



# **Advanced Practice Nursing**

## Orientation Guide & Resource

Second Edition August 2015

## 2. New Staff Work Area Induction Checklist

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## Introduction & Welcome

Welcome to The Royal Children’s Hospital Advanced Practice (APN) Nursing Team.

We are pleased to have you as a member of the advanced practice team whom strive to provide excellence in care and leadership in nursing. We look forward to the contribution you will make to nursing and are confident that your experience will be professionally rewarding.

## RCH Vision

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

## RCH Values

<i>Unity</i>	We work as a team and in partnership with our communities
<i>Respect</i>	We respect the rights of all and treat people the way that we’d like them to treat us
<i>Integrity</i>	We believe that how we work is as important as what we do
<i>Excellence</i>	We are committed to achieving our goals and improving outcomes

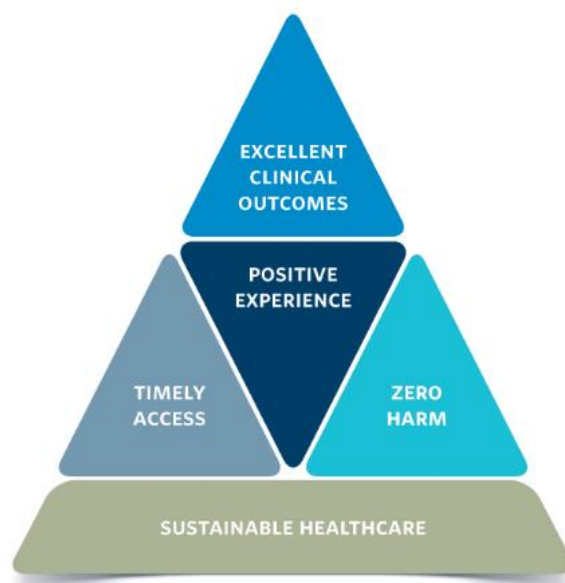
<b>Vision</b>	The Royal Children’s Hospital, a GREAT children’s hospital, leading the way			
<b>Mission</b>	The Royal Children’s Hospital improves the health and wellbeing of children and adolescents through leadership in healthcare, research and education			
<b>Strategic Focus</b>	Deliver Great Care			
<b>Strategic Priorities</b>	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
<b>Our People</b>	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	
<b>Our Enablers</b>	Collaboration		Innovation	
	Education		Information Technology	
	Research		Financial Sustainability	
<b>Values</b>	Unity, Respect, Integrity, Excellence			

## 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](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**

### **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.

### **Patient and Family Centred Care**

At the RCH delivery of health care is based on partnerships between patients, families and all those involved in care. The principles underpinning this are:

#### **Dignity and Respect**

Health care practitioners listen to and honour patient and family perspectives and choices. Patient and family developmental needs, knowledge, values, beliefs, and cultural backgrounds are incorporated into the planning and delivery of care.

## Information Sharing

Health care practitioners communicate and share complete and unbiased information with patients and families in ways that are affirming and useful. Patients and families receive timely, complete, and accurate information in order to effectively participate in care and decision-making.

## Participation

Children and families are encouraged and supported in participating in care and decision-making at the level they choose.

## Collaboration

Patients, families, health care practitioners, and leaders collaborate in policy and program development, implementation, and evaluation; in health care facility design; and in professional education, as well as in the delivery of care.

## Domains of Practice for Advanced Practice Nurses

The Royal Children's Hospital (RCH) values the contribution Nursing teams make to great care. To make this contribution more visible, roles and responsibilities of Advanced Practice Nurses are described within a framework of 5 Domains of Practice (Chang et al 2010; Chang et al 2012):

- Direct and comprehensive care
- Support of systems
- Education
- Research
- Publication and leadership

Title	Grade	Domain					
		Direct Comprehensive Care (1)	Support of systems (2)	Education (3)	Research (4)	Professional Leadership (5)	
Nurse Practitioner	6	Conducts advanced, comprehensive & holistic health assessment relevant to a specialist field of practice. Demonstrates a high level of confidence & clinical proficiency in carrying out a range of procedures, treatments & interventions that are evidence based & informed by specialist knowledge. Has the Authority to prescribe & order investigative procedures.	Recognised as senior member of multidisciplinary team, nursing autonomy recognised, giving & accepting referrals as appropriate. Has the capacity to use the knowledge & skills of extended practice competencies in complex & unfamiliar environments.	Demonstrates skills in accessing established & evolving knowledge in clinical & social sciences, & the application of this knowledge to patient care and the education of others. Provides a minimum of 6 formal education sessions to clinical teams annually. Contributes to RCH Campus Research & education week annually. Sessional lecturing of speciality clinical knowledge at tertiary level.	Contribute to the development & evaluation of national evidence/based clinical guidelines independent research (i.e not sponsored clinical trials) or educational programs.	Clinical leadership that influences & progresses clinical care, policy & collaboration through all levels of RCH & the wider health service in Victoria.	Masters/ PhD

Clinical Nurse Consultant	6	Consistent broad level of clinical influence outside of RCH at a national and/or international level. To meet the formal requirements of the Nurses and Midwives agreement 2012-2016 as CNC 6 as a senior member of the multidisciplinary team. As per CNC 4a.	Contributions to national/international clinical guidelines within specialty area; both in and Peer review of publications submitted to national/international journals within specialty area; Participation in review process of local clinical guidelines.	At least 6 per year formal education sessions provided to clinical teams annually and may include sessional lecturing of specialty clinical knowledge at a tertiary level ; contribution to Campus Research & Education Week annually.	Contribute to the development & evaluation of national international evidence/based clinical guidelines independent research (i.e not sponsored clinical trials) or educational programs.	Recognised for contribution to National benchmarking/networking ; *mentoring CCN/Nps candidates;1-2 publications of clinical outcomes in a peer reviewed journal; conference presentation of clinical outcomes at least once every 2 years; membership & contribution to a national professional body relevant to clinical discipline.	Masters/PhD
Clinical Nurse Consultant	5	Consistent broad level of clinical influence outside of RCH to other health services within metropolitan Melbourne or state wide(neither is mutually exclusive); To meet the formal requirements of the Nurses and Midwives agreement 2012-2016 as CNC 5as a senior member of the multidisciplinary team. As per CNC 4a.	Contributes to RCH multidisciplinary care protocols; represents clinical specialty in multidisciplinary working group.	Participates in state-wide education programs; translates knowledge to RCH via 6 education/in-services sessions annually; lectures into tertiary sector.	The CNC's advanced knowledge of speciality clinical practice supports their development, implementation, analysis & dissemination of novel audit & research projects aimed at optimising patient care.	Provide professional nursing leadership, consultancy and advice. Increase the effectiveness of patient care delivery by leading and developing quality improvement projects and facilitating development and maintenance of frameworks for policy and education. Recognised for contribution to State healthcare policy development.	Masters
	4b	As per CNC 4a.	In leading ethical decision making the CNC bridges the gap between high technology & humanistic care. Roles model by asking why or is there a better way - to include development & evaluation of models of service provision.	Works with junior nursing colleagues to develop their capabilities & competencies & also sets limits to their role.		As per 4a.	Post Grad Diploma/Masters

