

#TEXTGinnyDay

Senior Staff Nurse - Dryad 9.1.01

#CODEI5

Induction - Tommy Scammel presented. Discussed role and outcomes, future, wrote objectives. Induction day organised by Personnel.

#ENDCODE

#CODED11

Personal Development Plan.

#ENDCODE

#CODEI6

Last 6/7 months clinical training - exp from elderly people in surgical ward from past.

#ENDCODE

#CODEI2

Specific to ward - learn on job. Future CG Continuing care which is every two months.

#ENDCODE

#CODED11

IPR. Objectives discussed with Tony. Future IPR. Appraisal in role - will begin soon appraising others -> E Grades.

#ENDCODE

#CODEI2

System for clinical supervision - not involved in formal manner. Aware what is going on. E grades supervise philipino's.

#ENDCODE

#CODENC

No formal system for reflective practice. [Taken on so much info in short space of time].

#ENDCODE

#CODEC4

Ward Description. Continuing care - ward before Nursing Homes -> medical needs -> waiting for nursing home.

#ENDCODE

#CODENC

Difference between continuing care and rehab - less physio. Continuing Care may contain patients who need more medical/nursing care. Rehab needs - no fast stream rehab patients.

#ENDCODE

#CODEG2

There is reluctance by relatives to move to Nursing Home.

#ENDCODE

#CODEC8

There is reluctance by relatives to move to Nursing Home.

#ENDCODE

#CODENC

Patients - Daedalus, Q+A, Haslar, no direct admission. Admission -> faxed letter, Dr is informed staff grade, own assessment.

#ENDCODE

#CODENC

A uniform admission -> documentation needs improvement / prob being addressed, training admission pack. B form is complicated cannot distinguish key issues - presently not uniformly used throughout admissions.

#ENDCODE

#CODEG7

Discharged from Q + A - admitted to Social Services but when -> GWMH - Social Services will remove from list so GWMH needs to admit to Social Services again.

#ENDCODE

#CODEE5

Patients come with a care plan.

#ENDCODE

#CODEC7

On arrival patients treated with dignity.

#ENDCODE

#CODEG1

Communication - when beginning employment, communications could be improved. Now improved.

#ENDCODE

#CODEG4

Communication - when beginning employment, communications could be improved. Now improved.

#ENDCODE

#CODEG6

Communication - when beginning employment, communications could be improved. Now improved.

#ENDCODE

#CODED11

Manager meeting monthly, monthly ward meetings, cascade from manager to ward level.

#ENDCODE

#CODEI4

Meeting/info succinct.

#ENDCODE

#CODEE

Policy translations - new changes - talked at mg meetings, minutes from mg meeting - D Ward meeting, memos sent out.

#ENDCODE

#CODEE11

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

#ENDCODE

#CODENC

Generally aware of new policy before formal policy

#ENDCODE

#CODED2

Medical Dr - Comms. - set days on wards, prepares before next day consultancies, access on days not in ward - bleep.

#ENDCODE

#CODEC4

Medical Dr - Comms. - set days on wards, prepares before next day consultancies, access on days not in ward - bleep.

#ENDCODE

#CODEC8

Nights - healthcall - local practice cover - healthcall. Response times - poor.

#ENDCODE

#CODEC4

Nights - healthcall - local practice cover - healthcall. Response times - poor.

#ENDCODE

#CODENC

No called reg - does not do nights so cannot comment on healthcall.

#ENDCODE

#CODEC4

MDT meetings - in five months not attended but has not been asked. - feels size of hospital informal MDT meetings ie bump into physio.

#ENDCODE

#CODEG9

MDT meetings - in five months not attended but has not been asked. - feels size of hospital informal MDT meetings ie bump into physio.

#ENDCODE

#CODED7

MDT meetings - in five months not attended but has not been asked. - feels size of hospital informal MDT meetings ie bump into physio.

#ENDCODE

#CODEC4

1988 - No change in expectations of rehab.

#ENDCODE

#CODED10

Staffing. Should be assessed when at full capacity. - Problem with A/L and sickness at the same time. Staff resource pool is too small. Agency cover - difficult to get qualified agency nurses.

#ENDCODE

#CODENC

Pain management - assess degree of pain/ response - no-one on syringe drivers, 5 month - 3 syringe drivers. Good practice - >careful consideration before syringe driver is used. Establish pain level, reg analgesia, analgesia is no working, swallowing problems. Patient on morphine amount calculated. [Should be a policy - not read policy as of yet]. [Anxiety of syringe drivers in hospital since 1998].

#ENDCODE

#CODENC

Pain management chart to monitor drugs - monitored every 4 hours - dosage increased. Stopped and prescription be reviewed. Prescription written down. PNR - as and when - increase in PNR may indicate increase in syringe prescription.

#ENDCODE

#CODEI2

Training in syringe driver. Personally been trained. Generally - should receive training from basic nursing - not sure of formal training at GWMH.

#ENDCODE

#CODEE7

Critical Incidences - Risk assessment form - filled out Jan Deach, Toni Scammel. No feedback.

#ENDCODE

#CODENC

Near misses - [not sure of definition] - no experienced

#ENDCODE

#CODEB4

Main reporting - falls, trips.

#ENDCODE

#CODED11

Main reporting - so incident reporting is happening.

#ENDCODE

#CODEB4

Monitoring indicators - Toni Scammel is doing drug audits. Would not know trends of incidences.

#ENDCODE

#CODEG9

MH issues. - Referral if needed, patients of both levels of MH which is manageable. No patients that wander. General patients that are very immobile. Good support from Dr Banks - very formal support, informal support.

#ENDCODE

#CODEC4

MH issues. - Referral if needed, patients of both levels of MH which is manageable. No patients that wander. General patients that are very immobile. Good support from Dr Banks - very formal support, informal support.

#ENDCODE

#CODEC5

Very impressed with nursing care since arriving. - How - quality of care excellent, ward clean, patient clean, staff good basic nursing, training needs opportunities.

#ENDCODE

#CODEC7

Very impressed with nursing care since arriving. - How - quality of care excellent, ward clean, patient clean, staff good basic nursing, training needs opportunities.

#ENDCODE

#CODEI2

As ward manager. More expertise. Development -> 1 teaching qualification, 2 Pain management course, not as reflection of care, 3 nutrition course - input from dietician weekly.

#ENDCODE

#CODENC

Access to external expertise

#ENDCODE

#CODEG5

Pain mainly palliatives. - Refer to advise Mount Batton Centre, Palliative Care Centre, Hospice people, speaks to staff grade - refers to Mount Batton. Advisor should attend patient and report.

#ENDCODE

#CODEG2

Communications - relatives. Support for staff. No formal training. Learn on job.

Personal learning. Elderly care course.

#ENDCODE

#CODEI2

Communications - relatives. Support for staff. No formal training. Learn on job.

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#ENDCODE

#CODEI6

Communications - relatives. Support for staff. No formal training. Learn on job.

Personal learning. Elderly care course.

#ENDCODE

#CODED11

Role of manager (Toni Scammel) would be to assess individuals IPR and indicate training need.

#ENDCODE

#CODEB1

Standard of care is very high. Improved by new H grade structure and training and development.

#ENDCODE

#CODEI2

Standard of care is very high. Improved by new H grade structure and training and development.

#ENDCODE