



Western Health

Midwifery Orientation Manual

Together, embracing our families





Midwifery Orientation Handbook

المنارة للاستشارات

Welcome

You are about to embark on an innovative midwifery journey towards a challenging and rewarding career at Sunshine Hospital.

We look forward to sharing your experience.....



Western Health



Midwifery Orientation Handbook

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Purpose of Handbook

This handbook is designed to provide, within one document the information necessary to orientate new Midwives to Sunshine Hospital Maternity Services.

It is prepared as a ready reference and aims to answer questions most frequently asked by new employees. It is not intended to be definitive. Due to the complexity of some of the topics basic information has been provided. When required effort has been made to direct the reader to additional or more detailed sources.



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Western Health

Section One

- Welcome**
- Purpose of Handbook**
- Mission Statement**
- Western Health Introduction**
- Western Health Recent Capital Development**
- Sunshine Hospital**
- Maternity Services**
- Models of Care**
- Inpatient Care**
- Clinical Rotation Pathway**
- Supernumerary Experience**





Introduction

Western Health Mission Statement

Our Purpose

Working collaboratively to provide quality health and well-being services for the people of the West.

Our Approach

- *Sharing responsibility for setting our strategic direction*
- *Steering Western Health, guided by our blueprint*
- *Caring for the West – our patients, staff, community and environment.*

Our Values

Compassion – *consistently acting with empathy and integrity*

Accountability – *empowering our staff to serve our community*

Respect – *for the rights, beliefs and choice of every individual*

Excellence – *inspiring and motivating, innovation and achievement*

Safety – *working in an open, honest and safe environment*

Western Health

- The most rapidly expanding community in Victoria with a predicted population growth of 4 percent per year over the next 10 years.
- The major provider of acute health care services throughout the Western Metropolitan Region.
- Services include emergency, elective, medical, surgical, obstetric, paediatric, community based rehabilitation, acute geriatric medicine and sub acute services.
- Three acute hospital campuses – Western Hospital, Sunshine Hospital and Williamstown Hospital.
- Residential aged care facilities from Reg Geary House and Hazeldean Nursing Home.
- Sunbury Day Hospital
- Alcohol services from DAS West.
- Employs over 5000 staff across campuses.
- Established links with the University of Melbourne, La Trobe University and Victoria University.

Recent Capital Redevelopment

- Sunshine Hospital Radiation Therapy Centre
- Sunbury Day Hospital
- Western Centre for Health Research and Education
- Acute Services Building – Sunshine Hospital (To be completed 2012)
The 4-level building will offer a range of services, including:
- 128 inpatient beds
- New outpatient clinic rooms

- 26 cot special care nursery
- 30 same day medical beds
- Diagnostic labs and clinical support offices.

Further information regarding Western Health Strategic vision and capital expenditure
http://www.wh.org.au/Corporate_Information/Our_Strategic_Vision/index.aspx

Sunshine Hospital

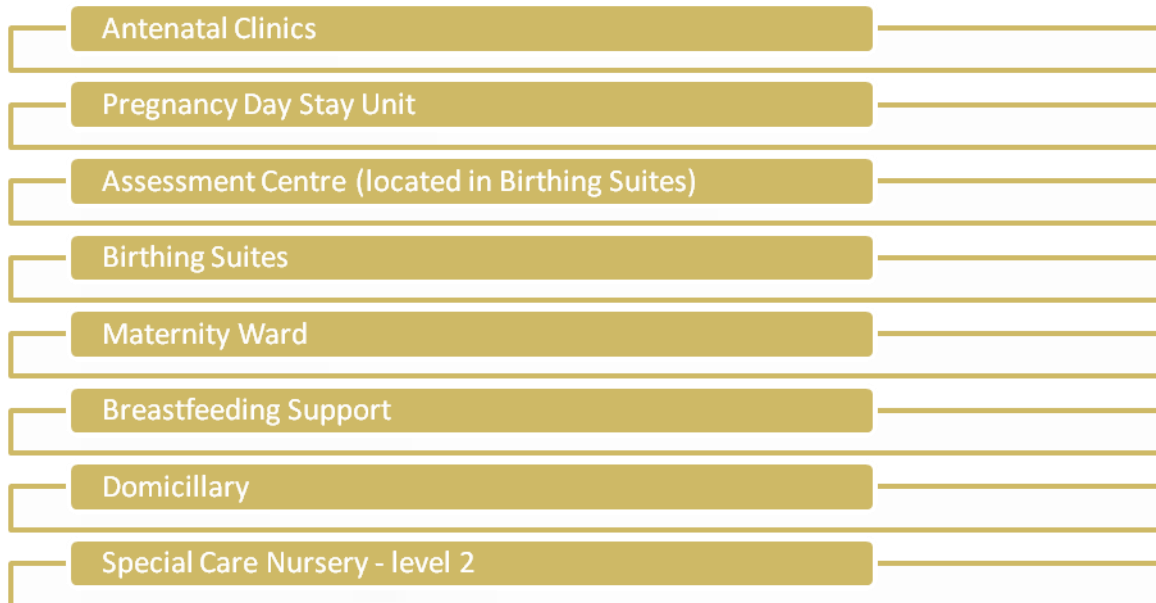
- Located at 176 Furlong Road, St Albans.
- Centre of capital redevelopment for Western Health.
- Services provided include:
- Acute and Sub Acute Inpatients
- Allied Health
- Community Based Rehabilitation
- Day Hospice
- Emergency Department
- Imaging
- Maternity
- Outpatient Clinics
- Pediatrics Surgery and Medicine
- Palliative Care
- Renal Services
- Surgery
- Research

Further information regarding Sunshine Hospital
http://www.wh.org.au/Corporate_Information/Our_Services/Sunshine_Hospital/index.aspx

Maternity Services

- Sunshine Maternity services cater for approximately 5000 births per year.
- Care consists of inpatient, outpatient and community linked services.
- Our Maternity services provide antenatal, birthing, postnatal, breastfeeding support and domiciliary care for women and their families.
- We cater for all women regardless of complexity.
- Several Midwifery models of care are available in collaboration with Obstetrics and Gynaecology Consultants.
- Renowned for evidence based innovative and visionary Midwifery clinical practice.

The Women's and Children's division at Sunshine Hospital is made up of several care services.



Models of Care

- Sunshine Hospital proudly offers a number of maternity care options.
- Care model options are discussed with all women at their initial appointment.
- A model of care is chosen based on individual assessment and needs.
- The primary model of care may change during the pregnancy due to ongoing assessment.
- Models include:

Midwifery Group Practice (MGP)

Midwifery Group Practice is based on a small team of midwives who practice in pairs providing maternity care throughout pregnancy, labour, birth and early parenting. Each full time Midwifery Group Practice member has a caseload of 40 women per year (0.5 EFT 20 women).

The aim of Midwifery Group Practice is to provide continuity of care. Care is provided within the hospital and community.

The Midwifery Group Practice model incorporates all levels of care in collaboration with the medical and multi disciplinary team. Early discharge is promoted and supported with two weeks domiciliary care.

Sunshine Hospital currently has the largest Midwifery Group Practice in Victoria. Student Midwives and Graduate Midwives are given the opportunity to experience Midwifery Group Practice.

Midwifery Group Practice (MGP) Homebirth

Midwifery Group Practice (MGP) Homebirth originally commenced at Sunshine Hospital as a pilot program. Homebirth is an extension of Midwifery Group Practice. Due to the programs overwhelming reputation and success homebirth has become an extremely popular option for women wishing to birth at home.

All women accepted for birthing at home have met the programs eligibility criteria.

Sunshine Hospital has the largest Homebirth practice in Australia.

Midwifery Care

For women with uncomplicated pregnancies, antenatal care is provided by Midwives. Appointments are offered by Sunshine Hospital both on site and in numerous community clinics.

ANTENATAL PREGNANCY APPOINTMENT CHECKLIST

WEEKS	DISCUSSION/ASSESSMENT	REVIEW	INVESTIGATION/DISCUSSION
10-12 Midwife booking	<ul style="list-style-type: none"> Initial antenatal investigations Previous antenatal history Family history Medical history Carefully assess due date and organise dating U/S if necessary Risk assessment Care model Measure BP BMI Listeria Choice in infant feeding Breastfeeding assessment if shared care Drug and alcohol screening Smoking history 	<ul style="list-style-type: none"> Any blood tests results sent in by GP. Any ultrasounds sent in by GP. 	<ul style="list-style-type: none"> Blood group and antibodies FBE Ferritin Haemoglobinopathies/Thalassaemia screen Hep B and C TPHA (syphilis) Rubella MSU Discuss request for 2nd trimester MSST if 1st trimester nuchal test/biochemistry screening not done. Discuss GTT if previous GDM, family history or PCOS at 16 weeks 18-20 week ultrasound Vitamin D
15-18 Medical booking/ midwife	<ul style="list-style-type: none"> Antenatal medical booking Medical Assessment Check 1st or 2nd trimester screening offered/completed Fundal height BP Pap smear if required 	<ul style="list-style-type: none"> Complete/review initial antenatal tests 	<ul style="list-style-type: none"> Discuss/request MSST Drug and alcohol screen BMI HIV with pre-test counselling 20 week ultrasound
20-22 (Midwife)	<ul style="list-style-type: none"> Measure BP, check baby's heartbeat and measure fundal height Fetal movements Confirm EDB Smoking cessation Infant feeding assessment Changes/common complaints in pregnancy Diet and nutrition Allied health Role of students/research Length of stay Foetal movements Exercise Antenatal classes 	<ul style="list-style-type: none"> Review 18-20 week ultrasound Complete/review any unfinished tests. 	<ul style="list-style-type: none"> GCT – to be done at 26 weeks Anti D – to be done at 28 weeks (or can be done at same time as GCT)

WEEKS	DISCUSSION/ASSESSMENT	REVIEW	INVESTIGATION/DISCUSSION
26-28 (Midwife)	<ul style="list-style-type: none"> Measure BP, check baby's heartbeat and measure fundal height Ascertain presentation Changes/common complaints in pregnancy Infant feeding Diet Allied health Antenatal classes should be booked by this appointment 	<ul style="list-style-type: none"> GCT Check 20 week U/S to ensure that no further U/S is required, e.g. low lying placenta, increased BMI, foetal abnormality,. 	<ul style="list-style-type: none"> Rh antibodies on all pregnant women – Anti D injection for Rh neg
30-32 (Midwife)	<ul style="list-style-type: none"> Measure BP, check baby's movements, heartbeat, fundal height and presentation Smoking assessment SH information brochure Normal length of pregnancy Length of stay Preparation for going home 	<ul style="list-style-type: none"> Ensure that Anti D at 26-28 weeks has been given and that next appointment for 32 weeks has been made. 	
34-36 (Midwife)	<ul style="list-style-type: none"> Measure BP, check baby's movements, heartbeat, fundal height and presentation Preparation for birth Provide RANZCOG Pain relief during childbirth leaflet. Infant feeding – discuss consent for formula if breastfeeding Infant injections – Vitamin K and Hepatitis B information and permission slip Neonatal screening – give information leaflet 	<ul style="list-style-type: none"> Ensure that Anti D at 32 weeks has been given 	<ul style="list-style-type: none"> GBS + HB discussed Hb
36-38 (Midwife)	<ul style="list-style-type: none"> Measure BP, check baby's movements, heartbeat, fundal height and presentation Signs of labour and how to contact birth suite. Ongoing preparation for labour and birth Offer 39 week appointment for primigravidas 	<ul style="list-style-type: none"> GBS Hb 	<ul style="list-style-type: none"> GBS if not done and Hb
38-40 (Midwife)	<ul style="list-style-type: none"> Measure BP, check baby's movements, heartbeat, fundal height and presentation and position Ongoing preparation for 	<ul style="list-style-type: none"> GBS Hb 	

WEEKS	DISCUSSION/ASSESSMENT	REVIEW	INVESTIGATION/DISCUSSION
	labour and birth <ul style="list-style-type: none"> • Offer 39 week check to primigravida 		
41 (CMC)	<ul style="list-style-type: none"> • Measure BP, check baby's movements, heartbeat, size and position • CTG • Natural methods of induction of labour • Discuss and offer stretch and sweep • Discuss and book IOL at 40+10 if woman agrees • If IOL is delayed then further monitoring as indicated. 		<ul style="list-style-type: none"> • CTG & AFI • Bishop Score • Offer Stretch and sweep

Aim for:

6-8wkly visits to 24 weeks

4wkly to visits 34 weeks

2wkly until term

Total of 9 visits throughout pregnancy

High Risk Care

High Risk Care is provided at Sunshine Hospital for women with pregnancy complications or medical problems. Care is provided by a multidisciplinary team including Obstetrician, Physicians, Midwives and Allied Health Professionals.



Shared Maternity Care

Shared Maternity Care is available to all women with low risk pregnancies. This model of care allows women to have an affiliation between their General Practitioner, Obstetrician and Midwife.

