

#TEXTJaneNeville

ExStaffNurse08.01.02

#CODENC

Jane Neville Ex Staff Nurse, Daedalus Ward.

General - came in Dec 98 (from Wessex Neuro) E grade til Sept 2000, to become F grade at QA. Only on Daedalus ward (helped elsewhere if staff short). Still at QA - stroke care ward - still Elderly Medicine - under this Trust - Will go to East Harts, ward will go elsewhere but unknown.

#ENDCODE

#CODEI2

At Daedalus - would be in charge if for G away, would hold the hospital bleep. Team leader for 8 patients - 8 stroke. Rest 16 Cont care. Then stroke & rehab. 16 stroke - sometime & 8 general rehab.

#ENDCODE

#CODED7

In 2000 she remembers. Changes occurred, preparation for change? Physios & OT's worked with it. Her neurology experience fitted in with changes. Does not recall stroke courses at the time, but there was a stroke form.

#ENDCODE

#CODEI2

Organisation of ward - Manager, F, other E/D. Some physio was ward based, some OT was ward based - sometimes. Needed ones?? From other areas.

#ENDCODE

#CODEG9

MDT met 2 x week, also met to get activities going. Plan care, meet families, 1 consultant Dr Lord did 2 ward rounds per week.

#ENDCODE

#CODEI1

Also locum SHO 8.30 - 5pm - Dr Yokorone?? Staff grade.

#ENDCODE

#CODEI1

Dr B would not attend MDT. She came in before her surgery. Would deal with patients, prescription charts, case by case. Would revisit later in the day. Would revisit to meet relatives. Nurses feedback to the team.

Separate notes at the time medical/nursing/ therapy. Nurses could write in medical notes.

#ENDCODE

#CODEG4

Transfers - QA/Haslar - GWMH. Lists kept in Eld Med Dept of patients waiting to come over. She would phone donor staff for extra information over and above the transfer letter contents. Letter from Consultant's ward visit, results of investigation.

#ENDCODE

#CODEG4

Quality of transfer? Would have to phone Haslar because of discrepancy, to gain clarification - but not too often.

#ENDCODE

#CODEG6

Transfers - QA/Haslar - GWMH. Lists kept in Eld Med Dept of patients waiting to come over. She would phone donor staff for extra information over and above the transfer letter contents. Letter from Consultant's ward visit, results of investigation.

#ENDCODE

#CODEG6

Quality of transfer? Would have to phone Haslar because of discrepancy, to gain clarification - but not too often.

#ENDCODE

#CODEC7

Transfers - QA/Haslar - GWMH. Lists kept in Eld Med Dept of patients waiting to come over. She would phone donor staff for extra information over and above the transfer letter contents. Letter from Consultant's ward visit, results of investigation.

#ENDCODE

#CODEC7

Quality of transfer? Would have to phone Haslar because of discrepancy, to gain clarification - but not too often.

#ENDCODE

#CODEC8

Transfers - QA/Haslar - GWMH. Lists kept in Eld Med Dept of patients waiting to come over. She would phone donor staff for extra information over and above the transfer letter contents. Letter from Consultant's ward visit, results of investigation.

#ENDCODE

#CODEC8

Quality of transfer? Would have to phone Haslar because of discrepancy, to gain clarification - but not too often.

#ENDCODE

#CODEG4

QA pts - Med Eld, Gen Med, Surg, QA hospital etc. Pts from non Eld Med wards did not have all needs met - just the specialist area. Receiving nurses/therapists did not go to QA to help assess potential transfers - feels it is a good idea.

#ENDCODE

#CODEC7

QA pts - Med Eld, Gen Med, Surg, QA hospital etc. Pts from non Eld Med wards did not have all needs met - just the specialist area. Receiving nurses/therapists did not go to QA to help assess potential transfers - feels it is a good idea.

#ENDCODE

#CODEC8

QA pts - Med Eld, Gen Med, Surg, QA hospital etc. Pts from non Eld Med wards did not have all needs met - just the specialist area. Receiving nurses/therapists did not go to QA to help assess potential transfers - feels it is a good idea.

#ENDCODE

#CODEI2

Her Induction at Daedalus - started about 10/12/98, some ward support. Shown round, then Xmas/New Yr, no structured induction. "Kind of found my feet". Did attend an induction day - late Jan/early Feb.

#ENDCODE

#CODED3

Appraisal - C grade did it. No formal clinical supervision. The IRP occurred in second year.

#ENDCODE

#CODEI2

Study leave - went on a course - tissue viability then ultimately she left. It was a good course.

#ENDCODE

#CODEI2

Mandatory Training - eg Fire/Rescue/Moving handling. Was told about these events.

#ENDCODE

#CODED3

Mandatory Training - eg Fire/Rescue/Moving handling. Was told about these events.

#ENDCODE

#CODEI2

Other training - ear syringing, extended roles, male catheter. Later IV training - refresher.

#ENDCODE

#CODEI2

Has attended syringe driver course whilst at Gosport Health Centre. Other sessions were held at The Rowans, Countess Mountbatten - training covered medication.

#ENDCODE

#CODEF2

Has attended syringe driver course whilst at Gosport Health Centre. Other sessions were held at The Rowans, Countess Mountbatten - training covered medication.

#ENDCODE

#CODED3

Would be supervised when starting syringe driver.

#ENDCODE

#CODEI2

General Training - ENB - some staff went.

#ENDCODE

#CODEI2

Loss/ Bereavement - sessions were held.

#ENDCODE

#CODEJ2

Complaints/Customer Care - she did not do it at GWMH, but Trust had a course available.

#ENDCODE

#CODEJ3

Complaints/Customer Care - she did not do it at GWMH, but Trust had a course available.

#ENDCODE

#CODEK2

Concerns about Colleague's Performance? Would talk it over with a colleague - policy was available. Culture did enable this.

#ENDCODE

#CODEF2

Did set them up - would assess/pts/rels. If there was a range - she chose lower end.

Would adjust dose and she would talk to doctor and rels. Would ring Dr B who would ring back. Found her approachable. Would come meet relatives.

#ENDCODE

#CODEG2

Recognises need to talk to families. But some nurses probably did not.

#ENDCODE

#CODED3

Could use GWMH Portfolio that she required. Worked here for 2 years.

#ENDCODE