Dartford and Gravesham NHS Trust

Rosewood ward – Pine Therapy Day Unit

Induction Booklet

Medicine, Cancer and Emergency Care Clinical Group

December 2020

Contents

Introduction

We would like to welcome you to the Department of Haematology and Supportive Oncology Service; we hope you will find this an enjoyable and invaluable training and learning placement.

Rosewood ward located on level 2 provides facilities for 18 Haematology/Oncology and 6 medical patients; these beds pre-COVID could be escalated to 27 when the organisation is struggling with capacity issues, particularly in the winter months. The haematology patients are cared by three full time Haematology consultants on a weekly rota and the supportive Oncology Service is vastly cared by the Medical Consultants with the collaboration of the Oncology expert Service covered by visiting Oncology consultants based in Maidstone Hospital.

Day Unit services are provided within Pine Therapy located on Level 1 station 10, where in addition to giving routine chemotherapy and supportive treatments as blood transfusions, cancer outpatients with febrile neutropenia or other acute problems are seen from 09.00 – 16.00 after which they are referred to the Accident and Emergency Department. We currently see about 100 patients per day through this Nurse Led service.
Our outpatients Service is currently vastly shifted to Virtual/telephone Clinics due to the COVID-19 pandemic. In the past we were based in the Main Outpatients Department on Level 2. We do provide some outpatient services within Pine for selected patients for urgent management; the laboratories are located in the East Wing on Level 3 along with offices for the Haematology Staff. During the COVID-19 pandemic and while the hospital is still on special measures all clinics are converted to virtual telephone consultations with only but a few exceptions.

The plan is to work as a Junior NHS professional with supervised structured training for the next six months. In addition, you are expected to participate in the Departmental Educational Meetings, hospital Grand Rounds, and Audit. During your stay we endeavour to improve your knowledge and clinical skills in the management of common haematological / oncological problems. In a wider perspective, due to the holistic management approach, your time in Haematology can improve your general medicine experience / qualifications.

The main goals of Rosewood rotation training are:

- Familiarise with the management of Haematology Emergencies as Neutropenic sepsis, spinal cord compression (MSCC) , tumor lysis syndrome (TLS) , appropriate use of blood products. Moreover, chemotherapy related complications which commonly require multidisciplinary approach. It is interesting to learn the basic principles, informed consent, side effects and common anticipated post discharge problems and planning.
- You should gain experience in the care and use of Central Venous Catheters, notably some patients have PICC lines as routine for intensive chemotherapy provision.
- Broad basic knowledge of common haematological malignancies like acute and Chronic Leukaemia's, Lymphoma, Multiple Myeloma, Myeloproliferative and Myelodysplastic Syndromes, non-malignant haematological disorders as sickle cell disease, venous thrombo-embolism and various haemostatic disorders.
- Knowledge on symptom-control as cancer pain, anxiety affecting QOL with the support of the Palliative Care Team under Dr V Pace.
- Improve your interpersonal communication skills and escalation competence of complex issues, this will boost your confidence as a problem solving reliable professional.

Rosewood Team

Please set as your priority to introduce yourselves to all the members of the RD team. Cancer and Haematology Services are vastly based on unfailing team work. At Darent Valley Hospital we enjoy the collaboration of tertiary Haematology Departments as King's College Hospital for hematologic malignancies and Stem Cell transplant / CAR T cellular therapies, while Guy's and St Thomas's hospital support for Shared Care of sickle cell patients.

The oncology inpatients are under a designated medical consultant with the guidance and specialist support of the Oncology consultant Service from Maidstone hospital.

- The Ward Lead Nurses and Ward Administrators are an invaluable asset and a treasure trove of information, and will help you settle in.
- The Haematology Clinical Nurse Specialists and Chemotherapy Lead Nurse are extremely knowledgeable and supportive so please do utilise their advice and support.
- The Acute Oncology Team provide a 24/7 day Nurse led service and are available for advice on Oncological Emergencies, they help facilitate investigations, escalation and support and prioritising outliers who require transfer to Rosewood .
- The Palliative Care Nurses are easily accessible and happy to help with breaking bad news, symptom management advice, support with Anticipatory Care Plans and provide support and advice with end of life care where needed.
- There is a morning handover and Multidisciplinary ward meeting with nurses, OT and Physio on Rosewood at 09.00 in the Rosewood quiet room and a Board Round at 13.30 to update each other regarding patient plans. It is expected that there will be a medical handover to the nurse in charge before the medical team leave for the day
- The Clinical Director, Lead Clinician and General Manager are all available for support and advice so please feel free to contact them if you need to discuss any concerns or problems

Please see (Appendix 1) for the Directorate Structure.

