

TEXT: Site Interview-Friday.IanPiper/FionaCameron (124/124)
 CODE: E Guid Prac & Perf Mgnt.E1 Patient transfer (G:100)
 Transfer issues add patient focus.

TEXT: Site Interview-Friday.JoTaylorSenNursDayWard (42/49)
 CODE: E Guid Prac & Perf Mgnt.E1 Patient transfer (G:100)
 Assessment process

- referred by GP, by letter
- meeting Wed with MDT
- discuss referrals and agree appropriate clinician to assess patient
- go to home and assess in day ward and assess condition
- element with a whole team approach

TEXT: Site Interviews- Tuesday.AngelaWilson-SenStafNursDaed (51/53)
 CODE: E Guid Prac & Perf Mgnt.E1 Patient transfer (G:100)
 Health call - large problems transferring patients at night. Deteriorating condition -
 healthcall, reception, 1 hr for telephone response, 5 hr for visit.

TEXT: Site Interviews- Tuesday.AngelaWilson-SenStafNursDaed (54/57)
 CODE: E Guid Prac & Perf Mgnt.E1 Patient transfer (G:100)
 QA don't like transferring - eg Cardiac Arthymna, 40 min ambulance, ambulance men
 were rude, Dr rang from A&E rude - now the lady has deteriorated and still in QA.

TEXT: Site Interviews- Tuesday.AngelaWilson-SenStafNursDaed (78/79)
 CODE: E Guid Prac & Perf Mgnt.E1 Patient transfer (G:100)
 Are patients too acute to be here? It changes, Int care - some patients are not stable
 enough.

TEXT: Site Interviews- Tuesday.AngelaWilson-SenStafNursDaed (91/92)
 CODE: E Guid Prac & Perf Mgnt.E1 Patient transfer (G:100)
 Medical Input - stop transferring after 6pm on Friday, no clerking Mon-Sat-Sun.

TEXT: Site Interviews- Tuesday.AngelaWilson-SenStafNursDaed (93/94)
 CODE: E Guid Prac & Perf Mgnt.E1 Patient transfer (G:100)
 During weekend - transferred - healthcall with fill?? a prescription chart - not clerk patients
 in.

TEXT: Site Interviews- Tuesday.DavidJarrett-LdConslt (69/70)
 CODE: E Guid Prac & Perf Mgnt.E1 Patient transfer (G:100)
 Patient flows from acute, every dept, other than Eld Med end to overgloss pts
 cond/function.

TEXT: Site Interviews- Tuesday.DavidJarrett-LdConslt (71/72)
 CODE: E Guid Prac & Perf Mgnt.E1 Patient transfer (G:100)
 Any pt transferred by Eld Med, med ????? etc & pats/rels understanding OK/realistic.

TEXT: Site Interviews- Tuesday.DavidJarrett-LdConslt (87/90)
 CODE: E Guid Prac & Perf Mgnt.E1 Patient transfer (G:100)
 Dosage - range whip at one time is it fairly usual? Its not usual now & was prob not usual
 then throughout the service but prob reflects the out of hours commitment of Jane's
 partners - ie for her colleagues convenience.

TEXT: Site Interviews- Tuesday.DavidJarrett-LdConslt (126/130)

CODE: E Guid Prac & Perf Mgnt.E1 Patient transfer (G:100)
 Health - complex medical & nursing needs that require specialist input eg swallowing/fits.
 If unfilled C/C beds - may more stable pts awaiting NH bed in to free up acute beds.
 Rehab emphasis / eg slow stream stroke rehab.

TEXT: Site Interviews- Tuesday.FionaCameron-Gen Mgr (29/32)
 CODE: E Guid Prac & Perf Mgnt.E1 Patient transfer (G:100)
 Hospitals use - community enabling service - integrating physiotherapy, occupational therapy Social Services "It will happen faster discharge". Hope disclose difficulties relaxed discharge very high??

TEXT: Site Interviews- Tuesday.Linda Woods-Staff NursDaed (9/10)
 CODE: E Guid Prac & Perf Mgnt.E1 Patient transfer (G:100)
 All patients referred through QA not directly from Haslar. #ENDCODE

TEXT: Site Interviews- Tuesday.Linda Woods-Staff NursDaed (71/71)
 CODE: E Guid Prac & Perf Mgnt.E1 Patient transfer (G:100)
 Patients discharged early from Acute hospital

TEXT: Site Interviews- Tuesday.MarilynBarker-ENNursDaed (13/14)
 CODE: E Guid Prac & Perf Mgnt.E1 Patient transfer (G:100)
 Patient referral info? Brief synopsis when pt arrives? Introduced, assessment within 2 hrs.

TEXT: Site Interviews- Tuesday.MarilynBarker-ENNursDaed (17/18)
 CODE: E Guid Prac & Perf Mgnt.E1 Patient transfer (G:100)
 New admission pack. Care plan sent with patient. Communications? Regular MDT.
 Notes kept.

TEXT: Site Interviews- Tuesday.MarilynBarker-ENNursDaed (36/37)
 CODE: E Guid Prac & Perf Mgnt.E1 Patient transfer (G:100)
 Can you see pt before transfer?? No consultant makes decision. (Time limit 6 weeks)

TEXT: Site Interviews- Tuesday.Pat Wilkin-SenStaffNursDaed (50/52)
 CODE: E Guid Prac & Perf Mgnt.E1 Patient transfer (G:100)
 Transfer can occur both day and night. Get too many with dementia. Need for inappropriate refer meetings. Need to be looked at.

TEXT: Site Interviews- Tuesday.VickyBanks-LdClt (31/34)
 CODE: E Guid Prac & Perf Mgnt.E1 Patient transfer (G:100)
 Developed screening mechanisms for patients being admitted from two degree care to avoid inappropriate admissions. Keeps in touch with known patients in two degree care by telephone, by CPN etc.

TEXT: Site Interviews- Tuesday.VickyBanks-LdClt (42/45)
 CODE: E Guid Prac & Perf Mgnt.E1 Patient transfer (G:100)
 Have developed protocols. Stressed team approach. Assessment tool has been developed recently to aid transfer of patients from two degree section. Helps screen patients.

TEXT: Site Interviews-Monday.DrAltheaLord (28/29)
 CODE: E Guid Prac & Perf Mgnt.E1 Patient transfer (G:100)
 Dr Lord prefers putting definite deadline for patient ie by date x should go to nursing home.

TEXT: Site Interviews-Monday.DrAltheaLord (30/31)
 CODE: E Guid Prac & Perf Mgnt.E1 Patient transfer (G:100)
 GWM gets transfers from acute medicine on orthopaedic wards at QA and Haslar.

TEXT: Site Interviews-Monday.DrAltheaLord (32/34)
 CODE: E Guid Prac & Perf Mgnt.E1 Patient transfer (G:100)
 All referrals for transfer approved by registrar or Consultant. Dr Lord would sometimes visit patients at Haslar before transfer.

TEXT: Site Interviews-Monday.DrAltheaLord (39/41)
 CODE: E Guid Prac & Perf Mgnt.E1 Patient transfer (G:100)
 GWM battled with mistaken impression at Haslar about what GWM could do - "often painted rosier picture than justified" of health of patient transferred.

TEXT: Site Interviews-Monday.DrAltheaLord (48/49)
 CODE: E Guid Prac & Perf Mgnt.E1 Patient transfer (G:100)
 With hindsight, one particular case where good health of patient (considered by Ombudsman) exaggerated.

TEXT: Site Interviews-Monday.DrAltheaLord (52/53)
 CODE: E Guid Prac & Perf Mgnt.E1 Patient transfer (G:100)
 Getting more patients with fractured neck of femur and dementia.

TEXT: Site Interviews-Monday.DrAltheaLord (62/63)
 CODE: E Guid Prac & Perf Mgnt.E1 Patient transfer (G:100)
 When Dr Lord contacted usually about need to move patient to acute.

TEXT: Site Interviews-Monday.DrAltheaLord (98/100)
 CODE: E Guid Prac & Perf Mgnt.E1 Patient transfer (G:100)
 Agreeable to moving patients home if family so desires prior to death even if the district team can't be assembled quickly.

