

End of life.H1 Patient care	Site Interview-Friday.AneHasteClinical manager	Discussion about Resus Issues. Some GPs reluctant to make decision regarding DNR and end of life.
End of life.H1 Patient care	Site Interview-Friday.Jeff WattlingChiefPharmac	Palliative care handbook 'Wessex' group, widely in use and widely developed. Version 4 currently in use. Trust has always used two the booklet which is updated periodically. Gives large range of dosages and explaining how they should be raised.
End of life.H1 Patient care	Site Interview-Friday.MaxMillett-CEO	Each manager must be confident in all fields.
End of life.H1 Patient care	Site Interview-Friday.Text Jerry Clasby-SenNursColW	Do get occasional terminal ill patient Palliative care medicine-do involve MDT and family
End of life.H1 Patient care	Site Interviews- Tuesday.Sue Nelson-StaffNursDeadNgt	If pt passes away. 1998 F grade certified ? tell relatives of unexpected - tell Doc. Now - certify, call Docs.
End of life.H1 Patient care	Site Interviews-Monday.AneMonk-Chair	Communication with patients re end of life. Ward Nurse - who is going to communicate with relatives and treatment. This is improving. How do we know? See pateint records.
End of life.H1 Patient care	Site Interview-Thursday.JoDunleavystaffnurs SultanNt	Sultan - palliative care - very good care training at Southampton.
End of life.H1 Patient care	Site Interview-Thursday Code A OT	Example of lady who went home and died 7 days in arms of home carer - as she had wished.

End of life.H1 Patient care	Site Interview- Thursday. Code A DT	Has witnessed good deaths and examples when nurses had to ask relatives to leave because of arguments between relatives about jewellery.
End of life.H1 Patient care	Site Interview- Thursday.PhilipBeedclinicMgr Daed	Practical examples of policies and their application on ward.
End of life.H1 Patient care	Site INterview- Wednesday.ACShirleyHallma nNurseDryad	Shirley raised concerns on several occasions about amount of morphine given to patients via syringe driver. Her concerns were dismissed by ward sister. On one occasion sister said that Shirley had upset Dr Barton. Shirley asked Dr Barton if this was so and Dr Barton said she was not upset but thought that Shirley didn't appreciate what was being done on the ward.
End of life.H1 Patient care	Site INterview- Wednesday.AnitaTubrittSenSt afNursDryad	Relatives usually leave before night staff. Deal with relatives when patient is dying or seriously ill.
End of life.H1 Patient care	Site INterview- Wednesday.DrQureshi- CltDryad	End of life. Patients who want to go home? Feels patients / relatives wishes most important if want to go and GP/services can take the responsibility of the best thing to do.
End of life.H1 Patient care	Site INterview- Wednesday.DrQureshi- CltDryad	Breaking bad news. In continuing care setting by time patient comes to their end, relatives usually have a fair idea. A regular dialogue is necessary and should be at consultant level - can be very satisfying / relaxing. One can never forecast exact date/time. Be clear, honest, assure that no pain/distress.
End of life.H1 Patient care	Site INterview-	

	Wednesday.MM HCSWDryad	Code A	Palliative care - Workload names - patients Sunday evening - make soup, reheat meals x 4 on late. Therefore kitchen closed - about a week ago, extra work. Every day total bed bath - nails done, always fed. Own toiletries Strawberries and cream - put extra in.
End of life.H1 Patient care	Site INterview- Wednesday.TinaDouglas- StafNursSultan		Need to find?? question time for pt and family - difficult to focus on that family. GP decides pathway working with nurses.
End of life.H1 Patient care	Site INterview- Wednesday.TLDrRavindraneC onsult		Has close relationship with palliative care consultant. Dr Ravindrane assesses the patients. Can discuss with Dr Lord.
End of life.H1 Patient care	Site INterview- Wednesday.TLDrRavindraneC onsult		End of life-sees relatives Pro-actively, nurses make appointment with relatives abd religion written and discussed with patient.
End of life.H1 Patient care	Site INterview- Wednesday.YongPease- StafNursSultan		Do take respite/chronic patients on a regular basis.
End of life.H1 Patient care	Site INterview- Wednesday.YongPease- StafNursSultan		Palliative care - patients already know in (respite)
End of life.H1 Patient care	Site INterview- Wednesday.YongPease- StafNursSultan		Palliative care book - guidelines what patients already on - patch or driver. Palliative care variable - in for more than 24 hours or in couple of weeks.

