



Mental Health Shift Coordinator Procedure

Effective: 25 July 2019

1. Guiding Principles

The shift coordinator is responsible for supervising, monitoring, delegating, and communicating all operational processes involving the provision of safe and effective nursing care. The shift coordinator would generally not be directly allocated patients.

The shift coordinator is to be a Clinical Nurse or appropriately experienced Registered Nurse who has demonstrated an advanced level of knowledge and experience within the specialty of mental health nursing including:

- Nursing leadership
- A high level of clinical knowledge
- Effective communication and self-containment
- Prioritisation of workload
- Coordination of human resources including appropriate delegation
- Problem solving skills
- Risk assessment and management
- Emergency management
- Contingency planning
- Conflict resolution
- Multidisciplinary teamwork
- Efficient computer skills in relevant health applications
- Extensive knowledge of WA Mental Health Act 2014
- Awareness of and compliance with relevant Operational Directives, Clinical Practice Guidelines, Policies and Procedures.

The shift coordinator is to be clearly identified on the roster each shift by the Clinical Nurse Manager.

The role of the Shift Coordinator does not remove the clinical responsibility of registered and enrolled nurses for their actions with regard to the patients allocated to their care.

All changes in patient condition must be communicated to the Shift Coordinator

2. Procedure

Handover:

The management of handover requires leadership from the shift coordinator to ensure that patient care is as much as possible consistent across shifts, that acute issues are identified and appropriately escalated, and that all required handover tasks are completed and recorded on the shift coordinator checklist (see appendix 1).

Duties include but are not limited to:

- Receiving and monitoring the nursing staff handover from the previous shift, ensuring information both given and received is accurate, clear and concise, using isobar format.
- Checking the ward diary to identify any incomplete tasks from the previous day, tasks scheduled to happen on the day of the shift, and any upcoming tasks in the next 48 hours that will require planning.
- Checking staffing levels are adequate to meet the clinical needs of the patients and the safety of all staff and patients.
- Checking all keys from the previous shift have been signed in and placed in the key cabinet and/or assign and sign out keys for the shift. Shift coordinator takes responsibility for the schedule 8 key.
- Completing shift coordinator checklist each shift and handover of incomplete tasks to the next shift coordinator.
- Both Shift Coordinators together completing Environmental Checklist (Appendix 2) at each handover. Environmental check of ward environment each shift to sight all patients and check for potential environmental hazards. Also at this time to introduce new patients to oncoming Shift Coordinator.

Documentation

The shift coordinator is directly responsible for completing particular documentation tasks for governance and patient care including but not limited to:

- Care Transfer Summary for all discharges during the shift.
- Check and record schedule 8 medications each shift.
- Ensure all MHA forms are accurate, documented correctly, entered on PSOLIS as required and mandatory notifications are completed

The shift coordinator is responsible for supervising the completion by other staff of all required documentation. This includes but is not limited to:

- Checking all clinical documentation is accurately completed each shift by allocated nurse (physical observations, visual observation, medication charts, FRAMP, BRADEN, Bowel charts, admission/discharge checklists)
- Monitor compliance by all APU staff with all relevant procedures, policies and guidelines
- Ensuring that the store or return of patient belongings, including car keys and money, are appropriately documented at admission and discharge. In the instance of money ensuring documentation is completed at every instance of a patient accessing money from their store during their admission.
- Check allocated nurse has completed all entries into progress notes, including rationale for decisions made in regard to deteriorating patient and escalations of care.
- Ensure Treatment, Support and Discharge Plans and PSOLIS Management plans are complete and reviewed with the patient on a regular basis to accurately reflect patient needs.
- Ensure all Admission/Discharge Checklists are completed for every patient being admitted or discharged from the ward.

- Maintain equipment and check stock, order as required to ensure adequate supplies.

Shift planning, leadership and delegation:

Shift coordinators are required to plan the daily workload appropriately according to available staffing, staff scope of nursing practice, staff level of experience/skill. Consideration should be given to patient acuity and level of risk, gender appropriate care, known patient factors (eg best match of nurse to patient based on knowledge of patient, compatibility, etc) bed status, and expected admissions/discharges during the shift.