Clinical Nurse Consultant	4a	<p>Demonstrates advanced nursing knowledge, skills, attributes &amp; abilities within a broad scope of practice related to the speciality and or the span of control and function of the role. Conducts and leads nurse-led clinics, advanced nursing assessment, treatment or diagnostic interventions. Responsible and accountable for independent nursing decision making. Informs the team of decisions and is informed by the expertise/information of others. Practices and influences contemporary nursing practice across RCH.</p>	<p>Work is characterised by the ability to identify appropriate areas for consultation with patients/carers/teams, follows up agreed actions &amp; reports outcomes. Models expert skills and behaviours for the provision of supportive care for all patients.</p>	<p>Provides education within area of extended nursing knowledge, skills &amp; essence of nursing to multidisciplinary team members &amp; patients/families.</p>	<p>Provide leadership and consultancy in their defined speciality practice area. Recognized for leadership role for advanced practice nursing across RCH.</p>	<p>Recognized for leadership role for advanced practice nursing across RCH.</p>	Post Grad Diploma/Masters
Nurse Coordinator	4a	<p>Specialist knowledge, skills, attributes &amp; abilities within a narrow scope of practice related to the speciality and/ or the span of control and function of the role. Supports the delivery of clinical care or services across teams. While the clinical teams may provide state-wide or national services the nurse's role within the team is predominately focused &amp; located within RCH and the patients/families presenting to RCH. Influences practice and exercises limited autonomy clinical decision making within the agreed boundaries agreed by the team.</p>	<p>As per 3a.</p>	<p>As per 3a.</p>	<p>In addition review clinical outcomes in conjunction with published evidence with a view to delivering optimal evidence based care.</p>	<p>As per 3a.</p>	Post Grad Cert/Diploma

## New to RCH

### Orientation



New Starter Orientation is facilitated by the People & Culture team. This session is mandatory for all new staff members. Nurses will attend this day, the Nursing Orientation study day and any local area specific orientation day. New staff members will be advised of their Orientation session date before they start. For further details please visit:

[www.rch.org.au/hr/recruitment\\_employment/Orientation](http://www.rch.org.au/hr/recruitment_employment/Orientation) or email [human.resources@rch.org.au](mailto:human.resources@rch.org.au)

### **Nursing Orientation**

Nursing Orientation runs once a month on a Monday from 0800-1615. Please email all registrations to [nursing.education@rch.org.au](mailto:nursing.education@rch.org.au)

### **Security Identification**

An RCH lanyard with an identification (ID) badge must be worn at all times. These cards identify you as staff and provide swipe card access to staff only areas of the building.

To obtain your photographic ID present to the Security Office on Lower Ground of the East Building (Opposite the White Lifts).

Clinical staff wear a blue lanyard, the exception being green for staff in Paediatric Intensive Care Unit (PICU) and red for the Emergency Department staff. [Identification Badges Webpage](#)

### **Switchboard**

Switchboard is available 24/7, 365 days a year. To contact Switchboard from an internal phone dial 91. The Switchboard number when calling from outside the hospital is 9345 5522

Contact the Switchboard for:

Internal directory assistance

Connection to external lines such as STD, ISD etc.

Emergency Code (**Dial 777**, state the nature of the emergency, the building you are in, the floor you are on, and the department/ward/area the emergency is in ie. "Code Grey, West Building Level 2 Day Medical Unit")