Maternity Outreach and Support Service (MOSS)

Maternity Outreach and Support Service is a program offered to women who require more intensive monitoring and support throughout their pregnancy, labour, birth and postnatal period.

Women suitable for the program include women assessed with alcohol and drug dependencies, history of family violence or abuse, intellectual disabilities and mental health disorders.

The clinical lead for Maternity Outreach and Support Service at Sunshine Hospital is Karyn Smith (Clinical Midwife Consultant).

Genetics

Sunshine Hospital provides genetic counseling and tertiary level ultrasounds on onsite.

Appointments for either service are booked by contacting the Perinatal - Antenatal Coordinator.

The Perinatal - Antenatal Coordinator is also available for advice regarding genetic testing options and interpretation of results.

Susan Davis
Perinatal - Antenatal Coordinator
8345 0346

Early Pregnancy Assessment Service (EPAS)

The Early Pregnancy Assessment Service operates Monday to Friday from Women's Clinic at Sunshine Hospital.

Referrals are received from General Practitioners, Obstetricians, Triage and Emergency Department and other services at Sunshine Hospital.

The selection criteria for consultation within this service include:

- Positive pregnancy test
- Less than 16 weeks pregnancy

➤ Mild pain / bleeding - stable

➤ Diagnosis of pregnancy loss

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Inpatient Care

Birthing Suite



The Birthing Unit is located on the first floor of the Sunshine hospital.

It consists of 10 birthing rooms and a 4 bay assessment centre which have recently been refurbished.

Innovative evidence based Midwifery practice within the unit is well renowned and a strong incentive for prospective Midwifery employees. Birthing in water facilities are offered in all rooms.

Birthing is supported by 24 hour Paediatrics and Anaesthetic / Operating theatre coverage. Complementary support available within the hospital includes ICU Liaison, Pain Management Team, Clinical Midwife Consultants and Midwifery Educators.

Maternity Unit

The Maternity unit is located on the second floor of Sunshine Hospital.

It consists of 40 beds comprising single and 2-bed rooms. It has recently been redesigned to support a woman-centered model of care.



Midwives provide comprehensive care during admission by working in close partnership with the multidisciplinary team, comprising Obstetricians, Medical staff, Pediatricians and Allied Health.

The average length of stay is two days following an uncomplicated normal birth and three days for a birth by caesarean section.

A Domiciliary visit will be organised within 24-48 hours post discharge. Domiciliary visits will be planned and then care followed up by the Maternal &

Child Health Service.

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Pregnancy Day Stay Unit (PDSU)

This unit is located on the second floor of the Sunshine hospital.

It is an 8 bed pregnancy assessment unit staffed by Midwives who work in collaboration with Medical and Allied Health staff.

Antenatal care within the unit included:

- CTG monitoring
- Fetal surveillance
- Cervical ripening
- Iron infusion
- PIH assessment
- Antenatal assessment post 20 weeks e.g. spontaneous rupture of membranes, vaginal bleed

Breast Feeding Support Services (BFSS)



Sunshine hospital is committed to promoting breastfeeding. The hospital has recently been re-assessed for Baby Friendly Healthy Initiative Accreditation and as such follows the World Health's 10 steps to successful breastfeeding.

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This service is provided to mothers who have given birth at Sunshine Hospital and is staffed by Lactation Consultants and experienced Midwives.

It is operated primarily as an outreach service and referrals are facilitated into the community to Maternal & Child Health Services and to the Australian Breastfeeding Association.

Special Care Nursery

The Special Care Nursery at Sunshine Hospital is a 15 bed high dependency level II unit with approximately 650 neonatal admissions per year.

Various levels of care are provided including:

- Advanced resuscitation and stabilisation of babies
- Use of Continuous Positive Airway Pressure (CPAP) for respiratory distress
- Establishment of oral feeding in premature infants
- Phototherapy for neonatal jaundice

- Intravenous antibiotic therapy
- Observation and management of babies born to chemically dependent mothers
- *Comfort Care for Families* program
- *Hospital in the Home* program
- Supported by specialised Neonatologists



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CLINICAL ROTATION PATHWAY

Orientation to the Midwifery division at Sunshine Hospital is based on two pathway options.

ORIENTATION OPTION ONE – CORE

ORIENTATION OPTION TWO – MIDWIFERY GROUP PRACTICE

Orientation Option One is designed to meet the learning needs of the Core Midwife.

Orientation Option Two allows for extended clinical exposure due to the additional knowledge requirements and expectations of group practice. This will assist in a smooth transition.

All new Midwifery Group Practice employees must complete a minimum of 6 weeks clinical orientation experience before progressing to Midwifery Group Practice model of care.

Supernumerary days are provided in each clinical rotation to facilitate a quality positive learning orientation environment. It is anticipated that during this orientation period new employees are mentored by experienced Midwives.

Being rostered within the area will follow supernumerary days. It is anticipated that within 6 weeks the new employee will have been orientated to all five clinical areas.

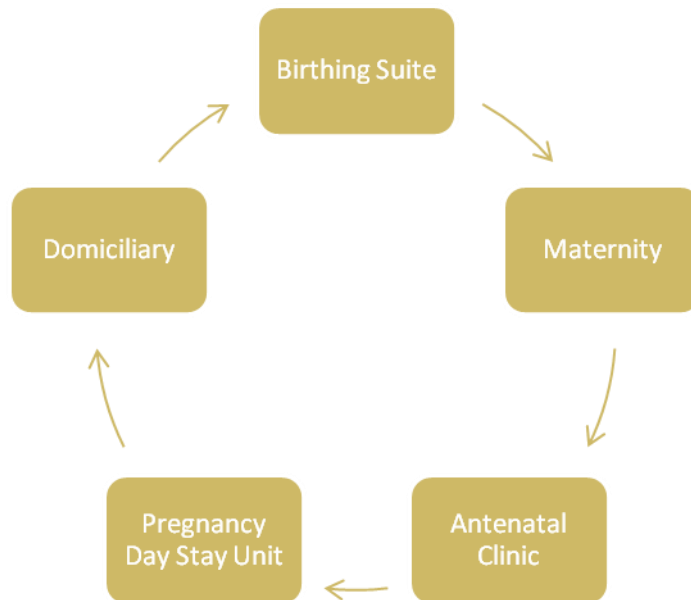
*It is a **mandatory** requirement of the supernumerary experience that the orientation checklist be completed in each new clinical environment.*

Midwifery Group Practice orientation maybe extended at the discretion of the Unit Managers and Midwife.

Midwives following the **Orientation Option Two** Pathway are referred to the *Midwifery Group Practice Information Pack for Midwives* document.

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MATERNITY CLINICAL ROTATION **(6 weeks)**



ORIENTATION CLINICAL ROTATION (WEEKS)

Area of Orientation	Clinical Rotation Duration (Weeks)
Birthing	2
Maternity	2
Antenatal Clinic	*
Domiciliary	*
Pregnancy Day Stay	*
} rotation to remaining 3 clinical areas over 2 weeks	
Total	6

Clinical rotation to Antenatal clinic, Domiciliary and Pregnancy Day Stay Unit will be rostered at the behest of Maternity services roster manager.

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ORIENTATION OPTION ONE – CORE MIDWIVES SUPERNUMERARY DAYS

Area of Orientation	Supernumerary Duration (days)
Birthing	2
Maternity	2
Antenatal Clinic	2
Domiciliary	2
Pregnancy Day Stay	1

ORIENTATION OPTION TWO – MIDWIFERY GROUP PRACTICE SUPERNUMERARY DAYS

Area of Orientation	Supernumerary Duration (days)
Birthing	2
Maternity	2
Antenatal Clinic	2
Antenatal Clinic - Satellite	1
Domiciliary	1
Pregnancy Day Stay	1



Section Two

Parking
Meals
Lockers
Smoking
Library
Rosters
Pay Enquiries
Salary Packaging
Sick Leave
Planned Leave



STAFF FACILITIES

Car Parking

Car parking is available on site at a cost of \$5.00 per day. Sunshine Hospital identification is required to receive the discounted staff rate.

Staff may elect to have their car parking fees direct debited fortnightly from their pay. Application forms are available on the intranet site.

There are designated parking zones for staff using the direct debit system.

Parking is also available opposite and adjacent to Sunshine Hospital. This is a coin ticketing system arrangement and is independent from the hospital.

Parking can sometimes be a challenge. Midwifery staff are encouraged to allow enough time to park prior to their commencement time.

Meals

Refrigeration and microwave facilities are available for all staff in each department.

Café Zouki is available on the ground floor foyer at Sunshine Hospital. The café provides both hot and cold food to staff and visitors.

Numerous vending machines are provided through out the hospital.

Lockers

Day lockers are available in all departments. At the completion of your shift it is expected that all items be removed from the locker and the key returned to the lock.

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Permanent lockers are available on the Maternity Ward for Midwives working predominantly on the second floor.

If you require a permanent locker please contact Maree Gordon (ANUM Maternity).

Midwives are discouraged from bringing valuables into the hospital and from leaving personal items unsecured.

Smoking

Sunshine Hospital is a smoke free site.

Library

The library is located in the *Western Centre for Health Research and Education* at Sunshine Hospital.

Library hours are Monday to Friday 0830-1700.

Further information regarding library services
<http://info.wh.org.au/Library/index.aspx>

Rostered Shifts

There are a number of different roster configurations at Sunshine Hospital. Most Midwives are contracted for either 8 or 10 hour shifts.

All Midwives contracted for a rotating roster are expected to rotate onto night duty.

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It is the Midwives responsibility to check the shift commencement and completion time before starting in a new clinical area as the shift times are not universal and are tailored according to the requirements of the unit.

Sunshine utilizes the *RosterOn* program.

Midwives are encouraged to familiarise themselves with the *RosterOn* program.

Any anticipated roster discrepancies or errors need to be discussed with either Jenny Tenni (Maternity NUM) or Ngaire McClean (Birthing NUM).

Staff rosters are completed 6 weeks in advance.

Further information regarding *RosterOn*:
Midwifery Orientation Handbook – Communication
<http://roster.ssg.org.au>

Midwifery Orientation Handbook

Pay

- Sunshine Hospital has a “timesheet free” pay system.
- All Midwives are paid fortnightly as per RosterOn data.
- Each shift is locked daily as correct by the ANUM or NUM.
- At the completion of the pay fortnight the RosterOn program is locked and sent to pay office.
- If you suspect a pay error please discuss with either Jenny Tenni (Maternity NUM) or Ngaire McClean (Birthing NUM).
- Salary Packaging is available to Sunshine Hospital employees. The Smart Salary office is located on the ground floor.

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Pay enquiries:

Royal Melbourne Hospital PayHelp Desk 9342 8040
Payhelp@ssg.org.au

Further information regarding Salary Packaging:

Phone 1300 476 278
www.smartsalary.com.au

Sick Leave

- Sick leave entitlements are as per the EBA.
- If you are unwell or need to take personal leave it is mandatory that you ring and speak to the Midwife In charge of Maternity.
- Do not leave a message with another midwife or in a different department as this may result in roster error.

- All sick or personal leave certificates are to be given to Jenni Tenni (Maternity NUM). When received the RosterOn program will be edited to reflect leave entitlement with certificate.

For additional information:

People Services (Sunshine) 8345 1859

Planned Leave

- The *Maternity Staff Annual Leave Planner* is located on the Sunshine Hospital S Drive. It highlights leave approval and EFT leave vacancies.
 - *Annual Leave and Special Leave* request forms are available on the intranet – directory “Form Central – People Services”.
 - All planned leave forms including annual, study and long service are to be given to Ngaire McClean (Birthing NUM) for approval.
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- All planned leave forms are returned via the internal mailing system to Midwifery applicants.
 - Leave entitlements are as per the EBA.





Western Health

Section Three

Emergency Response

Paging System

LAN Paging System

Phone Numbers

Computer Access

iPM

BOSV6

Webmail

RosterOn

Policy and Procedures

Bossnet



Midwifery Orientation Handbook

المنارة للاستشارات

**Midwifery Handover
Interpreter Services
Clinical Markers (ISBAR)**

EMERGENCY RESPONSE

- Dial 444 to activate a Western Health emergency response.
- It is imperative that all staff:
- Can identify an at risk situation.
- Are familiar with emergency response procedures, emergency equipment location and the emergency assembly areas.

- The *Orientation Checklist – emergency equipment* is to be completed for each new clinical environment.
- Fire and Emergency Procedures is a mandatory yearly competency.

