

Food Management Study At Muhammadiyah Hospital Ahmad Dahlan Kediri City

Salma Balqis^{1*}, Amarin Yudhana², Wahyu Purnomo Jati³, Laili Wulandari⁴

¹ Student Institut Ilmu Kesehatan Strada Indonesia

^{2,3,4} Lecturer Institut Ilmu Kesehatan Strada Indonesia

*Corresponding author: syafirasmabalqis@gmail.com

ABSTRACT

Food service can be interpreted as an integrated system activity, related to one another. The purpose of this study was to find out an overview the management of food service in Muhammadiyah Ahmad Dahlan Hospital, Kediri City. The research design used is a qualitative method. The location of the research was carried out at Muhammadiyah Ahmad Dahlan Hospital, Kediri City. Sources of data using the interview method. The sampling technique used was purposive sampling. The univariate variable of this research is the study of food management in Muhammadiyah Ahmad Ahmad Hospital, Kediri City. This research was conducted on August 12, 2021. Data processing includes data reduction, data presentation, and data verification. The results of this study were analyzed using a qualitative approach with triangulation techniques. The results showed that most of the management of food service in Muhammadiyah Ahmad Dahlan Hospital, Kediri City, was in accordance with the standards. It should be noted that the distribution process is related to patients who are positive for the corona virus. In this case for food distribution, pay more attention to the portion, color, and taste of food.

Keywords: Food Service, Hospital, Management.

INTRODUCTION

Hospital nutritional installation facilities play an important role in organizing hospital food because their duties and functions are very central in patient healing (Merisa, 2011). Providing food that meets balanced nutrition and is completely inedible is one way to speed up healing and shorten hospitalization days (Ministry of Health, 2007). Apart from curing illnesses, the food served in hospitals is also often used as a reference by people in their daily lives. This view has grown because food can or cannot be given based on recommendations and under the supervision of doctors and nurses in hospitals. (Anita, Y, 2016)

Food management can be interpreted as an integrated system of activities, related to one another. Institutional and industrial food management is an integrated program consisting of planning, procurement, storage, processing of food ingredients and presentation or serving of food on a large scale (PGRS, 2013).

Food delivery system management is a series of activities starting from menu planning to distributing food to consumers in order to achieve optimal status through providing appropriate food and including recording, reporting and evaluation activities aimed at achieving optimal health status through providing appropriate food. Therefore, food management needs to apply elements of management science so that the results achieved are in accordance with the stated objectives (Saputri, 2015).

Lau and Gregoire (1998) in Heryawanti (2004) explain that a patient's food waste can be influenced by several factors, including the quality of the food and the quality of eating



utensils. The quality of food can be seen from the appearance of the food and the taste of the food itself, while the quality of cutlery can be influential because the use and selection of appropriate cutlery can affect the appearance of the food, nursing class will affect menu variations (affecting appetite) and food serving utensils so that it will influence on patient satisfaction. proves that food quality needs to be considered in order to increase patient satisfaction. Food quality is the best predictor of patient satisfaction levels.

The results of a preliminary study conducted by researchers (May 2021) stated that patients who received nutrition services at the Muhammadiyah Ahmad Dahlan Hospital, Kediri City, showed that there was a lot of food waste, namely that out of 150 patients in one day there was 35% of food left. Meanwhile, the Minimum Service Standards (SPM) for hospitals in the Indonesian Ministry of Health (2008) is $\leq 20\%$. This ultimately causes high levels of food waste which leads to inadequate energy and protein consumption for patients.

Hartwell (2006) explains that an important component in the success of hospital food management is being oriented towards patient satisfaction. Patient satisfaction with food service can be identified from product expectations and patient perceptions of service quality. Malnutrition or malnutrition in patients can be a factor that can increase morbidity, length of stay and costs. Therefore, specifically the implementation of hospital food management practices can be measured, one of which is through patient food waste. (Heryawanti, 2004)

Based on the description of the background of the problem, the researcher took the research title study of food management management at the Muhammadiyah Ahmad Dahlan Kediri Hospital.

METHODS

This type of research is qualitative descriptive research. This research was conducted at the Muhammadiyah Ahmad Dahlan Hospital, Kediri City. The subjects in this research were the head of the nutrition installation, two nutritionists, two cooks and two waiters. The tool in this research is a list of questions or interview guide. Data analysis was carried out using qualitative descriptions and to ensure the validity of the data, triangulation techniques were used.