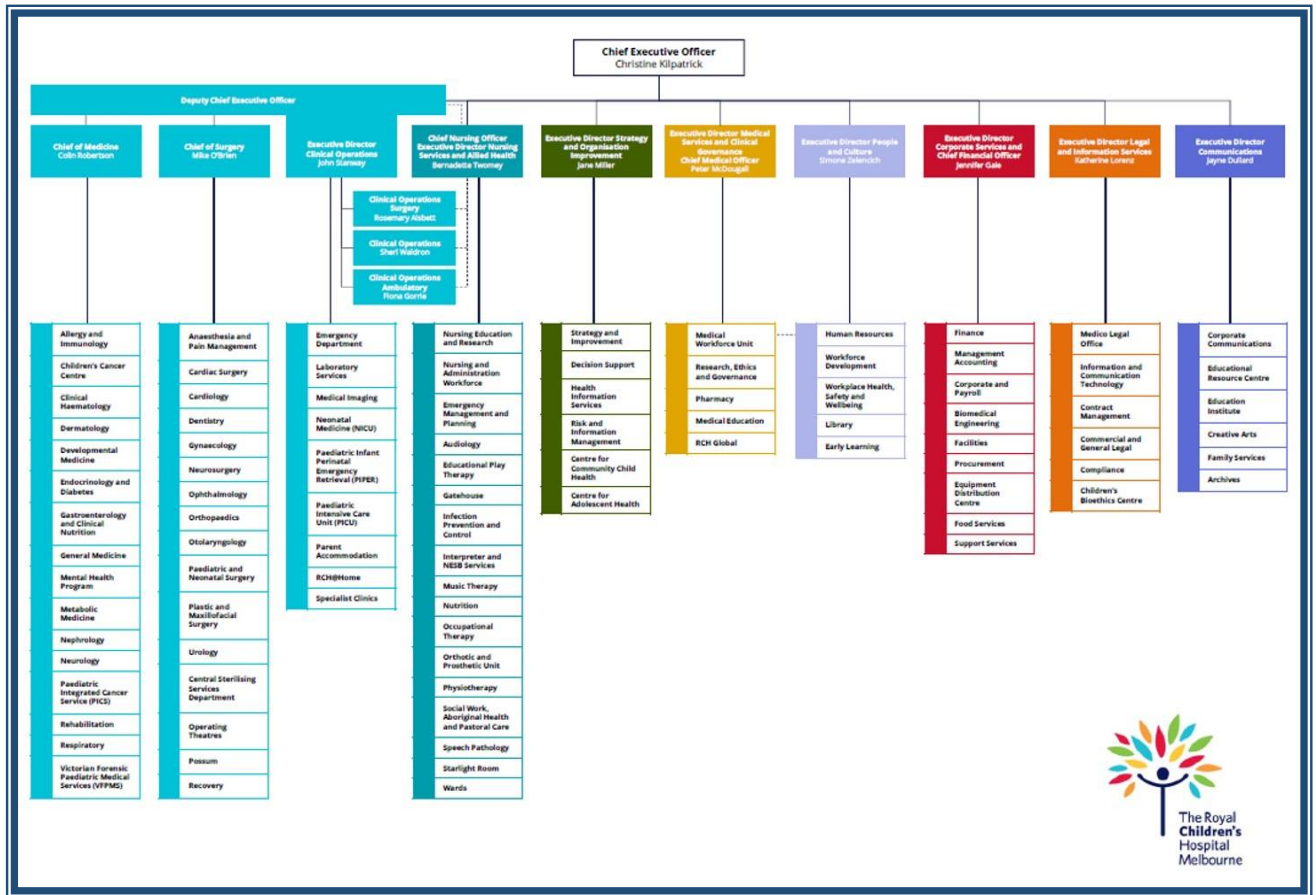
### **Car Parking**

Car parking is available under the building. You can apply through your manager for a Staff parking card. Note: the minimum number of hours to apply is x/week. [http://ww2.rch.org.au/policy\\_rch/index.cfm?doc\\_id=6295](http://ww2.rch.org.au/policy_rch/index.cfm?doc_id=6295)

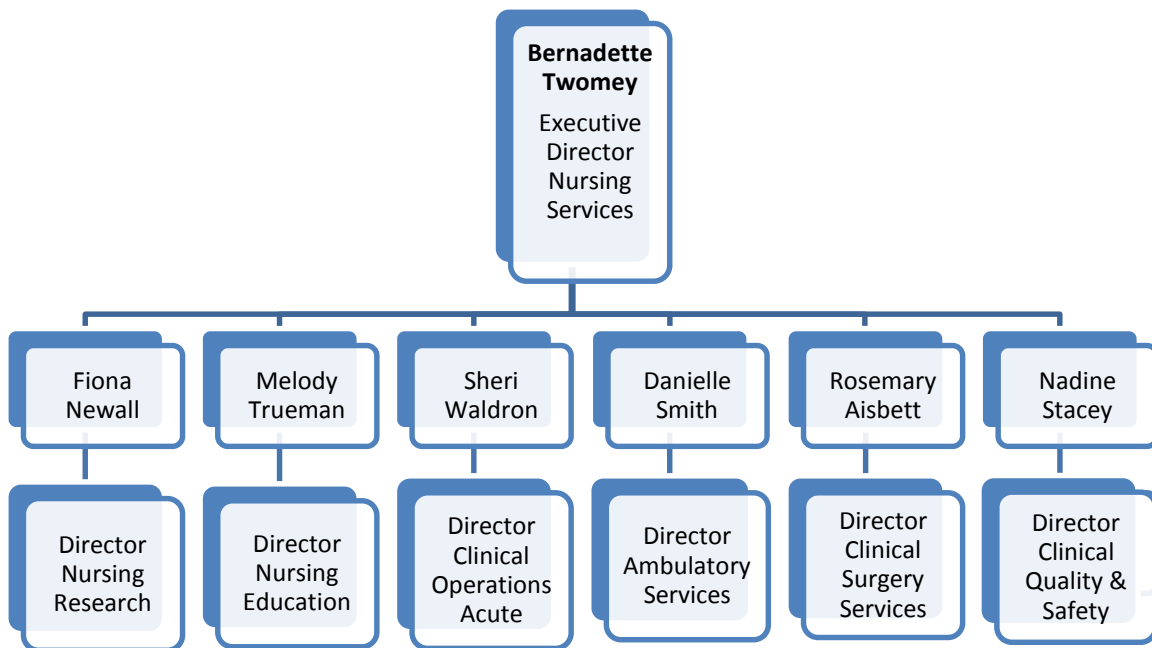
### **EAP**

The Employee Assistance Program (EAP) is a counselling service provided to all RCH staff and their immediate families which is free and completely confidential. The service is provided by a company called Converge International. The counsellors are qualified and experienced professionals who have who have extensive training in counselling and workplace issues. To make an appointment with an EAP Counsellor call 1300 687 327 or email: [eap@convergeintl.com.au](mailto:eap@convergeintl.com.au). [Human Resources: Employee Assistance Program EAP](#)

# RCH Organisational Structure



# Nursing Structure



## **Executive Director, Nursing Services**

Bernadette Twomey.

The EDNS is responsible for strategic planning, integration of the nursing vision and key strategies within the service. EDNS provides professional leadership of nurses to ensure accountability through evidence based practice, and the development of the nursing workforce to achieve key strategies and establish nursing at the RCH as leaders in paediatric nursing. The EDNS works in partnership with all staff ensuring an efficient service to which nurses add value to the care children and their families receive.

It is a good idea to meet with Bernadette when you commence an advanced practice role. To organise an appointment contact her personal assistant on extension 55665.

## **Nursing Leadership Team**

Sheri Waldron- *Director, Clinical Operations*

Rosemary Aisbett- *Director, Clinical Operations, Division of Surgery*

Danielle Smith- *Director, Ambulatory Services*

Fiona Newall- *Director, Nursing Research*

Melody Trueman- *Director, Nursing Education*

Nadine Stacey- *Director, Quality & Safety, Nursing & Allied Health*

## **APN (Advanced Practice Nurses) Group**

The APN Group encompasses nurses in all advanced practice nursing positions. All APNs are members of the APN group and welcome to attend meetings or email the committee with topics to be included on the agenda. You will be added to an APN email distribution list, (Nurse Coordinators, CNC's, Nurse Liaisons and Nurse Practitioners) when appointed to your role, to check, please contact Cate Harris on extension: 55371 or via email. This list ensures that you are included in all relevant email communications for APNs

APN group meetings are held monthly and minutes are distributed via email. The committee (Chair & Secretary) are appointed on a rotational basis. There is a shared APN drive which you can apply to access. The APN group TOR are available in the attached appendix

## **Other Nursing roles**

Nurse Unit Manager

Associate Nurse Unit Manager

Clinical Nurse Educator

Clinical Support Nurse

Inpatient Care Coordinator

Clinical Nurse Specialist

Nurse Liaison

Nurse Coordinator (Specialty)

Clinical Nurse Consultant (Specialty)

Nurse Practitioners/candidates

Nurse Hospital Managers

## Getting started-

### Communication

Branded materials are an important part of the visual identity of RCH. Our brand should be applied consistently and professionally across all hospital materials. Refer to the Branding information page under Corporate Communications for further information.

#### Email Account

You should have your own RCH email account set up when you commence employment at the RCH. If not please contact the Information Technology Service Desk on extension 56277.

Your emails are branded material and it is part of the visual identity of RCH.

If you work part time it is useful to include the days you are at work in your email signature.

Refer to the Corporate Communications webpage on the RCH intranet for further information and how to apply the correct font and colour to your email signature.

