a week. Planning of foodstuffs both wet and dry is carried out based on the menu cycle that has been prepared, the frequency of feeding, the standard of portions used, the specifications of predetermined foodstuffs and

the average number of inpatients. After planning the menu, the next activity is planning the needs of foodstuffs. The need for groceries both in the process of purchasing, and ordering, and the frequency of purchases is fully carried out by the head of the nutrition installation at the Faisal Islamic Hospital Makassar. The need for groceries is planned for per day, the head of the installation plans the needs based on how much the budget is for the cost of foodstuffs and the number of patients fed each day. The need for wet foodstuffs is ordered every day and for the needs of dry foodstuffs are ordered 1 time a week, which is every Monday. The planning of food needs at RS Islam Faisal Makassar is guided by PGRS, namely the need for foodstuffs is made based on the average number of patients and determines the period of food needs.

The need for foodstuffs is divided into two between wet foodstuffs and dry foodstuffs. In general, Pelamonia Hospital to find out the needs of foodstuffs that must be ordered all start from planning the menu first then calculating the needs of foodstuffs, ordering and purchasing foodstuffs, receiving, storing and distributing foodstuffs, preparing foodstuffs, processing foodstuffs and distributing food to patients. Adjustments to the menu and the number of patients based on their class. Then, multiplied by the foodstuffs they need by the amount or frequency of administration multiplied by the standard portion and then multiplied by the number of patients. Guidelines for foodstuffs and feeding, both menu cycles are guided by SPO and PGRS. The stock we order is also always sought to be more than the need for standard patient foodstuffs, to avoid an increase in patients which certainly also has an impact on the available foodstuffs. Everything starts with knowing the menu cycle as well in addition to knowing the number of clients that need to be served

Grocery Budget Planning

Table 2. Steps of Food Budget Planning Activities

Steps of Budget Planning Activities for Material	Faisal Islamic Hospital	Pelamonia hospital
Collect data on the type and number of consumers/ patients of the previous year	The data collected are data on inpatients in the previous year and data on the number of food services that nutrition installations carried out last year	The number of patients in 2021 at Pelamonia Hospital as a whole, both BPJS and general, is 52,328
Determine the type and number of consumers/ patients	The provision of food services to patients is seen in the type of disease suffered. There are several diseases commonly found in Faisal Islamic Hospital including diabetes Mellitus, hypertension, heart disease, kidney disease, dyspepsia, diarrhoea and so on.	There is a board that records the number of patients with various diseases in the last year
Collect the price of groceries from several markets by conducting a market survey, then determine the average price of foodstuffs	Before placing an order for groceries, usually in determining food needs, the nutrition installation conducts a market survey to get a price that is by the quality of good food ingredients.	The price of foodstuffs from one BM supplier is CV Syafiq Al Khattab, which means that the supplier of the goods has been determined.
Create guidelines for the net weight of the foodstuffs used and convert them into dirty weights	The gross weight deposit is calculated by multiplying by the net weight and dividing by the BDD in Set.	The weight of the groceries purchased/ to be used is different.
Calculate the food price index per person per day	Individual pricing or per market is determined based on Material requirements. The need for these foodstuffs will be converted into prices based on the estimated price of foodstuffs so that the average patient's food price index per day can be determined.	The daily people's meal index is for Super VIP 180 thousand, VIP 90 thousand, Class 1 80 thousand, class 2 70 thousand and Class 3 60k.
Calculate the budget for groceries a year	The food price index per patient in one day will be multiplied by the average number of inpatients and then multiplied by 365 days to get the total budget for grocery spending in one year. for example, in RSI Faisal for VIP class, the price of patient meals per day is set at Rp. 75,000 multiplied by 365 then Rp. 27,375,000 for a year.	The annual grocery budget received by Pelamonia Hospital is 5M.

"Food service activities, both in hospitals, social and commercial institutions, are complex activities and are related to various aspects, and require relatively large costs in managing them. Especially in hospitals, this food service is part of the Hospital Nutrition Service (PGRS) and has functions related to other

services in the hospital. Therefore, knowledge and skills are needed in managing costs and determining tariffs/costs on nutrition services both in hospitals and institutions other than hospitals" (1)

The need for groceries is planned for per day, the head of the installation plans the needs based on how much the budget is for the cost of foodstuffs and the number of patients fed each day. The need for wet foodstuffs is ordered every day and for the needs of dry foodstuffs are ordered 1 time a week, which is every Monday.