The following principles would generally apply:

- Staff should generally be allocated no more than 4 patients in the open ward and 2 patients in the secure ward. The shift coordinator is not to be allocated patients. (At times of increased acuity or decreased staffing levels it may be necessary for the shift coordinator to take a patient load.)
- All factors that affect staffing levels and skill mix are reviewed by the Shift Coordinator prior to and during each shift with consideration to: skill mix, gender mix, code black training, fatigue and allocation in previous days
- Monitor and allocate staff breaks, ensure staff are present at rostered times, including handover, and ward is suitably covered during breaks.
- Ensure staff minimise time spent in the nurses station, and that the majority of the shift is spent providing nursing to patients in the ward.
- Ensure all new staff/security guards/students are oriented to the ward area, are competent to undertake delegated duties e.g. additional observations of patients at risk of harm, de-escalation skills.
- All staff entering the APU must wear a functioning duress pendant at all times and be aware of how to operate both pendant and other methods of calling a Code Black, such as calling "55"
- Ensure all new staff/security guards/students are provided a duress alarm and are aware of how it works and what their role is should an incident occur.
- Ensure all staff directly line managed by the shift coordinator are provided with performance development within required timeframes with the date, time and outcome of performance development entered into the database.
- Maintain a leadership and coordination role and act as the Area Warden in the event of a code event such as code red/orange, code black or code blue.
- Ensure all staff are allocated appropriate time for patient meetings, staff meetings, education sessions and patient outings
- Provide support and assistance to nursing staff with patient carers and support persons
- Ensure nursing staff have provided a written and verbal explanation to patients of their rights and responsibilities
- The Shift Coordinator cisco phone is to remain with the Shift Coordinator at all times to ensure prompt responsiveness to direct and assist with PICU staff requests
- Debriefing nursing staff as required

Clinical Governance and Monitoring:

Shift coordinators are responsible for the overall governance of the APU, and for ensuring the staff under their supervision complete all required tasks of the shift. Responsibilities include:

- Regular assertive communication with staff to monitor progress, provide support and assistance as required. Shift coordinator is to be available as a clinical resource for all staff on shift and ensure that changes in patient status are reported and documented in a timely manner.
- Recognising and responding to changes in patient status – deteriorating physical health, deteriorating mental health and change in risk.
- Monitor all high risk patients and patients of concern and ensure risks are escalated for management as appropriate.
- Check all clinical observations are performed each shift by allocated nurses and are appropriately escalated and documented.

Communication, reporting and liaison:

- Provide handover to MDT ensuring concerns and risks are communicated effectively and patient care/management/discharge plan is discussed.
- Communication with CNM regarding all APU matters including staffing, bed status, patients of concern and any other issues. Liaison with MHLN regarding bed status and medical staff regarding patient treatment. Reporting matters of concern to CNM, Clinical Director and/or Manager GSMHS as required.
- Liaise with CNM concerning staffing each shift, ensure staffing levels for each shift are adequate to meet acuity and that unexpected personal leave is covered from the available staffing list.
- The Shift Coordinator on the afternoon shift is to ensure staffing levels for the following day is adequate
- Maintain the journey board, update each shift to reflect changes in patient status and bed status, dispose of all confidential information appropriately at the end of the shift.
- Liaise with ward clerk/medical records to assure all ward bed movement is accurately documented for the tracking of medical records.
- Ensure that the Policy for Mandatory Reporting of Notifiable Incidents to the Chief Psychiatrist reporting requirements is followed by the nursing staff on shift.
- Ensure that the DATIX Clinical Incident Management System is used appropriately to report clinical incidents.
- Ensure that staff safety incidents are reported on a Safety Risk and Report form and given to the CNM.
- Refer any enquiries by external media to appropriate WACHS Media personnel

Emergency procedures

- Recognising high risk situations which require activation of emergency procedures and initiating appropriate action.
- Responding to clinical interventions as per the physical observation chart, Clinical Deterioration policy and medical emergency response procedures
- Provide a lead role in all emergency situations, including performing the role of Area Warden.
- Recognising changes in patient acuity and responding as appropriate (for example: security attendance, code black, code blue, increased visual observation, 1:1 observation)
- Identify and act to prevent unsafe practices, hazards and incidents
- Ensure OSH standards are adhered to and documentation is completed appropriately in the event of an incident.

3. Definitions

ISOBAR	Handover format that includes Identification, Situation, Observations, Background, Assessment, Read back/Risks
PICU	Psychiatric Intensive Care Unit (formerly Secure Area)
MDT	Multidisciplinary Team

4. Roles and Responsibilities

Clinical Director

Clinically lead the service by ensuring excellence in local clinical governance systems and defining clinical best practice.

Manager, GS Mental Health Service

Provide managerial support to the APU via clear expectations of operational unit role and ensuring that there are adequate resources to meet these. Monitor the team performance against the agreed performance indicators.

