Livewell Southwest

Nurse Coordinator for the Mount Gould Site (incorporating clinical support in and out of hours)

Version No. 5.1

Review: April 2018

Notice to staff using a paper copy of this guidance

The policies and procedures page of LSW intranet holds the most recent version of this document and staff must ensure that they are using the most recent guidance.

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Reader Information

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Author	Matrons for Plym Neuro and LCC and SE Locality Manager
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	Adoption Statement LSW Medicines Management Scheme Inpatients LSW Resuscitation Policy RAPID Responding to Acute Physical Illness / Deterioration (Resuscitation Council UK) LSW Health and Safety Policy
Supersedes Document	Version 4.8 Provision of Out-of-hours clinical cover
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Document review history

Version no.	Type of change	Date	Originator of change	Description of change
2.1	Extension	1/8/2005	Freedom of Information Manager	To extend review date from the end of July to end of October 2005. This is to allow for further review and consultation.
3.0	Full Review	15/11/05	Clinical Training and Development Manager	Complete review of policy with changes to duties and responses of bleep holders and medical staff.
4.0	Full review	27/11/06	Clinical Training and Development Manager	Complete review of policy to reflect change in service user group and location/configuration of service
4.1	Update/ Review	24/7/08	Clinical Training and Development Manager	Review of policy to reflect learning from incidents and update
4.2	Review	31/08/09	Clinical Training and Development Manager	Reviewed, no changes made.
4.3	Review	Aug 2010	Author	Reviewed, no changes made
4.4	Review	31/12/10	Matron Brunel Unit LCC	Reviewed and new section added 10 Non Clinical Incidences the responsibilities and management of .
4.5	Extension	17/12/12	Mary Mermagen	Extended, no other changes.
4.6	Extension	20/06/2013	Mary Mermagen	Extended, no other changes.
4.7	Extension	13/12/2013	Mary Mermagen	Extended, no other changes.

4.8	Extension	18/06/2014	Mary Mermagen	Extended, no other changes.
5	Major review	20/10/14	Sarah Pearce and Mary Mermagen	Complete review of policy with full consultation. Change of name and clarification of responsibilities
5.1	Minor review	14/10/15	Mary Mermagen	Appendix D added.

Nurse Coordinator for the Mount Gould Site (incorporating clinical support in and out of hours)

1. Introduction

1.1 Mount Gould site has mental health and physical health inpatient beds and various departments.

1.2 In-hours the nurse coordinator provides clinical support to medical emergencies across the site.

1.3 During out of hours the Nurse coordinator provides a response to:

- New patient clerking.
- Deteriorating patients.
- Medical emergencies.
- Advice/support with clinical issues to include staffing.
- Verification of life extinct (as per End of Life Policy).
- Medication incidents causing harm e.g. omitted doses, excess doses, wrong drugs wrong patient.

2. Purpose

2.1.2 The Nurse Coordinator role forms part of the Band 6 (and above) Nurse job description, and these nurses will be supernumerary, out of hours dependant on skill-mix within the planned off-duty schedules. In exceptional circumstances, the out-of hour's Nurse coordinator may be required to work as part of a team based on a particular ward. This should only occur when all other avenues have been explored and exhausted.

3. Duties, Protocols and Communications

3.1 The role of the Out of Hours Nurse Coordinator is to:

- Act as admitting officer for LCC and Plym Neurological Rehabilitation Unit patients (MH ward admissions are not covered by the Coordinator).

- Respond to requests for telephone advice and/or help where staff with the deteriorating patient. (In emergencies, emergency protocols MUST be followed in the first instance).

- Act as part of an on-site response to medical emergencies to provide clinical support (In-Patient and Out-Patient areas) to enhance the recovery of the collapsed person. If medical staff are on site**,** regardless of specialty when an emergency occurs, they should deal with that emergency initially and then call another doctor if required. The area where the emergency takes place is responsible for calling 999 and then bleeping the coordinator and providing an immediate response, acting within the limits of their training and competence.

- Perform verification of life extinct (as per End of Life Policy; Verification of an Expected Death).

- Collect site bed availability for weekend and Bank Holidays for LCC and Plym Neuro by 10.30 ready for the Director on Call.

3.2 The role of the Nurse coordinator is not to deal with those clinical problems that routinely fall within the remit of registered nurses; however, any occurrence that results in the completion of an incident form must be reported to the coordinator.