RESULT

1. Food Menu Planning

Based on the results of research that has been carried out on nutrition service planning at the Muhammadiyah Ahmad Dahlan Hospital, Kediri City, the menu planning for patients has been planned well and correctly in accordance with the Hospital Nutrition Service Guidelines (PGRS). Muhammadiyah Ahmad Dahlan Hospital, Kediri City in designing/compiling and carrying out shopping budget planning which is carried out once a year and menu planning once every six months. Menu planning is adjusted to the patient's nutritional needs, budget, illness and environmental conditions such as the provision of food ingredients on the market. Menu planning uses a menu cycle of 10 days + 1 day and evaluation is carried out every 6 months. Information based on interview results is as follows:

"This hospital menu planning is every 6 months. Within those 6 months, if there are changes to the menu, we will evaluate and monitor to determine ingredients that meet the criteria. We also have a menu cycle, here we use a menu cycle of 10 days + 1 day. "So the menu is made based on the patient's nutritional needs." (Informant 1, Head of Nutrition Installation)

"Menu planning has a menu cycle of 10 days + 1 day. "Menu planning is made regarding the patient's diet according to the patient's calories using a survey which evaluates the menu if something is not appropriate or there is a change in the texture and taste of the menu." (Informant 2, Nutritionist)

"It is carried out using a 10 day + 1 day cycle and every 6 months, menu planning by determining patient targets, calories and portion standards. And always evaluate and monitor the menus that are made regularly." (Informant 3, Nutritionist)

"Menu planning is carried out according to what has been scheduled by the nutritionist. I just cook according to each patient's needs." (Informant 4, Cook)

"The fastest menu change cycle is 10 days + 1 day depending on whether there are many complaints. "Meanwhile, the menu planning is carried out at most once every 6 months." (Informant 5, Cook)

"For menu planning at RSM Ahmad Dahlan, nutritionists also determine the diet. The nutritionist confirms with the nurse. After knowing the patient's history, the menu is adjusted to the disease the patient is suffering from." (Informant 6, Waiter)

"It cannot be denied that menu planning is in accordance with the daily menu. "The purchasing process is also in accordance with the patient's client and according to the patient concerned." (Informant 7, Waiter)

Triangulation The source of the interview findings is the head of the nutrition room. Sister A said "The menu planning carried out at the Muhammadiyah Ahmad Dahlan Hospital is with a menu rotation/cycle of 10 days + 1 day and is used for a period of 6 months. This menu planning also definitely includes the budget, frequency of use of the food menu, regulations for providing food and also the type/kind of menu to hospital patients. "If there are changes to the menu or budget, etc., a meeting is held with the entire organizing team to carry out a short-scale evaluation."

2. Food Shopping Budget Planning

Food budget planning is a series of budget calculation activities based on reports on the use of the previous year's food budget by taking into account price fluctuations and consumer fluctuations. Having a shopping budget plan functions to find out the estimated amount of food budget needed during a certain period (1 month, 6 months, 1 year, etc.) (Ministry of Health of the Republic of Indonesia, 2007). Food Shopping Budget Planning at the Muhammadiyah Ahmad Dahlan Hospital, Kediri City is good, because it is in accordance with the aim of planning the food shopping budget at the Muhammadiyah Ahmad Dahlan Hospital, Kediri City, namely meeting the needs for the type and quantity of food for the patients served in accordance with nutritional adequacy standards. . Information based on interviews is as follows:

"Budget planning is also carried out once a year at the end of the month as a budget for next year and an evaluation report from the previous year. The way to do this is to estimate the amount of ingredients and the number of patients, which is calculated on average according to the nutritional adequacy standards of the previous year for the next year, adjusted to the patient's diet. "Then we will calculate the estimated price on the market according to the supplier's responsibilities that have been ordered." (Informant 1, Head of Nutrition Installation)

"Hospitals from the nutrition form order food ingredients from vendors that have been prepared according to patient ingredient menu specifications that have been set for estimated prices and quantities of ingredients each year." (Informant 2, Nutritionist)

"By determining the number of patients per portion according to the class that is linked to the needs according to the disease the patient is suffering from." (Informant 3, Nutritionist)

"The budget for food shopping is managed by the financial logistics department for materials that are ordered from suppliers. The logistics officer handed over the purchase receipt. Whatever is ordered will be prepared." (Informant 4, Nutritionist)

"The food ingredients to be processed are prepared according to the patient's needs. If each patient has a diet that suits the disease they are suffering from, it means that their food budget planning will increase. It's a matter of finances taking care of nutritional logistics." (Informant 5, Cook)

