



University Hospitals Birmingham
NHS Foundation Trust



Building healthier lives

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Welcome

On behalf of the liver unit team, welcome to ward 306 at Queen Elizabeth Hospital. The Queen Elizabeth Hospital is part of University Hospital Birmingham NHS Foundation Trust. The liver unit has been established since 1982 and incorporates Liver Medicine, Liver Surgery and Liver Transplantation. The liver unit looks primarily after patients with liver disease from the Birmingham area, but also from around the UK.

There may be a possibility you are on the ward and do not have a liver condition but are here as a medical outlier – if so, welcome too! The staff on the ward will strive to provide high quality care to you irrespective of your health condition – liver-related or otherwise.

We are one of the largest UK liver transplant centres – one of seven. We strive and aim to deliver world class “champions league” level care for all our patients on the liver unit. To do this, we welcome any feedback.

The Ward

Ward 306 has 36 beds – some single rooms, others in bays of four. There is a separate entrance and exit (this is to help keep infections rates down), and the ward is in a semi-circular shape. To enter, please press the intercom system and someone will answer. If a fire alarm rings the staff will help you vacate the ward.

Toilets are available in all side rooms, and one per four-bedded bay. Side rooms are used primarily for:

- Patients with infections
- Young adults under age of 18
- Patients who are at the end of their life

If you are given a side room and do not require it, you may be asked to move to a bed in a bay.

Whilst in the ward there will be patients with liver conditions in the ward. There are information sheets on different liver conditions in the day room. If you wish to talk about your liver health, you can ask

any member of staff at any time. There will be daily ward rounds for all patients, and you will regularly be visited by nurses for medication rounds and observations (such as temperature, blood pressure and sugar checks – if appropriate).

You may also be seen by allied health care professionals such as dietitians and physiotherapists. All staff will have identifiable name badges on – some yellow and some ID badges. All staff should introduce themselves to you.

The ward is led by the senior sister who is supported by the Matron that covers the liver unit. The ward manager is supported by the ward sisters.

Nurses uniforms:

Senior sister	Navy blue with white piping
Ward Sisters	Navy blue with blue piping
Staff Nurses	Blue with navy piping
Nursing Associates	Turquoise
Health Care Assistants	Pale Blue with white piping
Students	Usually wear white tops
Matron	Navy blue with lilac piping

The ward managers office is in the centre of the ward. On each shift there is a Nurse in Charge for the shift who will be available to answer any questions if your nurse is unable to do so.

Visiting times

Visiting times are as follows: 11am to 8pm

We advise all visitors not to attend if they are feeling unwell, are having diarrhoea and vomiting symptoms (visitors need to be 48 hours clear of these symptoms). We advise all visitors to wash their hands

on entering the ward. We allow two visitors to the ward at a time. Children are welcome but **must be always supervised**.

In special circumstances after discussion with the ward manager/nurse in charges we allow open visiting – these are usually in the end-of-life scenarios or patients with additional needs.

Ward rounds

The liver unit consultants work as a team – there are two-three consultants who are responsible for the inpatient and will be managing your care alongside the registrars.

The consultants change every two weeks but the medical teams' handover to each other so that you receive good continuity of care. Along with ward consultants, each week there will be set registrars who will see you every day. In Liver medicine we understand the importance of the MDT (multi-disciplinary team) and therefore multiple discussions will be had throughout the week with a variety of teams to keep each other updated.

There are also several resident doctors (doctors in training who rotate specialities after several months) who are based on the ward and work together to ensure optimal patient care. Personnel on the ward round may differ on a day-to-day basis but they will be situated on the ward round and completing other jobs so you will meet multiple members of the team.

Doctors will either be wearing scrubs or professional attire. Most will be wearing the yellow name badges with their name and role but will also introduce themselves on each encounter and have staff ID badges.

There are daily ward rounds by the liver unit team of doctors, if you are under their care. You may be under a different speciality – you should be seen by a doctor from that speciality every day. The ward rounds are in the mornings. If you are away for a test, you may miss the rounds, but

the team will try to see you later in the day. If you have not been seen by a doctor by 1pm please let the nurses know and they can arrange for the doctors to come and see you. A reminder can help.

The liver unit consultant rounds are Monday and Friday mornings, along with weekend mornings – however you may also be seen by a registrar at any time. On Tuesday-Thursdays the registrar will see you but will be discussing your case and health with the liver unit consultant daily. It may be that a specialist from another specialty (i.e. not liver medicine) sees you (a consultation) – if we are planning to ask them to see you, we will do our best to let you know in advance of this so you are not surprised. This sometimes/rarely does not happen for a variety of reasons – so the doctor /team will identify themselves to you and reason for seeing you. You may also be seen whilst in the liver unit by a variety of allied healthcare professionals including liver physiotherapists, liver dieticians, liver transplant coordinators and a liver pharmacist - all as part of our multi-disciplinary team.

