

Standard Operating Procedures

Rapid Response & Reablement (RRRT)
Co-ordinator role and responsibilities



Document Profile

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Version Control / Changes Made

Date	Version	Summary of changes made



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Introduction

These Standard Operating Procedures (SOPs) have been developed to guide the practice of all team members who co-ordinate the shift in RRRT. The SOP provides a framework for the provision of safe and effective care. The SOP will inform investigations and enquiries into practice related issues.

Please note these SOPs are subject to change dependent on service development. Please ensure the most up to date version is used.

Principles

The following are overarching, guiding principles for safe and effective practice when using these standard operating procedures.

- The standard operating procedures do not replace professional judgement which should be used at all times
- Where Registrants work outside of this SOP informed by their professional judgement they should always record the rationale and evidence base for this decision
- A clear rationale should be presented/recorded in support of all decision making
- Practice should be based on the best available evidence
- Appropriate escalation should occur when care needs require this.
- Staff should be aware of and compliant with the <u>Jersey Care Commission</u> Standards for Home Care
- Where potential safeguarding issues are identified, staff will act appropriately in line with organisational and <u>multi-agency procedures</u>, seeking safeguarding supervision as per organisational policy.
- See procedural document library accessible on L-drive and FNHC webpage for standard operating procedures, policies and guidelines relevant to practice
- Adherence to this SOP will support achievement of service KPI's

Please note other standard operating procedures are available including those that are part of policy and guideline documents.



SOP 1 Co-ordinator role and responsibilities

Purpose

To provide a standardised approach to team leadership, management and the coordination of the shift to ensure patient and staff safety maintained.

Scope

Any senior member of the team that undertakes the co-ordinator role.

Core Requirements

Co-ordinator Role

- All staff allocated to the co-ordinator role must be a Grade 5 registrant or above
- The Shift-Co-ordinator role will be delegated by Team member allocated to complete the rota, the co-ordinator will be identified on the rota in yellow
- The co-ordinator is responsible for providing oversight, leadership, communication and coordination of the MDT workforce activities to ensure delivery of safe care.
- Ensure staff compliant with policies / SOPS and guidelines evidenced in conduct, documentation and clinical activity
- Time allowance will be made in the workload of the designated co-ordinator to ensure staff management, care delivery, patient safety and clinical administration can be attended to.
- When rostered to the co-ordinator role, where possible that person will not be allocated individual patients but will contribute to the clinical workload of the team as a whole. In some instances there will be co-ordinator-assigned patients but at a reduced amount if possible

Co-ordinator Responsibilities

- Be the central point of contact for the service in relation to referrals, queries and concerns and team escalation
- Set expectations at the beginning of the shift with the team, including:



- ✓ Communicating changes in caseload, patient acuity, unexpected situations
- ✓ Working as a team
- ✓ Being flexible with helping each other
- Complete the daily checklist throughout the shift (Appendix 1)
- Lead the handover in the morning utilising the wall mounted TV monitor and the ongoing handover / discussions throughout the shift.
- Check that visits have been appropriately allocated based on skill set and competency and will be the only staff member able to amend or reallocate allocated visits
- Liaise with referrers to negotiate plans of care and appropriate treatment plans
- Challenge inappropriate referrals or treatment regimes that are not evidence based and offer a solution based response
- Troubleshoot any issues / concerns that arise during the shift
- Monitor the appropriateness and effectiveness of clinical care ensuring a safe environment is maintained
- Carry RRRT phone and respond accordingly in line with time specific KPIs
- Oversee staff on shift undertaking lone working duties and have a knowledge of and utilise the RRRT Lone Worker Safety Plan



SOP 2 Communication/handover tasks

Purpose

To ensure patient and staff safety is maintained with the appropriate communication and handover of applicable and accurate information utilising a structured approach that will reduce the risk of incident due to poor or miscommunication.

