

DRYAD WARD

MINUTES OF WARD MEETING 14.11.01

CHAIRPERSON - SENIOR STAFF NURSE GINNY DAY

APOLOGIES

Code A

DRUG CHARTS

- ❖ **Syringe driver documentation trial.** The new charts were shown to the group. The date for trial of other related documents is to be arranged.
- ❖ **Drug chart continuation sheets.** There should be no omissions. The reason why a drug had not been given should be recorded in the appropriate place on the back of the chart. It was agreed that a new chart should be written by Dr Yikona after one continuation sheet had been completed. Ginny will speak to Dr Yikona about this matter.
- ❖ **Labelling of syringe drivers.** It was decided by those present that all syringe drivers should now be labelled regardless of content. The group was told that appropriate labels were on order.
- ❖ **GP prescription of analgesia.** There was some concern within the group that GP's asked to see a patient out of hours were not using the analgesic ladder when ordering pain relief. It was thought that a set of guidelines for their use should be devised. Ginny to action.

CARE PLANS

- ❖ Those present were reminded that care plans constitute a legal document and can be used in a court of law. They should in all instances be named, dated and patients hospital number should be evident
- ❖ A new transfer check list is to be implemented when transferring a patient into continuing care wards. Ginny was not certain if Dryad should be using them to transfer patients out of Dryad to other continuing care wards. She will clarify this.
- ❖ Examples of how to fill in the care plans were given eg the recording of urine output when emptying catheter bags was considered not necessary unless otherwise indicated then a daily fluid balance chart should be used.
- ❖ HCSW's can fill in the care plans but each entry must be countersigned by a trained member of staff. **Code A** expressed her concerns about this practice as she did not feel it was appropriate to sign for work she had not personally seen carried out.
- ❖ Where possible the patients were to be included in planning care to endeavour to achieve a holistic approach to care.

- ❖ Care plans are to be used only for an identified or new problem. Once the problem has been resolved it should be marked resolved and filed in patients notes.
- ❖ Night care plans only to be used if a sleep problem has been identified. Some night staff present seemed to think that this might be detrimental to patient care at night as new staff wouldn't know how to settle the patients in a way to make them comfortable. It was suggested that a separate sheet of paper be used with the advice required and put at the front of the care plan folder.

OTHER MATTERS

Risk event forms should be completed if staffing levels fall below safe levels.

Ward staff to contact catering supervisor if there are any complaints about food.

Unacceptable ward temperatures have once again been reported. Thermometers are to be purchased and ward temperatures are to be recorded am and pm at the same time for a three month trial period.

It was felt that hand overs as we do them now may be counter productive and that possibly only significant changes need to be passed on especially to staff that were on duty the previous shift. There was mixed feelings within the group about this and it was decided to discuss it at a later date.

Code A handed over information about the new computer which is to be installed. The date for this was given as Tuesday 20.11.01. She hoped as many people as possible could be present for training.

The night staff were invited to join the existing nursing teams on the ward. There was some night staff who didn't think it would work and they agreed to give it some thought.

It was revealed to the group that there would now be two trained staff on duty at night.

There will be two trained nurses on duty each day shift. Hopefully one from each team.

It was discussed if the night staff could take over some of the jobs usually done during the day. Anita Tubritt said that her staff would take on the ordering of the stock pharmacy items each Thursday and the ordering of the HSDU. The night will now also check the suction equipment and enter the names on the menu sheets. Thank You.

Ginny told the group that representatives from CHI would be on Dryad Jan7th to 11th. Updates about CHI can be found in the folder created for this purpose. We were reminded that there were open forum meetings this month for anyone with questions to ask and that the dates were on the posters in the Activity room.

The question of communication was again mentioned. It was decided by those present that any thing that needed to be seen by everyone should be displayed for a certain length of time and as you read it you signed next to your name on sheet created for this purpose. The item would then be filed and it would become your responsibility to get it read. The night staff said they would continue using their communication book as well.

CPR status of all patients will be clarified by next meeting. Several ideas of were to put this vital information that could be quickly accessed when needed where put forward but no definite plan was decided upon. It will be discussed again at the next meeting.

A list of commonly used drugs was requested. **Code A** to action this.

Hours to be negotiated for **Code A** to bring up to date all issues connected with Infection Control.

**THOUGHT FOR THE MEETING
FROM DEPARTMENT OF HEALTH MARCH 2001**

“Older patients often require more intense, more skilled and more specialist nursing care than younger adults who are less likely to present with the complex picture of physical, emotional and social problems.”

**DATE OF NEXT MEETING
19.12.01**

**TEAM LEADERS MEETING
28.11.01**

THANK YOU ALL FOR TAKING THE TIME TO ATTEND.