

#TEXTTinaDouglas

StaffNurse09.01.02

#CODEI2

Worked for ?? for 8 years at GWMH. Nights on wards. Redcliffe QA/F grade Dryad 1995
Days 18M/ ?? off. Sultan E grade PT?? For 3 years. ENB care for dying, elderly with
diabetes.

#ENDCODE

#CODEE10

Dryad? Continuing care and palliative care. Long length of stay/cohort of patients. Change
started.

#ENDCODE

#CODEB3

Manicured?? that change.

#ENDCODE

#CODEG2

Talk to relatives. Good rapport with "regular" relatives. Sultan Ward - dramatic
improvement was "nursing home" better???

#ENDCODE

#CODEB3

Slow turnover, low occupancy, little acute. Now new manager, more acute, better working.
Was hierarchical / "tasky"?? - now team nursing . How did patient care improve?

#ENDCODE

#CODEE10

Slow turnover, low occupancy, little acute. Now new manager, more acute, better working.
Was hierarchical / "tasky"?? - now team nursing . How did patient care improve?

#ENDCODE

#CODEE11

Slow turnover, low occupancy, little acute. Now new manager, more acute, better working.
Was hierarchical / "tasky"?? - now team nursing . How did patient care improve?

#ENDCODE

#CODED7

Slow turnover, low occupancy, little acute. Now new manager, more acute, better working.
Was hierarchical / "tasky"?? - now team nursing . How did patient care improve?

#ENDCODE

#CODEG1

Better comms - better rapport, staff morale, better care. Patient mix? Rehab, terminal
care, can't care, respite.

#ENDCODE

#CODEG2

Better comms - better rapport, staff morale, better care. Patient mix? Rehab, terminal
care, can't care, respite.

#ENDCODE

#CODED9

Better comms - better rapport, staff morale, better care. Patient mix? Rehab, terminal
care, can't care, respite.

#ENDCODE

#CODENC

Pain may?? Policy.

#ENDCODE

#CODEF4

Not involved in developing, new chart could be improved - no space for nurse.

#ENDCODE

#CODED7

Signature - Toni's. Awaiting feedback from nurses. Rehab - CE decision? Discuss with GP
rels with pt. Maybe Genaticea?? view also?

#ENDCODE

#CODEE1

Care whilst waiting for discharge? Normal regime - ?? team meet, discuss pt, etc - care
plans.

#ENDCODE

#CODEE4

All dependant pts on food & chart? 48 hrs then reviewed. Dietician involved - good input
from dietician.

#ENDCODE

#CODEC2

Falls? Individual risk assessment - eg. BP assessment, hip protection.

#ENDCODE

#CODEC6

Wanderers? Closed doors, no bell, no "spenialing"?? - staffing resources.

#ENDCODE

#CODED8

Challenging ??? MHE?? Assessment from Dr Banks, continuing care and pain??

#ENDCODE

#CODEH3

How work in practice? How agree terminal. GP decides "end stage" same in discussion??

#ENDCODE

#CODEE3

Need to find?? question time for pt and family - difficult to focus on that family. GP decides
pathway working with nurses.

#ENDCODE

#CODEH1

Need to find?? question time for pt and family - difficult to focus on that family. GP decides
pathway working with nurses.

#ENDCODE

#CODEH2

Need to find?? question time for pt and family - difficult to focus on that family. GP decides
pathway working with nurses.

#ENDCODE

#CODEE3

Sometimes Countess Mount Batten come out and give advice. Ceradualed?? normally
have plan for pain.

#ENDCODE

#CODEF1

What doesn't work well? GP dosages. Room is ?? about dosages. Some 10mg, some 10 -
40mg.

#ENDCODE

#CODEF4

Documented, record in care plan with cardex.

#ENDCODE

#CODEF1

Pharmacists involved sometimes.

#ENDCODE

#CODENC

Anything else? Want to be positive. Positive things will be seen & come out of it. Care is
good compared to acute hospitals - time spent with pts - care given is good.

#ENDCODE

#CODEC1

Its improved over 8 years. N practice improved.

#ENDCODE

#CODEC2

#ENDCODE

#CODEG2

But - a relatives room is needed, relative facilities.

#ENDCODE

#CODEC6

#ENDCODE

#CODEE4

Meals ordering is complex, tick sheet 2 days ahead (bar?? Sheet) ?? - nursing staff -
beeper or who??

#ENDCODE

#CODENC

Ancillary process - non-nursing duties: "Can you come & get the meal, xray....."

Good qual.

#ENDCODE