Scope

All staff involved in communication and the handover of patients in RRRT

- The co-ordinator will lead communications within the team and ensure all members of the team are treated with dignity and respect whilst on shift
- Ensure two way communication of any conflicts, complaints, patient safety, nursing resource or maintenance issues
- Utilising the handover and caseload data for workload management and workforce planning by:
 - ✓ Checking the staff allocated reflects the staff hours on that shift
 - ✓ Checking handover data to confirm all patients are allocated for the following day based on skill set required
 - ✓ Ensure that any issues are escalated to the Operational lead or On-Call manager if appropriate.
 - Maintain communication as appropriate with Operational lead throughout the shift and maintain electronic handover to ensure they are informed of current status of the area
 - ✓ Complete the daily huddle documentation and ensure saved to the RRRT file
 - ✓ Alert Operational lead of any issues/concerns such as patient acuity and skill mix
- Ensure handover is completed and reflects a live status throughout the shift and the end of shift in order for a safe handover of shift
- Provide an adequate handover of relevant information to the team at start of shift keeping a time of 15 minutes unless on a Tuesday and Thursday for the MDT which will be 30 minutes
- Ensure handover to other teams facilitate a safe transfer of care including verbal handover with receiving team co-ordinator (if possible) or alternatively



- at the DN Huddle, written handover on EMIS and internal EMIS referral is completed.
- Ensure all team members on duty attend the handover unless agreement with co-ordinator that they attend time sensitive patient reviews
- Maintain communication with the team throughout the shift as appropriate to ensure important information necessary for the smooth running of the team is fed back including changes in patient status/or any other issue that may impact on the running of the service



SOP 3 Management Tasks

Purpose

To ensure the safe functioning of the service and ensure patient safety

Scope

All staff that undertake the co-ordinator role

- Ensure attendance at internal and external meetings relevant to service
- Attend or allocate appropriate staff to attend meetings, acting up for Operational Lead in their absence
- Maintain safe skill mix, rescheduling RRRT staff as required to maintain patient safety (amending rota to reflect any changes)
- Allocate workloads that are fair and equitable and ensure that resources meet acuity/skill mix demands of the service caseload
- Ensure students are working with appropriate staff, documenting this in the diary and communicating with allocated Assessors / Supervisors
- Where staff are working under the direction and delegation of a registrant, the co-ordinator must ensure that this registrant is clearly identified (and understands direction and delegation responsibilities).
- Co-ordinate staff meal breaks to maintain appropriate skill mix cover and patient flow.
- Ensure all patients have been RAG rated and visits allocated for the next day
- Review staffing requirements for the next shift, if the weekend is approaching
 ensure adequate staffing to provide service for the caseload of current
 patients, for potential impact of staff sickness, looking for early resolution or
 future planning, notifying the Operational Lead / Team Leader as early as
 possible if alterations to staffing levels are required.
- Ensure that if pressures on service are predicted the escalation policy is followed and escalated to Operational Lead or On call manager



- Ensure staff report any incidents or near misses by completing Assure reports in a timely manner and utilising FNHC's Standard Operating Procedure for Incident Reporting
- Ensure awareness of the Jersey Care Commission reporting requirements for patient safety issues i.e. grade 2 and above pressure ulcer, death within service, safeguarding and report in a timely manner (see appendix 2)
- Provide clinical / hands on support when able / required.
- Have an understanding of organisational requirements and processes for e.g. staffing, overtime, absence / sickness, on calls.
- Delegate daily checks for area e.g. fridge check, stock level and ordering, equipment checks



SOP 4 Direction and Delegation Tasks

Purpose

To ensure the right person sees the right patient at the right time

Scope

All staff within RRRT

- Have a full understanding of the expectations of the line manager relating to the co-ordinator role and associated responsibilities
- Be fully aware of the specific tasks, reports, meetings and other management systems to undertake/attend, in order to meet the role requirements for their specific workplace environment.
- Take charge and assume the role and authority that has been delegated.
- Delegate the co-ordinator role to another staff member during any absence (e.g. meal breaks, meetings) and ensure the team are aware of this delegation for the expected timeframe.
- Know the strengths of the team working on that shift and allocate/reallocate/delegate as appropriate.
- Ensure the registrants are aware of who they are supervising if appropriate e.g. HCA / students
- Follow up or handover / escalate any issues that occur on the shift to the Operational Lead / Team Lead or staff working the next shift.
- Ensure delegated tasks are allocated to appropriately trained staff



SOP 5 Patient Flow

Purpose

To ensure a smooth and seamless transition of patient flow, from their referral through to discharge in a timely manner.