TEXT: Site Interviews-Monday.DrAltheaLord (171/173)
 CODE: E Guid Prac & Perf Mgnt.E1 Patient transfer (G:100)
 Now tell relatives on admission that if patient is stable for 4 - 6 weeks they will be moved to nursing homes.

TEXT: Site Interviews-Monday.DrAltheaLord (205/208)
 CODE: E Guid Prac & Perf Mgnt.E1 Patient transfer (G:100)
 Would like to see Community Enabling Service working more closely with day hospital - to bring in patients for limited number of sessions before moving back to community.

TEXT: Site Interviews-Monday.IanReid-Med Dir (169/173)
 CODE: E Guid Prac & Perf Mgnt.E1 Patient transfer (G:100)
 Back in 1998 if patients become medically unwell after transfer - Jane would d/w referring dr/hospital and treated appropriately and referred back to Haslar / acute hospital if receded. Can get patients back into acute if necessary.

TEXT: Site Interviews-Monday.PennyWells-District Nurse (47/47)
 CODE: E Guid Prac & Perf Mgnt.E1 Patient transfer (G:100)
 Written discharge policy? DN - Yes/presume.

TEXT: Site Interviews-Monday.PennyWells-District Nurse (81/82)

CODE: E Guid Prac & Perf Mgnt.E1 Patient transfer (G:100)
Developing Care pathways? No, nothing has happened yet.

TEXT: Site Interviews-Monday.PennyWells-District Nurse (92/93)
CODE: E Guid Prac & Perf Mgnt.E1 Patient transfer (G:100)
Money was funded by lottery so DN were key staff reasons for it being DN lead.

TEXT: Site Interview-Thursday.DrBeasleyGP (46/49)
CODE: E Guid Prac & Perf Mgnt.E1 Patient transfer (G:100)
Over past 2/3 years there has been an acute shortage of elderly beds exacerbated by closure of Haslar acute medical beds. Patients increasingly transferred across, not medically stabilised.

TEXT: Site Interview-Thursday.DrBeasleyGP (192/194)
CODE: E Guid Prac & Perf Mgnt.E1 Patient transfer (G:100)
Closure of Haslar led to pressure to QA and transfer too early. Potential problem of transferring back and pharmacy.

TEXT: Site Interview-Thursday.Joan LockExSisterSultan (127/129)
CODE: E Guid Prac & Perf Mgnt.E1 Patient transfer (G:100)
Plans 'Do they really need this?'
Cites example of old person on lots of benzodiazepines which she and GP reduced

TEXT: Site Interview-Thursday.JoDunleavyStaffNursSultanNt (141/142)
CODE: E Guid Prac & Perf Mgnt.E1 Patient transfer (G:100)
Relatives and patients on Sultan Ward are very involved in discharge/admission and care plans.

TEXT: Site Interview-Thursday. **Code A** PhysioAss (41/44)
CODE: E Guid Prac & Perf Mgnt.E1 Patient transfer (G:100)
Over 5-6 months more demented patients on Daedalus. Got number ??? but less strokes. Get Acutely ill patients - physios can support that they are "not for rehab". Not ????? - not retained rehab ward.

TEXT: Site Interview-Thursday. **Code A** OT (68/69)
CODE: E Guid Prac & Perf Mgnt.E1 Patient transfer (G:100)
Days of discharging against our advice etc. have gone but ward always under pressure.

TEXT: Site Interview-Thursday. **Code A** OT (100/101)
CODE: E Guid Prac & Perf Mgnt.E1 Patient transfer (G:100)
Example of discharge delayed 6/12 because lack of resources for care package but happening less often.

TEXT: Site Interview-Thursday. **Code A** OT (31/34)
CODE: E Guid Prac & Perf Mgnt.E1 Patient transfer (G:100)
Patients discharge delays
There has been delayed by specialist equipment- Healthcare responsibility not a common occurrence.

TEXT: Site Interview-Thursday. **Code A** phy (96/97)
CODE: E Guid Prac & Perf Mgnt.E1 Patient transfer (G:100)
Stepping Stones project to improve shift between hospital and home.

TEXT: Site Interview-Thursday. **Code A** WardClerk (45/47)
 CODE: E Guid Prac & Perf Mgnt.E1 Patient transfer (G:100)
 Admissions – relatives get comfortable with patients being at hospital, delay finding nursing homes.

TEXT: Site Interview-Thursday. **Code A** WardClerk (57/59)
 CODE: E Guid Prac & Perf Mgnt.E1 Patient transfer (G:100)
 Transfer of patients from Q&A – only involved in telling Q&A how many beds available.

TEXT: Site Interview-Thursday. **Code A** WardClerk (60/60)
 CODE: E Guid Prac & Perf Mgnt.E1 Patient transfer (G:100)
 No choices who GWMH accepts

TEXT: Site Interview-Thursday. **Code A** WardClerk (61/63)
 CODE: E Guid Prac & Perf Mgnt.E1 Patient transfer (G:100)
 Transport organised by ward clerk – inflexible, no stretchers available, patients discharge can be delayed due to transport, records.

TEXT: Site Interview-Thursday. **Code A** WardClerk (64/66)
 CODE: E Guid Prac & Perf Mgnt.E1 Patient transfer (G:100)
 Q&A/Haslar – admin pack – Cardex, summary, assessment, water low score, pressure sores. Continence – Bartel, walking.

TEXT: Site Interview-Thursday. **Code A** WardClerk (70/73)
 CODE: E Guid Prac & Perf Mgnt.E1 Patient transfer (G:100)
 Q&A can often give a Bartel higher than expected so people will accept into Daedalus – care plan, drug prescription. Notes often come in a mess.

TEXT: Site Interview-Wednesday. DebbieBarker-StaffNurseDryad (12/14)
 CODE: E Guid Prac & Perf Mgnt.E1 Patient transfer (G:100)
 Multidisciplinary discharge meetings "as and when" Consultant ward round does not always result in a meeting

TEXT: Site Interview-Wednesday. DebbieBarker-StaffNurseDryad (51/52)
 CODE: E Guid Prac & Perf Mgnt.E1 Patient transfer (G:100)
 More medically unstable patients coming - causes additional problems.

TEXT: Site Interview-Wednesday. DrJosephYikona-StaffGradePhysi (13/15)
 CODE: E Guid Prac & Perf Mgnt.E1 Patient transfer (G:100)
 If patient becoming poorly before he leaves will ask ward manager to inform acute trust and arrange for transfer.

TEXT: Site Interview-Wednesday. DrJosephYikona-StaffGradePhysi (25/26)
 CODE: E Guid Prac & Perf Mgnt.E1 Patient transfer (G:100)
 If immediate panic, will ring A + E at QA and call for ambulance.

TEXT: Site Interview-Wednesday. DrJosephYikona-StaffGradePhysi (35/37)
 CODE: E Guid Prac & Perf Mgnt.E1 Patient transfer (G:100)
 Agreed with nursing staff that in emergency, ambulance will be called. Has happened in only one case since he's been at GWMH.

TEXT: Site Interview-Wednesday. DrJosephYikona-StaffGradePhysi (119/119)

CODE: E Guid Prac & Perf Mgnt.E1 Patient transfer (G:100)
Has been aware of sicker patients coming in from QA.

TEXT: Site Interview-Wednesday.DrJosephYikona-StafGradePhysi (120/121)
CODE: E Guid Prac & Perf Mgnt.E1 Patient transfer (G:100)
Rarely informed in advance of transfer of complex serious cases.

TEXT: Site Interview-Wednesday.DrQureshi-CltDryad (67/69)
CODE: E Guid Prac & Perf Mgnt.E1 Patient transfer (G:100)
But many of the patients do not fulfil the continuing care criteria, waiting placement, pressure on beds in which case need to continue with physio and others.

TEXT: Site Interview-Wednesday.DrQureshi-CltDryad (86/88)
CODE: E Guid Prac & Perf Mgnt.E1 Patient transfer (G:100)
Any concerns about medical cover after five o'clock.? If somebody medically unwell and needing active intervention then more beds to acute.