Further information – ELearning Fire and Emergency Procedures
http://www.wh.org.au/Education_and_Training/E-Learning/index.aspx

EMERGENCY	RESPONSE
FIRE / SMOKE RESPOND RED	<ul style="list-style-type: none"> ◆ If safe to do so, rescue anyone in immediate danger & isolate Fire/Smoke by closing doors. ◆ Raise alarm - Activate nearest Break Glass Alarm, <ul style="list-style-type: none"> - Dial 444 & state type of emergency & location, - Notify Area Warden or person in charge of area. ◆ Turn off & isolate all oxygen supplies & electrical equipment in vicinity of emergency. ◆ If safe to do so, attempt to extinguish fire, or prepare to evacuate. ◆ Follow instructions issued by Area Warden or person in charge of area.
EVACUATION RESPOND ORANGE	<ul style="list-style-type: none"> ◆ The need to evacuate, to where & via which exit, will be determined by Area Warden or person in charge of area &/or Incident Commander. Do Not Use Lifts. ◆ When instructed evacuate to the nominated area on the same floor preferably in the following order: <ul style="list-style-type: none"> - Ambulant patients, - Semi-ambulant patients, - Non-ambulant patients via bed, trolley, wheelchair, chair or other means. ◆ Search all rooms, leave lights on & collect staff rosters & patient lists. ◆ Advise Incident Commander of completed evacuation.
BOMB THREAT RESPOND PURPLE	<ul style="list-style-type: none"> ◆ On receiving phone call, keep caller talking. Do not hang up. Keep line open until Police arrive. ◆ Record information on bomb threat checklist. ◆ Alert another staff member to Dial 444, stating phone extension & area under threat. ◆ If suspect item is found - Do not touch. Remove anyone from immediate danger area. ◆ Notify Area Warden or person in charge of area. ◆ Await further instructions from the Incident Commander via WIP phone.
MEDICAL EMERGENCY / CARDIAC ARREST RESPOND BLUE	<ul style="list-style-type: none"> ◆ Check area for any immediate signs of danger to yourself or to the casualty. ◆ If necessary and safe to do so, remove the patient from immediate danger. ◆ Dial 444 & state type of emergency & location - Medical Response Team will then be notified. ◆ Commence First Aid / CPR, if competent to do so. ◆ Remain with the patient until Medical Response Team arrives.
INTERNAL EMERGENCY RESPOND YELLOW	<ul style="list-style-type: none"> ◆ If safe to do so, move anyone in danger, to safety. ◆ Dial 444 & state type of emergency & location. ◆ Notify Area Warden or person in charge of area. ◆ If necessary & safe to do so, provide medical assistance &/or isolate services. ◆ Await further instructions from the Area Warden or person in charge of area. ◆ In the event of a demonstration, refrain from confronting/speaking to demonstrators, & unless otherwise directed by the Area Warden or person in charge of area, remain in current location.
ARMED THREAT RESPOND BLACK (Discreet Response)	<ul style="list-style-type: none"> ◆ Do not jeopardise your own or others safety. ◆ Obey instructions - do not withhold drugs/money if demanded. ◆ Do only what is directed, nothing more. ◆ Talk in a non-threatening manner. ◆ If able, activate duress / silent intruder alarm if it exists, OR ◆ Dial 444 or alert another staff member to Dial 444 & state type of emergency & location - Police will then be notified ◆ Stay calm & await assistance.
UNARMED THREAT (Including Aggressive Behaviour) RESPOND GREY	<ul style="list-style-type: none"> ◆ Do not jeopardise your own or others safety. ◆ Ensure safe distance is placed between you & the aggressor. ◆ Talk in a non-threatening manner. ◆ Dial 444 or alert another staff member to Dial 444 & state type of emergency & location. ◆ Stay calm & await assistance.
EXTERNAL EMERGENCY RESPOND BROWN	<ul style="list-style-type: none"> ◆ Refer to External Emergency Response Plan. ◆ Await instructions from Incident Commander via WIP phone.
STAND DOWN (ALL CLEAR)	At the completion of the emergency & only on the authority of the Incident Commander will the 'Stand Down' announcement be made.



Communications

- Sunshine Hospital telephone number is 8345 1333.
- All departments have a telephone directory located on the main service desk.
- Internal phone numbers are also available via the intranet.
- If you wish to dial an external telephone number from an internal line dial zero and then the number required.

Paging System

Dial 62 on the handset and then follow the prompts.

LAN Paging System

- Click on the LAN page icon on the ward computer desktop.
- Enter pager number and the person's holder name of the number entered will appear on the screen.
- Type in a brief message including your name, location and a phone extension number to be called back on.

Phone Numbers

Departments

Domiciliary 8345 1538

Emergency Department 8345 1596
8345 1600

Birthing 8345 0041
8345 1719

Maternity 8345 0042
8345 1767

Pediatric Outpatients 8345 1616

Pregnancy Day Stay Unit 8345 1680
8345 1029

Special Care Nursery 8345 1703
8345 1712

Theatre 8345 1560
8345 1566

Women's Clinic 8345 1512
8345 1727

Support

Enquiries 8345 6666

Health Information 8345 1642

IT Support 8345 6777

Pay Enquiries 8342 8040

People Services 8345 1859

Managers

Susan Gannon 8345 1746
Divisional Director

Ngaire McClean 8345 0041
Birthing Suite Unit Manager

Jenny Tenni 8345 0042
Maternity Unit Manager

Chris Kerr 8345 0791
Women's Clinic Unit Manager

Patrice Hickey 8345 1500
Clinical Mentor MGP

Computer Access

Maternity Services utilizes a number of computer programs. These include:

- Sunshine Hospital Intranet Site
- Webmail
- RosterOn
- iPM
- BOSSNET / DMR (Digital Medical Record)/ Synapse
- BOSV6

Access to each of these programs is obtained by completing the [Request for Network Access](#) form which is available on the Sunshine Hospital Intranet Site. This is completed and authorized with one of the Unit Managers prior to commencement.

The following *Midwifery Handbook* pages discuss how to access the Sunshine Hospital Intranet Site, Webmail, RosterOn, and BOSSNET.

Detailed user guides are available on the intranet site.

If you are experiencing problems with you network access please ring IT Support 8345 8888.

iPM

- Navigating iPM, appointment bookings and referrals is discussed in the *Introduction to Women's Clinic* document. Laminated algorithms are also available in each department explaining the booking process for Allied Health Referrals.
- Midwives following the *Orientation Pathway Option Two* will need to set up remote server access with Jenny Gore prior to commencing satellite clinic supernumerary days.

Birthing outcome System (BOSV6)

Birthing Outcome System (BOSV6) is an electronic database designed to assist maternity services. BOSV6 was launched 2012.

Data entered allows BOSV6 to compile care summaries of clients' pregnancy and birth episode, statutory reports to various health agencies and produce audits for quality and benchmarking of health care.

BOSV6 user guides are available on the computer desk tops in each department and also on the Sunshine Hospital Intranet Site.

Sunshine Hospital employs a BOSV6 Operational Manager. Her role is to maintain the integrity of data entered; check data errors with the Victorian Perinatal Data Collection and provide ongoing education to all BOS users within the maternity service.

Linda Campbell is available for BOSV6 tuition if new Midwives require additional assistance with accessing and implementing the program.

If you are experiencing BOSV6 access problems please contact Linda Campbell.

Contact details:

Linda Campbell

T: 83450043


E: lindam.campbell@wh.org.au

Available: Monday, Tuesday, Wednesday & alternate Thursdays

WebMail

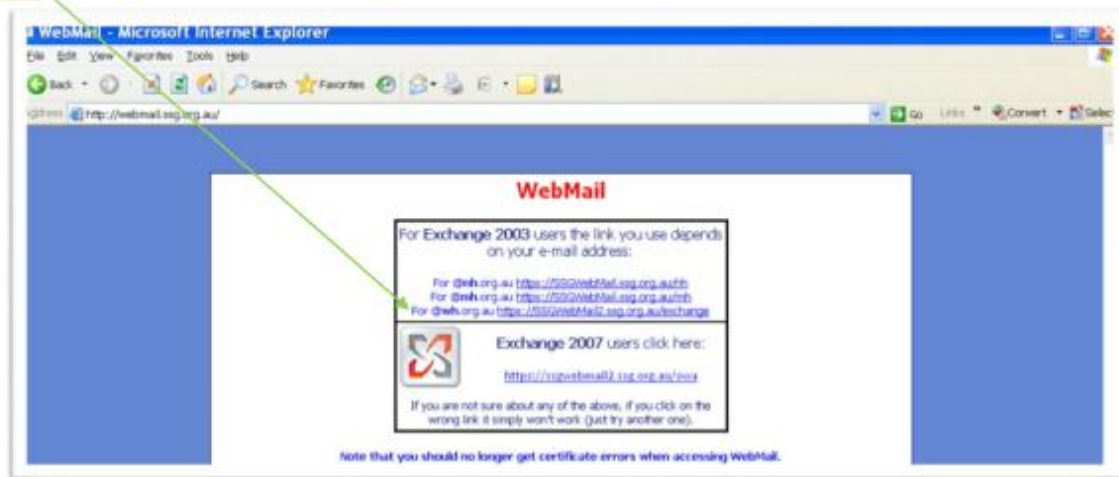
Email can be accessed both at home and at work through Webmail.

You may use webmail to access your e-mails anywhere. Internet Explorer is available 24 hours a day. To access your email from another site, home or another office click on the Internet Explorer icon and type the following in the address section:

 <http://webmail.ssg.org.au/>

1

It brings you to the following screen – select this option for Western Health.



2

Place your username & password in the Web Access box & click on Log On.
You will then have access to your e-mail via the Internet.

3

When you are finished make sure to click on "Log Off" to exit the system, located on the left hand side of the screen.



Roster-On



Logging on to Roster-On at work

1. Double-click the icon on the computer desktop
2. The Roster-On Title Window will be displayed followed by the Log on Window

A screenshot of a "Log-On" dialog box. It has a title bar with a globe icon and the text "Log-On" and a close button. The dialog contains two input fields: "User Name:" with the value "123456" and "Password:" with masked characters. To the right of the input fields are three buttons: "OK", "Cancel", and "Help".

Logging on for the first time

Your username is your employee number.

Please Note: Initially the username and password will be the same.

A change password prompt will appear when logging on to Roster-On for the first time

Changing a Password

User passwords can be changed at anytime.

1. Select the **File** drop down menu
2. Then select **Change Password**

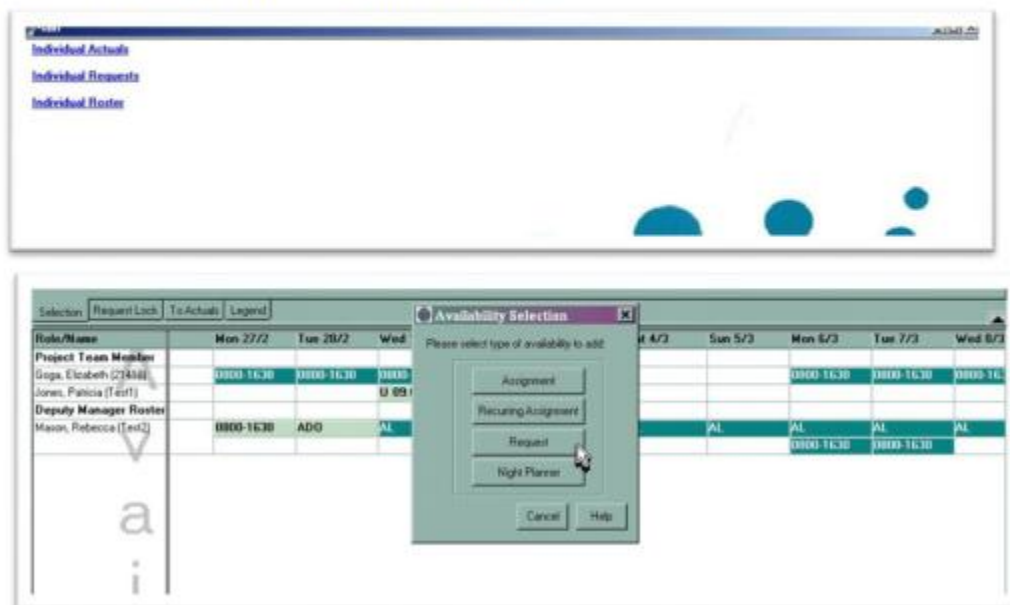
A screenshot of a "Change Password" dialog box. It has a title bar with a globe icon and the text "Change Password" and a close button. The dialog contains four input fields: "User Name:" with the value "123456", "Old Password:" with masked characters, "New Password:" with masked characters, and "Confirmation:" with masked characters. To the right of the input fields are three buttons: "OK", "Cancel", and "Help".

For password resets, contact the IT Helpdesk on ext: 28888

Individual Requests

To enter requests:

1. Double click the "individual requests" hyperlink



2. Check the date range and alter as required (Right Mouse Button click the date to display the calendar)
3. Select the Area
4. From the employee drop down list you can either choose "All" – which will display all of the employees on the roster, or choose your own name, so only your name is shown.
5. Click on **Retrieve**.
6. Scroll down to your name
7. To make a request go to the date required and double left mouse click on cell. The request maintenance screen will appear you may request a specific shift/leave or note availability by clicking on appropriate space.