End of life.H1 Patient care	Site INterview- Wednesday.YongPease- StafNursSultan	Access MacMillan advice. GP second opinions - Dr Beewee - palliative care consultant acute does come in.
End of life.H1 Patient care	Site INterview- Wednesday.YongPease- StafNursSultan	Oncologist - referral on to clinic to relieve pain.
End of life.H1 Patient care	Site INterview- Wednesday.YongPease- StafNursSultan	Palliative care is very good. Hands on care very good.
End of life.H2 Realtives & carers	Site Interview- Friday.AnneHasteClinical manager	Discussion about Resus Issues. Some GPs reluctant to make decision regarding DNR and end of life.
End of life.H2 Realtives & carers	Site Interview- Friday.AnneHasteClinical manager	Relatives are appropriately prepared for death in advance
End of life.H2 Realtives & carers	Site Interview- Friday.AnneHasteClinical manager	Palliative care- relatives are normally involved in decision making. Understandably checked. Work with hospice and Dr Dubion regarding palliative care.
End of life.H2 Realtives & carers	Site Interview- Friday.AnneHasteClinical manager	medication-relatives are sometimes reluctant to have syringe drivers and deal they will die quickly. E.g. lady came in for pain control, initially drowsy but now drinking and eating
End of life.H2 Realtives & carers	Site Interview- Friday.AnneHasteClinical manager	where multiple courses for distress. Pain chart given to patient. Anxiety level -judging the patient and family feelings. Discussed with GP or Palliative care team

End of life.H2 Realties & carers	Site Interview-Friday.AnneHasteClinical manager	Nutrition assessment on admission for every patient. Score high due to multiple pathologies and age have recognises health problems. Evaluated and reassessed regularly. Families are encouraged to come in and help
End of life.H2 Realties & carers	Site Interview-Friday.BarbraMelrose - Complaints	no rating of complaints. All complaints have equal rating. Consolidative services and Independent Clinical assessment has been used. Manager from outside patch. There are facilities that could be used in key complaints such as the v.good working relationship with CHC who have been able to use Consolidatory role. Max is excellent and defuses complaints.
End of life.H2 Realties & carers	Site Interview-Friday.BarbraMelrose - Complaints	bereavement Issues are carefully through about no outside help is used e.g. bereavement counselling, not actually sought. She recognises that some of the complaints about deaths is due to the unrealistic prognosis of expectation of death.
End of life.H2 Realties & carers	Site Interview-Friday.JoTaylorSenNursDayWard	Constructive involvement of carers and families in Care Plans
End of life.H2 Realties & carers	Site Interview-Friday.JoTaylorSenNursDayWard	Involvement of relatives with care plan <ul style="list-style-type: none"> - relatives present about initial assessment - work with carers/relatives about their understanding - written information
End of life.H2 Realties & carers	Site Interview-Friday.Text Jerry Clasby-SenNursColW	Do get occasional terminal ill patient Palliative care medicine-do involve MDT and family
End of life.H2 Realties &	Site Interviews- Tuesday.Sue	

