



RCH Nurse Unit Manager

Orientation and Development Guide

2nd Edition. June 2016

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2nd edition

June 2016

Welcome

Welcome to your position as a Nurse Unit Manager (NUM) 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. To assist you in your transition your mentor will be:

Name: _____ Ward/location: _____

Phone: _____ Email: _____

Your Director of Clinical Operations 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 and measured. 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

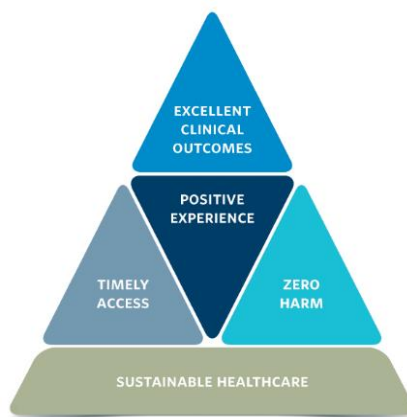
Excellence We are committed to achieving our goals and improving outcomes

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

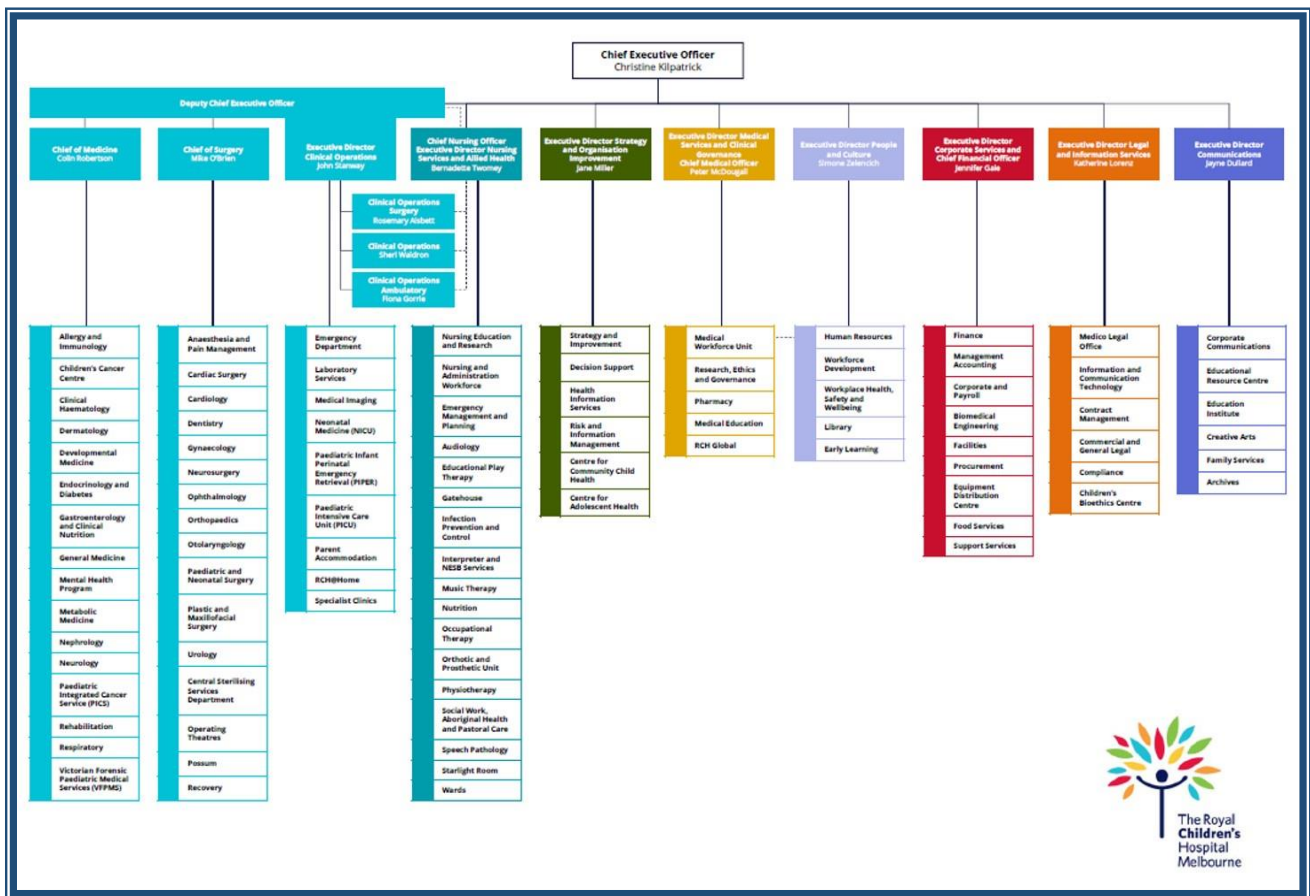
Vision	The Royal Children's Hospital, a GREAT children's hospital, leading the way			
Mission	The Royal Children's Hospital improves the health and wellbeing of children and adolescents through leadership in healthcare, research and education			
Strategic Focus	Deliver Great Care			
Strategic Priorities	Collaborate with our local partners to deliver high quality paediatric care to our community	Become a national centre of excellence for infant, childhood and adolescent mental health	Build on campus and Parkville Precinct partnerships	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 retain quality, skilled staff who add value to our high performing team	Invest in a workforce of the future	
Our Enablers	Collaboration		Innovation	
	Education		Information Technology	
	Research		Financial Sustainability	
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 NUMs

