

Standard Work				
Job Name	Shift to Shift	Objective:	Instructions for conducting shift to shift	Date: 27-Apr-16 Owner: Karen McCullough
Process Steps		Freq	Visual Aid	
1	Prior to Shift Change for a patient who has been admitted to unit	daily	<div style="border: 1px solid black; padding: 5px;"> <p>Patient Summary Tool</p> <p>Complete all sections as applicable to the patient. Initiate upon admission and update each shift. All red font items should be reviewed at Hand Off Report.</p> <p>Room: _____ Admit Date: _____ Annotated: _____ Age: _____ Religion: _____ MRP: _____ Covering for MRP: _____ Consults: _____ Contact: _____ PCA: _____ Family Concerns: _____ Admitting Dx: _____ Presenting ED History: _____ Surgery: _____ PMH: _____</p> <p>Care Provider: (utilize PCNA and NEWS tools on p. 4) NEWS Score _____ PCNA _____ RN or RPN <input type="checkbox"/> RN/RPN Collaborative <input type="checkbox"/> RN <input type="checkbox"/> (check appropriate provider) Code Status: _____ Allergies: _____</p> <p>PRECAUTIONS Contact <input type="checkbox"/> Cubic <input type="checkbox"/> Routine <input type="checkbox"/> Droplet <input type="checkbox"/> Airborne <input type="checkbox"/> Swabs/Samples Sent: _____ (Date) _____ Infections: MRSA <input type="checkbox"/> VRE <input type="checkbox"/> C Diff <input type="checkbox"/> Other: _____ FALL RISK: High <input type="checkbox"/> (greater than 45) Moderate <input type="checkbox"/> (25-44) Low (0-24) <input type="checkbox"/> Interventions: Bed Alarm <input type="checkbox"/> Hi-Lo Bed <input type="checkbox"/> Glasses: _____ HOH: _____ Hearing Aids: _____ Other: _____ Previous Fall: Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____ VPS <input type="checkbox"/> Wandering/Elopement Risk <input type="checkbox"/> Pressure Sore Risk <input type="checkbox"/> Other Precautions: _____ High Risk Meds: _____</p> <p>RESTRAINTS Type: _____ Protocol #: _____ ASO: _____</p> <p>VITALS Vitals q _____ h Neurovitals q _____ h Weight: _____ kg Height: _____ cm A&Ox: _____ Location of Pain: _____ Titrate to _____ O2 Sat _____ OXYGEN: _____ Trach Care: _____ Telepack <input type="checkbox"/></p> <p>IV ACCESS and MEDICATION Intake and Output <input type="checkbox"/> PCA <input type="checkbox"/> Epidural _____ Type: _____ Site Δ: _____ Dressing Δ: _____ Tubing Δ: _____ Port Needle Δ: _____ IV Fluids: #1 _____ #2 _____ #3 _____ High Risk Medications: _____ Blood Products: _____ Consent on chart <input type="checkbox"/></p> <p>VTE Prophylaxis: _____</p> </div>	
2	Nursing Staff: Update NEWS with patient vitals and PCNA, PST	Within 60 minutes prior to end of shift		
3	Nursing Staff: For shift to shift report use the following tools: PCNA, NEWS, PST.	every shift		
4	RP: Assign oncoming nurses into the pre-determined modules	every shift		
5	Patient Summary Tool (PST)	every shift		
6	Nursing Staff: Patient Summary Tool (PST) initiate upon admission and have any outstanding information completed within 24 hours of admission	every shift		
7	Nursing Staff: Use PST throughout the admission of the patient to record information in pencil	ongoing		
8	Nursing Staff: File PST with bedside documentation	ongoing		
9	National Early Warning Scoring Tool (NEWS)	Within 60 minutes prior to end of shift		
10	Nursing Staff: National Early Warning Scoring Tool (NEWS): Complete the NEWS Tool and transfer the NEWS score to the Patient Summary Tool	Within 60 minutes prior to end of shift		
11	Nursing Staff: Provide most up-to-date NEWS score at care rounds and shift to shift	during rounds and every shift		
12	Patient Care Needs Assessment Tool (PCNA)	Within 60 minutes prior to end of shift		
13	Nursing Staff: Patient Care Needs Assessment Tool (PCNA): Complete the PCNA tool 1) Refer to questions 1-10 to help assess patient needs 2) Read questions 11-14, circle the boxes that apply and transfer the scores to the Patient Summary Tool	Within 60 minutes prior to end of shift		
14	Patient Admitted in under 30 minutes of shift to shift	as required		
15	Nursing Staff: 1) If patient has been transferred within 30 minutes and staff are unable to complete the required tools in time for shift to shift, use the Transfer of Accountability (TOA) located in patient chart to provide the critical information during the shift to shift report 2) Use either the TOA Surgical: OR/PACU or Other: TOA Corporate	as required for shift change		
16	During Shift Change: First 15 minutes	daily		
17	RP: 1) Request overhead that staff meet in their designated modular area, and ensure all nursing staff are aware of which module(s) they will be reporting in 2) Receive report from the off going RP 3) At the completion of your shift to shift report, circulate module to module to capture any high level safety and/or patient concerns 4) Confirm patient assignments for each module following shift to shift report and nursing team assignment discussions	daily at each shift change		
18	Nursing Staff: 1) Meet as a module in their designated modular area 2) Off-going nurse to use the completed Patient Summary Tool (PST) for reference during verbal report. Verbal report will include: updated NEWS/PCNA scores, what is your current assessment, what has changed and what the receiving nurse should be looking for 3) Provide Patient Summary Tool to oncoming staff	daily at each shift change		
19	Post Shift Change: Immediately post change	daily		
20	Nursing Staff: 1) Review the NEWS and PCNA score from outgoing shift and determine who is the best/most appropriate care provider on this shift. (This is a team discussion. If you do not agree with the decision, have a discussion with RN in your module about your concerns. The CNO Standards indicates that the patient assignment is ultimately the RN's decision. If needed, escalate to the Operational Manager or After Hours Manager.) 2) Update in-room patient white board Confirm with RP the patient assignment	daily at each shift change		
21	Oncoming Nursing Staff: It is the responsibility and accountability of the oncoming Nurse to ask any questions following this review to clarify understanding of the information exchanged	daily at each shift change		
22	During Shift			
23	Nursing Staff: 1) If there are changes in acuity: review the NEWS and PCNA and update PST and determine who is the best/most appropriate care provider on this shift. (This is a team discussion. If you do not agree with the decision, have a discussion with RN in your module about your concerns. The CNO Standards indicates that the patient assignment is ultimately the RN's decision. If needed, escalate to the Operational Manager or After Hours Manager.) 2) Notify RP or OM of any changes	as required		
24	RP: 1) Adjust the patient assignment based on escalations from the nursing staff 2) Assist with concerns that arise during the shift 3) Coordinate break times for all nursing staff	as required		
25	Hand-offs if 8 or 12 hour shift	daily at each shift change		
26	Nursing Staff: 1) If both RN and RPN are leaving at the same time conduct regular shift to shift report 2) If there is a difference in timing for shift change: if the RPN is going off shift then the RPN & RN conduct the report with incoming Nurse with a verbal report and follow the same process for post shift change	daily at each shift change		

NEWS Summary – See full tool for all parameters.

	RN or RPN	RN/RPN Collaborative	RN
NEWS	Score		
Physiologic Parameter	3	2	1
Respiration Rate	Less than or equal to 8	9-11	12-20
SpO2	Less than or equal to 91%	92-93%	94-95%
Supplemental O2	Yes	No	Greater than or equal to 96%
Temperature (C)	Less than or equal to 35.0C	35.0-36.0C	36.1-38.0C
Systolic BP	Less than or equal to 90	91-100	101-110
Pulse Rate	Less than or equal to 40	41-50	51-90
Level of Consciousness			Alert
Score Total			

PCNA Summary – See full tool for all parameters.

Overall, how stable is this patient?	Very Stable	Unstable	Very
Overall, how complex is this patient?	Less Complex	Complex	Highly
Overall, how predictable is this patient?	Very Predictable	Predictable	Less
Overall, how at risk is this patient for negative outcomes?	Less Risk	Risk	High