TEXT: Site Interview-Wednesday.DrQureshi-CltDryad (130/132)
CODE: E Guid Prac & Perf Mgnt.E1 Patient transfer (G:100)
What is transfer process? Process controlled by office at QA (10 secretaries) 9 - 5 - oversee all admissions / transfers. Do not send patients to GWMH unannounced.

TEXT: Site Interview-Wednesday.DrQureshi-CltDryad (141/146)
CODE: E Guid Prac & Perf Mgnt.E1 Patient transfer (G:100)
Complicated process - not only our team, but social services involved as well. Some need funding - social services decide and sometimes patients have to wait. Some fall short of the amount that social services can give. Some need 'top up' of finance from DoH - even longer.

TEXT: Site Interview-Wednesday.KatieMann-SenStafNursSultan (28/28)
CODE: E Guid Prac & Perf Mgnt.E1 Patient transfer (G:100)
Discharges delayed due to lack of care package.

TEXT: Site Interview-Wednesday.LynBarrat-StafNursDryad (33/35)
CODE: E Guid Prac & Perf Mgnt.E1 Patient transfer (G:100)
Dryad supposed to be continuing care from its start -> (we feel with loss of last Radcliffe patient recently) lots of inappropriate referrals.

TEXT: Site Interview-Wednesday.LynBarrat-StafNursDryad (36/38)
CODE: E Guid Prac & Perf Mgnt.E1 Patient transfer (G:100)
Getting lost of Fractured neck of femur, slow stream stroke patients. Get some Daedalus patients prior to discharge.

TEXT: Site Interview-Wednesday.LynBarrat-StafNursDryad (125/126)
CODE: E Guid Prac & Perf Mgnt.E1 Patient transfer (G:100)
Getting a lot of inappropriate admissions, patients with dementia - mental health wards always full.

TEXT: Site Interview-Wednesday.MargaretWigfall-ENNursDryadNt (24/26)
CODE: E Guid Prac & Perf Mgnt.E1 Patient transfer (G:100)
Patients have changed. No longer there for years as in Redcliffe annexe. Activity increased, more go to nursing homes - space for more acute beds.

TEXT: Site Interview-Wednesday.MargaretWigfall-ENNursDryadNt (42/42)
 CODE: E Guid Prac & Perf Mgnt.E1 Patient transfer (G:100)
 Patient admission/transfer. Usually by day.

TEXT: Site Interview-Wednesday.MMChrisJoiceNurseExStaffNurs (81/85)
 CODE: E Guid Prac & Perf Mgnt.E1 Patient transfer (G:100)
 Good relationship between GWM and community - yes. Reasonably good relatives - good insight. Can approach all GWMH staff.
 Discharge arrangements work fairly well - most problems are from bigger hospitals - not here.

TEXT: Site Interview-Wednesday.MMChrisJoiceNurseExStaffNurs (99/101)
 CODE: E Guid Prac & Perf Mgnt.E1 Patient transfer (G:100)
 Transfer - feels over rosy-picture in 1998 - expectation high - yes.
 Emotional support - colleagues able.

TEXT: Site Interview-Wednesday.TinaDouglas-StafNursSultan (44/45)
 CODE: E Guid Prac & Perf Mgnt.E1 Patient transfer (G:100)
 Care whilst waiting for discharge? Normal regime - ?? team meet, discuss pt, etc - care plans.

TEXT: Site Interview-Wednesday.TLDrRavindraneConsult (69/73)
 CODE: E Guid Prac & Perf Mgnt.E1 Patient transfer (G:100)
 Type of patients admitted. All patients seen by geriatrician before admission. Time gap (2-3 weeks) between consultant assessment in acute ward and transfer to GWM. Do not update or re-assess before actual transfer.

TEXT: Site Interview-Wednesday.TLDrRavindraneConsult (74/76)
 CODE: E Guid Prac & Perf Mgnt.E1 Patient transfer (G:100)
 referral form is filled in on day of transfer. Nurses from each ward to speak to each other. If conditions changed, further transfer.

TEXT: Site Interview-Wednesday.TLDrRavindraneConsult (78/79)
 CODE: E Guid Prac & Perf Mgnt.E1 Patient transfer (G:100)
 Source of referrals can be from other sources, Br Banks, Dr Yikona or patients own GP.

TEXT: Site Interviews- Tuesday. Code A HCSWDaed (84/87)
 CODE: E Guid Prac & Perf Mgnt.E10 Rehabilitation (G:100)
 Policy in ward in rehab so try to get pts in normal routine. Pts go to lounge etc. Ladies have hair done & men encouraged to shave. Have quiet room for those who want it.

TEXT: Site Interviews-Monday.DrAltheaLord (37/38)
 CODE: E Guid Prac & Perf Mgnt.E10 Rehabilitation (G:100)
 Subsequently expectation that patients get more therapy than GWM can provide.

TEXT: Site Interviews-Monday.DrAltheaLord (174/174)
 CODE: E Guid Prac & Perf Mgnt.E10 Rehabilitation (G:100)
 We started doing rehab before we were funded to do it.

TEXT: Site Interview-Thursday.JamesHareChaplain (123/129)
 CODE: E Guid Prac & Perf Mgnt.E10 Rehabilitation (G:100)
 Activities co-ordinator at St Christopher's plays games with patients (?????) and runs quizzes. General impression of own is that of high morale and level of commitment

among staff so very surprised at media coverage and spate of enquiries like CHI's. Jan Peach is his line manager who supervises him in role as psychiatric chaplain.

TEXT: Site Interview-Thursday **Code A** PhysioAss (14/16)
 CODE: E Guid Prac & Perf Mgmt.E10 Rehabilitation (G:100)
 8 years. Trained on job. Help in outpatients and District. Now working orthopaedics. Sees patients on Daedalus and at home.

TEXT: Site Interview-Thursday **Code A** PhysioAss (17/18)
 CODE: E Guid Prac & Perf Mgmt.E10 Rehabilitation (G:100)
 Running step-down groups to the community. Meets once a month - tea dances etc, one man attending Yoga class.

TEXT: Site Interview-Thursday **Code A** PhysioAss (19/24)
 CODE: E Guid Prac & Perf Mgmt.E10 Rehabilitation (G:100)
 Admission - seen by Physio - see ??? then physio arranged. Assessment not done with nurses. Physio can be done in groups or singly according to preference of patients. Meets all the family. Strongly describes realistic role. She regards contact with patients as important.

TEXT: Site Interview-Thursday **Code A** PhysioAss (45/50)
 CODE: E Guid Prac & Perf Mgmt.E10 Rehabilitation (G:100)
 Admission - seen by Physio - see ??? then physio arranged. Assessment not done with nurses. Physio can be done in groups or singly according to preference of patients. Meets all the family. Strongly describes realistic role. She regards contact with patients as important.

TEXT: Site Interview-Thursday **Code A** OT (65/68)
 CODE: E Guid Prac & Perf Mgmt.E10 Rehabilitation (G:100)
 patients categories
 if patient wrongly referred for rehab-medically unwell-Bartel of 1
 criteria for bed planning

TEXT: Site Interview-Thursday **Code A** phy (7/9)
 CODE: E Guid Prac & Perf Mgmt.E10 Rehabilitation (G:100)
 Change/move rehab - 4/5 years ago. Next change - intermediate care 14/15 months ago - and staff became team leader.

TEXT: Site Interview-Thursday **Code A** phy (14/17)
 CODE: E Guid Prac & Perf Mgmt.E10 Rehabilitation (G:100)
 Instead of just seeing patient on wards which was frustrating, now ran follow-through to see patient at home or day hospital, lots of mixing and matching.

TEXT: Site Interview-Thursday **Code A** phy (29/32)
 CODE: E Guid Prac & Perf Mgmt.E10 Rehabilitation (G:100)
 Freedom to follow people through - what happened - to change service - organisational change - why to NSF - intermediate care national policies.

TEXT: Site Interview-Thursday **Code A** phy (35/37)
 CODE: E Guid Prac & Perf Mgmt.E10 Rehabilitation (G:100)
 Formal assessment tool - use balance Burg scale. Falls - look on tools. Locally tools JAD score.

