

Fairmount Home Meeting Agenda

Management Team

Date: January 10, 2013

Time: 9:30 a.m.

Place: Fairmount Boardroom

Members: Julie Shillington Mary Lake
 Deb Crawford Gail Williams
 Tom Mercer Rosemarie Christian Jones

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1. Welcome and Introductions
2. Adoption of Minutes of the Previous Meeting
3. Additions to Agenda under Other Business
4. Delegations
5. Communications
6. Business Arising out of Minutes
 - a) Dietary Workflow (LTS Consulting Report)
 - b) **"We Love Your Opinion" Book**
 - c) Evacuation Chair Instruction Sheet and Numbered Labels
 - d) Scent Awareness Policy - Final Approval
 - e) Locking Door for 1North Care Carts/Curtain Repair/Replacement
 - f) Well Project
 - g) Fire Drill Scenarios
 - h) Snoozelen Policy
 - i) Fire Plan Updates
 - j) Emergency Callback Exercise
 - k) Door and Door Frame Protection/Painting
 - l) Evacuation Sites re Emergency
 - m) 1North Humidity RFP
 - n) Garbage Receptacle Lids on the Pathways
 - o) Bomb Threat Exercise
 - p) Missing Resident Exercise Summary

6. Business Arising out of Minutes

- q) Resident Wall Unit - Spare Doors
- r) Clinical Chart Policy Update re Sections/Filing of Electrical Checklists
- s) Location of Evacuation Lists
- t) Scabies Policy/Checklist
- u) 2North Chart Room Set-Up (documentation assistants)
- v) Removal of Black Marks on Floor
- w) Storage Unit
- x) Phone/Power Outage Communication
- y) Lift/Repositioning Policies
- z) New Performance Appraisal Format
- aa) 1st and 2nd Floor Servery Sinks Cleaning (PM schedule)
- ab) Annual Cleaning and Sanitizing of Cambro Ice Unit/Ice Machines (PM schedule)
- ac) Chair Count re Resident/Family Christmas Dinner
- ad) Staff Body Mechanics when Doing Dishes
- ae) 2North Tub Room - Removal of Hard Water Scale
- af) Fire Pull Cover (2North)
- ag) Staff Survey (worklife pulse)
- ah) Swipe Verification Form
- ai) 11-7 Duties for PSW (weights)
- aj) Bed Alarm Order
- ak) Survey of Nursing Supplies for Residents
- al) Diet Orders
- am) Lift Quotation/Equipment Budget
- an) Gentle Persuasive Approach (GPA) Training
- ao) HAACP Training
- ap) 1North Flooring Replacement
- aq) Rechargeable and Double A Batteries
- ar) Food Brought in from Outside (policy update)
- as) HAACP Form Completion
- at) Cookie Tongs for Nourishment
- au) Work Order for Leaky Faucet (1South dirty utility room)

7. New Business

- a) Resident Care – Compliance, Accreditation, Classification

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- i) Compliance
- ii) Accreditation
- iii) Residents' Council Update

b) Support Services

- i) Recycle Bins at Staff Smoking Area
- ii) Diet Rosters

c) Treasury

d) Administration

- i) Concerns
- ii) Risk ID's
- iii) Work Plan

e) Human Resources

- i) Staffing

f) Health & Safety

- i) Monthly Fire Drill
- ii) Management Inspections

Schedule:

Julie – June 13, 2013, November 7, 2013

Tom – February 8, 2013, July 11, 2013, December 12, 2013

Rosemarie – March 7, 2013, August 8, 2013, January 11, 2014

Gail – January 11, 2013, April 11, 2013, September 12, 2013

Mary – May 9, 2013, October 10, 2013

g) Information Technology

h) Communications

i) Education Information Sharing (Staff Attendance at Conventions/Workshops)

j) Quality Improvements/Audits

- i) Hazard Analysis Report (Quarterly-Feb)
- ii) Complaint Documentation Report (Quarterly-March)
- iii) Symptoms Report (Monthly-January report due in February)
- iv) Near Misses/Incident Reports (Quarterly-Feb)

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- j) Quality Improvements/Audits
 - v) Restraint Audits (Monthly – done the 3rd week, report the 4th week)
- 8. Other Business
- 9. Confirmation of time, date and location of next meeting
- 10. Adjournment

Dietary Department
Seryery & Main Kitchen Assessment
Hot Carts & Dishwasher
January 8, 2013

During the 2012 back care training some concerns were raised by staff in the Dietary Department regarding two specific items:

- (1) Loading/unloading of the hot cart – specifically the heavy containers being lifted from the bottom shelf
- (2) The physical setup of the dishwashers which require staff to twist while loading/unloading the dish trays

On January 7th and 8th, 2013, I observed both of these processes with the following results.

Hot Cart

I previously observed the loading/unloading of a hot cart which had a broken top shelf. When using that specific cart, the heavy containers were placed on the bottom shelf because that's the only place there was room for them. This cart has now been taken out of service. It is still housed in the main kitchen.

