

RaSH

(Risk and Safety Handover)



Health
Mid North Coast
Local Health District

Quality and Excellence in Regional Healthcare

AIM

Increase team collaboration by September 2012 with

- All HSAs (Health Security Assistants of Port 1A) are aware and understand their responsibilities pertaining to risk and safety issues, prior each shift
- Zero workplace injuries related to lack of knowledge/skill about known patient safety risks

Background

A GREAT IDEA!!



- Work place injuries
- Lack of experience working in mental health
- Lack of knowledge of mental health

Health and safety...we're all over it like a rash!



Health
Mid North Coast
Local Health District

Quality and Excellence in Regional Healthcare

Planning and Implementation

- Established Working Party in March 2012
- Consult with Key-stake holders
- Processes based on Clinical Practice Improvement Principles (CPI)



- Education sessions for Health Security Assistants and Nursing Staff
- IMMS cross checks pre and post implementation
- Nursing Satisfaction Survey post implementation
- Rash Audit conducted after roll out of RaSH
- Managerial endorsement



What has been developed?

- Development of 'RaSH' Model
- Orientation Manual
- Resource Folder
- Audit Tools
- Sign off process
- Cheat Cards



We're teaching our HSAs to make RASH decisions!!

Introducing..... RaSH!!

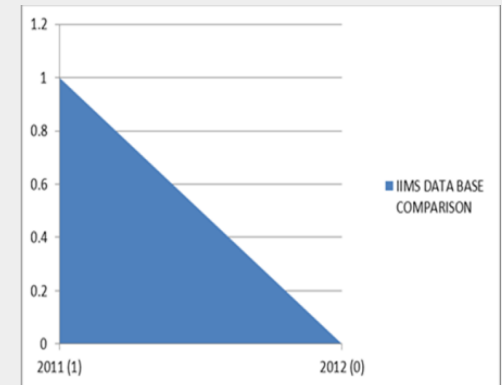
- **INTRODUCTION**
 - Name/Age
- **SITUATION**
 - Legal Status
 - Current Whereabouts
- **BEHAVIOUR**
 - Current behaviour
 - Current physical issues
- **ASSESSMENT**
 - Risk – Level (High, Medium and Low) and Category (Abscond, Vulnerability, Self harm and Aggression)
 - Care Levels – 1,2,3,4
- **RECOMMENDATIONS**
 - Leave arrangements
 - Appointments
 - Discharge
 - Visitor Access

Visual Sighting of all consumers
Clarification of Cleaning duties/Infection Control
Sign off on Handover sheet

Outcomes and Evaluations



- **HSA pre and post evaluation survey**
 - Conducted pre and post education sessions
 - **Marked improvement in:**
 - **Awareness** of consumers who are at **risk, behavioural and physical** issues
 - Awareness of **Care Level observation** status
 - **Understanding of role** pertaining to documentation, and disclosure of information
 - Feeling **supported** and **part of a team**
- **IIMS Data Cross Check**
 - HSA injuries with contributing factors identified as reduced communication and poor planning
 - **Nil Injuries since implementation of RaSH**



(The RaSH is a Security Transmitted De-escalator)



Health
Mid North Coast
Local Health District

Quality and Excellence in Regional Healthcare

Outcomes and Evaluations

- ***RaSH Audit***

Trailed over one week in 2012 (post education session) and now conducted annually

- **Results indicate:**

- **Nominated leader** coordinating the handover
- Average time for handover = **11.7 minutes**
- A **required location** to conduct handover
- **All consumers are sighted** at the end of handover



- ***Nursing Satisfaction Survey (Nov 2012)***

- The **results clearly indicate** that the Nursing staff expressed a **strong desire to continue with the ‘RaSH’** and believe that it has **improved the interaction and operations** of the HSA’s greatly.

AIM ACHIEVED!!



Health

Mid North Coast
Local Health District

Quality and Excellence in Regional Healthcare

Staff Experience

HSA – Wayne Bellenger – Port 1A

“...has given us more direction as to what to expect from a patient, also to better understand self-harm, harm to others and vulnerability.”

“...given us a better idea of how to interact with patients, to observe them, to be more vigilant and know when to report back anything untoward to the nurses....”

“...it has made us more aware, more accountable of our role, our job...made us feel more of a team, more involved in some situations. It is an ongoing process and I am learning all of the time....”



Lessons Learned

