

#TEXT1901TLDrRavindraneConsultant

#CODEK1

Chaired Clinical Governance Group (Acute). Feeds into service meetings - Lesley Humphrey, Clinical Governance groups stroke. Day Hospital Rehab Continuity Care. Appraised by Dr Dowdo/Jarrett.

#ENDCODE

#CODEB2

Chaired Clinical Governance Group (Acute). Feeds into service meetings Feeds into service meetings - Lesley Humphrey, Clinical Governance groups stroke.

#ENDCODE

#CODENC

Aware, supports the blend of palliative, rehab, continued care. Unaware of out of hours (practical arrangements). No anticipatory prescribing. Good clear support to staff grade Doctor. Liaison with relatives good.

#ENDCODE

#CODENC

Good links with Psychiatric in Palliative Care specialities. Has had good contact with Rowan and Countess Mountbatten. Palliative care discussed with relatives, including religious requirements.

#ENDCODE

#CODENC

Lapse between Consultant assessor - actual transfer resulting in ill people arriving, sometimes need to be readmitted.

#ENDCODE

#CODENC

Training of nurses, by possibly rotating with Mulberry Ward, nurses contemplated? Dr banks to lead. Awareness of nurses anxieties needed.

#ENDCODE

#CODENC

In post 1 year. Consultant geriatrician. Trained as specialist Registrar.

#ENDCODE

#CODEB3

In charge of Dryad ward Jan - October 2001, Service now expanding. Elderly care department in a self-contained elderly unit.

#ENDCODE

#CODEK1

In charge of Acute Clinical Governance group meeting of those involved - Clinical Governance work as a team. Service planning meeting chaired by Leslie Humphrey. Meets monthly. Stroke, Rehab, Day Hospital, Acute, Continuity Care, Clinical Governance Group.

#ENDCODE

#CODEI1

Appraisals done by Dr David Jarrett, Clinical need. Given specialist Registrar in 1989 - Dr Reed.

#ENDCODE

#CODEC4

Previously ward was Continuity Care - now rehab only.

#ENDCODE

#CODEC4

Rehab, Continuity Care, Palliative Care blends together.

#ENDCODE

#CODEI1

Had 6 weeks training in palliative care.

#ENDCODE

#CODED8

Had 6 weeks training in palliative care.

#ENDCODE

#CODEE3

Has close relationship with palliative care consultant. Dr Ravindrane assesses the patients. Can discuss with Dr Lord.

#ENDCODE

#CODEH1

Has close relationship with palliative care consultant. Dr Ravindrane assesses the patients. Can discuss with Dr Lord.

#ENDCODE

#CODEH2

Local elderly care - he assesses the patients treatment: clear instructions given to staff grade doctor and nurses including pain management.

#ENDCODE

#CODEG2

Local elderly care - he assesses the patients treatment: clear instructions given to staff grade doctor and nurses including pain management.

#ENDCODE

#CODEI1

Local elderly care - he assesses the patients treatment: clear instructions given to staff grade doctor and nurses including pain management.

#ENDCODE

#CODED6

Not clear about "out of hours cover". Choices of own GP rather less unaware of deficiencies in cover.

#ENDCODE

#CODEF1

No escalation of drug prescriptions now, eg. sedating drugs. No anticipatory prescribing is now done, including out of hours.

#ENDCODE

#CODED8

Ward rounds for Dryad and Daedalus, Dr Yikona (staff grade) can attend both ward round and team conferences.

#ENDCODE

#CODED10

Policy for criteria for continuity care. Occasional patients are rehabilitated, Physios and OTs brought in. Accordingly discharged home.

#ENDCODE

#CODEE11

Policy for criteria for continuity care. Occasional patients are rehabilitated, Physios and OTs brought in. Accordingly discharged home.

#ENDCODE

#CODEE1

Type of patients admitted. All patients seen by geriatrician before admission. Time gap (2-3 weeks) between consultant assessment in acute ward and transfer to GWM. Do not update or re-assess before actual transfer.

#ENDCODE

#CODEE1

referral form is filled in on day of transfer. Nurses from each ward to speak to each other. If conditions changed, further transfer.

#ENDCODE

#CODED8

Excellent links with Psycharity of old age

#ENDCODE

#CODEG9

#ENDCODE

#CODEE1

Source of referrals can be from other sources, Br Banks, Dr Yikona or patients own GP.

#ENDCODE

#CODED6

if patient is agitated or aggressive further help called for at any time day or night. If they have been seen by Old Age Psychiatrist??? As fit Dr Ravindrane will carry on and look after the patient.

#ENDCODE

#CODEH1

End of life-sees relatives Pro-actively, nurses make appointment with relatives and religion written and discussed with patient.

#ENDCODE

#CODEH2

End of life-sees relatives Pro-actively, nurses make appointment with relatives and religion written and discussed with patient.

#ENDCODE

#CODEH4

End of life-sees relatives Pro-actively, nurses make appointment with relatives and religion written and discussed with patient.

#ENDCODE

#CODEH3

Trust policy senior nurse can fill in certificate of death for expected death . ????? is NOT answer for all continuity care patients.

#ENDCODE

#CODEI2

Training of nurses planned with possible rotation of nurses with Mulberry ward. Considered joint training in dementia with nurses in Mulberry ward.#ENDCODE

#CODE

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3