

#TEXTAnneHasteClinical manager-Sultan

#CODENC

In Post since 1996-qualified in 1990-Staff Nurse and Acute Elderly medicine-Senior Staff Nurse-managed community Hospital ? and OPD and minor injuries

In Gosport 2 and half years as ward manager-June 1999

No other ward involvement

Worked occasional night duty

Network with other wards, need or in meetings. Some staff rotates due to staff shortages.

#ENDCODE

#CODEC3

we employ staff, ?, continence, care of elderly, palliative care, orthopaedic and intermediate care. NHS a nurse specialising in leg ulcers and postoperative wounds.

Awaiting a chronic lung course and some have done nutritional course. Otherwise staff have done health promotion and ITU courses.

#ENDCODE

#CODEI2

we employ staff, ?, continence, care of elderly, palliative care, orthopaedic and intermediate care. NHS a nurse specialising in leg ulcers and postoperative wounds.

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#ENDCODE

#CODED11

Annual appraisal -reviewed every six months.

#ENDCODE

#CODEI2

Management issue-doing postprac Clinical governance Course and gerontological course and done reflective course. During master degree and professional Policy Study and management Course

#ENDCODE

#CODEB3

Initially problems therefore different management style-everyone equally valued. After a course, changes implemented and evaluated

#ENDCODE

#CODEB3

Change to Intermediate Care, needs have to be met and management system 'Flattened'

#ENDCODE

#CODEI7

MDT-OTs, physio, speech & language therapist- weekly meetings. GPs sometime got to meeting particularly with regard to discharge. Not all GPs use this facility. EMI consultant sometime comes in.

#ENDCODE

#CODEG9

MDT-OTs, physio, speech & language therapist- weekly meetings. GPs sometime got to meeting particularly with regard to discharge. Not all GPs use this facility. EMI consultant sometime comes in.

#ENDCODE

#CODEG3

47 GPs- where there are new policies, they are relayed to GPs through one liaison (Dr Burgess). He has an interest in legal issues, other GPs use him as a resource.

#ENDCODE

#CODEG3

Discussion about Resus Issues. Some Gps reluctant to make decision regarding DNR and end of life.

#ENDCODE

#CODEH1

Discussion about Resus Issues. Some GPs reluctant to make decision regarding DNR and end of life.

#ENDCODE

#CODEH2

Discussion about Resus Issues. Some GPs reluctant to make decision regarding DNR and end of life.

#ENDCODE

#CODEH2

Relatives are appropriately prepared for death in advance

#ENDCODE

#CODEH2

Palliative care- relatives are normally involved in decision making. Understandably checked. Work with hospice and Dr Dubion regarding palliative care.

#ENDCODE

#CODEE3

Palliative care- relatives are normally involved in decision-making. Understandably checked. Work with hospice and Dr Dubion regarding palliative care.

#ENDCODE

#CODEF1

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.

#ENDCODE

#CODEH2

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

#ENDCODE

#CODEF1

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

#ENDCODE

#CODEH2

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

#ENDCODE

#CODEF2

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

#ENDCODE

#CODEF3

Looking at patient as a whole, by treating, drugs can be reduced if reviewed. Unusual to use syringe drivers. Hyosine and sedation usually use for chests.

#ENDCODE

#CODEF1

Looking at patient as a whole, by treating, drugs can be reduced if reviewed. Unusual to use syringe drivers. Hyosine and sedation usually use for chests.

#ENDCODE

#CODEG3

GPs usually come in daily

#ENDCODE

#CODED11

staff appraised every 6 months. HCSW by E and F grades

#ENDCODE

#CODEF4

If doctor makes a prescription error, prescription may be taken to doctor by porter.

#ENDCODE

#CODEK1

'Rogue Doctors' talked to directly, otherwise Chairman of Local medical council and Toni Scammel.

#ENDCODE

#CODEG3

good rapport with GPs

#ENDCODE

#CODEG9

All information there is for drugs and palliative care from pharmacies and hospices

#ENDCODE

#CODEA4

All information there is for drugs and palliative care from pharmacies and hospices

#ENDCODE

#CODEF2

drugs used by patients through self-medication are taken care of by the patient themselves.

#ENDCODE

#CODED9

exit Interviews- there has been two received recently.

#ENDCODE

#CODED10

bank nurses and retired nurses offered work. Agency nurses are used at present due to current circumstances

#ENDCODE

#CODEE4

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

#ENDCODE

#CODEH2

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

#ENDCODE

#CODEE4

Hoping to introduce Buffet breakfast

#ENDCODE

Document1

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2