carers	Nelson-StaffNursDeadNgt	If pt passes away. 1998 F grade certified ? tell relatives of unexpected - tell Doc. Now - certify, call Docs.
End of life.H2 Realtives & carers	Site Interviews-Monday.DrAltheaLord	Giving bad news to relatives.
End of life.H2 Realtives & carers	Site Interviews-Monday.DrAltheaLord	Agreeable to moving patients home if family so desires prior to death even if the district team can't be assembled quickly.
End of life.H2 Realtives & carers	Site Interview-Thursday Patient Affairs Code A	Patients money and property while here. Patients, powers of attorney - bereavement. Issue death certificate and clothing - advisory on funeral arrangement.
End of life.H2 Realtives & carers	Site Interview-Thursday Patient Affairs Code A	From relatives point of view last person they see, relatives seen and given info as best possible
End of life.H2 Realtives & carers	Site Interview-Thursday.JamesHareChaplain	Mary (predecessor) is running a post bereavement group as a volunteer on Dryad for relatives (meets monthly). James not sure about appropriateness of this group but doesn't know much about work done in it. My remit is pastoral care for hospital so he does little post-death support. This task should be picked up by local clergy. Many of patients on Mulberry with depression as w???? suffering grief as a result of bereavement - visits some of them. But he believes problem should be directly tackled by Trust.
End of life.H2 Realtives & carers	Site Interview-Thursday.JoDunleavystaffnurs SultanNt	Patient death - aftercare for relatives should have been discussed before death happens - documented - bereavement service

		<ul style="list-style-type: none"> - leaflets - patient affairs office
End of life.H2 Realties & carers	Site Interview-Thursday Code A OT	Has witnessed good deaths and examples when nurses had to ask relatives to leave because of arguments between relatives about jewellery.
End of life.H2 Realties & carers	Site Interview-Thursday.PhilipBeedclinicMgr Daed	Nurses complete pain chart on admission. Includes patients and relatives perceptions.
End of life.H2 Realties & carers	Site Interview-Thursday Code A WardClerk	Patients who die – do not deal with relatives, ??? at patient affairs and most senior member of staff.
End of life.H2 Realties & carers	Site INterview-Wednesday.AnitaTubrittSenStafNursDryad	Relatives usually leave before night staff. Deal with relatives when patient is dying or seriously ill.
End of life.H2 Realties & carers	Site INterview-Wednesday.DrQureshi-CltDryad	End of life. Patients who want to go home? Feels patients / relatives wishes most important if want to go and GP/services can take the responsibility of the best thing to do.
End of life.H2 Realties & carers	Site INterview-Wednesday.DrQureshi-CltDryad	Breaking bad news. In continuing care setting by time patient comes to their end, relatives usually have a fair idea. A regular dialogue is necessary and should be at consultant level - can be very satisfying / relaxing. One can never forecast exact date/time. Be clear, honest, assure that no pain/distress.
End of life.H2 Realties & carers	Site INterview-Wednesday.DrQureshi-	Difficult relatives eg want relations to have different treatment. Treatment is duty of

	CltDryad	physician to decide and up to him to put to the patients/relatives properly - if they have issues take them into account if possible eg when deciding DNR but ultimately Dr's responsibility.
End of life.H2 Realtives & carers	Site INterview-Wednesday.KatieMann-SenStafNursSultan	Families spoke re syringe drivers first used.
End of life.H2 Realtives & carers	Site INterview-Wednesday.LynBarrat-StafNursDryad	End of life management. Two different views on ward: I would personally like to raise it a lot sooner than we do, others feel that staff should delay informing them.
End of life.H2 Realtives & carers	Site INterview-Wednesday.MMChrisJoiceNurseExStaffNurs	Any training in bad news etc. Did do a bereavement course very early in career - no learnt through experience.
End of life.H2 Realtives & carers	Site INterview-Wednesday.TinaDouglas-StafNursSultan	Need to find?? question time for pt and family - difficult to focus on that family. GP decides pathway working with nurses.
End of life.H2 Realtives & carers	Site INterview-Wednesday.TLDrRavindraneConsult	Local elderly care - he assesses the patients treatment: clear instructions given to staff grade doctor and nurses including pain management.
End of life.H2 Realtives & carers	Site INterview-Wednesday.TLDrRavindraneConsult	End of life-sees relatives Pro-actively, nurses make appointment with realtives abd religion written and discussed with patient.
End of life.H2 Realtives & carers	Site INterview-Wednesday.YongPease-StafNursSultan	Inform relatives if using syringe driver.

