

Fairmount Home Meeting Agenda

Management Team

Date: January 24, 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) Email Account for Restorative Care Nurse
 - b) Dietary Workflow Report - Present to Dietary Staff
 - c) **"We Love Your Opinion" Book**
 - d) Evacuation Chairs (Picture Frames for Instruction Sheets)
 - e) Scent Awareness Policy - Final Approval
 - f) 1North Care Carts (locking doors/curtains)
 - g) Fire Drill Scenarios
 - h) Snoozelen Policy
 - i) Fire Plan Updates
 - j) Updated Emergency Callback Listing
 - k) Door/Door Frame Protection
 - l) External Emergency Evacuation Sites
 - m) 1North Humidity
 - n) Garbage Receptacle Lids on Pathways
 - o) Bomb Threat Exercise
 - p) Missing Person Info Package for RN

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6. Business Arising out of Minutes

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- q) Spare Doors for Resident Wall Units
- r) Clinicial Chart and Electrical Policy Updates
- s) Location of Evacuation Lists (include double doors off each unit)
- t) Scabies Policy/Checklist
- u) 2North Chart Room Counter Tops
- v) Removal of Black Marks on Floor
- w) Storage Unit
- x) Phone/Power Outage Communication
- y) Lift/Repositioning Policy Drafts
- z) New Performance Appraisal Format (trial)
- aa) Cleaning of 1st and 2nd Floor Servery Sinks
- ab) Annual Cleaning and Sanitizing of Ice Machines
- ac) Staff Body Mechanics Report (doing dishes)
- ad) Fire Pull Cover (2North)
- ae) Staff Survey
- af) Swipe Verification Form
- ag) PSW 11-7 Duty List re Weights
- ah) Diet Orders (policies)
- ai) Lift/Room Tracking Quotations
- aj) Gentle Persuasive Approach (GPA) Training
- ak) HAACP/QI Training
- al) 1North Flooring Replacement
- am) Rechargeable and Double A Batteries (staff education)
- an) Food Brought in from Outside (policy update)
- ao) Recycle Bins at Staff Smoking Area
- ap) "Medically Required" Definition/Guideline
- aq) OANHSS Website Passwords
- ar) Bones in Chicken (1North)
- as) SE-LHIN Telemedicine Nursing Initiative
- at) Paid Sitters/Companion Agreement
- au) Chart Audit Form
- av) Well Project
- aw) County Reception Workspace
- ax) Website Content

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6. Business Arising out of Minutes

- ay) Administrative Team Discussion
- az) Ontario LTC Homes Policy and Procedure Management
- aaa) Update on Lobby Elevator

7. New Business

- a) Resident Care – Compliance, Accreditation, Classification
 - i) Compliance
 - ii) Accreditation
 - iii) Residents' Council Update
- b) Support Services
- 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

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- 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)
 - 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



Policy & Procedure Manual

Revision Date:

Program: Admission, Transfer & Discharge

Index Number: ADT-11

Policy: Admission Procedure – Maintenance

Page 1 of 1

Approved:

Effective: July 1, 2011

Policy: Maintenance staff will conduct an electrical inspection of a new resident's electrical equipment.

Objective: To ensure the protection of residents, families, staff and volunteers from the hazards of electrical shock or injury.

Procedure: Upon admission of a new resident an email is circulated by Administration to all staff advising of the resident's name and room number.

When the email is received by the maintenance department it is labeled "New Admission Electrical Appliance Inspection" and placed in a binder. This binder is checked on a daily basis by the maintenance staff.

If the email is received/logged in the binder in the morning the inspection will be carried out on that day. If the email is received/logged in the afternoon the inspection will take place the following day.

During the inspection each appliance is recorded and checked for a CSA approval stamp or other acceptable certification. The appliance and cord are checked to ensure they are in good working order.

The inspector then initials and dates the inspection sheet (Form #17) in the log binder and places the completed sheet in the resident's chart.

The Lead Hand will ensure that another inspection is conducted within six weeks of the resident's admission to ensure that any additional electrical equipment that the resident brings into the home is inspected.

