

#TEXT **Code A** DT10.01.02

#CODED4

April 2001, Daedalus. Line manager **Code A** Basic Grade on location

#ENDCODE

#CODEB2

Structure, no-one is ward based. Work alongside Rehab. **Code A** stroke. **Code A**

Code A Fareham and Gosport area manager for OT. **Code A** Distinct

Manager. **Code A** GWMH / Clare St Clins.

MH has similar structure - not as close in links. Unit more self-contained.

#ENDCODE

#CODEB4

Daedalus - rehab / stroke. Variety, fluctuate in case loads.

#ENDCODE

#CODEC3

Referral system

No standard, fill out of referral

OT would pick up referral

#ENDCODE

#CODEB3

Future- fax referral to central office. Social Services and OT will be based in a central office with outreach workers-Sept 2000 new service started.

#ENDCODE

#CODEB3

There will be no ward OT

Officially community OT

#ENDCODE

#CODEB3

caseload divided- based in locality but cover speciality

orthopaedics

trauma orthopaedics

medical team

complex

general rehab

strike rehab

#ENDCODE

#CODEA4

Health and Social Service, OT services going to be integrated?- Not sure if it will happen any more but close links anyway-good working relationship.

#ENDCODE

#CODEE1

Patients discharge delays

There has been delayed by specialist equipment- Healthcare responsibility not a common occurrence.

#ENDCODE

#CODEG9

joint equipment services

request can be faxed and received the next day

#ENDCODE

#CODEG9

Communication is v.good, v.informal. and comfortable about passing information good or bad

Finding out trust strategy

News letters

Updates through pensions

Inductions- Found out changes about the PCT

Feels informed

#ENDCODE

#CODEI3

Supervision arrangements-AHP

Good supervision

Go for a while without formal supervision-however, plenty of informal supervision

Can access supervision from haslar/Q&A

#ENDCODE

#CODEI3

Written contract of Supervision

Audited supervision

Criticism-did not note what area was information coming from

#ENDCODE

#CODEI6

been on two stroke courses

mandatory training- fire,CPR,updates, moving and handling and personnel responsibility

#ENDCODE

#CODEI7

Joint Training

There were opportunities to organise sessions for joint attendance

MCT training

PD Training at St Mary's

#ENDCODE

#CODED7

patients categories

if patient wrongly referred for rehab-medically unwell-Bartel of 1

criteria for bed planning

#ENDCODE

#CODEE10

patients categories

if patient wrongly referred for rehab-medically unwell-Bartel of 1

criteria for bed planning

#ENDCODE

#CODEE11

patients categories

if patient wrongly referred for rehab-medically unwell-Bartel of 1

criteria for bed planning

#ENDCODE

#CODED7

yes there is nursing involvement in decisions to refer fro therapy-this is ascertained through assessment.

#ENDCODE

#CODEG4

Transfer of Information

-notes are sent over

-database-technological only up and running since June 2001.

Notes should carry stamp of treating OT

Database in not computer linked.

#ENDCODE

#CODEG6

Transfer of Information

-notes are sent over
 -database-technological only up and running since June 2001.
 Notes should carry stamp of treating OT
 Database in not computer linked.
 #ENDCODE
 #CODEC2
 Assessment of patients
 -Daedalus-good MDT
 -background notes
 -speak to nurses/physio
 -interview forms-functions
 -ring next of kin
 -set of goals
 -home patterns
 -social networked
 -further assessment
 stroke-neurological assessment-cognitive, Rivermead assessment tool,CONTAB
 assessment tool, Chessington O.T neurological assessment battery, Visual screening test
 and standard neuro screens.
 #ENDCODE
 #CODED7
 Joint work with physio-but would like more joint working
 #ENDCODE
 #CODED7
 Joint working with nurses and medical staff?- good with nurses, but ward is not as
 rehabilitative
 Time limit effects care plan
 #ENDCODE
 #CODEI7
 Therapy services involvement in general training of other staff?
 -not sure if there are therapy services in general training.
 -involved when explaining individual case by case
 -involved in positioning of patient
 The shortness of staff limits training
 #ENDCODE
 #CODED4
 OT technicians-support workers
 #ENDCODE
 #CODENC
 Falls check list-MDT tool-Margaret Sprake, OT Technician
 #ENDCODE
 #CODED8
 Elderly mental Health problems
 -Staff not very well equipped with cognitive problems
 -use of bank nurses or HCSW who are not very well trained.
 #ENDCODE
 #CODEI7
 links between Elderly medicine and Mental health Elderly medicine
 are by case by case rather than general training.
 #ENDCODE
 #CODEC2
 Good at detecting depression- have a scale tool (maybe GDS Geriatric Depression
 Rating Scale?)

-Mini mental tool -to detect Cognitive impairment. 1-10 scale.

#ENDCODE

#CODEC6

How do patients spend their day?

-watch television

-no occupational opportunities/no prog

-activities co-coordinator-but does not do anything specifically

#ENDCODE

#CODED1

Main problems are

-Staffing-stretched

-too many qualified

-this will effect the care plan

#ENDCODE

#CODEE2

carer and relative involvement-DNR

-OT would read notes

-Clearly documented and accessible to OT

-no space on OT form to write about DNR or end of life arrangements

#ENDCODE

#CODEE5

Patients documents

Beds notes-care plan

Nurse notes-care plan

Reports Therapy Section

MDT Notes

Homes and assessments

#ENDCODE

#CODENC

Daedalus- ward manager

Not very personable

Very complacent

e.g. need staff for visit- would not help give any staff away

not very helpful in trying to resolve problems

not very flexible

not v.good communicator

not hands on

would speak to nurses about patient before going to him.

#ENDCODE

#CODED7

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#CODED7

Home assessment-nurse involvement

And student involvement.

#ENDCODE