End of life.H3 Staff	Site Interview- Friday.BarbraMelrose - Complaints	Handling complaints - Has it changes? Could the McK complaint have been handled differently? No specific changes, relies on 'gut feelings' about a case. Bereavement cases are the hardest. Barbara often writes suggestions for diffusion, widely accepts that things may be modified.
End of life.H3 Staff	Site Interviews- Tuesday.BillHooper-ProjDir	Training in communications ie bad news. Barbara - bereavement counselling and training - 2 day course - course introduced by Barbara - husband minister of the faith. Learning - good practice - examples. 2 ward changing from continuing care into specific rehab Need for training for specific rehab needs. Impact of P.C.T management, pre 98 GP were old fashioned, young GP / and generally GP will adapt.
End of life.H3 Staff	Site Interviews- Monday.AnneMonk-Chair	Communication with patients re end of life. Ward Nurse - who is going to communicate with relatives and treatment. This is improving. How do we know? See patient records.
End of life.H3 Staff	Site Interviews- Monday.DrAltheaLord	Agreed procedure for certifying death - doctor can delegate to nurse authority to confirm death. Doctor must later confirm.
End of life.H3 Staff	Site Interviews- Monday.DrAltheaLord	Junior Doctors induction contains advice re referral to coroner. In cases of doubt must go to Dr Lord. Where death involving fractured neck of femur always discussed with coroner. To her knowledge all cases in this case were discussed with coroner.
End of life.H3 Staff	Site Interviews- Monday.Eileen Thomas	some of nurses have been on palliative care course, also use MacMillan nurses

	Nursing Dir	
End of life.H3 Staff	Site Interview- Thursday.JoDunleavystaffnurs SultanNt	Staff support - peer discussion - clinical supervision - clinical manager. - EAR counselling
End of life.H3 Staff	Site INterview- Wednesday.LynBarrat- StafNursDryad	Differing perspectives don't create problems or conflict. All staff discuss it and make plan clear in notes.
End of life.H3 Staff	Site INterview- Wednesday.TinaDouglas- StafNursSultan	How work in practice? How agree terminal. GP decides "end stage" same in discussion??
End of life.H3 Staff	Site INterview- Wednesday.TLDrRavindraneC onsult	Trust policy senior nurse can fill in certificate of death for expected death . ????? is NOT answer for all continuity care patients.
End of life.H4 Cultural, spiritual needs	Site Interview- Friday.JoTaylorSenNursDayW ard	Chaplain involvement – patients with diagnosis with dementia but at the beginning stages.
End of life.H4 Cultural, spiritual needs	Site Interviews- Tuesday.VickyBanks-LdClt	Looked at resuscitation as indicator of pressures.
End of life.H4 Cultural, spiritual needs	Site Interviews- Monday.AnneMonk-Chair	Dependant on skills of front line staff. Big emphasis on enabling nurses to deal with raising consciousness of issue.

End of life.H4 Cultural, spiritual needs	Site Interview-Thursday.JamesHareChaplain	He has not been involved in multi-disciplinary work with respect to patients' care including palliative care and preparation for death.
End of life.H4 Cultural, spiritual needs	Site Interview-Thursday.JamesHareChaplain	Chaplaincy team also has a 2nd volunteer who visits patients on wards.
End of life.H4 Cultural, spiritual needs	Site Interview-Thursday.JamesHareChaplain	Maintains list of contacts with other churches/faiths we can contact them if necessary. It hasn't been an issue in this hospital as Gosport is not a very diverse area ethnically or otherwise.
End of life.H4 Cultural, spiritual needs	Site Interview-Thursday.JamesHareChaplain	Don't operate an on-call system when patient is dying but sometimes alerted by staff if chaplain is needed (ie. when a patient is going to die soon or they know he's at GWM or in the area.)
End of life.H4 Cultural, spiritual needs	Site Interview-Thursday.JamesHareChaplain	Mary (predecessor) is running a post bereavement group as a volunteer on Dryad for relatives (meets monthly). James not sure about appropriateness of this group but doesn't know much about work done in it. My remit is pastoral care for hospital so he does little post-death support. This task should be picked up by local clergy. Many of patients on Mulberry with depression as w???? suffering grief as a result of bereavement - visits some of them. But he believes problem should be directly tackled by Trust.
End of life.H4 Cultural, spiritual needs	Site Interview-Thursday.JoDunleavystaffnurs SultanNt	Patients from a non-christian background - very rare - info on ward

