



LINK Visit to EMU 1 and 2

Date of visit: October 15th 2010

Involved in Visit

LINK Members: Eileen Fitzgerald
Anne Turner
Pat Taylor

WHHFT Staff: Michelle Lord – Matron for Quality
Carol Farrell – Ward Manager
Other members of Ward Staff

This visit was arranged in order to follow up some concerns expressed to LINK about the unit. These included such things as problems for relatives, nutrition, length of stay and information giving.

We were welcomed by Michelle Lord, Matron for Quality Improvement who informed us that the EMU Units were moving to a different location the following week. We decided to continue with the visit, recognising that we may visit the new units in the future.

Admission

Patients can be admitted from their GP, from A&E, or from a clinic. They are initially welcomed by the receptionist and given some idea of the process and then an initial assessment by a nurse. Any investigations required e.g. blood tests are organised. Patients are then seen by a House Officer and following this, a Registrar. Medical patients are transferred to an appropriate ward if there is a bed available. If not, they can be kept in the unit; we were informed, for no longer than 48hrs and transferred when a bed became available.

Surgical patients follow the same assessment process and are transferred to the appropriate ward, but this may sometimes take a little longer as the Registrar may be in Theatre.

Side wards are kept for patients who may have an infection.

Facilities for Patients

In the restricted ward space, there is no room for bedside lockers and, therefore, it is not possible to have water at the bedside for those who definitely won't require surgery. The space between beds is limited and should there be a need for emergency treatment at the bedside, other furniture would be a hazard. However, there is a trolley in the ward with hot drink making facilities and water for patients who require a drink outside routine drink times. We were informed that in the new accommodation there would be more space.

Some hot meals are available in the longer stay ward and sandwiches are also available. Staff can contact the kitchen direct for such things as special diets and pureed meals.

In the new location there will be a small kitchen.



Facilities for Relatives

Should a patient need a carer, the carer can stay with them. Otherwise, one relative can stay if the patient is on a bed, other relatives stay in a small waiting room; relatives can obviously change over. This ruling also reflects the lack of space between beds and the need to have working space for emergency treatment if necessary.

Regarding the area with chairs for patients, this can get very congested at times and it has been reported that at such times it is not unusual for patients to wait up to 3 hours for a bed in EMU and unfortunately relatives stay in the small waiting area. We were told however, that one relative or carer can stay with a patient.

Discussion with Ward Manager - Carol Farrell

The portering situation has improved since our last visit, it is now available 8am – 8pm, it is hoped there will be a 24hr. service in the new location.

An increasing number of patients with Dementia are being admitted [this was borne out by our own experience when talking to people on the ward]; the staffing levels do not reflect this increasing demand. These patients can be seen by a Psychiatric Nurse and subsequently by a Psychiatric Consultant. The Unit has a ward based Pharmacy service; this cuts out a lot of waiting time. There is also electronic medication recording, the Doctor inputs the medication, there is a copy for the patient and a copy is faxed to the General Practitioner.

Carol confirmed that she could contact the kitchen direct for certain special diets e.g. pureed food.

We also discussed the possibility of a better Discharge lounge, which would be properly staffed, this would release beds on the Unit.

Recommendations

Staffing levels should be increased when there is a high number of patients with dementia to ensure a high standard of care can be given to all patients in this acute area. This should be monitored.

We would like to thank Michelle Lord, Carol Farrell and all the other members of staff for their help and the time they gave to answer our questions, which made our visit worthwhile.

Anne Turner
Eileen Fitzgerald
Pat Taylor