"Cooperation between teams, looking at the number of patients, budget management will then release funds to purchase daily necessities based on the number of inpatients available." (Informant 6, Waiter)

"Creating labels or daily spending reports according to the job or day's menu which is related to recording the entire shopping budget." (Informant 7, Waiter)

Triangulation The source of the interview findings is the head of the nutrition room. Sister A said "ABM (Food Expenditure Budget) in hospitals certainly aims to control hospital financial expenditure. So the planning also takes into account the number of inpatient visits in the previous year, market prices for food ingredients and the patient's food menu. The process will involve collecting data from the previous year and preparing a budget plan for the next year. So if the budget has been formed, in the next year we will adjust the budget amount. Whether there is a decrease, an increase, or even a budget determination."

3. Procurement of food ingredients

Food ingredient procurement activities include determining food ingredient specifications, calculating food prices, ordering, purchasing food ingredients and conducting market surveys. Ordering is preparing requests (orders), food ingredients based on menus or menu guidelines and on average, the number of consumers or patients served. Purchasing food ingredients at the Muhammadiyah Ahmad Dahlan Hospital, Kediri City uses a purchasing system through a tender/auction (The Formal Competitive), which is an official purchasing method and follows established purchasing procedures. Information based on interview results is as follows :

"If that's the case, order the materials from the vendor/supplier whose purchases match the material and structure specifications. If the material is not suitable, return it by filling out the return form and replace it with new material." (Informant 1, Head of Nutrition Installation)

"Wet materials are brought in every day. Dry ingredients are brought in every week or once a month..." (Informant 2, Nutritionist)

"Write the ingredients on the previous day which will be processed the next day, then the order for the ingredients written on the previous day is submitted to the supplier/vendor." (Informant 3, Nutritionist)

"procuring food ingredients in hospitals, every pastry officer or processor who takes goods for logistics, writes a goods request form." (Informant 4, Cook)

"Of course it goes well every day. The process is to write the item form the day before. Then it is deposited to the vendor and the next day it arrives at the reception area. If it is not suitable, then the goods are returned by filling out the return of goods form and replaced at that time with new goods and according to suitability." (Informant 5, Cook)

"In accordance with the needs and number of patients, every morning the processing needs must be ready and there is someone who checks the materials every time the materials arrive (dispensing materials)." (Informant 6, Waiter)

"Through the MOU that is established at the hospital, the procedures that must be carried out are in accordance with the quality expected by the hospital." (Informant 7, Waiter)

Triangulation The source of the interview findings is the head of the nutrition room. Sister A said, "Food orders at the Muhammadiyah Ahmad Dahlan Hospital are of course based on the food menu which is adjusted to the number of patients. The process uses an auction system. So use official purchases through tenders to suppliers with purchasing procedures that have been agreed upon by the hospital with the tender/auctioneer. "If there are some materials that do not comply with the form that was prepared the day before, they will be returned with the agreed approval and the materials will be brought in according to the standards for materials suitable for use."

4. Receiving and Storing Foodstuffs

Receiving food ingredients using a conventional system, namely the food ingredients reception officer receives the invoice and unit specifications and quantity of food items ordered. If the quantity and quality do not match, the receiving officer has the right to return it. However, the receiving officer must record all materials reported to the returns or payment department. Apart from that, it is necessary to note that the returned food must be immediately replaced or the contents of the delivery invoice changed.

Food storage is an activity process involving the entry of food ingredients, storage of food ingredients, and distribution of food ingredients according to demand for preparation for cooking food ingredients. Information based on interviews is as follows :

"There are two food ingredients. Wet and dry. To receive wet materials, first check whether the preparation section is suitable or not. If it is appropriate, clean it and store it in a wet materials storage area. If it's dry, the process is the same as receiving wet materials. For storage, it is also placed in a dry materials area..." (Information 1, Head of Nutrition Installation)

"The process of receiving wet and dry materials is accepted through the reception counter. Then it is checked by the nutrition officer according to the specifications of the goods that arrive whether they are complete or not. If the item is not suitable, fill out the return form by sending back the appropriate item. "If it is suitable, it continues to be cut into pieces and cleaned to be stored in the chiller." (Informant 2, Nutritionist)

"When dry materials are received, they are immediately put into the dry warehouse. Check materials by warehouse staff. If the dry material does not meet specifications, it is returned to the supplier to be replaced with a new one. Dry materials are stored in a suitable place. On the other hand, wet materials are also stored in different places from dry materials. Previously, all materials had been washed and cleaned." (Informant 3, Nutritionist)