TEXT: Site Interview-Thursday. **Code A** phy (38/39)
 CODE: E Guid Prac & Perf Mgnt.E10 Rehabilitation (G:100)
 Joint amendment tool for Parkinsons - more work on good assessment tools.

TEXT: Site Interview-Thursday. **Code A** phy (40/40)
 CODE: E Guid Prac & Perf Mgnt.E10 Rehabilitation (G:100)
 CES multi-disciplinary assessment tool - local tool.

TEXT: Site Interview-Thursday. **Code A** phy (41/42)
 CODE: E Guid Prac & Perf Mgnt.E10 Rehabilitation (G:100)
 What drives better practice? Validated tools - NSF, government, service plans.

TEXT: Site Interview-Thursday. **Code A** phy (45/50)
 CODE: E Guid Prac & Perf Mgnt.E10 Rehabilitation (G:100)
 How engaged in goal setting? Work to be done, trying to do multi-disciplinary to work much been developed. Need better info. trying to make goals patient led, ie. like to turn TV over etc. Need to be multi disciplinary with goal setting.

TEXT: Site Interview-Thursday. **Code A** phy (89/90)
 CODE: E Guid Prac & Perf Mgnt.E10 Rehabilitation (G:100)
 Prioritise rehab - ie. early strokes, orthopaedic patients can hand over to nurses.

TEXT: Site Interview-Thursday. **Code A** phy (104/104)
 CODE: E Guid Prac & Perf Mgnt.E10 Rehabilitation (G:100)
 Barthel Score used as a rough guide.

TEXT: Site Interview-Wednesday. Anita Tubritt Sen Staf Nurs Dryad (61/69)
 CODE: E Guid Prac & Perf Mgnt.E10 Rehabilitation (G:100)
 Quality care – wound care, patient MRSA – surgical wound – treated MRSA healed wound and transferred to NH. Was admitted for terminal care but Dryad rehabilitated patient. Dryad often gets patients for continuing care but rehabilitated. Occasionally patients been tried for rehab but medical condition deteriorates and no rehab.

TEXT: Site Interview-Wednesday. Dr Joseph Yikona - Staf Grade Physi (122/123)
 CODE: E Guid Prac & Perf Mgnt.E10 Rehabilitation (G:100)
 Often patients transferred for rehab who are completely incapable of rehab.

TEXT: Site Interview-Wednesday. Dr Qureshi - Clt Dryad (70/72)
 CODE: E Guid Prac & Perf Mgnt.E10 Rehabilitation (G:100)
 But many of the patients do not fulfil the continuing care criteria, waiting placement, pressure on beds in which case need to continue with physio and others.

TEXT: Site Interview-Wednesday. Lyn Barrat - Staf Nurs Dryad (47/49)
 CODE: E Guid Prac & Perf Mgnt.E10 Rehabilitation (G:100)
 OTs show nurses what exercises expected for patients. She does not find it easy to do the work although nurses do try to help patients exercise regularly.

TEXT: Site Interview-Wednesday. Lyn Barrat - Staf Nurs Dryad (52/55)
 CODE: E Guid Prac & Perf Mgnt.E10 Rehabilitation (G:100)
 Limited OT input - make arrangements for washing and dressing assessment but OT doesn't come physically on to the ward - they used to do so in the past but now we seldom see them.

TEXT: Site INterview-Wednesday.LynBarrat-StafNursDryad (56/57)
 CODE: E Guid Prac & Perf Mgnt.E10 Rehabilitation (G:100)
 Speech and language therapists, dieticians advisable and will come and see patients on ward.

TEXT: Site INterview-Wednesday.LynBarrat-StafNursDryad (105/108)
 CODE: E Guid Prac & Perf Mgnt.E10 Rehabilitation (G:100)
 Activity (for patients) is one area we're lacking in. We try to keep them occupied as much as possible, several like to watch TV a lot, others like music (change tapes), try to talk to them and read to them.

TEXT: Site INterview-Wednesday.MargaretWigfall-ENNursDryadNt (20/20)
 CODE: E Guid Prac & Perf Mgnt.E10 Rehabilitation (G:100)
 Some day-time activities occur

TEXT: Site INterview-Wednesday.TinaDouglas-StafNursSultan (7/8)
 CODE: E Guid Prac & Perf Mgnt.E10 Rehabilitation (G:100)
 Dryad? Continuing care and palliative care. Long length of stay/cohort of patients. Change started.

TEXT: Site INterview-Wednesday.TinaDouglas-StafNursSultan (17/20)
 CODE: E Guid Prac & Perf Mgnt.E10 Rehabilitation (G:100)
 Slow turnover, low occupancy, little acute. Now new manager, more acute, better working. Was hierarchical / "tasky"?? - now team nursing . How did patient care improve?

TEXT: Site Interviews- Tuesday.DavidJarrett-LdConslt (125/125)
 CODE: E Guid Prac & Perf Mgnt.E11 Continuing care (G:100)
 CC - HA/SS agreement. Continuing care criteria?

TEXT: Site Interviews- Tuesday.DavidJarrett-LdConslt (139/143)
 CODE: E Guid Prac & Perf Mgnt.E11 Continuing care (G:100)
 Health - complex medical & nursing needs that require specialist input eg swallowing/fits.
 If unfilled C/C beds - may more stable pts awaiting NH bed in to free up acute beds.
 Rehab emphasis / eg slow stream stroke rehab.

TEXT: Site Interviews- Tuesday.Linda Woods-Staff NursDaed (44/45)
 CODE: E Guid Prac & Perf Mgnt.E11 Continuing care (G:100)
 If a patient goes into continuing care, they stay on the ward or no care package for them.

TEXT: Site Interview-Thursday. **Code A** DT (69/72)
 CODE: E Guid Prac & Perf Mgnt.E11 Continuing care (G:100)
 patients categories
 if patient wrongly referred for rehab-medically unwell-Bartel of 1
 criteria for bed planning

TEXT: Site Interview-Thursday. **Code A** WardClerk (74/76)
 CODE: E Guid Prac & Perf Mgnt.E11 Continuing care (G:100)
 Deadalus – never heard of letter about status of care. (ref. Other Dr Q???? letter sent from admin re: continuity of care status.)

TEXT: Site INterview-Wednesday.DrQureshi-Cltdryad (28/31)
 CODE: E Guid Prac & Perf Mgnt.E11 Continuing care (G:100)

Continuing Care beds here. The rehab beds - stroke patients - 2 types. Rapidly progressing ie fast stream and St M and then slow stream - beds with all the different places, some here, Daedalus.

TEXT: Site INterview-Wednesday.DrQureshi-CltDryad (97/103)

CODE: E Guid Prac & Perf Mgnt.E11 Continuing care (G:100)

Bed pressures - are you seeing patients in ward transferred inappropriately? Continuing care criteria - usually would expect somebody coming into continuing care to stay there until death, but other who could -> residential care but finding recently that some in continuing care setting are those who are not suitable and can be discharged.

TEXT: Site INterview-Wednesday.DrQureshi-CltDryad (227/230)

CODE: E Guid Prac & Perf Mgnt.E11 Continuing care (G:100)

Says that when patient is transferred to continuing care bed that a letter is issued administration outlining that being moved to continuing care bed, what that means and includes that status may change.

TEXT: Site INterview-Wednesday.GinnyDay-SenStafNursDryad (54/55)

CODE: E Guid Prac & Perf Mgnt.E11 Continuing care (G:100)

[No input in policy development yet - but maybe because new].

TEXT: Site INterview-Wednesday.LynBarrat-StafNursDryad (30/32)

CODE: E Guid Prac & Perf Mgnt.E11 Continuing care (G:100)

Dryad supposed to be continuing care from its start -> (we feel with loss of last Radcliffe patient recently) lots of inappropriate referrals.

TEXT: Site INterview-Wednesday.LynBarrat-StafNursDryad (109/112)

CODE: E Guid Prac & Perf Mgnt.E11 Continuing care (G:100)

Activity (for patients) is one area we're lacking in. We try to keep them occupied as much as possible, several like to watch TV a lot, others like music (change tapes), try to talk to them and read to them.

