

EXTENDED CARE ACTIVITIES FOR NURSING SUPPORT WORKERS IN MENTAL HEALTH INPATIENT SETTINGS



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BACKGROUND

The need for health workers is growing worldwide and is expected to continue growing for some time ^[1]. Concurrently, efforts to contain ballooning costs have led to the development and implementation of models of care that expand the utilisation of nursing support workers (unlicensed assistive personnel, nurse aides, nurse assistants) ^[3, 4].

Studies have identified changes in work practices upon implementation of these workers, with task shifting from registered (licensed) nurses to support workers ^[5]. Others have described challenges in delegation, task duplication, delays in care, limited integration with the nursing team, and lack of clarity regarding scope of practice ^[6-8]. Patient outcomes vary, with some studies describing an increase in adverse events ^[9].

Frameworks developed to address these challenges are often broad ^[10-12] and may not provide sufficient detail to guide practice in specialist areas such as mental health, leading to further questions regarding role clarity, and consequent under-utilisation of staff ^[13].

There is therefore a need for defined care activities applicable to specialist mental health inpatient units. An initial set of context-specific care activities for mental health was developed and implemented in the service described here in 2013 ^[14]. This paper reports on a follow-up study to review, revise, and extend these care activities.

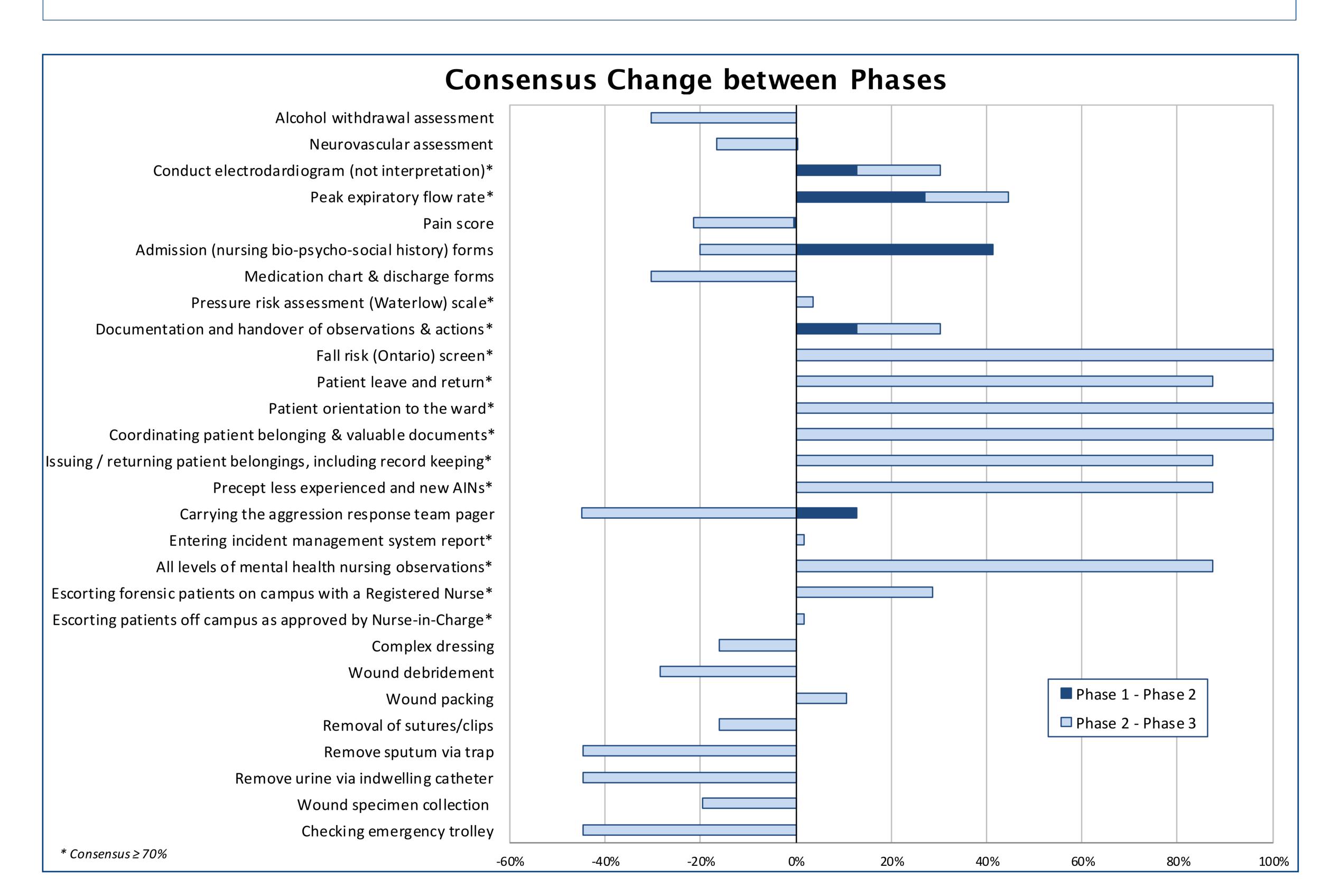
METHOD

