

## INTRODUCTION TO GOSPORT WAR MEMORIAL HOSPITAL

The Hospital was built as a memorial to those who died in the Great War of 1914-1918. Field Marshall Earl Haig laid the Foundation Stone in 1921. The whole project was financed by the local community who made a regular monthly subscriptions, annual voluntary contributions, and public fund raising with organised auctions of household furniture and fittings, and fetes. Building work began in May 1921, and the original plan of forty beds was scaled down to twenty-six.

Gosport War Memorial is a Community Hospital and it was formally opened by Major General Sir John Davidson MP on April 28<sup>th</sup> 1923 complete with its own X-ray department. A new extension was added on in 1932 with the money left over from the initial fifty thousand [£50.000] pounds raised for the Hospital. In 1991 the Hospital had a further renovation and extensive building development to arrive at the present broadening facilities that operates from the premises.

Included below are all the other wards and services currently available in the Hospital before giving a fuller exposition of what Sultan Ward can offer the students.

### DAEDALUS WARD

This is a twenty-four bedded unit, of which eight is reserved for slow-stream rehabilitation, fifteen for continuing care, and one for shared care.

### DRYAD WARD

A twenty-bedded unit that caters for post-acute medical, surgical, and slow-stream orthopaedic rehabilitation.

### MULBERRY WARD

A forty-bedded unit for the Elderly Mental Health patients. This unit is currently divided into three sections, serving the functionally and organically ill patients, however, this is been looked into with a view to having two sections only.

### BLAKE WARD

A maternity unit with ten beds and two delivery rooms. This ward unlike the rest of the Hospital functions under the auspices of St Mary's Hospital.

### DOLPHIN DAY HOSPITAL

This is a Day Hospital provides short courses of medical assessment and/or rehabilitation. The unit is supervised by two Consultant Geriatricians with nurses on site from Monday to Friday. Patients have access to physiotherapist, occupational therapist, speech and language therapist, chiropodist and also the services of a dietician should the need arise. Occasionally some patients attend the day unit just for Ace and L-Dopa trials. It has a capacity for fifteen patients, and they have their lunch in the unit as part of the service.

### PHOENIX DAY HOSPITAL

This is an assessment unit for Elderly Mental Health patients. It has its own occupational therapist, physiotherapist, and Community Psychiatric Nurse. Group Therapy forms part of the assessment process in this unit which is open Monday to Friday. ECT is also available as a treatment, and a sensory room has recently been established.

### OUT-PATIENT DEPARTMENT

The OPD has several visiting consultants with differing specialities. The clinics are held in the weekday, and the patients are from the local community who have been referred by their own GPs. Some patients however, are in-patients who have been admitted for medical or surgical reviews or urgent assessment or treatment. At present there is also a Minor Injuries department in operation in this unit, but this will be closed on the 31<sup>st</sup> of July 2000, and the service will be taken over temporarily by Haslar Hospital.

The Hospital also has a well-equipped X-ray, Physiotherapy and Occupational Health Departments. The students who are on placement are welcome to visit these units to see how they work in conjunction with the other services. There may be occasions when the students could take part in the patient's home assessment by the physiotherapist and the occupational therapist.

### SULTAN WARD

This is a twenty-four bedded GP medical unit. It comprises of ten separate rooms, six of which are for single occupancy, and three of these are en-suite. There is one six bedded area and the remainder three rooms have four beds each. All the rooms also have their own wash basins.

The patients are from the local community, and are admitted for various medical reasons. Some patients require observation prior to treatment, some needing assessment for pain, some are for rehabilitation following surgical procedures, some are admitted for treatment for acute infection. A percentage of our patients are admitted for palliative and terminal care. There are also patients who come in periodically for medication readjustment and respite care.

We are looking into developing team nursing, and all students are given the opportunity to observe and participate in all aspects of care. There are nine qualified staff on the day shift, and we each have their own expertise [diabetes, stoma care, wound care, tissue viability, nutrition etc] which the students can glean information and knowledge from.

The students are also encouraged to observe the input by the physiotherapist and occupational therapist to gain a better understanding of the processes that go into rehabilitation work. This process provides a greater insight into the on-going support given to the patients that enables them to return to their own homes and live a fairly independent life. Often this process involves the Social Services department and sometimes the District Nurses as well. This cycle of input portrays a vivid account of how a multidisciplinary team works.

## STANDARDS OF PRACTICE

The physical environment is well equipped for comfort, dignity and privacy. For the purpose of safe lifting and handling of patients there are three Wessex overhead hoists, and two mobile Dextra and one Sara hoists. We also have an Oxford hoist for patients who weigh over twenty-five stones. Glide sheets are used for moving or turning patients in bed.