Procurement of Foodstuffs

In grocery ordering activities, some prerequisites must be met in advance and grocery ordering activities must be carried out with steps that have been arranged in PGRS. The fulfilment of prerequisites and the implementation of steps in ordering foodstuffs at the Nutrition Installation of RSI Faisal Makassar can be described in the following table:

Table 3. Grocery order prerequisites

Grocery Order Prerequisites	Faisal Islamic Hospital	Pelamonia Hospital
The existence of a hospital policy on the procedure of food procurement	for the procurement of foodstuffs at the nutrition installation of Faial Islamic Hospital is not following the SOP. Because the grocery procurement system uses a household shopping system. In addition, there are no permanent counterparties or suppliers for ordering materials food at the Faisal Islamic Hospital Installation	Pelamonia Hospital installed Nutrition already has procedures for procurement of foodstuffs and already has its policies.
Availability of funds for groceries	Available. Where funding at the Faizal Islamic Hospital will be entered every month or will be accumulated fork per month.	Have funds for groceries for patients and already have a tender for 1 year and have been contracted with a value of approximately 5M, but in 2021 yesterday not all were used adjusted to the number of patients due to the presence of COVID so only used around 2M.
The existence of food specifications	Exist. For example, like fruits, the nutrition installation will order fruits that are still fresh and following the specifications that have been assigned.	The specifications for foodstuffs are by the standards of foodstuffs that have been set by the nutrition installation at Pelamonia Hospital by looking at the shape, appearance, and quality of food ingredients and if there is something that does not match the order, it will be returned and replaced with a new one.
The existence of a menu and the number of foodstuffs needed during a certain period	Exist. Where for the menu it is different every day for 10 days. And the amount of food for each day will increase or decrease according to the number of inpatients per day.	The availability of the menu and the number of foodstuffs needed by patients 3 times a day, morning, afternoon, and evening.
There is a grocery order for 1 menu period	It has not been fulfilled, because the nutrition installation of Faizal Islamic Hospital uses a 10-day menu cycle, the cycle of ordering foodstuffs, especially wet foodstuffs, namely every day and shopping for yourself at the store.	Based on the menu, ordering groceries is ordered only for those needed by patients or consumers and do not order groceries if they are not by the menu.
Calculate the budget for groceries a year	The food price index per patient in one day will be multiplied by the average number of inpatients and then multiplied by 365 days to get the total budget for grocery spending in one year. for example, in RSI Faisal for VIP class, the price of patient meals per day is set at Rp. 75,000 multiplied by 365 then Rp. 27,375,000 for a year.	The annual grocery budget received by Pelamonia Hospital is 5M.

Grocery Reception

Table 4. Steps for receiving foodstuffs

Steps For Receiving Groceries	Faisal Islamic Hospital	Pelamonia Hospital
<i>Groceries are checked according to the order and the provisions of the specifications of the ordered groceries</i>	<i>If the groceries have come, directly check the quantity and quality. If it is by what is ordered, it will be stored in the warehouse. If it is not appropriate, it is returned to the supplier</i>	Food ingredients that are received and have been weighed in place in different containers if there are inappropriate foodstuffs, they will be returned

Based on the results of the interview, information was obtained about the prerequisites for receiving foodstuffs, for the two hospitals have similarities in the availability of a list of food orders in the form of the number of foodstuffs that will be received at a certain time and the availability of food specification specifications that have been applied by the two hospitals. The following are the results of an in-depth interview regarding the acceptance and checking of foodstuffs from the Faisal Islamic Hospital Makassar.

"For ordering groceries, I am responsible for contacting the supplier. So, the booking list is on me. If the ordered materials have come, then I give the order list to the person in charge of receiving groceries" (informant 1). "If there is something that does not match the order list and the existing goods, then directly contact the store via WhatsApp, then our staff who come to the store to pick up the missing ingredients." (Informant 2)

Grocery Storage

Grocery storage is an ordinance for arranging, storing, and maintaining the quantity, quality, and safety of dry and fresh foodstuffs in dry and cold/frozen food warehouses. The purpose of storing foodstuffs is the availability of food ingredients that are ready to be used in the right quantity and quality according to needs.

Table 5. Prerequisites for Grocery Storage

Grocery Storage Prerequisites	Faisal Islamic Hospital	Pelamonia Hospital
Availability of food storage room facilities by regulations	<i>All warehouses meet the standards. But the drawback is that temperature checks in damaged rooms and unscheduled warehouse openings so that warehouse temperatures sometimes follow the room temperature Usual</i>	<i>All warehouses meet the standards. But the drawback is the lack of temperature checks in wet food warehouse rooms that are still not by the standards.</i>

Based on the results of interviews from the two hospitals, there are similarities related to the food storage room, namely, *there is a wet and dry grocery warehouse to accommodate foodstuffs that are not directly processed. In addition, the Islamic Hospital Faisal Makassar and the kindergarten hospital. If Pelamonia also has groceries that have been controlled through stock cards.* In food-storage activities, some prerequisites must be met in advance and food-storage activities must be carried out with the steps already regulated in PGRS. The storage of foodstuffs at Faisal Islamic Hospital more or less follows existing SOPs and PGRS guidelines.

Food Processing

The processing of foodstuffs in the nutrition installation consists of two stages, namely the preparation stage of food ingredients and the stage of cooking food ingredients.