With your Username and password you will be allocated drive space on the network (Home Folder). This drive will be mapped to your username each time you logon to a computer but will only be able to be seen and used by you to store relevant files for your role.

If you have a mobility device such as a Smart phone or Tablet you will be able to connect to the wireless network at RCH using your username and password. This will enable you to access email on your personal device. Should you require assistance for this contact IT help desk on 56277

#### Phone Extension

It is important to obtain your own phone extension; this will link you to the hospital directory and make it easier for others to contact you.

Complete the [Request for a desk phone extension form](#) located on the Information Technology webpage.

#### Pager

A pager should be left for you by the previous incumbent of your role. To change the pager to your name complete [Request Creation modification of New Pager](#) form located on the Information Technology webpage. Alternatively you can have your pager deferred to your mobile phone, contact the IT Service desk on extension 56277 to discuss.

#### Timesheets. Manual and Autopay

Most timesheets are processed manually, however, for some employees it is suitable for them to be set up for automatic payment, known as Autopay. Timesheets need to be submitted by 10am Fridays. Once your timesheet has been approved, Payroll mail box Level B2 next to the mail room window. On the Payroll website under '*Timesheet Forms*' you can find the Autopay Application form.

### Data management

The Information Technology (IT) department is responsible for the delivery of information technology systems and services to the RCH.

They provide Systems Support in the form of Systems Administration and Database Administration services to all RCH applications and databases.

Service Desk ext 56277 provides support for all (IT) software and hardware infrastructure across the RCH.

### **IBA Access**

Many APN roles require access to IBA. IBA is the patient information system used by RCH. It provides access to patient demographics, attendances, specialist clinic appointments, medical record movements, medical record requesting, accounts and billing information. To gain access to IBA, open the front page, print and submit the completed 'Application for IBA access' form. You will be notified by email when your access has been cleared. If your role requires you to have contact with non-admitted patients (outpatients) you will also need to add VINAH data (see below).

### **CLARA**

Clinical Lookup and Results Acknowledgement (CLARA) is a web-based software application, allowing staff to view and acknowledge patient pathology and imaging results.

For access to the RCH systems you will need to complete and send the appropriate forms from <http://www.rch.org.au/ict/forms/> to IT.

### **ESMR – Electronic Scanned Medical Record**

All medical record notes generated during a patient's attendance will be sent to Health Information Services (HIS) to be scanned and viewed in Cerner's PowerChart. All newly generated notes will be scanned by HIS. If the patient has an existing medical record, only the most current volume will be backscanned. The backscanning will take place offsite by a third party vendor. PowerChart is a precursor which will one day evolve into an electronic medical record.

[http://www.rch.org.au/genmed/staff/Cerner\\_PowerChart\\_Demonstration\\_Videos/](http://www.rch.org.au/genmed/staff/Cerner_PowerChart_Demonstration_Videos/)

### **Compass**

The Compass program is managed by Decision Support Unit (DSU) and is used to generate reports to monitor and measure achievements in line with RCH strategic direction and KPIs. APN's entering VINAH data into IBA will be able to access activity reports for their individual HCP code in Compass.

### **Mercury**

Mercury eRecruit is the recruitment process used at RCH. This system consolidates all the administration tasks associated with advertising and filling vacant positions. If you require access to Mercury please contact your HR advisor in the first instance.

### **VINAH**

Victorian Integrated Non Admitted Hospital (VINAH) data set, this is the information required by the Department of Health, Victoria to fund all activity related to non-admitted patients. The RCH receives funding for non admitted patient activity that is entered into IBA. If the activity is not entered then the hospital doesn't get paid for it.

If you have contact with non admitted patients in your role (either by phone, written or face to face) you need to add VINAH data to IBA to record these contacts. To begin open the IBA front page and note the 'Request an HCP code'. Follow the instructions and your individual HCP code will be emailed to you. The VINAH manual is Appendix 2 in this document. Additionally there is a RCH VINAH coordinator that can provide you with information and support on all aspects of VINAH. Please email [Tanya.Ravipati@rch.org.au](mailto:Tanya.Ravipati@rch.org.au) to arrange training/support.

### **Departmental Data bases**

Most departments have department databases specific to their specialty. Your manager will be able to guide you in the access and use of these databases.

### **VHIMS**

VHIMS (Victorian Hospital Incident Management System) is an electronic incident reporting system used to capture incident data. An incident is an event which could have or did lead to unintended or unnecessary harm to a person and/or a complaint, loss or damage. Incidents include near misses, adverse events, sentinel events and unsafe acts. An Incident should be entered as soon as possible,

to ensure accurate recording of detail. Staff members reporting incident should also inform their manager. Every employee at the RCH is responsible for reporting incidents or hazards. Please refer to the Incident Reporting and Management procedure which outlines the purpose of the clinical incident reporting system. All incidents are followed up by the Quality Team and are an important mechanism for ongoing improvement and practice review.

## Nursing Education

### RCH Nursing Competency Framework

The RCH Nursing Competency Framework supports the domains of practice and competency standards for nurses identified by the Australian and Nursing Midwifery Council (ANMC). The ANMC national competency standards are the core competency standards by which nurses' performance is assessed to obtain and retain a license to practice in Victoria (ANMC, 2006). For more information go to [Nursing Education: Nursing Competency Framework](#) webpage

### Mandatory Annual Competencies

APN's will attain competence in all mandatory competencies and maintain competence validated on an annual basis.

<p><b>Competency</b></p>
<p><b>Basic Life Support (RCH Level 2)</b></p> <p>Basic Life Support (RCH Level 2) certification is required to be completed. Once this has been successfully completed you must complete a practical assessment. Successful completion of both the online and practical components is required.</p>
<p><b>Emergency Procedures</b></p> <p>Locate and read</p> <ul style="list-style-type: none"> <li>• <i>emergency procedures procedure</i></li> <li>• <i>fire management safety procedure.</i></li> </ul> <p>Time will be provided during Nursing Orientation to work on your emergency procedures training. The learning package and quiz are available at <a href="http://www.learningseat.com/rch">http://www.learningseat.com/rch</a></p>
<p><b>RCH Wash-Up</b></p> <p>Locate and read the <i>hand hygiene procedure</i>.</p> <p>All <b>RCH employees</b> who have <u>touch-contact with patients or their immediate environment, as well as those who manage, supervise or teach the same</u>, are required to complete the hand hygiene test annually. Time will be provided during Nursing Orientation to work on your RCH Wash-up Competency. The resources and quiz are available at <a href="http://www.learningseat.com/rch">http://www.learningseat.com/rch</a></p>

## Professional Responsibilities

### Continuing Professional Development (CPD)

Participation in continuing professional development (CPD) is a widely accepted method for measuring and demonstrating ongoing nursing competence. It is a requirement of the Nursing and Midwifery Board of Australia and the Australian Health Practitioners Registration Agency (AHPRA) that nurses participate in at least 20 hours of CPD each year and that documentation of participation will include dates, a brief description of the outcomes, and the number of hours for each activity. In addition all evidence of CPD should be verified. A form for capturing your CPD is available on the Nursing Education website.

