

Talking Points

Creating A More Enjoyable Mealtime Culture

1. Introduction:

Comfor Tek manufactures dining chairs designed specifically for Skilled Nursing (SNF), Memory Care (MC) and Long Term Care (LTC) communities. Dining chairs include mobility features enabling chairs to **swivel...roll...and BRAKE for safety.**

2. Field Study: Increased Occupancy

A care home administrator shared the following. "Daily his community receives tour requests from families searching for a new home for their parent(s). Typically these tour requests occur around mealtimes.

To demonstrate the "level of care" his community provides, a complete set of chairs with mobility features was placed into the dining room. Specifically, he did not want staff to push...pull...shove...twist when assisting a seated person up-to the table.

His rationale, **"by demonstrating a high level of patient centred care for each resident in the dining room (even for residents with limited mobility) family members can expect that same level of care to be shown throughout the community."**

3. Field Study: Dignity and Respect

A care home called to reorder chairs for their dining room. In 2017 they placed a set of chairs which included "mobility features" into their dining room. The chairs have served them well and they want to add additional chairs to their program.

They went on to share with us, "Prior to receiving these chairs in 2017, they documented 5-8 incidence/month where a seated resident would "strike" or "lash out" at the caregiver who was assisting them up-to the table. Interestingly, since the Titan Series "mobility chairs" arrived (2017) they have not had another documented case of this occurring."

Their takeaway, dining chairs fitted with "mobility features", enable care staff to focus on developing a relationship with residents, as opposed to approaching them from behind only to surprise/aggravate them further by pushing-pulling-shoving-twisting on the back of their chair each time meal assistance was provided."

Watch product video: www.comfortek.com/titan-swivel 

a
better
way...



www.comfortek.com/better
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Rolls...and BRAKES

4. A Chair...Is a Chair...Is a Chair...Or Is IT?

How are dining chairs used within a SNF, MC or LTC communities and how is this different than other industries?

Why is it that wood dining chairs become structurally unsafe and need replacing in as few as 5-7 years when used in a SNF, MC or LTC community?

Might the design of a dining chair and the manner in which chairs are used contribute to increased operational expenses?

Interestingly, even when casters are attached to the front legs of a dining chair, warranty associated with that chair is often reduced (or eliminated completely). What does that say about the suitability a chair's design for use within these caring communities?

Aspects of daily operations unique to Skilled Nursing, Memory Care and Long Term Care communities include:

- (a) Immobility / Dependency. Residents become less mobile with age requiring greater assistance and dependence on support services. A resident's immobility places a higher expectation on furniture, resources and staff.
- (b) Size Matters. According to the CDC, over 40% of the North American population over 60 years of age are overweight. When combined with increased immobility this places a higher demand on furnishings and even more so on staff.
- (c) The Chair. A four (4) legged chair is NOT designed to move. By design, a chair must support the person seated on it. When a chair is used in conjunction with a table, the person being seated is expected to **"sit-lift-and-scoot-forward!"**

So, what happens when a seated person is not able to "sit-lift-and-scoot?"



Rolls...and BRAKES

5. How Does a Person Get Seated at a Table?

For those of us with mobility, its second nature: we simply "sit-lift-and-scoot-forward".

"How does a person with limited mobility get moved up-to / away-from the table.... and how is assistance offered without risk of injury to the caregiver?"

For those not able to "sit-lift-and scoot" it becomes the role of caregiver to push/pull/shove/twist the seated person up-to/away-from the table. Even when casters are attached to the front legs of a dining chair, the seated person is still required to assist by "scooting-forwards".



Rolls...and BRAKES

When moving a seated person up-to the table, the caregiver pushes/shoves the chair from the rear. When moving a seated person away-from the table, the caregiver pulls the chair backwards and then grabbing onto one arm of the chair, the chair twists 90 degrees enabling the seated person to exit the chair.

Each of these actions simultaneously serve to

- (a) weaken the structural integrity of the chair,*
- (b) damage floors and*
- (c) increase incidents of injuries to caregivers.*

6. How Chairs That Swivel...Roll Eliminate Table Interference

(see Section #2)

The table also presents a challenge when assisting a seated person up-to the table.