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.

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 NUMs. 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 Associate Nurse Unit Managers (ANUMs).

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 NUMs will maintain a basic level of clinical competence in order to support their teams. NUMs should also ensure all staff are working within their scope of practice, with direct or indirect supervision as required. <ul style="list-style-type: none"> • Care Planning and Implementation • Nursing Education: Nursing Competency Framework
2.	Zero harm, patient safety: Acts to ensure zero harm and safety for all patients, and the rights of the child.	There is a primary relationship between this standard and the National Safety Standards . This standard also closely aligns to the Convention on the Rights of the Child . There is an expectation that all NUMs have sound understanding of the principles underpinning the following, and act to ensure staff understand and adhere to relevant policies, procedures and guidelines. <ul style="list-style-type: none"> • Partnering with Consumers National Standard 2 • Hand Hygiene; Washup Overview • RCH Infection Prevention and Control; Preventing and Controlling infection National Standard 3 • RCH Medication Safety; Medication Safety National Standard 4 • RCH Patient ID; Patient ID National Standard 5 • RCH Clinical Handover; Clinical Handover National Standard 6 • RCH Blood Transfusion Procedure: Blood Products National Standard 7 • RCH Pressure Injury Prevention and Management; Pressure Injury Prevention and Management National Standard 8 • RCH Observation and Continuous Monitoring; Recognising and Responding to Deterioration National Standard 9 • RCH Falls Prevention; Falls Prevention National Standard 10 • Food Safety • Vulnerable Children Policy; (and all associated procedures) • Volunteers – Visiting Volunteers Program NUMs are responsible for ensuring audits to assess compliance are completed and in conjunction with ANUMs ensuring the safety of children at all times.

Support of Systems

	Standard	Operationalising the standard
3.	<p>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.</p>	<p>This standard relates directly to patient access and flow. In order to achieve this standard, all NUMs must be familiar with and operationalise the following as they relate to their unit:</p> <ul style="list-style-type: none"> • 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.	<p>Zero harm, safe environment: Anticipates and provides a safe and zero harm environment to all staff, patients and families.</p>	<p>The primary focus for this standard is the role of the NUM in regards to Emergency Management and Workplace Health and Safety (WH&S)*. To meet this standard NUMs must understand and implement or coordinate the implementation of the following in their unit:</p> <ul style="list-style-type: none"> • Emergency Procedures • Code Grey • Zone Warden • Safety Inspection Checklist • Risk Assessment • Risk Register • Early Intervention Program • Smart Move Smart Lift <p><small>*As a subsection of WH&S, staff wellbeing is addressed under guidance (standard 14)</small></p>
5.	<p>Sustainable healthcare: Contributes to sustainable healthcare by efficiently managing resources for present and future demand.</p>	<p>This standard directly relates to the responsibilities of NUMs to ensure resources are managed efficiently. To achieve this standard NUMs must demonstrate their capacity in managing:</p> <ul style="list-style-type: none"> • Budgets • Power Budget • Compass • Biomedical Engineering • Material Resources / Stores and Imprest
6.	<p>People management: Conducts and maintains a safety culture for staff.</p>	<p>This standard is all about people management#. The key activities NUMs must understand and engage effectively in to achieve this standard include:</p> <ul style="list-style-type: none"> • Mercury, Learning Seat, Compass, Online leave, HR21, Staff Establishment • Rostering • Staff Allocation • Leave Procedures Click on 'L' on policies and procedures page • Employee Illness Injury Management • Performance Management • Key Clinical Performance Indicators <p><small># Additional expectations related to people management are addressed in standards 8, 9, 14 and 15)</small></p>