Table 6. Prerequisites for Food Processing

Prerequisites for Food Processing	Faisal Islamic Hospital	Pelamonia Hospital
Availability of groceries to be prepared	<i>The process of preparing food ingredients is carried out starting with the nutrition staff taking the food ingredients to the storage room, after that, the cook will wash the food ingredients, and wash the cooking utensils. In preparing food ingredients, nutritionists not only supervise but also participate in helps in the preparation process</i>	<i>The foodstuffs to be prepared were stored in dry warehouses and wet warehouses</i>
Availability of food storage room facilities following regulations	<i>All warehouses meet the standards. But The drawback is that temperature checks in damaged rooms and unscheduled warehouse openings so that warehouse temperatures sometimes follow the room temperature Usual</i>	<i>All warehouses meet the standards. But the drawback is the lack of temperature checks in wet food warehouse rooms that are still not following the standards.</i>
premises and preparation equipment	<i>Food preparation and processing equipment (kitchen) is provided</i>	<i>There is a special place for preparing spices, fruit and filtered porridge and there is a preparation table on which there are food utensils available</i>
Availability: - standard portions - standard recipe - standard seasoning - preparation schedule - cooking schedule	<i>cooks use predetermined serving standards, recipes, seasonings, and schedules.</i>	<i>Portion standards, recipe standards, seasoning standards, preparation schedules and cooking schedules for foodstuffs are available in this hospital which is affixed to the wall to make it easier for processors to see them.</i>

Table 7. Prerequisites for cooking foodstuffs

Prerequisites for Cooking Foodstuffs	Faisal Islamic Hospital	Pelamonia Kindergarten II Hospital
Availability of menus, menu guidelines, and menu cycles	<i>The cook cooks the groceries according to the established menu.</i>	<i>Menus, menu guidelines, and menu cycles are readily available at this hospital and use a 10-day menu cycle</i>
Availability of foodstuffs to be cooked	<i>Groceries are always provided before cooking</i>	<i>Wet foodstuffs that come in every day and dry foodstuffs that come in every 2-3 months</i>
Availability of cooking equipment Groceries	<i>Complete and available cookware used when cooking.</i>	<i>Food cooking equipment is available where this hospital has two warehouses where food utensils are placed, namely a special warehouse for patient cooking utensils and a special warehouse for cooking utensils for health workers.</i>
Availability of rules for judging ripening results	<i>To assess the results of cooking sometimes done sometimes neither.</i>	<i>In assessing the results of cooking, patients are given a questionnaire that is distributed once every 6 months.</i>
Availability of fixed procedures Cooking	<i>The cooking procedure is carried out accordingly to established procedures.</i>	<i>There is a fixed procedure for cooking foodstuffs that have been established in this hospital</i>
Availability of regulations for the use of Food Additives (BTP)	<i>Food Additives (BTP) are available in the grocery storage room, if the groceries to be cooked experience a shortage of cooks take in the food storage room.</i>	<i>There is no regulation on the use of Food Additives (BTP) at Pelamonia Hospital</i>

Food Distribution

Food distribution is a series of processes of food delivery activities according to the type of food and the number of consumer/patient portions served with the aim that consumers/patients get food according to the diet and applicable regulations (6).

Table 8. Prerequisites for food distribution

Food Distribution Prerequisites	Faisal Islamic Hospital	Pelamonia Hospital
Availability of granting regulations for hospital food	<i>We have food distribution rules such as those in the SOP and portion standards that we have set</i>	SPO there are 6, patient feeding distribution, patient identification by a waiter, patient food withdrawal, patient food clears up, patient tableware hygiene, patient feeding trolley brutality
Availability of standard portions that designated hospital		
The existence of a retrieval regulation food		
The existence of a list of patient food requests	<i>If it is for the list of patient requests, we are there, but we are helped to manage it by the existing nurses so that it can be adjusted to the diet lived and diagnosis Disease</i>	In the form of a table with the name, age, type of food, and room
Availability of equipment for the distribution of food and tableware	<i>Yes, we have a closed trolley and cutlery such as plates, bowls, and spoon plates that we give according to the class patient</i>	Food equipment is plentiful and trolleys there are 5
There is a set food distribution schedule	<i>We have 5 food distribution schedules that are breakfast, morning snacks, lunch, afternoon snacks and dinner</i>	The distribution schedule is carried out half an hour before mealtimes

Discussion

The flow of Organizing Food Menu Planning

Menu planning is a series of activities to arrange and combine dishes in harmonious, harmonious variations that meet nutritional adequacy, and tastes that suit consumer/patient tastes and institutional policies. The purpose of menu planning is as a guide in food processing activities, regulate variations and combinations of dishes, adjust to the available costs, and save the use of time and effort a well-planned menu can be used as a counselling tool. In health service facilities, menu planning is the activity of preparing menus that will be processed to meet consumer tastes and meet the needs of nutrients that meet the principles of balanced nutrition. The purpose of menu planning at healthcare facilities is the availability of menu cycles according to the existing service classification. In menu planning activities, some steps must be taken following PGRS(6).

