MENTAL HEALTH SERVICE BUSINESS RULE
SESLHDBR/056

<table>
<thead>
<tr>
<th>Name</th>
<th>Nursing In Charge Of Shift of an Inpatient Mental Health Unit</th>
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<tbody>
<tr>
<td>Risk Rating</td>
<td>Medium</td>
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<tr>
<td>What it is</td>
<td>It is a guide for managers and nursing staff that outlines the requirements associated with the role of Nurse In Charge of Shift.</td>
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<td>Definition</td>
<td>Clause 12 part (v) &amp; (vi) of the Public Health System Nurses &amp; Midwives State Award 2011 states: “(v) A registered nurse who is designated to be in charge of a ward or unit during day, evening or night shifts, when the Nursing/Midwifery Unit Manager is not rostered for duty, shall be paid an allowance as set out in Item 8, of Table 2 of Part B per shift. Provided that the allowance shall also be paid when the Nursing/Midwifery Unit Manager is rostered on duty if the day-to-day clinical management role for the shift is delegated to a designated registered nurse/midwife. Provided further that the allowance shall also be paid in the absence of a Nurse/Midwife Manager in facilities where the Nurse/Midwife Manager undertakes the functions usually carried out by a Nursing/Midwifery Unit Manager.”</td>
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<td>What to do</td>
<td>When a Nursing Unit Manager (NUM) is absent for the whole or greater part of a shift, a Nurse In Charge is allocated. This nurse is responsible for the clinical management of the unit. The Nurse In Charge of Shift role is allocated to an appropriately experienced registered nurse (RN) by the NUM. The designated Nurse In Charge is considered to be the delegated manager for the shift and is entitled to receive the cooperation and support of all other staff. The Nurse In Charge of Shift needs to ensure the following clinical management activities are undertaken:</td>
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1. **Patient Care**

   - Take responsibility for the management of the dangerous drug keys, as per [NSW Ministry of Health Policy Directive 'Medication Handling in NSW Public Health Facilities' PD2013_043](#), and participate in the ordering, storage, checking and administration of medications, including checking injectable medications with the administering staff member.
   - Participate in, and ensure, an effective handover between shifts and for admissions/transfers/ leave arrangements (see below) as per [SESLHD Mental Health Service Business Rule ‘Clinical Handover for Mental Health Services ISBAR’](#).
Ensure that any outstanding tasks that have not been completed during the shift are passed on to the incoming Nurse In Charge.

Allocate patients to staff in accordance with the staff level of competence and experience, patient needs and acuity status, and display this information on the unit.

Allocate staff to care level observations, unit groups/activities and any additional duties as necessary.

Direct, orientate and supervise new staff/casual enrolled nurses (ENs) on the shift with their allocated patient load, and assist RNs in formulating and prioritising patient care.

Discuss with staff the requirement to be kept up to date, in a timely manner, with any changes/issues on the unit.

Liaise with the Duty Psychiatric Registrar or treating Psychiatric Registrar regarding any patients requiring review or who have expired medication orders.

Discuss transfers into the unit with the Consultant Psychiatrist on duty.

Ensure that staff demonstrate duty of care through performing nursing interventions that are consistent with recognised care levels and standards of practice, and undertake nursing interventions based on comprehensive and accurate assessments and nursing care plans.

Ensure physical health assessments (including metabolic monitoring) are attended and liaise with the Duty Medical Resident for physical health needs.

Ensure the legalities of the NSW Mental Health Act have been observed.

Coordinate patient care with other health professionals, such as Patient Flow Coordinators, the Acute Care Team, the Transitional Care Team, Case Managers (and the receiving hospital, where relevant), for discharges, transfers, admissions and clinical handovers.

Maintain up-to-date awareness of the current demand plan for patient flow and actively work with Patient Flow Coordinators to ensure timely action in relation to patient movements (including admissions, discharges and transfers).

Ensure patients and their families are consulted and informed of proposed admissions, leave, transfers and discharges.

Liaise with the relevant Patient Flow Managers or Acute Care Team, and the Psychiatric Emergency Care Centre (PECC)/Emergency Department (ED) Clinical Nurse Consultant (CNC) after hours in relation to admissions, transfers, leave arrangements and discharges that occur, notifying the relevant Administration Officer or, after hours, the Emergency Department Administration Officer, of all patient movements. The After Hours Nurse Manager should also be informed of patient admissions/discharges after hours.

Liaise with the RNs in charge in other units regarding bed movements required, and other potential issues as necessary.
Investigate and respond to patient or family/carer complaints or concerns, offering information and education as required. Communicate such complaints/concerns to the NUM.

Communicate promptly any irregularities in patient care to medical staff, the NUM or After Hours Nurse Manager.

Ensure staff complete care levels and rounds of the unit and courtyard as required by unit protocols.

