Other Document Form

Number 11887

Title COPY OF DOCUMENTS FOR EVERSHEDS - FEB - 2007

(Include source and any document number if relevant)

Receivers instructions urgent action Yes / No			
			airea
		•	
Document registered / indexed as indicated		7	
No(s) of actions raised			
Statement readers instructions		Cod	A eb
		4	
Indexed as indicated		7	-
No(s) of actions raised			
Examined - further action to be taken		ОМ	SIO
Further actions no(s)		Inde	xer
When satisfied all action raised Office Manager to endorse other Document Master Number Form.			
	<u> </u>		

EVA PAGE

OPERATION ROCHESTER

Report summarising screening assessment of first 61 cases analysed

This report is compiled from the annotations made during the initial screening of each case. No subsequent editing or amendment is included in this report. However, it should be noted that only the first 20 cases were screened truly blind. In assessing the first 20, I applied the same standards as I would to my own practice, ie that of an experienced medical practitioner in the specialty of palliative medicine. It is my personal belief that excellent clinical practice, ie the best possible decision making given the clinical information available and the patient's preferences, should be the same in all settings, whether specialist or generalist.

However, during the conference after the screening of the first 20 cases it was made clear to me that I was setting an unrealistically high standard for practice in a rehabilitation/continuing care setting. My assessments of all subsequent cases were influenced, therefore, by the views of the other members of the clinical team. There will not be complete consistency in my assessments between the first 20 cases and the subsequent ones.

The screening matrix used for scoring in all cases was as follows:

Care Death/Ham	Optimal 1	Sub-Optimal 2	Negligent 3	Intend to Cause Harm 4
Natural A				
Unclear B				
Unexplained By Illness C				

In each case the screening assessment was made contemporaneously with the study of that case record. It was not made retrospectively at a later date from my handwritten notes, atthough they informed my judgement by summarising the important points I abstracted when going through each record.

The following table brings together the assessment notes made on each patient and my own screening assessment score, prior to discussion with other members of the clinical team.

+1

0658

Number	Name		Score	Clinical Comment	Missing Data
		1.1149			
		FINE !			
		GU, T			
		1,100 %			
		1." "	40		
		1,795			
		17548			
		11111			
		\$11-17	440		
		1,017			
		17,334.			
		10000			
		Park	7		
;		11725			
,		فرهزور في الم			
		\$1500 to \$			
		7.13.1.1			
			בט.		
		Maria			
		1 1 1 1			
					9
		hiz o			
		D 11.0			
		•			
		1			
		1.,14		- Control of the cont	
		•			
		· · · · · · · · · · · · · · · · · · ·			
				Ve	
		19241			
				Drawinia of tout with a site to and a study of the said	
BJC/35	Page, Eva	15.2	2A	Prescription of fentanyl for agitation and confusion associated with rapiclinical deterioration. Dying of lung cancer.	
		.120		to the state of th	16
		11320		Tournous .	

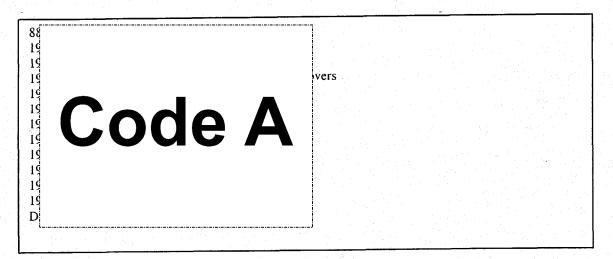
OPERATION ROCHESTER CLINCAL TEAM'S SCREENING FORM

Patient Identification
Eva PAGE 1909-12-28 Q579096

Exhibit number BJC-35

Care Death/Harm	Optimal 1	Sub-Optimal 2	Negligent 3	Intend to Cause Harm 4
Natural A		Code A		
Unclear B				
Unexplained By Illness C				

General Comments



Final Score:	Screeners Name: R E Ferne Date Of Screening:			
	Signature			

BJC/35 EVA PAGE 88

Code A

PL grading A2

REPORT BY:- IRENE WATERS RGN, RHV, LL.M., M.N. M.Sc.Public Health
SPECIALIST FIELD:- NURSING CARE
REPORT ON THE NURSING CARE AT GOSPORT WAR MEMORIAL HOSPITAL
INSTRUCTED BY:- HAMPSHIRE POLICE
Page 91 of 149

6.38 BJC/35 Eva Page

Date of Birth: 2 Code A Age: 88
Date of admission to GWMH: 27th February 1998

Date and time of Death: 21.30 hours on 3rd March 1998

Cause of Death:

Post Mortem: Cremation Length of Stay: 5 days

Mrs Page's past medical history:-

Code A

27th Fel

28th Fe

Code A

Code A