"It's not complicated at all, sis. Incoming goods are received by the paste officer/person in charge of receiving goods through the goods reception door/counter. The goods that have arrived are checked to see whether they match the order. If it is appropriate, then clean it and store it in a wet or dry storage area. And written menus for morning, afternoon and evening." (Informant 4, Cook)

"Dry and wet materials are listed according to the material planning. Then cleaned, washed and cut into pieces. "Both materials are stored according to the prepared place." (Informant 5, Cook)

"The material arrives and is then checked by the pasting department to see if the material is suitable to be immediately put into the wet or dry warehouse. If it is damaged or does not meet specifications, it is returned to the supplier to be replaced with a new one." (Informant 6, Waiter)

"Everything is under control, sis. We usually minimize long-term receipts of basic commodities (recapped once a month) at the end of the month. "Then for wet ingredients, according to the menu usually received 1 day in advance by the job employee (pastes who research wet items are included in the next menu)." (Informant 7, Waiter)

Triangulation The source of the interview findings is the head of the nutrition room. Sister A said "Receipt of food must be thoroughly researched, recorded and checked on the form according to the order and ingredient specifications that have been determined and also the time of receipt. If it is not suitable, it will be replaced with new material that still meets the specifications and material acceptance standards. Receiving materials is carried out by the food logistics team at the Muhammadiyah Ahmad Dahlan Hospital, Kediri City. Then the storage of food ingredients is also checked and differentiated between wet ingredients and dry ingredients. Incoming materials will be cleaned and stored one day before processing in the chiller. "Meanwhile, the dry ingredients are stored in the dry material storage warehouse."

5. Food Ingredient Preparation and Food Processing

Processing (cooking) is the activity of changing raw food ingredients into food ingredients that are ready to eat, of good quality and safe to consume. Meanwhile, food preparation is a series of activities in preparing food ingredients that are ready to be processed (washing, cutting, weeding, etc.) according to the menu, recipe standards, portion standards, seasoning standards and the number of patients served. The following are the results of the interview:

"Initial preparation means that the food ingredients that have been prepared are cleaned of dirt and then taken to processing. Once processed, proceed to serving." (Informant 1, Head of Nutrition Installation)

"The ingredients that have been cut into pieces are processed by the chef according to the menu that day. "Previously, the number of inpatients was prepared according to their respective disease diets." (Informant 2, Nutritionist)

"Materials that have been cleaned/prepared are taken to processing. "Then the food ingredients are ready to be cooked by the chef and the processing is differentiated according to the patient's diet." (Informant 3, Nutritionist)

"The process is easy, sis. "For those on the morning shift, the spice ingredients have been prepared to be processed tomorrow and the food ingredients have been prepared by the paste officer." (Informant 4, Cook)

"The material that was stored earlier was removed. Then the preparations are divided according to the needs of each patient. "So that when processing it, it is easier for the chef to process these ingredients into a diet according to each patient's needs." (Informant 5, Nutritionist)

"Materials that meet specifications are stored in dry/wet materials and are removed for cleaning. "Furthermore, food ingredients that have been cleaned, cut into small pieces, spices must also be prepared... the preparation is complete, immediately taken to processing and then processed according to the diet of inpatients that day according to 3 shifts." (Informant 6, Waiter)

"Ingredients are processed through suppliers who are received from job paste who work on and sort them as well as cleaning, cutting, shopping and preparing for the next menu. Then for today the ingredients have been cleaned and cut into pieces and the spices prepared for the processing process. "Then it is taken to processing and processed by a cook according to the number and diet of patients in each inpatient room." (Informant 7, Waiter)

Triagulation The source of the interview findings is the head of the nutrition room. Sister A said "In preparation for processing, food ingredients that have been prepared one day before are taken out and washed until clean and then cut into small pieces according to the various menus at that time. Then proceed with the preparation of spices that will be processed into the patient's dish. Once everything is ready, it continues with nutritional processing in the kitchen carried out by the chef with a variety of menus according to the patient's needs. Good TKTP rice, coarse porridge, fine porridge, even diets for patients suffering from diabetes mellitus such as juice, fruit, etc. "Everything is processed at dawn and before morning delivery it must be completely cooked."

