Shift Coordinator Procedure

1. Guiding Principles

The Shift Coordinator is a registered nurse / midwife with proficient nursing / midwifery practice skills and experience. In addition, the shift coordinator is to have demonstrable skills in the coordination of human resources, emergency management, and prioritization of workload, contingency planning, conflict resolution and multidisciplinary team communication.

The expectations of the role may vary between sites and ward settings within the WA Country Health Service (WACHS), so orientation to the role is to be facilitated.

The Shift Coordinator role is usually to be undertaken by a clinical nurse / clinical midwife (Australian Nursing Federation (ANF) 2.1-2.4) or registered nurse / midwife (ANF 1.4-1.8). However, registered nurses / midwives level 1.1- 1.4 may be considered for this role dependent on previous work experience (e.g. experience gained as an enrolled nurse) or under direct or indirect support of a senior registered nurse / midwife.

2. Procedure

The registered nurse / midwife undertaking the role of Shift Coordinator is to be clearly identified on the roster and/or staff allocation plan for the ward by the Clinical Nurse Manager (CNM), Nurse Unit Manager (NUM), Hospital Coordinator and/or Director of Nursing (DON).

A mental health nurse in this role is to have experience and knowledge in the application of the WA *Mental Health Act 2014*. They must have completed the Western Australian *Mental Health Act 2014* Clinicians Electronic Learning Package (CELP) training.

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

All changes in patient condition or care **must be** communicated to the Shift Coordinator.

3. Definitions

| **Delegation** within the context of nursing / midwifery | The action by which a registered nurse / midwife, nurse practitioner delegates aspects of patient care to another care provider who has the appropriate education, knowledge and skills to undertake the activity safely.

Shift coordinators are to delegate to; enrolled nurses, unregulated healthcare workers; assistants in nursing, security |
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	officer, patient support / care assistant. Enrolled nurses are not able to delegate activities to registered nurses, midwives, nurse practitioners or unregulated care providers.
Supervision within the context of nursing / midwifery	The action by which a registered nurse, midwife or nurse practitioner, medical practitioner (in the case of emergency telehealth) is required to supervise the practice of another care provider.

Supervision of another RN, midwife, Enrolled nurse; Student nurse, student doctor and student midwife; unregulated healthcare worker; Assistant in Nursing, Security Officer, Patient Support /Care Assistant.

Direct supervision
Defined by WA Health as being in the company of a registered nurse / midwife (OD0376/12) or medical practitioner or visually via the Emergency Telehealth Service.

The NMBA specifies that the supervisor takes direct and principal responsibility for the nursing or midwifery care provided (e.g. assessment and/or treatment of individual patients / clients).

Indirect supervision
The NMBA states that the supervisor and supervisee share the responsibility for individual patients, with the supervisor easily contactable and available to observe and discuss the nursing or midwifery care the supervisee is delivering. |
| **Proficient** level of nursing / midwifery practice | Proficient nursing/midwifery practice is demonstrated by the ability to smoothly integrate technical and psychosocial care, have an intuitive grasp of situations and utilise analytical skills across all domains of nursing practice. |

4. Roles and Responsibilities

The model of nursing care may include the Shift Coordinator taking responsibility for direct patient care. The role of the Shift Coordinator is responsible for all operational processes (supervision, monitoring, delegation, communication) that ensure the provision of safe and high quality, evidence based nursing / midwifery care to patients by acting as a clinical resource for all staff using the following means.

4.1 Acting as a clinical resource for all staff by:
- critically analysing changing situations that may affect or impact on patient safety, environment or nursing / midwifery workload
- providing senior nurse / midwife review and documentation of assessment of all patients who meet the senior nurse/ midwife review criteria in the Early Recognition and Response to deteriorating patients. When the shift coordinator is responsible for direct patient care this is to be delegated to another senior nurse within the nursing team
- utilising nursing / midwifery knowledge to anticipate patient and staff needs
- facilitating discharge planning and / or follow up of patient care

- liaising with the CNM / NUM, Hospital Coordinator and / or DON regarding complex and special acuity needs in clinical care / management difficulties
- liaising with medical officers regarding patient care and clinical management issues
- ensuring appropriate communication with all nursing / midwifery staff regarding potential changes in patient condition and update
- ensuring that staff briefings regarding patient care are undertaken at each shift
- ensuring that the staff skill mix is appropriate to acuity and allocating staff as appropriate.

