Viper Consulting Elicitation notes for St. Jude's Anglican Home

This is a summary of the topics discussed during our first meeting with the representatives of St. Jude's Anglican Home on September 29th, 2016.

Objectives:
- Are you looking for a technical solution or a non-technical solution?
  - *Constraints need to be met. We have only one computer which may limit technical solutions particularly to this specific user-group.*
- Can you elaborate on the measurability of the objectives?
  - *Measurability can be found in the reduction of risks*
  - *The parameters are not necessarily measurable in this particular implementation*

Patient Environment:
- Do all patients eat at the same time? Do they eat in the same location? *(Do some patients eat in their rooms? Is there an eating area?)*
  - *Patients all eat at the same time in the cafeteria on the second floor*
  - *Patients who aren't mobile are helped by care aides into the cafeteria*
  - *Wristbands per patient, ID.. the wristbands contain only the names of the residents and the residents wear it all the time.*
  - *The ratio of nurses to patients is 1 nurse for every 2 patients*
  - *SECOND Floor IS PRIORITY, if the system accommodates the first, that's also good*
  - *It's important to know that the hospital is currently full - all 55 BEDS are filled, and the second floor is for patients with dementia.*
- Could a patient get the wrong wristband?
  - *We don't have details about the wristbands, unfortunately. .*
  - *However, we are very sure that the wristbands would not come off the patient's wrist.*
  - *The bracelet only contains the patients' names and nothing else*
- Is there a particular staff "type" (nurses, kitchen staff, non-regular, etc) that would be implementing the proposed system? What should we keep in mind regarding this?
  - *Most systems would likely involve the cook, the physician,*
    - *Would mostly fall on nurse distributing the food*
    - *Previous incident was a result of NON-REGULAR STAFF (In rfp)*
- What are the specific limitations on cost?
  - *Solution costs should not exceed the requested donation amounts on St Jude's Website: ($360/week), "even close to that would be excessive"*
  - *St Jude's Relies heavily on donations*
  - *Payment comes 80% from users*

Current System:
- Can you describe in detail about the current system (in relation to the problem of food preparation)
  - *"How often do they print the allergy/restrictions chart"*
    - *Every meal*
    - *Given to cook*
  - *Change is implemented by the Physician and then told to the Dietitian ->*
  - *Example:*
    - *Care worker notices patient can't swallow*
    - *Care worker notifies Nurse*

- - *Nurse confirms issue, updates chart in computer system*
    - *Prior to meals, the most recent version of the chart is printed for dietary*
    - *Dietary aide pushes cart, distributes food based on chart*
    - *Physician/Dietitian consult chart to propose remedies for patient*

- Can you elaborate on the computer system the patient files are stored in? Is it the same as system that records meals?
    - *The computer at the nurses station has all patients on file in one system, it is unknown to what the specifics of the system are.*
    - *The client-group suspects that the computer system likely an excel sheet or a static document, as supposed a specifically medical-focused patient system*
    - *Multiple staff types manipulate the patient files including Physicians, Dietitians, Nurses*

Meal Information:
- How often do specific patients' meals have to be modified?
    - *Almost Never - food is made in bulk to meet the dietary needs of everyone - not individually*
- What mistakes did the non-regular staff member make during the incident that an unsuitable meal being given?
    - *Non-regular staff in incident didn't look at chart*
        - *Likely because they thought they knew*
- What does the one-day orientation include for casual staff?
    - *Overlying review what the regular staff do "for one day' through SHADOWING*

General Notes/Information:

- Wristbands contain names, not information beyond chart correspondence.
- Rooms have patient's name, in addition to wristband.
- Any solutions should be "realistic relative to a low budget".
- Site is asking for donations for maintenance, food carts…
    - Implies a lack of disposable income for the organization
- In the incident the non-regular staff didn't look at the chart at all - she thought that she knew the dietary restrictions of the patient
- EVERY staff member can be non-regular or can be temporarily replaced by a non-regular
- A new system should be just easy to understand as current system for non-regular staff
- The dietary aide has per patient information for food exclusively
- Prior to preparing bulk meals, the cook looks at "what ingredients are not okay"
    - Scans allergy list and required textures (Some patients struggle with chewing, etc)
    - Dietitian may or may not talk about specific meals/meal-types, may recommend if nutrients is needed for something else