Promote safety by working closely with staff to ensure visitors are monitored and, in particular, are signed into the unit, after a review of bags etc. for dangerous objects, and signed out when leaving.

Provide leadership in situations where visitors’ behaviour disturbs the smooth running of the unit, or where visitors engage in unlawful activities (such as substance exchanges).

Ensure correct handling and documentation of patients’ property and valuables as per the facility’s protocols.

Ensure accurate recording and safe keeping of patient progress notes.

Provide support and leadership in matters of an extraordinary nature, such as physical outbursts or other disturbances on the unit and patients going absent without leave (AWOL). Ensure all necessary paperwork is completed and the relevant Duty Medical Resident, On Call Mental Health Executive and facility managers are notified.

Coordinate emergencies (such as fire, bomb threats and disaster protocols), should the occasion arise, until relieved by a senior manager.

Inform the NUM or After Hours Nurse Manager and On Call Mental Health Executive of any serious incidents or issues and ensure incident reports are completed, where required. Communicate to the NUM any after-hours incidents that need to be further managed the following day.

Liaise with multidisciplinary teams and care coordinators for specialty services as required.

Ensure any patients’ physical health assessments and diagnostic tests (e.g. X-ray, CT Scans and pathology) are attended and followed up accordingly.

Ensure any urgent pathology specimens are collected, sent to South Eastern Area Laboratory Services (SEALS) and followed up accordingly.

Ensure patients are fasted for any Electroconvulsive Therapy (ECT) and other tests as required.

Act as a resource person for the unit.

Coordinate with all staff to ensure that the SESLHD Procedure ‘Smoke-Free Health Service’ SESLHDPR/316 is adhered to on the unit.

2. **Administration**

Observe that all rostered staff are on duty in a timely manner and note any absences on the roster.

Inform the NUM or After Hours Nurse Manager and assist in
sourcing staff replacements as requested by the NUM or After Hours Nurse Manager (see below) or On Call Mental Health Executive.

- Ensure all staff collect and sign for duress alarms, keys/swipe cards, walkie talkies and pagers (as appropriate for the unit) and that these items are returned at the end of the shift, as required.
- Organise tea and meal breaks, ensuring adequate coverage of the unit at all times, taking into consideration meetings, groups and patient transfers.
- Ensure emergency/resuscitation equipment is checked daily as per the requirements of the unit.
- Ensure all duress alarms are tested, as designated for the unit, and report any faults to the NUM and/or After Hours Nurse Manager.
- Orientate new staff (including students) to the unit, using the appropriate orientation checklist, and issue keys on loan. Ensure that these keys are returned at the end of the shift.
- Collaboratively work with Administration Officers, Patient Flow Coordinators, Emergency Department staff and After Hours Managers to ensure effective patient flow for inpatient services.
- Attend to telephone enquiries as necessary.
- Order required stock as appropriate.
- Monitor the location of staff, e.g. ensure staff have returned, as expected, after home visits or patient outings.
- Ensure documentation is completed for referrals, admissions, registrations, transfers, discharges and patient care during the shift.
- Ensure that Admission/Transfer/Discharge Checklists are up to date for each shift and signed by the Nurse In Charge.
- Ensure that Mental Health Outcomes & Assessment Tools (MH-OAT) outcome measures are completed for admissions, reviews and discharges, actioning outstanding items accordingly.
- Ensure completion of appropriate paperwork for rapid tranquilisation and seclusion (i.e. completion of Incident Information Management System [IIMS] report, seclusion registers and progress notes).
- Liaise with appropriate personnel in order to maintain a safe and clean environment.
- Report faults in structural facilities and equipment that may compromise patient or staff safety. Where faults or equipment require urgent or immediate repair after hours, liaise with the After Hours Nurse Manager to ensure this occurs.
- Coordinate Security, Wards Persons and other Health and Security Assistant staff duties where required.
- Participate in Mental Health Service (MHS) and unit quality improvement activities.
- Participate in conflict resolution for staff and patient issues, when required.
- Manage any immediate staff performance issues then discuss these with the After Hours Nurse Manager and/or the
NUM.

- Be aware of local guidelines and policies and ensure all staff comply with facility/Mental Health Service policies and procedures and Work Health and Safety policies.
- Ensure staff incidents and Work Health and Safety issues are identified in a timely manner and the correct paperwork is completed, and also communicate this to the NUM or After Hours Senior Nurse Manager.
- The Nurse In Charge on night shift should, where required by the facility, also complete a bed statement, retaining the original on the unit and handing the copy to the After Hours Nurse Manager, and complete other tasks as required by the NUM and/or Inpatient Services Manager.

3. Workforce

At times when the NUM is not working, the decision to replace a staff member should be made in consultation with the After Hours Nurse Manager. This decision should take into account patient acuity and the staff mix, with due consideration given to the maintenance of a safe environment.

