

St. Jude's Anglican Home Problem Analysis

VIPer CONSULTING
Project Charter

September 30, 2016

Project Version 5.0

Document History

Version	When	Who	What
1.0	Sept. 29	Whole team	Initial Drafting
2.0	Sept .30	Bernice, Zane, Wayne	Content additions
3.0	Oct. 1	Wayne, Bernice, Maston, Todd, Devon	Content additions
4.0	Oct. 3	Whole team	Revisions
5.0	Oct. 5	Bernice, Zane, Todd, Maston, Devon	Final edits

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1.0 Overview

1.1 Executive Summary

The Vancouver based St. Jude's Anglican Home has requested a comprehensive solution to address several issues with their food service system and processes. Their current system in place has many opportunities for errors. Dietary errors at St. Jude's can be very dangerous to resident's health due to food restrictions, allergies and various medical conditions. Implementing a new system or updating the current system will significantly reduce this risk. Thus, the St. Jude's Anglican Home Problem Analysis project aims to reduce said errors, while also increasing staff accountability, overall meal accuracy, and communication efficiency, therefore improving the quality and safety of service received by the patients.

1.2 Project Context

Our client, St. Jude's Anglican Home, is an elderly extended care nursing home located in the South Cambie district of Vancouver. Featuring 55 beds across two floors, St. Jude's is a non-profit nursing home funded by Vancouver Coastal Health, user fees, and donations. Since 1948, St. Jude's has offered extensive quality care that includes 24 hour nursing provided by registered nurses; recreation and social programs; house physicians, a podiatrist, dentist, and dental hygienist; pastoral care for all faiths; palliative care; and five meals per day, tailored to special diets by an on-site dietician.

The issues St. Jude's would like us to resolve revolve solely around the meals and snacks that are provided to their residents. Currently, the residence contains two separate cafeterias, with two distinct food delivery systems. On the first floor, meal preferences and dietary needs are relayed from the residents to the cook by the lunch support staff and dietary aide. Upon preparation by the cook, the food is then delivered by the support staff and dietary aide to the residents. On the second floor, food is stored in a food cart and distributed solely by the dietary aide, with assembly based on a handout given by the cook. As St. Jude's caters to a vulnerable population, it is crucial that each meal accounts for the resident's allergies, personal preference, and ability to chew and swallow. Errors have occurred in the past, most recently when a non-regular member gave an unsuitable meal to a resident with dementia.

1.3 Needs

St. Jude's requires an improved food delivery system to prevent dietary errors from occurring and thereby improving the quality and safety of each resident's care. Staff accountability is vital in the event of an error occurring in food preparation or delivery because the facility managers need to be able to identify and address the particular point that the error occurred.

Furthermore, since dietary aides serve food based on notes provided from the kitchen, there are many instances where inaccuracies can occur due to miscommunications, typos, misreading, and lost notes.

Overall, improved communication is needed between all staff members - especially from doctors, nurses, dieticians, and aides to cooks and kitchen staff so that accountability can be more easily traced. Additionally, if both floors use the same food preparation and delivery system, efficiency would increase as staff could take on more versatile roles, processes would be more streamlined, and potential for confusion would decrease.

1.4 Scope

The focus of the project is to address the needs of the facility pertaining to the accountability of staff as well as implementing preventative measures in food delivery. The project will explore ways to improve the process of food preparation at St. Jude's so that both the upstairs and downstairs kitchen can prepare and deliver food in similar ways while simultaneously emphasizing residents' safety.

The project will look at the flow chart of the current food preparation and delivery processes at St. Jude's, and the entire preparation procedure will be analyzed and mapped. The process of communicating residents' meal changes will also be assessed. The training of non-regular staff will not be assessed, nor will the computer and medical system used to record changes to residents' meals. This is because the facility does not need to completely change the already-established system, but instead needs improvements in specific stages of the workflow.