Department of Haematology / Oncology directory

Consultants		Tel ext / email
Dr Ka Wai Yip (Skye)	Consultant Haematologist, Clinical Lead	**8484 / via switch kawai.yip@nhs.net**
Dr Joy Galani	Consultant Haematologist	**8505 / via switch galani.zacharoula@nhs.net**
Dr Lean Wea Chia	Consultant Haematologist	**8504 / via switch lianwea.chia@nhs.net**
Dr Victor Pace	Consultant in Palliative Care	**Bleep 812**
Secretaries	Haematology /Path Lab	Ext 8508 / 8507

Middle Grade Haematology Team		Tel/Extn
Jayne Osborne	Haematology Registrars	**8555 / via switch / Reg Bleep 214**
Faisal Amin		
Hayat Ullah		
	Oncology Registrar	**Bleep 855**

Senior Team		Tel/Ext	Bleep
Dr Jonathan Khan	Clinical Group Director		
Dr Rupinder Gill	Deputy Clinical Director	8360 rupinder.gill4@nhs.net	
David Horne	Deputy Director of Operations/ Interim Associate Director of Operations	8411	
Caroline Bates	Associate Director of Nursing	8411	
Prof Sanjeev Madaan	Cancer Clinical Director	8612	
Marie Payne	Macmillan Lead Cancer Nurse/ Clinical Services Manager	6795 /8376	603
Michelle McCann	Operational Manager for Cancer and Haematology	8376	

Clinical Nurse Specialists		Tel/Ext	Bleep
Charanjit Basra	Macmillan Lead Haematology CNS	**8867**	**601**
Lani Jabile	Macmillan Haematology CNS	**8867**	**601**
Heather Smith	Anticoagulation/ Gen Haem/Sickle NS	**8477**	**589**

Pine Therapy Unit		Tel/Ext	Bleep
Chris Handy	Macmillan Lead Chemotherapy Nurse / Matron	8330	780
Joyce Van Den Camp	Senior Sister	8330	

Rosewood Ward Senior Nurses		Tel/Ext	Bleep
Obatarhe Uwadiae (Tarhe) Hateme Haxha (Hattie) Betty Koroma	Senior / Lead Nurses	8971	
Lynn Stockman/ Sue Amos	Ward Clerk	8693/4689	

Acute Oncology and Palliative Care		**Tel/Ext**	**Bleep**
Nicky Bonthron	Macmillan Lead Palliative Care and Acute Oncology CNS	**8293**	
	Palliative Care Team	**8293**	**490**
	Acute Oncology Team	**6796**	**988**

Pharmacy		**Tel/Ext**	**Bleep**
Soleman Patel James Harden	Lead Cancer Pharmacists	8531/8537	565
Pathology Lab		**Tel/Ext**	**Bleep**
Tina Bailey	Pathology Manager	8499	
Rachel Nicholas	Blood Transfusion Service Lead	8501 (lab) / 4666 - office	
Charlotte Newman	Senior Blood Transfusion Practitioner	charlottenewman@nhs.net	
Thais Ferrari	Senior BMS	thais.ferrari@nhs.net	
Reza Shakan	Bio-Chemistry	8492	
Kurt Djemal	Microbiology	8733	

Physiotherapist		**Tel/Ext**	**Bleep**
Becky Kenyon	Senior Medical Physiotherapist	4983	418

Occupational Therapist		**Tel/Ext**	**Bleep**
Sarah Leetham	Occupational Therapist	8582	146

Dietetics		**Tel/Ext**	**Bleep**
Kim Moulton	Macmillan Specialist Dietitian	8439	765
Geoff Dickson	Dietitian		
Psychosocial Social Worker		**Tel/Ext**	**Bleep**
Anne O'Callaghan	Psychosocial Social Worker	6775	

Chaplaincy		**Tel/Ext**	**Bleep**
Revd Tony Green	Chaplain	4640	Via switch if urgent

Routine timetables: looking for Consultants

All haematology consultants are currently doing clinics by phone calls with only few exceptions for urgent ‘2 week wait’ suspected cancer patients, it is also common to review selected patients in Pine Therapy to discuss new treatments or clinical outcomes. Some may choose to stay in their hospital office; less often alternative options are to work remotely from home with the Trust laptop. In all circumstances the haematology consultants are contactable via switchboard on their personal mobile phone.

If you wish to attend a clinic please contact in advance the relevant consultant to make arrangement due to COVID-19 restrictions. The Haematology offices and the Seminar Room for the Friday lunchtime teaching are located in the Pathology Lab on Level 3. Please use only for non-urgent communication the NHS email method. The General Manager, Lead Cancer Nurse and Operational Manager offices are on Level 1 outside of Pine Therapy Haemato-Oncology Day Unit.

Supportive Oncology Consultant Service

The supportive Oncology Care in Rosewood ward is currently delivered by a Medical Consultant Dr Ali. DVH does not have a resident Consultant Oncologist, we have visiting experts from Maidstone Kent Oncology Centre and their timetables, locations and contact details will be updated by the Cancer Services Team as they are currently in a transitional phase. In general, the inpatient care is essentially delivered by Medical Consultants (from Spruce Ward- Drs Gill, Shukla – Con ward rounds twice weekly, with Spruce Registrar support weekdays) with a future plan to appoint a resident oncology expert. The Acute Oncology Nursing Staff continuous presence is fundamental in the provision of our care, their office is situated by the entrance of Rosewood ward. Please inform about any new patients or problems to liaise with the Oncology consultants and enable optimal management. Furthermore, the AON assess any new admissions over the weekend and escalate to the relevant teams. It is within your responsibilities to discuss any issues promptly.

