

The One Time Giving Your Colleagues a RaSH (Risk and Safety Handover) Could Save Their Lives!!! Collaborative Team

Introduction

Health Security Assistants (HSAs) make a valuable contribution to Mental Health Unit safety.

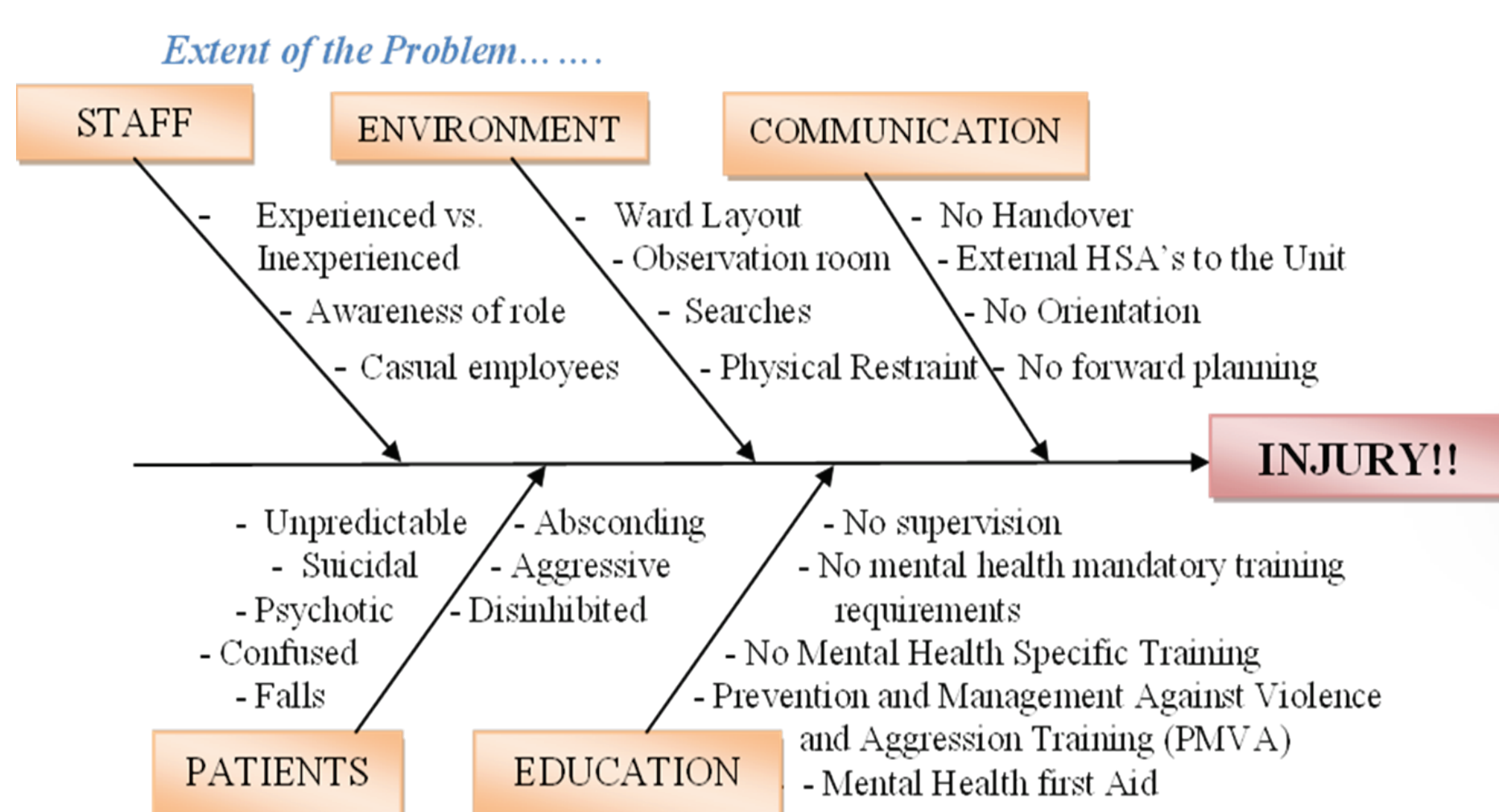
The Risk and Safety Handover (RaSH) based on the NSW Health Safe Clinical Handover (2009) was developed to integrate HSAs into the team and communicate Mental Health Unit inpatient risks.

