

RCH Associate Nurse Unit Manager Orientation and Development Guide



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Welcome

Welcome to your position as an Associate Nurse Unit Manager (ANUM) at The Royal Children's Hospital (RCH). We look forward to the contribution you will make to nursing and are confident that your experience with us will be professionally rewarding.

| Your Nurse Unit Manager (NUM) is | : | |
|----------------------------------|--------|--------|
| Name: | Phone: | Email: |

This orientation and development guide will assist you to adapt and grow in your new role. The guide begins with an overview of the RCH's vision, values, strategic plan and introduction to Nursing Services. This is followed by a detailed overview of the Nurse Manager Standards for Practice, including how they are operationalised for ANUMs. Next up is an orientation and development plan for you to individualise. The rest of the guide includes essential and useful resources, and key contacts.

RCH Vision

The Royal Children's Hospital, a GREAT children's hospital, leading the way.

RCH Values

Unity We work as a team and in partnership with our communities

Respect We respect the rights of all and treat people the way that we'd like them to treat us

Integrity We believe that how we work is as important as what we do

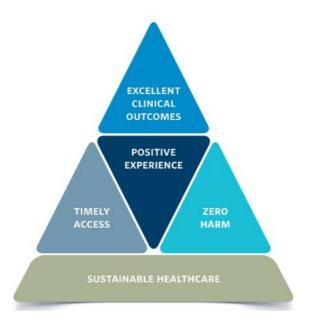
Excellence We are committed to achieving our goals and improving outcomes

RCH Strategic Plan 2013-18

Our Strategic Plan is our road map for the future. We are a complex hospital with a vast range of expertise and clinical focus'. What our Strategic Plan does is unify us. It articulates our common purpose and shared vision. It brings together the unique threads of each department to weave the brilliant tapestry that is The Royal Children's Hospital. You can locate a copy of the complete Strategic Plan at:

http://www.rch.org.au/uploadedFiles/Main/Content/strategic_plan/Strategic_Plan_A4.pdf

Below you will find the figures that best summarise the key components of the Strategic Plan.



The Great Care Triangle

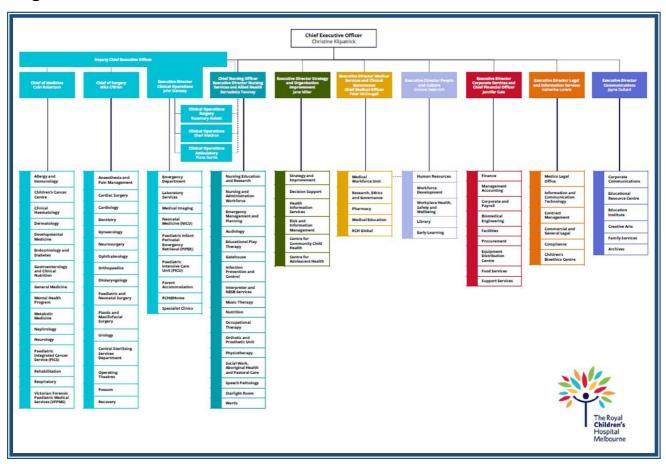
| Vision | The Royal Children's Hospital, a GREAT children's hospital, leading the way | | | | |
|-------------------------|--|--|--|--|---------------------------------|
| Mission | The Royal Children's Hospital improves the health and wellbeing of children and adolescents through leadership in healthcare, research and education | | | | |
| Strategic Focus | Deliver Great Care | | | | |
| Strategic Priorities | Procinct | | Establish a sustainable RCH global program | | |
| Our People | Be a great place to work; staff are recognised for their achievements, are happy, safe and provide Great Care Attract and quality, skil who add va high perfor | | lled staff | | est in a workforce he future |
| | Collaboration | | Innovation | | |
| Our Enablers | | | | | |
| | Research Financial Sustainability | | bility | | |
| Values | Unity, Respect, Integrity, Excellence | | | | |

The Roles: Everyone has a role in creating Great Care

Everyone at the RCH; patients and families, clinical and corporate staff, has a role to play in achieving great care. These roles are consistent with enacting the RCH values, and will be continuously developed and enhanced over the life of the quality plan to support each person to play their part:

- *RCH Patients and Families:* provide their perspective on the quality of care the RCH provides and participate in improving it.
- Staff at the Frontline of Care: have the greatest impact on the patient and family experience: whether in a clinical or non-clinical role, staff who deal directly with patients shape the quality of their care.
- Department Managers: lead, support and develop the culture and performance of their service to achieve great care.
- Directors: take a leadership role and systems approach to creating great care and services.
- Strategy and Organisational Improvement: facilitates the development and implementation of quality and risk systems to support the RCH to achieve its quality goals.
- The Clinical Quality and Safety Committee and Sub Committees: guide and monitor the implementation of the quality plan and associated systems, to support safe quality care.
- The Chief Executive Officer and Executive Directors: define, drive and support the achievement of great care across the RCH.
- Board Members, through the RCH Board and Board Quality Committee: define the quality of care that the RCH wants to be known for and ensure robust governance systems are in place to support this.