Dr Amanda Clarke - amandaclarke3@nhs.net (Urology/ Colorectal)

Secretary - Sarah Williamson - 01622 225111

Day	Venue	A.M.	P.M.
Monday	DVH	0900 – 1220 – Follow-up patient clinic	1330 – 1445 – West Kent Skin MDM 1450 – 1650 – Follow-up patient clinic
Friday	DVH	0830 – 1000 – Lower GI MDM 1000 – 1230 – West Kent Urology MDM	1230 – 1400 – Admin/Chemo charts 1400 – 1700 – New and follow-up patient clinic

Tuesday, Wednesday, Thursday she is based at the Kent Oncology Centre

Dr Julia Hall - julia.hall1@nhs.net (Breast)

Secretary - Shirley Watson - 01622 227097

Day	Venue	A.M.	P.M.
Wednesday	DVH	0900 – 1300 – Follow-up patient clinic	1300 – 1400 – Admin 1400 – 1700 – new and follow-up patient clinic 1700 – 1800 – Admin
Thursday	DVH	0900 – 1030 – Lung MDM 1030 – 1130 – AOS/Charts 1130 – 1230 – Admin	1230 – 1500 – Breast MDM 1500 – 1740 – New patient clinic

She does not work on a Monday and is based at the Kent Oncology Centre on a Tuesday and a Friday

Dr Riyaz Shah - riyaz.shah@nhs.net (Lung/Colorectal)

Secretary – Deborah Whitehead- 01622 227035

Day	Venue	A.M.	P.M.
Monday	DVH	0900 – 1220 – Follow-up patient clinic	1230 – 1400 – Admin 1400 – 1720 – New patient clinic
Thursday	DVH	0800 – 0900 – MTW Lung MDM 0900 – 1030 – DVH Lung MDM 1030 – 1300 – Admin	1400 – 1800 – Follow-up patient clinic
Friday	DVH	0830 – 1030 – Lower GI MDM 1030 – 1230 – Admin	SPA

Tuesday and Wednesday he is based at the Kent Oncology Centre

Dr Charlotte Moss - charlotte.moss4@nhs.net (Breast)
Secretary – Sarah Hunt – 01622 227035

Wednesday and Thursday based at DVH
All other days MTW

Cover support provided for Upper GI and Gynae whilst adverts out.

Specialist Registrar routine scheduled tasks

Haematology Registrar

Monday	Tuesday	Wednesday	Thursday	Friday
9am handover Consultant Ward Round Ref SpR Visit Pine and check if there are any issues	Visit Pine first to complete prescriptions, sort out clinical issues Ward Round Bone Marrow List (shared Rota with Haem consultants)	Visit Pine first to complete prescriptions, sort out clinical issues Ward Round	Visit Pine first to complete prescriptions, sort out clinical issues Telephone Clinic Grand Round	Visit Pine first to complete prescriptions, sort out clinical issues Consultant Ward Round
Haematology Clinic	Admin Referrals	Haematology Clinic	Admin Referrals	Haematology MDT Action decisions Weekend hand over

Oncology Registrar

Monday	Tuesday	Wednesday	Thursday	Friday
Morning handover Ward Round Visit Pine to complete prescriptions, or sort out clinical issues	Visit Pine first to complete prescriptions, or sort out clinical issues Ward Round	Visit Pine first to complete prescriptions, or sort out clinical issues Ward Round	Visit Pine first to complete prescriptions, or sort out clinical issues Ward Round	Visit Pine first to complete prescriptions, or sort out clinical issues Ward Round
Outliers with AOT	Outliers with AOT	Outliers with AOT	Outliers with AOT	Oncology Clinic with Dr Clarke

Rosewood Ward Rounds

Upon arrival in the morning ask for a brief update from the ward staff and the on call team. Check the daily blood results at regular times, as to request BTS blood products or action on electrolyte disturbances as early as possible. Blood product orders must be send ideally, before 10.30am. Make sure an up to date crossmatch sample with handwritten patient identifiers is send to the BTS. At the end of the daily working hours do not forget to notify the evening on call Medical Team about any problems, complex unwell patients for potential active management out of hours.

The week begins with the Monday morning handover multidisciplinary meeting at 9 am, the whole team attend and all contributions to improving patient care are welcomed from all disciplines Moreover, all participants must aim to notify for any potential gaps in Haem/Oncol/Medical Rosewood cover for the week and upcoming weekend in order to trigger any last minute cover arrangements and prevent any disruption in our Service.

The Haematology Consultant rounds are routinely twice weekly, Monday and Friday morning. However, the attending consultant may come daily to get an update, i.e. after finishing other duties as clinics in DVH and QMH/meetings/admin/marrow list and reporting. They are to review new / unwell patients and troubleshoot any problems.

The Microbiology consultants have a regular representation in Rosewood ward to sort out in person any difficult cases. We are striving to protect the ward from COVID-19 transmission, notably most of our patients are immunosuppressed. Every patient who comes in for elective chemotherapy must have a negative viral swab. Every patient who is transferred from another ward should have a negative swab too. In the case of a suspected /confirmed case the hospital policies should be followed and the SITE team is involved for immediate actions. Make sure that you wear the protective

PPE and please report to your Manager any suspicious symptoms as fever/cough/diarrhoea that you experience or you have observed in anyone from your home.

The Oncology Consultant rounds are daily Monday through to Thursday. The senior nurses will inform you about the named consultant in charge for the day. Dr Williams does not work Fridays. Please liaise with the Oncology Registrar, or the Acute Oncology Nurses for any troubleshooting.

