

#TEXT1001ACC: **Code A** OT

#CODENC

OT structure very different to other therapists? But reflective of more nationally (ie. OT good practice?). OT speciality based for the locality, based at Haslar and inreach to Hospitals, see patients at home, inhome. Is there specific OP practitioner?

#ENDCODE

#CODENC

Use range of standardised assessment tools ref. To speciality although little evidence of actual post reg spec. experienced in working with older people? Informal links with specialist colleagues eg. OP Mental Health.

#ENDCODE

#CODENC

Feels changes have happened as result, eg. Hydration Policy, DNR/communication of status policy. Feels empowered as therapist to influence and manage care/service promotion/development.

#ENDCODE

#CODENC

Dryad was always continuity care and despite so called redesignation of beds to rehab, no additional OT resources put in so eg. previously referred about 6/8 patients per year, then Dr L referred 6 in one week and by nature of patients there are complex needs therefore no rehab, no occupational service budgeted for.

#ENDCODE

#CODED4

SR OT since 1989 and I area since 91/92. Original peripatetic OT was doing 45% IP 15/20% OP Rheumatology and rest were direct GP referrals with aim to reduce risk of admission.

#ENDCODE

#CODED4

Ellen K is Senior for neuro rehab so primarily oversees Daedalus. Sultan has GP, so OT role is discharge management. Dyrad has continuity care - never funded for OT input - do 6/8 referrals per year - for very complex discharge.

#ENDCODE

#CODEC4

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#ENDCODE

#CODEB3

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#ENDCODE

#CODEC4

He is specialist in complex disability management at GWMH, so his work is in Dryad and Sultan primarily.

#ENDCODE

#CODED4

Accountable to Liz Jenkins, Head OT, based Haslar in post 18/12 and her arrival coincided with reorganisation into 3 to align with PCTS. Main OT department based at Haslar.

#ENDCODE

#CODEI3

Liz Jenkins primarily is his manager and professional manager but he also has access to

Rosemary Salmon (Trust Professional Adviser) and more recently to Marian Garrett (Senior Manager in social services SS with OT background).

#ENDCODE

#CODED4

The BG notation is still ward based here although at Haslar also speciality based. Ward based work at Sultan is done by OT assistant. Has part time clerical support and a full time assistant at Dolphin.

#ENDCODE

#CODED4

Were very hospital based but now trying to do away with hospitality/community boundary.

#ENDCODE

#CODEC4

When asked about pressures including workload what goes, what is the lower priority? Lower priority is formal report writing, clerical support started 18/12 and now a lot better.

#ENDCODE

#CODED11

Own role being reviewed because of career development needs will probably do less IP work.

#ENDCODE

#CODED7

Previous experience of Daedalus - MDT working? It's a long journey coming from where it was 7/8 years ago when all continuity care but as is developed rehab has come on but not nearly where it should be therapy wise.

#ENDCODE

#CODEE1

Days of discharging against our advice etc. have gone but ward always under pressure.

#ENDCODE

#CODEC4

Concern that way in which OT is organised ward training to d/w several OTs. Review process? D/w head OT.

#ENDCODE

#CODEC4

BGs here still tend to be ward based, at Haslar more speciality and Elderly. MH still traditional model.

#ENDCODE

#CODED4

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#ENDCODE

#CODEG1

Client involvement in goal setting. From own point of view would hope that his clients would feel involved and that he does what they want him to do.

#ENDCODE

#CODEG1

Dilemma around acceptable levels of risk as taken by patients/relatives.

#ENDCODE

#CODEG2

Dilemma around acceptable levels of risk as taken by patients/relatives.

#ENDCODE

#CODEG1

Example of lady who went home and died 7 days in arms of home carer - as she had wished.

#ENDCODE

#CODEG2

Example of lady who went home and died 7 days in arms of home carer - as she had wished.

#ENDCODE

#CODEE3

Example of lady who went home and died 7 days in arms of home carer - as she had wished.

#ENDCODE

#CODEH1

Example of lady who went home and died 7 days in arms of home carer - as she had wished.

