Analysis of Hygiene Food Sanitation in Public Hospital in Sultan Iskandar Muda Regency Nagan Raya

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ABSTRACT
Introduction on food sanitation hygiene is an effort to control the factors of food, people, places and equipment that can or may cause illness or health problems. The purpose of this research is to find out how the Analysis of Food Sanitation Hygiene at Sultan Iskandar Muda Regional General Hospital, Nagan Raya Regency. This research is a qualitative study conducted at Sultan Iskandar Muda Regional General Hospital, Nagan Raya Regency, when the research was conducted in January 2019. Research informants as many as 12 people namely, 9 food handlers, 1 program implementer, and 2 patients, taken by purposive sampling. The results showed the overall results of food sanitation hygiene, especially in the room, were quite good because they had storage, cooking and serving food, but still had water deposits because they did not have slope / slope so the floor was slippery, infrastructure was inadequate because of the aids used, PPE that has not been well used, the food is counted pretty good because the storage is separate but certainly not contaminated because the food served is sometimes in direct contact with hands, and HR food handlers are inadequate because each sift consists of three people who process, serve and deliver food. Conclusion sanitation hygiene has been counted as good, however it is necessary to make improvements to be declared good overall. It is recommended to the officers in charge of the hospital to pay more attention to sanitary hygiene, both food and others.

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Introduction
Food hygiene is needed to protect food from contamination or infectious microorganisms. Nutrition services in hospitals are supporting health services that have the task of supporting patients' healing efforts in the shortest time possible. Foods that meet nutritional needs and are consumed will expedite healing and shorten the day of hospitalization. Providing hygienic and healthy food is the basic principle of managing food in hospitals because hospital food services are intended for the sick with the threat of spreading pathogenic germs. Foods that are not managed properly and correctly by food handlers can have negative impacts such as diseases and poisoning due to chemicals, microorganisms, plants or animals, and can also cause allergies. (RI Ministry of Health, 2013).

According to Serambinews (2015), there were problems with hundreds of patients starving since three days due to the lack of food supply from the hospital and (2017) found problems such as the discovery of caterpillars when patients eat breakfast and patients eat packaged rice because the cook of RSUD Nagan Raya went on strike. So that the health resulting from incompatible hygiene standards for food sanitation can have an impact on health in the...
form of food poisoning such as nausea, stomach ache, diarrhea, fever / chills, decreased appetite, and body weakness. Obtained the results of information from 1 program implementer that still found many problems due to food hygiene hygiene Sultan Iskandar Muda Regional Hospital district. Nagan Raya, which is a presenter, cooking, storage (dry, cold) room should be separated according to the standard, but from the staff themselves it is not done correctly and appropriately, the waiter is in direct contact with food because of incomplete protection (only using aprons and masks) against contamination, for washing places there is nothing special and the construction is still not hygienic because it is not in accordance with predetermined standards. From the introduction above, the researcher is very interested in conducting research on "Analysis of Hygiene at Sultan Iskandar Muda Regional Hospital, Nagan Raya Regency". In essence "Hygiene" and "Sanitation" have almost the same understanding and purpose of achieving excellent health. In law NUMBER 1096 / MENKES / PER / VI / 2011 Sanitation hygiene is an effort to control risk factors for food contamination, both from foodstuffs, people, places and equipment to be safe for consumption (Ministry of Health, 2011). Sudira (in Rachman, 2010) stated that: "Hygiene is health science and prevention of disease. Hygiene is more about the problem of bacteria as a cause of disease, while sanitation is more concerned with hygiene problems to achieve health".

Method

The design of this study is a type of qualitative research using purposive sampling which is a research method conducted by (Notoatmodjo, 2010). To find out hygiene hygiene analysis at Sultan Iskandar Muda General Hospital, Nagan Raya Regency. The location of this research was carried out at Sultan Iskandar Muda Regional General Hospital. This research was carried out in February 2019. There were 12 informants chosen by the researchers consisting of 1 key informant, 9 main informants and 2 supporting / additional informants.

