

Whitehall Carers Group

Frequently Asked Questions

July 2009

St Vincent's Hospital, Fairview

Foreword

As part of their monthly meetings the North Central Carers Group discuss a number of issues of concerns for relatives and carers. It was agreed at one of the meetings that contact be made with St. Vincent's Hospital, Fairview with a view to having these issues discussed and addressed where appropriate.

The group communicated with St. Vincents Hospital Fairview (SVHF) and in particular with Dr J Thakore and his team and a number of separate meetings were held. Following on from the meetings a list of FAQs were put together and are now available on SVHF website

The group found that Dr Thakore and his team were always available to meet the group either formally at their monthly meetings or in the Hospital. The group also found that their questions were answered and the team seek to address their concerns in a caring and meaningful manner. The team have agreed that regular contact be continued with the group.

The group wish to acknowledge the ongoing assistance and support offered by Dr. Thakore and his team and they feel re-assured in the knowledge that they are not alone in dealing with the problems families face in using the mental health service offered by SVHF.

It is also worth noting that the Carers Group are assisted by SHINE.

Whitehall Carers Group FAQ's

Q. What procedures are in place to offer urgent medical attention to a patient in a crisis situation?

A. There is 24-hour medical and nursing cover available in St. Vincent's Hospital, Fairview & at the Mater Accident & Emergency Department. Where patients can be assessed and given the appropriate advice, referred to the appropriate service and/or given treatment

Q. Define what a multidisciplinary team is?

A. Ideally the Multidisciplinary Team (MDT) is composed of doctors, nurses, psychologists, social workers, occupational therapists and perhaps other professionals such as speech therapists and counsellors. They work primarily within the community and usually follow the patient in to hospitals so as to ensure continuity of care. Having such a team means that a comprehensive care plan can be drawn up with the best interests of the client in mind. The clients and, if possible with their consent, their Carers are involved in drawing up such a plan. Such MDT meetings usually occur weekly.

Q. Explain what the daily routine of the patient is within the hospital environment?

A. A programme of activities is drawn up which shows the structure and routine on the ward. In addition there are weekly multi-disciplinary meetings where the clients care plan is discussed and developed with the client.

The current activities include:

- Taking part in formal and informal groups
- Having the opportunity for one to one sessions with their primary nurse
- Speaking with an advocacy representative from the Irish Advocacy Network on a regular basis.
- A small gym
- Having access to a garden area
- Visits to the local shops & parks if clinically appropriate
- "Quiet time"

Q. How do clients access Professional staff, e.g. Therapists, Social Workers, so that they can be referred to the Professional as appropriate to their needs while in hospital?

A. Such referrals are made after assessing the client's needs by their sector MDT. Written information can also be given when available and appropriate.

Q. How is patient confidentiality handled?

A. The patients' request for confidentiality is respected. In certain circumstances, following discussions within the Multidisciplinary Team, where it is deemed necessary a Professional can breach patient confidentiality. If families have concerns they can talk to Health Professionals but the Health Professionals may not be able to give information regarding the patient at the patients request. Please consult our policy on Confidentiality for further information.

Q. What is the procedure for a client to be moved say from an acute ward to another ward while in Hospital?

A. In terms of entering the Rehabilitation Stream, the client's consent is sought after which a referral is made to the Rehabilitation Team by the sector MDT. Following this an extensive evaluation takes place by the Rehabilitation Team.

In exceptional circumstances, clients may need to be transferred temporarily to other wards within the hospital. This is only done with the consent of the client.

Q. How can Carers privacy be protected where the carer is concerned regarding the client's behaviour? (e.g. suspects client may be stealing, etc)

A. This is obviously a difficult situation for all concerned. If a Carer is worried about any aspects of a client's behaviour then they should contact the client's key worker on the MDT and discuss their concerns. This will be treated in confidence when possible, however, if the welfare of others is potentially or materially affected then confidentiality may not be possible.

Q. What protocols are in place to liaise with Carers regarding client's discharge or move within the hospital environment?

A. Though no specific protocols are in place for this eventuality, it would be considered good practice to inform Carers of such moves within the hospital or of a discharge by the MDT or ward staff, provided the client has consented for the MDT to do so.

Q. What assessment is carried out on individual capability before or immediately following discharge?

A. All clients are reviewed by their MDT and staff on the ward as to what further assessments are needed. During this time their decisions regarding their suitability for discharge into the Community, Day Hospital or Day Centre are also made. Clients are involved where possible in such plans. Most clients are assessed by their MDTs in the outpatient clinics within a short period of discharge.

Q. Is there an updated list of medications and information on side effects?

A. We are currently working on a set of Drug Information sheets that tell client of the class of medication (e.g. antidepressants) they are on and why they are on it. We also have information called Patient Information Leaflets (PILs) that are prepared and approved by the Irish Medicines Board and are available for review at www.medicines.ie. We will also host a link on our website www.svhf.ie to www.medicines.ie where more information and PILs can be found.

Q. Do the HSE make any recommendations or have any input in relation to the provision of social housing?

A. In general, each client should apply to be registered on the Local Authority's Homeless List even if they are living in the family home. For further information on social housing options users should contact their Local Authority - Freephone: 1800 724 724 [Dublin Area] for advice, information and access to emergency accommodation as appropriate. Furthermore, a booklet entitled, "The Homeless Directory for Dublin" is also available.

Q. Explain the supported accommodation options available to users on discharge provided by the HSE?

A. St. Vincent's Hospital Fairview (SVHF) operates two 24 hour supported residences namely, Grace Park Hostel and Gallen House. Referral to either is made by the Placement Committee which in effect is the Rehabilitation Team.

Q. Where can Clients or their Carers access information regarding entitlements, especially for new users? (e.g. free travel, clothing allowances, etc.)

A. A guide book to social welfare services entitled "Keeping you informed" is available from the Local Social Welfare Office. Some of our MDTs have a social worker as part of their team and they will provide further information and support to the client.

Q. Is there a dedicated / nominated contact person assigned or available to Client's Carer?

A. In the community, most clients have a named key worker. However, this is not always the case, as we do not have a full complement of staff members on each sector MDT. In this instance, contacting one of the community psychiatric nurses or consultant psychiatrist is the best possible option.

Q. Is there a care plan in place for Carers?

A. Where possible the family is involved in the care plan usually through the MDT, which is developed and put in place by the multi-disciplinary team. The team will consider any issues or problems that the carer may have when doing this. The aim is to balance confidentiality with disclosure. A Plan is formulated on a case-by-case basis. Most clinicians are prepared to communicate specific risks when necessary.

Q. Is there a respite care plan in place for Carers and what is involved?

A. Some clients can be very dependent on their carers and respite beds in St. Teresa's ward are available for these clients on a planned basis.

Q. Is there any mechanism in place for the provision of service between the private and public service?

A. We try and provide all services for our clients via our two hospitals, St. Vincent's & the Mater, and our community services through our Day Hospital, Day centres and Community MDT, and frequently use the voluntary sector with whom we work in close partnership. On occasion we may need to use private services. However, this option is not as readily available as before due to our current economic climate.