To select a shift

The screenshot shows a web-based form for selecting a shift. At the top, there are radio buttons for 'Shift', 'Leave', 'Available', and 'Unavailable'. The 'Shift' option is selected and highlighted with a green circle. Below this, there are several input fields: 'Date' (Monday, 11/01/2007), 'Priority' (a dropdown menu), 'Employee' (D'Conor, Daralle), 'Area' (Electronic Imaging Project), 'Shift' (Standard Office Day), and 'Role' (Project Team Member). There are also fields for 'Shift Type' (Hours: 8:00), 'Start Time' (00:00), and 'Finish Time' (23:59). A 'Reason' field is at the bottom. At the very bottom, there is a box containing 'Account Name: D'Conor, Daralle' and 'Date/Time: 16/01/2007 13:43:22'.

1. Click cursor on shift
2. Select the priority for your request from the drop down box. E.g. Priority 1 is your most important request.
3. Proceed to the shift box and click cursor on arrow Shift types will appear. Click cursor on desired shift.
4. If you wish to provide a reason for request you may do so by clicking on reason line and typing in information. Only you and the roster manager are able to view this.
5. Save and Close. The frame will return to the grid and your request will be noted on that day.

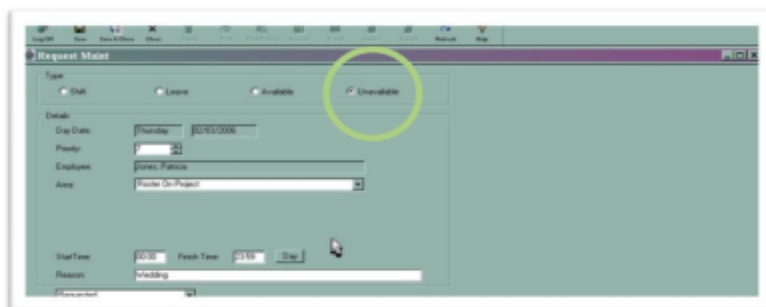
Please Note: If you are happy to be available for several shifts, you can enter more than 1 shift per day

To select Leave

The screenshot shows a web form titled "Request Maint". At the top, there are four radio buttons under the heading "Type": "Shift", "Leave", "Available", and "Unavailable". The "Leave" radio button is selected and circled in yellow. Below this is a "Details" section with several fields: "Day Date" (Monday, 10/20/2008), "Priority" (1), "Employee" (Jones, Patricia), "Area" (Roster On Project), "Leave" (Accrued Day Off), "Role" (Project Team Member), "Part Day?" (checkbox), "Hours" (8:00), "Start Time" (08:00), "Finish Time" (03:59), and "Reason" (Requested).

1. Click cursor on leave
2. Select the priority for your request from the drop down box. E.g. Priority 1 is your most important request.
3. Proceed to the leave in details box and click on arrow. All leave types will be displayed.
4. Click on leave required
5. Click **Save & close**. The frame will return to the grid and your request will be noted.

To note if you are unavailable



1. Click cursor on unavailable
2. Select the priority for your request from the drop down box. E.g. Priority 1 is your most important request.
3. Identify the time you are **unavailable** by entering the start and finish time.
Please Note: 00:00 – 23:59 means you are unavailable for the entire 24hr period.
4. Save & close.

Quick Tips:

- Move = Click, drag and drop
- Single Copy = Ctrl, then Click, drag and drop
- Multi Copy = Ctrl + Shift, then Click, drag and drop



Logging off Roster-On

There are two ways to log off the Roster-On System

1. Select the File drop down menu then select Log off.
2. Or Click on the Log off Icon.

View your Roster from home!

- View the most up to date roster for your department
- View your own individual roster
- Make requests

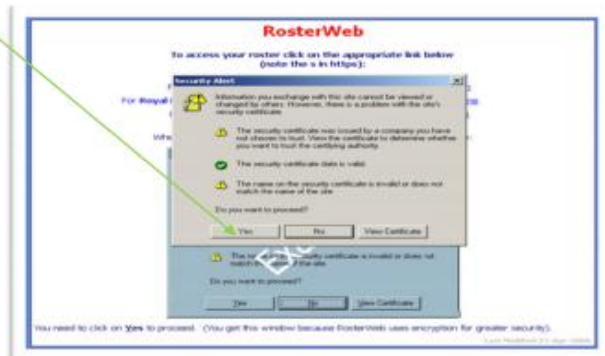
These Instructions can be applied to any computer with an Internet connection:

1 Open up Internet Explorer and in the address bar type: <http://roster.ssg.org.au>

2 Select your Health Service by clicking on one of these 3 links



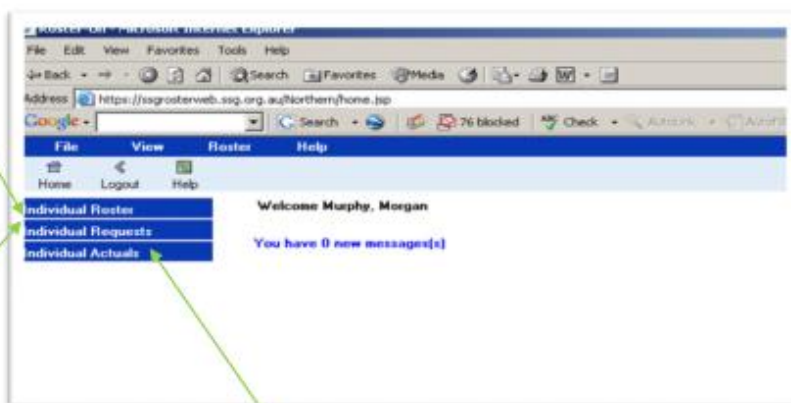
3 Click Yes to proceed on the Security Alert.



4 Enter your username (employee number) and your password.



Individual Roster:
Access this to
print your Roster.



Individual Requests: View availability either via a calendar or grid view. (Select the radio button of your choice) To enter your request(s) click the radio button for a specific day and then click request.

Individual Actuals: You can view your department's Actual Roster, however no changes can be made to the Actual Roster via the Web.

Policy & Procedures

Access is available on the intranet home page:

1 Click on *Policy and Procedure* on the left side.

The screenshot shows the Western Health Intranet home page in Microsoft Internet Explorer. The browser address bar shows <http://info.wh.org.au/>. The page header includes the Western Health logo and the word 'INTRANET'. On the left side, there is a vertical navigation menu with the following items: Home, Phone Directory, Brand & Visual Identity, About Us, Careers, Departments and Services, Family Centres, Finance, Clinical Impact List, People Services (HR), Library, **Policy and Procedures**, Quality & Clinical Governance, Occupational Health, Safety & Wellbeing, Risk and Incident Management. The main content area is titled 'Latest News' and contains several news items, including 'Brand Update', 'Model of Care Update', 'The Pulse - December 2010', and 'Media Releases'. A green arrow points from the instruction above to the 'Policy and Procedures' link in the navigation menu.

2 Click on Search

INTRANET

Home - Policies and Procedures

Policies and Procedures/Guidelines

The Western Health Policy and Procedure/Guideline Framework assists the organisation to establish leader ship responsibility and accountability through clearly structured, ethical policies, procedures/guidelines. The details of the Policy and Procedure/Guideline Framework are outlined in the associated [policy](#), and [procedure](#).

Western Health policies set out the organisation's expectations and boundaries (WPH) which staff are expected to act when performing roles and making decisions. They establish and regulate organisational-wide consistency.

Western Health procedures represent an implementation of policy by suggesting a more specific guide to action. Whilst procedures may be tailored to suit local requirements, they only apply within their WPH. Procedures within Western Health can be organisational-wide (ie practice is mandatory) and may occur across multiple divisions/departments, a later place within or involve a single division/department (or profession) or take the form of clinical practice guidelines. These guidelines are a distillation of current evidence and practice.

The Policy and Procedure/Guideline Framework processes to provide Western Health with a robust system of document control and creation and an easy access point to policy practice can be delivered to both its staff and patients. If you have any comments on how we can improve the framework then [please let us know](#).

There are instances where departments may link documents that relate to their area on a separate website. Let this be strongly discouraged as we want to ensure that staff and correct information that is regularly reviewed and updated. However, please a link to the search engine or another website to ensure staff has easy access to relevant document.

Navigation Menu: Home, Phone Directory, Brand & Visual Identity, About Us, Careers, Departments and Services, Forms Central, Finance, Global Impact List, People Services (HR), Library, **Policies and Procedures**, Search, Development, Tools, Feedback, Contact Us.

3 When looking for a policy it is more likely you will achieve the result you want with a minimum of letters. For example the medication administration policies search for: dr or med rather than drug or medication.

INTRANET

Home - Policies and Procedures - Search

Western Health Policies and Procedures

Keyword Search:

Enter a keyword for an individual search, or leave blank & click Search to list all policies & procedures.

The search engine is best searched using the least amount of letters possible.

For example, if you would like to find the Developmental Dysplasia of the Hip procedure, type in 'hip', 'dev' or 'dys' rather than 'developmental dysplasia of the hip'.

There are plans to update the search engine to make finding documents intuitive and easier. But as we wait for this system, characters to increase the chances of finding the document you need.

If you are still unable to find the document then please contact the Policy and Procedure Project Officer for further assistance.

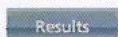
Navigation Menu: Home, Phone Directory, Brand & Visual Identity, About Us, Careers, Departments and Services, Forms Central, Finance, Global Impact List, People Services (HR), Library, **Policies and Procedures**, Search, Development.



Accessing Results

There are **three** different ways to access results for a patient.

Method 1:



Click on the **Results** button.

The Results Review Search Option screen will display.

URN Search

Enter a UR Number into the **URN Search** field and click **Go**, or.

Full Search

Click the **Search By Name** button. Enter patient name and click **Search**.

Highlight the appropriate patient and click **Select**.

The URN search or an exact name match search will take you directly to results review for that patient.

Method 2:

To search for a patient, enter an URN into the **Patient URN** field.

Save/Cancel	Recent Searches	Patient URN	Surname	First Name	Sex	Year of Birth	Clear
Your List	Advanced Search	TestList	GO	000000			

Or, if a default (pre-assigned) patient list.

1. Click once on the patient to bring up the modules toolbar.
2. Click once on the **Results** icon.



Method 3:

Locate relevant patient on patient list or through URN search.

The following patient alert icons appear on the right of screen next to each patient.



Yellow Star = new result


Blue Square = unseen result

The alert icons are also shortcuts to the Results View screen.

Western Health BOSSNET

Quick Guide to Viewing the Digital Medical Record (DMR)

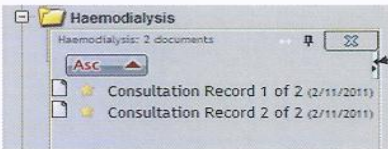
- Log into BOSSnet using WH username & password.
- Enter the patient URN, or select a patient from your list.
- **Single** Click on the relevant patient to bring up the navigation box.



- Click on the **EMR** icon.
- Acknowledge the privacy and confidentiality statement (it will appear the first time you log in and open a medical record).

You are now in the Digital Medical Record.


- To the left is a file tree. A (+) symbol next to a folder indicates there are documents to view. Folders only appear if documents are scanned in.
- Click on (+) to show the episodes or number of documents
 - Move the mouse over the documents display to show full details of documents.
 - To expand or contract the document window click on the small black arrows and drag.



Flatten the tree to see all documents in the record by clicking


- To preview a document in the right preview screen **single** click the document name.
- To view a document as a PDF in full screen, **double click** on the document name or click on the document in preview screen.

To scroll through documents in preview mode use arrows at the bottom right of the screen.



Hovering over icons tells you the function.

To scroll through documents in full size/PDF mode use the arrows at the top of the screen.



To **Exit** patient record, click in the top right of the DMR screen

Handover Report

Handover is an integral part of midwifery communication. Handover time is limited to 30 minutes per staff change over.

It is important that Midwives provide an accurate, relevant and concise report.

Maternity

- All Midwives are expected to update the ward handover report prior to the completion of their shift.
- The *Handover Report* document is available on the desktop on all Maternity Ward computers.
- The *Handover Report* document facilitates a general communication of the ward.
- Initial ward handover commences in the Breastfeeding Centre.
- An individual bedside handover is then attended by Midwives in accordance with their allocation.

Birthing

- The *Handover Report* document is available on the desktop on all Birthing Suite computers.
- The *Handover Report* document details the bed admissions to both the Assessment Centre (AC) and the Birthing Suites but does not include any patient details. This document is completed by the Ward Clerk prior to handover.
- A bedside handover often complements the general ward handover.

Interpreter Service

Western Health provides accredited interpreters when required.

