

Primary Nursing & Nursing Clinical Review

Incorporating HONOS and Risk
Assessments to assist in care planning &
guiding clinical practice for nursing staff.

WMPU

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Background

- *Late 1999 primary nursing was introduced to WMPU in a hope to co-ordinate clinical care and improve care planning, that didn't work.*
- *Feb 2002 we ran a series of training days (3 in total) reviewing our model of care and care planning, we included file audits and some changes to the primary nursing model; documentation of care planning was a little better but still fairly poor.*

Background

- 2003 came outcome measure, just an extra piece of work for the nursing staff, they can barely keep up as it is!
- In the second half of 2003 the nursing staff at WMPU had engaged in an industrial campaign with regards to staffing.
- Audits of files and a review of clinical activities indicated possible 'clinical risk'.

Background

- As a result we did further file audits that indicated a whole range of problem areas, especially a lack of documented nursing care plans and a lack of compliance with HONOS – What to do?
- Whilst there was an increase in nursing staff from weekdays 6,5,3 and weekends 5,5,3 to 7 days per week 6,6,3 we still had to get creative and improve care planning and documentation.

Getting creative

- HONOS and Care Plan compliance was still poor!
- We made HONOS clinically relevant and we connected it with nursing care plans.

The Nursing Care Plan

- Using the problems identified in the admission HONOS and risk assessment, and then periodically at review was considered useful in identifying problem areas for nursing interventions and treatment
- Is this Evidenced Based Practice??
- Any area in the HONOS which scores a two or above may be one that requires nursing interventions.

The Nursing Care Plan

- HONOS identifies a range of problem areas for nursing care and the service has provided care plans for those problem areas
- The problem areas include:
 - 1A Behavioural disturbance - overactive
 - 1B behavioural disturbance – aggressive and disruptive
 - 2 Non-accidental self injury
 - 3A Problem Drinking
 - 3B Drug Taking
 - 4A Cognitive Problem – thought processes
 - 4B Cognitive Problem – Organic Brain Syndrome

The Nursing Care Plan

- 5 Physical Illness or Disability
- 6 Problems associated with Hallucinations & Delusions
- 7 Problems with Depressive Symptoms
- 8 Other Mental and Behavioural Problems
- 9 Problems with relationships (social isolation / poor interpersonal skills)
- 10 Problems with activities of daily living
- 11 Problems with living conditions
- 12 Problems with occupation & functioning (access or available services rather than actual functioning or participation)

HONOS Category No.1A

Rapid UR:

Name:

Alias:

Address:

Telephone:

Date of Birth:

Sex: Male Female

Medicare No:

Attach Patient Label

HONOS Category No. 1A - Behavioural Disturbance – Overactive (include manic and hypermanic behaviour).

HONOS Score:

STRATEGIES FOR MANAGEMENT (tick as appropriate)

- Set limits with hyperactivity when it interferes with others.
- Decrease the number of stimuli, including people in the environment and visitors.
- Offer relaxation such as warm baths and showers.
- Monitor and reduce noise limit.
- Allow for movement and exercise as appropriate.
- Provide quiet area and time out as needed.
- Provide structured activities during the day.
- Provide a safe physical environment, client may be accident-prone.
- Have short frequent contacts; let the client know that you are available.
- Set limits particularly if client is demanding, threatening or seductive towards another.
- Define limits and controls with the client.
- Provide rest periods and encourage sleep at night, use hypnotic medication as prescribed.
- Formulate a schedule of activities for the day.
- Provide supervision and encouragement with maintaining personal hygiene and other ADL's. Patiently support the client's efforts to be a group member and not the centre of attention.
- Appropriate use of prn medication when client is not responding to the above strategies.
- Appropriate use of HDU for time out.
- Appropriate use of seclusion within the confines of the MHA (1986) for unmanageable behaviour.