Acute Psychiatric Unit Clinical Nurse Manager

Identify and communicate organisational and local ward clinical governance structures. Provide day to day monitoring of how effectively the ward clinical governance processes are followed. Identify which staff have been assessed as competent to undertake the shift coordinator role. Communicate via the nursing roster which nurse is the identified shift coordinator. Monitor the individual performance of shift coordinators and take managerial action as required to address deficits.

Shift Coordinator

The Shift Coordinator will be responsible for supervising, monitoring, delegating, and communicating all operational processes involving the provision of safe and effective nursing care.

Clinical Nurses, Registered Nurses and Enrolled Nurses

Deliver care within the scope of practice for registration and competence. Undertake tasks as delegated or as scheduled by shift coordinator instructions. Escalate to the shift coordinator any clinical, OSH, or security incidents, near misses, and patient complaints. Communicate immediately with the shift coordinator if there is any deterioration in a patient's condition or when the delivery of patient care is outside of the nurse's scope of practice or competence. Liaise with the shift coordinator to communicate the patient's condition and care, including use of discretionary/prn medications

All Staff

All staff are required to work within policies and guidelines.

5. Compliance

This procedure is <e.g. a mandatory requirement under the *YXZ Act*>. Failure to comply with this procedure may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Employment Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (HSA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

6. Evaluation

Monitoring of compliance with this document is to be carried out by the Clinical Nurse Manager through ongoing auditing of available tools and monitoring of patient care.

7. Standards

National Safety and Quality Health Care Standards - 1.25, 1.19, 1.23, 1.26, 4.1, 6.1, 6.2, 6.8, 5.1, 8.1, 5.2.

EQULPNational Standards - 11.5, 12.1, 12.3, 12.8, 13.2, 13.3, 13.12, 15.13, 15.21

National Standards for Mental Health Services - 1.1, 1.2, 1.9, 6.1, 10.1.1, 10.4.1, 10.5.6,

8. Legislation

[Mental Health Act 2014 \(WA\)](#)

9. References

[OD 0486/14 WA Health Western Australian Patient Identification Policy 2014 Guidelines: The Management of disturbed/violent behaviour in inpatient psychiatric settings](#)

[Visual Observation Chart \(GSMR 148B\)](#)

[WA Pressure Injury Prevention and Management Clinical Guideline](#)

[National Consensus Statement: Essential elements for recognising and responding to deterioration in a person's mental state](#)

10. Related Forms

[Mental Health Act 2014 Approved Forms](#)
[Mental Health Care Transfer Summary form SHSMR916](#)
[Mental Health Assessment form SMHMR902](#)
[Risk Assessment and Management Plan SMHMR905 \(RAMP\)](#)
[MR140A Adult Observation and Response Chart](#)
[MR521 WACHS Falls Risk Assessment Management Plan](#)
[MR144E WACHS Bowel Chart](#)

11. Related Policy Documents

[Aboriginal Mental Health Consultation Procedure – Great Southern Mental Health Service](#)
[Additional Observations of Patients at Risk – Albany APU](#)
[Admission of Mental Health Patients - Albany APU](#)
[Bed Prioritisation and Bed Closure Procedure – Albany APU](#)
[Emergency Response - Code Black Personal Threat – Albany Health Campus](#)
[Individual Patient Care Planning Meetings – Albany APU](#)
[Managing a Seclusion Event Procedure - Albany APU](#)
[Mechanical Restraint Procedure - Albany APU](#)
[Mental Health-Road Transfer Procedure - Great Southern Mental Health Service](#)
[Patient Leave Procedure - Albany APU](#)
[Patient and Property Searches Procedure – Albany APU](#)
[Patient Vehicle Access Procedure – Albany APU](#)
[Prohibited Items Procedure - Albany APU](#)
[Security Procedure - Albany APU](#)
[Smoking Care Guideline - Albany APU](#)
[Use of the Secure Unit Family Meeting Room Procedure – Albany APU](#)
[Visitor Procedure - Albany APU](#)
[Vital Signs Procedure - Albany Hospital](#)

WACHS

[Assessment and Management of Interhospital Patient Transfers Policy](#)
[Clinical Escalation of Acute Physiological Deterioration including Medical Emergency Response Policy](#)
[Clinical Observations and Assessments Clinical Practice Standard](#)
[Disturbed Behaviour Management Clinical Practice Standard](#)
[Falls Prevention and Management Clinical Practice Standard](#)
[Medication Administration Policy](#)
[Restraint and Seclusion Minimalisation Clinical Practice Standard](#)
[Shift Coordinator Procedure](#)