In recognition of our language diversity Western Health has on staff interpreters for 11 languages. These include Vietnamese, Arabic, Italian, Spanish, Dinka, Mandarin, Cantonese, Macedonian, Serbian and Croatian.

In 2010-2011 Western Health received 25,000 requests for an interpreter.

The most requested language at Western Health is Vietnamese. Sunshine Hospital employs two full time Vietnamese interpreters.

Interpreters in Australia are accredited by the National Accreditation Authority for Translators and Interpreters Ltd, an independent body responsible for maintaining standards. Interpreters and translators are bound by the professional Code of Ethics of the Australian Institute of Interpreters and Translators Inc.

Interpreters are booked in advance on iPM for antenatal appointments.

Interpreter Service (During Hours) 8345 7148

Emergency Phone Interpreter Service (Out of Hours) 1300 739 731

Further information regarding the National Accreditation Authority for Translators and Interpreters

<http://www.ausit.org/eng/showpage.php?id=650>

Clinical Markers

(Please refer to the Policy and Procedure Manual Procedure code: OP-CC2.1.22)
Patients often display clinical signs that are an early indicator of a serious deterioration in their condition. If treated early this may prevent a medical

Clinical Markers

(Criteria for Calling Medical Staff & ICU Liaison Nurse).

The following clinical markers are reportable unless otherwise documented in the patient's medical record.

Nervous

Any unexplained deterioration in conscious state
Reduction in Glasgow Coma Scale of >2

Cardiovascular

Systolic Blood Pressure < 90 mmHg despite treatment
Heart Rate > 120/min

Respiratory


Respiratory Rate > 30
SaO₂ < 90% on Oxygen
Difficulty Breathing

Renal

Urine Output < 30mls/hr for 2 consecutive hours

Other

Any patient you are seriously worried about
Unable to obtain prompt assistance
Failure to respond to treatment



If no action taken from reporting of clinical markers document reason why in the medical record

emergency which otherwise may have resulted in cardiac arrest or the patient being transferred to ICU.

Notifying Medical Officer (MO) and/or ICU liaison service/ICU team when patients have clinical markers

The Western and Sunshine guidelines for notifying the Medical Officer (MO) and/or ICU liaison service when patients display clinical markers are:

- All patients displaying the clinical markers outlined below are to be referred to the MO unless otherwise documented by the parent unit in the patient's medical record or on the colour coded observation chart.
- If the MO decides that no action/treatment is required, this decision must be documented in the medical records.
- If one or more clinical markers remain unresolved despite treatment then the referral algorithm for clinical markers should be followed

Code blue is the appropriate response to a medical emergency or cardiopulmonary arrest (refer to policies listed under Associated Procedures/Instructions.)

UNABLE to attend within 15 minutes (more urgent commitment elsewhere) or UNABLE to be contacted within 15 minutes or DOES NOT arrive within 15 minutes

The nurse should contact the ICU liaison service between 0800 to 1800 Monday to Sunday.

<p>Western Hospital</p> <p>Ext: 56588 Pager: 433</p>	<p>The ICU registrar should be contacted outside of these hours or failure of ICU liaison service to respond due to unforeseen circumstances.</p> <p>Pager: 699</p>
<p>Sunshine Hospital</p> <p>Ext: 50039 Pager: 501</p>	<p>The unit registrar should be contacted outside of these hours or failure of ICU liaison to respond due to unforeseen circumstances and escalated to the Anaesthetic registrar if patient has further deterioration.</p>

Escort required out of ward

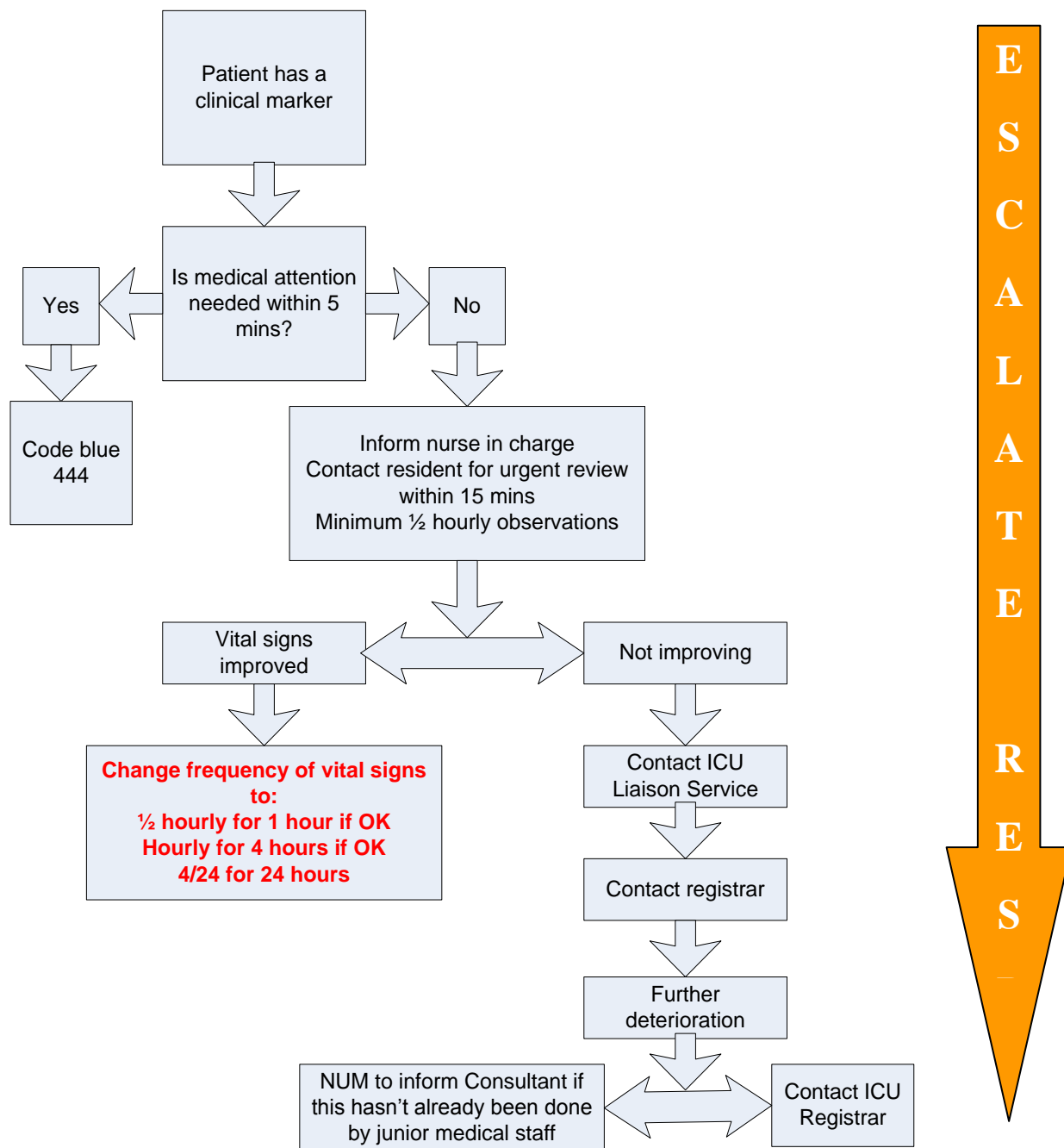
If a patient has any one clinical marker, the following guide for who should accompany the patient is to be used if the patient requires an escort out of the ward area.

- Any abnormal vital sign – Registered Nurse
- Any 2 abnormal vital signs – Registered Nurse & Intern
- Patient has further deterioration or is not responding to treatment – Registered Nurse & Registrar +/- ICU liaison service

Increase frequency of observations

- If the patient has any one abnormal vital sign, the frequency of observations is escalated to:
- ½ hourly for the first hour (or more frequently if the patient's condition dictates)
- Then hourly for the next four hours if clinical markers have resolved
- Then 4/24 for the next 24 hours if clinical markers have resolved
- Nurses must notify the nurse in charge of the shift when a patient meets a clinical marker criteria
- Nurses must notify the relevant medical officer depending on the escalation response flowchart (figure 1)
- All communication of deterioration is to be conducted using the acronym ISBAR
- Introduction: introduce yourself and your role in the patient's care
- Situation: outline the current situation, concerns, observations, clinical markers
- Background: outline the relevant patient background
- Assessment: explain what you think the problem is
- Recommendation: explain what you need the MO to do
- NB: ISBAR communication tool is to be completed by both the caller and responder and filed in the medical record.

REFERRAL ALGORITHM FOR CLINICAL MARKERS





Western Health

Section Four

Manual Handling
Infection Control
Adult Blood Collection
Paediatric Blood Collection
Swab Collection
Cord and Maternal Blood Collection
Newborn Screening Test

Manual Handling

To minimise the risk of injury associated with patient handling and to comply with the *Occupational Health and Safety Manual Handling Regulations* all Western Health employees must adhere to the “No Lift” strategy.

Patients will be handled in a consistent approach that poses the least risk to employee health and safety, and maximizes the patient’s functional abilities.

There will be no manual patient lifting except in life threatening situations.

Manual Handling Trainers are nominated in all departments.

Manual Handling is a mandatory competency.

Infection Control

The management of Western Health is committed to ensuring that employees are safe from injury or risk to health.

It is imperative that all staff adhere to infection control principles and use protective wear when indicated e.g. protective eye wear, gloves and gown during birth.

Needle stick / Sharps Injury and Exposure to Body Fluids

If you sustain a needle stick or sharps injury or a body fluid exposure to mucous membranes or non intact skin, the following process is to be followed immediately:

Perform First Aid and wash area with soap and water.











Report Incident to Infection Control or After Hours Administrator (AHA).

Complete follow up procedure as per hospital policy.

The Infection Control Nurse or After Hours Administrator will:

- Ensure that you have performed first aid.
- Arrange for you to go to the Emergency Department.
- Contact a Medical Officer and arrange for the patient's blood to be collected and tested if required.
- Make sure that you have the correct paperwork.
- Ensure all specimens are sent to Pathology.
- Follow up test results.

Free flu vaccination is offered to all staff. All employees are emailed session times during the vaccination season.

Contents	BD Tube	TESTS	Shown in preferred order of draw
Sodium Citrate 2.7mL		Must be at full draw volume Prothrombin times, INR, Coagulation studies, APTT, D-Dimers, Fibrinogen	
SST Gel 8.5mL		Biochem: Alk Phos, Amylase, B12, BHCG, Calcium, Cardiac Enzymes, Creatine, CRP, Folate GCT, Glucose, GTT, Iron Studies, LFT, Lipids Hormones (LH FSH, Progesterone, Prolactin etc. Phosphate, PSA, RAST, Rheumatoid factor, SUA TFT, Urea & Electrolytes Therapeutic Drugs Viral Serology: ASOT, BFV, BRU, CMV, EBV, HBA, Hepatitis A, B, C, HIV, HIS HTLV, MEA, MMF Mycoplasma, PVS, RRV, Rubella, Syphilis, Toxoplasmosis, VSS Autoimmune Serology: ANA, ANCA, ANS (Cardiolipin) CCP, dsDNA, ENA, Tissue Autoantibodies, Coeliac Antibodies	
Plain 6mL		Biochem: Therapeutic Drug Levels, IM, Monospot	
Lithium Heparin 6mL		Must be at full draw volume. Biochemistry: Carboxy-HB, Carbon monoxide, Cholinesterase (red cell & insecticide), Organochlorines, Red cell magnesium Flow Cytometry: Lymphocyte Surface markers, T&B cells, T4/T8 ratio (also collect EDTA)	
PST Gel 8mL		For Troponin I only	
4mL EDTA	ADULT 	Haematology: FBE, Hb, WCC, Diff, platelets, Hb Electrophoresis, ESR, monospot, IM test. Lymphocyte Surface markers T&B cells, T4/T8 ratio (collect also Lithium heparin) Biochem: Ammonia, HbA1C, Homocysteine PTH, Red cell folate	
2mL	Neonatal/Paeds 		
Blood Bank 6mL EDTA	ADULT 	Blood Group, Antibody screen, Crossmatch, Cord blood, DAT/COOMBS Must be hand labelled - NO BRADMAS For Neonates/Paeds use labels for handwriting of patient details For adults DO NOT use these tubes for FBE or biochem tests e.g. HbA1C	
2mL	Neonatal/Paeds 		
Fluoride Oxalate 2mL		Biochem: Alcohol, Lactate, Lactate Tolerance Please use SST II for GCT, Glucose & GTT	

BD Diagnostics – Preanalytical Systems

BD Tube Guide including Recommended Order of Draw


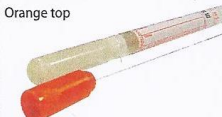
IN ACCORDANCE WITH CLSI GUIDELINES (DOCUMENT H3-A4),
BLOOD CULTURE VIALS ARE TO BE COLLECTED FIRST IN ORDER OF DRAW (BEFORE ANY BLOOD TUBES).