3.3 The Role of Medical Staff :-

- Before leaving the Mount Gould site on-call medical staff will make contact with the Nurse Coordinator, clarifying any patient concerns and associated management plans across all in-patient areas i.e. Plym Neuro and Stroke Rehabilitation Units and the LCC based wards Kingfisher and Skylark. The expectation is that medical staff will **medically clerk patients admitted within their working hours and have** handed over to their on-call colleague any ongoing or outstanding concerns.

- In addition, on-call medical staff are expected to telephone and/or attend the hospital in the evening hours, after liaison with the Nurse Coordinator, to ensure that they have a full awareness of actual or potential problems across all in-patient units.

- At weekends, on-call doctors will be on site for a few hours each day, seeing those patients causing concern and those who have been admitted in the previous 24 hours and have not yet been seen by medical staff, confirming any decisions made by the admitting nurse or by Nurse coordinators (such as Resuscitation status). The Nurse coordinator will telephone the on-call doctor at or about 0900hrs each day (i.e. Saturday and Sunday) to confirm time of attendance and to inform of any concerns.

- Doctors will also be available to discuss actual and potential problems with ward staff. It is the responsibility of nursing staff to ensure that all routine matters are available in time for the ward round.

- Out of these hours medical staff will be contactable by telephone. Only the Nurse Coordinator will authorise telephoning the doctor. Switchboard will hold all on-call medical staff contact details (including mobile telephone numbers).

- In cases where a night coordinator shift cannot be covered by nursing staff, (e.g. due to sickness) an agreement has been made that rostered medical staff will be Resident on-call. This should be the exception rather than the norm.

- It is vital that medical and ward nursing staff be proactive in ensuring that routine tasks are completed during normal working hours. The Nurse Coordinator is not to be expected to complete 'left over' daily tasks.

3.4 Communication

- For all clinical issues relating to Mental Health services the on-call manager for Mental Health should be contacted via switchboard.

- For any non-clinical issues the Director on-call should be contacted via switchboard.

- For any estates issues the Estates on call should be contacted via switchboard.

- The Nurse Coordinator will liaise with ward nursing staff at the beginning and end of each shift in order to identify any potential problems or concerns about particular patients/staff.

4. Definitions

4.1 Terms used in this policy include:

- Out-of hours; classed as after 1700hrs and before 0900hrs Mon- Fri and at weekends from 1700hrs on Friday until 0900hrs on Monday.
- ILS; Immediate Life Support.
- AVPU; Alert, Responds to Voice, Responds to Pain, Unresponsive.
- MEWS; Modified Early Warning Score.
- BLS Basic Life support.
- SBAR – Situation, Background, Assessment, Recommendation.
- RAPID – Recognition of Acute Physical Illness and Deterioration.
- TEP Treatment Escalation Plan
- SWASFT South Western Ambulance NHS Foundation Trust

5. Admissions and clerking

5.1 'Out-of-hours', the Nurse Coordinator will act as Admitting Officer for Local Care Centre and Plym Neurological Rehabilitation patients only.

5.2 It is vital that the admitting officer can access enough information to enable him/herself to ensure the safety of the patient at the time of admission.

5.3 Patients admitted from PHT wards and A&E or AMU, must be accompanied by a current Medication chart AND all medication that is not readily available at Mount Gould Hospital. It is the responsibility of the PHT staff to provide details of blood results before transferring patients.

5.4 In addition, patients admitted via A&E and Clinical decision.

Unit must have a basic management plan written in their clinical record. If any details (e.g. medication chart) are missing, an Incident form **MUST** be completed as part of action taken.

5.4.1 The following information must be recorded by the out of hours coordinator in the clinical record as soon as possible after admission.

- Clinical observations of BP, Pulse, Respiration rate and temperature.

- Patient's orientation to time, place and person.

- The patient's understanding of the reason for admission (and any different information they may have been given elsewhere).

- Check of medication provided against medication chart and completion of medicines reconciliation stage 1 : -

  In all cases the following information should be collected and recorded on a Medical Records definitions form (included on drug chart and reprinted in appendix B) Patient name, NHS number and date of birth.
  Any known allergies or adverse drug reactions.
  List of current prescribed medication including dose / frequency /formulation and route.
  For certain medication e.g. Insulin it is essential that the precise preparation is recorded as many similar names exist with markedly different properties. In the case of insulin preparations reference to the patient held insulin passport may help to confirm correct preparation.
  Any other medicines that the patient is taking (e.g. over the counter herbal medicines).
  Confirmation that the patient is taking the medications as prescribed and whether the medicine is continued on admission.
  The sources of information used to establish the current medication list.

