



UBC Dietetics Major
FNH 380 Professional Dietetic Practice I

Site Visit Report
Fall 2014

REQUIRED INFORMATION	PROVIDE DETAILS BELOW (point form is fine; make sure writing is clear and report is edited for spelling and grammar)
Names of student team members:	Esther Huang, Amanda Ellis, Joanne Leasing, Liz Lund
Today's date:	October 6, 2014
Facility name:	Purdy Pavilion
1. Type of facility (acute care or residential care):	Combination of acute and long term residential care
2. Date of visit:	October 6, 2014
3. Length of visit:	One hour
4. Name, position title and role of site host(s):	Mohsen Saberi, Food Services Director
5. Brief description of the facility (number and type of patients/residents, other key features):	The facility is composed of 200 residential residents, 70 acute care patients, and 70 mental health patients.
6. Summary of information learned:	
a) Brief summary of common types of patient/resident diets in use at this facility:	<ul style="list-style-type: none">-All patients are served from a set menu that has a 28 day cycle.-For acute care and mental health patients, they receive the daily menu to mark their selections for the following day-Dietitians, nurses and doctors can request certain dietary needs for individual patients.
b) Who determines what diet patients/residents should be on?	<ul style="list-style-type: none">-Dietitians, nurses, admitting health care professional, and doctors
c) How is information about patient/resident diet type communicated to food service staff? What people and communication systems are used for information flow?	<p>All patient information is communicated via the Primary Care Information System (PCIS). The system automatically prints the changes.</p> <p>The Diet Technicians input/modify the orders and print the menu tickets.</p>
d) When and where is food prepared for a patient/resident's	<ul style="list-style-type: none">-Patient food service kitchen-Most items made in house, frozen, and the reheated prior to

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meal?	consumption
e) Describe how meals are presented to individual patient/residents (centrally assembled trays or other system):	<ul style="list-style-type: none"> -Centrally assembled trays -Assembled on conveyer system -Delivered to patients on cart
f) For facilities using a tray system:	
(1) When and where are patient/resident trays prepared?	-All trays are prepared in the food service kitchen just before serving.
(2) How do food service workers know what goes on each patient or resident tray?	-Every tray has a ticket that specifies the items for each individual patient meal
(3) How do trays get to patients or residents?	<ul style="list-style-type: none"> -Food service staff deliver the assembled trays to each patient in the Hospital. -Food service staff deliver the wagons to the dining room only for Purdy and Mental Health patients.
(4) How does the food assembly and distribution system keep food hot or cold?	<ul style="list-style-type: none"> -Prepared bulk food kept hot on assembly line in steam tables, the holding temperature is monitored by supervisors -Residential and acute care patients receive food on a heated plate which are then covered with a dome lid -Mental healthcare patient receive food on an Aladdin tray
g) When might a patient or resident see the clinical dietitian?	<ul style="list-style-type: none"> -Upon admission -On a regular basis -When there are changes in dietary needs
h) What is the role of the clinical dietitian?	-To assess and change individual patients diets
i) What is the role of the foodservice administration dietitian?	<ul style="list-style-type: none"> -Over see safety of both patients and employees from both a food and physical safety perspective -Overall efficiency -Balancing the budget -Training new dietary supervisors and dietary technicians -Ensuring food safety and nutrition standards are met