End of life.H4 Cultural, spiritual needs	Site Interview- Wednesday.TLDrRavindraneConsult	End of life-sees relatives Pro-actively, nurses make appointment with relatives and religion written and discussed with patient.
End of life.H5 Expectation of death	Site Interview-Friday.BarbraMelrose - Complaints	bereavement Issues are carefully through about no outside help is used e.g. bereavement counselling, not actually sought. She recognises that some of the complaints about deaths is due to the unrealistic prognosis of expectation of death
End of life.H5 Expectation of death	Site Interviews-Tuesday.BillHooper-ProjDir	Managing expectation - Process. 98 process was not that good. Ward sister would have experience on larger wards. ??? Patients were a lot sicker - admission of far iller?? patients. Complexity of patient was a lot greater and ill health.
End of life.H5 Expectation of death	Site Interviews-Tuesday.DavidJarrett-LdConslt	Teachers pre Reg HO module, its really complex, no right/wrong, I speak to the families & let them talk, try to ascertain what their expectations are, it takes time, listening, humility, getting down physically to their level. Have d/w colleagues a lot since 98.
End of life.H5 Expectation of death	Site Interviews-Tuesday.DavidJarrett-LdConslt	But other specialities often med input has been quite junior and image given to rels unrealistic. Can't really comment re: Haslar as do not tend to transfer to Petersfield (ie ?? rehab facilities).
End of life.H5 Expectation of death	Site Interviews-Tuesday.Linda Woods-Staff NursDaed	Palliative care- decision between the whole team with relatives If coming to a rehab ward-should recover
End of life.H5 Expectation of death	Site Interviews-Monday.DrAltheaLord	It's a fine balance between being too negative and honest (re patients prospects)

End of life.H5 Expectation of death	Site Interviews- Monday.DrAltheaLord	Ideally nurse should see relative first. Then staff grade, then consultant. Need to establish rapport first.
End of life.H5 Expectation of death	Site Interviews- Monday.PennyWells-District Nurse	Lady could not go home with terminal illness - but safety was too high - so admitted to Sultan to pass away.
End of life.H5 Expectation of death	Site Interviews- Monday.PennyWells-District Nurse	If patient was likely to have a resuscitation then discussion with GP.
End of life.H5 Expectation of death	Site Interview- Thursday. Code A Sp- LangThera	Expectations of death. Often patients status changes vastly. Very common that patients are not well enough for speech/language therapy. Assessed by speech therapist.
End of life.H5 Expectation of death	Site Interview- Thursday.DrBeasleyGP	Certifying death - understand nurses are trained to certify death, if unexpected then doctor called in.
End of life.H5 Expectation of death	Site Interview- Thursday.JamesHareChaplain	Holds communion service every Sunday (attended by some from Daedalus and Sultan).
End of life.H5 Expectation of death	Site Interview- Thursday.JamesHareChaplain	Maintains list of contacts with other churches/faiths we can contact them if necessary. It hasn't been an issue in this hospital as Gosport is not a very diverse area ethnically or otherwise.
End of life.H5 Expectation of	Site Interview-	

death	Thursday.JamesHareChaplain	Has a monthly input into Phoenix Day Hospital. Tries to make sure visits all the wards to talk to patients at least twice a month.
End of life.H5 Expectation of death	Site INterview- Wednesday.DrQureshi- CltDryad	Breaking bad news. In continuing care setting by time patient comes to their end, relatives usually have a fair idea. A regular dialogue is necessary and should be at consultant level - can be very satisfying / relaxing. One can never forecast exact date/time. Be clear, honest, assure that no pain/distress.
End of life.H5 Expectation of death	Site INterview- Wednesday.LynBarrat- StafNursDryad	End of life management. Two different views on ward: I would personally like to raise it a lot sooner than we do, others feel that staff should delay informing them.