All the beds have either Transfoam mattresses, Pegasus Airwave, Biwave plus, or Transair for pressure relieving. There are also pressure-relieving cushions for the armchairs for those patients whose medical condition dictates their physical status.

There is a call-set plugged into a console over each bed, this set enables the patient to call the nurse, on this console is also a detachable earphone for listening to the radio and the television. There is a mobile telephone on the ward for the patients who wish to contact their families and friends.

A large communal lounge at one end of the ward serves as a dining room and sitting room for the patients and visitors. There are a television and a music centre in this room, however there are also several portable televisions for those who are unable to go to the lounge.

## DOCUMENTATION: Admission Pack

Enclosed is an admission pack with an updated Social Services referral and Health Summary for the same service. These documents are regularly reviewed and evaluated. This pack is in current use, and is also used in the community setting, though there has been a recent review, so a change might be in the pipeline.

The student will be supervised and overseen by her assessor during her placement, but in the absence of her assessor, another qualified staff will act on her behalf. All the students will have ample opportunities in assisting in the admission process, and this will form

part of the student's learning and exploration of the importance of observation, accurate documentation, and planning of individualised care.

All the students coming to Sultan Ward are invited to look through the pack closely, and perhaps prepare some questions with regards to the reasoning and ethics underpinning each piece of document.

## ADMISSIONS

The Named nurse and her associate nurse, or the student who is helping the admission should introduce themselves to the new patients. The patient and relatives are given some information about the ward, for example, the visiting time, the Hospital telephone number etc. A ward booklet is being revised at present.

Each patient is allocated to a qualified nurse who is then responsible for assessing, planning, evaluating, and implementing the initial care for this particular patient. It is hoped that when team nursing is fully developed in the ward philosophy, the named nurse will also be the co-ordinator of care with other disciplines and agencies for that patient throughout his or her stay.

The patient's blood pressure, temperature, pulse, weight and urinalysis are checked and recorded as soon as the patient is made comfortable. This is followed by a body check for skin integrity, any skin blemishes or discoloration is recorded, all pressure areas assessed and documented in the Waterlow Pressure Sore prevention Chart, and the body chart. This procedure should be done within two hours of admission so that the patient's risk of developing pressure is ascertained, because a high risk factor means the patient needs a pressure-relieving mattress and cushion.

## CONCLUSION

This is a very brief description about GWMH and Sultan Ward in particular. We hope this has been useful to you and has stimulated your interest to invest some time to learn more about us. We are happy to answer any queries you may have, and hope that your stay with us will be an enjoyable and fruitful one.

On completion of your placement, we would appreciate any comments, positive and negative, in order that we may adapt the service to serve nursing in the Community Hospital at its best.



### Introduction for Student Nurses

Our ref

Sultan Ward is a 24 bedded GP unit in Gosport War Memorial Hospital, <sup>Your ref</sup> and it is part of the Portsmouth HealthCare Trust.

Date

The ward caters for a wide variety of patients from the local community. Patients are admitted for medical care, assessment, observation, rehabilitation, palliative, and terminal care. We have no age bar, however, the majority of our patients are over the age of sixty.

The nursing staff works closely with other professionals, GPs, physiotherapist, occupational therapist, social workers, pharmacist, and district nurses. We also have access to the X-ray department, outpatient consultant referrals, community dentist, chiropodist, and speech therapist.

We practice primary care nursing, and each patient is assigned a trained staff on admission. The primary carer will assess, plan, implement, and evaluate care and needs of the individual patient in conjunction with the patient, and if appropriate the patient's carer and family are involved in the process.

#### What can we offer each student?

Each student is assigned an assessor as soon as we receive notice of the student's impending placement. The student is welcome to come to meet her assessor to plan her timetable to facilitate her role into the ward. Depending on the time span of the student's placement, and the stage of the individual's development, we can offer a very varied scope of learning, some of which I will list below.

1. The admission process; the complexity and psychology of this process will give the students many objectives for EBLs.
2. The assessment and planning of care.
3. The evaluation of care in each stage of health progress, and documentation.
4. Disease process and its impact on health, particularly in the older patients.
5. Participation in ward and home assessment by the occupational therapist.
6. Involvement in physiotherapist input.
7. Assist trained staff in medication administration.
8. Working in a team for a common cause.
9. Learn about wound care, stoma care, etc.
10. The workings of a Community Hospital

In return we expect the students to be appropriately dressed, be punctual, and adhere to the UKCC code of conduct. We will endeavour to be supportive, and assist you in your clinical application and theoretical exploration.

COMMUNITY HEALTH SERVICES

---

**Gosport War Memorial Hospital**  
Bury Road, Gosport, Hampshire PO12 3PW  
Tel: 01705 524611 Fax: 01705 580360