	Standard	Operationalising the standard
7.	Standards: Practices in accordance with legislation affecting nursing practice.	It is essential that all NUMs are familiar with and work to various standards that guide practice. Key standards guiding practice at the RCH include: <ul style="list-style-type: none"> • 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 NUMs are responsible for continuing their own professional development and enabling the development of their staff. Key responsibilities of NUMs to achieve this include ensuring: <ul style="list-style-type: none"> • Performance Development and Planning (PDAP) is current for all staff • There is evidence all staff are maintaining a portfolio • Opportunities for advancement are identified • The Nursing Competency Framework is operationalised
9.	Staff education: Supports all staff to access regular, ongoing relevant general and specialist educational opportunities.	The responsibilities of NUMs in order to achieve this standard include: <ul style="list-style-type: none"> • Ensuring attendance at Tuesdays@2 and other organisational education/information sessions • Contributing to unit education and development of learning packages - Learning Seat • Contributing to patient and family education • Enabling staff to use continuing professional development leave (page 41) effectively • Ensuring nurse educators and clinical support nurses are delivering nursing education that enhances clinical practice - Nursing Education

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 NUMs has a direct impact on the successful attainment of other standards. Key activities that enable achievement include: <ul style="list-style-type: none"> • Identifying opportunities for improvement • Providing forums for staff to identify opportunities for change • Actively working with change managers (for example in the Quality Unit) • 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: <ul style="list-style-type: none"> • Sharing and acting on results of audits 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 NUMs must: <ul style="list-style-type: none"> • Support staff to investigate practice - Nursing Research • Utilise available resources to identify best evidence • Contribute to the development and implementation of guidelines through unit representation on the Clinical Effectiveness Committee

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, NUMs must be accessible and present to patients, families, staff and others. Achievement of this standard is recognised through: <ul style="list-style-type: none"> • All patients and families knowing who the NUM is • Daily profiling with patients and families • Ensuring all nurses undertake hourly rounding for all patients • Weekly Staff meetings • Being accessible to staff at all times when at work
14.	Interaction: Communicates in a professional manner, with the multidisciplinary team, patients and families in a safe, effective way.	NUMs hold a pivotal position in leading and facilitating interactions. Central to achieving this standard, NUMs actively: <ul style="list-style-type: none"> • 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 difficult conversations in a timely manner • Manage conflict effectively - Code of Conduct • 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 NUMs must actively: <ul style="list-style-type: none"> • Ensure all nurses receive induction and orientation • Give and receive feedback (formal and informal) • Act as a professional role model • Provide coaching and mentoring to staff • Build resilience in self and others – Staff Health and Wellbeing • Recognise and act 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 NUMs make an active contribution to ensuring 'great care' not only in their unit but across the campus and beyond. This is demonstrated through: <ul style="list-style-type: none"> • Participation on the RCH committees • Membership of professional groups • Representing the RCH at a state, national and international level • Professional networking

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 mentor and Director of Clinical Operations will guide you through the process to ensure your objectives are met. 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 or people on pages 15-18 and in Appendix 1.