12. Related WA Health System Policies

[MP 0086/16 Recognising and Responding to Acute Deterioration Policy](#)

[MP 0095/18 Clinical Handover Policy](#)

[OD 0611/15 Clinical Incident Management Policy](#)

[OD 0579/14 Falls Risk Assessment and Management Plan \(FRAMP\)](#)

[OD 0526/14 WA Health State-wide Standardised Clinical Documentation for \(SSCD\) for Mental Health Services](#)

[OD 0592/15 WA Health WA Open Disclosure Policy](#)

[Assertive Patient Flow and Bed Demand Management for Adult Services Policy and Practice Guidelines](#)

[Chief Psychiatrist's Standards for Clinical Care](#)

13. Policy Framework

[Mental Health](#)

14. Appendices

Appendix 1: [Shift Coordinator Record](#)

Appendix 2: [Environmental Safety Checklist](#)

**This document can be made available in alternative formats
on request for a person with a disability**

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Appendix 1: Shift Coordinator Record

Shift Coordinator Record

DATE: _____

	DUTY	NURSE	PATIENT ALLOCATION	DURESS
AM	Coordinator			
	Patient Meeting			
	Secure			
	Secure			
	ECT			
PM	Coordinator			
	Secure			
	Secure			
ND	Coordinator			
	Secure			
	Secure			

PATIENT	ADMISSION	DISCHARGE	LEAVE

STAFFING ISSUES/SHIFT CHANGES/TOIL/ADO

SIGNIFICANT EVENTS/ ACTIVITIES

Mental Health Shift Coordinator Procedure - Albany Hospital Acute Psychiatric Unit

ANY CODES/ INCIDENTS/ INJURIES During shift- INFORM JOAN of any issues

DATE: _____

ENVIRONMENTAL AND PATIENT CHECK					
	ND/AM		AM/PM		PM/ND
SIGN					

EACH SHIFT SIGN WHEN CHECKED	AM	PM	ND
CHECK MEDICATION CHARTS/DEPOTS			
CHECK PHYSICAL OBSERVATIONS/FRAMP/BRADEN			
CHECK ROSTER/STAFFING			
CHECK/UPDATE LEAVE STICKERS			
ADMISSION/DISCHARGE CHECKLISTS			
MHA FORMS CORRECT AND E-MAILED. EXPIRE ON D/C EXCEPT CTO			
S4/S8 BOOKS			
CHECK DIARY			
LOG OFF JOURNEYBOARD			

DAILY	SIGN
NURSE TO PATIENT INTRODUCTION (AM-PM SHIFT)	
MORNING PATIENT MEETING	

EVERY 24 HRS	SIGN
DEFIB/RESUS TROLLEY	
GLUCOMETER	

MONDAY/WEDNESDAY/FRIDAY	SIGN
CARE PLANS	

SUNDAY	SIGN
WEIGHTS	

SHRED HANDOVER SHEET/RUNNING SHEET		
AM	PM	ND

Appendix 2: Environmental Safety Checklist

Environmental/Safety Checklist

Patients	Walk through and sight all the patients on the unit, both secure and non-secure and introductions to any new patients or patients you are not familiar with.
APU general walk around	<p>Walk through unit including:</p> <ul style="list-style-type: none"> • Waiting room • Secure Airlock • Family/Interview room • Office • Treatment room • Store room • Utility room • Secure Interview room • Courtyard • Kitchen/Dining • Quiet room • Bedrooms including secure bedrooms • Linen room <p>Ensure adequate lighting Ensure floors are clean and dry Clean and tidy work areas including treatment room and store rooms</p>
APU Hazard check	<p>Check for hazardous items around unit including:</p> <ul style="list-style-type: none"> • Cords/chargers in bedrooms • Metal cans/glass bottles and jars in rooms or rubbish bins • Metal cutlery or crockery plates left in dining room/kitchen • Sharps including scissors, pencil sharpeners and razors • Plastic bags • Cigarette lighters • Medications • Drugs/alcohol • Anything you suspect as being hazardous/dangerous • Any damage to property or fittings <p>No bags/trip hazards in office</p>
APU security	<p>Check exit doors and doors to storage areas are locked Check medication cupboards and fridge are locked</p>
APU preparedness	<p>Ensure easy access to spill kit, ligature cupboard and fire extinguisher in office (no guitar/bags in the way)</p>

EVERY SHIFT CHANGE Sign Coordinator Sheet to attest that you have performed a safety/environmental check for your shift