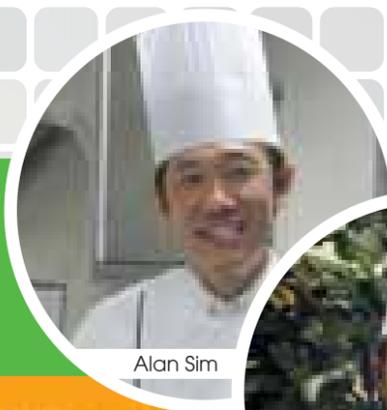


# Hospital chefs

## SERVE UP HEALTHY GOURMET ON A TRAY



Alan Sim



William Tay

### Radha Chitale

The kitchens at Mount Elizabeth Novena Hospital fire up at 5 each morning. Chefs at seven different stations begin chopping vegetables, cooking rice, reviewing menus and making preparations for breakfast.

Executive Chef Alan Sim stops by each section every day to check a recipe or tweak a garnish. Each meal is calibrated to precise amounts of calories, fats, vitamins and minerals and carefully vetted by dieticians.

With such a clinical approach, it is no wonder that "hospital food" is not usually associated with gastronomic heights; more along the lines of bland, wilting fare, to be endured like another hospital procedure.

But if patients don't eat – because they have no appetite, because they don't like the food being served – they are missing the nutrition that is a critical part of care and recovery. Patients who eat the least tend to have the worst clinical outcomes and are at increased risk of malnutrition. [Nutr Clin Pract 2012;27:274-80]

Behind the scenes of many of Singapore's hospitals, teams of chefs, nutritionists and dieticians work to put together healthy menus that don't compromise on flavor.

"We need to provide food that will change the entire perception of hospital food," Sim said.

### Know thy dish

Sim's background is largely in hotel kitchens, like many chefs who have found their way to the health care industry. They are no strangers to producing meals on a large scale. A large public hospital like Singapore General Hospital (SGH) serves about 4,000 meals per day.

But cooking within rigid nutritional guidelines can pose a challenge for chefs used to prioritizing flavor.

To help kitchen staff understand how to put together a balanced meal, hospital dieticians brief them on nutrition, dietary guidelines, therapeutic diets for diabetic or cancer patients, for example, and how to use substitute ingredients based on patient needs.

For normal meals, hospitals follow the dietary guidelines recommended by the Ministry of Health. However, a diabetic patient will need meals that contain less sugar and more vegetables. A hypertensive patient will need meals low in salt. Meals may also need to be altered for vegetarian or Halal patients.

"I have to be precise. I need to know what makes it into the ingredients and composition of a dish and also the nutrients that go into that," said Ms. Poh Leng, one of the dieticians who worked with Sim to develop the menu at Mount Elizabeth Novena. "That way, in case I need to modify the diet from the normal menu, I can. In a food that has a milk product, I might suggest a soy bean."

Diabetic diets are the most common therapeutic diets offered in hospitals but kitchens can also offer meals that are low in fiber for colorectal surgery patients or low in iodine (no seafood or processed food) for patients on radioactive cancer treatment.

### Research and development

Once the dietician has balanced the calories, fats, sugars, proteins and other components of patient meals, the chefs can get busy in the kitchen – and this is where they need to be creative because their old flavor tools are no longer at their disposal.

"We seldom see butter," Sim sighed.

Also gone are sugars, coconut milk, fried foods, white rice, and liberal sprinkles of salt. In their place: brown rice, yogurt, tofu and egg whites.

Some substitutions are easy – canola or olive oils instead of palm oil, for example, which is high in saturated fat.

Others modifications require more innovation.

Khoo Teck Puat Hospital Executive Chef William Tay said he reduces stocks to concentrate the natural flavor and cut down on added salt. Tamarind and yogurt can be subbed into curries for seasoning instead of salt and coconut milk to reduce sodium and fat.

"I like to use some local herbs like lemongrass and pandan leaf for flavor, especially when cooking western style," he added.

Cooking techniques can lighten a dish. Roasting, steaming, stir frying in less oil and sous vide are preferable to frying.

Another trick for sticking to a calorie count without compromising taste is to manage portions.

"If you want to cook food that is suitable for every patient, change the portion size," Tay said. "Good food is not always healthy but it depends on how you portion it."

### Looking good enough to eat

Still, chicken rice served in a hospital won't taste like the same dish from a hawker stall. That is why presentation counts for a lot when serving hospital meals. Both Tay and Sim said they always try to impress patients visually.

"My main concern is to 'cook health, eat healthy'... but we want to make people say 'wow!'" Tay said. "Instead of mixing all the food together, I'd rather do a garnish and a nice presentation."

Ms Koay Saw Lan, senior manager of Food Services at SGH, said they use nicely designed crockery, tray liners, and clear food covers to make meals look good.

These visual cues can help revive ill patients' appetites and keep them on the path to recovery.

"What you want to look forward to is a new tray with a nice meal for you. Something that's appetizing and makes you want to eat," said Ms. Beatrice Pung, chief dietician at Mount Elizabeth Novena Hospital.

Hospitals get feedback on meals through patient rounds by kitchen staff and random surveys and incorporate their findings into future meal planning. Chefs and dieticians volley recipes back and forth to make sure each meal is nutritionally complete and tasty.

Unlike food in restaurants, meals in a hospital must contribute to healing and recovery.

"Patients depend on us to supply the nutrients in the right balance to augment the physician's treatment," Koay said. "The food supplied also serves as examples for them to comply with upon discharge. That is why we show and tell patients, especially those on therapeutic restrictions, how modifications can be made." MI