Organisational Structure



Nursing Services

For 145 years nurses have been providing leadership in paediatric nursing at the RCH. There are approximately 1,700 nurses working in a variety of nursing roles including: clinical practice, management, research and education. Nursing practice occurs in inpatient, outpatient, ambulatory care and community settings and we welcome nurses with all levels of skills, knowledge and experience into our teams. We are committed to competency based practice and provide nurses with a comprehensive, individualised orientation and familiarisation program. The RCH Nursing Competency Framework provides the means through which nurses are assisted to reach their potential and contribute to the ongoing development of nursing practice. Nursing at the RCH recognises that practice occurs within teams. The philosophy of care for inpatient nursing is 'patient allocation within a team based model of nursing'.

RCH Nurse Manager Standards for Practice and Operationalisation for ANUMs

The RCH recognises nursing development may occur across four pathways: Clinical Practice, Research, Education and Management. In accordance with the requirements for registration, all nurses practising in Australia, regardless of pathway, must do so in accordance with a number of standards specified by the Nursing and Midwifery Board of Australia. To make explicit the expectations of nurses at the RCH, five domains of practice, originally described by Mick and Ackerman (2000), have been used to describe the pathways for development, with the relative emphasis of practice differing in support of the increased focus warranted within each pathway.

The domains of practice include:

- Direct and Comprehensive Care: patient focused activities
- Support of Systems: activities that support optimal functioning of the organisation
- Education and Professional Development: activities that enhance learning and development
- Research and Quality: activities that seek to improve patient outcomes
- Professional Leadership: activities that promote the profession

This section provides a detailed description of the 16 Standards for Practice for Nurse Managers at the RCH, sitting within the five domains of professional practice, demonstrating the breadth and depth of professional responsibility for Nurse Managers. The Standards have been developed to provide a framework for NUM and ANUM to develop in their roles to manage and lead nurses 24/7, ensuring care across the RCH is standardised to preserve equitable, safe, quality care for patients and families. Beside each standard in this guide are details about how the standard is operationalised and demonstrated for ANUMs. Hyperlinks will take you to webpages that provide the 'how to'. Over time, more hyperlinks will be available as areas are prioritised and resources developed. A companion document is available that describes how the standards apply to NUMs.

Direct and Comprehensive Care

| | Standard | Operationalising the standard |
|----|---|---|
| 1. | Clinical competence: Provides and ensures clinical nursing is delivered competently with the goal for excellence in nursing care. | It is an expectation at the RCH that all ANUMs will maintain an expert level of clinical competence in order to support teams. ANUMs will support staff to work within their scope of practice, providing direct or indirect supervision as required. • Care Planning and Implementation • Nursing Education: Nursing Competency Framework |
| 2. | Zero harm, patient safety: Acts to ensure zero harm and safety for all patients. | There is a primary relationship between this standard and a number of the National Safety Standards. This standard also closely aligns to the Convention on the Rights of the Child. There is an expectation that all ANUMs have sound understanding of the principles underpinning the following, and in conjunction with the NUM act to ensure staff understand and adhere to relevant policies, procedures and guidelines. Clinical Handover Falls Prevention Hand Hygiene; Washup Overview Infection Prevention and Control; Department Medication Safety Patient ID Pressure Injury Prevention and Management Vulnerable Children Policy (and all associated procedures) Volunteers – Visiting Volunteers Program ANUMs are responsible for assisting NUM in monthly audits and ensuring the safety of children at all times. |

Support of Systems

| | Standard | Operationalising the standard |
|----|--|--|
| 3. | Timely access: Contributes to efficient patient flow through the RCH to ensure the right patient receives the right care in the right place at the right time. | This standard relates directly to patient access and flow. In order to achieve this standard, all ANUMs must be familiar with and implement in conjuction with NUMs the following as relates to the unit: Access Policy Bed Management Bed Meeting Good to Go in Action Journey Boards Long Stay Initiative (length of stay) Model of care RCH NEAT NEST (National Elective Surgery Target) Wallaby: About Wallaby Ward |
| 4. | Zero harm, safe environment: Anticipates and provides a safe and zero harm environment to all staff, patients and families. | The primary focus for this standard is the role of the ANUM in regards to Emergency Management and Workplace Health and Safety (WH&S)*. To meet this standard ANUMs must understand and on their shift coordinate the implementation of the following in their unit: • Emergency Procedures • Code Grey • Zone Warden • Smart Move Smart Lift *As a subsection of WH&S, staff wellbeing is addressed under guidance (standard 14) |
| 5. | Sustainable healthcare: Contributes to sustainable healthcare by efficiently managing resources for present and future demand. | This standard directly relates to the responsibilities of ANUMs to ensure resources are managed efficiently. To achieve this standard ANUMs must have an awareness of and mindful of resource allocation regarding: The nursing model of care and staffing for the unit Biomedical Engineering Material Resources / Stores and Imprest |
| 6. | People management: Conducts and maintains a safety culture for staff. | This standard is all about people management*. The key activities ANUMs must understand and engage effectively in to achieve this standard under the leadership of the NUM include: • Mercury, Learning Seat, Online leave, HR21, • Rostering Guidelines • Staff Allocation • Leave Procedures Click on 'L' on policies and procedures page • Performance Management • Key Clinical Performance Indicators * Additional expectations related to people management are addressed in standards 8, 9, 14 and 15) |
| 7. | Standards: Practices in accordance with legislation affecting nursing practice. | It is essential that all ANUMs are familiar with and work to various standards that guide practice. Key standards guiding practice at the RCH include: RCH Policies, Procedures and Guidelines RCH Strategic Plan National Standards RCH Statement of Priorities ANMC Standards Convention on the Rights of the Child |