TEXT: Site INterview-Wednesday.LynBarrat-StafNursDryad (118/118)

CODE: E Guid Prac & Perf Mgnt.E11 Continuing care (G:100)

Would like someone to organise activities, outings.

TEXT: Site INterview-Wednesday.TinaDouglas-StafNursSultan (21/24)

CODE: E Guid Prac & Perf Mgnt.E11 Continuing care (G:100)

Slow turnover, low occupancy, little acute. Now new manager, more acute, better working. Was hierarchical / "tasky"?? - now team nursing . How did patient care improve?

TEXT: Site INterview-Wednesday.TLDrRavindraneConsult (66/68)

CODE: E Guid Prac & Perf Mgnt.E11 Continuing care (G:100)

Policy for criteria for continuity care. Occasional patients are rehabilitated, Physios and OTs brought in. Accordingly discharged home.

TEXT: Site Interviews- Tuesday.AngelaWilson-SenStafNursDaed (97/103)

CODE: E Guid Prac & Perf Mgnt.E2 DNR (G:100)

Information on DNR - nurse will ask, check notes, nothing in notes resuscitate. Eg patient will CA. Patient requested to be resuscitated, become critical - ward staff were uncertain to resuscitate. Angela insisted resuscitation to begin. Healthcall, GP & relatives were called in the morning and it was decided not to resuscitate.

TEXT: Site Interviews-Monday.PennyWells-District Nurse (99/100)

CODE: E Guid Prac & Perf Mgnt.E2 DNR (G:100)

If someone requested no resuscitation DN would speak to GP and senior ward nurse.

TEXT: Site Interviews-Monday.PennyWells-District Nurse (101/101)

CODE: E Guid Prac & Perf Mgnt.E2 DNR (G:100)

No policy to cover the scenario.

TEXT: Site Interview-Thursday.JoDunleavystaffnursSultanNt (157/162)

CODE: E Guid Prac & Perf Mgnt.E2 DNR (G:100)

DNR

- unless stated resus
- hard to talk about
- GP should inform
- Patients and carers not sure about resus
- Resus policy should be reviewed weekly

TEXT: Site Interview-Thursday.JoDunleavystaffnursSultanNt (163/165)

CODE: E Guid Prac & Perf Mgnt.E2 DNR (G:100)

Status change - updates

- boards in office
- communicated verbally

TEXT: Site Interview-Thursday. **Code A** DT (131/134)

CODE: E Guid Prac & Perf Mgnt.E2 DNR (G:100)

Sultan ward starting taking less medically stable patients - "new" nurse care. DNR status confusion led to investigation led to it being recognised that they needed clear protocol and documented process.

TEXT: Site Interview-Thursday. **Code A** DT (136/140)

CODE: E Guid Prac & Perf Mgnt.E2 DNR (G:100)

carer and relative involvement-DNR

- OT would read notes
- Clearly documented and accessible to OT
- no space on OT form to write about DNR or end of life arrangements

TEXT: Site Interview-Wednesday.DrJosephYikona-StafGradePhysi (22/24)

CODE: E Guid Prac & Perf Mgnt.E2 DNR (G:100)

If patient becoming seriously unwell, Dr Yikona will speak to Dr Lord and make arrangements for finding bed at QA.

TEXT: Site Interview-Wednesday.DrJosephYikona-StafGradePhysi (124/125)

CODE: E Guid Prac & Perf Mgnt.E2 DNR (G:100)

Patients arrive at GWMH from QA with care plan - Dr Yikona follows advice set out in it.

TEXT: Site Interview-Wednesday.DrJosephYikona-StafGradePhysi (126/129)

CODE: E Guid Prac & Perf Mgnt.E2 DNR (G:100)

Concerned about activity of patients coming over recently - he's ended up with more unstable patients than his colleagues at QA. Could have as many as 22 seriously ill, dependent patients at a time.

TEXT: Site Interview-Wednesday.DrJosephYikona-StafGradePhysi (130/130)

CODE: E Guid Prac & Perf Mgnt.E2 DNR (G:100)

Some patients so unstable they are sent back.

TEXT: Site Interview-Wednesday.LynBarrat-StafNursDryad (86/86)
CODE: E Guid Prac & Perf Mgnt.E2 DNR (G:100)
Decision always made after discussion on DNR.

TEXT: Site Interview-Wednesday.LynBarrat-StafNursDryad (89/89)
CODE: E Guid Prac & Perf Mgnt.E2 DNR (G:100)
Need to decide what to do when patient leaves the ward.

TEXT: Site Interview-Wednesday.LynBarrat-StafNursDryad (90/91)
CODE: E Guid Prac & Perf Mgnt.E2 DNR (G:100)
Always recorded in medical notes and also in nursing notes - regularly reviewed.

TEXT: Site Interview-Wednesday.LynBarrat-StafNursDryad (95/95)
CODE: E Guid Prac & Perf Mgnt.E2 DNR (G:100)
Keep files on patients in which DNR status recorded.

TEXT: Site Interview-Wednesday.YongPease-StafNursSultan (15/16)
CODE: E Guid Prac & Perf Mgnt.E2 DNR (G:100)
Resuscitation status not always clear cut. GP not clear - sometimes.

TEXT: Site Interview-Wednesday.YongPease-StafNursSultan (19/20)
CODE: E Guid Prac & Perf Mgnt.E2 DNR (G:100)
Forty five GP's - confusing and different ways of doing things.

TEXT: Site Interview-Friday.AnneHasteClinical manager (55/57)
CODE: E Guid Prac & Perf Mgnt.E3 Palliative care (G:100)
Palliative care- relatives are normally involved in decision-making. Understandably checked. Work with hospice and Dr Dubion regarding palliative care.

TEXT: Site Interview-Friday. **Code A** Pharma (72/73)
CODE: E Guid Prac & Perf Mgnt.E3 Palliative care (G:100)
Code A goes to the Rowans? Opened 1996. the greenbank - Palliative Care Guidelines - across the Trust.

TEXT: Site Interview-Friday. **Code A** Pharma (74/75)
CODE: E Guid Prac & Perf Mgnt.E3 Palliative care (G:100)
Code A knows about syringe-drivers, drug info from QA and on call pharmacy service.

TEXT: Site Interview-Friday. **Code A** Pharma (76/76)
CODE: E Guid Prac & Perf Mgnt.E3 Palliative care (G:100)
Not seen Countess Mountbatten guidelines.

TEXT: Site Interview-Friday. **Code A** Pharma (84/85)
CODE: E Guid Prac & Perf Mgnt.E3 Palliative care (G:100)
Policy Implementation. Now at Rowans and here - doctor writes specific doses.

TEXT: Site Interviews- Tuesday.JaneWilliams-NursClit (18/19)
CODE: E Guid Prac & Perf Mgnt.E3 Palliative care (G:100)
Question protocols for palliative care for stroke/non-stroke patients.

TEXT: Site Interviews- Tuesday.Linda Woods-Staff NursDaed (50/52)

CODE: E Guid Prac & Perf Mgnt.E3 Palliative care (G:100)
 Palliative care- decision between the whole team with relatives
 If coming to a rehab ward-should recover

TEXT: Site Interviews- Tuesday.PhillipBeed-ClinMgrDaed (26/27)
 CODE: E Guid Prac & Perf Mgnt.E3 Palliative care (G:100)
 Assessed then message give to relatives. Reassessed - ??? ??? relatives.

TEXT: Site Interviews- Tuesday.PhillipBeed-ClinMgrDaed (33/34)
 CODE: E Guid Prac & Perf Mgnt.E3 Palliative care (G:100)
 Now, (summer 2000) new policy on SD's now reviewed daily.

TEXT: Site Interviews- Tuesday.VickyBanks-LdClt (53/53)
 CODE: E Guid Prac & Perf Mgnt.E3 Palliative care (G:100)
 IE enough time to do things properly.