Results

The Hospital of Sultan Iskandar Muda the development of the Ujong Fatihah care pukesmas and in 2004 the central government through the Ministry of Health allocated the 2004 state budget mas to build a polyclinic and administration and from the aceh 2004 provincial state budget to build the emergency room, the polyclinic and administration building had been built while the polyclinic building was delayed due to the earthquake and tsunami disaster at the end of 2004. After the earthquake and tsunami, the Nagan Raya district's earthquake and tsunami health service center was at the Puskesmas Puskesmas Ujong patihah (a child of the Sultan Iskandar Muda Hospital). On April 20, 2005 a decree was issued from the regent of Nagan Raya number 445/18/2005 regarding services at the Puskesmas Ujong Patihan nurses to become the health service office of the Sultan Iskandar Muda Hospital.

Food Hygiene in the Room in the Nutrition Installation

From the results of research at the RSUD on room standard questions obtained interviews results that: "if that (room standard) we do not know, because they are not experts they might know". (Main Informant 1). It can be seen from the observation and interview results that the nutrition installation room has changed slightly, because from the observation results it can be seen that the installation room has been separated from the storage, cooking and serving space, but it can also be seen that the room still has a pool of water, apart from that the results of the interviewer do not yet know the room standards at the RSUD.

Higyene Food Sanitation in Facilities and Infrastructure in the Nutrition Installation.

From the results of research at the RSUD on the question of PPE usage, it was obtained from interviews that: "Yes, for our own deck, if we wear a mask, if we sneeze, we don't fly (saliva) like that, if you wear an apron, don't get dirty, right? the gloves are called food by hand." (Main Informant 7). In addition, from the results of research on the equipment questions used, the results are obtained: "Trolley, that's the trolley that has broken the door. In the past two pieces now only one has broken the door." (Main Informant 4). From the results of observations and interviews about infrastructure suggestions, we can conclude that the facilities and infrastructure at the public hospital are already aware of the use of PPE. Others also do not know the benefits of PPE used. The tools used at the Regional Hospital also cannot function properly because they are damaged.

Food Hygiene Hygiene in Food In Nutrition Installation at Sultan Iskandar Muda District Hospital, Nagan Raya Regency

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on food ingredients there are questions 
about food storage arrangements between wet food 
and dry food, the results can be found, namely: "If 
that (temperature regulation) we don't know, it's not 
because the one who controls nutrition is the 
nutritional person who always controls" (Main 
Informant 5). In addition to the question about food 
storage and processing procedures we can see based 
on the answer: "We wash the food first like that, first 
wash it after it is cut after being washed, washed 
once more then cooked, according to the menu. That 
person is deck who knows we left when cooking 
ingredients were already there. (Main Informant 4). 
For the question of the requirements for officers in 
processing food, it is obtained: "The requirements 
are to use equipment like an apron, a mask like that 
when you want to cook. Yes, how to wash hand 
"(Main Informant 5). And in the food processing 
technique, it was found that the answers were: 
"Different decks, different TBs, different DMs, if we 
use TB, we use boxes if we reduce salt like that" 
(Main Informant 5). And for the question of how to 
find out which cuisine is delicious / fit and the 
presentation schedule, the results of the interview are: 
"We think we used the spoon first, Morning at 00.06 
if noon at 12.00 at night at 05.00 "(Main Informant 
3).

From the results of observations and questions on 
the informant it can be concluded that for food storage 
procedures the catering services do not yet know how 
the procedure is, the processing requirements are 
known but only the full application is done. For the 
treatment of patients with certain diseases, RSUD 
does not yet have a hot water washer, the way they 
know the food they serve is right / tasty by tasting it, 
but there are also those who use their instincts and to 
schedule food serving is good, but only sometimes 
experience delays.

Food Hygiene Hygiene at Human Resources at 
Nutrition Installation at Sultan Iskandar Muda 
Hospital, Nagan Raya Regency.