Hemogard™ Closure, Specimen Volume & Dorevitch Pathology Catalogue Number		Determinations	Instructions
Low Volume Collections	Tube Content		
*1  2.7mL 671773	Sodium Citrate 1:9	COAGULATION: Prothrombin times, INR, Coagulation studies, APTT, D-Dimers, Fibrinogen.	Citrate tubes must be full draw volume. Draw must be a clean venepuncture.
*1  8.5mL 609925	ACD	HLA: Tissue typing / antibodies / screen, Genetic testing for Coeliac disease.	Note: ACD tubes are recommended to be full draw volume.
*2  8.5mL 646309	SST™ II Gel	BIOCHEMISTRY: Alk Phos, Amylase, B12, BHCG, Calcium, Cardiac Enzymes, Creatinine, CRP, Folate, Glucose (fasting & random), Hormones (LH, FSH, Progesterone, Prolactin, etc), Iron Studies, LFT, Lipids (Chol/Trigs/HDL), Phosphate, PSA, RAST, Rheumatoid Factor, SUA, TFT, U&E, Therapeutic Drug Levels. VIRAL SEROLOGY: ASOT, BFV, BRU, CMV, EBV, HBA, Hepatitis A, B, C, HIV, HSI, HTLV, MEA, MMF, Mycoplasma, PVS, RRV, Rubella, Syphilis, Toxoplasmosis, VSS. AUTOIMMUNE SEROLOGY: ANA, ANCA, ANS (Cardiolipin), CCP, dsDNA, ENA, Tissue Autoantibodies, Coeliac Antibodies.	Refer to 5ml PPT™ tube for: Hep B & C PCR, viral load and genotyping and HIV viral load. Please use SST™ II for Glucose (fasting & random), Fluoride Oxalate for GCT & GGT. Note: SST™ II tubes are recommended to be full draw volume.
*2  6.0mL 601234	Plain	BIOCHEMISTRY: Therapeutic Drug Levels, Clozapine, IM, Monospot.	DO NOT use for blood bank samples. Please refer 6ml EDTA blood bank section below.
*3  6.0mL 601237	Lithium Heparin	BIOCHEMISTRY: Carboxy-HB, Carbon monoxide, Cholinesterase – (Red cell & Insecticide), Organochlorines, Red cell Magnesium. Note: Lithium Heparin tubes must be full draw volume. FLOW CYTOMETRY: Lymphocyte Surface Markers, T&B Cells, T4/T8 ratio. (Collect also EDTA).	Note: Heparin tubes are recommended to be full draw volume.
*3  8.0mL 678487	PST™ II Gel	For Troponin I only.	Note: PST™ II tubes are recommended to be full draw volume.
*4  4.0mL 601235	 2.0mL 601233	HAEMATOLOGY: F.B.E./F.B.C., Hb, WCC, Diff, Platelets, HB electro-phoresis, ESR, monospot, IM test. Lymphocyte Surface Markers, T&B Cells, T4/T8 ratio. (Collect also Lithium Heparin). BIOCHEMISTRY: Ammonia, Glycated Hb (HbA1C), Homocysteine, PTH, Red cell folate,	Dedicated tube for PTH. * Use 2.0ml tube for low volume collections.
*4  6.0mL 648931	K ₂ EDTA	BLOOD BANK: Blood group, Rh antibodies, Crossmatch, Hold serum, Group & Hold. DO NOT use these tubes for Haematology (eg FBE) or Biochemistry tests (eg HbA1C). Use only for Blood Bank tests.	2 tubes required for Crossmatch/Group & Save. Note: Please label tubes in handwriting. All tubes MUST carry the signature or initials of the person collecting the sample – to comply with ANZSBT guidelines.
*4  6.0mL 654172	K ₂ EDTA	TRACE ELEMENTS: Aluminum, Arsenic, Cadmium, Chromium, Cobalt, Copper, Lead, Mercury, Molybdenum, Nickel, RBC Copper, RBC Manganese, RBC Zinc, Selenium, Manganese, Zinc.	Note: Trace element tubes are recommended to be full draw volume.
*4  5.0mL 686421	PPT™ K ₂ EDTA	VIRAL TESTING: Hep B & C PCR, viral load and genotyping, HIV viral load.	Note: EDTA tubes are recommended to be full draw volume.
*4  10.0mL 671771	K ₂ EDTA	MOLECULAR TESTING: Haemachromatosis, Factor V Leiden, HLAB27.	Note: EDTA tubes are recommended to be full draw volume.
*5  2.0mL 601232	Fluoride Oxalate	BIOCHEMISTRY: Alcohol, GCT, GGT, Lactate, Lactose Tolerance. Please use SST™ II for Glucose (fasting & random).	Note: Fluoride Oxalate tubes are recommended to be full draw volume.
*6  5.0mL 601286	ESR	HAEMATOLOGY: ESR (Regional and Peninsula Labs).	Note: ESR tubes must be full draw volume.




- HAZARD WARNING: Never inject blood into the tube from needle and syringe.
- ALWAYS LABEL TUBES LEGIBLY - SURNAME, GIVEN NAME, DATE AND TIME OF COLLECTION, DATE OF BIRTH AND/OR UR NUMBER.
- DO NOT TRANSFER BLOOD FROM TUBE TO TUBE.
- FOR ANY OTHER TESTS PLEASE CONTACT LABORATORY.


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Bacteria & Yeasts	Features	Swab description	Instructions
MC&S (Microscopy, culture and sensitivity testing) Bacteria including fastidious organisms such as N. gonorrhoeae and anaerobes Yeasts	Regular Tip General Any site Cat. Code 682309	Blue top 	Contains 1 plastic swab stick Use swab attached to blue lid to sample infected area for culture Place swab into culture tube NB: Not suitable for NAAT testing and not ideal for PCR testing
	Mini Tip Urethra Cat. Code 601362	Orange top 	Contains 1 wire unisex mini tipped swab for urethral sampling Gently insert swab into lower end of urethra Rotate swab then place into culture tube NB: Not suitable for NAAT testing and not ideal for PCR testing

Viruses & Pertussis	Features	Swab description	Instructions
PCR (Polymerase Chain Reaction) Herpes Multiplex PCR (HSV 1 & 2, VZV) Influenza A&B RSV Other respiratory viruses Adenovirus Enterovirus CMV Syphilis	Regular Tip General Cat. Code 684738	Red top 	Contains 1 flocked dry swab Collect as much material as possible For vesicular lesions: break vesicle and scrape base of lesion with swab If dry lesion: wet swab with sterile water or saline Respiratory viruses: nasal swab is better than throat NB: Not suitable for bacterial culture
	Mini Tip (flexible) Naso-pharyngeal Cat. Code 684739	Orange top 	Contains 1 flexible dry flocked swab Insert swab into nose and slide along floor of the nasal cavity approx the length of the patients index finger Columnar epithelial cells (nasopharyngeal) required for B. pertussis diagnosis NB: Not suitable for bacterial culture

Chlamydia & Gonorrhoeae	Features	Swab description	Instructions
APTIMA® NAAT ("PCR") (Nucleic acid amplification testing) NB: Not suitable for bacterial culture	Aptima® Mini Tip Genital (Unisex) Cat. Code 678715		Contains 1 white swab, 1 blue swab and 1 tube containing buffer Use white swab to clean cervix if required and discard Take specimen with blue swab (cervix or urethra) Place blue swab into buffer as soon as possible Break at the scored point Do not pierce foil top
	Aptima® Regular Tip Self collect Vaginal swab Cat. Code 684737		Contains 1 pink swab and 1 tube containing buffer Instruct patient to insert swab into her vagina Place pink swab into buffer as soon as is practicable Break at the scored point Do not pierce foil top
	Aptima® Urine Cat. Code 678714		Contains 1 buffered tube, 1 pipette Patient to collect first part of urine stream (20ml) into yellow topped container Transfer 2ml into buffered tube as soon as possible and within 24 hours Do not pierce foil top

Unisex STI Pack	Features	Swab description	Instructions
MC&S (Microscopy, culture and sensitivity testing) Bacteria Gonorrhoeae Yeasts APTIMA® NAAT ("PCR") (Nucleic acid amplification testing) Gonorrhoeae Chlamydia	Mini Tip Genital Cat. Code 684741	Orange top 	Pack contains Aptima® mini tip genital pack AND 1 mini tip urethra (orange top) swab and 1 slide Use white swab from Aptima® kit to clean cervix if required and discard swab Use Aptima® blue swab to swab cervix or urethra as required Place blue swab into white capped tube with buffered solution and label Use orange topped swab to sample area for culture Place into culture tube Send air dried slide and both swabs to the lab

DSM018 09/11



Cord and Maternal bloods for Rh (D) Negative women

CORD SPECIMENS

Cord: collect a pink 6mL EDTA tube

Label tube by affixing a CORD/NEONATE label which has handwritten:

- Maternal family name
- Baby of:* full maternal given name(s)
- Baby DOB & Gender
- Baby UR – *if known otherwise leave blank*
- Date and time and Collector sign



MATERNAL SPECIMENS

Maternal: collect a pink 6 mL EDTA tube

Label tube by hand writing on the tube:

- Family name
- Given name(s) - *for patients with lengthy names this may be written in the Address/NHS field*
- DOB
- UR Number
- Date and time and Collector sign



Pre-printed (Bradma) labels MUST NOT BE ATTACHED TO CORD OR MATERNAL tubes

2 BLOOD PRODUCT REQUEST FORMS ARE REQUIRED

1 for the Cord and 1 for the Maternal (*These tests may be requested by midwives. Midwives cannot order crossmatches*)

Details on each request form MUST MATCH EXACTLY what is written on the specimen

Cord Request Form

Maternal Request form

The Collector declaration MUST BE signed by the person taking the specimen

*** The requesting clinician must sign the request form **AND** sign the collector declaration if they are also the person taking the blood

Label legibly and accurately – corrections are not permitted

– a re-bleed and new request form will be required

S. McGregor WH Transfusion CNC 2011



Blood samples for Blood Group, Antibody screen, Crossmatch, DAT/Direct Coombs and for Cord and Maternal Bloods from Rh (D) Negative women

The requirement for hand labelling of all pretransfusion blood samples has not changed with Dorevitch now providing pathology services at Western Health



These samples must have the following *clearly and legibly printed* on the tube:

1. Patient's family name
2. Patient's given name(s) – *for patients with lengthy names this may be written in the Address/NHS field*
3. Patient's UR number (resus number for unknown patients) – this should be written in the HOSP No. field. The name of the hospital i.e. Western/Sunshine is not required.
4. Patient's DOB
5. Date and time of collection
6. The signature of the person taking the sample

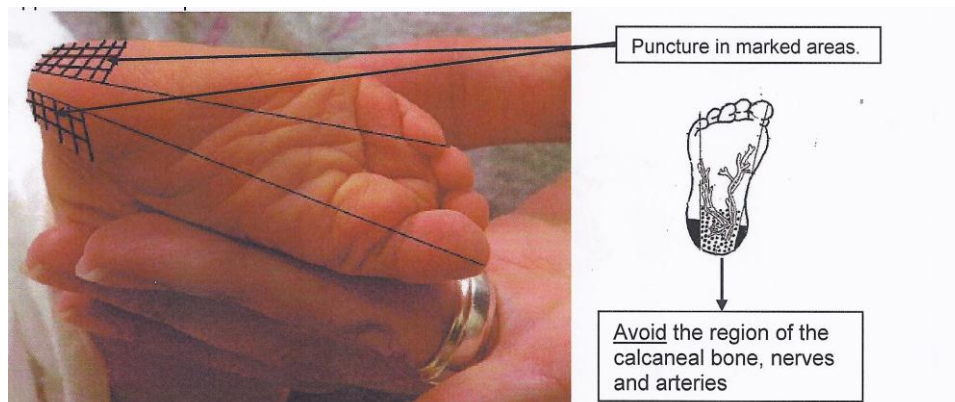
Preprinted patient labels (bradma labels) must not be attached to these samples.

Western Health have a strict zero tolerance policy. This means that:

- The patient identification details on the blood sample and the request form **must** be identical and arrive in the transfusion laboratory at the same time.
- Incorrectly or incompletely labelled pretransfusion blood samples or Dorevitch Pathology blood product request forms (used for all transfusion tests/ blood component/product requests) **will not be accepted and will be discarded.**
- The Hospital Transfusion Laboratory will request another specimen be collected and a new request form be completed. In an urgent episode uncrossmatched O Negative units can be issued until an accurately labelled sample and request form is received.