Any concerns or questions throughout the day can be raised to the ward team and a resident doctor will be available to discuss further. After 5pm, this is the on-call period where the resident doctor will cover two wards. Any urgent matters will be prioritised and reviewed. It may not always be possible to have updates or family discussions in these periods however this can be raised to the nurses and will be handed over to the day team as we understand the importance of communication.

Patients are encouraged to ask questions and involve relatives and discussions can be scheduled to allow for this.

We may refer appropriate patients to our supportive and palliative care team for two reasons:

- To provide support for symptom control or
- To discuss end of life management – however where possible this would be discussed with you in advance to gain your consent. Where you cannot consent, we will discuss this with your family. If such discussions are required, please let us know from the outset if you want these at bedside or in the dayroom, and if you wish family members to be present.

If you are not a liver patient and have a general medicine problem, you may be seen by an occupational therapist, physiotherapist, dietician and the complex discharge team prior to discharge.

If you feel you need additional help at home or to facilitate your discharge, please let the nurses know as soon as possible. If you have any personal safety concerns about going home, please let the nurses/ doctors know who can deal with this discretely. Your well being and safety is a priority for us.

All consultations are done at the bedside. We aim to do this discretely however if you wish curtains to be drawn, or have any sensitive discussions in private, we can try to facilitate this where possible and move this to the waiting room if required. If you wish relatives to be present, then a mutually convenient time needs to be agreed in advance with the doctors – as they cannot always have long discussions on the morning rounds with your family but rather may need to reschedule this in the afternoons once wards rounds are finished.

This especially applies at weekends when our consultants round on more than 50 patients.

Please note we can only discuss a patients care/treatment with family members with the patients consent.

Meals

Mealtimes are:

Breakfast	07.30 – 08.30
Lunch	12.00 – 13.00
Dinner	17.00 – 16.00

Drink times are:

- 06.30
- 08.00
- 09.30
- 12.00
- 13.45
- 18.00
- 21.00

Drinks can be served outside these times so please do ask.

- We can offer snacks to you outside these times please ask the nurses
- We are not allowed to store patients own food in the fridge
- All dietary requirements can be catered for – please let the staff know of dietary requests, allergies or food issues

If you have a liver condition it will be likely you will be placed on nutritional supplements – these will be prescribed for you, but you can ask for these and also discuss with the nurses the best way to take these (e.g. on demand or kept in ice at bedside). Having a bedside supply is often useful.

Complaints

We are committed to ensuring you and your relative have a positive experience on ward 306. Being in hospital can be overwhelming, so it is important that you ask if you are not clear what is happening, or what the plans are in your care or treatment.

If you feel you are not getting the information you need please:

1. Ask to speak to the Senior Sister or Matron– they are more than happy to listen to your concerns and try and address the issues straight away
2. If you are not happy you can contact our Patients and Advice and Liaison Service - PALS Contact No **0121 371 3280** or **PALS@uhb.nhs.uk**
NB: they can take a week or so to forward to the relevant parties
3. If you feel things have not been resolved to your satisfaction, then contact the complaints department on **0121 371 4762** or **complaints@uhb.nhs.uk**. This is a formal process and can take a few months for you to get a response

Behaviours

University Hospitals Birmingham NHS Foundation Trust will not tolerate any verbal or physical abuse towards any of our staff. In addition, please ensure that you do not inadvertently or purposefully film/record staff without their consent and upload any videos to social media.

In such cases this will be escalated appropriately to hospital security and management. Patient/visitors will then be formally given a verbal warning, and any further incidents will result in the production of a yellow or subsequent red card*. The latter will result in a lifetime ban from Queen Elizabeth Hospital Birmingham. Any violence towards staff will be dealt with by security and the police.

The Liver Unit prides itself on the support and inclusion of the diversity of patients on the grounds of gender, race, religion and sexual orientation. Any discrimination towards staff will not be tolerated and the above process followed*.

Accommodation for relatives

Accommodation is available in the following:

1. Hotels – selection of hotels nearby
2. Fisher house – for military personnel and families
3. Bottle cottages – please discuss with nurse in charge as available to certain patients and families

Local amenities

Local amenities to the Queen Elizabeth Birmingham include University of Birmingham (5-minute walk) with a range of eateries and walks nearby.

The University train station is a 5-minute walk and trains every 15 minutes to Birmingham City Centre – including Brindley place, the mailbox, the Bullring, New street station and Digbeth. Other local walkable areas include Harborne high street, Selly Oak retail park and Edgbaston (including the famous botanical gardens).

If you are going off the ward, please let a member of staff know.