The results of the interview stated that the food for special diet patients and other patients had the same foodstuffs, only that the way they were processed was different. Patients who have a disease that requires a special diet will be given according to the type of diet given to the nutritional installation by the nurse. The nutrition installation of RSI Faisal uses a 10-day menu cycle and is carried out as a team. The preparation of the menu is carried out by the nutrition installation officer and the head of the nutrition installation through an internal meeting of the nutrition installation, at the meeting if there is something inappropriate, it will be corrected and changed together. This research is in line with the research of Moch Muchlas Kurniawan (2016) who stated that the implementation of food in the dormitory of the Indonesian Navyk0bangelikil Surabaya was by the planning and supervision procedures(7).

The type of diet of the patient determines the foodstuffs used by Plamonia Hospital. Due to the large number of patients and the types of patients' various diseases, foodstuffs are chosen that are safe for consumption for all types of diseases. The drop-down menu already has a policy. For the menu once a year, it is usually updated, usually the menu of choices to the patient according to the diet that has been determined by the nutritionist. Its form, preparation and presentation are following the tastes of the patient, but some standards are based also on the recommendations of the attending physician. To revise sometimes judging from the rest of the menu the most, usually evaluated the menu, every day is different menus and the menu cycle is updated every 6 months.

This research is in line with the research conducted by Ulfa Rahmi in 2019 (3) Menu planning is made by nutritionists and the menu is divided into two groups, namely the regular menu and the diet menu. The replacement of the menu at the government hospital Dr Rasidin Padang is carried out every 6 months by considering the saturation and acceptability of patients to the food served. Menu preparation activities will be processed to meet patient tastes and nutritional needs that meet the principles of balanced

nutrition. Leftovers can be used as an indicator of the success of food delivery in a hospital. Therefore, the recording of food waste is very necessary to find out the patient's leftovers and to evaluate the success of a hospital nutrition service, especially in terms of food delivery.

Food Needs Planning

The planning of food needs for nutritional installations of the Islamic Hospital Faisal Makassar is distinguished based on the need for wet foodstuffs for each day and dry foodstuffs for some time once a week. Planning of foodstuffs both wet and dry is carried out based on the menu cycle that has been prepared, the frequency of feeding, the standard of portions used, the specifications of predetermined foodstuffs and the average number of inpatients. After planning the menu, the next activity is planning the needs of foodstuffs. The need for groceries both in the process of purchasing, and ordering, and the frequency of purchases is fully carried out by the head of the nutrition installation at the Faisal Islamic Hospital Makassar. The need for groceries is planned for per day, the head of the installation plans the needs based on how much the budget is for the cost of foodstuffs and the number of patients fed each day. The need for wet foodstuffs is ordered every day and for the needs of dry foodstuffs are ordered 1 time a week, which is every Monday. The planning of food needs at RS Islam Faisal Makassar is guided by PGRS, namely the need for foodstuffs is made based on the average number of patients and determines the period of food needs. This is in line with the research of Estetina Evipantias Sinamo (2019) at Salak Regional Hospital regarding the planning of wet foodstuffs and dry foodstuffs based on the average number of patients (3).

The need for foodstuffs is divided into two between wet foodstuffs and dry foodstuffs. In general, Pelamonia Hospital to find out the needs of foodstuffs that must be ordered all start from planning the menu first then calculating the needs of foodstuffs, ordering and purchasing foodstuffs, receiving, storing and distributing foodstuffs, preparing foodstuffs, processing foodstuffs and distributing food to patients. Adjustments to the menu and the number of patients based on their class. Then, multiplied by the foodstuffs they need by the amount or frequency of administration multiplied by the standard portion and then multiplied by the number of patients. Guidelines for foodstuffs and feeding, both menu cycles are guided by SPO and PGRS. The stock we order is also always sought to be more than the need for standard patient foodstuffs, to avoid an increase in patients which certainly also has an impact on the available foodstuffs. Everything starts with knowing the menu cycle as well in addition to knowing the number of clients that need to be served

The planning of foodstuffs is also not following the initial planning because it all depends on the number of patients and the type of disease. The organization at the Nutrition Installation has not been following PGRS, there are still officers who do double jobs due to a lack of human resources, as well as the implementation of food delivery that is not yet time and for distribution still using third parties who are difficult to intervene on an ongoing basis. And orders are made every day because they are disposable. Meanwhile, in the research of Noviana Gusriyani, et al in 2021 at RSIA Eria Bunda new week(8). Based on the results of in-depth interview research with the main and supporting informants, information was obtained that the receipt of foodstuffs was following the guidelines of the Ministry of Health of the Republic of Indonesia 2013. That the receipt of foodstuffs is an activity that includes checking, researching, recording, deciding and reporting on the type and quantity of foodstuffs by orders and specifications that have been set and the time of receipt(6).

Grocery Budget Planning

Faisal Islamic Hospital, the disbursement of the grocery expenditure budget for one year is not carried out all at once but is given every month by the financial party. Then the nutrition installation will make a recapitulation of the foodstuffs that have been purchased and the total purchase cost every month, while the payment itself will be paid by the financial party to the relevant party. All budget planning activities have been carried out by the Faisal Islamic Hospital Installation following the standards regulated in the PGRS.