TEXT: Site Interviews-Monday.DrAltheaLord (130/131)
 CODE: E Guid Prac & Perf Mgnt.E3 Palliative care (G:100)
 (Countess Mountbatten (Dr Beewee) specialist) contacted by phone. Often does visit to GWM to see patient.

TEXT: Site Interviews-Monday.DrAltheaLord (133/134)
 CODE: E Guid Prac & Perf Mgnt.E3 Palliative care (G:100)
 Dr Vardon (Associate Specialist) in palliative care at GWM) leads training on palliative care.

TEXT: Site Interviews-Monday.DrAltheaLord (166/167)
 CODE: E Guid Prac & Perf Mgnt.E3 Palliative care (G:100)
 Problems arose with heavy workload precipitated by Haslar.

TEXT: Site Interviews-Monday.PennyWells-District Nurse (88/88)
 CODE: E Guid Prac & Perf Mgnt.E3 Palliative care (G:100)
 Palliative Care. Policies? At home?

TEXT: Site Interview-Thursday: **Code A** Sp-LangThera (65/67)
 CODE: E Guid Prac & Perf Mgnt.E3 Palliative care (G:100)
 Problems with referral may leave patients unattended – nil by mouth. Will receive nutrition through subcutaneous, peg, nasal.

TEXT: Site Interview-Thursday.FionaWalker-SenStafNursSultNt (52/54)
 CODE: E Guid Prac & Perf Mgnt.E3 Palliative care (G:100)
 Patients and Palliative care
 - 1-2-6
 - motoneurone, MS, cancer, Parkinsons, old age

TEXT: Site Interview-Thursday.FionaWalker-SenStafNursSultNt (57/58)
 CODE: E Guid Prac & Perf Mgnt.E3 Palliative care (G:100)
 Strategy for palliative care – policy, no particular strategy.

TEXT: Site Interview-Thursday.FionaWalker-SenStafNursSultNt (61/62)
 CODE: E Guid Prac & Perf Mgnt.E3 Palliative care (G:100)
 Assessment – symptom control, access Countess Mount Batten

TEXT: Site Interview-Thursday.JamesHareChaplain (11/13)
 CODE: E Guid Prac & Perf Mgnt.E3 Palliative care (G:100)
 He has not been involved in multi-disciplinary work with respect to patients' care including palliative care and preparation for death.

TEXT: Site Interview-Thursday. **Code A** OT (87/88)
 CODE: E Guid Prac & Perf Mgnt.E3 Palliative care (G:100)
 Example of lady who went home and died 7 days in arms of home carer - as she had wished.

TEXT: Site Interview-Thursday. **Code A** OT (137/137)
 CODE: E Guid Prac & Perf Mgnt.E3 Palliative care (G:100)
 Speciality OT at Rowan and Mountbatten ????????

TEXT: Site Interview-Thursday.PhilipBeedclinicMgr|Daed (10/11)
 CODE: E Guid Prac & Perf Mgnt.E3 Palliative care (G:100)
 Practical examples of policies and their application on ward.

TEXT: Site Interview-Wednesday.DrJosephYikona-StaffGradePhysi (46/47)
 CODE: E Guid Prac & Perf Mgnt.E3 Palliative care (G:100)
 All care of elderly posts (he has specific palliative care training)

TEXT: Site Interview-Wednesday.DrJosephYikona-StaffGradePhysi (50/54)
 CODE: E Guid Prac & Perf Mgnt.E3 Palliative care (G:100)
 Get second opinions on palliative care - Rings consultants at Countess Mounbatten - They will sometimes then visit (however Dr Yikona must still get permission from patients GP before he does so, - has had to get such advice every 4 -8 weeks.

TEXT: Site Interview-Wednesday.DrJosephYikona-StaffGradePhysi (55/56)
 CODE: E Guid Prac & Perf Mgnt.E3 Palliative care (G:100)
 However can also consult Palliative Care Manual (prepared by Countess Mounbatten Doctors).

TEXT: Site Interview-Wednesday.DrJosephYikona-StaffGradePhysi (57/58)
 CODE: E Guid Prac & Perf Mgnt.E3 Palliative care (G:100)
 Also consults Portsmouth Healthcare Trust Manual on Palliative care on administration of drugs.

TEXT: Site Interview-Wednesday.DrQureshi-ClfDryad (108/111)
 CODE: E Guid Prac & Perf Mgnt.E3 Palliative care (G:100)
 They are concise. Tell you what to do in black and white. They are on the ward and need to consult if come across problem. I haven't come across any problems.

TEXT: Site Interview-Wednesday.DrQureshi-ClfDryad (115/117)
 CODE: E Guid Prac & Perf Mgnt.E3 Palliative care (G:100)
 Admin of opiates via syringe drivers? If need for palliation need to use, guidelines in BNF - so clear and concise and shouldn't go wrong.

TEXT: Site Interview-Wednesday.TinaDouglas-StaffNursSultan (57/59)
 CODE: E Guid Prac & Perf Mgnt.E3 Palliative care (G:100)
 Need to find?? question time for pt and family - difficult to focus on that family. GP decides pathway working with nurses.

TEXT: Site Interview-Wednesday.TinaDouglas-StaffNursSultan (66/67)
 CODE: E Guid Prac & Perf Mgnt.E3 Palliative care (G:100)
 Sometimes Countess Mount Batten come out and give advice. Ceradualed?? normally have plan for pain.

TEXT: Site Interview-Wednesday.TLDrRavindraneConsult (41/43)
 CODE: E Guid Prac & Perf Mgnt.E3 Palliative care (G:100)
 Has close relationship with palliative care consultant. Dr Ravindrane assesses the patients. Can discuss with Dr Lord.

TEXT: Site Interview-Wednesday.YongPease-StaffNursSultan (23/25)
 CODE: E Guid Prac & Perf Mgnt.E3 Palliative care (G:100)
 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.

TEXT: Site Interview-Friday.AnneHasteClinical manager (100/103)
 CODE: E Guid Prac & Perf Mgnt.E4 Nutrition & Fluids (G:100)
 Nutrition assessment on admission for every patient. Score high due to multiple pathologies and age recognises health problems. Evaluated and reassessed regularly. Families are encouraged to come in and help

TEXT: Site Interview-Friday.AnneHasteClinical manager (108/108)
 CODE: E Guid Prac & Perf Mgnt.E4 Nutrition & Fluids (G:100)
 Hoping to introduce Buffet breakfast

TEXT: Site Interview-Friday. **Code A** SeniorDiet (3/3)
 CODE: E Guid Prac & Perf Mgnt.E4 Nutrition & Fluids (G:100)
 Poor practice in nutrition.

TEXT: Site Interview-Friday. **Code A** SeniorDiet (12/18)
 CODE: E Guid Prac & Perf Mgnt.E4 Nutrition & Fluids (G:100)
 Community dietician for F&G.
 Only 1 Tuesday.
 Managed community dieticians.
 Many outpatients.
 Inpatients very small – in patients was not organised.
 Also was committed to Dolphin new unit system in place – many was being funded.

TEXT: Site Interview-Friday. **Code A** SeniorDiet (26/30)
 CODE: E Guid Prac & Perf Mgnt.E4 Nutrition & Fluids (G:100)
 3 wards 1 day a week.
 Daedalus – stroke patterns had dedicated support on nutrition/feeding.
 Sultant and Dryad – called for critical incidents or special problems with feeding – responded when called.

TEXT: Site Interview-Friday. **Code A** SeniorDiet (33/33)
 CODE: E Guid Prac & Perf Mgnt.E4 Nutrition & Fluids (G:100)
 Dieticians worked between kitchens and patients.

TEXT: Site Interview-Friday. **Code A** SeniorDiet (36/38)
 CODE: E Guid Prac & Perf Mgnt.E4 Nutrition & Fluids (G:100)
 Dryad and Sultan – felt they did not need dietician and was not involved in care planning.

TEXT: Site Interview-Friday **Code A** SeniorDiet (36/48)
 CODE: E Guid Prac & Perf Mgnt.E4 Nutrition & Fluids (G:100)
 Dryad and Sultan – felt they did not need dietician and was not involved in care planning.