Week 1	Complete
<p>The primary objective during week 1 is to become familiar with your unit and the hospital:</p> <ul style="list-style-type: none"> • Hospital orientation (if new employee) • Unit / Department Orientation (includes time out on the floor observing) • Meet informally with staff • Establish contact with mentor • Meet with designated Director of Clinical Operations and set up regular meetings • Meet with the Executive Director Nursing and Allied Health and Chief Nursing Officer • Commence meeting other Directors of Clinical Operations and NUMs • Set up IT/HR accounts (Information Technology)* • Unit / Department Handover (see NUM Handover Checklist) • Develop learning objectives and set expectations • Attend morning bed meetings 	
Week 2	Complete
<ul style="list-style-type: none"> • Establish regular meetings with mentor • Commence meeting with unit nursing leadership team • Meet Advanced Practice Nurses (APNs) linked to unit • Meet unit specific Heads of Departments • Complete meeting Directors of Clinical Operations and NUMs • Commence mandatory competencies and familiarisation with key policies and procedures • Become familiar with: <ul style="list-style-type: none"> ○ RCH Human Resources processes (HR)* ○ Managing resources (Material Resources and Biomedical Engineering)* ○ Managing budgets (Finance)* ○ The RCH quality improvement systems and processes (Strategy and Organisational Improvement)* • Nurse Manager Standards for Practice: <ul style="list-style-type: none"> ○ In week 2 focus on Standards 1, 3, 5, 6, 11, 13 	
Week 3	Complete
<ul style="list-style-type: none"> • Continue mandatory competencies and familiarisation with key policies and procedures • Become familiar with: <ul style="list-style-type: none"> ○ 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: <ul style="list-style-type: none"> ○ In week 3 focus on Standards 2, 4, 7, 14 	
Week 4	Complete
<ul style="list-style-type: none"> • Complete mandatory competencies and familiarisation with key policies and procedures • Commence meetings with the RCH Executive Team Members • Become familiar with: <ul style="list-style-type: none"> ○ 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)* ○ The RCH Nursing Competency Framework (Director Nursing Education)* • Nurse Manager Standards for Practice: <ul style="list-style-type: none"> ○ In week 4 focus on Standards 8, 9, 15 	

Week 5	Complete
<ul style="list-style-type: none"> • Become familiar with: <ul style="list-style-type: none"> ○ Processes in place to support nursing development and utilisation of evidence in practice (Director Nursing Research)* • Nurse Manager Standards for Practice: <ul style="list-style-type: none"> ○ In week 5 focus on Standards 10, 12, 16 	
Week 6	Complete
<ul style="list-style-type: none"> • Review progress • Review objectives and expectations • Update PDAP with Director of Clinical Operations and HR advisor 	
Ongoing	Complete
<ul style="list-style-type: none"> • Normal PDAP process 	

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	
	Infectious Diseases – Notification Procedure	
	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	
	Vulnerable children policy (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	
	Professional boundaries	
	Social Media Procedure	
	Volunteers – Visiting Volunteers Program	

	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 ✓
	Clinical Guidelines	
	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 Medical Record		In April 2016 the Electronic Medical Record will go live. It is expected all NUMs will complete EMR training and take a leadership role in implementation of the EMR in respective units.
Emergency Procedure	Online competency	This competency can be accessed via Learning Seat* www.learningseat.com/rch
Generic Medication Administration	Online / Paper based competency	All nurses new to the RCH who will be administering medications, including enrolled nurses who are medication endorsed, are expected to complete: 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 www.learningseat.com/rch)** <u>Nurses are required to have all medications double checked until they have successfully completed the Medication Competency.</u> 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. <i>* Part A may be allocated for annual completion at the discretion of the unit.</i> <i>** 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.</i>
Hand Hygiene	Online competency	This competency can be accessed via Learning Seat* www.learningseat.com/rch
Manual Handling	Practical competency	Complete the online pre-reading and then schedule a practical assessment with a 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 minutes	Online and Practical competency	The online component of this competency can be accessed via Learning Seat www.learningseat.com/rch The Nursing Basic Life Support (RCH Level 2) Online Learning includes the: <ul style="list-style-type: none"> • 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 Competence	Online competency	This competency can be accessed via Learning Seat* www.learningseat.com/rch
WH&S Orientation Program	Online competency	This competency can be accessed via Learning Seat* www.learningseat.com/rch
Workplace Bullying and Harassment	Online competency	This competency can be accessed via Learning Seat* www.learningseat.com/rch