1.5 Stakeholders

Role	People	Relationship to the Project
Facility management	St. Jude's Anglican Home managers and overseers	They are responsible for the outcomes of this facility and will also be concerned with the methods used in this implementation.
Regional government	Vancouver Coastal Health (VCH)	VCH might be involved in sponsoring or approving the project if it requires significant changes to the workflow of the facility.
System users	Kitchen Staff, Nursing Staff, Resident Physicians, Dietitian, non-regular aides	These people will interact with the system daily and are a very important group to consider.

Patients	Patients and their families	The outcomes of the project will affect patient's safety.
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1.6 Objectives

The goals of this project are to implement preventative measures in the meal distribution process and increase staff accountability. Although there has only been one reported case where a St Jude's staff gave out an incorrect meal, changes should be made address the possibility of this happening in the future. This is the primary objective of the project as it is potentially a safety issue as well as a liability concern for the patients. Increased accountability among staff members is also crucial to the facility. This project aims to create a measurable, concrete way of keeping staff accountable for any errors. Since the staff member that gave out the wrong food in the reported incident was never determined, and this information would be useful to all stakeholders, increased accountability is a primary objective of this project.

1.7 Glossary

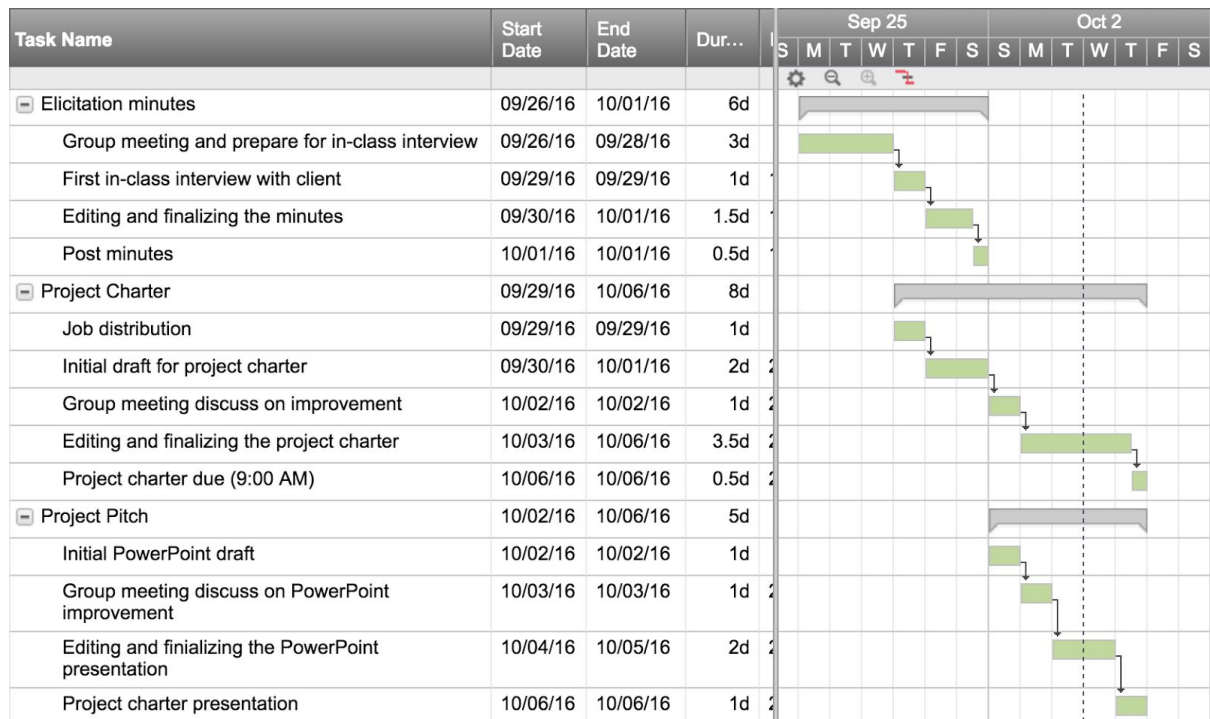
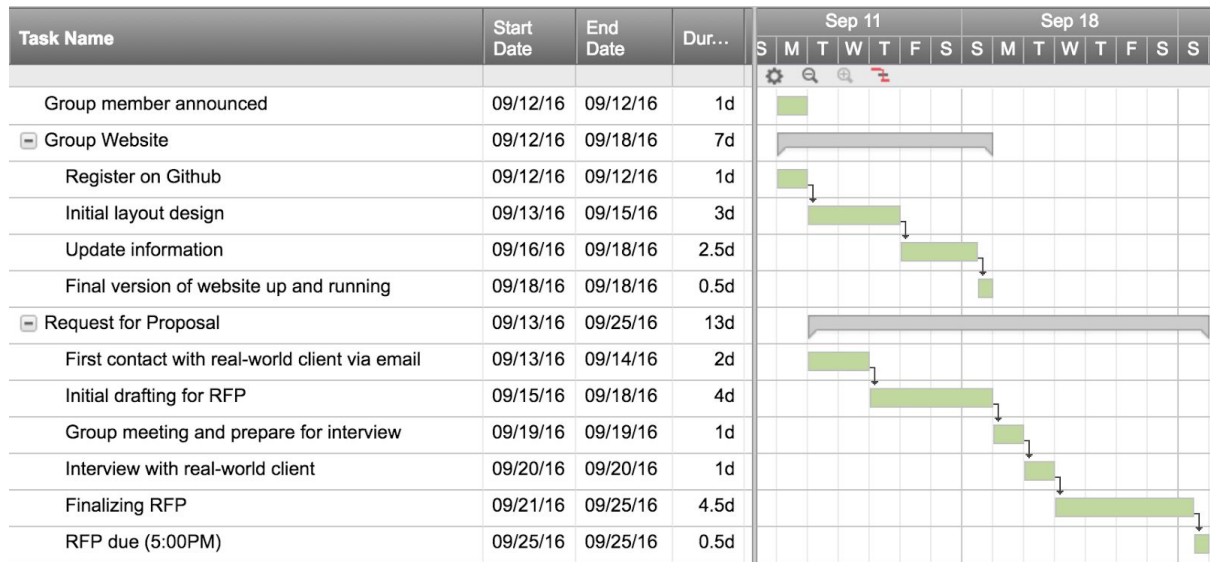
Terms or Abbreviations	Definition
RN	Registered Nurse
LPN	Licensed Practicing Nurse
Residential Care	A round-the-clock care facility with physicians and nurses where new residents are referred by hospitals
Vancouver Coastal Health	Regional Health Authority that provides a wide range of health services to over one million BC residents living in Vancouver and surrounding areas
Viper Consulting	A team of dedicated systems analysts and developers in the Health Information Science and Computer Science programs at the University of Victoria