For the planning of the budget for foodstuffs in Pelamonia hospital, it is prepared by the head of the nutrition installation and the administrative department is then tidied up and handed over to the leader, namely the head of the Pelamonia Hospital to be approved or not. The funds that come in every year are 5 M. So approximately 400 million per month is used by the hospital for the Nutrition section. During the Covid19 pandemic in 2021 yesterday, the amount of use of food funds for Pelamonia Hospital was only used for approximately 2 M, because few patients entered/were hospitalized. In planning the budget for food expenditure at Pelamonia Hospital, the person in charge is the chairman of the Nutrition Installation. The step shares the disbursement of the grocery expenditure budget for one year around 5M. All budget planning activities have been carried out by the Pelamonia Hospital Nutrition Installation following the standards regulated in PGRS. The Nutrition Installation of Pelamonia Hospital has calculated the cost of patient meals, the cost of foodstuffs, and costs based on menu guidelines.

The results of a study conducted by Nuratry Ambarwati Ambarwati in 2015 showed that the preparation of the patient's daily grocery spending budget carried out at Soreang Regional Hospital was by the flow stipulated in Regent Regulation No.45 of 2009 concerning Technical Guidelines for Financial

Management at the Regional Public Service Agency of the Soreang Regional General Hospital, Bandung Regency. There are several obstacles faced when preparing a patient's daily grocery spending budget, including the difficulty of predicting the number of inpatient visits, fluctuations in the price of groceries, and lack of budget in the middle of the fiscal year. However, problem-solving is still sought to overcome these obstacles(9). So, the results of the budget planning of the Makassar Pelamonia Hospital are following the PGRS standards, (1). namely preparing costs for the implementation of food that is prepared and planned as well as possible to be able to maintain the smooth operation of food delivery and must be made flexible, realistic (can be implemented) and monitored continuously and carried out responsibly so as not to cause problems in the future.

Procurement of Foodstuffs

Grocery procurement activities include ordering and purchasing groceries. Ordering groceries is the preparation of requests (orders) for groceries based on menu guidelines and the average number of consumers/patients served, according to the stipulated order period (1).

The activity of ordering foodstuffs was carried out at the Nutrition Installation of Pelamonia Hospital is guided by the PGRS and SPO regulations of the hospital. According to(1) the way to order groceries is that the order must be by the quantity, type, and specification of foodstuffs listed in the SPJB (Letter of Sale and Purchase Agreement), Ordering foodstuffs with a set frequency, Considering prices and quality, Acceptance is approved after inspection, Made based on the menu and the number of current clients, Orders in the amount of weight/grain/fruit, Knowing the source, condition and sanitation of foodstuffs, At the end of the order will be reached the agreed amount of funds, Record in detail, and the order before being sent. Meanwhile, the procurement of food ingredients (ordering and purchasing) wet foodstuffs and dry food ingredients at the Faisal Islamic Hospital Makassar uses a household ordering and financing system. Where for the procurement of wet food ingredients (fish, chicken, vegetables, fruits) is carried out every day while for dry food ingredients (spices) the procurement is carried out per week. In the procurement of foodstuffs, there are also no partners so the ordering and purchase of groceries are carried out in a movable manner and there is no cooperation with each supplier. In the procurement of foodstuffs, the nutrition installation must first place an order with the supplier. Grocery ordering is the preparation of requests for groceries based on menu guidelines and the average number of consumers/patients served, according to the established order period(1).

Frequency ordering of foodstuffs carried out at the nutrition installation of Faisal Islamic Hospital Makassar was carried out in two, namely ordering dry food ingredients and ordering wet food ingredients. Ordering wet groceries is carried out every day and ordering dry foodstuffs is carried out every week, namely on Mondays. Before placing an order, the nutrition installation first conducts a consultation on the needs of food barkhan based on the menu that has been set, the types of foods and specifications, and the number of inpatients every day. The ordering of the groceries was carried out in the morning where there were some foodstuffs that the nutrition installation party directly to the supplier and there were some food ingredients that were delivered directly by the supplier to the nutrition installation. Steps to order foodstuffs at the nutrition installation of Rs Islam Faisal 40 Makassar PGSR. However, there are disadvantages in ordering and purchasing foodstuffs because there are several types of foodstuffs that are not delivered directly to the nutrition installation in the sense that the nutrition installation officer directly takes the food ingredients to the supplier and takes them to the nutrition installation. In addition, the manpower at the nutrition installation of Faisal Islamic Hospital is still very lacking so many officers have double jobs. This needs to be considered again by the nutrition installation so that the work in the nutrition installation can be more structured.