Education and Professional Development

| | Standard | Operationalising the standard |
|----|---|--|
| 8. | Staff development: Maintains an environment that enables continuing professional development for self and nursing staff. | In order to provide 'Great Care', all ANUMs are responsible for continuing their own professional development and supporting the development of staff. Key responsibilities of ANUMs to achieve this include ensuring: • Performance Development and Planning (PDAP) is current for all staff that they are delegated • There is evidence all staff they are delegated are maintaining a portfolio • Opportunities for advancement are identified and communicated to the NUM |
| 9. | Staff education: Supports all staff to access regular, ongoing relevant general and specialist educational opportunities. | The Nursing Competency Framework is operationalised The responsibilities of ANUMs in order to achieve this standard include: Ensuring attendance at Tuesdays@2 and other organisational education/information sessions Contributing to unit education Contributing to patient and family education Identifying staff needs and facilitate in conjunction with CNS Identifying staff needs and facilitate in conjunction with unit education team |

Research and Quality

| | Standard | Operationalising the standard |
|-----|---|---|
| 10. | Continuous improvement: Actively participates in and leads continuous improvement through change management and project management. | Successful attainment of this standard by ANUMs has a direct impact on the successful attainment of other standards. Key activities that enable achievement include: Identifying opportunities for improvement Participating in local quality activities Actively working with change managers (for example in Quality) Leading and embracing change |
| 11. | Positive experience, zero harm: Ensures systems are in place that promotes and advocates the safe, supportive environment for patients, families and staff. | There is a close relationship between this standard and the support provided by the Quality Unit. Key activities NUMs engage in and support to demonstrate attainment of this standard include: Involvement in auditing and awareness of audit results Incident reporting - VHIMS Participation in Great Care Rounds Conducting local quality improvement projects |
| 12. | Evidence based practice : Practices within an evidence based framework to ensure best practice is maintained. | The provision of 'Great Care' is dependent on that care being contemporary and based on best evidence. To achieve this standard ANUMs must: Support staff to investigate practice - Nursing Research Utilise available resources to identify best evidence |

Professional leadership

| | Standard | Operationalising the standard |
|-----|---|--|
| 13. | Being present: Is accessible and identifiable to all staff and consumers. Actively provides operational, management leadership and clinical support to staff and consumers. | In order to provide leadership, ANUMs must be accessible and present to patients, families, staff and others. Achievement of this standard is recognised through: • All patients and families knowing who the ANUM is on shift • Shift profiling with patients and families • Hourly rounding to all nurses on the shift • Ensuring all nurses undertake hourly rounding for all patients • Being actively be involved in staff meetings • Being accessible to staff at all times on shift |
| 14. | Interaction: Communicates in a professional manner, with the multidisciplinary team, patients and families in a safe, effective way. | ANUMs hold a pivotal position in leading and facilitating interactions. Central to achieving this standard, ANUMs actively: Liaise with other departments and the multi-disciplinary team Ensure effective two way communication with patients and families, staff and others, recognising diversity Delegate as required Manage conflict effectively - Code of Conduct, (escalate to NUM) Employ and encourage principles of managing up for self and others |
| 15. | Guidance: Provides guidance, leadership, mentoring and support to all staff to assist them reaching their full potential. | Closely aligned to human resources management (Standard 6) and staff development (Standard 8), guidance is about supporting staff to achieve their full potential. To achieve this, ANUMs in conjunction with the NUM: Giving and receiving feedback (formal and informal) Acting as a professional role model Providing coaching and mentoring to staff Building resilience in self and others – Staff Health and Wellbeing Recognising and acting on risk factors for staff well being |
| 16. | Contribution: Effectively contributes to the home unit, the RCH and beyond, to achieve clinical excellence. | There is an expectation that all ANUMs make an active contribution to ensuring 'great care' not only in their unit, but across the campus. This is demonstrated through: Participation on the RCH committees Membership of professional groups Networking Taking delegation from the NUM to be the key link for the unit for RCH priorities (for example National Standards, Workplace Health and Safety, WHS, VHIMS, Rostering, Nursing Education/Research) |

Associate Nurse Unit Manager Orientation and Familiarisation Plan

The table below provides an outline of the key objectives for you to achieve during your orientation and familiarisation period. Your NUM will guide you through the process to ensure your objectives are met. This will include your NUM covering you at times in order that you can attend to objectives requiring you to be off the floor. You should meet with your NUM at least weekly to discuss your progress. You are also advised to draw on the knowledge and experience of others around you.

