



LINK Visit to Warrington Hospital

Date of visit 27-05-2010

Wards visited B14

LINK Members involved

Anne Turner

Eileen MacDonald

Pat Taylor

Hospital Staff involved

Michelle Lord – Matron for Quality

Janet Rouse – Ward Manager A6

Ward B14 - Stroke Ward [Acute and Rehabilitation]

Our particular interests in visiting this Ward were to look at admission procedures i.e. where and when were initial assessments carried out: also arrangements for feeding vulnerable patients and privacy and dignity for those patients.

Admission, assessment and general issues

Every effort is made to admit patients directly to the ward. If necessary some assessments can be carried out in EMU. Also 2 Specialist Nurses [a Stroke Nurse and a thrombolysis Nurse] will go to visit patients in A & E if necessary. If patients have to be admitted to another ward, assessments are carried out there, but every effort is made to avoid 'outliers'

Routine assessments/treatment for Stroke patients following admission

CT scan within 2 hours

Thrombolysis given if appropriate [this is not available at Warrington Hospital during the weekend and week days only available between 9:00 and 17:00 hours]

Swallowing assessment within 24 hours, done by the Nurses

Aspirin within 24 hours

Physiotherapy assessment within 72 hours

Occupational Therapy assessment within 4 days

Patient centred MST goals reviewed weekly

Mood assessment and weight done during the patient's stay

Patients are treated in the Stroke unit for at least 50% of their stay

Staffing levels in general have improved, and may improve further, according to patient dependency scores the staffing ratio is on the low side.

Dependency levels obviously can vary, however, a Divisional meeting is held each morning and carers can be diverted from other wards if necessary.

The stroke team meet up with staff from other areas and have won an award for team work on the stroke ward



Assistance with feeding

The ward has the usual colour coding tray system; red for diabetic meals and green for soft and pureed food.

By the nature of their condition, a good number of patients have need of some assistance with feeding. Feeding techniques appeared better than those on a previous visit to another ward.

We did discuss whether food could be left in the trolley to keep warm rather than on the bed table until patients were fed.

Privacy and dignity

The Ladies' and Mens' toilets are at opposite ends of the ward, one bathroom has an assisted bath which does not afford much privacy or dignity for the patients.

A business case has been made for upgrading these areas to showers or wet rooms and we would support this case.

Discussion with the Ward Manager, Janet Rouse

We discussed the ward environment and the amount of equipment that has to be stored in the corridor. There is a therapy room at the end of the ward which is already well used.

When time allows, Janet does spend time out on the Ward, for example helping with bed baths and so spending time with the patients. She feels it helps her to see what is going on. We were impressed to hear this.

The ward has adopted some elements of the Productive ward methods.

We strongly agreed with Janet that Stroke care needs a much higher profile; it is not just elderly people who are affected

Recommendations

1 Thrombolysis should be available for appropriate patients 24 hours a day and 7 days a week.

2 The ladies' and men's toilet and bathroom areas should be upgraded and showers/wet rooms replace the current bathrooms. We consider this to be an urgent priority

We would like to thank Janet for giving her time to us during her busy day, and we appreciate the work she and the staff are doing for the patients.

Pat Taylor
Anne Turner
Eileen MacDonald
28-06-2010