- Any and all untoward factors or incidents.

- The time that the duty doctor (named) was informed of admission and by whom.

- A completed resuscitation proforma – TEP.

5.6 All other risk assessments must be completed by ward staff in accordance with organisation Policies.

5.7 The patient must be seen by a medical practitioner within 24 hours of admission and fully clerked. If this does not take place nursing staff on ward to contact ward medical staff at earliest opportunity .

6. The deteriorating patient See Appendix D

6.1 Appropriately trained staff will be available across in-patients areas to perform ECG recording, cannulation and venepuncture, ordering of investigations and checking results of tests as per protocol. Registered nurses will also be able to deliver ILS and be trained in procedures to recognise and respond to deteriorating patients.

6.2 A Modified Early Warning Score (MEWS) and basic conscious level indicator (AVPU) will be used to assist in alerting staff to potential deterioration in patient condition and to provide a structure for handing over/sharing information with medical staff on-call.

6.3 When the Nurse Coordinator contacts medical staff, s/he will handover using an SBAR approach.

6.4 The Nurse Coordinator will be responsible for ensuring the accurate documentation, in the patient record, of details of all actions taken by themselves, clearly identifying self and on-call medical staff by name (if appropriate). Ward staff remain responsible for recording details of advice given over the telephone or other non face-to face communications.

6.5 The organisational policy and guidelines on administration of medicines must be followed at all times. A second registered nurse must witness any verbal orders for medicine administration, and the prescription sheet countersigned by the doctor concerned within 24hours of the order being made. All such verbal orders are for once only administration or in emergency situations. Verbal orders for Controlled drugs may not be accepted. (Section 6; Guidelines for the Safe and secure handling of medicines).

6.6 The Nurse Coordinator will call the on call medical staff for advice at any time (the above notwithstanding) if a patient causes concern or they feel unable to deal with a situation. The Consultant on-call will always be available for advice and/or help and can be contacted though Switchboard. The Nurse Coordinator will contact the on call medical staff for advice in the event of any medication error that involves the omission or incorrect dose of a 'critical' medicine (as per LSW list).

6.7 When dealing with acute, critically ill patients, medical advice should be sought urgently and transfer to Derriford General Hospital considered as a priority. (NB. The duty consultant does not need to be informed of any transfer, unless the patient is a patient detained under a section of the Mental Health Act LSW risk team also need to be informed if pertaining to Mental Health Act patient).

6.8 For all emergencies, the appropriate emergency Protocol must be followed. (BLS, Fire and Evacuation plan as per individual area) the Senior ward nurse should lead on implementation.

7. Resuscitation decisions and TEP

7.1 **If the patient arrives without any record of resuscitation status, then an assumption must be made that resuscitation is to be attempted in cases of cardiac or respiratory arrest.** A current decision on resuscitation status must be recorded by the admitting officer and confirmed by medical staff within 24hours of patient's admission.

7.2 If a patient is admitted out of hours and has clear and in date DNR statement recorded in medical record then the on-call doctor should be called to attend and document that decision.

7.3 If a TEP/DNAR decision has been recorded in the available clinical record, then that order will stand. This medical decision review must take place within 24 hours of patient's admission.

8. Medical Emergencies (where there is no Doctor present)

8.1 Act as part of an on-site response to medical emergencies **to provide clinical support** (In-Patient and Out-Patient areas) to enhance the recovery of the unwell person.

8.2 The area where the emergency takes place is responsible for calling 999/2222 and then bleeping the coordinator and providing an immediate response, acting within the limits of their training and competence. **Please refer to emergency protocols Appendices B and C.**

8.3 If medical staff are on site**,** regardless of specialty when an emergency occurs, they should deal with that emergency initially and then call another doctor if required.

8.4 If the Nurse coordinator is requested to attend more than one emergency triage would be appropriate and priority should be given dependent on the skill set in the area of the medical emergencies. For example if there is an emergency in the car park with no staff competent in BLS/first aid and an emergency on a ward with competent staff then priority will be given to the car park emergency.