A modified Delphi technique that combined sequential voting rounds and consensus conferencing, considered appropriate to build consensus amongst diverse participants ^[15, 16]. Ten (10) key stakeholders participated, including nurse managers, educators (internal and external to the organisation), clinical nurses, and nursing support workers. Undertaken between April and July 2016, with consensus set at 70% agreement.

- Phase 1: Voting on 22 care activities with the opportunity to modify or add.
- Phase 2: Conference seeking consensus on the set of activities and their inclusion in the next round.
- Phase 3: Voting on a revised list of 29 activities.
- Phase 4: Conference seeking final consensus.

RESULTS

- Phase 1 voting supported five activities, with modifications to six, and addition of seven.
- Phase 2 conference supported a total of 17 activities: the five supported by voting, the seven new activities, and seven not supported in Phase 1 voting.
- Phase 3 voting retained consensus for 14 activities.
- Phase 4 conference made no change to consensus.



CONCLUSION

This study has informed the development of a set of context-specific care activities for mental health inpatient settings ("Care Activity Maps"). Implementation has included education and support packages for all nurses and support workers, accompanied by the distribution of easy-to-understand posters in all nurses' stations.

Reports from nurses and support workers suggests significant improvements in role clarity, more effective delegation, and stronger integration with the care team. Future work will explore the utilisation of these care activities, including barriers to and facilitators of their implementation and adoption.

