I. POSITION SUMMARY:

Under the direct supervision of the Manager of Clinical Nutrition, or designee, performs a variety of patient menu production and related duties.

II. QUALIFICATION REQUIREMENTS:

Minimum Education / Training / Licensure / Certifications:

High School or equivalent.

Post high school course in Nutrition or Diet Therapy or equivalent work experience.

Minimum Experience:

Entry level.

Preferred Education / Training / Licensure / Certifications:

Preferred Experience:

Six months food science or related experience.
**Knowledge, Skills and Abilities:** Ability to input data into computer programs. Ability to read, write, speak, and understand English. Ability to understand & follow complex instructions. Knowledge of Personal Computers and related equipment. Knowledge of food service equipment. Knowledge of nutrition and food service. Provides hospitable customer service. Skill in use of office equipment (ie. transcriber and facsimile). Skills in accurate food measurement. Skills to provide care appropriate to ages of patients served. Well developed verbal and written communication skills.

**Working Conditions/Environment:** Exposed to varying degrees of kitchen elements. Generally good working conditions. Little exposure to extremes. Occasional exposure to safety hazards, disease, or contamination.

**Physical/Mental/Special Demands:**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Percent of Day</th>
<th>Infrequent</th>
<th>Occasional</th>
<th>Frequent</th>
<th>Constant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sit</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stand</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walk</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lifting 25 LBS.</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carrying 25 LBS.</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pushing 25 LBS.</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pulling 25 LBS.</td>
<td>X</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Kneeling</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Squatting</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bending</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stooping</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Climbing</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Twisting</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reaching over head</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foot controls</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fine dexterity</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Repetitive work – hands/arms</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Repetitive work – foot/leg</td>
<td>X</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>


N = Needs Improvement CM = Consistently Meets Job Requirements E = Exceeds Job Requirements N/A = Not Applicable *

Areas not meeting standards will require re-evaluation in three months.

The above statements describe the general nature/level of work being performed and are not intended to be an exhaustive list of responsibilities, duties, and skills. Where utilized, the word “ensure” means “to guarantee to the extent reasonably possible”.
Sterile medical gloves.

**Patient Care Services:** Adapts care and treatment to reflect age specific needs of patient
Adapts care and treatment to reflect cultural values of patient
Adapts care and treatment to reflect personal needs of patient
Adapts care and treatment to reflect psycho-social needs of patient
Adapts care and treatment to reflect religious beliefs of patient
Adapts care and treatment to reflect legal wishes of patient

**Ages of Patients Served:** Provides patient care to specific population of patients: (check all that apply)
(X) Infant (1 day – 12 months)  (X) Adult (18 yrs – 65 yrs)
(X) Pediatric (1 yrs – 12 yrs)  (X) Geriatric (65 years plus)
(X) Adolescent (13 yrs – 17yrs)  ( ) N/A

**OSHA Category:** Category II
Description of OSHA Categories:
Category I: Tasks involve exposure to blood, body fluids, or tissue.
Category II: Tasks involve no exposure to blood, body fluids, or tissues, but employment may require performing unplanned Category I tasks.
Category III: Tasks that involve no exposure to blood, body fluids, or tissue, and Category I tasks are not a condition of employment.

**III. Position Accountabilities**

**Essential Functions:**

1. Writes modified diets and coordinates diet adaptations with house menus.
2. Prepares individual diet slips for meal trays and tallies portions and kinds of food for each type of diet; processes new diets and changes.
3. Performs general office duties, answering telephones and maintaining records, as required.
4. Checks trays on tray line for accuracy, temperature, and appearance.
5. Visits patients to pick up menu selections and helps them make appropriate menu choices. Consults with dietitian, and dietary personnel, as needed.
6. Prepares worksheets for cooks for processing diet orders. Communicates changes to each production area.
7. Prepares formulas and special food items for patients. Prepares and sends up late trays.
8. Prepares, receives, compiles, and records patient meal census on the computer system, including diet order changes, discharges, orders for diet consults and instructions, and floor's dietary supplies.