6. Food Distribution

Food distribution is a series of food distribution activities according to the number of portions and type of consumer food served. At the Muhammadiyah Ahmad Dahlan Hospital, Kediri City, a centralized distribution system is used, which is a way of sending portioned food dishes to each consumer. Dishes are portioned in the central kitchen. The results of the interview are as follows:

"Food that is ready to eat is given a diet sticker that matches the patient's diet, then put into the trolley with a double check by quality control. "Diets are taken to each room to be given to patients by asking for their name, date of birth & medical record number." (Informant 1, Head of Nutrition Installation)

"When the food is ready, arrange it neatly and put it in a disposable lunch box. Above the food city, don't forget to stick the diet logo & patient name in the form of a sticker. Before distribution, food is checked first by distribution officers & control officers. When ready, the officer goes to the room. After arriving at the distribution officer's room, cross check your diet with the nurse. "When it is finished, the staff distributes food to patients by asking the patient's name and date of birth (double check)." (Informant 2, Nutritionist)

"Patient food that is ready to be served is put into the waiter's trolley by double checking and quality control by the staff. Once everything was ready, the waiter set off carrying a trolley full of food to each room. "When we arrived at the room, the waiter distributed the diet to each patient by asking for their name and date of birth and looking at the nurse's medical record number." (Informant 3, Nutritionist)

"The process of distributing cooked food will be distributed by distribution officers in the morning at 06.30, in the afternoon at 11.30 and in the afternoon at 16.00." Informant 4, Cook)

"The process is that the processed food is arranged neatly in a disposable food container. Then put it in the food trolley. "The waiter will distribute stickers to each inpatient room that have been affixed to the food boxes and will be cross checked by the nurses and patients themselves." (Informant 5, Cook)

"It's quite easy, sis, cooked food is prepared in every place and cutlery is disposable and arranged neatly. then put it in a trolley and given a sticker on the patient's medical record. "Furthermore, it is distributed to each patient in each room with a cross check asking the patient's name and date of birth." (Informant 6, Waiter)

"Thank God, every day goes smoothly, sis. In each nutrition installation, the distribution process is still carried out as is usually done in other hospitals. Among them, the waiter staff leaves to distribute at 11.00 WIB. Provide the patient with a diet according to the disease they are suffering from. Then tell DM diet patients to eat their diet at 13.00 WIB. For example, like that, sis." (Informant 7, Waiter)

Triangulation The source of the interview findings is the head of the nutrition room. Sister A said, "The distribution of food here is according to the standards, sis. Here we have distributed with a centralized system which is centered in the kitchen. Served in a clean, disposable container in the kitchen and also given a sticker label appropriate for each inpatient. Everything is put in a trolley with safe delivery by our waiter and each patient is given to the nurse on duty according to the patient's name and date of birth based on the label on the patient's meal container which is distributed every 3 shifts, namely morning, afternoon and evening according to general meal times. ."

DISCUSSION

A. Food Menu Planning

Menu planning is a determinant of the success of food processing as the first step in the food management function. The abilities and skills of menu planners greatly influence the dishes that will be displayed on the menu. The people who will receive the meal are already known, both the number, the condition of each member and the cost. Therefore the menu can be prepared for 3 days, one week or even one month. Good menu planning is when it is prepared by a team consisting of those who have a lot to do with food management (Ministry of Health, 2014)

Determining the type of menu refers to the hospital's food service objectives, so it is necessary to determine the type of menu, namely the standard menu, menu options, and a combination of both. Determine the menu cycle length and menu usage period. It is necessary to determine a type of menu that is suitable for the current food service system. Cycles can be created for a 5 day, 7 day, 10 day or 15 day menu. The menu usage period can be played for 6 months-1 year. Set menu pattern. The menu pattern in question is determining the pattern and frequency of the types of dishes planned for each meal during one menu cycle. By implementing a menu pattern, you can control the use of food sources of nutrients by referring to balanced nutrition. (Trisnawati, Patria Ike, 2018)

Menu planning must be adjusted to available finances. Good food does not mean expensive food, but the quality and quantity of nutrients that complement it. Expensive food prices do not necessarily guarantee good nutritional quality food. What is necessary is appropriate procurement so that available costs can be utilized efficiently for the required food ingredients (Irianty, 2010).

Based on the results of research that has been carried out, planning

The menu at the Muhammadiyah Ahmad Dahlan Hospital, Kediri City for patients has been planned well and correctly in accordance with the Hospital Nutrition Service Guidelines (PGRS). Muhammadiyah Ahmad Dahlan Hospital, Kediri City in designing/compiling and carrying out planning which is carried out every six months and the menu cycle is 10 days + 1 day.

According to researchers, menu planning at the Muhammadiyah Ahmad Dahlan Hospital, Kediri City has been coordinated well and correctly in accordance with health department regulations. This is what makes nutrition at the Muhammadiyah Ahmad Dahlan Hospital, Kediri City, increasingly developed and rapidly.