Key Contacts

As a NUM you will liaise with staff from all over the organisation. This section provides a list of the people and departments you need to make time to meet with during your familiarisation period. 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 Directors EXT: 54708	<p>While you will not have regular face to face contact with the Executive Directors, these meetings will enable you to gain an understanding of each Executive Director's position, and the ways in which your roles complement each other's to achieve the RCH vision:</p> <ul style="list-style-type: none"> • Chief Executive Officer • Deputy Chief Executive Officer and Executive Director Clinical Operations • Executive Director Corporate Services and Chief Financial Officer • Executive Director Medical Services and Clinical Governance • Executive Director Strategy and Organisational Improvement • Executive Director Communications • Executive Director Legal and Information Services • Executive Director People and Culture • Chief of Surgery • Chief of Medicine <p>Webpage: http://www.rch.org.au/rchexec_office/executive_team/RCH_Executive/</p>	
Executive Director Nursing and Allied Health and Chief Nursing Officer EXT: 55665	<p>Supported by the Directors of Clinical Operations and members of the Executive Team, the Executive Director Nursing and Allied Health and Chief Nursing Officer leads nursing at the RCH both professionally and operationally. While you will not report directly to the Executive Director Nursing and Allied Health and Chief Nursing Officer, it is essential you meet during your orientation to discuss expectations, role and responsibilities, governance and service delivery.</p>	
Directors of Clinical Operations EXT: 54475	<ul style="list-style-type: none"> • Director of Clinical Operations and Chief Information Nurse • Director of Clinical Operations, Division of Surgery • Director of Clinical operations, Ambulatory Services <p>As part of the nursing leadership team, the Directors of Clinical Operations lead nursing staff professionally and operationally through the division of nursing structures. On page one of this guide you will find the name of the Director of Clinical Operations to whom you report directly. During your first meeting with your direct report you should discuss:</p> <ul style="list-style-type: none"> • Your role • Shared expectations • Nursing structure • Service profile • Relationships between departments and services • Nursing committee expectations <p>Your Director should also take you on a tour of the hospital. Meeting with the Directors of Clinical Operations to whom you do not report provides an opportunity for you to gain further understanding of the nursing structure and interconnectedness of the divisions.</p> <p>Webpage: http://www.rch.org.au/nursing/contact_us/Nursing_Executive_Team/</p>	

Contact	Discussion Topic	Complete
Director Nursing Education EXT: 56716	The Director Nursing Education will provide you with an overview of nursing education processes and programs at the RCH including: <ul style="list-style-type: none"> • Nursing Competency Framework (including supernumerary reimbursement processes) • Post graduate study including scholarships for study • Graduate Nurse Program • Undergraduate nurse placements • Continuing professional development opportunities • Professional development leave entitlements Following on from your initial meeting, you will meet monthly with the Director Nursing Education and your nursing education staff. Webpage: http://www.rch.org.au/mcpc/	
Director Nursing Research EXT: 56716	The Director Nursing Research will provide you with an overview of the ways in which nurses at the RCH are supported to ensure their practice is based on the best evidence. Webpage: http://www.rch.org.au/nursing_research/	
Nursing and Allied Health Clinical Lead EXT: 55572	The Nursing and Allied Health Clinical Lead will provide you with an overview of the ways in which nurses engage in quality improvement, including but not limited to: <ul style="list-style-type: none"> • VHIMS • Managing critical incidents • Project management • National Standards Webpage: http://www.rch.org.au/quality/	
Director Allied Health EXT: 55682	The Director Allied Health will provide you with an overview of the departments of Audiology, Educational Play Therapy, Gatehouse Centre, Nutrition, Music Therapy, Occupational Therapy, Prosthetics and Orthotics, Physiotherapy, Social Work and Speech Pathology and how each of those departments interact with you and your team. http://www.rch.org.au/alliedhealth/	
Biomedical Engineering EXT: 54707	Your key contact in biomedical engineering will provide you with information regarding the purchase, maintenance and repair of medical, laboratory, and audiovisual equipment. Webpage: http://www.rch.org.au/bme_rch/	
Chaplaincy EXT: contact via switch	Pastoral and Spiritual Care offers support for individuals and families. The care offered is non-religious. The chaplain will provide an overview of the service and support provided. Webpage: http://www.rch.org.au/info/az_guide/Chaplains/	
Code Grey PAGER: 9162	The Clinical Nurse Consultant Code Grey will provide you with details of: <ul style="list-style-type: none"> • Code Grey training • Your role and responsibilities Webpage: http://www.rch.org.au/emergencyprocedures/code_greybrunarmed_confrontation/Code_Grey/	
Education institute EXT: 59700	The Education Institute provides learning experience for children and young 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 will provide you with: <ul style="list-style-type: none"> • An overview of services provided generally • Specific services available to your department Webpage: http://www.rch.org.au/education/	

