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UNITED STATES GENERAL ACCOUNTING OFFICE

WASHINGTON, D C 20548

MANPOWER AND WELFARE DIVISION

DEC 14 1972

Dear Dr Musser

The General Accounting Office has examined into the potential for implementing alternative dietary systems in Veterans Administration (VA) hospitals. Our work was performed at the VA hospitals in Washington, D C, and Louisville, Kentucky, and at certain private hospitals.

Several private hospitals we visited were using a convenience food system. At these hospitals the meals were generally assembled in a main assembly area well in advance of mealtime, in a cold state. Prior to mealtime the cold food was transported to a pantry or galley near the hospital ward and again stored in a refrigerator. When meals were to be served, the food was removed from the refrigerator and heated using microwave ovens.

We examined various studies and noted that there are many forms and variations of convenience food systems developed to meet the needs of individual hospitals. Some benefits of using various forms of convenience food systems are:

- better food service to the patient since his meals can be served at times most convenient to him,
- reduced construction costs for new hospitals because a convenience food system requires less kitchen space and equipment to prepare the food than a conventional food system,
- less personnel are required under the convenience food system because there is no need to cook all ingredients for each meal.

The Veterans Administration currently uses foods in convenience form such as frozen entrees, prepared pies and cakes, processed fruits and vegetables. Although VA's system uses food in convenience form, in our opinion, it does not achieve all of the benefits of a convenience food system in that the food is processed into finished meals in a centralized kitchen and delivered hot to patient wards or cafeterias for serving.

In 1967 VA commented on a proposal by an architect engineer firm regarding use of a form of convenience food system. At that time VA stated that certain disadvantages existed with regard to the variety and quality of food items available for a convenience food system. VA has made no formal studies of the variety and availability of convenience foods since commenting on the proposal.

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The availability of qualified suppliers offering the variety of food necessary for a total convenience food system may be a problem to hospitals located in smaller cities and rural areas, however, we believe that it should not present a major problem in the larger metropolitan areas

Several large convenience food manufacturers and distributors currently have made convenience food items available in many large metropolitan areas. We analyzed food items served during several months of 1970 in eight VA hospitals and compared these food items with those offered by several convenience food manufacturers. We found that the number of items offered by these food manufacturers generally exceeded the number of food items offered on the menus used in the eight VA hospitals. We were also advised by a VA central office official who is concerned with the feeding of patients that the availability and variety of foods in convenience form has increased over the past several years.

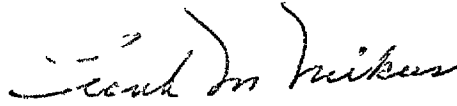
A study of health facilities construction costs performed by GAO pursuant to section 204 of the Comprehensive Health Manpower Training Act of 1971 (85 Stat 462) concerning the feasibility of reducing the cost of constructing health facilities assisted under the Public Health Service Act included an evaluation of the alternative dietary systems available. This study identified another dietary system which is referred to as a "ready food system."

Hospitals using a ready food system prepare their own convenience foods. Raw food is purchased in large quantities, usually several weeks supply, and prepared in the hospital's conventional kitchen. To prepare meals, hospital personnel remove the required food from storage, allow it to thaw, and reheat it for serving. Food can be portioned when it is reheated or during initial preparation. The advantages of this system, as well as those applicable to a convenience food system, are discussed in greater detail in the GAO report--B-164031(3) dated November 20, 1972--on the results of its study. Copies of the report have been furnished the Administrator of Veterans Affairs.

In view of the potential advantages of the different alternative systems available for feeding patients, such as convenience food systems and ready food systems, as well as the progress being made in the availability of food items in convenience form, we suggest that VA, when considering the construction of a new hospital or major renovation of an existing hospital, fully explore the feasibility of using alternative food systems.

We appreciate the cooperation and courtesy extended to us by your staff during our review

Sincerely yours,

A handwritten signature in cursive script that reads "Frank M. Mikus". The signature is written in dark ink and is positioned above the typed name.

Frank M Mikus
Assistant Director

Dr Marc J Musser
Chief Medical Director
Department of Medicine and Surgery
Veterans Administration