I observed the cook loading 2 separate hot carts on January 7th. The heavier containers were loaded onto the top shelves of both carts and the lighter cold food (sandwiches) was to be loaded onto the bottom shelves. I lifted the hot containers and they were not heavy and were very easy to unload from the shelf height on both carts.

One of the carts was much taller and wider than the other. There was ample room in this larger cart for all the containers on the higher shelf without being stacked or crowded. It is possible that this taller cart could pose challenges when transporting if staff are not able to see over it when wheeling, however both this cart and the smaller one provided very good shelf height for loading/unloading.

Recommendations

1. Remove the cart with the broken shelf from the kitchen entirely so it is not accidentally put back into service.
2. When purchasing new carts consider those which have the lowest shelf closer to waist height. This would accommodate most workers body size and reduce bending/squatting.

Dishwasher

I observed the physical setup of the dishwasher process in the main kitchen and the servery on 1st floor. I observed staff loading and unloading the dishes in the servery following lunch and in the main kitchen briefly in the afternoon.

In the server the staff I observed utilized excellent body mechanics and did not twist at all. She loaded the dishwasher tray, slid it from right to left into the washer while keeping a neutral spine.. When the load was done she slid the tray to the left into the drying lane and then used her left arm to pull the full tray towards herself, again maintaining neutral spine and erect posture.

I noted that the drying lane was very wet and so the full trays slid very easily and required minimal effort to move. When this lane is not wet it requires significantly more force to move the full trays, particularly because it must be done with a single arm to avoid bending and twisting.

The position of the dishwasher in the room is the challenge. There is a small area to unload the trays but it is in a tight corner so requires the user to slide the full trays with one arm in order to avoid twisting. There is a good length of drying lane to accumulate multiple trays which are then unloaded by item onto a mobile cart.

In the main kitchen the dishwasher is tight into the corner. I observed staff loading a tray into the washer which was the same process as in the server. As the dishwasher is tight against the corner in the kitchen the unload of the machine is done closer to the body and straight back towards the user, probably with one arm. There is essentially no counter space in this area to accumulate multiple trays and the area of unload is beside/on top of the sanitizing sink. The counter will accommodate one tray at a time which is then transferred to a mobile cart. When the cart is positioned closely to the user, it is almost impossible not to twist when moving the full tray to the cart.

Recommendations

Short Term

1. In the main kitchen remind staff to move the mobile cart further away. This will allow sufficient turn space for the worker to move their feet when transferring trays to the cart instead of twisting.
2. In the server, if it's possible to keep the drying lane wet the trays will slide more easily. Train staff to use the same excellent body mechanics as the worker I observed.

Long Term

1. When replacing the dishwashers in the server I would investigate the possibility of a multitray unit and the position of its installation. I observed that staff handled each item multiple times which makes the process repetitive and time consuming. If more dishes could be done in each wash cycle it would decrease the number of times the loading and unloading tasks were done. If the dishwasher was positioned further from the corner and/or with a different entry/exit design it would reduce the opportunities for twisting.
2. In the main kitchen a redesign of this workstation as a whole would be advantageous. Presently there is not a clear clean to dirty flow or ideal counter space.



Policy & Procedure Manual

Revision Date:

Program: Dietary & Hydration Services

Index Number: D&HS-10

Policy: Diets – Resident Diet Information

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Approved:

Effective: July 1, 2011

Policy: Systems will be in place to ensure that resident diet information is accurate and readily available.

Objective: To ensure that resident information is accurate and readily available to all that need it. To ensure that all diet orders are ordered following the approved procedure. To ensure that residents are provided with the proper nutritional care.

Procedure: It is the responsibility of the Clinical Dietitian or designate to co-ordinate the gathering and updating of resident diet information.

It is the responsibility of the Nurse Practitioner, Physician or Clinical Dietitian to approve all diet orders.

Resident diet information is kept in the following places:

- Diet list at the each servery counter
- Diet list in main kitchen
- Nourishment menu cycle on nourishment cart
- Programming list on programming cart
- Resident's Health Record in the Dietary section
- Resident's Care Plan

When a referral is received for a diet change the Clinical Dietitian will follow-up on the request. If a diet order is changed, it will be entered on the Nutrition Profile Form for that resident as well as updated in the resident's care plan, on the diet list at the servery and nourishment cart. The individual changing the diet list must be sure to date and initial the change.

For other changes, such as table changes, they must be noted on the seating plan on the resident home area and the Manager of Food Services or designate will update as needed. They must be sent to the Manager of Food Services immediately.

Changes must be made on all information sources **immediately**.

If there is a discrepancy between what texture or diet the resident is on, the following process will be followed:

- a) The RN will assess the situation and make a recommendation based on all available information, assessing risk, resident choice, etc., and
- b) The RN will complete a referral form to the Clinical Dietitian requesting a change in diet order.
- c) The Dietary Aide will provide requested diet as per change.

The Clinical Dietitian must review these diet changes.