Questions when reviewing a patient:

- Ask yourself what is the acute and the chronic problems looking for evidence
- Find out the treatment your patient is receiving, and question whether it is appropriate.
- Does the patient need to stay in hospital?
- What needs to be done to ensure a safe and prompt discharge?
- Can investigations or treatment be carried out as an outpatient?
- When the acute problem settles what will stop this patient from going home?
- Plan discharge in advance based on individual problems i.e. social issues, mobility, other inactive medical problems, and start an action plan.
- What is the patient's understanding of the diagnosis, management plans and future follow-up arrangements? Are the members of family or next of kin informed?
- Is the patient severely unwell and likely a potential candidate for escalation to HDU/ ITU? Should the OutReach Team be called to review?

Newly admitted patients, included elective chemotherapies, should be medically assessed ASAP by the ward junior doctor in order to dully escalate any potential unknown problems and avoid any foreseeable risks. We expect each new patient admitted /transferred to Rosewood Ward to be reviewed in depth.

Please notify the Registrar and, in their absence, the Ward attending Consultant about admissions /transfers as they should acknowledge, supervise any problem management and review new patients within 12- 24 hours.
Some cancer patients /next of kin environment or relatives are emotionally overwhelmed, or, may not be engaging for various reasons with a cancer diagnosis/prognosis. Make sure you show empathy and consider escalating to a senior member of staff in case you face a challenging, anxious, or upset patient / relative. The Palliative team is extremely effective in supporting our cancer patients as in pain /symptom control and psychological problems etc. Referrals are done from PAS under Order Entry 'General' -> Palliative Care.

Finally, make sure you have ordered on PAS the blood tests for your patients to have the next morning and over the weekend, in relation to medical indications for monitoring. Some may not need daily repeat tests.

In the post-COVID-19 era patients are unfortunately NOT allowed to have visitors with only few exceptions for EOL.

During the viral pandemic there were few complains submitted by relatives due to poor communication. Please make sure that the next of keen is informed by a brief phone call regularly, i.e. twice weekly and may be more often in the exceptional situation of a dramatic deterioration in any complex cases.

EDN (Electronic Discharge Summary)

All electronic discharge notes are to be completed prior to the patient being discharged. The Ward Administrators (Lynn and Sue) will add all new EDNs onto the system. They should be commenced on admission and completed once the patient is deemed "*Medically stable for discharge".*

- EDN document should better be commenced early and updated gradually in readiness for discharge. Ensure that the management plan, context – medications + duration – any referrals or follow up appointments are discussed with the SpR, or the ward attending Consultant.

- All relevant to the admission specialist investigations as biopsies, imaging, endoscopy reports must be copied in the EDN.

- It is strongly advised that once the EDN is finalised, then a printout is reviewed with the SpR guidance to avoid inaccuracies.
-
- If you prepare the EDN pre-final diagnosis or discharge, DO NOT add any unverified information.

- It is important you complete the Transfusion Yes/No status accurately, please do not select no before checking on **iIab**.

- In case of RIPs, the EDN still needs to be completed ASAP, preferably when completing the Death Certificate. The causes of death must always be discussed with the SpR or the attending Consultant coupled with a detailed documentation entry in the patient case notes. Remember the EDNs and DC are legal documents, as all patient's file records, thus, we are all responsible for the accurate professional documentation.

Rosewood Ward Pharmacy Service

Ward pharmacists are responsible for ensuring that medicines are accurately prescribed, supplied, stored, prepared and administered correctly. For your own convenience please consult intranet guidelines, the BNF or the internet: ***https://www.medicines.org.uk/emc***

- Clinically screen charts for interactions, appropriate therapy and dosage
- Provide prescribing advice and guidance to the medical team
- Assistance with EDN medication and validate EDNs
- Check the choice of antimicrobial, route and duration, ensuring compliance with Trust guidelines.
- Monitor blood results and give clinical advice on medication accordingly
- Provide help, advice and reminder charts to patients
- Counsel patients on newly prescribed medicines
- Carry out medicine reconciliation as soon as possible after admission
- Provide advice on switching formulations if a patient is NBM or has difficulty in swallowing
- The team should aim to get EDNs written in advance as patients will generally have well planned discharges due to care packages and input from MDT
- HAPPI Audit- Antibiotics should have an end date and indication for administration. This can always be discussed and confirmed with microbiology.

Requesting pathway for blood products

Ideally all routine requests to the BTS should be send till 10:30 with the pink form providing accurate information on the indication and urgency. Any blood component orders received into the Blood Transfusion Lab by 10.30am are delivered at approximately 3pm the same day (Monday to Friday).

Orders placed after this time but before 9pm can be routinely delivered at 4am the following morning, however this has financial implications therefore we aim for a prudent use of this option. There are no routine deliveries on a Saturday and only a 3pm delivery on a Sunday.

Urgent orders can be placed outside of these times as an 'ad hoc' delivery. However, such deliveries incur additional transport charges and are discouraged except in emergency indications. It takes approximately 3 hours for routine and 90 minutes for urgent delivery (authorised by the Haematology Consultant) as our products are ordered and transferred from NHSBT in Tooting.