B. Food Shopping Budget Planning

Budgeting is a process in which costs are allocated to specific activities that have been planned for a predetermined period of time, usually 12 months. (Heny, 2009) Budgets are influenced by political systems, economic theory, management approaches, accounting, and public administration. The characteristics of the budget are uniformity, overall transactions, regularity of submission of draft budgets per year, accuracy of income and expenditure estimates based on approval/consensus, and publication (Nurwati, 2020)

Food budget planning is a series of budget calculation activities based on reports on the use of the previous year's food budget by taking into account price fluctuations and consumer fluctuations. Having a shopping budget plan functions to find out the estimated amount of food budget needed during a certain period (1 month, 6 months, 1 year, etc.) (Ministry of Health of the Republic of Indonesia, 2007).

In accordance with the Indonesian Ministry of Health (2007), the budget for the Muhammadiyah Ahmad Dahlan Hospital in Kediri City is planned for a period of 1 year. This is in accordance with the provisions in force. This report is also collected in the previous year and is budgeted to obtain fluctuations in consumers and prices, which are estimated to be in line with needs in the next 1 year. If there are changes, they will be evaluated by the Muhammadiyah Ahmad Dahlan Hospital Kediri City budget planning team.

According to researchers, food budget planning at the Muhammadiyah Ahmad Dahlan Hospital in Kediri City is running well in accordance with hospital regulations under the auspices of the health department. This is based on research that has been carried out that financial budget monitoring is carried out with an evaluation every year which combines the previous year's data and redesigns it for the following year.

C. Procurement of Foodstuffs Purchase of Foodstuffs

Food ingredient procurement activities include determining food ingredient specifications, calculating food prices, ordering, purchasing food ingredients and conducting market surveys. Ordering is preparing requests (orders), food ingredients based on menus or menu guidelines and on average, the number of consumers or patients served. (PGRS, 2013)

The purchasing system at the Muhammadiyah Ahmad Dahlan Hospital, Kediri City uses a tender/auction system (The Formal Competitive), which is an official purchasing method and follows established purchasing procedures (Rupita, 2014).

Orders for food ingredients at the Muhammadiyah Ahmad Dahlan Hospital, Kediri City are carried out according to the availability of food ingredients. Orders are estimated by estimating patients who came the previous day, menu cycles and existing food stock. If you look at the requirements determined by the Ministry of Health (2007)

The Muhammadiyah Ahmad Dahlan Hospital, Kediri City is in accordance with the specifications for food ingredients between the hospital and suppliers and vendors. The ordering requirements (there is an agreement between the hospital and the supplier, and there are food ingredient specifications) as well as the ordering steps are carried out well because the logistics warehouse section's main tasks and functions run smoothly.

In this case, researchers can conclude that the tender determines suppliers/vendors who provide food ingredients at guaranteed prices and the best quality. So that if material damage occurs, the food supplier is fully responsible for the availability of food ingredients that comply with suitability standards.

D. Receiving and Storing Foodstuffs

1. Receipt of Foodstuffs

Receiving food ingredients is an activity that includes checking, recording and reporting on the type, type, quantity, quality and quantity of food ingredients received in accordance with the order and specifications specified in the sales and purchase letter contact. (Permenkes, 2013)

The implementation of food receipts depends on the size of the institution. The smaller the institution, the easier and simpler the function of the revenue unit, while the larger the institution the function of the revenue unit is, the more complex it is. Therefore, the function of the reception unit can be used as a form of supervision whose activities are carried out at the beginning of the implementation of food service activities in an institution. (Rahmawati, 2012)

2. Food Storage

Food storage is an activity process involving the entry of food ingredients, storage of food ingredients, and distribution of food ingredients according to demand for preparation for cooking food ingredients. The basic principles in storing food ingredients are the right place, right time, right quality, right quantity and right value (Sari, 2014).

Food storage is an activity process involving the entry of food ingredients, storage of food ingredients, and distribution of food ingredients according to demand for preparation for cooking food ingredients. (Rahmawati, 2012)

The system for receiving foodstuffs at the Muhammadiyah Ahmad Dahlan Hospital, Kediri City is in accordance with the Minister of Health (2013) where the receipt of foodstuffs uses a conventional system, namely by reporting and paying for cooperation that has been agreed upon by a tender sent directly by the vendor/supplier to the Muhammadiyah Ahmad Dahlan Hospital. Kediri City.