The RCH provides a wide variety of ongoing educational opportunities for nurses including in-service education, study days, workshops, seminars and short courses. Most education is coordinated through Nursing Education and Research. A calendar of all education opportunities is accessible on the Nursing Education website.

### **Professional Practice Portfolio (PPP)**

The PPP is a tool that enables communication to the individual and others regarding learning plans, achievements, professional development, performance capability and competency based on collated evidence. There is no single way in which a PPP should be put together. An example of a PPP template is available on the Nursing education website [Nursing Competency Framework](#)

### **Performance Development and Assessment Program (PDAP)**

The PDAP is a continuous process conducted every 12 months, which reflects on past performance and focuses on future outcomes.

The PDAP tool is dynamic document that you should use from the commencement of your employment to record your KPIs (Key Performance Indicators) and development plan. The tool is available on the Human Resources website.

APN's complete a PADP each year with their manager, if your manager is not a nurse the PADP should be completed with both your manager and professional lead.

### **Phone Calls**

Many Advanced Practice Nurses provide assessment, education and/or clinical advice over the phone to their patient groups. This work is a pivotal part of patient management and care, and in many cases prevents excessive visits to the emergency department and specialist clinics, providing patients and families with much needed support.

It is worth considering the ISBAR tool during phone consultations:

- Identify
- Situation
- Background
- Assessment
- Recommendations/risks

The ISBAR framework will assist you to obtain the information required to make an assessment and plan of care more efficiently and effectively and reduce the potential for distraction and time spent on less relevant discussions.

Any assessment, advice or treatment you provide over the phone requires entry into the patient's medical record to ensure adequate clinical communication. This can be achieved through completing a Telephone Message & Consultation form (MR40/C), and sending it to HIS for scanning into the patient ESMR (Electronic Scanned Medical Record).

### **Reporting**

Many APN roles work somewhat independently, with a Manger (who may not be a nurse) and Professional lead (a senior nurse).

Reporting expectations may vary from one manager to another, this should be discussed when you first meet. APN's are required to provide their Professional lead with a Monthly report capturing both qualitative and quantitative information. Collectively this information provides a bigger picture view of the clinical care and patient outcomes achieved across the organisation by the APN group. The information for this report will be supported with your Compass HCP report (VINAH data). A monthly reporting template is found in the appendix of this document.

### **Nursing Research**

The Nursing Research Department is integrally connected to clinical practice. The goal of the nursing research team is to establish and grow a research program in nursing, support and promote research activities of nurses at the RCH. Nursing research consultants are available for guidance and support of nursing research projects.

## Scholarships

There are a number of opportunities for nurses to seek funding both within the RCH and externally to support research activity. The RCH Travelling Scholarships, the Elizabeth Fearon Scholarship, the prestigious Dame Elisabeth Murdoch Scholarship, Post Graduate Nursing Scholarships and ACN grants and awards are all available to nurses at the RCH. The Nursing research team are available for guidance in applications. Refer to the Nursing Services and Nursing Research web pages on the hospital intranet for further information.

## Links (Staying connected)

Most Advanced Practice Roles do not report directly to a Nurse Manager, for that reason it is important to ensure you stay connected to changes, improvements and initiatives happening throughout the RCH.

## Clinical Supervision

APN's are fortunate to have the opportunity to participate in group clinical supervision. By the completion of 2016 it is anticipated that all APN's will be engaged in the program. Clinical Supervision is a formal process of professional support and learning between two or more practitioners within a safe and supportive environment that enables a continuum of reflective critical analysis of care to ensure quality patient services and the wellbeing of the practitioner (Bishop, 2007; Department of Health, 1993).

For more information and to join a clinical supervision group please see the APN webpage .

## APN Meetings

The APN group provides

- Support to promote and develop the leadership capacity of nurses functioning in advanced practice roles through:
  - i. Clinical nursing leadership (education, research and evidence based practice)
  - ii. Clinical Practice
  - iii. Mentoring/modelling
- Support for the connectedness of Advanced Practice Nurses to facilitate the sharing of ideas and knowledge related to clinical practice
- To be involved in system change that results in improved patient and family centred care, by leading and modelling clinical excellence
- To provide a forum for discussion, facilitating solution focused problem solving
- To promote organisational connectedness of members of the APN group

The meetings will be held for one hour in the 2<sup>nd</sup> week of each month, alternating between a Tuesdays and Thursdays. No meetings are held in January.

## Nursing Services Webpage

The Nursing Services webpage will feature all up to date information relevant to nurses. Specific information for Advance Practice Nurses can be located here. Should you wish to contribute to this page please contact [kylie.moon@rch.org.au](mailto:kylie.moon@rch.org.au) or [Sophie.linton@rch.org.au](mailto:Sophie.linton@rch.org.au)

## Tuesday at 2pm

Every Tuesday afternoon between 2-3pm nursing development opportunities are offered "sans borders": beyond the confines of individual wards/departments. Sessions are intended to meet the needs of nurses of all designations from all areas of practice. Regularly scheduled sessions include

- Nursing Forum
- Nursing Development



- Owl Nursing Journal Club Competition
- Evidence in Practice

All sessions provide an opportunity to learn, share and advance nursing practice. Tuesdays @ 2 are publicised via email, the Bulletin and the [Nursing Education calendar](#). Attendance counts towards CPD hours.

### **Nursing Forum**

Nursing Forums provide opportunities for the sharing of practice and innovations that involve nurses. Every second month Bernadette Twomey, Executive Director of Nursing provides an update on nursing activity across The RCH and provides an opportunity to nurses to ask questions. On alternate months at Nursing Forum nurses are invited to present the innovative work they are engaged in. Nursing Forums run once a month on a Tuesday at 2:00 - 2:45 and are held in the Ella Latham Lecture Theatre. The forum is advertised on the Nursing Education webpage, via email and on the RCH Staff Bulletin.

### **Staff Forum**

All staff are invited to attend the monthly CEO staff forum in the Ella Latham theatre. CEO Christine Kilpatrick provides an update on hospital performance, RCH news and upcoming events.

### **Short Cuts**

On the RCH intranet homepage, Short cuts are short interviews on local topics presented by the relevant staff involved.