9. Verification of life extinct.

9.1 The Nurse Coordinator may act as the designated Registered Nurse for verification of life extinct, in cases where the record shows that expected death is imminent and that further intervention is inappropriate. (End of Life Policy; Verification of an Expected Death, please use link). http://LSWnet.derriford.phnt.swest.nhs.uk/LinkClick.aspx?fileticket=NUXpKDX6oC0%3d&tabid=411&portalid=3&mid=2291

10. Effectiveness and Audit

10.1 Periodic monitoring (of not more than twice yearly frequency) of activity of the out-of-hours coordinator will be conducted. It is the responsibility of the Matrons to ensure that this monitoring takes place. The results of monitoring and audit shall be presented to the Director of Operations, Deputy Director of Professional Practice and Patient Safety and Locality Manager.

11. Training

11.1 Nurses acting as coordinators will receive as a minimum annual RAPID, ILS and clinical skills updates, and medication incident training, in addition to mandatory training updates.

All policies are required to be electronically signed by the Lead Director. Proof of the electronic signature is stored in the policies database.

The Lead Director approves this document and any attached appendices. For operational policies this will be the Locality Manager.

The Executive signature is subject to the understanding that the policy owner has followed the organisation process for policy Ratification.

Signed: Director of Operations

Date: 21st April 2015

Appendix A

Who to call when: (Through Switchboard).

Deteriorating patient advice required – Nurse Coordinator.
Medical emergency for clinical support - Nurse Coordinator.
Medical emergency (Doctor on-site) – Dr to lead.
Clinical advice for Mental Health in-patients – MH Manager on-call.
Estates incidents – Switchboard to contact Estates on-call.
Security incidents – Switchboard to call Securi-guard.
Staffing authorisation/senior advice – Director on-call.

Appendix B
Medical Emergency / Cardiac Arrest Protocol Mount Gould Hospital

Responsibilities of first responder on scene (any discipline)

- Shouts for help stating the location
- Pulls arrest/emergency bell (where appropriate)
- Assesses patient using DRABC / ABCDE approach.
- Treat life threatening conditions / commence CPR (as required)

Responsibilities of second member of staff on scene.

- Dials 9-999 **and** 2222 to alert SWASFT and switchboard of cardiac arrest, stating ward, location and postcode.
- Brings **ALL** resuscitation equipment to scene of incident
- Sets up and uses defibrillator as required
- Works with first responder to provide emergency care / 2 person CPR (If required)

Responsibilities of On Site Nurse Coordinator (day/night)

- Assist on-scene staff in co-ordinating the emergency situation, directing as required
- Assist on scene staff in handover to SWASFT
- Ensure that all emergency equipment is rechecked / restocked and the necessary paper work (Incident Form / Cardiac Arrest incident form completed)
-

Switchboard responsibilities

Bleeps the following staff
- On-Call Dr
- On site Nurse Coordinator

Enter ward number followed by space then 2222 and direct caller to correct ward/area when they reply

(OUT OF HOURS/WEEKENDS)