Where items are marked with an * you will find further details and contact information for those departments and people on pages 15-16 and in Appendix 1. It is an expectation that if you have not previously done so, you will meet with key contacts.

| | Complete |
|--|----------|
| The primary objective during week 1 is to become familiar with your unit and the hospital: | |
| Hospital orientation (if new employee) | |
| Unit / Department Orientation (if new to the unit/department) | |
| Meet with staff each shift | |
| • Meet with designated Director of Clinical Operations* | |
| Meet Advanced Practice Nurses (APNs) linked to unit | |
| Meet unit specific Heads of Departments | |
| • Meet with key contacts for services that most impact day to day care of patients (Director Allied Health, | |
| Director Education Institute, Chaplaincy, Food Services, Health Information Services, Infection | |
| Prevention and Control, Laboratory Services, Pharmacy, Support Services, Volunteer Service, Wadja | |
| Aboriginal Service)* | |
| Set up IT/HR accounts (Information Technology) | |
| Develop learning objectives and set expectations | |
| Attend bed meetings | |
| Veek 2 | Complete |
| Meet with Executive Director Nursing and Allied Health and Chief Nursing Officer | |
| Commence mandatory competencies and familiarisation with key policies and procedures | |
| Become familiar with: | |
| o RCH Human Resources processes (HR) | |
| Managing resources (Material Resources and Biomedical Engineering)* | |
| The RCH quality improvement systems and processes (Clinical Lead Nursing and Allied Health, | |
| Strategy and Organisational Improvement)* | |
| The RCH Workplace Health and Safety processes (WH&S)* | |
| The RCH Emergency Management processes (Emergency Management and Code Grey and local | |
| | |
| Code Brown response)* | |
| | |
| | |
| Nurse Manager Standards for Practice: In week 2 focus on Standards 1, 2, 3, 4, 5, 6, 7, 11, 13, 14 | Complete |
| Nurse Manager Standards for Practice: o In week 2 focus on Standards 1, 2, 3, 4, 5, 6, 7, 11, 13, 14 | Complete |
| Nurse Manager Standards for Practice: o In week 2 focus on Standards 1, 2, 3, 4, 5, 6, 7, 11, 13, 14 Veek 3 | Complete |
| Nurse Manager Standards for Practice: o In week 2 focus on Standards 1, 2, 3, 4, 5, 6, 7, 11, 13, 14 Veek 3 Complete mandatory competencies and familiarisation with key policies and procedures | Complete |
| Nurse Manager Standards for Practice: o In week 2 focus on Standards 1, 2, 3, 4, 5, 6, 7, 11, 13, 14 Veek 3 Complete mandatory competencies and familiarisation with key policies and procedures Become familiar with: | Complete |
| Nurse Manager Standards for Practice: In week 2 focus on Standards 1, 2, 3, 4, 5, 6, 7, 11, 13, 14 Veek 3 Complete mandatory competencies and familiarisation with key policies and procedures Become familiar with: The RCH Nursing Competency Framework (Director Nursing Education)* | Complete |
| Nurse Manager Standards for Practice: In week 2 focus on Standards 1, 2, 3, 4, 5, 6, 7, 11, 13, 14 Neek 3 Complete mandatory competencies and familiarisation with key policies and procedures Become familiar with: The RCH Nursing Competency Framework (Director Nursing Education)* Processes in place to support nursing development and utilisation of evidence in practice (Director | Complete |
| Nurse Manager Standards for Practice: In week 2 focus on Standards 1, 2, 3, 4, 5, 6, 7, 11, 13, 14 Neek 3 Complete mandatory competencies and familiarisation with key policies and procedures Become familiar with: The RCH Nursing Competency Framework (Director Nursing Education)* Processes in place to support nursing development and utilisation of evidence in practice (Director Nursing Research)* Spend ½ shift with the Bed Manager | Complete |
| Nurse Manager Standards for Practice: In week 2 focus on Standards 1, 2, 3, 4, 5, 6, 7, 11, 13, 14 Neek 3 Complete mandatory competencies and familiarisation with key policies and procedures Become familiar with: The RCH Nursing Competency Framework (Director Nursing Education)* Processes in place to support nursing development and utilisation of evidence in practice (Director Nursing Research)* Spend ½ shift with the Bed Manager | Complete |
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| Nurse Manager Standards for Practice: In week 2 focus on Standards 1, 2, 3, 4, 5, 6, 7, 11, 13, 14 Neek 3 Complete mandatory competencies and familiarisation with key policies and procedures Become familiar with: The RCH Nursing Competency Framework (Director Nursing Education)* Processes in place to support nursing development and utilisation of evidence in practice (Director Nursing Research)* Spend ½ shift with the Bed Manager Spend ½ shift with Emergency Department ANUM (if ward based ANUM) or ½ shift with Ward ANUM (if Emergency Department ANUM) Meet with the Nursing Hospital Manager Nurse Manager Standards for Practice: In week 4 focus on Standards 8, 9, 10, 12, 15, 16 Neek 4 Review progress with NUM Review objectives and expectations | Complete |

