

#TEXTSueNelson

Staff Nurse08.01.02

#CODE

D7Team working

1998 Days EN. E grade for last two years. Always on Daedelus ward (last 7 years).  
Some day shifts 3/2 nights / week. 4hrs/2ws. Role?? IC of ward + 3 staff. Sometimes  
IC of hospital over night.

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D3Nursing accountability

A/C to P Beed – Angela is F grade.

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D7Team working

For nights see PB at h-overs

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D11Performance man

Approachable. There is an IPR – done by PB – normally yearly. Trained to appraise  
(who does night staff)

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I2Nursing

?? but haven't. Clinical supervision – eg given on ear syringing.

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I5Induction

Induction? After starting. 2 weeks at QA people go on it. Training during the day.

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I6Mandatory

Told when. Fire lecture self done.

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I2Nursing

What other training – **lob??** Ward management. How decide what you do? Form and  
managers.

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C4Organisation of care

Daedulus: IC. 8 stroke & rehab. FF on pullway. 1/2 terminally ill. How know  
reason? In office & in notes.

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C2Effectiveness and Outcomes

Realistic? Not always as able. Same between hospitals. As referring hospital  
suggests.

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D7Team working

Communications? All handover verbal (case notes)

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D6Out of hours arrangements

1998 at night? Call out practice / H/call response time ok. Now H/call 3/4 hour wait prob? **On call ?? available** but never called.

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F1Prescribing

1998 SD's - **Range??** – written up to cover docs absence. Not misused. Not a problem. SD's not started at night. Shown how to use SD's.

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F2Administration

1998 SD's - **Range??** – written up to cover docs absence. Not misused. Not a problem. SD's not started at night. Shown how to use SD's.

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I2Nursing

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I2Nursing

If setting up 1<sup>st</sup> time, get peer advice. Step up now?

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F1Prescribing

New policy, not a problem if step up available. New policy – dose and increase. Who developed: didn't know

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F3Review

New policy, not a problem if step up available. New policy – dose and increase. Who developed: didn't know

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I2Nursing

How about new policies. PB sends them to staff.

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H1Patient care

If pt passes away. 1998 F grade certified ? tell relatives of unexpected – tell Doc. Now – certify, call Docs.

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H2Relatives and carers

If pt passes away. 1998 F **grade certified ? tell** relatives of unexpected – tell Doc.

Now – certify, call Docs.

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K2Ward arrangements

Untoward incidents: what policy? Risk assessment form – then to PB. New form, for all occasions completed a few. Get feedback – no but nothing major.

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D11Performance man

Concern about colleague performance? Go to PB depends on what. Ever been there.

Yes whistle blowing.

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D9Staff welfare

Drinking problem – all the staff did it, not well handled. Not sure would be better now.

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NC

**On holiday in 1998 for Dr B incidents. Not sure staff have had support – esp ??.**

**V. ?? ??? ???.**

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C3Access to services

Transfers – blue lights – A & E. (**Doc's ?? can't ??**) eg laceration 999 or to ward.

No long waits personally but heard of long wait.

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K2Ward arrangements

New policies sent out and memo from Philip Beed.

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NC

New pain **control EMI??** Deliveries

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F2Administration

Have you ever increased the dosage on nights? NO

Do you feel **syringe ?? have ever** been used inappropriately? NO

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D6Out of hours arrangements

Night cover? Health call Dr delay can be up to 3-4 hours (not always just sometimes)

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C2Effectiveness of outcomes

Effect on care? **Yes eg of man??**

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C8Neg patient exp

In retention & despite being trained do make catheterisation – could not proceed man uncomfortable & in pain.

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C2Effectiveness & Outcomes

Patients with confusion on - significant problem at night time? Yes eg. Impact on other patients. What happens in practical terms to manage? Change beds around, has known pts to be sedated – **not flattened??**, but if tormented.

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Humanity of Care

C5Patients with confusion on - significant problem at night time? Yes eg. Impact on other patients. What happens in practical terms to manage? Change beds around, has known pts to be sedated – not flattened??, but if tormented.

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C8Neg patient exp

Patients with confusion on - significant problem at night time? Yes eg. Impact on other patients. What happens in practical terms to manage? Change beds around, has known pts to be sedated – not flattened??, but if tormented.

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D11Performance man

Appraisal – who appraises other night staff? Prob Angela – the F grade or senior staff.

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C3Access to services

Transfers back to acute at night.

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C4Organisation of care

Transfers back to acute at night.

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G4Acute

If lacerations can no longer suture so book through ambulance service. If colleague dial 999. If deteriorating cond. D/W Dr on call who decides on action and who can send direct to ward.

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