1. **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?
  + *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*
    - *Nurse then expects chart update, whoever is responsible (dietitian, physician) updates*
  + *Dietary aide pushes cart, can be non-regular*