

# What hospital catering could learn from the prison system

April 6 2017, by Jeff Bray And Heather Hartwell

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Credit: Hamit Ferhat from Pexels

Prisoners eat better than hospital patients in Britain. [Our research](#) found that prisoners consume around three times more calories than patients and their diet is more in line with [government nutritional](#)

[recommendations.](#)

Eating more isn't always healthier, but when you consider that [malnutrition is a big problem in hospitals](#), it can be. We found that the average male hospital patient consumes just 1,184 calories a day – even though the NHS recommends 2,500. Male prisoners, however, consume an average of 3,042 calories. The situation is similar for women. Female patients consume on average 1,134 calories (the recommended amount is 1,940). But female prisoners consume 3,007 calories, on average.

The patients' food intake was measured three days before they were discharged from hospital, so we can be fairly sure that they weren't consuming less due to ill health. And they weren't consuming less because they were served fewer calories. All menus could provide for dietary recommendations, but it simply wasn't eaten.

Malnourished patients have [a weakened immune system, delayed wound healing and muscle wasting](#). There are also [psychological effects from malnutrition](#) including apathy and depression leading to loss of morale and the will to recover. [Studies](#) have also shown that inadequate nutrition can lengthen patients' hospital stays by 50% (an average of six days) and triple mortality rates.

Hospitals face a number of difficulties in providing high-quality food. Dishes are prepared on a tight budget. They are cooked at a central hospital kitchen and often have to travel a considerable distance to the wards. But prison food is also prepared on a tight budget and often has to travel considerable distances from the kitchen to the prison wing.

## **Four years of data gathering**

During our four-year study, we visited four prisons for men and two for women. In each, we carefully noted how food was prepared, delivered to

the prison wing and served to the prisoners. We analysed the menu and interviewed prisoners and catering staff. We conducted four hospital studies with a similar method of data collection, which helped us to assess and compare the dietary intakes of [hospital patients](#) and prisoners. Through this we were able to identify the main differences in catering.

In hospitals, kitchen staff prepare the meals and hand them to porters who complete the delivery when they have time, between doing other tasks. Once the food reaches the ward, the responsibility for serving the food is handed to nurses. The various teams have to cooperate to ensure that food is delivered while it's still fresh. However, providing food is not the main priority of a hospital. We noted tension between catering staff, who cared about food quality, and medical staff, who didn't consider it a priority.

We found that the food prepared by hospital and prison kitchens – although not fine dining – has a similar nutritional quality and is presented in a similar manner. (Typical fare might include meat and two veg, a pudding or yogurt, and a piece of fruit.) In prison, food was transported quickly and [food quality](#) was maintained up to the point of service to the prisoners. The food arrived hot, comparatively fresh and could be consumed immediately without distractions. By contrast, [hospital](#) food was delayed between kitchen and patient.

## A fragmented process

In the hospitals that we studied, getting food from the kitchen to the patient was a fragmented and badly coordinated process. Meals were often delayed and disrupted by medical ward rounds, tests and treatments.

The result of these delays? Food was left for too long in warming trolleys prior to being served. Hot food cools down and cold food warms up to

the temperature of the ward. Food dries out and discolours. Meat curls and gravy congeals. Compared with prisons, the temperature, texture and appearance of food were all worse in hospitals by the time the food was served. [Nutrients may also have diminished](#) and the food became less palatable. Differences that are likely to account, at least in part, for the marked difference in intake between [prisoners](#) and [patients](#).

But this is not inevitable. Delays could be reduced. Hospitals could adopt a more coordinated approach and have a dedicated team responsible for the preparation, delivery to the ward and service to the patient. The team responsible for catering would not have the conflicting priorities that clinical teams have. Although a few hospitals do have a dedicated catering team that delivers food directly to the patient, this is the exception, not the rule.

In many hospitals, nutrition is often an afterthought. Priority is given to medical tests and treatments and often ignores the role that [food](#) plays in improving the patient's health. One governor told us that if meals were delayed or missed in prison there would be a riot.

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