In this case, researchers can conclude that the food receipt system at the Muhammadiyah Ahmad Dahlan Hospital, Kediri City runs well every day without any complications. Because there is already an auction service provided to the supplier and there is no possibility of a shortage of materials. The advantage here is, if the goods are damaged, defective, or do not meet specifications, the food ingredients will be returned and replaced with

better/good ingredients and always monitored by the food logistics team at the Muhammadiyah Ahmad Dahlan Hospital, Kediri City.

Meanwhile, the storage of food ingredients at the Muhammadiyah Ahmad Dahlan Hospital is also in accordance with the provisions of the Ministry of Health (2007), namely that the turnover of food ingredients has also been recorded in the food stock card. The food ingredients that arrive before being stored are classified as wet ingredients or dry ingredients.

Researchers revealed that the food storage system at the Muhammadiyah Ahmad Dahlan Hospital was well established in differentiating between wet and dry ingredients. So that food ingredients will not be easily damaged and their cleanliness and suitability for use is guaranteed.

E. Food Ingredient Preparation and Food Processing

1. Food Ingredient Preparation

Food preparation is a series of activities in preparing food ingredients that are ready to be processed (washing, cutting, weeding, etc.) according to the menu, recipe standards, portion standards, seasoning standards and the number of patients served. The aim is to prepare food ingredients and spices before cooking. (Suci, 2018)

2. Food processing

The kitchen is a place to produce/process quality food and drinks from unfinished ingredients, prepared according to established methods to be served, where the kitchen is equipped with equipment that supports the food and drink processing process. The kitchen is the center or heart of institutional food management and is a means for the production sub-system. (Ministry of Health, 2018)

Processing (cooking) is the activity of changing raw food ingredients into food ingredients that are ready to eat, of good quality and safe to consume. (Suci, 2018)

Food preparation at the Muhammadiyah Ahmad Dahlan Hospital, Kediri City has met standards because it has gone through various parts of preparing ingredients such as cleaning, cutting and also preparing spices according to the dietary needs of inpatients in each room.

Researchers revealed that the preparation of food ingredients at the Muhammadiyah Ahmad Dahlan Hospital, Kediri City was going well by the cooks. This is because the chef team has made a full contribution in preparing and processing food with quality taste. So that the nutritional assessment at the Muhammadiyah Ahmad Dahlan Hospital, Kediri City has become number one in the general public.

Meanwhile, food processing at the Muhammadiyah Ahmad Dahlan Hospital, Kediri City is also in accordance with good and correct processing procedures, namely differentiating the diet of each inpatient. So when consuming a diet, comply with the doctor's applicable regulations by maintaining the taste, color and specifications of the diet.

This processing has been researched that the Muhammadiyah Ahmad Dahlan Hospital, Kediri City processes food in such a way at dawn, which has been prepared well in processing which is divided into three shifts, namely morning, afternoon and evening.

F. Food Distribution

The aim of food distribution is so that consumers receive food according to their diet and applicable regulations. In hospitals, there are 3 food distribution systems that are usually implemented in hospitals, namely a centralized system (centralized), a non-centralized system (decentralized) and a combination of centralized and decentralized. (Ministry of Health, 2006)

Food distribution has 2 core activities, namely distributing (portioning) food and delivering/serving food to consumers. Portioning is a method or process of molding food according to predetermined portions, while serving patient food is the activity of serving main meals and snacks to patients in the inpatient room which is carried out by waiters according to the stipulated time. Serving food needs to ensure that consumers or clients receive what they requested. (Rahadiyanti, 2020)

Food distribution is a series of food distribution activities according to the number of portions and types of consumer food served. There are various types of food distribution, namely centralized and decentralized (Sugirman, 2013).

So, from the above theory, the Muhammadiyah Ahmad Dahlan Hospital, Kediri City uses a centralized distribution type, namely the delivery method has been pre-arranged in the central kitchen using disposable cutlery where each portion has been prepared for patients who have different diets. This is what ensures that the food distributed to patients is not mixed up or left behind. Because there are name labels/stickers attached to the food and distribution area at the Muhammadiyah Ahmad Dahlan Hospital, Kediri City, it always works well.

Researchers have proven that distribution at the Muhammadiyah Ahmad Dahlan Hospital, Kediri City, is going very well. Centered in the kitchen in the arrangement of food which is placed in disposable containers and given sticker labels, making distribution easy. So the level (KPRS) of hospital patient safety is almost non-existent.