Contact	Discussion Topic	Complete
Emergency Management and Planning EXT: 56207	Your key contact for Emergency Management and Planning will provide you with an overview of: <ul style="list-style-type: none"> • Relevant policies and procedures • Your role and responsibilities • Emergency training • Role of Code Brown in your department • Mandatory competencies Webpage: http://www.rch.org.au/emergencyprocedures/	
Finance EXT: 56949	To assist in understanding your role and responsibilities as a NUM with regards to finance, your key contact in Finance will discuss: <ul style="list-style-type: none"> • Budgets • Reporting Methods • Delegations • Compass Webpage: http://www.rch.org.au/finance/	
Food Services EXT: 55121	Your key contact will provide an overview of food services to children and families and outline your role and responsibilities. Webpage: http://www.rch.org.au/nutrition/food_services/Food_Services_Intranet/	
Health Information Services (HIS) EXT: 56114	Meeting with the key contact in HIS will ensure you have an understanding of: <ul style="list-style-type: none"> • The RCH forms and documentation • Management and care of medical records Webpage: http://www.rch.org.au/rchhis/	
Human Resources (HR) EXT: 57603	As a NUM, one of your core responsibilities lies in people management. Your key contact in HR will discuss processes such as: <ul style="list-style-type: none"> • Relevant policies and procedures • Timesheets / pay periods • Recruitment / Retention • Nurses award • Clinical Nurse Specialist appointments • Leave entitlements / Leave forms • Employee Assistance Program • Mercury • Performance management Webpage: http://www.rch.org.au/hr/about_us/Human_Resources/	
Infection Prevention and Control EXT: 55740	Your key contact in Infection Prevention and Control will discuss: <ul style="list-style-type: none"> • Relevant policies and procedures • Relevant national standards • Hand hygiene • Infection control audits • Your role and responsibilities Webpage: http://www.rch.org.au/infection_control/	
Information Technology (IT) EXT: 56277	Your key contact in IT will support you to set up, understand and utilise IT such as: <ul style="list-style-type: none"> • Systems i.e. CLARA, ORMIS • Email access • Intranet and internet access • Communication systems Webpage: http://www.rch.org.au/ict/	
Laboratory Services EXT: 54200	Your key contact in Laboratory Services will discuss: <ul style="list-style-type: none"> • Relevant policies and procedures • Relevant national standards • Reporting • Pneumatic tube system Webpage: http://www.rch.org.au/labservices/	

Contact	Discussion Topic	Complete
Material Resources EXT: 56187	You key contact in Material Resources will discuss: <ul style="list-style-type: none"> • Ordering and purchasing • Inventory management • Imprest stock and stores Webpage: http://www.rch.org.au/supply/	
Workplace Health and Safety (WH&S) EXT: 55170	Your key WH&S contact will discuss: <ul style="list-style-type: none"> • Relevant policies and procedures • 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 EXT: 55492	You key contact in Pharmacy will discuss: <ul style="list-style-type: none"> • Relevant policies and procedures • Relevant national standards • Medication safety Webpage: http://www.rch.org.au/pharmacy/	
Support Services EXT: 56165	Your key contact in Support Services will discuss: <ul style="list-style-type: none"> • Co-management of ward support assistants • Computer Assisted Radio Personnel Systems (CARPS) <ul style="list-style-type: none"> ○ Patient transfer ○ Equipment transfer ○ Surgical demand discharge bed cleans 	
Family Services and Volunteers EXT: 55880	Your key contact for the Family Services and Volunteers will provide an overview of the services provided by volunteers to support your unit and the organisation. Webpage: http://www.rch.org.au/volunteers/	
Wadja Aboriginal Place EXT: 56111	Your key contact in Wadja Aboriginal Place will provide an overview of the services provided to children and families of Aboriginal and Torres Strait Island 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
Nursing Leadership	Director of Clinical Operations and Chief Information Nurse	Sheri Waldron
	Director of Clinical Operations, Division of Surgery	Rosemary Aisbett
	Director of Clinical Operations, Ambulatory Services	Danielle Smith
	Director Nursing Education	Melody Trueman
	Director Nursing Research	Fiona Newall
	Nursing and Allied Health Clinical Lead	Nadine Stacey
	Biomedical Engineering	Inna Velasquez
	Code Grey	Colin White
	Director Allied Health	Bernadette O'Connor
	Emergency Management and Planning	Rob Birch
	Executive Director Education Institute	Glenda Strong
	Finance	Andrew Whittingham
	Food Services	Heather Gilberston
	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
	Support Services	Dolores Gatt / Karl Wood
	Family Services and Volunteers	David Tong
	Wadja Aboriginal Family Place	Selena White

