

# Northern Health and Social Care Trust

## **WITNESS STATEMENT**

### **PERSONAL EXPERIENCE**

I work as a hospital social worker in Braid Valley Hospital. This is a 36 bedded hospital, with 32 beds designated for assessment and rehabilitation and four palliative care beds. I work as part of a multi-disciplinary team and patients are generally over 65 years of age.

Patients are admitted from other hospitals within the Northern Health & Social Services Board and from the Belfast Hospitals. Some patients admitted to Braid Valley Hospital would have been post Cdiff and a few contracted the infection while in rehab. My role would mainly have been in relation to discharge planning when the person was deemed medically fit to discharge from hospital.

### **COMMUNICATION**

As a member of staff we had regular information on the Cdiff outbreak via Trust Broadcast email, which kept us updated and informed. The Cdiff outbreak had limited impact on my duties, as I did not have direct contact with patients while they had the Cdiff infection although I did have contact with their relatives during that time.

I cannot comment on the standard of communication between staff and relatives, however in my experience of family meetings, which are Consultant led, relatives were updated in relation to the situation and any questions were answered. While they were infected the patients would not have had the same contact from social work staff or other allied professionals and this I believe, must have been quite isolating for them.

I did not feel I needed to attend more formalized meetings in relation to the outbreak as I was kept updated through our weekly multi-disciplinary meetings. Any further queries or concerns I had in relation to the patients' medical status were discussed with the Ward Manager.

In relation to discharge planning to private nursing homes (PNH) Cdiff did have an impact in relation to patients choice of home as patients had to be accommodated in a single room (as per Infection Control Policy). This restricted the number and location of homes available to them and limited their choices.

Unfortunately one patient who was discharged to a shared room had to be re-admitted to hospital when she had a relapse because the nursing home did not have a single room available. On her subsequent discharge this lady had

to be transferred to a PNH outside her geographical area to secure a single room.

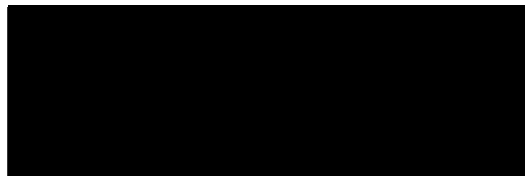
When patients were being discharged to PNH, Home Managers were made aware of the history of Cdiff and any clarification in relation to this was directed to the Ward Manager. Nursing homes were agreeable to take patients with a history of Cdiff providing they had a single room and providing the patient did not have ongoing diarrhoea.

### **SUPPORT**

Over the period of the Cdiff outbreak I would have had access to good support from my manager in relation to any case related issues. I was not aware of any negative impact in relation to staff morale at the time of the Cdiff outbreak.

In my experience any added stress caused by the Cdiff outbreak for me personally was mainly in relation to discharge planning i.e. on a number of occasions the planned discharge had to be postponed as the patient became Cdiff infected or only a limited number of PNH were available in geographical area of choice.

I confirm that the contents of this statement are true to the best of my knowledge.



Geraldine McKeever  
Hospital Social Worker



INVESTOR IN PEOPLE