Inform the Blood Bank of any special requirements e.g. Irradiated blood products, CMV negative products (now only exceptional cases), HLA matched platelets.

PLEASE review late in the afternoon whether any of the incomplete orders can be postponed till the next morning as this will reduce the late at night transfusions and potential risk of reactions out of hours. This will prevent overburdening the oncall team.

Common indications for Irradiated Cellular Blood Products (Red cells, platelets) should be clearly printed on the request form:

- ✓ Patient lined up for a stem cell transplant, i.e. leukaemia , lymphoma, myeloma
- ✓ Post autologous /allogeneic stem cell transplant
- ✓ Treatment with purine analogues : Fludarabine, Pentostatin, Cladribine
- ✓ All patients with Hodgkin's lymphoma
- ✓ Patient's undergoing CART-T cellular therapy
- Any available blood results must ALWAYS be checked when reviewing a patient
- Before the blood product is ordered please ensure it has been authorised
- Please ensure the patient's body weight is checked before authorising as low weight patients are at risk of TACO
- Record Diagnosis/Symptoms/Target Range/ Consent taken for blood and blood products and all information recorded in notes

General threshold for transfusions

Packed red cells (units):
When using a restrictive red blood cell transfusion threshold, consider an Hb threshold of 70 g/L and a post haemoglobin concentration target of 80–90 g/litre. Patients with comorbidities may require a higher threshold of 80g/L to allow adequate major organ tissue oxygenation. Clinical judgement should always be used when prescribing blood components. Please get advice from a senior in case of uncertainty.

Exceptions for the above targets are the sickle cell patients where the optimal target Hb is 70-80 g/l, every patient has a baseline in their records. We should not overtransfuse this special population as this increases the risk of sequestration crisis.

In autoimmune haemolytic anaemia (AIHA) finding a compatible red cell blood unit can be challenging as the antibody can interfere with crossmatch testing. Please discuss with a senior SpR, or, the attending consultant those cases and inform BTS about any clinical decisions. There are exceptional cases where the least incompatible unit can be issued only with the haematology consultant's authorisation.

Platelets (stored in pools) target with transfusions:
- >10 in asymptomatic,
- >20 in neutropenic sepsis

- >50 if active bleeding / the cut off may be higher in special situations as intracranial haemorrhage.
- In any invasive procedure as fluid drains, central line insertion, lumbar punctures, bone marrow biopsies plan in advance, ask the expert as i.e. interventional radiologist, for the safe level.

- Always ensure there has been a post transfusion blood test performed to record increment response.

HLA matched platelets are only for patients who have developed alloantibodies and do not increment with regular platelet transfusions. As these products require extra testing and a longer time to get please notify BTS.

In active / high risk of bleeding patients always check routine coagulation.

Resuscitation Forms

All DNR / Resus status must be in the paper ward notes following discussion initially with the SpR and the ward Consultant. They are noting that discussions with the patients, and /or the relatives are done. If the '*discussed with patient or relatives'* section of a resuscitation form has not been filled in positively, every effort must be made to make this discussion at the first opportunity. This may often occur if the decision was made for a new in-patient or overnight/out of hours, so please double check all forms. Bear in mind that any decisions on resuscitation and potential escalation to ICU are guided by the underlying survival prognosis and comorbidities.

In general, cancer patients who are receiving active chemotherapy with a curative intent are potential candidates for full escalation. The RESUS document is to be regularly reviewed based on the updated clinical outcome.

Anticipatory Care Plans

As a team we are keen to progress the awareness and implementation of 'Anticipatory Care Plans' so that patients and their families specific wishes and preferences are discussed and documented, where this is appropriate.

The aim being to give everyone (family, carers and professionals) a clear idea of the things which are important. The ACP is not legally binding but represents patient's wishes which must be taken into consideration. Here are some examples of information which could be included:

- Whether they would like spiritual support;
- If their illness progresses, where they might prefer to be treated (at home or in hospital/Hospice);
- What might help them feel relaxed and comfortable should they need to receive care or treatment at home or in hospital;
- What important religious or cultural concerns should we be aware of
- If their condition worsens how much information would they like to receive about how serious

their condition might be?
- What are their wishes and choices regarding possible organ or tissue donation and have they made their family aware of their wishes.

This is not something you would be expected to lead on, the specialist teams might mention starting these discussions during the ward round, as we are keen to improve every aspect of the patients care, where ever possible and appropriate.

Governance Meeting

The Directorate Governance Meeting occurs once a month usually on the last Thursday, from 15.00 to 17.00, routinely in the Pathology Seminar Room on Level 3. There is a standard agenda item for non-consultant grade issues/concerns, it would therefore be important for you to attend. One of the Junior Rosewood doctors is expected to briefly attend and present the monthly Rosewood mortality review for the previous month. At least one doctor is to present each time by rotation among the Junior Rosewood team.

Death Certificates

All deaths in Rosewood ward must be discussed with the Registrar, or, the attending Consultant to ensure accuracy of information on the Death Certificate. The same information must be documented in the patient's notes. Please ensure that you complete an EDN also upon completing the death certificate as well as the Mortality Review Documentation (Appendix 2). Once this is completed please give to the Doctors Assistant so she can collate the information for the monthly Governance Meeting

Other information

Audit & Education

Each non-consultant grade doctor is required to start and complete an audit project during their attachment. If the project is big enough then two doctors can share it. You are encouraged to pick a topic as soon as possible and discuss the topics with the consultant, or via the audit office.