#ENDCODE

#CODEC7

Example of patient (and husband) on Daedalus who wanted to go home. Set up and organised equipment etc. within 24 hours.

#ENDCODE

#CODEG7

Good relationship with SS - why? Previously out of area hospital referrals - Patrick/team picked up this led to doing joint visits - he also does joint visits to support SS OTA. He gets frustrated with care managers sometimes - is not lack of willingness but have not got resources.

#ENDCODE

#CODEE1

Example of discharge delayed 6/12 because lack of resources for care package but happening less often.

#ENDCODE

#CODEG7

Integration of health and social OT services? Rosemary's dream/vision was possibility last year but did not happen. Probably longer term it will.

#ENDCODE

#CODEG7

Next plan for restructuring his job - as of April 2002 will be seconded 2/7 per week to social services.

#ENDCODE

#CODEI3

Next plan for restructuring his job - as of April 2002 will be seconded 2/7 per week to social services.

#ENDCODE

#CODEG7

Overlap massive already - has changed a lot - accepts his recommendations for everything up to grant application.

#ENDCODE

#CODED8

Overlap massive already - has changed a lot - accepts his recommendations for everything up to grant application.

#ENDCODE

#CODED7

Informal MDT working? Yes, knows GPs, District Nurses - has good relationship.

#ENDCODE

#CODEG3

Informal MDT working? Yes, knows GPs, District Nurses - has good relationship.

#ENDCODE

#CODED7

Feels empowered as a therapist in this area.

#ENDCODE

#CODENC

Here in 1998 anything you would like to share with us re: generality and causality?

Society's attitude to dying/old age.

#ENDCODE

#CODEH1

Has witnessed good deaths and examples when nurses had to ask relatives to leave because of arguments between relatives about jewellery.

#ENDCODE

#CODEH2

Has witnessed good deaths and examples when nurses had to ask relatives to leave because of arguments between relatives about jewellery.

#ENDCODE

#CODEE4

Was lack of protocol re: hydration, but now have protocol.

#ENDCODE

#CODE E2

Sultan ward starting taking less medically stable patients - "new" nurse care. DNR status confusion led to investigation led to it being recognised that they needed clear protocol and documented process.

#ENDCODE

#CODED10

I've stayed because its ever-changing and developing.

#ENDCODE

#CODEG1

We see the person and not just their condition.

#ENDCODE

#CODEE3

Speciality OT at Rowan and Mountbatten ????????

#ENDCODE

#CODEI3

In-service training in palliative care. My level, not always available but try to maintain ??????

#ENDCODE

#CODEG1

Tried COPM 18/12 years ago - didn't stick. COPM is Canadian Occupational Performance Model - very client centred.

#ENDCODE

#CODEC2

Trend to use MEAMS (Middlesex Elderly Assessment of Mental State), Allens Cognitive Level Test), Liaison, DPMH Service OTS

#ENDCODE

#CODEI3

Narrative reasoning, informal and supervision file - caseload/block sets workload management.

#ENDCODE

#CODEI7

Examples of joint training. OT/PT have provided training to NA re: CVA positioning. He has presented various sessions to nursing staff. Joint learning - single eg. Little opportunity it would appear.

#ENDCODE

#CODEC4

Occupation. Diversional label. OT have tended to drop because of lack of numbers. Daedalus have no OT input/training to Activity Co-ordinator Post. Dryad ??? not perceived need on ward.

#ENDCODE

#CODEC2

His view in general? I believe this unit is a very good unit. I would have any concerns about a relative staying here.

#ENDCODE

#CODENC

We're human, we don't get it right and there are always budget constraints.

#ENDCODE

#CODED1

Daedalus staffing has never followed the needs of patients and Dryad - no rehab, but no more resources eg. OT . Dr L referred 6 in 1 week used to be 6/8 per year.

#ENDCODE

#CODEC2

Accurate picture should be a good picture.

#ENDCODE

#CODEC2

Personally would feel devastated if not a good picture because it would mean I've misread it and it would bring into question my reflective practice.

#ENDCODE

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