Essential Policies and Procedures

By the end of your familiarisation period it is expected that you be familiar with the content of the listed policies and procedures. When you date and sign alongside each policy or procedure you are taking responsibility for ensuring you practice in accordance with these.

| | National Standards | Check ✓ |
|----------------------|--|---------|
| National Standard 1 | Inpatient Unit Nursing Services – Operational Brief | |
| | Effective management of inpatient length of stay and discharge planning | |
| | Open disclosure procedure | |
| | Privacy procedure | |
| | Personal information – access procedure | |
| | Personal information – confidentiality procedure | |
| | Personal information – security procedure | |
| | Personal information – use and disclosure procedure | |
| | Email usage procedure | |
| | Internet usage procedure | |
| National Standard 2 | Consumer Appointments to Committee Procedure | |
| | Parent accommodation | |
| National Standard 3 | Infection Control Policy | |
| | Infection Control Procedure | |
| | <u>Infectious Diseases – Notification Procedure</u> | |
| | Infectious Diseases: Placement and Precaution of Patients | |
| National Standard 4 | Medication Management Policy | |
| | Medication Management Procedure | |
| National Standard 5 | Patient Identification Procedure | |
| | Supervision of the unaccompanied inpatient child or adolescent | |
| | <u>Vulnerable children policy</u> (You must also read the linked procedures) | |
| National Standard 6 | Clinical Handover Procedure | |
| National Standard 7 | Blood Transfusion Procedure | |
| | Blood Refusal – Management of Procedure | |
| National Standard 8 | Pressure Ulcer Prevention and Management Procedure | |
| National Standard 9 | Medical Emergency Team Procedure (MET) | |
| National Standard 10 | Falls Prevention Guidelines | |
| | Professional conduct | Check ✓ |
| | Code of behaviour procedure | |
| | Code of conduct procedure | |
| | Communications and marketing | |
| | Identification badges procedure | |
| | Pastoral and spiritual care procedure | |
| | <u>Professional boundaries</u> | |
| | Social Media Procedure | |

| Workplace Health and Safety | Check ✓ |
|--|---------|
| Workplace health and safety policy | |
| Risk management procedure | |
| Workplace health and safety issue resolution procedure | |
| Workplace health and safety risk management procedure | |
| Dangerous goods and hazardous substances procedure | |
| Quality Improvement Activities – Riskman Q database | |
| Workplace health and safety audit procedure | |
| Incident and injury and hazard reporting | |
| Safe workplace behaviours procedure | |
| Clinical Nursing Practice | Check ✓ |
| <u>Clinical Guidelines</u> | |
| High Dependency and Special Nursing Care | |

Mandatory Competencies

It is a requirement to demonstrate competence in all mandatory areas within the allocated orientation and familiarisation period. Some mandatory competencies must be **validated on an annual basis.**

| Competency | Approach | Details |
|----------------|-------------|---|
| Electronic | | In April 2016 the Electronic Medical Record will go live. It is expected all ANUMs will |
| Medical | | complete EMR training and in conjunction with NUMs take a leadership role in |
| Record | | implementation of the EMR is respective units. |
| Emergency | Online | This competency can be accessed via Learning Seat* www.learningseat.com/rch |
| Procedure | competency | |
| Generic | Online / | All nurses new to the RCH who will be administering medications, including |
| Medication | Paper based | enrolled nurses who are medication endorsed, are expected to complete: |
| Administration | competency | Part A: The RCH Medication Awareness Package (Online via Learning Seat |
| | | www.learningseat.com/rch)* |
| | | Part B: Practical Assessment (Chapter 2, page 18) |
| | | Part C: Unit Specific Medication Awareness Package (Paper based/ Online via |
| | | Learning Seat <u>www.learningseat.com/rch</u>)** |
| | | Nurses are required to have all medications double checked until they have |
| | | successfully completed the Medication Competency. |
| | | Enrolled nurses who are not endorsed for intravenous medication administration |
| | | will need to complete an alternate Part A: The RCH Medication Awareness Package |
| | | without intravenous medications. |
| | | * <u>Part A</u> may be allocated for annual completion at the discretion of the unit. |
| | | ** Part C may be allocated to casual staff or members of the Nursing Resource |
| | | Team at the discretion of the unit that they work on. |
| Hand Hygiene | Online | This competency can be accessed via Learning Seat* www.learningseat.com/rch |
| | competency | |
| Manual | Practical | Complete the online pre-reading and then schedule a practical assessment with a |
| Handling | competency | manual handling assessor. |
| | | For and inquiries regarding the manual handling competency please contact the |
| | | trained assessor associated with your unit. If you do not have access to a trained |
| | | assessor on your unit please direct your inquiries to the Manual Handling Advisor |
| | | michael.stewart2@rch.org.au |
| The first 3 | Online and | The online component of this competency can be accessed via Learning Seat |
| minutes | Practical | www.learningseat.com/rch |
| | competency | The Nursing Basic Life Support (RCH Level 2) Online Learning includes the: |
| | | Information Package |
| | | • Quiz |
| | | Once completed, you will receive a certificate of completion for the online |
| | | component from Learning Seat. You must then participate in a scenario based team |
| | | resuscitation for the practical component of your competency assessment. |
| | | Successful completion of both the online and practical components is required. |
| Wadja Cultural | Online | This competency can be accessed via Learning Seat* www.learningseat.com/rch |
| Competence | competency | |
| WH&S | Online | This competency can be accessed via Learning Seat* www.learningseat.com/rch |
| Orientation | competency | . , |
| Program | , , , | |
| Workplace | Online | This competency can be accessed via Learning Seat* www.learningseat.com/rch |
| | 1 | |
| Bullying and | competency | |