There are dedicated education programmes and unless you are attending an emergency or on call you must attend these:

Grand Round: multidisciplinary educational sessions on Thursday at lunchtime

Radiology meeting: Radiology dept., Dr S Menon's office, for interesting or problematic radiology, Friday Morning 9-10am. Journal Club meetings are organised on Friday 12:30-13:30 in the Pathology Lab Seminar Room on Level 3. In the post COVID era the Pharmaceutical Representatives has accepted to offer a 15' brief presentation followed by a Consultant/Reg talk about subjects of interest.

There are also additional programmes for ST1's, FY2's and FY1's, where your attendance is **mandatory**

Clinic Attendance

In the post COVID-19 era the majority of consultations are virtual / telephone. You are welcome to attend/participate, please inform/liaise with the relevant consultants to organise which patients you can review with supervision. We aim to support you on developing your portfolio activities as indicated. Haematology patient can be divided into General Haem and malignant, however our clinics are usually unselected based on space availability.

Please make sure that you have made arrangements for any personal daily ward duties to be covered in your absence, a rolling rota is a potential option with agreement among the junior team.

- A list of all available Haematology outpatient clinics at DVH is attached (Appendix 3).
- All trainees **must** attend clinic. The respective curriculums determine the number of clinics that need to be attended, but expectations are as below:

CMTs	one clinic a week
FY2 GP trainees	one clinic a month
FY1s	one clinic in a 4 month placement

Haematology Consultant and Reg clinics:

Name	Monday	Tuesday	Wednesday	Thursday	Friday
Yip		PM	AM	AM	
Galani	PM	PM	PM		
Chia	PM	AM	PM		
Stevens Locum part time					
Haem Registrar	PM		PM	AM	
Bone Marrow list in Pine Therapy Unit		AM – rota consultants /Reg			

Out of Hours

After 5pm on weekdays and throughout the weekends, Rosewood Ward is covered by the medical ward-cover doctors.
Incomplete tasks should be handed over to the ward cover doctor at the end of the day.
There is now a computerised system (using Patient Centre) for making handovers of patients to be reviewed at the weekend

Annual Leave

Annual leave needs to be sanctioned by two people in order to be approved:

1. Your supervising consultant on the ward

2. The General Manager for Cancer and Haematology

Please liaise with colleagues on your ward and report when considering to take annual leave.

Common sense prevails and obviously any leave cannot be allowed if resulting staffing levels fall below and Rosewood patients' safety is at risk.

Study Leave

Study leave forms need to be signed by:

1. Your Educational Supervisor

2. Your supervising Consultant

3. The General Manager of Cancer and Haematology

They will then be passed on to the Medical Education Department.

Absence Reporting

In the event of sick leave, it is essential that you inform the earliest the following:

1. Your ward or clinical area (i.e. call the ward or let a member of your team know).

2. Your supervising consultant's secretary (see numbers above)

3. The Rota Manager: Emmanuel Muzoora (x8184). In his absence inform Claire Payne (x8860) as soon as possible.

You must also follow up this phone conversation with an email to Emmanuel (or Claire) detailing when you think you will be able to return to work.

The Trust's "Sickness Absence Policy" is available on Adagio.

Patient Safety Incidents, Complaints, Undermining

In the event of any complaints, or untoward incidents /occurrences, it is strongly advisable to handle them in a professional manner with timely escalation to Seniors:

- Good clear detailed documentation in the case notes
- Keep contemporaneous notes
- Approach senior trainees or Clinical Supervisor as appropriate
- Inform The Ward Manager and or Matron, especially if related to the ward or Inform the Medical Education Department in situations of undermining if you feel unable to bring up within the team