Performance Indicator (see codes below)

<table>
<thead>
<tr>
<th>Code</th>
<th>Indicator</th>
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<tbody>
<tr>
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<td>[ ]</td>
</tr>
</tbody>
</table>

N = Needs Improvement  CM = Consistently Meets Job Requirements  E = Exceeds Job Requirements  N/A = Not Applicable  * Areas not meeting standards will require re-evaluation in three months.

The above statements describe the general nature/level of work being performed and are not intended to be an exhaustive list of responsibilities, duties, and skills. Where utilized, the word “ensure” means “to guarantee to the extent reasonably possible”.
9. Writes menu requisitions for special diets and refers unusual diets to dietitian. [   ]

10. Maintains records of food usage, diet supplements, type of meals served, etc. [   ]

11. Screens patient charts and matches computer printouts to physician's orders in the medical record. [   ]

12. Understands and models Hawaii Pacific Health’s mission, vision, and values. [   ]

13. Reviews department/unit operations manual to ensure compliance with applicable JCAHO standards, federal and state regulations, accepted Standards of Conduct, and the Corporate Compliance Program. Complies with all Hawaii Pacific Health Policies and Procedures, Corporate Compliance Program Standards of Conduct, and all applicable statutes, rules, and regulations. [   ]

14. Practices effective communication and interpersonal skills to enhance positive teamwork and to accomplish goals/tasks. [   ]

15. Promotes excellence in customer/patient relations with all encounters. [   ]

16. Supports and promotes the organization’s safety program. Adheres to safety policies and maintains a clean and safe environment for patients and co-workers. [   ]

17. Participates in departmental and organizational quality improvement efforts. [   ]

**Other Functions:**

1. Verifies and batches tube feeding charges, correcting any discrepancies. [   ]

2. Enhances professional growth and development through participation in educational programs, current literature, in-service meetings, and workshops. [   ]

3. Performs other related duties as assigned or requested. [   ]

*N = Needs Improvement CM = Consistently Meets Job Requirements E = Exceeds Job Requirements N/A = Not Applicable *
Areas not meeting standards will require re-evaluation in three months.

The above statements describe the general nature/level of work being performed and are not intended to be an exhaustive list of responsibilities, duties, and skills. Where utilized, the word “ensure” means “to guarantee to the extent reasonably possible”.
Complete Sections IV through IX at time of Employee’s Performance Evaluation.

IV. **Annual Requirements Checklist**

1. Annual Safety Update completed

2. Basic Life Support / Health Care Provider (BLS/HCP) CPR renewed

3. Certification/Licensure current

4. TB Clearance obtained

V. **Age Specific Competencies**

Verification that Age-Specific Competencies have been completed. These Competencies are maintained in the department file.

1. Infant (1 day – 12 months)

2. Pediatric (1 year – 12 years)

3. Adolescent (13 years – 17 years)

4. Adult (18 years – 65 years)

5. Geriatric (65+ years)

VI. **Overall Evaluation (completed by immediate supervisor):**

*Considering all performance objectives, priorities, and performance factors, check the rating level that best describes this employee’s performance during this evaluation period.*

- Needs Improvement (must complete Professional Development Plan) Consistently Meets Job Requirements
- Exceeds Job Requirements
VII. **Supervisor Comments** (completed by immediate supervisor):

Comment on how the overall evaluation was determined, highlighting ratings on specific performance objectives and factors that contributed most strongly to the overall evaluation.

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

VIII. **Professional Development Plan** (completed by immediate supervisor):

This is **required** where the employee received a rating of Needs Improvement. Development goals may also relate to increasing employee’s technical knowledge, or supervisory skills, etc.

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

IX. **Employee Comments** (completed by employee):

Please identify ways your immediate supervisor can assist your professional development and comment on your feelings regarding your performance review.

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

I have read and understand the information contained in this performance review and have been given an opportunity to add my own comments. My signature indicates that I have been advised of my performance status and does not necessarily imply that I agree with this evaluation.

___________________________________  ______________________________  _______________________
Employee Name (Print)  Employee Signature  Date

___________________________________  ______________________________  _______________________
Human Resources Signature  Date  Department Head Signature  Date