The Lead Hand conducts a random, monthly audit to ensure all inspections are complete. He then initials in the log binder on the corresponding resident's inspection sheet.



Policy & Procedure Manual

Revision Date:

Program: Dietary & Hydration Services

Index Number: D&HS-11

Policy: Meal Service – Resident Meal Service

Page 1 of 4

Approved:

Effective: July 1, 2011

Policy: Residents will be provided with a variety of food experiences that meet nutrition requirements, social needs and individual cultural and religious preferences, in a manner that respects their dignity and promotes a positive eating experience in accordance with the requirements of the *Long-Term Care Homes Act*. **Systems will be in place to ensure resident diet information is readily available and accurate.**

Objective: Individual nutrition and health needs of residents will be met.
 Dining experiences will enhance intake and promote quality of life.
 Socialization among residents and with staff will be promoted.

To ensure all diet orders are ordered following the approved procedure.

Procedure: All members of the care team work together to address resident needs and ensure all residents receive a pleasant dining experience.

All residents will be treated with respect. Staff will face the resident when speaking to them, make eye contact and address them by their preferred name.

Meal hours with service from dietary staff are:

- Breakfast – 0730-0845 for hot breakfast items; continental breakfast is available until 1100
- Lunch – 1145 – 1230
- Supper – 1700 – 1800

Diet order, food likes and dislikes, special needs and residents' requests are discussed with resident and family, as soon as possible, on admission and at least quarterly. Appropriate documentation is maintained by the Dietary department for reference by Nursing and Dietary staff, and is included in the care plan.

It is the responsibility of each server to know what the daily menu is and be aware of what is not available. Staff should familiarize themselves with the resident's individual diet and consider food likes and dislikes whenever possible.

Any diet changes, room changes, special requests, need for tray service, or other changes to the resident's nutrition care are communicated to Nursing and Dietary staff as soon as possible to prevent any distress to the resident.

Dining areas are kept clean and free from offensive odours. Furnishings are attractive and comfortable. Lighting is appropriate. Surroundings are quiet and relaxed, providing a home-like environment. Adequate space is provided to maneuver wheelchairs and walkers.



Policy & Procedure Manual

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Index Number: D&HS-11

Policy: Meal Service – Resident Meal Service

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Approved:

Effective: July 1, 2011

Residents are properly dressed, groomed and toileted prior to coming to the dining room.

Clothing protectors (bibs) are offered to those residents who wish them.

Residents are properly positioned at a comfortable height.

Nursing supervision is provided throughout the meal.

Seating plans are available **on each resident home area** for resident and staff reference and are adhered to at all meals. **Any table changes must be noted on the seating plan and the Manager of Food Services or designate will update as needed.** Order of meal service is rotated so that all residents have opportunity to be served first. Nursing staff will refer to the calendar to determine which table to start service with.

Residents will be allowed to make personal choices whenever possible and staff will encourage and assist residents in adhering to their therapeutic diets.

Never say "NO" to a resident, but encourage the resident to choose from the main or alternate menu first. If they want something else, find out from the kitchen if the request is possible. If it is not, explain why.

Always serve plates and bowls to the right of the resident and clear from the left unless it is impossible.

Carry all food plates with the thumb and fingers off the plate surface, or use a service napkin.

Serve beverages from the right of each resident and place gently on the table on top of the right of the dinner plate.

When pouring coffee from a glass coffee pot, be sure to remove the cup away from the table first to prevent any possible injury.