Activity	A 11.1	Team communication	AIN
Direct Consumer Care (General)	- AIN	To team leader/members workload	Ø
Activities of Daily Living		Consumer issues/concerns	Ø
Showering	Ø	Contribute lo clinical decisions	Ø
Sponging	Ø	Identify & report practice limitations	Ø
Washes – Face & hands		Reporting of identified consumer care omissions	Ø
erineal toilet pid		Interpersonal issues	Ø
Grooming Shave Hygiene	Ø	Act as an AIN Preceptor for less experienced or new AINs Specimen collection	Ø
Presentation	Simple eye	Sputum via sterile container	Ø
Mouth/eye/nose care Maintenance	care, oral hygiene	via Trap	(3)
Therapeutic	30	Urine via Container/pan	<u> </u>
Dietary assistance	Low risk	via IDC	<u> </u>
Set up meal	feeding as	Stool	<u> </u>
Oral intake	per direction / care plan.	Wound	<u> </u>
– Mobilisation	As per	Miscellaneous	
Assist ambulation	direction &	Blood Glucose Monitoring meter check	
Passive exercise Posture maintenance & comfort	care plan. Reinforce	Check emergency trolley	8
Support consumers in use of aids	instructions on use of aids.	Care of the deceased person	<u> </u>
Skin care Pressure relieve/Pressure area care Massage Moisturise		Medications	AIN
Maintaining dry environment Consumer Communication/Education		It is not within an AIN's scope to	7
Consult consumer regarding ADLs Reflect commitment to consumer rights & responsibilities Consumer orientation ward/area routines Completing consumer belongings & valuables documentation		administer medication. This includes rectal, sublingual, intramuscular, intravenous and subcutaneous medications. AINs cannot carry S4/S8 keys and cannot countersign for any medications or phone orders. AINs cannot collect S4/S8 drugs from pharmacy.	8
Checking out and checking in consumers valuables and belongings and completion of relevant documentation		Documentation	
Observations/Monitoring			
「emperature. Pulse, Respirations	Ø	Activity	AIN
Blood pressure (manual & electronic)	<u> </u>	Indirect Consumer Care	AIN
Alcohol Withdrawal Assessment	8	Documentation	
Weight/Girth/Thigh Measurement	<u> </u>	Nursing History (Bio-psycho-social)	Ø
Neurovascular (circulation)	Ø	Care plan	Contribute to development
ECG conducted but not interpreted	⊘	Medication chart & discharge docs	8
Fluid & Food Balance Charts (basic)	<u> </u>	Contemporaneous documentation	
Oxygen Saturation (Sp02)	Ø	of own perspective / actions /	Ø
Peak expiratory flow rate	Ø	observations during shift	
Stool/Emesis chart	<u> </u>	Standardised Observation Charts	<u> </u>
Pain score	8	Observation & Engagement Charts	<u> </u>
Jrinalysis	Ø	Pre & post-op/procedure interventions	<u> </u>
Blood Glucose level	Ø	Waterlow Scale	0
Neurological observations	Basic consciousnous	Ontario Fall Screen Assessment	Our de la
Wound Care		Mobility Assessment Physical Appearance	Own observations
Simple dressing	Ø	Physical Appearance Consumer Daily Nursing Depart	•
Complex dressing	<u>Ø</u>	Consumer Daily Nursing Report	
Debridement 	<u> </u>	While AINs can document their own observations and activities, these notes	
Packing	<u> </u>	do not replace the need for an accredited	Ø
R/O sutures/clips	Ø	RN or EEN to document a daily consumer report or nursing clinical handover as per PD2012_069 Health Care Records-Documentation & Management	

All consumer escorts must be in accordance to PR2008_041 Leave from Inpatient Units by Consumers-Management of- MHDA	
On campus escorting of clinically stable consumers at Nurse In Charge discretion. Verbal and Written approval must be given, documented in consumers electronic medical record	
Escorting forensic consumers on campus with RN escort, verbal and written approval must be given and documented in consumers electronic medical record	
Escorting consumers off campus with verbal and written approval from Nurse In Charge and documented in the consumers eMR medical record	Ø
Mental Health Speci	fic Care
Activity	AIN
Mental Health Specific Items Assisting with on-ward consumer groups and activities	⊘
Observing and reporting on consumer mental status during shift	Ø
Recording all levels of mental health observations (1, 2,3,4,5)	Ø
Participate in shift handover (includes use of ISBAR & Care Zoning)	Ø
Contribute in multidisciplinary team meetings	Ø
Identify and reporting of observed risks (falls, faulty equipment etc.) Reporting of observed self-harm/suicide	Ø
risk behaviours Reporting of violence & aggression risk	<u> </u>
behaviours Identify and report on changes in	<u> </u>
consumer mental status Use of verbal and non-verbal	<u> </u>
de-escalation (after completion of Violence Prevention Management Training module)	
Assist in maintaining a calm and productive ward environment	Ø
Pick up medications from Pharmacy (does not include S4/S8 drugs)	Ø
Assist in physical restraint and Aggression Response Team (ART) after completion of Violence Prevention Management Training	
Carrying the ART/CERT pager	8
Completing an IIMS Report	Ø
Facilitation with the consumer in the completion of the consumer wellness plan (Form ID SMR060520)	0
Screening for Domestic Violence (Form ID SMR025080)	Ø
Facilitation of the SR1 K10-LM (Form ID SMR060934)	Ø
Facilitation of the SR2 K10-L3D (Form ID SMR060935) Facilitation of the APO-6	0
Facilitation of the APQ-6 (Form ID SMR060942)	Ø
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