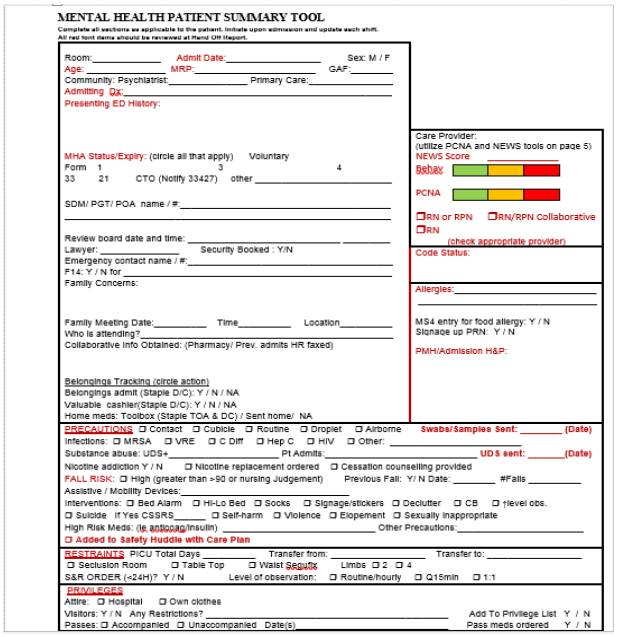
Standard Work

Job Name	Shift to Shift	Objective:	Instructions for conducting shift to shift	Date:	March 1,2018
				Owner	Mental Health

	Process Steps	Freq	Visual Aid
1	**Prior to Shift Change for a patient who has been admitted to unit**	daily	
2	**Nursing Staff:** Update NEWS with patient vital signs (minimum every 24hours) PCNA, Behavioral Parameter and PST every shift	60 minutes before shift change	
3	**Nursing Staff:** For shift to shift report use the following tools: NEWS, Behavioral Parameter, PCNA, and 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 72 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 in the binder with MAR	ongoing	
9	**National Early Warning Scoring Tool (NEWS)**		
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	
12	**Behavioral Parameters Assessment**		
11	**Nursing Staff:** Review Columbia Suicide Severity Rating Scale score and Violence Prevention flagging and transfer the color to the Patient Summary tool	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 and transfer the color to the Patient summary Tool **1)** Refer to questions 1-10 to help assess patient needs if required **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	as required for shift change	
16	**During Shift Change: First 15 minutes**	daily	
17	**RP** **1)** Staff meet in nursing station and receive report from off- going shift about each patient assigned in their module **2)** Receive report from the off going RP **3)** At the completion of your shift to shift report, review with all staff the Safety Huddle sheet **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 in nursing area to receive report from off-going nurse **2)** Off-going nurse to use the completed Patient Summary Tool (PST) for reference during verbal report. Verbal report will include: updated NEWS/Behavioral Parameter/PCNA scores and color, 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, Behavioral Parameters, PCNA and 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 3) Escalate any concerns regarding assignment to RP immediately	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, Behavioral Parameters, 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 **3)** Escalate any concerns regarding assignment to RP immediately	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 **4)** Assist in coordinating proper assigned break, duty and report times when needed	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	



MENTAL HEALTH PATIENT SUMMARY TOOL

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.

Room:_____ Admit Date:_____ Sex: M / F
Age:_____ MRP:_____ GAF:_____
Community: Psychiatrist:_____ Primary Care:_____
Admitting Dx:_____
Presenting ED History:

MHA Status/Expiry: (circle all that apply) Voluntary
Form 1 3 4
33 21 CTO (Notify 33427) other _____

SDM/ PGT/ POA name / #:_____

Review board date and time: _____ _____
Lawyer:_____ Security Booked : Y/N
Emergency contact name / #:_____
F14: Y / N for _____
Family Concerns:

Family Meeting Date:_____ Time_____ Location_____
Who is attending?_____
Collaborative info Obtained: (Pharmacy/ Prev. admits HR faxed)

Belongings Tracking (circle action)
Belongings admit (Staple D/C): Y / N / NA
Valuable cashier(Staple D/C): Y / N / NA
Home meds: Toolbox (Staple TOA & DC) / Sent home/ NA

Care Provider:
(utilize PCNA and NEWS tools on page 5)
NEWS Score _____
Behav
PCNA
❒RN or RPN ❒RN/RPN Collaborative
❒RN
(check appropriate provider)

Code Status:

Allergies:_____

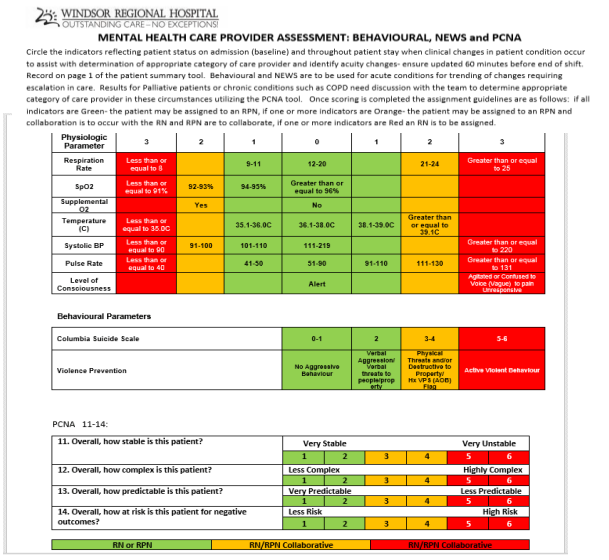
MS4 entry for food allergy: Y / N
Signage up PRN: Y / N