Newborn Screening Test Procedure (NST)

- Perform the NST when baby is between 48-72 hours after birth via a heel prick or as indicated.
- Having mum breastfeed (or hold the baby) is recommended to provide comfort during the procedure.
- Clean the heel with an alcohol wipe.
- Do not add anything further to the heel - e.g. paraffin. This will contaminate the sample.
- Puncture the heel at the edge of the plantar surface (see diagram) using an automated lancet.
- Wipe away the first drop of blood to remove any contamination.
- Soak blood from one side only (screening card is labeled) and avoid layering spots - apply as a single drop.
- It is not vital that all circles are full - a drop that is evenly soaked through and fills 2/3 of the circle is adequate.
- If collection is difficult, 3 good circles will be sufficient.
- Air dry cards away from heat, for at least 4 hrs. Do not place cards in plastic.





Section Five

Quality and Clinical Governance
Incident Management
Morbidity and Mortality Meetings
Accreditation
Baby Friendly Health Initiative
10 Successful Steps to Breastfeeding
Quality Tools and Mechanisms



Quality and Clinical Governance

The division adopts and adheres to the Western Health Quality and Clinical Governance Framework.

This framework is about providing and continuously enhancing a 'Positive Patient Experience' and can be found on the intranet at:

http://info.wh.org.au/Quality_and_Clinical_Governance/index.aspx.

Midwives should familiarise themselves with this framework and note that they are required to complete an annual staff climate survey to ensure a culture of continuous improvement of quality patient care and service delivery is promoted and supported throughout Western Health clinical services.

Divisional Quality Manager

The Women's and Children's Division employ a part-time Quality Manager who is the lead and support regarding the implementation, monitoring and evaluation of systems to improve the safety and quality of services.

The Quality Manager provides a leadership function to ensure optimum patient/client outcomes through the monitoring of incidents and adverse events, clinical and key organisational indicator development and reporting, accreditation processes and evaluation of service developments.

They work closely with divisional management team and staff to analyse needs and to implement and evaluate quality and risk management systems.

Contact Details:
Julie Jones 8345 1071.
Quality Manager

Incident Management

Western Health has effective mechanisms in place for managing health care incidents and learning from these to inform improvements to quality care and service provision. These mechanisms include the use of the *Riskman* Incident Management System to support incident reporting, follow-up and trended review.

All staff are required to comply with the 'Health Care Incident Reporting and Investigation Procedure' regarding the identification, response and reporting of clinical incidents.

Morbidity and Mortality Meetings

The division holds weekly Maternity M & M meetings which allow for review of all perinatal death, near miss cases identified by low apgars, significant and cases of significant maternal morbidity.

Multiple recommendations are produced which are distributed to all staff on a weekly basis.

Midwives are invited and encouraged to attend.

In addition the division also holds separate monthly Gynaecology and Paediatric M&M meetings.

Accreditation

Western Health is currently fully accredited by the Australian Council on Healthcare Standards (ACHS).

This accreditation is recognition of achievement of successful compliance with the requirements of national healthcare standards and is awarded based on achievement of quality standards and an independent external survey by peers.

Baby Friendly Health Initiative (BFHI)

In addition Sunshine Hospital currently holds Baby Friendly Health Initiative (BFHI) accreditation.

This accreditation is an international initiative that aims to give every baby the best start in life by creating a health care environment where breastfeeding is the norm and practices known to promote the health and well-being of all babies and their mothers are followed.

The assessment is quite rigorous to ensure the hospital met the WHO/UNICEF global criteria for implementing the Ten Steps to Successful Breastfeeding.

The assessors study all aspects of breastfeeding care provided, from pregnancy through to after care at home. They interview our CEO, senior hospital staff, midwifery team leaders, midwives, doctors, educators, neonatal nurses, nurses, and many pregnant women and new mothers. Data, including statistics on the provision of breastfeeding initiation and breastfeeding exclusivity rates, are also examined.

The Ten Steps to Successful Breastfeeding

The BFHI promotes, protects, and supports breastfeeding through The Ten Steps to Successful Breastfeeding for Hospitals, as outlined by UNICEF/WHO.

- Have a written breastfeeding policy that is routinely communicated to all health care staff.
- Train all health care staff in skills necessary to implement this policy.
- Inform all pregnant women about the benefits and management of breastfeeding.
- Help mothers initiate breastfeeding within one hour of birth.
- Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infant.
- Give newborn infants no food or drink other than breast milk, unless medically indicated.
- Practice “rooming in” – allow mothers and infants to remain together 24 hours a day.
- Encourage breastfeeding on demand.
- Give no dummies / pacifiers or artificial nipples to breastfeeding infants.

Other Quality Tools and Mechanisms

Quality Boards are available in each unit/areas throughout the division. Here you will find information on incidents, complaints, complements, activity data, improvement projects and much more.

Each Nurse Unit Manager is required to provide a bi-monthly Quality Report. This includes information on clinical risk and progress on quality improvement initiatives. You will find the latest report on the Quality Board in the relevant area.

Each unit undertakes an annual A3 Quality Improvement Project. The A3 Process helps staff engage in collaborative, in-depth problem-solving. It drives them to address the root causes of problems which surface in day-to-day work routines. Details of current A3 projects can be found under the 'Quality and Clinical' section of the intranet.





Section six

Clinical performance and review
Midwifery registration
Professional indemnity insurance
National Midwifery Guidelines for Consultation and Referral
Education
Continuing professional development standards
Mandatory competencies
Midwifery students

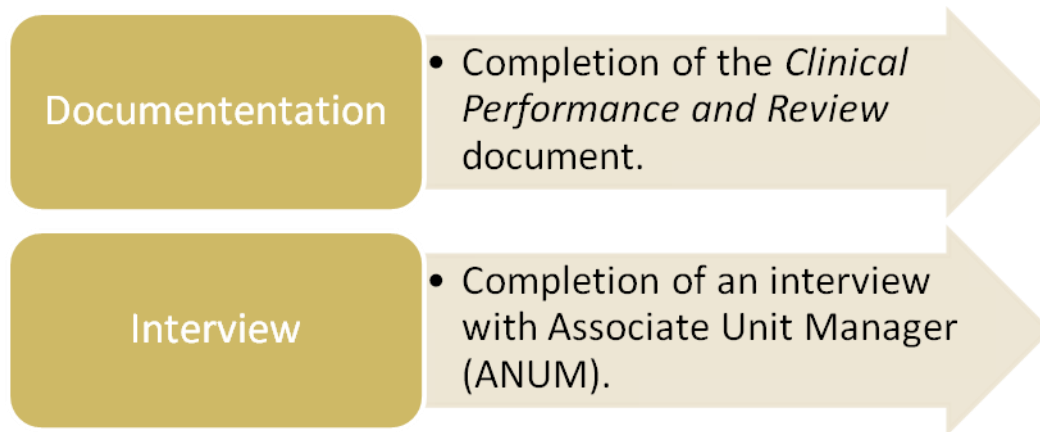


Clinical Performance and Review (Clinical Appraisal)

Clinical Appraisals are a valuable tool in reviewing clinical performance and employment satisfaction, and identifying areas for future learning professional growth.

An informal Clinical Appraisal between one of the Unit Managers and all new Midwifery staff is attended after 6 months initial employment.

A formal *Clinical Performance and Review* is completed every 12 months for all Midwifery staff.



The clinical appraisal process consists of completion of the *Clinical Performance and Review* document, followed by an interview with one of the Associate Unit Managers.

To access the *Clinical Performance and Review* document
<http://www.wh.org.au/> and follow the links *Form Central – People Services*

Midwifery Registration

The Australian National Registration and Accreditation Scheme (National Scheme) began in 2010. The National Scheme is governed by nationally consistent legislation, the Health Practitioner Regulation National Law Act (the National Law) as in force in each state and territory.

It is mandatory that all Midwives are registered with the AHPRA.

Registration formalises that Midwives have met the registration standards including notification of any criminal history, professional indemnity insurance, and recency of practice and continuing professional development.

From 2012, the national registration renewal date for the nursing and midwifery profession will be 31 May.

*For general enquiries and registration queries, please contact
AHPRA on 1300 419 495, Monday to Friday during 8am to 6pm (EST)
<http://www.ahpra.gov.au/>*

Professional Indemnity Insurance (PII)

Under Section 129 of the National Law, midwives must not practice their profession unless they are covered in the conduct of their practice by appropriate professional indemnity insurance arrangements.

This provision states:

A registered health practitioner must not practice the health profession in which the practitioner is registered unless appropriate professional indemnity insurance arrangements are in force in relation to the practitioner's practice of the profession.

For general enquiries and registration queries, please contact
AHPRA on 1300 419 495, Monday to Friday during 8am to 6pm (EST)
<http://www.ahpra.gov.au/>

National Midwifery Guidelines for Consultation and Referral

Midwives are responsible for their own professional decisions. The **National Midwifery Guidelines for Consultation and Referral** provides Midwives with an evidence based framework for consultation and referral of care between Midwives, Doctors and other Health Care Professionals.

To optimise safe, quality and efficient Maternity care the guidelines provide indicators to identify situations during pregnancy, labour and birth and the postnatal period where Midwives carry out risk assessment and respond appropriately.

Sunshine Hospital embraces the collaboration and cooperation between all Health Care Professionals. It is imperative that Midwives are aware of the **National Midwifery Guidelines for Consultation and Referral** in order to promote this relationship and to initiate clinical care within their scope of practice.

Further Information: Australian College of Midwives
Reference <http://midwives.rentsoft.biz/lib/pdf/Consultation%20and%20Referral%20Guidelines>

Education

Sunshine Hospital is an innovative and progressive health care facility. The ongoing education and professional development of all midwives is highly valued.

The Centre for Education supports Midwives by providing the framework for attaining all mandatory training requirements and the facilitation of ongoing professional development by providing a range of teaching and learning opportunities. These include: face to face presentations, on-line tutorials, simulation sessions and a comprehensive short course program.

Simulated sessions take place in the new Simulation Laboratory in the Western Center of Research Health and Education, and involve an inter-professional approach to managing and debriefing clinical emergencies.



A monthly *Education Planner* is emailed to all Midwifery staff advising of upcoming events. A copy of the planner is also posted in the staff tea rooms and available on the intranet. A number of teaching sessions are available most afternoons. If you are rostered on these days, attendance is negotiated within the unit.

Western Health also offers a comprehensive Short Course Program. The programs can be accessed at the following website:

http://www.westernhealth.org.au/Education_and_Training/Continuing_Education/index.aspx

The Western Health Short Course Program includes a series of specific Midwifery Programs. These include:

- Fetal Surveillance
- Breastfeeding
- Baby Check
- Prenatal Workshop
- Maternity Emergency Workshop
- Newborn Life Support

To enroll for these courses please ring 8345 6328

Continuing Professional Development Registration Standard

It is a mandatory requirement of Midwifery Registration that Midwives meet the Continuing Professional Development Standards.

- *Nurses on the nurses' register will participate in at least 20 hours of continuing nursing professional development per year.*
- *Midwives on the midwives' register will participate in at least 20 hours of continuing midwifery professional development per year.*
- *One hour of active learning will equal one hour of CPD.*
- *The CPD must be relevant to the nurse or midwife's context of practice.*
- *Nurses and midwives must keep written documentation of CPD that demonstrates evidence of completion of a minimum of 20 hours of CPD per year.*
- *Documentation of self directed CPD must include dates, a brief description of the outcomes, and the number of hours spent in each activity. All evidence should be verified.*
- *Participation in mandatory skills acquisition maybe counted as CPD.*

- *The Board's role includes monitoring the competence of nurses and midwives: the Board will therefore conduct an annual audit of a number of nurses and midwives registered in Australia.*

Further information: Nursing and Midwifery Board of Australia CPD Appendix ii

Mandatory Training Process

- Competency assessment will occur on an ongoing basis.
- Competencies will be assessed during the hire process and then annually at your performance review. Competency verification should use many forms some of which are peer review, completion of mandatory training, self assessment, tests, evidence of daily work, reflection, return demonstrations, quality improvement monitors and scenarios.

Core Mandatory Training Requirements

Initial Training for Midwives includes:

- Fire and emergency procedures
- Infection control awareness and hand hygiene
- Bullying and harassment
- Prevention and management of occupational violence
- Safety at work
- Quality and risk management
- Confidentiality/ open communication/ Human Rights Charter
- Code of conduct and professional behaviours
- Cultural awareness
- Customer service
- Vulnerable families and children

- System training
- Basic life support (Adult and Neonatal)
- Back for Life
- Hand hygiene
- Identified professional requirements e.g. medication safety and blood transfusion and blood products for Nurses and Midwives.
- Breastfeeding education
- Fetal surveillance

Annual Mandatory Training includes:

1. Fire and emergency procedures
2. Hand hygiene
3. Basic life support (adult and neonatal)
4. Breastfeeding education
5. Fetal surveillance
6. Back for life
7. Epidural
8. Identified professional requirements e.g. medication safety and blood transfusion and blood products for Nurses and Midwives.

The *Professional Development Record* has been included in the Midwifery Orientation Handbook. This document will assist you in recording your professional development activity over the next three years.

