

NEW APPROACH TO A MODELING OF ACTIONS FOR NEW DIETARY MEALS CREATION

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Abstract

Many dietary food production departments in the hospitals attempt to create new dietary meals in order to better satisfy patients' needs and thereby help accelerate healing process. Regrettably, realization dietary meals creation procedures are often systematically unsubstantiated, unproductive. On summarizing the information presented in a wide spectrum of special scientific literature on managing dietary food production, after assessing it from the perspective of logical adaptability, the authors present the original model for new dietary meals creation. The model has been tested in 2 Lithuanian hospitals and has proved its worth.

The model consists of the following key components: research and assessment of the patients' needs (customs, traditions or hobbies), processing survey results (generalization of them in order to identify unified and general trends for the different groups of population and health disorders), selection and adaptation of appropriate resources according to the nature of the patients disease (according requirements of the dietary nutrition), choice of suitable processing procedures also correspondingly a sufferings of the patients, calculation of the portion size (amounts of an ingredients), planning of quality (dish decoration, components arrangement) and standardization of procedures, technology description and approval by head of the department. The model was tested in Kaunas clinical hospital.

Due to the characteristics of the disease, the heads of Kaunas clinics suggested to perform a study in the pulmonology department. Even 32 patients aged 60 - 70 (61% of all patients) in the pulmonology department were interviewed about opportunities to improve nutrition. Patients had to assess the quality of food preparation in 10 points system. We gave the results that the freshness of the salads is only 7.45, although freshness was checked very carefully. We found out that elderly people just didn't like the soft salads. Then we even decided that the crispness of the vegetables always adds to the impression of freshness. So salads (beets, carrots, parsnips, celery, etc.) were supplemented with dried vegetable ingredient after conformity assessment of products energy value. The next survey was made after 2 weeks. The result was found, that patients evaluated the new meals more positively (9.26). Following the same suggestion to add dried vegetables to salads, patients at the Vilnius Clinic's Pulmonology Department also appreciated the quality of the salad better.

Upgraded dietary meals can be suggested and for some patients of others departments according to their illness. Application of the suggested model will allow food production departments in hospitals to be consistent in new dietary meals creation and increase the likelihood of their patients' success of recovery.

Key words: *Dietary meals, Modeling, Patients' needs and individual habits of eating.*