New policy for feeding people (Tony Thorne funding input). Ward must have scales – scales were not on all wards.

NOW - weighed on admission

- documented nurses notes
- reviewed monthly
- nurse – nutrition rep.

All present on Dolphin in 98.

TEXT: Site Interview-Friday **Code A** SeniorDiet (51/52)
 CODE: E Guid Prac & Perf Mgnt.E4 Nutrition & Fluids (G:100)
 Often nurses too busy and food out of reach. Now resolved.

TEXT: Site Interview-Friday **Code A** SeniorDiet (58/60)
 CODE: E Guid Prac & Perf Mgnt.E4 Nutrition & Fluids (G:100)
 Now working on learning disabilities so aware of policies of trust and aware policy of feeding in place.

TEXT: Site Interview-Friday **Code A** SeniorDiet (69/69)
 CODE: E Guid Prac & Perf Mgnt.E4 Nutrition & Fluids (G:100)
 Nutritional assessment and admission – numerical score.

TEXT: Site Interview-Friday **Code A** SeniorDiet (72/72)
 CODE: E Guid Prac & Perf Mgnt.E4 Nutrition & Fluids (G:100)
 Relied on relatives before for feeding.

TEXT: Site Interview-Friday **Code A** SeniorDiet (83/85)
 CODE: E Guid Prac & Perf Mgnt.E4 Nutrition & Fluids (G:100)
 Under new guidelines – communicate with relatives to prepare food for patient at home.

TEXT: Site Interview-Friday **Code A** SeniorDiet (88/90)
 CODE: E Guid Prac & Perf Mgnt.E4 Nutrition & Fluids (G:100)
 Policy has been given a high level of value by senior management – influence practical use of policy.

TEXT: Site Interview-Friday **Code A** SeniorDiet (98/100)
 CODE: E Guid Prac & Perf Mgnt.E4 Nutrition & Fluids (G:100)
 Nutritional reps meeting – 6 months

- regular update training
- access to info.

TEXT: Site Interview-Friday **Code A** SeniorDiet (110/111)
 CODE: E Guid Prac & Perf Mgnt.E4 Nutrition & Fluids (G:100)
 People were aware of nutrition but it was the system that enabled practice.

TEXT: Site Interview-Friday **Code A** SeniorDiet (138/140)

CODE: E Guid Prac & Perf Mgnt.E4 Nutrition & Fluids (G:100)

Admits that practice in 98/99 on feeding patients very poor, that patients not given essential care in feeding.

TEXT: Site Interviews- Tuesday. **Code A** HCSW Sult Ngt (39/40)

CODE: E Guid Prac & Perf Mgnt.E4 Nutrition & Fluids (G:100)

Has no involvement with feeding patients. Completes food & fluid chart when brings patient a drink.

TEXT: Site Interviews- Tuesday.JanPeach-ServMgr (62/65)

CODE: E Guid Prac & Perf Mgnt.E4 Nutrition & Fluids (G:100)

Nutrition audit? Nurse were following standards. What would happen if guideline were not followed? Jan hear from Tony - Tony spoken to individual, spoken to clinical man, review and remedial work. ?? updates

TEXT: Site Interviews- Tuesday.JanPeach-ServMgr (72/73)

CODE: E Guid Prac & Perf Mgnt.E4 Nutrition & Fluids (G:100)

Nutrition - availability of short order of snacks was more available here than at St Christopher.

TEXT: Site Interviews- Tuesday.Linda Woods-Staff NursDaed (11/12)

CODE: E Guid Prac & Perf Mgnt.E4 Nutrition & Fluids (G:100)

Meals not always early, ordered out of hours. No snack boxes on ward.

TEXT: Site Interviews- Tuesday.Linda Woods-Staff NursDaed (20/26)

CODE: E Guid Prac & Perf Mgnt.E4 Nutrition & Fluids (G:100)

Nursing assessment after Doctors visit. Waterlow score, nutritional, bowls and ADL. Pain charts and bed charts kept as needed, weighed within 24hours, weighed fairly frequently. Particularly if Nasogastric. Does swallowing assessment. We thickened fluids if necessary. Meals ordered as needed. There is a daily nurse assessment.

TEXT: Site Interviews- Tuesday.Linda Woods-Staff NursDaed (41/43)

CODE: E Guid Prac & Perf Mgnt.E4 Nutrition & Fluids (G:100)

how do you recognise deterioration. All trained staff have done diet course. Basic assessment and report to doctor. Possible readmission to acute ward.

TEXT: Site Interviews- Tuesday. **Code A** HCSW Daed (38/39)

CODE: E Guid Prac & Perf Mgnt.E4 Nutrition & Fluids (G:100)

Make sure pts are fed and clothes are clean. Have hot & cold drinks whenever they want.

TEXT: Site Interviews- Tuesday. **Code A** HCSW Daed (44/45)

CODE: E Guid Prac & Perf Mgnt.E4 Nutrition & Fluids (G:100)

Eg pts?? who need feeding may need to wait until meals have been served to others.

TEXT: Site Interviews- Tuesday. **Code A** HCSW Daed (96/96)

CODE: E Guid Prac & Perf Mgnt.E4 Nutrition & Fluids (G:100)

Patients not eating or drinking.

TEXT: Site Interviews- Tuesday.Pat Wilkin-SenStaffNursDaed (64/66)

CODE: E Guid Prac & Perf Mgnt.E4 Nutrition & Fluids (G:100)

Help given with eating if needed.

Weigh them, offer help with eating and drinking by ancillary staff if needed.

TEXT: Site Interviews-Monday.Debra Hunt-telephone (49/51)
 CODE: E Guid Prac & Perf Mgnt.E4 Nutrition & Fluids (G:100)
 Is very aware of patients nutritional needs and all patients are weighed on admission and then regularly accordingly.

TEXT: Site Interview-Thursday **Code A** Sp-LangThera (106/106)
 CODE: E Guid Prac & Perf Mgnt.E4 Nutrition & Fluids (G:100)
 Disagreements about NG and Peg feeding.

TEXT: Site Interview-Thursday **Code A** HCSW (71/73)
 CODE: E Guid Prac & Perf Mgnt.E4 Nutrition & Fluids (G:100)
 Feeling NVQ has been done - knows about thickened fluid. Helps patients with feeding "they always get their food". Uses build up or other supplements.

TEXT: Site Interview-Thursday **Code A** OT (129/130)
 CODE: E Guid Prac & Perf Mgnt.E4 Nutrition & Fluids (G:100)
 Was lack of protocol re: hydration, but now have protocol.

TEXT: Site Interview-Thursday.PhilipBeedclinicMgr|Daed (55/57)
 CODE: E Guid Prac & Perf Mgnt.E4 Nutrition & Fluids (G:100)
 Improved cooked breakfast - to team - didn't want them. - Not missed, gives more time to get patients up. Rest of hospital followed through.

TEXT: Site Interview-Wednesday.DebbieBarker-StafNurseDryad (47/47)
 CODE: E Guid Prac & Perf Mgnt.E4 Nutrition & Fluids (G:100)
 All patients get fed - sometimes need supervision.

TEXT: Site Interview-Wednesday.KatieMann-SenStafNursSultan (44/45)
 CODE: E Guid Prac & Perf Mgnt.E4 Nutrition & Fluids (G:100)
 Nutrition. Well cared for. Nutritional assessment on admission. Weigh on admission and at least monthly.

TEXT: Site Interview-Wednesday.TinaDouglas-StafNursSultan (46/48)
 CODE: E Guid Prac & Perf Mgnt.E4 Nutrition & Fluids (G:100)
 All dependant pts on food & chart? 48 hrs then reviewed. Dietician involved - good input from dietician.

TEXT: Site Interview-Wednesday.TinaDouglas-StafNursSultan (80/81)
 CODE: E Guid Prac & Perf Mgnt.E4 Nutrition & Fluids (G:100)
 Meals ordering is complex, tick sheet 2 days ahead (bar?? Sheet) ?? - nursing staff - beeper or who??