Appendix 2: Nurse Unit Manager Contact Details

Unit Name	Nurse Unit Manager	Extension	Mobile	Location	Reports to
Banksia: Inpatient Mental Health	Emma Barker	59608	0481 437 734	Level 1 North Building	Sheri Waldron
Butterfly: Newborn Intensive Care	Simone Danaher	55318	0435 968 842	Level 5 North Building	Sheri Waldron
Cardiology	Carl McBean	54238	0432 053 325	Ground floor East Building	Rosemary Aisbett
Cockatoo: Surgical and Neuro Care	Paul Griffiths	54457	0435 968 831	Level 4 North Building	Sheri Waldron
CSSD	Marianne Coffey	55207	0407 801 275	Level 3 East Building	Rosemary Aisbett
Day Cancer	Theresa Clemens	59822	0478 408 378	Level 2 West Building	Sheri Waldron
Day Medical	James Goddard	55953	0435 968 833	Level 2 West Building	Danielle Smith
Dolphin: Short Stay Medical	Jayne Morrison	54567	0435 968 770	Lower Ground West Building	Sheri Waldron
Emergency Department	Jayne Hughan	56152	0435 968 848	Lower Ground East Building	Sheri Waldron
Family Choice Program: RCH @ Home, Hawthorn	Stephanie McArdle	59416	0409 402 765	Level 2 East Building	Danielle Smith
Immunisation Service	Sonja Elia		0478 875 999	Ground floor West Building	Danielle Smith
Kelpie: Adolescent and Rehabilitation	Kelly St Clair	55302	0435 968 840	Level 1 North Building	Sheri Waldron
Koala: Cardiac Surgery	Ash Doherty	55705	0435 968 827	Level 3 North Building	Sheri Waldron
Kookaburra: Cancer Care	Melinda Sharpe	55649	0435 968 845	Level 2 North Building	Sheri Waldron
Medical Imaging	Nicola Craze	56992	0419 304 187	Lower Ground East Building	Rosemary Aisbett
Nursing and Administration Workforce	Emma Jones	56169	0432 646 321	Level 4 East Building	Bernadette Twomey
Partnerships for Children	Katie Williams	56146	0403 603 342	Level 5 East Building	Danielle Smith
Peri-operative	Laura O'Connor	56188	0419 021 746	Level 3 East Building	Rosemary Aisbett
PIPER	Donna Miller	59040	0412 704 889	Level 2 East Building	Sheri Waldron
Platypus: Surgical Care	Amanda Borg	55434	0435 968 835	Level 4 North Building	Sheri Waldron
Possum Surgical Day and Short Stay	Kelly Bernard	55305	0435 968 837	Level 3 East Building	Rosemary Aisbett
Recovery	Simone Kelly	55523	0435 968 841	Level 3 East Building	Rosemary Aisbett
Rosella: Intensive Care	Melissa Culka	55201	0438 331 892	Level 3 North Building	Sheri Waldron
Specialist Clinics	Angela Wood	59780	Vocera 54040	Ground floor/Level 1 East Building/Level 2 West Building	Danielle Smith
Sugar Glider: Medical Care	Catherine Lobb	55814	0435 968 836	Level 2 North Building	Sheri Waldron
Wallaby: RCH @ Home, Parkville	Brenda Savill	57983	0411 257 303	Level 2 East Building	Danielle Smith