### **RCH Staff Bulletins**

The Bulletin board is the Royal Children's Hospital (RCH) online channel for news and information of interest to staff. Staff can publish bulletins of news on the Bulletin board and these are displayed immediately. The Bulletins are displayed on the left side of hospital intranet page. Further information is available on <http://ww2.rch.org.au/intranet/bulletins/?fuseaction=home.guidelines>

## **Nursing Committees**

### **Clinical Effectiveness Committee**

The Clinical Effectiveness Committee (CEC) was established in late 2010 with a priority to establish a clear and consistent pathway to support the development of evidence based clinical guidelines for nursing practice across the organisation. All clinical areas across RCH have nursing representation on the CEC which meets on the first Thursday of each month. The CEC reports through to the RCH Quality and Safety Committee. If you have any questions related to the development of Clinical Guidelines or the Clinical Effectiveness Committee, please contact [Fiona Newall](#), Chair.

### **The Royal Children's Hospital Nursing Research Committee**

The nursing research committee supports the implementation of initiatives aimed at promoting nurses' use of evidence based practice and engagement in research processes across the RCH. The committee membership comprises nursing representatives from:

- All divisions of RCH nursing practice
- The Murdoch Children's Research Institute
- Nurses enrolled in higher degree programs (Master of Philosophy and PhD)
- The Nursing Research Department

Membership of the committee is by invitation, however nominations for membership are welcome from any member of the nursing team at RCH/MCRI. In addition to monthly meetings, the members of the committee are available to provide individual mentorship, career advice or guidance.

Requests for such services are best directed via the Director of Nursing Research, [Fiona.newall@rch.org.au](mailto:Fiona.newall@rch.org.au).

### **Nursing Titles and Appointments Credentialing Committee (NTACC)**

NTACC is part of the clinical governance framework of the hospital. The committee ensures that the title of nursing roles, classification, defining scope of practice, recruitment, and credentialing of Grade 3 nurses and above are conducted in accordance with:

- Nursing and Midwifery Board of Australia Competency Standards for the Nurse Practitioner, Registered Nurse(2006) and Enrolled Nurse(2002)
- Nursing and Midwifery Board of Australia National Framework for the Development of Decision-making Tools for Nursing & Midwifery Practice September 2007
- Australian Commission on Safety & Quality in Healthcare - National Safety & Quality Health Service Standards September 2012
- Nurses & Midwives (Victorian Public Health Sector) (Single Interest Employers) Enterprise Agreement 2012-2016

### **Other Hospital Committees**

There are many hospital committees covering all aspects of patient care, some you may be interested include:

- Clinical Quality & Safety Committee
- Divisional Quality Committees
- Occupational Health and Safety Committee
- Medication Safety Committee
- Clinical Product Evaluation Committee
- Aggression and Violence Prevention Committee
- Emergency Management Planning Committee
- Policy and Procedure Committee
- Forms Committee

There are also numerous working groups, some of the current ones include:

- Oncology Working Groups
- Clinical Supervision
- High Dependency

### **Policies, Procedures & Clinical Guidelines.**

All RCH policies, procedures and guidelines are available on the intranet. It is expected that you familiarise yourself with the documents relevant to your practice.

Nursing clinical guidelines are referred to as Clinical Guidelines (Nursing), whilst whole of hospital guidelines are referred to as Clinical Practice Guidelines, these are usually more medically focused; both nursing and medical guidelines are found on the Clinical Practice Guidelines page . If you want to contribute or add any relevant information to Clinical Guidelines (Nursing), contact the Clinical Effectiveness Committee. For Clinical Practice Guidelines contact Dr. Mike Starr.

There are 22 overarching policies at the RCH; these are supported by numerous procedures which can all be found on the policy and procedure webpage. If you wish to contribute to these you can contact [peter.bunworth@rch.org.au](mailto:peter.bunworth@rch.org.au) ; all new procedures must be written on the RCH procedure template will require submission to the RCH Policy and Procedure Committee for approval.

There are a number of essential policies and procedures that relate directly to competencies. Where this is the case those policies and procedures have been included in the relevant competency assessment tool.

<b>Communication, documentation, privacy</b>	<b>Date</b>	<b>Nurse Sign</b>
Effective management of inpatient length of stay and discharge planning procedure <a href="http://www.rch.org.au/policy_rch/index.cfm?doc_id=13504">http://www.rch.org.au/policy_rch/index.cfm?doc_id=13504</a>		
Open disclosure procedure <a href="http://www.rch.org.au/policy_rch/index.cfm?doc_id=7687">http://www.rch.org.au/policy_rch/index.cfm?doc_id=7687</a>		
Privacy procedure <a href="http://www.rch.org.au/policy_rch/index.cfm?doc_id=6357">http://www.rch.org.au/policy_rch/index.cfm?doc_id=6357</a>		
Personal information – access procedure <a href="http://www.rch.org.au/policy_rch/index.cfm?doc_id=6349">http://www.rch.org.au/policy_rch/index.cfm?doc_id=6349</a>		
Personal information – confidentiality procedure <a href="http://www.rch.org.au/policy_rch/index.cfm?doc_id=6354">http://www.rch.org.au/policy_rch/index.cfm?doc_id=6354</a>		
Personal information – security procedure <a href="http://www.rch.org.au/policy_rch/index.cfm?doc_id=6355">http://www.rch.org.au/policy_rch/index.cfm?doc_id=6355</a>		
Personal information – use and disclosure procedure <a href="http://www.rch.org.au/policy_rch/index.cfm?doc_id=6347">http://www.rch.org.au/policy_rch/index.cfm?doc_id=6347</a>		
Email usage procedure <a href="http://www.rch.org.au/policy_rch/index.cfm?doc_id=6336">http://www.rch.org.au/policy_rch/index.cfm?doc_id=6336</a>		
Internet usage procedure <a href="http://www.rch.org.au/policy_rch/index.cfm?doc_id=12577">http://www.rch.org.au/policy_rch/index.cfm?doc_id=12577</a>		
<b>Professional conduct</b>	<b>Date</b>	<b>Nurse Sign</b>
Code of behaviour procedure <a href="http://www.rch.org.au/policy_rch/index.cfm?doc_id=10192">http://www.rch.org.au/policy_rch/index.cfm?doc_id=10192</a>		
Code of conduct procedure <a href="http://www.rch.org.au/policy_rch/index.cfm?doc_id=9190">http://www.rch.org.au/policy_rch/index.cfm?doc_id=9190</a>		
Dress code – all RCH procedure <a href="http://www.rch.org.au/policy_rch/index.cfm?doc_id=6300">http://www.rch.org.au/policy_rch/index.cfm?doc_id=6300</a>		
Identification badges procedure <a href="http://www.rch.org.au/policy_rch/index.cfm?doc_id=6338">http://www.rch.org.au/policy_rch/index.cfm?doc_id=6338</a>		
<b>OHS</b>	<b>Date</b>	<b>Nurse Sign</b>
Risk management policy <a href="http://www.rch.org.au/policy_rch/index.cfm?doc_id=8939">http://www.rch.org.au/policy_rch/index.cfm?doc_id=8939</a>		
Risk management procedure – for staff <a href="http://www.rch.org.au/policy_rch/index.cfm?doc_id=12325">http://www.rch.org.au/policy_rch/index.cfm?doc_id=12325</a>		
Occupational health and safety procedure <a href="http://www.rch.org.au/policy_rch/index.cfm?doc_id=6416">http://www.rch.org.au/policy_rch/index.cfm?doc_id=6416</a>		
Occupational health and safety issue resolution procedure <a href="http://www.rch.org.au/policy_rch/index.cfm?doc_id=6461">http://www.rch.org.au/policy_rch/index.cfm?doc_id=6461</a>		
OHS risk (hazard) management procedure <a href="http://www.rch.org.au/policy_rch/index.cfm?doc_id=6429">http://www.rch.org.au/policy_rch/index.cfm?doc_id=6429</a>		
Dangerous goods and hazardous substances procedure <a href="http://www.rch.org.au/policy_rch/index.cfm?doc_id=8938">http://www.rch.org.au/policy_rch/index.cfm?doc_id=8938</a>		