Key Contacts

As an ANUM you will liaise with staff from all over the organisation. This section provides a list of key contacts and departments. It is an expectation with will meet with these key contacts during your orientation and familiarisation period. Your NUM should cover you to enable the meetings to take place. The extension you should call to arrange a meeting is provided. For ease of ensuring this guide is up to date, no specific names are included in this section. You will find the names of the current incumbents in Appendix 1.

| Contact | Discussion Topic | Complete | | |
|---------------------------|--|----------|--|--|
| Executive Director | Supported by the Directors of Clinical Operations and members of the | | | |
| Nursing and Allied | Executive Team, the Executive Director Nursing and Allied Health and Chief | | | |
| Health and Chief | Nursing Officer leads nursing at the RCH both professionally and operationally. | | | |
| Nursing Officer | While you will not report directly to the Executive Director Nursing and Allied | | | |
| EXT: 55665 | Health and Chief Nursing Officer, it is essential you meet during your | | | |
| | orientation to discuss expectations, role and responsibilities, governance and | | | |
| | service delivery. | | | |
| Director of Clinical | As part of the nursing leadership team, the Directors of Clinical Operations | | | |
| Operations | | | | |
| EXT: 54475 | nursing structures. It is an expectation you will meet with your designated | | | |
| | Director of Clinical Operations | | | |
| Unit Contacts | Heads of Departments | | | |
| | Allied Health | | | |
| | Director | | | |
| Director Nursing | The Director Nursing Education will provide you with an overview of nursing | | | |
| Education | education processes and programs at the RCH including: | | | |
| EXT: 56716 | Nursing Competency Framework | | | |
| | Post graduate study including scholarships for study | | | |
| | Graduate Nurse Program | | | |
| | Undergraduate nurse placements | | | |
| | Continuing professional development opportunities | | | |
| | Webpage: http://www.rch.org.au/mcpc/ | | | |
| Director Nursing | The Director Nursing Research will provide you with an overview of the ways | | | |
| Research | in which nurses at the RCH are supported to ensure their practice is based on | | | |
| EXT: 56716 | the best evidence. | | | |
| | Webpage: http://www.rch.org.au/nursing_research/ | | | |
| Nursing and Allied | The Nursing and Allied Health Clinical Lead will provide you with an overview | | | |
| Health Clinical Lead | of the ways in which nurses engage in quality improvement, including but not | | | |
| EXT: 55572 | limited to: | | | |
| | • VHIMS | | | |
| | Managing critical incidents | | | |
| | Project management | | | |
| | National Standards | | | |
| | Webpage: http://www.rch.org.au/quality/ | | | |
| Director Allied | The Director Allied Health is responsible for and mages the of the departments | | | |
| Health | of Audiology, Educational Play Therapy, Gatehouse Centre, Nutrition, Music | | | |
| EXT: 55682 | Therapy, Occupational Therapy, Prosthetics and Orthotics, Physiotherapy, | | | |
| | Social Work and Speech Pathology. It is important to know how each of those | | | |
| | departments interact with you and your team. | | | |
| D: 1: 1 | http://www.rch.org.au/alliedhealth/ | | | |
| Biomedical | Your key contact in biomedical engineering will provide you with information | | | |
| Engineering | regarding the purchase, maintenance and repair of medical, laboratory, and | | | |
| EXT: 54707 | audiovisual equipment. | | | |
| | Webpage: http://www.rch.org.au/bme_rch/ | | | |