When replacing a staff member the following steps should be followed in order:
1. Request part-time staff to work extra hours.
2. Request regular casual/pool staff to work.
3. Request nursing agencies to supply staff.
4. Request permanent staff to work overtime following consultation with the NUM or After Hours Nurse Manager.
5. Contact the On Call Mental Health Executive for overtime approval of staff.

When offering overtime, staff skill mix should be taken into account. However, the most junior staff member should be requested to work first if clinically appropriate.

All proposed roster changes must be entered on to a shift change sheet and be approved by the NUM 3 at St George and Sutherland MHS, the Nurse Manager 3 at Eastern Suburbs MHS or After Hours Nurse Manager.

Shift swaps must always be approved by the NUM 3 at St George and Sutherland MHS, the Nurse Manager 3 at Eastern Suburbs MHS or After Hours Nurse Manager, and will be dependent on staff skill and gender mix on the shifts involved.

**NOTE:** There must be an appropriate gender mix of staff on each shift, and at least one of the nursing staff on all units must be a permanent staff member.

4. Shift Handover (as per SESLHDBR/040)

The shift handover should take place in a private area, free from distraction. The handover should cover patient details (age, sex,
diagnosis, NSW Mental Health Act status, leave and care level status) as well as:
- Anticipated care/discharge plan.
- Mental state.
- Behaviour.
- Current/newly identified issues.
- Nursing needs/interventions.
- Changes to the treatment plan.
- Other relevant information.
- Need for review.

5. Admission/Transfer Handover

The Nurse In Charge and allocated nurse are to jointly accept a full handover of care from the transferring staff member as soon as possible after the patient’s arrival on the unit.

The handover should cover patient details (age, sex, diagnosis, NSW Mental Health Act status, leave and care level status) as well as:
- Reason for admission/transfer.
- Presenting behaviours and mental state.
- Medications given, including pro re nata (PRN).
- Past history.
- Risk factors.
- Initial plan of care and persons involved.
- Family/carer involvement and details.
- Anticipated discharge plan.

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<tr>
<th>When to use it</th>
<th>This business rule is to be used when the NUM is absent for the whole or greater part of a shift.</th>
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<tr>
<td>Why the rule is necessary</td>
<td>The business rule is necessary to guide staff on the roles and responsibilities associated with the Nurse In Charge of Shift position.</td>
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<td>Who is responsible</td>
<td>Responsible staff include all Registered Nurses involved in the care of mental health inpatients.</td>
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<tr>
<td>Executive Sponsor</td>
<td>Dr Murray Wright, SESLHD MHS Director.</td>
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<tr>
<td>Author</td>
<td>Nicola DiMichiel, Clinical Operations Manager, Eastern Suburbs MHS and David Tobin, Inpatient Services Manager, Eastern Suburbs MHS</td>
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**NSW Ministry of Health / SESLHD reference**
- NSW Ministry of Health Policy Directive 'Medication Handling in NSW Public Health Facilities' PD2013_043
- NSW Ministry of Health Policy Directive 'Recognition and Management of Patients who are Clinically Deteriorating' PD2013_049
- NSW Ministry of Health Code of Conduct PD2012_018

**SESLHD references**
- SESLHD Mental Health Service Business Rule 'Clinical Handover for Mental Health Services 'ISBAR' SESLHDBR/040
- SESLHD Procedure ‘Smoke-Free Health Service’
  SESLHDPR/316

Other references
- ‘Improving Junior Medical Officer Clinical Handover at all Shift Changes’, Implementation Toolkit, Executive Consultation Draft (June 2010)
- National Safety and Quality Health Service NSQHS Standard 1. Governance for Safety and Quality in Health Service Organisations (1.3)
- National Standards for Mental Health Services 2010: Standard 8. Governance, leadership and management (8.5, 8.7)

Revision and Approval History

<table>
<thead>
<tr>
<th>Date</th>
<th>Revision Number</th>
<th>Author and Approval</th>
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<tbody>
<tr>
<td>Jan 2015</td>
<td>1</td>
<td>First draft prepared by Angela Karooz, SESLHD MHS Clinical Nurse Manager, in response to an inpatient death in another Local Health District and the need to ensure clear and consistent processes and documentation.</td>
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<td>Jan-Feb 2015</td>
<td>2</td>
<td>First draft forwarded to STG/TSH Quality Manager and ESMHS Quality Manager for review and on-forwarding to Nursing Unit Managers, Patient Flow teams, Inpatient Services Managers, Clinical Nurse Consultants, Department Heads. Feedback reviewed by SESLHD MHS District Document Development and Control Committee (DDDCC). Edits made.</td>
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<tr>
<td>Mar 2015</td>
<td>3</td>
<td>Updated draft re-sent for broad consultation (as above). Minor edits made.</td>
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<tr>
<td>May 2015</td>
<td>4</td>
<td>Endorsed by SESLHD MHS DDDCC.</td>
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