4.1.1 Coordinating human resources activities by:
- allocating daily workload according to patient needs and staff skills utilising the Scope of Nursing / Midwifery Practice Decision Making Framework
- regularly communicating with staff to monitor the progress of care delivered
- recognising and responding effectively to changes in patient status
- anticipating and supporting the needs of nursing / midwifery staff on current shift and those rostered beyond their immediate shift
- after hours decision making until the return of the CNM/NUM, Hospital Coordinator and/ or DON.
- liaising with the CNM/ NUM and or Hospital Coordinator and / or DON regarding changes in patient status that have or are likely to impact on nurse / midwife staffing
- allocating beds within the ward area to facilitate appropriate nursing / midwifery care of new and existing admissions.

4.1.2 Managing emergencies by:
- recognising, responding and escalation of all code alert situations which require the activation of emergency procedures and initiating action appropriate to situation
- in a Medical Emergency Response review the patient and contact the medical officer using iSoBAR to determine if a clinical review is required.
- Ensure MER record form is completed for every MER
- responding as per code red policy assuming the role of Area Warden or delegating as appropriate.
- continuously monitor the clinical environment to promote staff, patient and visitor safety.

4.1.3 Multidisciplinary team communication by:
- providing clear and consistent instructions when communicating with staff
- utilising effective communication styles appropriate to the clinical situation
- developing strategies to ensure a collaborative approach to achieving patient outcomes
- attending and actively participating in Multidisciplinary Team Meetings and team rounds
- Medical and nursing handovers are important for patient care, reduce the likelihood of clinical incidents and or deterioration.
- Clinical handovers require a transfer of information, responsibility and accountability for patient care, especially prior to, during or after an escalation of clinical care.
- providing effective written and verbal handovers utilising the iSoBAR format.

4.2 The Shift Coordinator is responsible for:

4.2.1 receiving and giving handover, ensuring consideration of and communicating staff numbers, skill mix, patient acuity, bed status and expected admissions and discharges

4.2.2 promoting the use of bedside handover to communicate the relevant aspects of the patient's condition and care

4.2.3 ensuring that the nurse / midwife allocated to unstable patients communicate the patient's status to the Shift Coordinator at agreed intervals

4.2.4 ensuring appropriate communication with the CNM/NUM, Hospital Coordinator / and or DON regarding any unstable patients

4.2.5 ensuring that casual and agency, new nursing / midwifery staff have been orientated to the ward area and confirming finishing times for these staff

4.2.6 ensuring the update of the patient Journey Board / Electronic Bed Manager and nurse / midwifery handover document

4.2.7 allocating staff to check and record Schedule 8 and S4 restricted medicines according to policy / legislative requirements

4.2.8 ensuring that staff regularly monitor and check bedside and ward emergency response equipment and documenting these activities

4.2.9 ensuring other scheduled area checks / tasks are completed and documented as prescribed

4.2.10 ensuring meal breaks are planned and taken (organising tea/meal relief for staff, ensuring appropriate handover of patients occurs)

4.2.11 liaising with the CNM/NUM and Hospital Coordinator regarding admissions, transfers and discharges

4.2.12 supporting staffs' by maintaining and encouraging open communication throughout the shift to ensure that all issues or concerns are communicated and/or acted upon in a timely manner

4.2.13 updating and coordinating the printing of nursing / midwifery handover sheets

4.2.14 ensuring all staff is allocated appropriate time for:
   – education
   – meetings
   – weekly multidisciplinary meetings
   – portfolio

4.2.15 as required, intervening and reporting of near misses, clinical risk and unsafe practices, hazards, incidents, Occupational Safety and Health (OSH) requirements

4.2.16 ensuring documentation is completed and forwarded to Clinical Manager e.g. Datix Clinical Incident Management System (Datix CIMS), hazard and risk forms

4.2.17 formal handover to next Shift Coordinator

4.2.18 relinquishing the role at end of shift or mutually agreed time

4.2.19 ensuring that all drug keys are accounted for before the end of each shift

4.2.20 reviewing all new admissions to the ward with allocated nursing / midwifery staff

4.2.21 ensuring patient allocation is within the scope of practice of the registered nurse/ midwife or enrolled nurse or unregulated healthcare worker.

4.2.22 ensuring that key patient or staff plans are communicated to the team during handover

4.2.23 informing **all** staff of patient treatment changes, pending discharges and liaising with discharge lounge nurse regarding patients and any outstanding discharge requirements aiming for discharge by 10.00 hour

4.2.24 coordinating nursing / midwifery attendance at medical staff rounds or multidisciplinary meetings.