| Contact | Discussion Topic | Complete | | |
|----------------------|---|----------|--|--|
| Chaplaincy | Pastoral and Spiritual Care offers support for individuals and families. The care | | | |
| EXT: contact via | offered is non-religious. The chaplain can provide an overview of the service | | | |
| switch | and support provided. | | | |
| | Webpage: http://www.rch.org.au/info/az_guide/Chaplains/ | | | |
| Code Grey | The Clinical Nurse Consultant Code Grey can provide you will details of: | | | |
| PAGER: 9162 | Code Grey training | | | |
| | Your role and responsibilities | | | |
| | Webpage: | | | |
| | http://www.rch.org.au/emergencyprocedures/code greybrunarmed confront | | | |
| | ation/Code Grey/ | | | |
| Education institute | , , , , | | | |
| EXT: 59700 | people so that their journey as learners continues in hospital. The Education | | | |
| | Institute is funded by the Victorian Department of Education and Training. The | | | |
| | Executive Director of the Education Institute can provide you with: | | | |
| | An overview of services provided generally | | | |
| | Specific services available to your department | | | |
| | Webpage: http://www.rch.org.au/education/ | | | |
| Bed Manager | The Bed Manager is responsible for coordinating all patient flow within RCH | | | |
| Pager 4000 | during business hrs. The bed manager will provide you with details about | | | |
| EXT: 54000 | NEAT and NEST targets and how every effort is made to allocate patients to | | | |
| | the right bed at the right time with the right people caring for them. Out of | | | |
| | Hours the Nursing Hospital Manager assumes this responsibility. | | | |
| Nursing Hospital | Nursing Hospital Managers provide operational management outside of | | | |
| Manager | regular business hours (24hrs a day 7 days a week.) The Nursing Hospital | | | |
| Pager 4000 | Manager will talk to you about their role in staff management and support, | | | |
| | bed management, emergency and disaster management and managerial | | | |
| Fand Commisses | support in the out of hours period. | | | |
| Food Services | Your key contact will provide an overview of food services to children and | | | |
| EXT: 55121 | families and outline your role and responsibilities. | | | |
| | Webpage: | | | |
| Health Information | http://www.rch.org.au/nutrition/food services/Food Services Intranet/ Meeting with the key contact in HIS will ensure you have an understanding of: | | | |
| Services (HIS) | | | | |
| EXT: 56114 | | | | |
| LX1. 30114 | Management and care of medical records Webpage http://www.rcb.org.au/schbic/ | | | |
| Infection Prevention | Webpage: http://www.rch.org.au/rchhis/ Your key contact in Infection Prevention and Control can discuss: | | | |
| and Control | Relevant policies and procedures | | | |
| EXT: 55740 | Relevant policies and procedures Relevant national standards | | | |
| LX1. 337 40 | | | | |
| | Hand hygiene Infection control audits | | | |
| | | | | |
| | Your role and responsibilities Webpage: http://www.rch.org.au/infection control/ | | | |
| Laboratory Services | Your key contact in Laboratory Services can discuss: | | | |
| EXT: 54200 | Relevant policies and procedures | | | |
| LX1. 54200 | Relevant policies and procedures Relevant national standards | | | |
| | | | | |
| | ReportingPneumatic tube system | | | |
| | Pneumatic tube system Webpage: http://www.rch.org.au/labservices/ | | | |
| Material Resources | You key contact in Material Resources can discuss: | | | |
| EXT: 56187 | | | | |
| LVI. 2010/ | Ordering and purchasing Inventory management | | | |
| | Inventory management Inventory management | | | |
| | Imprest stock and stores Webpage http://www.rsb.org.gu/gupplu/ | | | |
| | Webpage: http://www.rch.org.au/supply/ | | | |

| Contact | Discussion Topic | Complete | | | |
|----------------------------|--|----------|--|--|--|
| Workplace Health | Your key WH&S contact is involved in discuss: | | | | |
| and Safety (WH&S) | Relevant policies and procedures | | | | |
| EXT: 55170 | Your role and responsibilities | | | | |
| | Staff health and wellbeing | | | | |
| | Early intervention program | | | | |
| | Smart Move Smart Lift | | | | |
| | WH&S Accident / Incident management | | | | |
| | Workcover | | | | |
| | Webpage: http://www.rch.org.au/ohs/ | | | | |
| Pharmacy | You key contact in Pharmacy can discuss: | | | | |
| EXT: 55492 | Relevant policies and procedures | | | | |
| | Relevant national standards | | | | |
| | Medication safety | | | | |
| | Webpage: http://www.rch.org.au/pharmacy/ | | | | |
| Support Services | Your key contact in Support Services can discuss: | | | | |
| EXT: 56165 | Co-management of ward support assistants | | | | |
| | Computer Assisted Radio Personnel Systems (CARPS) | | | | |
| | Patient transfer | | | | |
| | Equipment transfer | | | | |
| | Surgical demand discharge bed cleans | | | | |
| Family Services and | Your key contact for the Family Services and Volunteers can provide an | | | | |
| Volunteers | overview of the services provided by volunteers to support your unit and the | | | | |
| EXT: 55880 | organisation. | | | | |
| | Webpage: http://www.rch.org.au/volunteers/ | | | | |
| Wadja Aboriginal | Your key contact in Wadja Aboriginal Place can provide an overview of the | | | | |
| Place | services provided to children and families of Aboriginal and Torres Strait Island | | | | |
| EXT: 56111 | backgrounds and their role in advocacy and raising awareness. | | | | |
| | Webpage: http://www.rch.org.au/afsu/ | | | | |