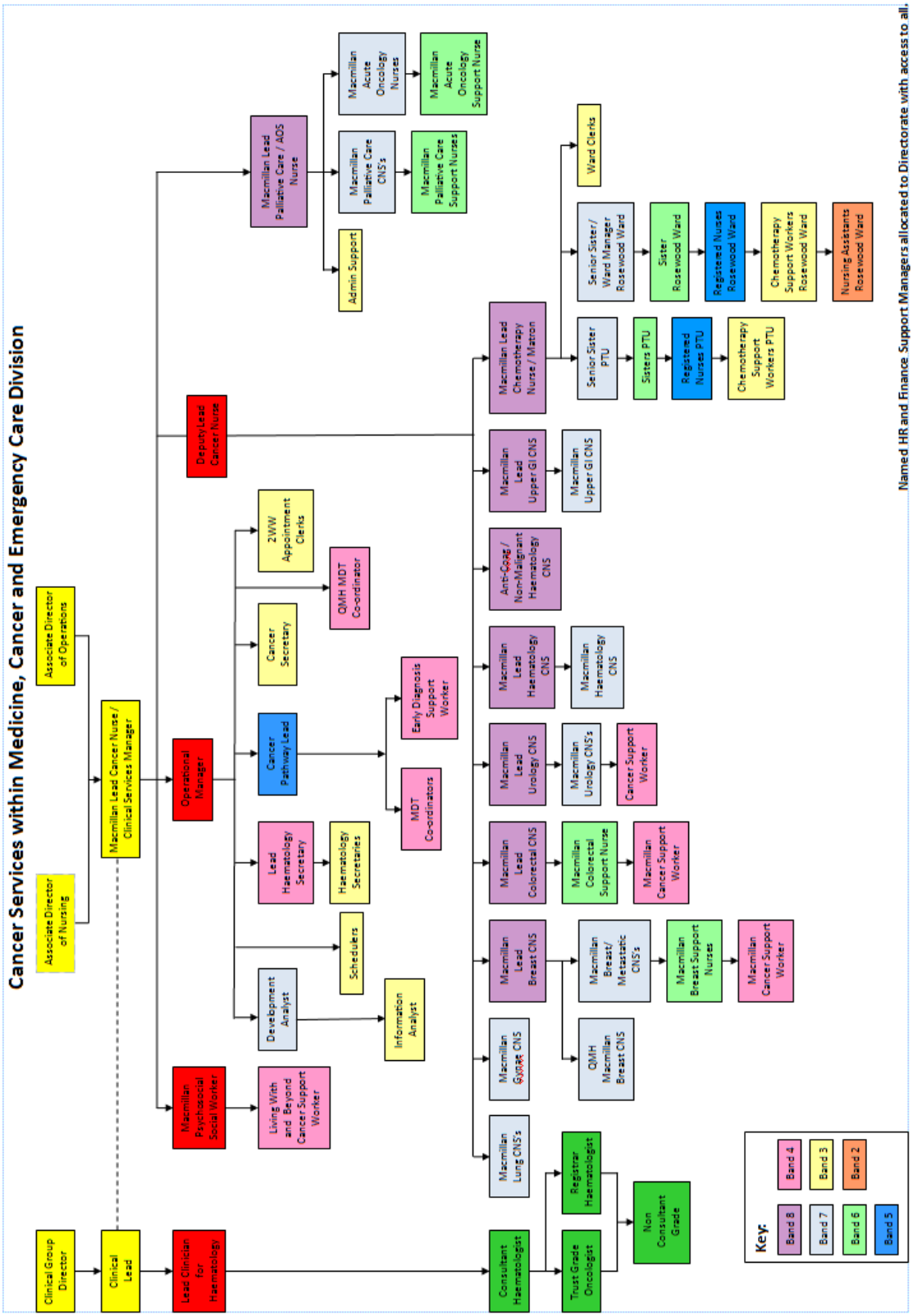
Finally, feel free to contact all the consultants, or Marie Payne (Macmillan Lead Cancer Nurse/ Clinical services Manager) at any instance, should you feel you need some additional support or guidance.

We hope you will find us an approachable, supportive and friendly team.

If you have any problems at work we wish to hear about them.

In addition if you have ideas about how we might improve the way we do things please let us know!

Appendix 1


Cancer Services within Medicine, Cancer and Emergency Care Division
Named HR and Finance Support Managers allocated to Directorate with access to all.
Clinical Group Director
Associate Director of Operations
Associate Director of Nursing
Clinical Lead
Macmillan Lead Cancer Nurse / Clinical Services Manager
Lead Clinician for Haematology
Operational Manager
Deputy Lead Cancer Nurse
Macmillan Lead Palliative Care / AOS Nurse
Macmillan Acute Oncology Nurses
Macmillan Acute Oncology Support Nurse
Macmillan Palliative Care CNSs
Macmillan Palliative Care Support Nurses
Admin Support
2WW Appointment Clerks
QMH MDT Co-ordinator
Cancer Secretary
Cancer Pathway Lead
Early Diagnosis Support Worker
MDT Co-ordinators
Lead Haematology Secretary
Haematology Secretaries
Schedulers
Development Analyst
Information Analyst
Macmillan Psychosocial Social Worker
Living With and Beyond Cancer Support Worker
Macmillan Lead Chemotherapy Nurse / Matron
Ward Clerks
Senior Sister PTU
Senior Sister / Ward Manager Rosewood Ward
Sisters PTU
Sister Rosewood Ward
Registered Nurses PTU
Registered Nurses Rosewood Ward
Chemotherapy Support Workers PTU
Chemotherapy Support Workers Rosewood Ward
Nursing Assistants Rosewood Ward
Macmillan Lead Upper GI CNS
Macmillan Upper GI CNS
Anti-Coag / Non-Malignant Haematology CNS
Macmillan Lead Haematology CNS
Macmillan Haematology CNS
Macmillan Lead Urology CNS
Macmillan Urology CNSs
Cancer Support Worker
Macmillan Lead Colorectal CNS
Macmillan Colorectal Support Nurse
Macmillan Cancer Support Worker
Macmillan Lead Breast CNS
Macmillan Breast/ Metastatic CNSs
Macmillan Breast Support Nurses
Macmillan Cancer Support Worker
Macmillan Gynae CNS
QMH Macmillan Breast CNS
Macmillan Lung CNSs
Consultant Haematologist
Registrar Haematologist
Trust Grade Oncologist
Non Consultant Grade
Key:
Band 8
Band 7
Band 6
Band 5
Band 4
Band 3
Band 2

Appendix 2

Admissions

1. Relevant Reg/consultant should be informed of any new admission ASAP, ideally in person, by phone call or email. A DNR form should be in place within 24 hours in the case notes for clarity.