On HR about the benefits of food handlers 
using PPE, the results show that: "we once deck, 
there is no substitute" (Main Informant 5). "Twice, 
noon and noon in the same afternoon" (Main 
Informant 1). For the question if there is a friend who 
suffers from pain, how can the action be taken to 
overcome the interview: "Yes, if it is not severe, we 
tell you to wear a mask, yes, we say also check it 
badly or not, if you just get some rest, don't work like 
that" (Main Informant 5). Next to the HR standard 
questions on nutrition installations, the results were 

obtained; "Not yet deck, we only have three, which 
might be enough, if one person does not enter the 
permit, there are only two left, it's difficult to work" 
(Main Informant 3). On the question of whether there 
is a health education and counseling, the results are 
obtained: "Yes, there is a saying that this should not 
be a lot this time, like for example the TB disease 
uses such a box. There's a tip every month there. 
Certificates, eum yes there is no certificate brother 
deck" (Main Informant 9).

From the results of observations and interviews also 
obtained the results of research that HR in hospitals is 
not sufficient and there are also a number of services 
that do not change clothes and only rely on aprons 
when working because of the reason they live far 
avay. And for counseling and health checks is good 
because food handlers always get counseling, once 
six months now once a month.

And based on the community's view, the results of 
the facilities and infrastructure "do not know, it is 
appropriate that we say" from the answer, we can 
know that the infrastructure according to the 
community's view is good. In addition to the next 
question about food according to community opinion 
"varied, different", from that answer we can know 
that the food served is varied and the menus are 
different.

According to the nutrition executive about the room 
"eummmm ... the room is already good, we can see 
for ourselves how, compared to what was already 
good yesterday". From the answers above it can be 
concluded that the space in the installation is 
adequate but the procurement is not perfect because 
the hospital floor can be seen clearly that there are a 
lot of water deposits caused by the floor not having a 
slope which can cause the floor to be slippery.

Regarding the facilities and infrastructure of the 
program implementer, it said that "there are still 
many things that are lacking, it should be about hot 
water washing, already, proposing but not yet 
available, but the only solution is that there is no hot 
water washing for infectious patients, namely by 
presenting boxes, yes rice boxes what is it ?, the 

place doesn't exist according to the room, it's not yet 
adequate From the answers of the program 
implementers we can conclude that the hospital does 
not yet have adequate facilities and infrastructure 
where the hospital does not yet have a hot water 
washer so they use boxes for patients suffering from 
TB.

In the foodstuffs, interviews were obtained from 
program implementers, namely: "Here there is a third 
party, so when the ordered goods are ordered, there is 

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an order paper like Mrs. Menoe (with the mother earlier), it was given to the partners of Menoe (earlier) who worked at the hospital so some food is received by the nutrition officer in the morning at 08.00, every time a new betol is checked again, there is a third party partner who has worked with the hospital. Yes, here from intersection four, there are too those who receive food right, in collaboration with the hospital, the nutritionist ordered it. That is the treasurer's business, not related to us, it is the same as the top people, so they are just, for example, the number today is like this, made , I have been asked to make it, oh, don't you think so, yeah, every month there are one hundred more like that, there are under one hundred according to those ordered by nutritionists, nutritionists order according to their orders, according to patients. Eumm. Spatial nutritionist, there is an aesthetic diet with a nutritionist, oh yes this patient DM and this, washed with a cooking person, a cooking person cooks it by looking at a nutritionist's diet book, yes and a diet that has been in the room of a nutritionist, to write a diet book this-this-this diet, washed with the cook. " From the results of the interview we can conclude that the program implementers did not know the origin of the foodstuffs processed by food handlers, they only recapitulated after the food came in the nutrition installation room.

In the HR question for program implementers the answer was obtained that "the cooks were not enough. Yes, than before it was pretty decent." From these results we can know that the human resources of food handlers in the installation are inadequate. We can see where in one shift there are three food handlers, where the three handlers do the processing, serving and delivery of food to patients in the Sultan Iskandar Muda hospital.