Source: McFarland, G K & Wasil, E L, 1986 Nursing Diagnosis & Process in Psychiatric Mental Health Nursing. JB Lippcott Co. Philadelphia USA.

ADDITIONAL STRATEGIES:

HONOS Category No.5

Rapid UR:

Name:

Alias:

Address:

Telephone:

Date of Birth:

Sex: Male Female

Medicare No:

Attach Patient Label

HONOS Category No. 5 - Physical Illness or Disability.

HONOS Score:

CURRENT ILLNESS / DISABILITY

NURSING & CLINICAL INTERVENTIONS

2004 - 2005

- A bit hit and miss!
- Entry staff were usually pretty good at completing HONOS and care plans (probably because I was supervising and assessing them).
- End of 2005 saw the introduction of the Nursing Clinical Review.
- All the nursing staff identified a need some assistance in completing both care plans and HONOS.

Primary Nursing Clinical Case Review

The Nursing Clinical Review at WMPU is crucial to the implementation and the success of the Primary Nursing Model, HONOS and care planning.

The aims of the the Nursing Clinical Case Review are:

- To support nurses in delivering a high quality of care to clients admitted to WMPU

- To assist nurses in achieving their own goals for professional development

- To assist in ensuring a high level of rater reliability in HONOS and risk assessments

- To ensure that nursing activities will be consistent with legal and ethical requirements under the Mental Health Act, Nurses Act, ANCMHN Mental Health Nursing Standards, and the National Mental Health Practice

Primary Nursing Clinical Case Review Process

The Nursing Clinical Case Review will be offered weekly by the Clinical Nurse Educator, The Clinical Nurse Unit Manager or a DNUM.

The Nursing Clinical Case Review will occur every Friday afternoon between 1330 and 1430 hours. It is a requirement for staff to attend, it is encouraged and is considered a professional development activity crucial to the success of primary nursing, the effective use of HONOS and vital to the consistent delivery of psychiatric nursing care to clients.

Clinical Case Review Session Content & Process

The review may be presented by any nursing member of staff, however it is optimal if the primary nurse, associate or in their absence the contact nurse for that shift present the client.

The review incorporates the patient's history, current presentation, current risk assessment, HONOS and subsequent nursing care plan

The review looks at the current management of the patient and seeks to develop a nursing care plan, which addresses the perceived identified issues.

A trigger point will indicate the clients identified for review

Clinical Case Review Session Content & Process

- What is a trigger point?

A trigger point if for any client admitted in the last 7 days and any client who has not been reviewed in the Nursing Clinical Review (NCR) within the previous 2 weeks.

Clinical Case Review Session Content & Process

- What will be reviewed?

Newly admitted clients:

Admission notes, assessments and paperwork including admission HONOS, admission risk assessment, nursing care plan.

Current patients having a 2 week review:

A new HONOS assessment (for the previous 3 days), risk assessment, nursing care plan and interventions.

Clinical Case Review Session Content & Process

- Who prepares the review?
- The admitting nurse and primary nurse for newly admitted clients, and the primary nurse for clients having the 2 week review. The contact nurse for that shift will present the information prepared. If there is incomplete paperwork some may be completed during the review and some may go back to the primary nurse to complete.

Clinical Case Review Session Content & Process

Once the information has been presented this should stimulate clinical discussion and allow for the nursing care plan and risk assessment to be reviewed and updated, and to form the basis for nursing handover and multidisciplinary clinical reviews.

Within this process nurses will be supported in identifying professional development issues either individually, or for the larger staff group and the supervisor will assist staff in meeting these needs.

Where are we now

- About 2 weeks ago I did a quick audit of clients admitted in the past week, there were 9 in total.
- We had 9 admissions, 6 out of 9 had the care plans and HONOS done in full and entered onto CMI, 1 was done in full in paper but not entered into the CMI database, and unfortunately 2 were not done.
- This is a significant improvement and a memo was sent out congratulating staff

Thankyou!

- Any questions or comments?