## Hospital overview

### **Ambulatory Services**

#### **Specialist Clinics – Outpatients; Ground floor, East building**

Specialist Clinics at the RCH provides a comprehensive range of outpatient services to more than 160,000 patients per year. With an extensive range of medical, surgical and allied health outpatient clinics held throughout the hospital at various locations.

There are three areas designated for the management of Specialist Clinics within RCH:

1. Specialist Clinics Receptions A1-6, located on the ground floor, east building
2. Specialist Clinics Reception D, located level 1, east building
3. Day Cancer Specialist Clinic (Children's Cancer Centre) Reception Desk E, located level 2, west building

#### **Medical Imaging; Lower ground, East building**

The department includes: four general x-ray rooms, a multi-slice CT scanner, two MRI units, four ultrasound rooms, one nuclear medicine imaging room, one digital fluoroscopy room, one OPG (Orthopantomogram) and two DSA (Digital Subtraction Angiography) rooms.

#### **Day Medical Care; 2nd floor, west building**

Day Medical Care is a nurse-led unit providing care for patients from many specialty medical departments. The highly experienced nursing staff provide treatment and ongoing management, of patients with chronic medical conditions.

#### **Day Cancer Unit; 2<sup>nd</sup> floor, west building**

The Day Cancer Unit is an outpatient treatment area for children with haematology oncology conditions. The service provides care Monday to Saturday.

#### **Emergency Department; Lower ground, east building**

The Department provides emergency care 24 hours a day, seven days a week. More than 70,000 patients, ranging from newborns to teenagers, are seen each year.

### **Inpatient Services**

#### **Butterfly Ward – Newborn Intensive Care; 5<sup>th</sup> floor, north building**

Patients are referred from perinatal centres both in Melbourne and interstate; maternity hospitals throughout Victoria, southern New South Wales and Tasmania.

#### **Cockatoo Ward – Surgical and Neuro Care; 4<sup>th</sup> floor, north building**

Provides care to patients with neurological, neurosurgical, metabolic, endocrine and complex gastroenterology and hepatology conditions.

#### **Platypus Ward – Surgical Care; 4<sup>th</sup> floor, north building**

A specialty surgical unit, caring for patients undergoing general surgery, orthopaedic, plastic, urology and maxillofacial procedures. It is also the dedicated burns and trauma unit at RCH.

#### **Rosella Ward - Paediatric Intensive Care Unit (PICU); 3<sup>rd</sup> floor, north building**

The largest PICU in Australia, more than 1700 infants and children are admitted annually. 70% of admissions require intubation and mechanical ventilation. Provides tertiary PICU services for Victoria and Tasmania, heart transplantation, ECMO, long-term VAD and intestinal transplantation.

#### **Koala Ward – Cardiac Surgery; 3rd floor, north building**

Provides care for patients, with renal and cardiac conditions. Care includes cardiac surgery, medical therapies, renal transplantation, electrophysiology and peritoneal dialysis.

#### **Sugar Glider Ward – Medical Care; 2<sup>nd</sup> floor, north building**

Provides care for a diverse range of acute and chronic illnesses. The ward has four medical specialties: General Medicine, Respiratory Medicine, ENT and Developmental Medicine.

#### **Kookaburra Ward – Cancer Care; 2<sup>nd</sup> floor, north building**

The primary provider of oncology services to children with cancer in Victoria including a Bone Marrow Transplant unit.

#### **Kelpie Ward – Adolescent and Rehabilitation Care; 1<sup>st</sup> floor, north building:**

Delivers developmentally appropriate care and treatment to young people with acute and chronic health issues, between the ages of 12 and 20. Kelpie also provides paediatric rehabilitation to patients following major injury, illness or medical procedures.

#### **Banksia Ward - Adolescent Mental Health; 1<sup>st</sup> floor, north building**

Patients aged 12 to 18 years are assessed and treated for a range of mental and psychological disorders such as psychosis and mood disorders. Banksia ward is a part of the Mental health service at the RCH.

#### **Perioperative Floor; 3<sup>rd</sup> floor, east building**

Consists of 14 theatres, preoperative and postoperative patient care areas and the central sterilisation department (CSSD) for the hospital. The majority of patients are admitted directly on the floor (90%) and then discharged home from the floor (50%) as day stay patients.

#### **Possum Ward - Short Stay Surgical Care; 3<sup>rd</sup> floor, east building**

Co-located on the preoperative floor, a 14 bed surgical short stay unit, admits both elective and emergency patients from all surgical specialities including General surgical, Orthopaedics, Urology, ENT as well as cardiology patients.

#### **RCH@Home ; 2<sup>nd</sup> floor, east building**

Organises, co-ordinates and provides healthcare as well as other support services in the home and community for children. These services may be provided directly to the child and family or the community support agencies caring for the child at home. The services provided fall into five categories: Hospital in the Home (Wallaby), Post Acute Care (PAC), Family Choice Program (FCP), Homecare Program and Schoolcare Program.

#### **Dolphin Ward – Medical Short Stay Unit ; Lower ground floor, west building**

Adjacent to the RCH Emergency Department (ED), cares for patients who require care for up to 48 hours. Conditions treated in the unit include: asthma, bronchiolitis, constipation, croup, eczema, fever, gastroenteritis, urinary tract infection, anaphylaxis (allergic reactions), migraine and viral infections.

### **Office Spaces**

#### **2<sup>nd</sup> floor Nursing Education**

Nursing Education & Research Department

#### **3<sup>rd</sup> Floor**

The West building on the 3<sup>rd</sup> floor accommodate a broad range of clinicians from various disciplines and specialties. The office space is open plan with specialty groups grouped together. Each reception area has a way finder folder identifying each individual's location. The East building is mainly made up of Operating Suites and Recovery areas.