Appendix 1: Key Contacts - Positions and names of current incumbents

| | Key Contacts | Name |
|------------------------|---|------------------------------|
| Executive Directors | Chief Executive Officer | Christine Kilpatrick |
| | Deputy Chief Executive Officer and Executive Director Clinical Operations | John Stanway |
| | Executive Director Nursing and Allied Health and Chief Nursing Officer | Bernadette Twomey |
| | Executive Director Corporate Services and Chief Financial Officer | Jennifer Gale |
| | Executive Director Medical Services and Clinical Governance | Peter McDougall |
| | Executive Director Strategy and Organisational Improvement | Jane Miller |
| | Executive Director Communications | Jayne Dullard |
| | Executive Director Legal and Information Services | Katherine Lorenz |
| | Executive Director People and Culture | Simone Zelencich |
| | Chief of Surgery | Mike O'Brien |
| | Chief of Medicine | Matt Sabin |
| Directors of | Director of Clinical Operations and Chief Information Nurse | Sheri Waldron |
| Clinical Operations | Director of Clinical Operations, Division of Surgery | Rosemary Aisbett |
| Operations | Director of Clinical Operations, Ambulatory Services | Danielle Smith |
| | Director Nursing Education | Melody Trueman |
| | Director Nursing Research | Fiona Newall |
| | Biomedical Engineering | Inna Velasquez |
| | Code Grey | Colin White |
| | Director Allied Health | Bernadette O'Connor |
| | Emergency Management and Planning | Rob Birch |
| | Executive Director Education Institute | Bridie Mackay |
| | Finance | Andrew Whittingham |
| | Food Services | Heather Gilbertson |
| | Health Information Services | Kathy Cassin |
| | Human Resources | Katie Beaman |
| | Infection Prevention and Control | Sue Scott |
| | Information Technology | David Morton |
| | Laboratory Services | Helen Savoia |
| | Material Resources | Theo Tsiamis |
| | Workplace Health and Safety | Shane Hendricks |
| | Pharmacy | Brian Lilley |
| | Strategy and Organisational Improvement | Dianne Tucker / Nadine Stace |
| | Support Services | Dolores Gatt / Karl Wood |
| | Family Services and Volunteers | David Tong |
| | Wadja Aboriginal Family Place | Selena White |

| Unit Name | Nurse Unit Manager | Unit Extension | ASCOM Phone Number | Location |
|---|--------------------|------------------|--------------------|---|
| Banksia: Inpatient Mental Health | Emma Barker | 59600 | 52122 | Level 1 North Building |
| Butterfly: Newborn Intensive Care | Simone Danaher | 55000 | 52211 | Level 5 North Building |
| Cardiology | Carl McBean | 54328 | N/A | Ground floor East Building |
| Cockatoo: Surgical and Neuro Care | Paul Griffiths | 54488 | 52201 | Level 4 North Building |
| CSSD | Marianne Coffey | 55207 | N/A | Level 3 East Building |
| Day Cancer | Theresa Clemens | 56774 | N/A | Level 2 West Building |
| Day Medical | James Goddard | 56179 | 52261 | Level 2 West Building |
| Dolphin: Short Stay Medical | Jayne Morrison | 54524 | 52181 | Lower Ground West Building |
| Emergency Department | Jayne Hughan | 56153 | 52174 | Lower Ground East Building |
| Family Choice Program: RCH @ Home, Hawthorn | Stephanie McArdle | 55695 | - | Level 2 East Building |
| Immunisation Service | Sonja Elia | 56599 | N/A | Ground floor West Building |
| Kelpie: Adolescent and Rehabilitation | Kelly St Clair | 55300 | 52221 | Level 1 North Building |
| Koala: Cardiac Surgery | Ash Doherty | 55702 | 52251 | Level 3 North Building |
| Kookaburra: Cancer Care | Melinda Sharpe | 55645 | 52232 | Level 2 North Building |
| Medical Imaging | Nicola Craze | 55255 | 52547 | Lower Ground East Building |
| Nursing and Administration Workforce | Emma Jones | 54197 | - | Level 4 East Building |
| Partnerships for Children | Katie Williams | 56146 | - | Level 5 East Building |
| Peri-operative | Laura O'Connor | 52001 | 52001 | Level 3 East Building |
| PIPER | Donna Miller | 57859 | 57859 (Pager) | Level 2 East Building |
| Platypus: Surgical Care | Amanda Borg | 55432 | 52190 | Level 4 North Building |
| Possum Surgical Day and Short Stay | Kelly Bernard | 56747 (DSU) | 52081 (Possum) | Level 3 East Building |
| Recovery | Simone Kelly | 52009 | 52009 | Level 3 East Building |
| Rosella: Intensive Care | Melissa Culka | 55211 | 55346 | Level 3 North Building |
| Specialist Clinics | Angie Wood | 56180 (Bookings) | - | Ground floor/Level 1 East Building/Level 2 West Building |
| Sugar Glider: Medical Care | Chelsea Holdsworth | 55559 | 52240 | Level 2 North Building |
| Wallaby: RCH @ Home, Parkville | Brenda Savill | 54770 | - | Level 2 East Building |