PMH/Admission H&P:

PRECAUTIONS ❒ Contact ❒ Cubicle ❒ Routine ❒ Droplet ❒ Airborne Swabs/Samples Sent: _____ (Date)
Infections: ❒ MRSA ❒ VRE ❒ C Diff ❒ Hep C ❒ HIV ❒ Other: _____
Substance abuse: UDS+_____ Pt Admits:_____ UDS sent: _____(Date)
Nicotine addiction Y / N ❒ Nicotine replacement ordered ❒ Cessation counselling provided
FALL RISK: ❒ High (greater than >90 or nursing Judgement) Previous Fall: Y/ N Date: _____ #Falls _____
Assistive / Mobility Devices:_____
Interventions: ❒ Bed Alarm ❒ Hi-Lo Bed ❒ Socks ❒ Signage/stickers ❒ Declutter ❒ CB ❒ ↑level obs.
❒ Suicide If Yes CSSRS _____ ❒ Self-harm ❒ Violence ❒ Elopement ❒ Sexually Inappropriate
High Risk Meds: (ie antipsag/insulin) _____ Other Precautions:_____
❒ Added to Safety Huddle with Care Plan

RESTRAINTS PICU Total Days _____ Transfer from: _____ Transfer to: _____
❒ Seclusion Room ❒ Table Top ❒ Waist Segufix Limbs ❒ 2 ❒ 4
S&R ORDER (<24H)? Y / N Level of observation: ❒ Routine/hourly ❒ Q15min ❒ 1:1

PRIVILEGES
Attire: ❒ Hospital ❒ Own clothes
Visitors: Y / N Any Restrictions? _____ Add To Privilege List Y / N
Passes: ❒ Accompanied ❒ Unaccompanied Date(s)_____ Pass meds ordered Y / N



WINDSOR REGIONAL HOSPITAL
OUTSTANDING CARE – NO EXCEPTIONS!

MENTAL HEALTH CARE PROVIDER ASSESSMENT: BEHAVIOURAL, NEWS and PCNA

Circle the indicators reflecting patient status on admission (baseline) and throughout patient stay when clinical changes in patient condition occur to assist with determination of appropriate category of care provider and identify acuity changes- ensure updated 60 minutes before end of shift. Record on page 1 of the patient summary tool. Behavioural and NEWS are to be used for acute conditions for trending of changes requiring escalation in care. Results for Palliative patients or chronic conditions such as COPD need discussion with the team to determine appropriate category of care provider in these circumstances utilizing the PCNA tool. Once scoring is completed the assignment guidelines are as follows: if all indicators are Green- the patient may be assigned to an RPN, if one or more indicators are Orange- the patient may be assigned to an RPN and collaboration is to occur with the RN and RPN are to collaborate, if one or more indicators are Red an RN is to be assigned.

Physiologic Parameter	3	2	1	0	1	2	3
Respiration Rate	Less than or equal to 8		9-11	12-20		21-24	Greater than or equal to 25
SpO2	Less than or equal to 91%	92-93%	94-95%	Greater than or equal to 96%			
Supplemental O2		Yes		No			
Temperature (C)	Less than or equal to 35.0C		35.1-36.0C	36.1-38.0C	38.1-39.0C	Greater than or equal to 39.1C	
Systolic BP	Less than or equal to 90	91-100	101-110	111-219			Greater than or equal to 220
Pulse Rate	Less than or equal to 40		41-50	51-90	91-110	111-130	Greater than or equal to 131
Level of Consciousness				Alert			Agitated or Confused to Voice (Vague), to pain Unresponsive

Behavioural Parameters

Columbia Suicide Scale	0-1	2	3-4	5-6
Violence Prevention	No Aggressive Behaviour	Verbal Aggression/ Verbal threats to people/prop erty	Physical Threats and/or Destructive to Property/ Hx VPS (ADB) Flag	Active Violent Behaviour

PCNA 11-14:

11. Overall, how stable is this patient?	Very Stable					Very Unstable
	1	2	3	4	5	6
12. Overall, how complex is this patient?	Less Complex					Highly Complex
	1	2	3	4	5	6
13. Overall, how predictable is this patient?	Very Predictable					Less Predictable
	1	2	3	4	5	6
14. Overall, how at risk is this patient for negative outcomes?	Less Risk					High Risk
	1	2	3	4	5	6
	RN or RPN		RN/RPN Collaborative		RN/RPN Collaborative	

Standardization & Optimization Process

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Revision Date :

Review Date: