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 Nurse05.03.02  
 #CODENC  
 Beds at GWM - limited  
 Geriatric Office keeps them a list

Transfer

Orthopaed admission - elderly fracture: need more time to get.

Vascular surgery - major dressings too much for district nurse. Staying in less than a week.

Used as a step down. GP's and elderly care two ??

Some GP's not enthusiastic to use it - Would ?? down GWM - think its inappropriate - don't always get a reason.

GP's might feel input too much for GP.

Pat set of needs.

Inconsideration

Surgery- One every three months.

Ortho nurse - an ?? to prep nurses - no real change.

Elderly care need to maintain GP beds frequently underused.

Ward

Solved Acute useage - now imobilise beds at rembrant? Step down - 3 extra Acute stay.

Fareham and Gosport - so difficult to get them out.

Out of hours - have to get patients out before 12pm/4pm?? - dependent on transport.

Problems with nurses not able to take IV's - problem - reason for not having them.

Forum - use to be a discussion group - fractured neck of femur pathway.

Weekly meeting nurses regularly - no used to have a senior nurses meeting - in end disbanded.

Discussed nurses visit wards daily.

Surgery and orthopaedics no discharge.

Prep patients for transfer - some happy to go there, some relatives visit GWMH.

Ambitious

Are same physio to physio ??

Nurse - nurse handover over the phone - though do note summary

GW - not aware of problems - impressed set up.

TTO nurses and docs check charts here. Anything order as TTO's and send them with them.

V acute, slow stream rehab.

Do get some patients back - appropriately.

OT and social services - referral will pick up at GWMH. Soc services - sometimes close case if moved hospital.

Cant pub felt SOC services funding - dreadful - PCT group slower.

Discharge planning

Comm wide discharge policy - do have service plan about what facilities are locally - has protocols.

Contact with district nurses.

Relationship with W Memorial - do ring for advice on wards etc.

Difficulties can trust manage occ therapists - now hardly see on ward - out following the patients lost. ?? a little - impact on communication.

Fractured neck of femur pathway has worked well with WM - has been simple.

Communication at WM a bit frosty sometimes wonderful to get nurses over.