The procurement of food ingredients is carried out by nutritional installations at Tk. II Pelamonia Hospital has gone well because there has been a determination of food specification, calculation of food prices, ordering and purchasing and conducting market surveys following the guidelines of the Ministry of Health of the Republic of Indonesia 2013 and also the guidance on PGRS, namely the determination of requirements, steps for ordering foodstuffs and in purchasing foodstuffs, the application has carried out a purchase system(6). This research is in line with Maghfiroh's (2009) research in (8) on the procurement of foodstuffs carried out food ingredient planning and market surveys aim to obtain standardized food ingredient specifications according to size, type, and size to maintain a good quality of food ingredients.

The procurement of foodstuffs carried out by the nutrition installation of Faisal Islamic Hospital is not in line with research conducted by Carolina (2019) at Wangaya Hospital Denpasar where the food ordering system at Wangaya Hospital is carried out for 1 menu period. Meanwhile, the procurement of food needs at the Faisal Islamic Hospital in Makassar uses a household shopping system or the procurement of foodstuffs is carried out every day, especially for wet foodstuffs(10).

Grocery Reception

The activity of receiving foodstuffs is carried out by the nutrition installation Islam Faisal Hospital Food guided by PGRS Based on the results of the observation, after cross-checking the food ingredients that are not following the ordering list, the reception leader will contact the ordering leader, namely the Head of Nutrition Installation of The Islamic Hospital Faisal Makassar, then the order leader contacts the store to ask about the incompatibility of the ordered with the food ingredients that come. So, one of the nutrition installation staff came to the store to pick up groceries or suppliers who brought in the ingredients that were lacking directly. For the implementation of food, reception is less following PGRS. Reception is carried out at the grocery warehouse to carry out checks and measurements.

The same research the receipt of food ingredients at Faisal Islamic Hospital Makassar, namely Yulia Anggreni, L., Harahap, J., & Satria, B. (2021) regarding the receipt of foodstuffs at Dr. R.M. Djoelham Binjai Hospital has not been following the provisions contained in the Hospital Nutrition Service Guidelines (PGRS) because there is no food receiving officers and third parties only deliver shopping money to the market, so that food ingredients are purchased directly to the market (The Open Market of Buying) every day by nutritionists(11). So, there are no steps to order and frequency of grocery orders. Research that is not the same as the food receipt system at Faisal Islamic Hospital Makassar, namely by Esterina Evipianas Sinamo with the research title "Management of Food Implementation at the Nutrition Installation of Salak Hospital, Pakpak Bharat Regency in 2019" that overall the nutrition installation has implemented the steps for receiving foodstuffs following PGRS standards and has met the requirements for receiving foodstuffs specified in the PGRS guidelines in (3).

This is almost the same as the results of in-depth interviews regarding the acceptance of foodstuffs and checking food ingredients at the nutrition installation at the kindergarten hospital. II Pelamonia

"We do the receipt of groceries, first check the specifications whether they are following the orders on the grocery order list " (Informant 1).

"We have a grocery list, and this institution is already working with wet food suppliers so when the ingredients come, we check whether the groceries match the quantity, the specifications we ask for. We store one-on-one each food ingredient received in one container and checked if there is anything damaged or rotten, for example, this dragon fruit which is ordered 5 kg and the damaged one is about 2 kg so we return the material to the supplier and later it will be replaced with a new one. we accept according to the colour we want and then we weigh it. if there is less number, it will contact the supplier directly." (Informant 1)

The activities of receiving foodstuffs carried out by the nutrition installation of Pelamonia Hospital are guided by the regulations of the health office and SPO of the hospital based on the results of direct observations on how to receive foodstuffs at Tk. II Pelamonia Hospital where the food ingredients are purchased and checking the ingredients that are both used and not suitable and damaged or inappropriate materials will be returned or can be called a conventional way of receiving food ingredients (conventional receiving). According to the Ministry of Health in 2018, the method is not by the receipt of conventional foodstuffs, the food ingredient receiving officer receives a purchase invoice with its specifications so that if the quantity and quality are not by the recipient officer is entitled to return it(1).

The procedure for returning groceries should be allowed the grocery delivery officer to acknowledge the incompatibility of the order with the delivery, which is indicated by putting a signature on the return sheet of the groceries. This is not in line with Research(11). The receipt of foodstuffs at Rsud Dr. R.M. Djoelham Binjai has not been following the provisions contained in the Hospital Nutrition Service Guidelines (PGRS) because there is no way that food recipient officers and third parties only deliver shopping money to the market so that foodstuffs are purchased directly to the market (The Open Market of Buying) every day by nutritionists. So, there are no steps to order and frequency of grocery orders.

Grocery Storage

In the food storage activities, some prerequisites must be met in advance and food storage activities must be carried out with the steps already regulated in PGRS. There are two storage processes at Pelamonia Regional Hospital, namely the storage of wet food ingredients and dry food ingredients, wet food ingredients that are received and do not immediately want to be processed will be put into the storage warehouse while dry food ingredients are purchased once every 2-3 months. Foodstuffs in the warehouse have a stock card recording the exit and entry of the food ingredients. Each food is placed in its group and does not mix and easily scattered materials such as granulated sugar, and flour, are placed in a holding container so that it does not soil the floor.