2. If the patient is being admitted from Pine Therapy Unit, discuss with the ward Registrar/Consultant. Any patients who are transferred to Rosewood from another ward must have confirmation that there is no suspicion of COVID-19 infection, hence a recent negative nose and throat swab is a pre-requisite. During the pandemic era we do not accept direct admission from the ED Department as per hospital policy as the majority of patients are immunosuppressed with increased infection related mortality.

3. Any elective/expected admissions must be handed over to the on-call ward cover SHO with a plan. This includes any outstanding investigations or blood results that need auctioning /checking from patients already clerked in.

4. Please ensure that bloods are ordered for the next day at the very least and on Friday for the weekend.

5. All patients being admitted must have a **height and weight** documented.

Paper Drug Charts

1. Please write clearly in CAPITAL LETTERS

2. Please ensure that the allergy box is filled in (together with the reaction to the drug) as well as the thromboprophylaxis risk assessment.

3. When re-writing charts please fill in allergy and thromboprophylaxis boxes again. Also please re-write the whole chart, with the dates of when drugs were **first prescribed**, and not the date it is being re-written on.

4. If you are changing the dose of a drug please re-write it and not just amend it.

5. When re-writing please be watchful for things that have a delayed start date (e.g. chemotherapy/G-CSF) or for things that need to be re-started in due course.

6. SHOs/FYs should NOT prescribe any type of chemotherapy, including PO chemo drugs such as Hydroxycarbamide. Please contact Registrar or Consultant for prescription.

Antiemetics

Step up according to guidelines:

1.	Ondansetron	8mg bd	PO/IV	Max TDS
2.	Metoclopramide	10mg tds	PO/IV	
	OR			
	Domperidone	10 - 20mg 4-8 hrly	PO	Max 80mg/day
3.	Cyclizine	50mg tds	PO/IV	
	But avoid if patient is already on metoclopramide or domperidone			
	If refractory to all above, other options are:			
4.	Levomepromazine	6.25 – 12.5mg	PO/SC	Max 50mg/day
5.	Haloperidol	1.5mg	PO	Max 10mg/day (use with caution)
6.	Dexamethasone	2-4mg	PO/IV	
	(Max tds for 3 days. Must discuss with consultant first)			

Blood Tests

Applies only to those on active intensive chemotherapies (Consultant/SpR will make aware)

Routine daily: FBC, Renal, Liver, Bone, Magnesium

Twice per week: CRP, Clotting screen

Mon/Wed/Fri : crossmatch for Group and Save for patients on chemotherapy

Ciclosporin Levels: if allograft patient -> send to KCH

Check patients have had MRSA and VRE screen on admission

Supportive Drugs on admission for elective chemotherapy

Consultant the Registrar and consider:

ALLOPURINOL in acute leukemias/ high grade lymphomas for Tumor Lysis Syndrome prevention.

CHLOREXIDINE & NYSTATIN oral hygiene, for immunosuppressed patients as in prolonged neutropenia

ANTIEMETICS – see above

GI ACID SUPPRESSION – PPIs as omeprazole, lansoprazole

NORETHISTERONE: for women of child bearing potential to stop menstruation while on chemotherapy

ACICLOVIR - Antiviral prophylaxis HSV, VZV

ANTIFUNGAL prophylaxis – fluconazole, posaconazole

Infections

https://viewer.microguide.global/dvh/dvh

For the management please refer to Darent Valley hospital Intranet guidelines on ADAGIO and seek consultant Microbiologist's advice in complex cases i.e with persistent fever, central lines etc. The consultants are routinely visiting the ward and are available to discuss the optimal management and investigations.

Opportunistic infections: On high suspicion of a systemic fungal infection (i.e. lung aspergillosis). Send a blood sample for fungal screening testing (b glucans and galactomannans).

Suspected severe viral infection in a neutropenic / lymphopenic patient: discuss whether viral PCR testing is necessary.

Appendix 3

Rosewood Ward Mortality Review for Haematology /Oncology Patients

Mortality review date: Consultant:
Mortality review completed by:

SECTION 1: GENERAL INFORMATION ****Avoidable Death

Patient initials: Hospital number:

Age: Sex:
Date and time of admission to DVH:
Date and time of admission to RW:
Diagnosis, summary and co-morbidities:

Is patient known to palliative team? Date DNR form signed? ? Delay
Is patient on end of life care? Was the death anticipated?

Date and time of death:

Did the death occur on: Weekday Weekend
Causes of death:
1a
1b
1c
2

SECTION 2: CLINICAL ASSESSMENT

2A: PRIOR TO TRANSFER TO ROSEWOOD

Where was the patient transformed from?

Were there any clinical concerns prior to transfer for the patient?

Was there a clear management plan?

2B: ASSESSMENT IN ROSEWOOD:

Time between arrival at RW and first clinical review:

Time between arrival at RW and first consultant review:

Time between arrival at RW and Oncology consultant/team:

Was there a clear management plan documented?

Were the investigations appropriately planned and acted upon?

Was the case discussed in the MDT/ward round?

Was the family informed/did a family meeting take place?

Consultants concluding remark/summary:

Was the death avoidable?

Was patient appropriately managed?

Learning points? Information for Governance, presented by Junior Doctors in the monthly Haematology GM