Caregivers, knowing they are required to provide the “muscle” to move a seated person up-to the table, instinctively position the chair at 45 degrees to the table leaving just enough space for the seated person to squeeze through. By positioning the chair in this manner, they reduce the distance they will be required to move the chair after the person is seated in the chair.

Chairs designed to swivel...roll....eliminate this challenge as the seat of the chair rotates 90 degrees, (from 12:00 to 3:00) facing away from the table. Guests being seated have full access to the seat of the chair. Caregivers appreciate the seated person can be moved forward without risk of incurring a work related injury!



Swivels...and LOCKS

7. What Features Should Be Included in the Design of a Dining Chair When Used By Seniors?

Dining chairs designed specifically for SNF, MC and LTC communities must address daily challenges experienced by caregivers as they are expected to assist residents at mealtimes. Armed chairs need to be sufficiently wide enough to provide stability for persons holding onto the arms while being seated, heavy enough so as not to move un-expectedly, structurally sound for extended usage and include mobility features enabling chairs to **swivel...roll...and BRAKE for safety!**

Mealtimes are more enjoyable when stress and anxiety are reduced for both the resident and the caregiver!

8. Who Benefits When Chairs Swivel...Roll...and Brake for Safety

Dining chairs designed specifically for senior living have a positive impact on both sides of the financial ledger.



Swivels...Locks...Rolls...and BRAKES

(a) Reduced Labor Costs

Safer workplace, fewer work related injuries

Reduced costs of OH/S

Reduced overtime associated with finding replacement staff required as a result of improved safe place policies and procedures.

Better retention of staff as the physical demands of the task are not overwhelming.

(b) Reduced Maintenance Costs

Costs associated with the replacement of floors in the dining room is eliminated.

Today, flooring materials in a LTC community are softer, more ply-able, helping to reduce injuries to residents should they experience a fall.

However, softer flooring is also subject to greater wear and tear when seated persons are moved up-to the table.

Essentially, with softer flooring the leg of each chair is sitting in a depression (a pocket) making it almost impossible to push the chair without damaging the floor.

(c) Reduced Capital Costs

Dining chairs designed specifically to address the need with in LTC include a 20/15 year bumper to bumper performance warranty. Dining chairs last 5- 7 years longer, reducing the need for premature replacement.

(d) Increased Sales Revenue (increased occupancy)

Dining chairs designed to swivel...turn...roll and brake for safety will increase revenues as occupancy rates improve. Hi-TOUCH features should generate sales when demonstrated during open house events or tours.

Maybe, the image of a caregiver graciously assisting a seated person up-to the table becomes the senior living's response to issues highlighted by COVID?



Rolls...and BRAKES

9. How the Chair Caddie Impacts/Delays Capital Projects?

Within senior living communities, the life expectancy of a dining chair ranges from 7-10 years. At any one time, as many as 15-20% of dining chairs will out of circulation being reinforced by maintenance personnel as the structural integrity of the chair frame has been compromised (caregivers pushing seated persons up-to the table).

When roughly the same number of chairs (15-20%) are deemed to be "out for repair" a capital campaign is often undertaken to purchase new chairs.

The Chair Caddie presents a cost effective alternative to senior communities.



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Rather than purchasing all new chairs, the care communities purchases a limited number of Chairs Caddies, attaching them to the base of the repairable chairs. With the Chair Caddie attached, these chairs can be returned into circulation.

Example:

A community with a 48 person dining room might have forty (40) chairs in use and eight (8) damaged chairs deemed “out for repair”.

Purchase New Chairs:	48 new chairs x \$300/ea =	\$14,400
Or		
Purchase Chair Caddies:	8 Chair Caddies x \$400/ea =	\$3,200

When Chair Caddies are attached to the damaged chairs, all 48 chairs will be back in circulation. All 48 chairs will remain in circulation for another 3-5 years as the cause of the initial damage will not reoccur as chairs are now able to turn...roll... and brake for safety!