Weekend leave

If your condition is stable and the medical team deem it appropriate, you may be offered some weekend leave. Planning for this starts mid-week and the team will discuss this with you as the weekend approaches.

Agreed times for leaving and returning can be discussed. You will have to organise your own transport for this. If you feel unwell at home, you must immediately return or go to your local A&E if an emergency.

Leave from the ward can apply over bank holidays. There remains however a set number of leave places we can guarantee, otherwise a patient's bed may be given up for emergencies/patients waiting in the Queen Elizabeth A&E for a bed.

Also, distance to your house will need to be factored in as well as clinical stability. On return you may be asked to provide a urine test if clinically indicated for your liver condition. Thus, communication between you and the ward team is key, regarding plans for this and suitability.

Tests whilst on wards

You may be called for a test at any time – sometimes a porter may come for you without warning. We shall endeavour to tell you what tests you are having in advance, but the situation may occur when staff arrange this for you, and you are called for before we have had the opportunity to inform you.

If you do not wish to go for a test without an explanation from the team, let the nurse know, and either they or a doctor will come to explain. Most patients have blood tests every day to aid our decision making and monitor your progress. If you do not wish to have your blood taken, then we can discuss this with you. Some tests may require preparation in advance such as fasting for endoscopies or bowel preparation for bowel tests. Sometimes tests require you having no caffeine or certain medication in advance – you will be informed if this is the case.

Daily observations, blood tests and medical reviews are a standard on the ward and results will be monitored by the team and escalated if any concerns are noted. It is common for scans or procedures to be arranged, and we hope to ensure you are adequately prepared for what these entail and reasoning for them. Sometimes timings can be unpredictable, but we hope to keep patients updated as much as possible.

Discharge and follow-up

When the decision has been made you are ready for discharge, the doctors will prepare a discharge letter that outlines the reason for the admission and management plan going forward with any follow up plans included. You are given a copy of this letter, and it will also be sent to your GP to ensure they are involved in ongoing care and updated with new events. Medications on discharge will also have to be prescribed and then sent to discharge pharmacy to be checked and dispensed.

Any updates to your regular medications will be detailed in the discharge letter as well as communicated to you by the ward teams.

A decision regarding the need for you to be seen back in clinic will be made by the appropriate clinical team looking after you. This will be explained to you before your discharge. If you are known to a liver unit consultant team, you will normally be followed up by the same consultant. If you however are listed for a liver transplant you may be changed into our liver transplant waiting list clinic.

If your condition dictates, you may be seen before your medical clinic appointment by our hot clinic nurses in the outpatient clinic. You may also be given their details prior to discharge for any emergencies if deemed required by the ward team.

Once home your GP remains your first port of call for any issues, however if the issue is liver related you can contact your regular consultant's secretary. All patients on the waiting list can contact the liver transplant recipient coordinators (LRTCs).

Due to the partial booking system, you will receive an appointment for your clinic within six weeks of the appointment. If you do not receive details of the appointment, please contact our liver bookings team.

Ongoing medication

Your GP oversees ongoing prescriptions of medicines. This however does not apply to:

1. Post liver transplant immunosuppression medication
2. Anti-viral hepatitis B treatment

These medications will need to be prescribed by the liver unit – you will need to contact the liver secretaries to do this and with plenty of notice to get the prescription as there may be delays. You will likely see a ward pharmacist during your stay on the ward who can speak to you about your medications and address any concerns you may have.

Useful telephone numbers

Ward 306	
Beds 1-12	0121 371 3085 or 3060
Beds 13-24	0121 371 3087 or 3061
Beds 25-36	0121 371 3088 or 3062
Liver Recipient Transplant Coordinators (LRTC)	
Monday – Friday 9-4	121 371 4528
Out of Hours/weekends	Via switchboard 0121 371 2000
Clinical Nurse Specialist Hepatology Nurse	
(Hot Clinic)	0121 371 2936
Main Liver Outpatients	
	0121 371 5525
Pharmacy	
Hotline for information re medication advice Mon – Friday: 10am – 1pm, 2pm – 3pm	0121 424 4682
If it about supply, or chasing a prescription	0121 371 5479
Administration	
OPA Bookings team	0121 371 4978
Liver Unit Secretaries	Via Switchboard and ask for your named consultants secretary

A series of 20 horizontal dotted lines spanning the width of the page, providing a guide for handwriting practice.

How did we do? 😊 😐 😞

If you have recently used our services we'd love to hear about your experience. Please scan the QR code or follow the link to share your feedback to help us improve our services. **Thank you. www.uhb.nhs.uk/fft**



Accessibility

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If you require this information in another format such as braille, please email **interpreting.service@uhb.nhs.uk**

Liver

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