Staff will proceed with service in the following manner:

- a) Nursing will greet the residents at their table within two minutes of their arrival
- b) Offer each resident a choice of appetizers (soup) and beverages (may be hot or cold)
- c) Gather the appetizer and beverage order from the dietary aide by the resident's name
- d) Once the resident is finished with the appetizer, clear the plates or bowls and offer the two choices of entrée according to the daily menu choices
- e) Place the resident's order with the dietary aide according to the resident's name



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Policy: Meal Service – Resident Meal Service

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Approved:

Effective: July 1, 2011

- f) The dietary aide will refer to the diet list before assembling the resident's order. The diet list will provide instructions to staff regarding the resident's diet, allergies, likes and dislikes
- g) Nursing staff will deliver the resident's meal
- h) Nursing and dietary staff will clear the entrée plates and prepare the table for the dessert and hot beverage choice
- i) Nursing and dietary staff will offer the resident two choices for dessert and place the appropriate choice, according to the diet list, in front of the resident
- j) Nursing and dietary staff will offer a hot beverage to the resident
- k) Staff will clear the dessert dishes to the scraping cart once the resident is finished eating

Every resident, regardless of diet, is offered two choices at the time of meal service.

Appropriate safe food and beverage temperatures are maintained throughout the meal service. It is the responsibility of Dietary staff to ensure hot foods are served at a maximum of 70 degrees C.

Staff will encourage residents to be as independent as possible. Ask if they need help before help is given. Assist only those who require help. Assistance may include opening pre-portioned food (i.e. jam, butter, creamers, etc.) or describing type and location of food on the plate for those with impaired vision. Any assistance required should be given in a way that is not embarrassing to the resident.

Residents are given a comfortable and adequate amount of time to complete their meal, with appropriate consideration given to residents with special needs.

Residents are offered second servings as appropriate.

Interaction and conversation among residents is encouraged during meal service. Residents are included in staff conversation. Staff should never raise their voice in front of a resident or shout across the dining room.

Delivery of meals to residents requiring assistance in eating will occur no more than five minutes in advance of assistance being provided.

Once service is complete the dietary aides will clean up the service area and return all food items to the kitchen.

???Dietary aides will report any changes in resident diet orders to the Manager of Food Services or the Clinical Dietitian.??? If a temporary diet is recommended by the RN?? See Diet order Policy D&HS-16



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The use of adaptive utensils may be used to encourage the resident to eat after proper assessment from the Occupational Therapist.

If a resident is blind, his/her food should be identified.



Policy & Procedure Manual

Revision Date:

Program: Dietary & Hydration Services

Index Number: D&HS-16

Policy: Diets – Diet Orders

Page 1 of 2

Approved:

Effective: July 1, 2011

Policy: A system will be in place to ensure that diet orders are **accurate and readily available** for all residents.

It is the responsibility of the Clinical Dietitian to monitor the new admission process, write orders and to enter all diet information on the diet lists and forms.

Objective: To ensure that all diet orders are **written**/approved by the Clinical Dietitian, Nurse Practitioner or the Physician. To ensure that diet orders are written in the approved manner using approved terminology.

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

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). **??ON all of the above places??** The individual changing the diet list must be sure to date and initial the change.

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

If nursing staff feels that a resident requires a change in diet due to a change in medical condition, they will send a referral to the Clinical Dietitian.

The Clinical Dietitian will investigate the resident and recommend the diet change as appropriate, using the House Diets for terminology.

If a change is necessary the Clinical Dietitian will write the order on the order sheet to be carried out.

The Clinical Dietitian will notify the RN of the order so the RN can follow the transcription procedure including notifying the POA for consent, etc. The Dietitian will also notify the main kitchen.



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Program: Dietary & Hydration Services

Index Number: D&HS-16

Policy: Diets – Diet Orders

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If dietitian is not in the Home, or 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 for this one time 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.
- d) If the RN thinks the resident will be able to tolerate the posted diet at the next nourishment time (meal or any other time liquids or solids to be taken) communication with the staff involved (PSW, RPN, RN) must happen so that a one time assessment can take place to ensure resident can safely tolerate the posted diet. If the RN feels the resident will need a permanent change in diet the process for diet referral above will be followed.

If it is a doctor's or Nurse Practitioner's order the RN will also change the diet list, dating and signing it and will notify the main kitchen.

No diets can be changed without Clinical Dietitian, Nurse Practitioner or Physician approval. The exception is the RN can recommend a temporary diet due to acute illness, missing dentures, etc. The RN can only move a diet down e.g. regular to ground.

The Clinical Dietitian must review these diet changes.