TEXT: Site Interview-Friday.EileenThomas-NursingDir (242/244)
 CODE: E Guid Prac & Perf Mgnt.E5 Patient records (G:100)
 MDT working, shared records essential, recent training essential, records not currently shared between medical and nursing staff.

TEXT: Site Interview-Friday.ToniScammell- SenNursCoord (161/163)
 CODE: E Guid Prac & Perf Mgnt.E5 Patient records (G:100)
 Will have APEX on new computer system for pathology results. Also will be connected to Email system.

TEXT: Site Interviews- Tuesday.FionaCameron-Gen Mgr (67/69)

CODE: E Guid Prac & Perf Mgnt.E5 Patient records (G:100)
 Service Manager calls Fiona when there are complaints.
 5 complaints received re three wards. Documentation of interaction with relatives has improved.

TEXT: Site Interviews- Tuesday.JanPeach-ServMgr (74/76)
 CODE: E Guid Prac & Perf Mgnt.E5 Patient records (G:100)
 At St Christ had audited themselves and found Doc were less to be desired so monitoring findings & will translate to GWMH.

TEXT: Site Interviews- Tuesday.Linda Woods-Staff NursDaed (34/36)
 CODE: E Guid Prac & Perf Mgnt.E5 Patient records (G:100)
 Care plans in the office. OT and speech therapist and language. Neck a Femur have care pathway-come through MDT

TEXT: Site Interviews- Tuesday **Code A** CSWDAed (97/97)
 CODE: E Guid Prac & Perf Mgnt.E5 Patient records (G:100)
 Everything is recorded including.

TEXT: Site Interviews- Tuesday.MarilynBarker-ENNursDaed (21/22)
 CODE: E Guid Prac & Perf Mgnt.E5 Patient records (G:100)
 Summary of MDT put into nursing record - separate notes for action physio OT & Docs.

TEXT: Site Interviews- Tuesday.MarilynBarker-ENNursDaed (46/46)
 CODE: E Guid Prac & Perf Mgnt.E5 Patient records (G:100)
 Written plan record left on ward & verbal record.

TEXT: Site Interviews-Monday.Debra Hunt-telephone (19/20)
 CODE: E Guid Prac & Perf Mgnt.E5 Patient records (G:100)
 use individual care plans for patients and tries to see care on assessment of need.

TEXT: Site Interviews-Monday.DrAltheaLord (72/73)
 CODE: E Guid Prac & Perf Mgnt.E5 Patient records (G:100)
 Documentation of required dose ranges, 'wasn't particularly good'.

TEXT: Site Interviews-Monday.IanReid-Med Dir (174/176)
 CODE: E Guid Prac & Perf Mgnt.E5 Patient records (G:100)
 Health records Manager and lmt T Director have done a lot of work to ensure processes secure and that minimum level of info available to only those who need it.

TEXT: Site Interview-Thursday **Code A** DT (141/146)
 CODE: E Guid Prac & Perf Mgnt.E5 Patient records (G:100)
 Patients documents
 Beds notes-care plan
 Nurse notes-care plan
 Reports Therapy Section
 MDT Notes
 Homes and assessments

TEXT: Site Interview-Thursday **Code A** WardClerk (28/32)
 CODE: E Guid Prac & Perf Mgnt.E5 Patient records (G:100)
 Answers phone, sorts patients notes, patients notes will include doctor, nursing, OT/Physio, END medical records can be dispersed to variety of places – Q&A, St

Mary's GWMH.

TEXT: Site Interview-Wednesday.DrQureshi-ClfDryad (19/20)
 CODE: E Guid Prac & Perf Mgnt.E5 Patient records (G:100)
 Eg - system of recording - eg form provided - completed monthly by team.

TEXT: Site Interview-Wednesday.GinnyDay-SenStafNursDryad (40/40)
 CODE: E Guid Prac & Perf Mgnt.E5 Patient records (G:100)
 Patients come with a care plan.

TEXT: Site Interview-Wednesday.LynBarrat-StafNursDryad (50/51)
 CODE: E Guid Prac & Perf Mgnt.E5 Patient records (G:100)
 Physiotherapist makes assessment and puts it in medical notes.

TEXT: Site Interview-Wednesday.LynBarrat-StafNursDryad (67/69)
 CODE: E Guid Prac & Perf Mgnt.E5 Patient records (G:100)
 Differing perspectives don't create problems or conflict. All staff discuss it and make plan clear in notes.

TEXT: Site Interview-Wednesday.LynBarrat-StafNursDryad (92/93)
 CODE: E Guid Prac & Perf Mgnt.E5 Patient records (G:100)
 Always recorded in medical notes and also in nursing notes - regularly reviewed.

TEXT: Site Interview-Wednesday.LynBarrat-StafNursDryad (96/96)
 CODE: E Guid Prac & Perf Mgnt.E5 Patient records (G:100)
 Keep files on patients in which DNR status recorded.

TEXT: Site Interviews- Tuesday. **Code A** ICSW Sult Ngt (46/47)
 CODE: E Guid Prac & Perf Mgnt.E6 Continence (G:100)
 Encourage patients to call for help when they need to use commode or go to the toilet.

TEXT: Site Interviews- Tuesday.Linda Woods-Staff NursDaed (27/33)
 CODE: E Guid Prac & Perf Mgnt.E6 Continence (G:100)
 Nursing assessment after Doctors visit. Waterlow score, nutritional, bowls and ADL. Pain charts and bed charts kept as needed, weighed within 24hours, weighed fairly frequently. Particularly if Nasogastric. Does swallowing assessment. We thickened fluids if necessary. Meals ordered as needed. There is a daily nurse assessment.

TEXT: Site Interviews- Tuesday.Pat Wilkin-SenStaffNursDaed (55/57)
 CODE: E Guid Prac & Perf Mgnt.E6 Continence (G:100)
 Continence - regular toileting. Continence pads supplied if needed. Catheterisation on basis of clinical need.

TEXT: Site Interview-Friday.EileenThomas-NursingDir (216/219)
 CODE: E Guid Prac & Perf Mgnt.E7 Trust perf mgnt (G:100)
 "Good Medicines Policy" held up by working with other issues but aim to implement soon. It will be audited – need to focus on big clinical issues in audit.

TEXT: Site Interview-Friday.EileenThomas-NursingDir (228/231)
 CODE: E Guid Prac & Perf Mgnt.E7 Trust perf mgnt (G:100)
 Cases of poor performance identified earlier. Getting evidence on poor attendance and behaviour is very hard – does depend on people telling us.

TEXT: Site Interview-Wednesday.GinnyDay-SenStafNursDryad (99/100)
CODE: E Guid Prac & Perf Mgnt.E7 Trust perf mgnt (G:100)
Critical Incidences - Risk assessment form - filled out Jan Deach, Toni Scammel. No feedback.

TEXT: Site Interview-Thursday.Joan LockExSisterSultan (112/117)
CODE: E Guid Prac & Perf Mgnt.E8 Consent (G:100)
Consent
Admission- tact consent to treatment
Most patients already transferred with treatment started elsewhere
Documentation for consent? Yes for surgery but not medical treatment

TEXT: Site Interviews- Tuesday.Linda Woods-Staff NursDaed (66/66)
CODE: E Guid Prac & Perf Mgnt.E9 Control of Infection (G:100)
MRSA -wear gloves aprons and aprons are colour coded

TEXT: Site Interview-Wednesday.AnitaTubrittSenStafNursDryad (61/63)
CODE: E Guid Prac & Perf Mgnt.E9 Control of Infection (G:100)
Quality care – wound care, patient MRSA – surgical wound – treated MRSA healed wound and transferred to NH.

TEXT: Site Interview-Wednesday.DebbieBarker-StafNurseDryad (28/30)
CODE: E Guid Prac & Perf Mgnt.E9 Control of Infection (G:100)
Nutrition and infection control good - patients screened. Daedalus and Dryad the same on patient control.

TEXT: Site Interview-Wednesday.MargaretWigfall-ENNursDryadNt (57/58)
CODE: E Guid Prac & Perf Mgnt.E9 Control of Infection (G:100)
MRSA time taken to tog up and detog to answer phone or attend to patients who have called.