

Plate waste and his causes in lunch at Hospital Center of Alto Ave

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Plate waste in hospitals has been associated with malnutrition. Furthermore, malnutrition may increase the length of stay in hospital, the use of hospital resources and could be a cause of mortality. Several reasons have been associated with high plate waste levels in hospitals, some of them very complex, such as the appetite variations.

The aim of this study was to determine plate waste and evaluate the reasons for plate waste in lunch at Hospital Center of Alto Ave.

The sample included 468 patients, from all hospital wards. Plate waste was determined using a 5-point scale of visual estimation to different meal components - carbohydrate component, protein component, vegetable component, bread component, soup component and fruit component. Patients were inquired about the reasons for the plate waste and the need of feeding assistance. Information about age, gender, type of diet, hospital staying and the hospital admission cause were also collected.

Of the 468 meals evaluated, 4.7% of trays remained intact (all meal components remained on the tray) and also 9.3% of the plate (excluding the bread component, the fruit component and the soup component). Desserts were the component with less waste, 75.7% of desserts were totally consumed. On the other hand, vegetables were the component with the high waste values, 33.2% of vegetables remained intact. These values are beyond the maximum of 10% for hospital plate waste recommended by the Nutrition Health Service. Regarding reasons for plate waste, loss of appetite, portions too large and food aversion were the most referred by patients.

The obstetric ward was the ward with less plate waste and the surgery ward was the one with high plate waste. Regarding the need of feeding assistance, 79% of participants did not need assistance. This study found a difference between familiar feeding assistance and hospital feeding assistance regarding to the soup and modified consistency diet, showing low plate waste for patients with familiar feeding assistance.

Our results showed high plate waste levels on this hospital. Some measures like review the food portions established and the meal requisition system, improve the food quality, establish the “protected meal time” concept, increase the number of feeding assistants educating them to the importance of feeding assistance and always realize a nutritional screening on the hospitalized patients in order to prevent situations of malnutrition, are measures that should be taken into account considering the reasons pointed out by the patients and the relations founded.