4.2.25 any other duty requested / delegated by the CNM/NUM, Hospital Coordinator and/or DON

4.2.26 respond to directions by Regional Health Disaster Coordinator (as so named) or Regional Executive

4.2.27 refer enquiries by external media to the appropriate WACHS Media personnel

4.2.28 support consumer-focused care and escalate any patient or carer concerns appropriately

4.2.29 liaise with patients when requested and facilitate the process of feedback/complaints if required

4.3 In addition to 4.2, the afternoon and night Shift Coordinator is responsible for ensuring that patients due for afternoon discharge have all appropriate diagnostic tests reviewed prior to discharge and medication and that patient instructions have been communicated and documented as appropriate.

4.4 The responsibility of the team of registered nurses, enrolled nurses, nurse practitioners and midwives to the Shift Coordinator is to:
- deliver nursing / midwifery care within the scope of practice for registration and competence
- regularly throughout the shift:
  - attend to patient call bells
  - communicate with patient and families in regard to condition and progress
  - delegate tasks when appropriate
  - liaise with medical team on outstanding issues e.g. medication charts, results, plans, documentation
  - check bedside documentation
  - check infection control requirements e.g. wound site surveillance, additional precautions, hand hygiene
  - update handover sheet and have printed before commencement of the following shift
  - work cohesively within the team; supporting each other to maintain high standards of nursing / midwifery care
  - visit each patient and ensure that the patient is receiving appropriate care
  - **communicating** with the Shift Coordinator immediately if there is any change in a patient's condition and/or when delivery of patient care is outside scope of practice or competence
  - inform the Shift Coordinator regularly (at least twice a shift) of patients' condition or care
- escalating to the Shift Coordinator the patient's complaints for immediate de-escalation and / or escalation of the issue to the appropriate medical, nursing / midwifery or support / other staff in a timely manner, with feedback to the patient in a timely manner
- inform the Shift Coordinator of any clinical, OSH or security incidents, near misses and verbal patient complaints
- undertake tasks as delegated or as scheduled by Shift Coordinator instructions
- effectively manage their time, workload and ensure that meal breaks are taken as planned

- formally handing over patient(s) to next shift nursing / midwifery staff caring for allocated patients.

5. Records Management

All WACHS corporate records must be stored in the approved Electronic Documents and Records Management System as per the Records Management Policy.

All WACHS clinical records must be managed in accordance with Health Record Management Policy.

6. Compliance

It is a requirement of the WA Health Code of Conduct that employees "comply with all state government policies, standards and Australian laws and understand and comply with all WA Health business, administration and operational directives and policies". Failure to comply may constitute suspected misconduct under the MP 0127/20 Discipline Policy.

7. Evaluation

Completion of all emergency daily equipment audits checks.

Audit of drug registers for checking of S8 and S4Rs as per the WACHS Medication Prescribing and Administration Policy.

Annual audit of the roster identifying nominated shift coordinator.

8. Standards

National Safety and Quality Health Service Standards - 1.06, 1.07, 1.14, 1.27, 2.06, 2.07, 2.10, 4.04, 4.14, 5.01, 5.04, 5.06, 6.07, 6.08, 6.10, 8.03, 8.04, 8.05, 8.06, 8.08

9. Legislation

Health Practitioner Regulation National Law (WA) Act 2010
WA Mental Health Act 2014

10. References

Nursing and Midwifery Board of Australia, Supervised practice
Nursing and Midwifery Board of Australia, Decision-making framework for nursing and midwifery
Shift Coordinator Learning Resource - Wheatbelt

11. Related Forms

MR140 WACHS Medical Emergency Response / Code Blue Record
WACHS Safety Risk Report Form

12. Related Policy Documents

WACHS Documentation Clinical Practice Standard
WACHS Emergency (Disaster) Management Arrangements Policy
WACHS Media and Communications Policy
WACHS Medication Prescribing and Administration Policy
WACHS Medication Handling and Accountability Policy
WACHS Nursing and Midwifery Shift to Shift Bedside Clinical Handover Process Flowchart
WACHS Occupational Safety and Health Policy
WACHS Recognising and Responding to Acute Deterioration (RRAD) Policy
WACHS Recognising and Responding to Acute Deterioration (RRAD) Procedure
WACHS Staff Support Post Critical Incident Guideline

13. Related WA Health System Mandatory Policies

MP 0095 Clinical Handover Policy
MP 139/20 Medicines Handling Policy
MP 0103/19 Reporting of Schedule 4 Restricted and Schedule 8 Medicines Discrepancies Policy

14. Policy Framework

Clinical Governance, Safety and Quality

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

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