



Mental Health Shift Coordinator Procedure

1. Guiding Principles

Effective: 10 January 2023

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 WA Health Mandatory Policies, Chief Psychiatrist Standards Guidelines and Notifications, Statewide Standardised Mental Health Documentation, 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.

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 with 3 points of identification
- 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 is required for 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
- Ensure an Environmental Check as per the Environmental Checklist ([Appendix 2](#)) is completed at each handover. This includes an environmental check of ward environment each shift to sight all patients, introduce oncoming Shift Coordinator to new patients and check for potential environmental hazards.

Documentation

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

- 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
- 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
- Support the Transition Nurse to complete Care Transfer Summary for all discharges during the shift
- 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, sexual safety, cultural considerations, known patient factors (e.g. 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, perform a self-test on the pendant 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
- 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
- All changes in patient condition must be communicated to the Shift Coordinator.

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 Clinical Nurse Manager (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 handover sheet, 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 and response chart, Recognising and Responding to Acute Deterioration (RRAD) Policy and Procedure 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
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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 is 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 are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

5. Compliance

This procedure is a mandatory requirement under the *Mental Health Act 2014*.

Failure to comply with this procedure may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (WA) 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. Records Management

All WACHS clinical records must be managed in accordance with [Health Record Management Policy](#).

7. 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.

8. Standards

[National Safety and Quality Health Service Standards](#) - 1.25, 1.19, 1.23, 1.26, 4.1, 6.1, 6.2, 6.8, 5.1, 8.1, 5.2

[National Standards for Mental Health Services](#) - 1.1, 1.2, 1.9, 6.1, 10.1.1, 10.4.1, 10.5.6

9. Legislation

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

[Occupational Safety and Health Act 1984 \(WA\)](#)

[Occupational Safety and Health Regulations 1996 \(WA\)](#)

10. References

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

[National Practice Standards for the Mental Health Workforce 2013](#)

[Good Practice Guidelines for Engaging with Families and Carers in Adult* Mental Health Services](#)

[National Minimum Standards for Psychiatric Intensive Care in General Adult Services](#)

[Worcestershire Mental Health Partnership NHS Trust Psychiatric Intensive Care Unit \(PICU\) Operation Policy](#)

[Enrolled nurse standards for practice](#)

[Registered nurse standards for practice](#)

[Code of conduct for nurses](#)

11. Related Forms

[Statewide Standardised Clinical Documentation \(SSCD\) Suite](#)

[Mental Health Act 2014 Forms](#)

[WACHS Safety Risk Report Form](#)

[Visual Observation Form \(GSMR148B\)](#)

[MR140A Adult Observation and Response Chart \(A-ORC\)](#)

12. Related Policy Documents

Albany Hospital Acute Psychiatric Unit

[Additional Observations of Patients at Risk of Harm Procedure](#)

[Bed Prioritisation and Bed Closure Procedure](#)

[Emergency Response Procedures - Albany Health Campus](#)

[Use of the Secure Unit Family Meeting Room Procedure](#)

WACHS

[Acute Psychiatric Unit Clinical Handover Procedure](#)

[Alcohol and Tobacco Brief Intervention Policy](#)

[Adult Psychiatric Inpatient Services - Referral Admission Assessment Care Treatment and Discharge Policy](#)

[Adults with Impaired Decision Making Capacity Procedure](#)
[Assessment and Management of Interhospital Patient Transfers Policy](#)
[Closed Circuit Television \(CCTV\) Monitoring for Clinical Services in WACHS Mental Health](#)
[Documentation Clinical Practice Standard](#)
[Duress Alarm Procedure](#)
[Employee Assistance Program Policy](#)
[Hazard-Incident Management Procedure](#)
[Media and Communications Policy](#)
[Mental Health Restraint Policy](#)
[Mental Health Search and Seizure Procedure](#)
[Mental Health Seclusion Policy](#)
[Occupational Safety and Health Policy](#)
[Recognising and Responding to Acute Deterioration \(RRAD\) Policy](#)
[Recognising and Responding to Acute Deterioration \(RRAD\) Procedure](#)
[Video Surveillance Policy](#)
[Zuclopenthixol Acetate \(Clopixol Acuphase ®\) Monitoring Guidelines](#)

13. Related WA Health System Mandatory Policies

MP0155/21 [State-wide Standardised Clinical Documentation for Mental Health Services](#)
MP0101/18 [Clinical Care Of People With Mental Health Problems Who May Be At Risk of Becoming Violent or Aggressive Policy](#)
MP0074/17 [Clinical Care of People Who May Be Suicidal Policy](#)
MP0070/17 [Mental Health Emergency and Follow Up Information on Discharge from Hospital Emergency Dept Policy](#)
MP0095 [Clinical Handover Policy](#)

14. Policy Framework

[Mental Health Policy Framework](#)

15. Appendices

[Shift Coordinator Record](#)
[Environmental 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

DATE: _____

	DUTY	NURSE	PATIENT ALLOCATION
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

ANY CODES / INCIDENTS / INJURIES During shift - INFORM NUM if any issues

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.			
S4/S8 BOOKS			
CHECK DIARY			
LOG OFF JOURNEYBOARD			
NURSE TO PATIENT INTRODUCTION (AM-PM SHIFT)			
MORNING PATIENT MEETING		X	X
MEDITATION 1900	X		X
CARE PLANS SIGNED, FINALISED AFTER MDT			
EMAIL 2030 REPORT			

EVERY 24 HRS	SIGN
DEFIB/RESUS TROLLEY	
GLUCOMETER	

SUNDAY	SIGN
WEIGHTS	

SHRED HANDOVER SHEET/RUNNING SHEET		
AM	PM	ND

TASKS TO COMPLETE

Appendix 2

Environmental/Safety Checklist

Patients	Walk through and sight all the patients on the unit, both PICU and open 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 • PICU Airlock • Family/Interview room • Office • Treatment room • Storeroom • Utility room • PICU Interview room • Courtyard • Kitchen/Dining • Quiet room • Bedrooms including PICU bedrooms • Linen room. <p>Ensure adequate lighting Ensure floors are clean and dry Clean and tidy work areas including treatment room and storerooms</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 • No bags/trip hazards in office.
APU security	<ul style="list-style-type: none"> • Check exit doors and doors to storage areas are locked • Check medication cupboards and fridge are locked.
APU preparedness	Ensure easy access to spill kit, ligature cupboard and fire extinguisher in office (no guitar/bags in the way)

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