This research is not in line with the research of Yulia Anggreni Research (2021). In terms of storing foodstuffs, the nutrition installation of Dr. R.M. Djoelham Binjai Hospital is considered not to follow the Hospital Nutrition Service Guidelines (PGRS) because there is no dry food storage warehouse so there is no use of the FIFO system and writing the date of arrival of goods, while for wet food, some of them are stored in the freezer without temperature control and freezer cleaning has not been carried out on a periodical

basis(11).

The storage of foodstuffs at Faisal Islamic Hospital is more or less by existing SOPs and PGRS guidelines. There is a wet and dry food warehouse, where both have fulfilled the standard operating procedure (SOP) of hospital. Wet food ingredients that are received and do not immediately want to be processed will be put into the storage warehouse while dry food ingredients are purchased every 2-3 days. Foodstuffs in the warehouse have a stock card recording the exit and entry of the food ingredients. Each food is placed in its group and does not mix and for easily scattered materials such as granulated sugar, and flour, it is placed in a holding container so that it does not soil the floor. The validity of the FIFO (First in First Out) and FEFO (First Expire First Out) systems by looking at records of when to enter the goods and when the expiration period of the goods is.

The same research was conducted by Floren Sius Siadari, P. (2020) with the title Overview of the Dry and Wet Food Storage System in the Nutrition Installation of Hospital X that the SOP for storing foodstuffs at RS X is following PGRS and the enactment of the FIFO and FEFO systems and recording foodstuffs using a stock card(12) Research that is not the same as the storage of food ingredients at Faisal Islamic Hospital Makassar by Research that is not the same as the food ingredient acceptance system at Faisal Islamic Hospital Makassar, namely by Esterina Evipantias Sinamo with the research title "Management of Food Implementation at the Nutrition Installation of Salak Hospital, Pakpak Bharat Regency in 2019" that in general, the steps for storing foodstuffs have been carried out following the standards in PGRS, however, not all food storage requirements have been met by the nutrition installation of Salak Hospital(3).

Grocery Storage Steps

Based on the results of interviews related to the steps for grocery storage at the two hospitals, they have similarities with eligible foodstuffs, they will soon be taken to storage rooms, warehouses or coolers. Likewise, foodstuffs that are ready to be used will be processed directly in the preparation room.

Based on the results of observations for this matter, there are 2 dry and wet rooms, both rooms are fresh, clean and guaranteed to be hygienic. There are no things that interfere with halal obstacles, for example, a specially made separate room to avoid uncleanness such as food in the nutrition section close to the toilet which is unexpectedly food exposed to splashes from the toilet which makes food that is halal become unclean. Based on the observation results, Faisal Islamic hospital does not yet have a halal certificate because it has not entered one of the LSP criteria to be tested at LPPOM but implements some uses of ijarah contracts and from the results of the interview, following the DSN-MUI fatwa No. 107/DSN-MUI/X/2016 the ijarah contract is an agreement between hospitals and health workers is an ijarah contract for health services. The food at Faisal's hospital has been labelled halal by the MUI.

Food Processing

The processing of foodstuffs in the nutrition installation consists of two stages, namely the preparation stage of food ingredients and the stage of cooking food ingredients. Based on the results of interviews and direct observations, the similarity between the two is that they have had fixed procedures in both hospitals, at the Nutrition Installation of the Pelamonia Tk. II Hospital, this hospital has met the prerequisites for the preparation of foodstuffs but has not met the prerequisites regarding the cooking of foodstuffs issued by the Ministry of Health in 2013 and the measures that have been regulated in PGRS 2013(6). Based on research conducted by Deby, et al. 2018 on "Analysis of Food Implementation in Nutrition Installations and Non-VIP Surgical Inpatient Units of St. Carolus Hospital Jakarta in 2018", based on the results of in-depth interviews regarding the food preparation process there is a problem of food reserves (buffer) and the size of food reserves, it was found that in the preparation of food ingredients, food reserves (buffer) of 10% were added to certain menus, however, in the 2013 PGRS guidelines and hospital policies, there is no discussion of food reserves (buffers) in the food preparation process. Meanwhile, the process of cooking foodstuffs is following the 2013 PGRS guidelines and policies set in hospitals(13).

Based on the results of direct observations at the Nutrition Installation of Faisal Islamic Hospital, the cook who prepares the food ingredients has prepared the food ingredients by portion standards. For example, when carrying out the slaughter of fish or meat, cooks already do it according to the standards of the hospital portion. In addition, the nutrition installation also mixes seasonings, by seasoning standards, where spices are provided in how many grams are faithful portions. If there are no seasoning standards and recipe standards that become guidelines in the preparation of food ingredients, the accuracy in taste cannot be guaranteed to be the same for each process. In the preparation of food ingredients, nutritionists not only supervise but also assist in the preparation process where this is not the main duty of nutritionists at the nutrition installation of Faisal Islamic Hospital where nutritionists in food procurement activities only supervise activities, make orders for patient food needs, etc. This research is supported by the research of Jufri, et al. (2012) conducted at lanto general hospital Dg. Pasewang Jenopoto regency is the process of

cooking food ingredients carried out by a cook every day. On duty in the hospital, carrying out grocery preparation work, each cook participates to complete the processing, continental. Monitoring is carried out to control nutritional intake in food(2).

Processing activities at the nutrition plant of Faisal Islamic Hospital were carried out by a cook, namely as many as 2 people. The processing of patient food is carried out based on the standard menu that has been prepared and the room patient food order form received by the nutrition installation from the room nurse. From the form, the nutrition installation party knows patients who need a special diet and patients who do not need a special diet. Preparing meals for patients with special dietary needs and patients There are no special dietary requirements made by the same staff. Because Food processing for hospital patients who need a special diet to be converted 58 first by the cook, then ordinary food processing is carried out according to a fixed menu. If the patient only needs a soft diet (ML) according to the type of disease, the nutritional arrangement is permanent using the same menu as inpatients who do not have a special diet (receiving regular food), the only difference is processing processed rice into porridge.

The processing of food ingredients at Pelamonia Hospital is carried out by processing personnel and nutritionists starting from the preparation stage, cooking stage and serving food that already has their respective tasks. Supervision by nutritionists during the process of processing foodstuffs is carried out to ensure cleanliness during the processing process and control the amount of nutritional content in the food that will be given to patients. For patients whose diet is special and patients who are not on a special diet, the menu is the same, the difference is the levels and portions.

Food Distribution

Food distribution is a series of processes of food delivery activities according to the type of food and the number of consumer/patient portions served with the aim that consumers/patients get food according to the diet and applicable regulations (6).

In the food distribution activities at Pelamonia Hospital, 5 distributions were carried out, namely in breakfast, morning snack, lunch, afternoon snack, and dinner. For its distribution is carried out by different staff. The processing and distribution departments are different staff. The distribution of food to the patient is carried out using a push trolley. Standard portions consist of staple foods, plants, animals, vegetables and fruits. This is in line with research conducted by Fika Fellina Nur Azizah, (2021), at Mitra Paramedika Hospital, namely the food distribution method with the centralization method. The types of food distributed are staple foods, animal side dishes, and vegetable and vegetable side dishes. The waiting time for a food distribution is categorized as good because ≤ 4 hours. Infrastructure includes a food receiving room, a food storage room, a casting room, an administration room, a processing room and a washing room. As well as the facilities owned, namely equipment for processing, serving and distributing. The presentation is in warm and inappropriate temperatures due to $\leq 60^{\circ}\text{C}$. The average number of servings of leftovers is 3 and already according to the plan. Conclusion. The method of distributing food by the method of centralization. The types of food distributed are staple foods, animal side dishes, and vegetable and vegetable side dishes. The waiting time for a food distribution is categorized as good because it is ≤ 4 hours(14).

The distribution of food in the nutrition installation of RSI Faisal is carried out utilizing centralization, namely, food is divided and served in cutlery in the nutrition installation room before being distributed to patients. At the nutrition plant of RSI Faisal, food processing officers are also food distribution officers. Seeing the number of patients in Faisal Hospital can be controlled by nutrition installation staff. The schedule for distributing food at the nutrition installation of RSI Faisal is in the morning at 06.00-07.00 WITA, lunch at 12.00-13.00 WITA, dinner at 18.00-19.00 WITA, as well as for distribution for snacks at 09.00-10.00 WITA and 15.30-16.00 WITA. This is in line with Esterline's research (2019) in(3) which states that the nutritional installation of Salak Hospital in the process of distributing food to patients is carried out by the waiter himself. Overall, the distribution of food at the nutrition installation of RSI Faisal Ujung Pandang has met the prerequisites according to the guidelines but is constrained by the amount of energy used so officers are too tired at work.

Conclusion

Based on the results of observations related to the implementation of food at the Nutrition Installation of RSI Faisal Ujung Pandang and kindergarten hospitals. II Pelamonia Makassar can be concluded as follows:

1. Organizing in the Pelamonia Hospital Nutrition installation is not following PGRS while organizing in the Faisal Islamic Hospital Nutrition installation is following PGRS.
2. The provisions of a good kitchen at Pelamonia Hospital have not fully met the characteristics such as the completeness of the room, one of which is the absence of a trolley room and toilets are not separated between men and women. in contrast to the provisions of a good kitchen at Faisal Islamic Hospital have been fulfilled.

3. Fulfilment of prerequisites regarding the cooking of food ingredients has not been fulfilled at Pelamonia Hospital but at Faisal Islamic Hospital it has been fulfilled properly.
4. There is no partner officer in the procurement of food ingredients at Faisal Islamic Hospital so there is no cooperation.
5. Lack of human resources in the Faisal Islamic Hospital nutrition installation so many officers do work not their jobs. in contrast to Pelamonia Makassar Hospital which has sufficient personnel.
6. Food distribution is also not fully following PGRS because there are regulations for taking food at Pelamonia Hospital.

Conflict of interest

The authors declare no conflict of interest.

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