Aim

That by September 2012:

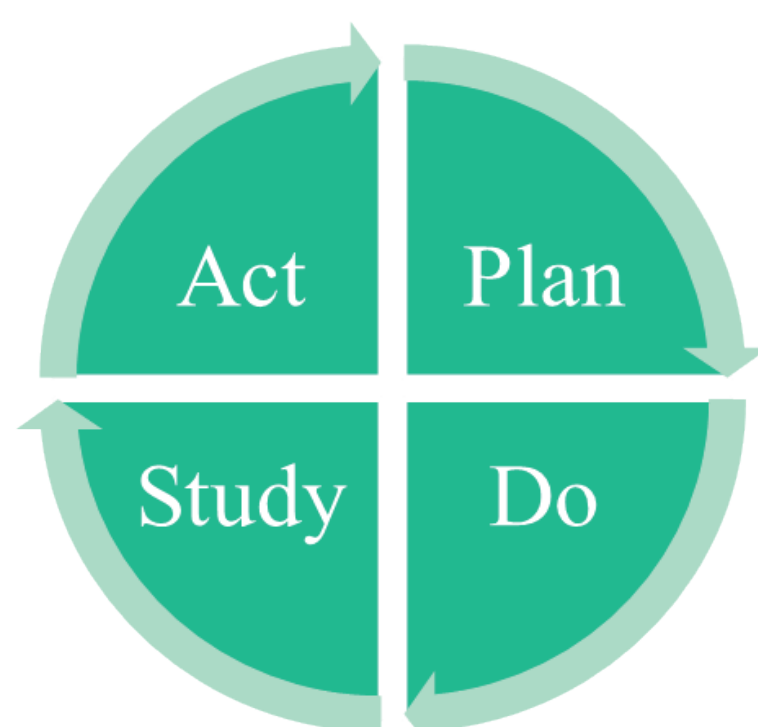
- Prior to commencing each shift HSAs identify potential risks and safety responsibilities
- No workplace injuries occur related to unfamiliarity with identified patient risks
- Entire team utilises ISBAR

Method



The Working Party brainstormed, identified issues, then developed project aims.

- working Party established
- stakeholder consultation: patients, nurses, relevant managers
- Clinical Practice Improvement Principles (CPI) based



- staff consultation throughout development
- IIMS cross-check identified staffs' risk-related injuries
- RaSH audit conducted post roll-out identified gaps. Action plan implemented. Audit tool and Satisfaction Survey developed
- managerial endorsement

Results

- ISBAR based RaSH twice daily
- improved HSA knowledge: risks, documentation, reporting requirements
- Orientation Manual provides RaSH information and role requirements
- Resource Folder containing Mental Illness information
- annual RaSH audit/daily sign-off sheets monitor and sustain process
- improvements: RaSH cheat cards and handover sheets
- injury reduction
- seclusions down:



➢ workplace satisfaction up



- HSAs: Increased role and responsibilities.
- RaSH Roll-out across MNCLHD Mental Health



Integrating teamwork, enhancing safety and skill development in Mental Health Services

Conclusion

The WHO, Australian Commission on Safety and Quality in Handover, and the Garling Report recognise better communication is critical to improving safety. HSAs should be included as they endeavour to provide a safer environment for everyone.

As well as providing fundamental support for HSAs in Mental Health, RaSH could also benefit HSAs working in Emergency Departments (frontline entry points for most risk related presentations).

RaSH	
INTRODUCTION <ul style="list-style-type: none"> • Name/Age 	CLARIFY CLEANING DUTIES SIGN OFF
SITUATION <ul style="list-style-type: none"> • Legal Status • Current Whereabouts 	Risk Levels Low –some potential Medium – reasonable possibility High – high probability Absconding – depart or hide Harm to others – intention to cause harm verbally/physically Vulnerability – sexual financial, falls, harm to children Self-harm – intention to cause one self-harm or death
BEHAVIOUR <ul style="list-style-type: none"> • Current behaviour related to Diagnosis • Current Physical Issues 	Care Levels (Sight Observations) 1 = Special 1:1 2 = 15 minutes 3 = 30 Minutes 4 = 2 hours
ASSESSMENT <ul style="list-style-type: none"> • Risk – level and category • Care level Observations 	
RECOMMENDATIONS <ul style="list-style-type: none"> • Current Recommendations and Interventions • Leave arrangements • Appointments • Discharge • Visitor access 	
Complete handover by Visually Sighting 1A Inpatients Risk And Safety Handover	

The RaSH Model printed on dual-sided badge cheat cards

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Acknowledgements

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