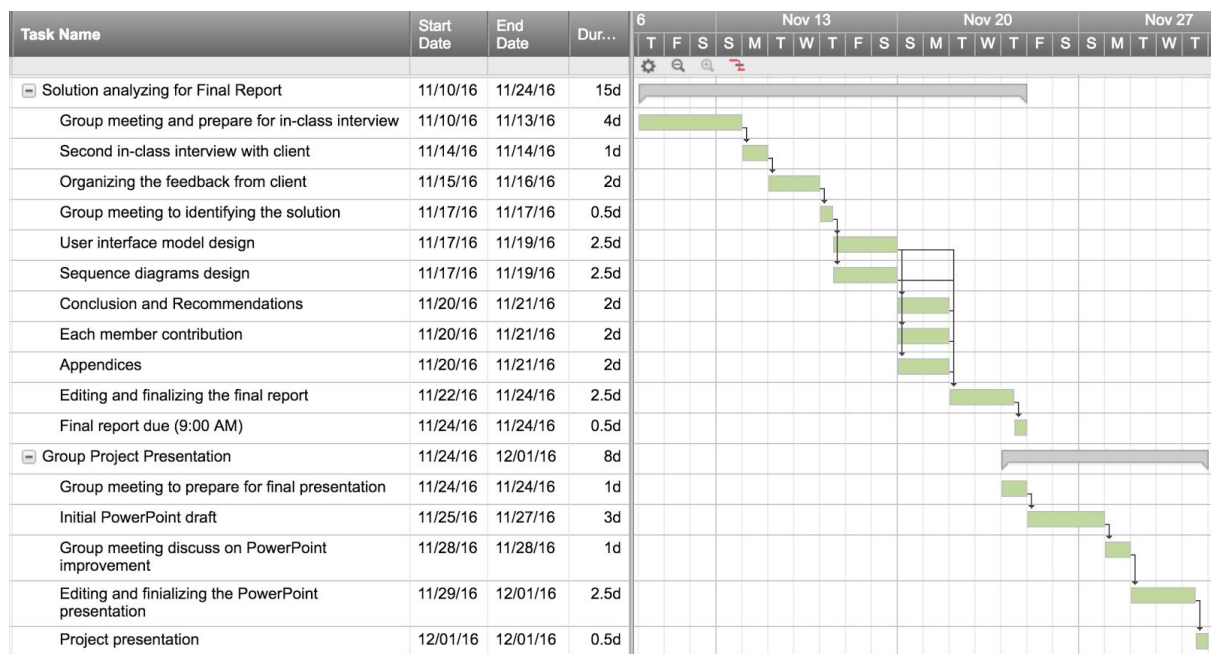
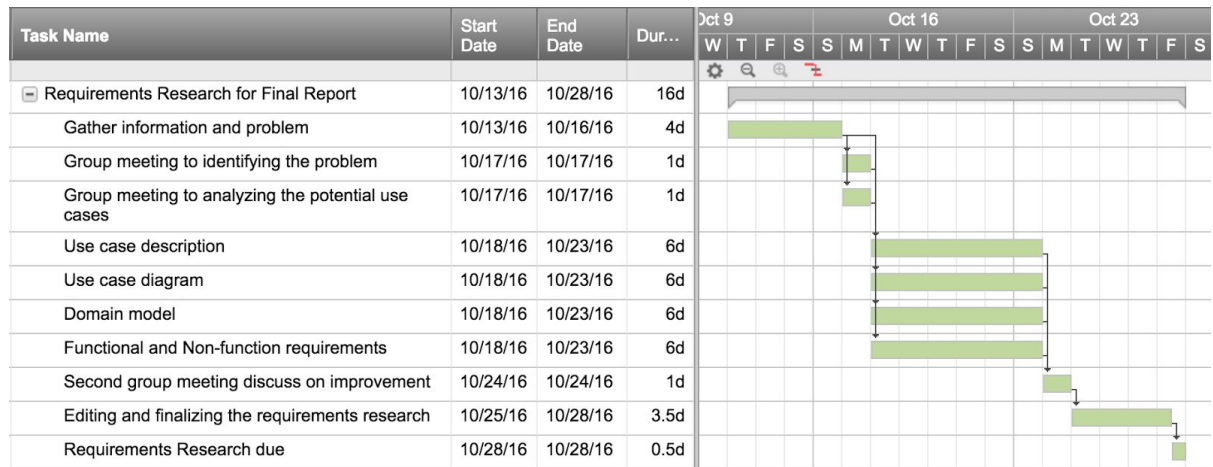
2.0 Project Approach

2.1 Team Organization and Roles

Member	Roles	Skills
Bernice Brown	External Relations	Experience in healthcare technologies, project coordination, and planning
Graeme Clarke	Secretary	Meeting notetaking, distribution of tasks, general document review/creation
Devon Fang	Web Developer, Editor	Experienced in website development with HTML and CSS, Problem solving and general editing
Maston Ho	Analyst, Editor	Experience in programming and analyzing the problem
Zane Li	Project Leader	Project lead, project organization, analysis
Todd Xu	Web Developer, Analyst	Problem analysis, familiar with multiple programming languages
Jeffrey Zhang	Analyst, Editor	Training, data management, data analysis, basic computer skills
YuWei (Wayne) Zhang	Web Developer, Analyst	Critical thinking and analysis , and experienced web-based programming skills

2.2 Work Breakdown and Schedule





2.3 Milestones

This is a high-level overview of the project schedule which lays out the most significant events throughout the course of the project.

Project Milestone	Description	Date
Team Formation	Meeting the team members and doing an activity together	September 12, 2016
Request for Proposal by Client	Identifying and defining the need for improvement	September 25, 2016
First Client Meeting with Analysts	Gathering information about the nature of the problem	September 29, 2016
Project Charter by Analyst Team	Detailed description of the team's approach to the project	October 6, 2016
Project Pitch	Presenting the project charter	October 6, 2016
Requirements Research	Gathering information on the requirements of the problem	October 28, 2016
Second Client Meeting	Acquiring further details to guide the creation of a solution	November, 14, 2016
Project Report	Aggregating details of the project approach, research, and solution	November 24, 2016
Project Presentation	Team presentation of the project	December 1, 2016

2.4 Deliverables

The deliverables that lead to the completion of the Project Milestones are the following.

Project Deliverables	Description
Client Pitch	A presentation to describe the need of improvement from a real-world business
Due date:	September 19, 2016
RFP	Request for proposal as a client group
Due date:	September 25, 2016
Analyst Website	A functional website to show project work
Due date:	September 29, 2016
Elicitation Minutes	Notes from the meeting with client
Due date:	October 3, 2016
Project Charter	A comprehensive overview of the project setting out the details regarding goals, roles, and responsibility, etc.
Due date:	October 6, 2016
Project Pitch	A presentation to demonstrate the details of the project through the project charter
Due date:	October 6, 2016
Requirements Section	The requirements section in the final report
Due date:	October 27, 2016
Final Report	The report to illustrate possible solution for client's need
Due date:	November 24, 2016
Project Presentation	Group project presentation to highlight the final report
Due date:	December 1, 2016

2.5 Risks

This is our assessment of the risks that may be associated with certain aspects of the project, and how the team will work to mitigate them.

Risk Description	Probability	Effect	Planned Mitigation
Complexities and associated details of the facility's workflow defined poorly	High	High	Details of the workflow can be clarified by looking over interview notes, or by speaking to the client representatives.
Requirements gathering may take longer to accomplish than expected	Medium	High	The team will adjust priorities to accommodate a delay. This includes setting aside additional time to meet with the client.
System implementation may exceed the technical abilities of staff	Medium	High	Training modules will be developed and an education plan will be put in place for staff. A back-up plan for system adaptation will be developed.
Patients may have difficulty adjusting to a new diet-tracking system	High	Medium	User surveys will be sent out monthly to gather data on patient satisfaction. This will guide any future updates to the system.
Client representatives may not be available to meet if we have further questions	Low	Medium	We will contact the client representatives by e-mail or phone consultations only to reduce the risk of scheduling conflicts.

3.0 Approval

The undersigned acknowledge they have reviewed this charter, authorize and be responsible for the project. Changes to this charter will be coordinated with and approved by the undersigned or their designated representatives.

Client Group		
Member	Signature	Date
Xianhui Chen		
Nicole Ge		
Joseph Lee		
Madeline Petersen		
Huiying (Pennie) Wang		
Hannah Xu		
Hamid Zamani		
Muhammed Zubair		

Analyst Group		
Member	Signature	Date
Bernice Brown		
Graeme Clarke		
Devon Fang		
Maston Ho		
Zane Li		
Todd Xu		
Jeffrey Zhang		
YuWei (Wayne) Zhang		