CONCLUSION

1. Menu planning has been determined once every 6 months with a menu cycle of 10 days + 1 day which is in accordance with standard patient needs.
2. Shopping budget planning at the Muhammadiyah Ahmad Dahlan Hospital, Kediri City is carried out over a 1 year period in estimating the amount of the patient's food budget.
3. Procurement of food ingredients related to the purchase of food ingredients uses a purchasing system through tenders and has determined suppliers/vendors who provide food ingredients at guaranteed prices and the best quality.
4. Receiving food ingredients using conventional receiving fractures
5. Storage of food ingredients according to wet and dry ingredients. The wet material is placed in the chiller. Dry materials are placed in dry warehouses.
6. Preparation of food ingredients at the Muhammadiyah Ahmad Dahlan Hospital, Kediri City is carried out by cleaning, cutting and preparing the seasoning kitchen.
7. Processing of food ingredients is adjusted to each patient's diet according to daily needs
8. Distribution uses a type of centralization which focuses on the kitchen, a special center for preparing and arranging patient food.

REFERENCES

- Anita, YA. 2016. *Faktor – faktor yang Berhubungan dengan Daya Terima Makanan Lunak Pasien Rawat Inap Penyakit Dalam RSUD Pasaman Barat tahun 2016*. Skripsi. Kesmas, Universitas Andalas : Sumatra
- Ariani, Ayu Putri. 2014. *Aplikasi Metodologi Penelitian Kebidanan dan Kesehatan Reproduksi*. Yogyakarta: Nuha Medika
- Cahyaningtyas, Santira. 2020. *Kajian Penerimaan Bahan Makanan Lauk Hewani di Instalasi Gizi RSUD Panembahan Senopati Bantul*. Yogyakarta : Diploma Thesis Poltekkes Kemenkes Yogyakarta
- Depkes RI, 2007. *Pedoman Penyelenggaraan Makanan Rumah Sakit*. Direktorat Jenderal Bina Pelayanan Medik. Departemen Kesehatan : Jakarta
- Depkes RI. 2013. *Riset Kesehatan Dasar*. Jakarta : Badan Penelitian dan Pengembangan Kesehatan Kemenkes RI
- Fatmawati, E. 2013. *Studi komparatif kecepatan temu kembali informasi di depo arsip koran suara merdeka antara sistem simpan manual dengan foto repro*. Undergraduate thesis, Jurusan Ilmu Perpustakaan : Yogyakarta

- Hidayat, A Alimun Aziz. 2014. *Metode Penelitian Kebidanan dan Teknik Analisis Data*. Jakarta: Salemba Medika
- Kementrian Kesehatan RI, 2013. *Pedoman Pelayanan Gizi Rumah Sakit (PGRS)*. Jakarta : Bakti Husada
- Kementrian Kesehatan RI, 2018. *Sistem Penyelenggaraan Makanan Institusi*. Jakarta : Pusat Pendidikan Sumber Daya Manusia Kesehatan
- Misnati, Minati. 2018. *Journal Health and Nutritions*. [Online] diakses dari : <http://jurnal.poltekkesgorontalo.ac.id/index.php/JHN/article/download/129/82> [23 Septemer 2020]
- Notoatmodjo, Soekidjo. 2012. *Metode Penelitian Kesehatan*. Jakarta: Rineka Cipta
- Safitri, Anni. 2018. *Studi Manajemen Layanan Makanan Institusi Pondok Pesantren Darul Aman Makassar*. Skripsi. Kesmas, UIN Alauddin : Makassar
- Saputri, AR. 2015. *Laporan Penyelenggaraan Makanan Institusi Non RS*. Skripsi. Gizi, Universitas Muhammadiyah : Semarang
- Srinawati, 2018. *Gambaran Penyelenggaraan Makanan di Rumah Sakit Umum Bahteramas Provinsi Sulawesi Tenggara*. KTI. Gizi, Kemenkes RI Poltekes : Kendari
- Sujarweni, Wiratna. 2014. *Metode Penelitian Lengkap, Praktis, dan Mudah Dipahami*. Yogyakarta: Pustaka Baru Press
- Suyanto. 2011. *Metodologi dan Aplikasi Penelitian Keperawatan*. Nuha Medika, Yogyakarta.
- Utari, R. 2009. *Evaluasi Pelayanan Makanan Pasien Rawat Inap di Puskesmas Gondangrejo Karanganyar*. Karya Tulis Ilmiah FIK. Surakarta: Universitas Muhammadiyah Surakarta.
- Yudi, Laksmi, dan Eva, 2019. *Edisi Revisi. Manajemen Operasional Penyelenggaraan Makanan Massal*. Malang : UB Press