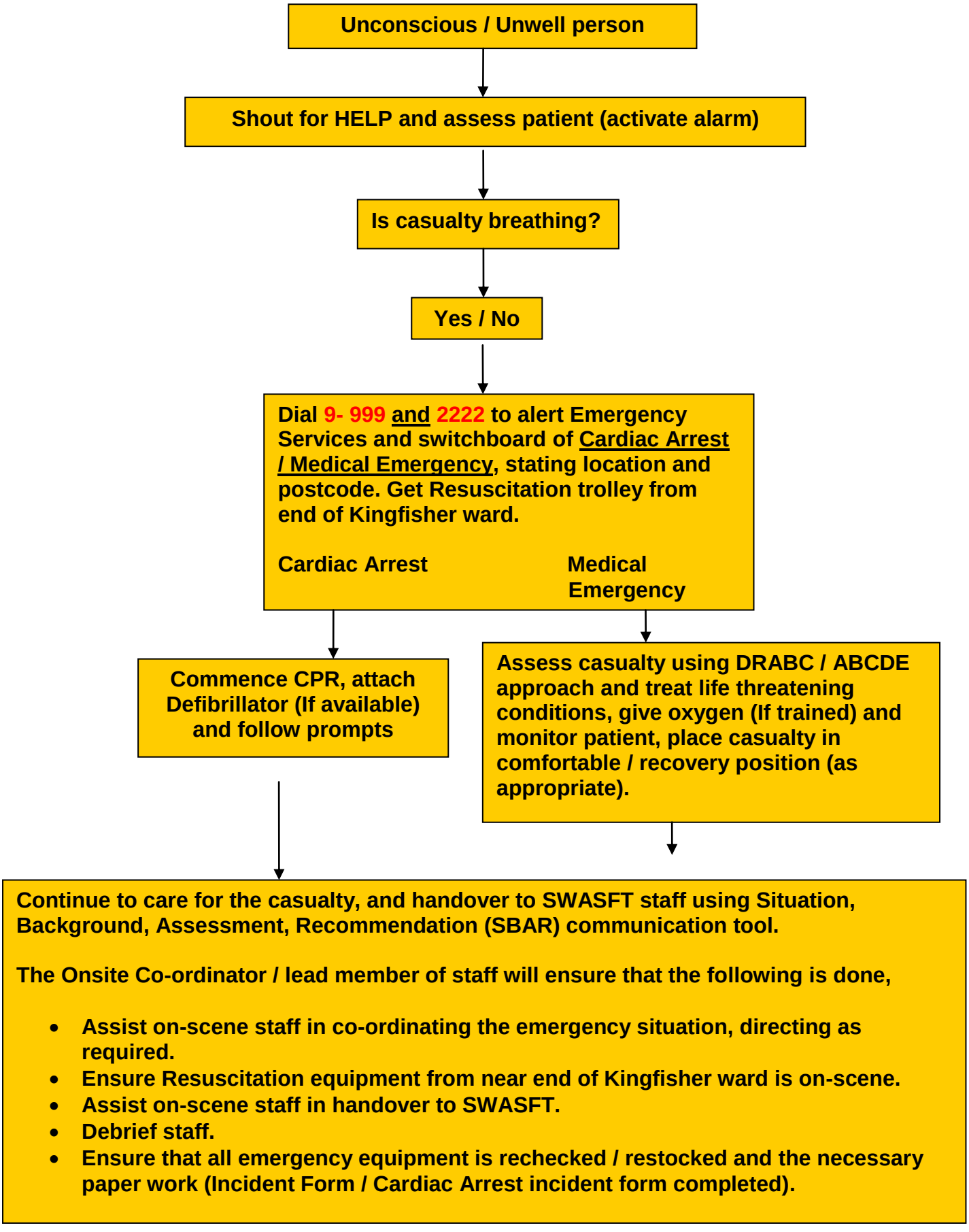
Bleeps the following staff
- On site Nurse Coordinator
- On call Dr

Post resuscitation responsibilities for the Nurse / Lead Person in Charge of the Ward/department:

- Check all resuscitation equipment and restock Cardiac Arrest trolley as appropriate
- Replace equipment in usual location, plugging in as required
- Complete all required documentation, including incident form / Cardiac Arrest audit form. Send Cardiac Arrest audit form to Resuscitation Officer Beauchamp Centre, Mount Gould Hospital.
- Debrief staff, relatives and other patients
- Ensure all equipment is rechecked / restocked as required

Appendix C

Medical Emergency/ Cardiac Arrest Protocol
Outpatients Department Mount Gould Hospital



Appendix D

Patient's condition alerted to nurse in charge of team

If concerned that life is at risk or that patient is deteriorating rapidly, do not hesitate to call emergency services FIRST

In every case, Staff will review patient, and follow the Out of Hours protocol calling the coordinator for advice/review using SBAR process, if clinically indicated.

Co-ordinator will give recommendations including further monitoring and treatment according to clinical requirement AND/OR
Coordinator will review the patient face to face- this should include a physical examination wherever indicated.

Coordinator will contact Doctor on-call to inform of patient condition and actions taken, and record findings/interventions in patient record (to include instructions for monitoring and review **as well as requirement and urgency for medical review,** using SBAR process**.**

On review, or if called before scheduled review, and patient has
a) not responded to earlier intervention **or**
b) patient condition has worsened

Coordinator will call the on-call doctor to attend and review, using SBAR, being clear on recommendations and urgency of response required
If felt to be an emergency this is included in SBAR and priority for transfer clearly recorded.

If Doctor unable to attend for any reason the coordinator will contact the Consultant on-call and request attendance and review as above

At change of shift when patient still on ward, whether responded to intervention or not
Coordinators will conduct a joint review of all patients for whom advice and/or treatment has been given, including where necessary, a joint clinical examination to clarify findings and plan.