#### **4<sup>th</sup> Floor Corporate Services and Executive Offices**

4<sup>th</sup> floor west building you will find all the corporate services including, payroll, People and Culture (HR), Finance, Quality & Improvement, Medico Legal and corporate communications.

## Appendix

### 1. Orientation contact & content guide

The following people will contribute to your orientation. This is a guide to topics for discussion, the people and content are not part of an exclusive list.

Contact	Discussion Topic	Complete
Executive Director, Nursing Services	Role & Responsibilities Governance	
Professional Lead	Senior Nursing Role Relationship and expectations <ul style="list-style-type: none"> <li>- ability to influence and change practice</li> <li>- ability to effect positive clinical outcomes</li> <li>- situational power and control</li> <li>- ability to influence policy development</li> <li>- ability to personally and professionally support staff</li> <li>- staff issues e.g. lack of respect, conflict</li> </ul> Shared governance Educational opportunities Performance plan and review Professional support Professional presentation Evidence based practice Nursing model of care and concepts	
Manager	Role / Expectations service provided and area of delivery of service Relationship and expectations <ul style="list-style-type: none"> <li>-autonomy and control</li> </ul> Service strategic and operational planning Service profile Finance Human resource management	
Orientation Mentor	Tour of the hospital (focusing on local areas) Professional development Programme <ul style="list-style-type: none"> <li>- educational opportunities</li> </ul> Rosters / Timesheets Purchasing / Inventory management Documentation Policy, procedures, guidelines and other manuals Relationships/peers/staff Data collection Organisational culture/ reputation IT set up; email, systems currently used e.g. IBA (VINAH),CLARA	
Other Advance Practice Nurses	Role Area specific nursing orientation plans Booking meeting rooms Accessing Library resources / Literature searches Competencies Check added to APN webpage list and relevant job title DL list	
Professor/Director Nursing Research or CNC Research	Role Service provided and area of delivery of service Research opportunities and resources	

## 2. New Staff Work Area Induction Checklist

### New Staff Work Area Induction Checklist

Name:

Start Date:

Department / Unit \_\_\_\_\_

Please discuss the following items with your Supervisor / Unit Manager / Department Head.

As you cover each item, please tick the relevant box. Do not leave any boxes blank.

1 <sup>st</sup> Day Activities	
<b>Terms &amp; Conditions of Employment</b> – Go over Contract, Award Enterprise Agreement, hours of work, overtime, punctuality, timecards, meal / tea breaks, leave provisions & procedures, Unions and pay details.	
<b>Job description</b> – Go over your job duties and responsibilities and any job related performance standards and measures.	
<b>RCH Code of Conduct</b> – Explain RCH Code of conduct, Disciplinary Policies and Procedures and the Departmental Dress Code.	
<b>Department Aims &amp; Objectives</b> – Go over the departmental aims & objectives including a copy of the Annual Report (if appropriate).	
<b>Department &amp; Organisational Structure</b> – Go over the Executive Structure and Departmental structure & functions, lines of authority, reporting relationships, and introductions to key staff member.	
<b>Hospital and Departmental Tour</b> – places to include, locker rooms, tea room, toilets, The Royal Children’s Hospital Cafe and Convenience Store, Pay Office, Library, Pharmacy and Human Resources Department.	
<b>Emergency Procedures</b> – Explain and show the RCH & departmental Emergency Procedures requirements e.g. practice Fire and other Emergency Drills and RCH Emergency Phone x777.	
<b>Fire safety requirements</b> – Explain RCH Fire Procedure, Fire Training, the location of the fire extinguishers, fire hoses, break glass alarms, fire stairs, evacuation routes & safe meeting points & the identity of the Zone Fire Warden(s).	
<b>Occupational Health and Safety (OHS)</b> – Explain RCH and departmental requirements including Policies and Procedures. OHS Officer’s name and phone number, attending any mandatory OHS Training, location of the first aid kit, sharps injury protocol, safe waste disposal, using correct manual handling techniques, using safety equipment, wearing personal protective equipment (PPE), reporting work accidents/ incidents and OHS issue resolution mechanisms.	
<b>Confidentiality requirements</b> – Explain & review Confidentiality Policy and Procedures, Breaches of Confidentiality and Freedom of Information requests.	
<b>Equal Employment Opportunity (EEO) requirements</b> – Explain & review EEO Policies and Procedures, Employee Relations contact’s name & phone number and dealing with EEO problems such as Discrimination and Harassment.	
<b>Communication equipment and processes</b> – set up extension, paging system, photocopiers, and IT systems.	
<b>Welcome to RCH Morning session</b> – If not already booked in for their first day please contact your HR Advisor and book in to the next Welcome session.	

1 <sup>st</sup> & 2 <sup>nd</sup> Week Activities	
<b>Intranet pages</b> - Go through the RCH Intranet pages, highlight the phone & email directory, policy & procedures, staff resources, bulletins, CEO newsletter	
<b>Mercury</b> – create an RCH employee login to allow them to update personal details and if a manager raise recruitment request and variations.	
<b>HR21 Staff Kiosk</b> – HR webpage, ‘quick references’, gives you access to employment details, leaves balances and pay slips	
<b>Intranet &amp; Email directory</b> – Add contact details to directory	
<b>Training and Development</b> – Discuss opportunities for further training & development.	
<b>Emergency Management Quiz</b> – complete the mandatory quiz	
<b>VHIMS</b> – Create account	
<b>Performance review(s)</b> – Explain the method to be used, how often it will be, opportunities for follow up sessions and to give/ receive feedback and your probationary period.	
<b>Accreditation</b> - Go over how Accreditation affects your role via the Accreditation website	

I have discussed all these items with my Manager / Professional Lead.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I have discussed all these items with my new staff member.

Name \_\_\_\_\_

Position \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



# CH Nursing Clinical Practice Monthly Report



<b>Name:</b>		<b>Reporting Manager:</b>	
<b>Date:</b>		<b>Professional Lead:</b>	
<b>Days of the week worked (circle):</b>	<b>Monday Friday</b>	<b>Tuesday Saturday</b>	<b>Wednesday Sunday Thursday</b>

<b>1. Patient's Review / Consultancies</b>	<b>Number - Month</b>	<b>Number - YTD</b>
a) Inpatients		
b) Outpatients		
c) Community		
<b>2. Patient Phone Consultations</b>	<b>Number - Month</b>	<b>Number - YTD</b>
<b>3. Direct Comprehensive Care</b>		
<b>4. Quality</b>		
<b>5. Education, Research &amp; Professional Leadership</b>		
<b>6. General Comments</b>		