From these results we can conclude that the room in a nutrition installation was found that the hospital room was fairly good but not yet adequate, we can see on the floor that there was water deposition because the floor did not have a slope / loneliness so this could cause the floor to be slippery. The facilities and infrastructure are also inadequate, this is due to the absence of hot water washing so for TB they use boxes. In food ingredients, the executors did not go down directly to sort food ingredients because the food had been ordered by the hospital partners and the hospital's human resources were inadequate because there were only three food handlers in one shift. It is these three people who process, serve and deliver food to patients so that it sometimes results in delays in delivering food to patients.

Discussion

The research result of qualitative study analysis we can examine that as follows:

Hygiene Food Sanitation in the Room of the Nutrition Installation at Sultan Iskandar Muda Hospital, Nagan Raya Regency.

Based on the results of research in the general hospital room of the young Sultan Iskandar area from observations at the hospital, it can be found that the food storage room, cooking room and food serving room are separated and can be said to be appropriate but for the floor in the cooking and washing room experiencing water deposits caused by the floor does not have a slope or slope so that it can cause the floor slippery.

Food Hygiene Hygiene at Human Resources at Nutrition Installation at Sultan Iskandar Muda Hospital, Nagan Raya Regency.

Based on the results of research on the facilities and infrastructure of general hospitals in the area of general hospitals is inadequate, we can see trolleys and hot water washers in hospitals as yet. In addition, the organizer said that the facilities at the hospital were not good or did not meet the standards but were better than the previous year.

Food Hygiene Hygiene at Human Resources in Nutrition Installation at Sultan Iskandar Muda Hospital, Nagan Raya Regency.

Based on the results of food research in the general hospital of the Sultan Iskandar Muda area, it was observed that the installation room has a separate storage, processing and presentation room besides that in the storage room we can see that for storing dry and wet materials are also separate. For dry foodstuffs, it is placed in a designated room and the shelves used for dry foodstuffs have a distance between foodstuffs and the floor. Wet foodstuffs are placed in rooms that have cold temperatures. In the procurement of foodstuffs, the handlers and the implementation of the program do not know the origin of the food in the hospital.

Food Hygiene Hygiene at Human Resources at Nutrition Installation at Sultan Iskandar Muda Hospital, Nagan Raya Regency.

Based on the results of HR research at the Sultan Iskandar Muda Regional General Hospital, it
has not been fulfilled properly, it can be clearly seen that the existing HR is inadequate because there are only 9 food handlers and divided into three shifts, one shift consists of 3 people. Those 3 handlers do the processing, serving and delivery of food to the patient, causing delays in the delivery of food to the patient from the program implementer, and they are informed that the handler's paea is inadequate or insufficient but rather than before. In addition, the officials also said that they lacked people because there were only 3 people who worked every shift if one of them was sick or there was no substitute for permission so that sometimes they experienced delays when delivering food.

Conclusion
Based on research results obtained from observations, namely:
1. Food storage space, cooking room and food serving room are limited but on the hospital floor complicated air deposits that cause the floor to have no slope or slope so the floor becomes slippery.
2. Inadequate facilities and infrastructure, can be seen from trolleys and hot air washers that do not yet exist, the executive also said that the facilities at the hospital were not good or did not meet the hospital facility standards were better than last year.
3. Even food handlers and program organizers do not know the origin of the food in the hospital other than that the food carrier for the patient is not enough because one of the tools used in the damage. The serving area in the hospital is quite good because for other diseases, we have to use a place to eat, but for TB patients, they still use the box related to the hot air washer.
4. Human resources have not been fulfilled properly, as a whole it can be seen that the existing human resources do not meet the food handlers only consist of 9 people and are divided into three shifts. One shift consists of 3 people. 3 people made the preparation, presentation and delivery of food to the patient, causing delays in the delivery of food to the patient. The implementers also said that food handlers were still inadequate or tolerable from before. From the handlers also obtained information about those who lack people each shift consists of 3 people and if one of them is sick or sudden permission there is another substitute to make it possible to reduce delays in food delivery.

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Author Contribution and Competing Interest
Author contribution in this research are involved in the design of research project, collecting data or analyzing result, involved in drafting or revising scientific papers.

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