Scope

All staff within RRRT

- Delegate which team members are allocated to which patient, allocating patients geographically where possible
- Have an overall picture of all patients'/clients acuity and current activity
- Maintain virtual bed management: all admissions, discharges, and transfers are accurately reflected and recorded on the handover template within 90 minutes of patient movement
- Ensure discharges are appropriate and timely to ensure extended length of stay are reduced if safe to do so
- Ensure all new referrals are appropriate and within the scope of competence and resource of RRRT
- Maintain an up-to-date virtual bed status record, which includes potential discharges, admissions and pending patients on EMIS
- Co-ordinate Board Rounds/huddles/handover within team
- Attend daily huddles or delegate appropriate team member with DN team at 4pm, in person or virtual.
- Co-ordinate admissions, transfers and discharges
- Liaise with HCS daily to ensure RRRT are utilised appropriately and supporting patient flow within the acute setting
- Ensure in reach on EAU is attended daily at 11 am by allocated OT
- Ensure nursing in reach is completed daily and when HCS is in escalation when staffing allows
- Celebrate the success of the shift.



SOP 6 External & Internal emergencies / Critical Incident

Purpose

To support safe care delivery and effective communication whilst managing risk and agreeing actions.

Scope

All critical incidents that have the potential to impact patients and staff.

- Lead the team in the case of fire, cardiac arrest and internal / external emergencies, including having a knowledge of the organisational escalation policy
- Manage Incidents/complaints that require immediate attention, or escalate to the appropriate Manager – either the Operational Lead or On Call Manager
- Address any concerns raised by staff, patients and/or relatives and follow up as appropriate and know when to escalate.
- Coordinate initial management of serious or critical incidents or unanticipated deaths and liaise with Operational Lead or Manager on call out of hours.
- Ensure family members have been informed if a consumer/patient/client is affected in the serious or critical incident
- Manage unexpected events, situations, conflicts, emergencies
- Provide leadership and adequate supervision of staff and patient care.
- Provide regular catch-ups with staff throughout the shift.
- Provide debriefing if required with staff.
- Provide support during and after clinical emergencies.



Appendix 1 Co-ordinator Daily Check List

Co-ordinator Daily Check List

Named co-ordinator:	Date:
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Task		Sign
Divert co-ordinator phone		
Record fridge temperature		
Send capacity email		
Check work diary		
Check staff have 'find a frien	id' running on iPad	
Remind staff, uniform self-ch jewellery/nails/shoes/trouser	s/visual ID or name badge	
Remind staff, check leaflets have copies or remove if not	on notes front to ensure patients required	
Remind staff to check patien accuracy – including audit sh	its notes in the morning for neet	
Remind staff to document ar discussions		
sick leave (forward on to Tea		
to inform;	, please email their line manager	
Nurse – Valter Fernandes OT – Sam McManus	v.fernandes@health.gov.je s.mcmanus@health.gov.je	
PT – Debbie Hill SW – Joe Brizell	d.hill3@health.gov.je j.brizell@health.gov.je	
If sickness, please amend ha	ard copy off duty	
•	s are up to date on the handover	
	process GP bills/blood result	
Attend DN huddle at 4pm (C	an phone in if out the office)	
and Thursday	s ordering checked on Monday	
Ensure garage equipment le Friday	vels checked on Tuesday and	



Appendix 2 Notification of Incidents to JCC

Notification of Incident - Home Care - Process updated 29/12/2021



Use this link to make any notifications of incidents for home care agencies This is not the link for death notifications – please currently continue to use death notification forms



Please be brief in descriptions – main points only – we will contact you for any further information if necessary

When you have completed the form, click Submit Put context in

Link to escalation policy