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DEPARTMENT/WARD: Collingwood Ward

TYPE: **Stroke Rehabilitation**

NO OF BEDS/PLACES: 15

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1. PHILOSOPHY

Our aim is to care for patients as individuals. We are a multi-disciplinary (professional) team providing rehabilitation in partnership with the patient and their carers (with the patient's consent). Structured and agreed goals will enable the team to facilitate and adapt care to each individuals needs. To enable, empower and support a timely discharge from hospital to an appropriate destination.

2. PATIENT EXPERIENCE

2.1 Description of Admission / Transfer Process

Admission Criteria

Stroke Rehabilitation Patients

They must have a confirmed recent stroke

They must be known to the Stroke Co-ordinator

They must be registered to a Fareham or Gosport GP

They must be over 65 unless in special circumstances negotiated with the under 65's team

They must be medically stable and able to benefit from rehabilitation

They must wish to undergo the rehabilitation process if able to indicate this

They must be willing to come to Collingwood Ward

Admission Process -

Patients are added to the waiting lists following the admissions criteria and using the Division of Medicine for Older Peoples' Waiting List Management Protocol.

All patients must be screened for MRSA before coming to Collingwood Ward

Staff on Collingwood Ward will co-ordinate admissions using information available from the waiting list and direct contact with the referring ward. A checklist will be completed. Admissions will be arranged in advance of the planned transfer date wherever possible.

Patients can be admitted seven days a week

Reception Procedure

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Patients will be welcomed to the ward by the nursing staff, shown the facilities and given information about the type of care available and the ward routine. A ward leaflet is available to give further information

Transfer

If a patient needs transfer to another hospital/ward then staff ensure that

- a) Patient informed (reasons, time etc)
- b) Relatives/carers informed
- c) MDT informed

If being transferred to a PHT bed then notes go with patient, if not then a copy of the relevant material and Doctors and Nurses transfer letter is sent.

2.2 Information for patients' carers

The patient's relatives/carers are kept up to date with progress by the patient's named nurse or nurse in charge. The information is usually given verbally face to face. The patient/carers are actively involved in making future plans/decisions and this process commences on admission.

2.3 Management of Care

Collingwood Ward has a Multi Disciplinary Team from Health and Social Services. All staff will be aware of objectives set with the patients and work towards achieving them. All Patients will have a Predicted Discharge Date set within the first day of admission. The patient will be aware of this and it will be regularly reviewed by the MDT.

Referrals to members of the MDT and other agencies will be carried out in a timely way to ensure patients receive the appropriate input at the appropriate time

Discharge Procedure

Patients' and their families will be aware of their Predicted Discharge Date throughout their stay on the ward. Discharge will be planned for in advance by the nursing staff and they will ensure all relevant parties are involved. A Discharge Planning Meeting will be held if it is considered necessary.

Patients suitable for cushioned discharge at DDH will be identified as early as possible in DWUS. DDH staff will monitor on a daily basis Monday to Friday

2.4 Management if Complaints/Concerns

See Trust Operational Policy.

2.5 Patient Feedback Mechanisms

Patients and their relatives/carers frequently write to the ward expressing thanks for the care received. We do not routinely question patients about their hospital experience.

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2. WORKFORCE

Division Medicine for Older People Structure

Nursing

A minimum daily skill mix for Collingwood ward would consist of

	Early	Late	Night
Registered	2	2	2
Non-Registered	4	2	1

Establishment required to achieve this staffing

Band	wte	Job Title
Band 7	1	Sister
Band 6	2.47 (95% 2.32)	Senior Staff Nurse
Band 5	7.39 (95% 7.02)	Staff nurse
Band 2	12.60 (90% 11.97)	Healthcare support worker
Band 2	1	Ward Clerk
Band 2	1	Housekeeper
Total	25.46	

Medical Cover

Dr Matthew Puliyeel, Consultant Geriatrician and Dr Jane Williams, Consultant Nurse in Stroke will be responsible for patients on Collingwood Ward, mostly Stroke rehabilitation. Some patients admitted may have General Rehabilitation needs.

Dr Jackie Walker, Associate Specialist (wte) provides medical support to Collingwood Ward and also is involved in Outpatient clinics in DDH at GWMH. Dr Reid also works in outpatients in DDH.

Out of hours medical cover provided by Gosport out of hours. When out of hours does not provide a service (08.00-09.00 and 17.00-18.30), agreement has been reached that the SpR for DMOP at SMH or Consultant on Call for DMOP can be contacted for telephone advice.

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Therapy Cover

TBC.

3.2 Student Placements

Students at all levels of their training are welcome on F2 & F3 . A Mentor will be allocated to them on their first day to guide them throughout their placement.

3.3 Relationships with other departments:

The ward will be served by Hotel and support services (laundry, cleaning, portering, catering and administration) which will be available through Service Level Agreements provided by Hampshire PCT and Portsmouth City PCT supported by cleaning staff from MacLellan (PCT cleaning contactors). Supplementary feeds will be supplied by GWMH catering dept and snack box packaging.

MSE will be provided by materials management.

Photocopying is available at switchboard.

Pharmacy

Stock items as at present from Hedge End. Non Stock from RHH rather than QA. A RHH pharmacist and a pharmacy technician will undertake weekly ward visits. A list of drugs held in the emergency drug cupboard on Ark Royal is in the clinic room on Collingwood . Drugs from the cupboard can be accessed through the Ark Royal Ward nurse in charge. Please also see PHT Medicines Management policy.

Pathology

Phlebotomy will provide a am service. Also see policy.

Radiology

Will be available on site Monday to Friday 08.30-16.30

All other Supplies

Will be provided on a back-up service by a Porter functioning as part of the Hospital Service.

Patient affairs

Patient affairs is managed at GWMH.

4. RISK MANAGEMENT

4.1 H & S – Structures/Audit

The ward will function within the Trust's Health and Safety policies.

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Risk assessments and COSHH assessments are completed.

4.2 Infection Control –Structures/Audit

The ward will function within the Trusts' Control of Infections Policies.

A Member of the ward staff adopts the Infection Control Link Nurse role, attending regular meetings, advising/training staff and ensuring that Infection Control Standards are audited.

The Infection Control team also carry out an annual ward audit.

4.3 Complaints

See Trust Operational Policy.

4.4 Emergency Procedures

All qualified nursing staff need to have attended Automated External Defibrillator Training, Basic Life support and Anaphylaxis training course annually provided by resuscitation dept. See PHT Resuscitation policy for full detail of resuscitation response.

Hospital Fire Policy will be adhered to in the event of fire

5. EDUCATION AND CPD

5.1 Mandatory Training (by discipline)

RGN –AED/ BLS	Annual
Fire	Annual
Moving and Handling	Annual
Food and Hygiene update	Annual
Anaphylaxis	Annual
Data Protection	Annual
HCSW –BLS	Annual
Fire	Annual
Moving and Handling	Annual
Food hygiene update	Annual
Data Protection	Annual

5.2 CPD expectations

The staff have a range of options open to develop their skills/knowledge in keeping with Division Medicine for Older People Service objectives:-

- There are a number of short study days/courses which staff can attend, these are booked through the learning and development department. Contact details on PHT Intranet

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- In house training sessions are organised by ward staff to share knowledge with others.
- Longer study courses.

5.3 Appraisal and Personal Development Review Processes

Each member of the ward staff has an annual IPR and a PDP linked to Knowledge and Skills Framework will be drawn up. This process is cascaded throughout the ward team. Objectives are set that meet both the needs of the individual and the service