In time, a chair’s upholstery will wear out and new chairs will be required. When the new chairs arrive, the Chair Caddies can be removed from the old chairs and re-attached to the base of the new chairs, ensuring the new chairs also remain in use for an extended period of time (10-15 years).

Additionally, costs associated with the replacement of flooring in the dining hall have been delayed or eliminated completely as chairs no longer tear holes into the flooring.

10. Starting the Conversation

1. How many dining chairs are presently out of circulation, (being reinforced by maintenance)? How often are dining chairs replaced?
2. Do floors wear out prematurely (torn by chairs)? When Was the last time the floors were replaced?
3. How many residents require daily assistance moving up-to the table? How many residents are 300 lbs.? How do staff provide mealtime assistance to these residents?
4. How many residents use walkers or rollators when coming to the dining room?
5. Which residents pose the greatest challenge to care staff at mealtimes?
6. Do you have a designated wheelchair table? (A table with a raised top, high enough for the arms of the wheelchair to pass by)? Who sits at this table?



Swivels...and LOCKS



Lifts...and Extends Individually

11. Additional References/Resources

Links:

1. www.comfortek.com/better
2. www.comfortek.com/better/5in1
3. www.comfortek.com/cc

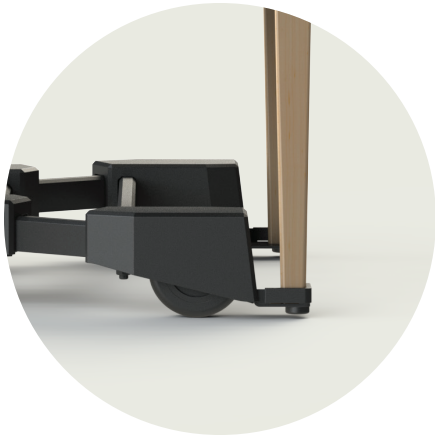
Future Dining Room Revitalization:

In all likelihood the need to upgrade a care facility will include consideration of the dining furniture. The design of the T2 Series enables seats and backs to be exchanged at a fraction of the cost of replacing the entire chair (\$65/chair plus the cost of fabric based upon 2020 costs).



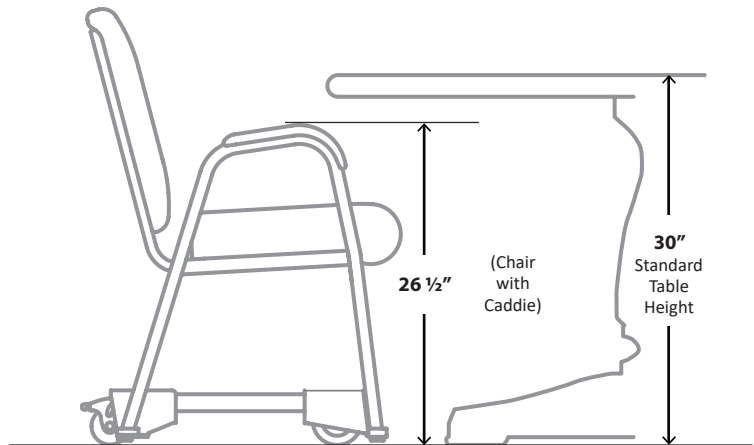
*"Is it possible that T2 Chairs can be instrumental in providing residents with an increased sense of independence, dignity and self-worth? **We believe it can!**"*

Randy Schellenberg, President
Comfor Tek Seating
randy@comfortek.com



*Low Profile Design – Chair is Raised
¾" Above the Floor*

12. Table Clearance



An armed chair easily fits under a standard dining table (30") as the low profile design of the Chair Caddie only raises the chair ¾" above the floor.

Table Height	30"
Minus	
Table Top Thickness	2"
Clearance	28"

13. Operating Guidelines

Chair *Caddie*

OPERATING
GUIDELINES



CARE STAFF
CONTROLLED



HANDS **OFF**
BRAKES **ON**

a
better
way...



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