The Professional Development Record document is also available on the Sunshine Hospital Intranet Site.

Verification of Mandatory Training and Competencies

9. Each employee will be responsible for completing his or her own mandatory training.
10. If successful completion has not been achieved, the employee is “not yet deemed competent,” and an action plan is initiated.
11. Inability to meet the mandatory training requirements and identified competencies will result in a review of performance.

Most of the core annual mandatory training requirements can be met through completion of the relevant on line resources and assessments.

Education Resources

Information regarding competency development, verification methods, educational support, and competency documentation is available from the Centre for Education.

www.westernhealth.org.au Education & Training
http://www.westernhealth.org.au/Education_and_Training/index.aspx
<http://elearn.wh.org.au/>

The Midwifery Educators are available to assist you with your educational needs and can be contacted on 8395 8180 or 8395 8181.

eLearn

eLearn is the online learning package. It is accessible at work or home.

HOW TO LOGIN?

Click onto the following link to access the e-learning site: <http://elearn.wh.org.au/>

1. Username: insert your Western Health employee number.
2. Password: default password is the word password (please use lowercase).

TO VIEW YOUR GRADES:

1. Log into elearning
2. On the 'Navigation' block click 'My courses'
3. Click the shortened course name. E.g. BLS, or Medication Administration.
4. On the 'Activities' block click 'Quizzes' Click on the quiz name you want.

Midwifery Students

At Sunshine Hospital we have a large number of Undergraduate Midwifery Students undertake their clinical placement, in all areas of Midwifery: Birthing, Maternity, Antenatal Clinic, Special Care Nursery, Midwifery Group Practice, Domiciliary and Pregnancy Day Stay Unit.

The aim of undergraduate Midwifery placement is to provide students with quality, positive and competency based learning in a clinical environment across all areas of Midwifery.

We have students from a variety of universities in Victoria and occasionally international students. To aid in the facilitation of their placement we have Western Health Undergraduate Facilitators.

Students are preceptored with a Midwife on a shift basis to teach and supervise clinical practice. The facilitators supervise their placement, attend assessments and provide formal education sessions.

Clinical placement will teach students to:

- Transfer their knowledge into practice in a safe and well supervised environment.
- Provide adequate women centered care and work towards developing the Woman-Midwife partnership.
- Develop and enhance their competency based skills in all Midwifery areas.
- Work in a multidisciplinary team and develop good communication skills within that team.

Clinical Facilitators 83450134 and 83450515.



Western Health

Section Seven

Clinical Area Checklists

Useful Links

Acknowledgements



Midwifery Orientation Handbook

المنارة للاستشارات



Orientation Checklists

An important aspect of new employment is a smooth and safe transition into different clinical settings.

There are two components to the Orientation Checklist requirements for new Midwifery employees.

- Department Orientation Checklist
- Clinical Orientation Checklists

Department Orientation Checklist

The *Department Orientation Checklist* is a People Services document which is designed to clarify the main employment requirements of the new employee.

The Department Orientation Checklist is completed between the Unit Manager and the new Midwife employee and forwarded to People Services Department prior to commencement.

Clinical Orientation Checklists

A *Clinical Orientation Checklist* has also been designed for each Maternity clinical setting to guide and assist staff in the introduction and orientation to each new environment.

It is a mandatory requirement that all new Midwifery employees complete the Orientation Checklist component for each new clinical rotation.

- Each *Orientation Checklist* is unit specific.
- The checklists are not definitive but are designed to provide a basic introduction to each new clinical setting.

- Satisfactory completion of the *Orientation Checklists* will be reviewed at the completion of the orientation phase.
- Orientation Checklists are to be completed for:
 - Women's Clinic
 - Maternity Ward
 - Birthing Suite
 - Pregnancy Day Stay Unit
 - Domiciliary
- Midwives undertaking the *Orientation Pathway (Option two)* will also be expected to complete the *Midwifery Group Practice Orientation* requirements.

Western Health DEPARTMENT CHECKLIST

Welcome to Western Health. The following information itemises the main points that need to be clarified between employer and new employee so that you can confidently perform your duties and feel that you are fulfilling an effective and productive role in your workplace. Likewise, this checklist will assist you to know what support is available and where to locate resources.

Please tick in the space provided. Do not leave any boxes blank. Once completed, please forward this form to People Services for filing in your personal file.

Surname:	Given Names:
Position:	Department:
Campus:	Commencement Date:

I have forwarded to People Services:

signed Letter of Offer	<input type="checkbox"/>	signed Personal Details form	<input type="checkbox"/>
signed Taxation Declaration form	<input type="checkbox"/>	signed Employment Application form (if applicable)	<input type="checkbox"/>
signed Position Description	<input type="checkbox"/>	signed Police Check form and 100 points of sighted Identification (if applicable)	<input type="checkbox"/>
copy of Photo Identification	<input type="checkbox"/>	copy of current Registration (if applicable)	<input type="checkbox"/>
certified copy of Qualifications (if applicable)	<input type="checkbox"/>	copy of my immigration Visa (if applicable)	<input type="checkbox"/>
copy of current Working with Children Check Card (if applicable)	<input type="checkbox"/>		

I have received the following information and resources:

Orientation Handbook	<input type="checkbox"/>	Leased car (if applicable)	<input type="checkbox"/>
Ward Orientation Manual (if applicable)	<input type="checkbox"/>	Salary packaging	<input type="checkbox"/>
Staff Identification Badge	<input type="checkbox"/>	Security access to buildings	<input type="checkbox"/>
Car parking access	<input type="checkbox"/>	PC login / email address / printer access	<input type="checkbox"/>
Keys (if applicable)	<input type="checkbox"/>	Uniform (if applicable)	<input type="checkbox"/>
Mobile phone (if applicable)	<input type="checkbox"/>	Pager (if applicable)	<input type="checkbox"/>
Laptop / Flash Drive / Memory Stick (if applicable)	<input type="checkbox"/>	Palm pilot / IPAC (if applicable)	<input type="checkbox"/>
Token for dial in / VPN (if applicable)	<input type="checkbox"/>		

Employment Conditions

Midwifery Orientation Handbook

My position description, my duties and responsibilities, and any job related performance standards and measures.

My conditions of employment, including which Award / Agreement applies to me, my probationary period, hours of work / rosters, overtime, meal / tea breaks, leave provisions, and pay classification details, are explained to me.

Performance review(s) including the method to be used, how often it will be, and opportunities for follow up sessions to give / receive feedback.

Punctuality expectations, absence notification requirements, timesheet submission, and leave application procedures.

Standards of behaviour including the Public Sector Code of Conduct, professional codes (if applicable), Western Health values and policies and procedures including the Western Health Code of Conduct.

Confidentiality requirements including the Privacy policy and procedures, and Freedom of Information requests.

Equal Employment Opportunity (EEO) requirements including EEO policies and procedures and dealing with EEO problems such as discrimination and harassment.

Department Information

The department's structure and function, including lines of authority, reporting relationships, reporting absences, and been introduced to my colleagues.

The department's aims and objectives.

How the department participates in the wider organisation.

The department's physical environment and I have been shown around the department and know where to find the toilets, tea / coffee facilities, storage areas, offices, locker rooms, etc.

The department's equipment including how to use the telephones, paging system, photocopiers, facsimiles, computers, mail system, and how to access IT support and employee information on the WH intranet site.

Introductions and instructions to relevant programs and systems (where applicable) for the employee to successfully carry out work responsibilities including the completion of necessary ELearn modules.

Organisation Information

Western Health's vision, mission and values.

Western Health's structure & function, including lines of authority, reporting relationships, reporting absences, and key staff members.

Western Health's security requirements including policy and procedures, keys, ID badges, the Security escort service, computer / equipment security, personal security and dealing with security problems.

Western Health's continuous improvement requirements in relation to The Evaluation and Quality Improvement Program (EQuIP) accreditation.

Western Health's facilities and I have been taken on a tour of Western Health including the location of the café / kiosk / shop facilities, cashier, Library, Pharmacy, Learning Centre, and People Services Department.

Occupational Health and Safety

Western Health's Occupational Health and Safety (OHS) requirements including policies and procedures. Health and Safety Representative's name and phone number, attending any mandatory OHS training (such as Back Attack or CPR), first aid, location of the first aid kit, safe waste disposal, using correct manual handling techniques, using safety equipment, wearing personal protective equipment (PPE), reporting work accidents / incidents / hazards and OHS issue resolution mechanisms.

Western Health's fire safety requirements including fire and emergency procedure training, the emergency codes, the location of the fire extinguishers, fire hoses, break glass alarms, fire stairs, evacuation routes and safe meeting points and the identity of the Zone Fire Warden(s) and I have arranged to attend a fire and emergency procedure training

session for this year and understand that I have to do this course every year.

Specific hazards relating to my work area and how to operate any equipment necessary to my work.

Western Health's infection control requirements including policies and procedures, the Infection Control Unit phone number, hand washing protocol, sharps injury protocol, required immunisations, biological waste disposal, and safe work practices (such as Standard Precautions and the use of PPE).

Western Health's Critical Incident Stress Management (CISM) and Employee Assistance Program (EAP) and how to access these services.

Learning and Development

My training needs and how these might be met.

Western Health's learning and development opportunities and the Integrated Learning Centre.

Western Health's Aggression Management Training and I have registered to attend a training session (frontline staff).

Employee's Signature:

Date:

I have discussed all these items with my new employee.

Name:

Position Title:

Signature:

Date:



Women's Clinic Orientation Checklist

The following Checklist is to be completed within the Orientation Supernumerary Experience.

Date attended _____

Orientation provided by _____

Emergency

tick when completed

- Fire equipment and evacuation route
- Adult resuscitation equipment

Communication

- Computer terminals / printers / FAX
- Staff communication boards
- Patient education
- Clinical zones / ward layout / Pregnancy A – B – C
- Documentation
- Internal mail
- Interpreters
- Intercom
- Referral folders
- Laminated Midwifery reference guidelines
- *Introduction to Women's Clinic* document
- Keys

Equipment

- Portable USS machine
- Fetal Doppler
- IV trolley
- Linen
- Waste disposal
- Maternal scales

Facilities

- Lockers
- Tea room
- Staff toilets

Maternity Ward Orientation Checklist

The following Checklist is to be completed within the Orientation Supernumerary Experience.

Date attended _____

Orientation provided by _____

Emergency

tick when completed

- Patient Call System
- Adult resuscitation equipment
- Neonatal resuscitation equipment
- Fire equipment and evacuation route
- *Emergency Birthing box*
- *PPH box*
- Neonatal O₂ saturation probe

Communication

- *Welcome to the Maternity Unit document*
- *Phone directories*
- Keypad / swipe card access
- Clinical zones / ward layout
- Computer terminals / printers / fax
- Patient communication board
- Documentation
- Communication book
- Internal mail
- Midwifery handover
- Laminated Midwifery reference guidelines
- Patient education
- Linen
- Waste disposal

Equipment

- Neonatal portable isolette
- BSL machine
- Haemacue machine
- Portable GE Dash 5000 machine
- Exergen thermometers
- Alaris IV pumps
- IV poles
- IV trolley
- Breast pumps and kits
- Wheelchair
- CTG machine
- Fetal Doppler
- Portable neonatal care trolley
- Support person bed

Facilities

- Lockers
- Tea room/ toilets
- Pay slips
- Patient nourishment centre / family waiting area

Birthing Orientation Checklist

The following Checklist is to be completed within the Orientation Supernumerary Experience.

Date attended _____

Orientation provided by _____

Emergency

tick when completed

- Patient Call System
- Adult resuscitation equipment
- Neonatal resuscitation equipment(including theatre)
- Fire equipment and evacuation route
- Emergency Birthing box
- PPH box
- Uterine Hyper stimulation box
- Pre eclampsia box
- Hypo glycaemia box
- Neonatal portable isolette

Communication

- Keypad / swipe card access
- Phone directory
- Clinical zones / ward layout
- Computer terminals / printers / fax
- Patient communication board
- Documentation
- Communication book
- Patient Clinical Alert book
- Reference folders
- Internal mail
- Midwifery handover
- Laminated Midwifery reference guidelines
- Equipment checking procedures
- Linen

- Waste disposal

Equipment

- *Fetal Blood Sampling* equipment
- BSL machine
- Alaris / Gemstar infusion pumps
- IV poles
- IV trolley
- Epidural equipment
- Assisted delivery equipment
- Exergen thermometers
- CTG machine / telemetry / FSE
- Portable GE Dash 5000 machine
- Birthing bed
- Wheelchair
- Active birthing equipment

Facilities

- Lockers
- Staff tearoom
- Toilets

Pregnancy Day Stay Unit Checklist

The following Checklist is to be completed within the Orientation Supernumerary Experience.

Date attended _____

Orientation provided by _____

Emergency

tick when completed

- Patient Call System
- Adult resuscitation equipment
- Neonatal resuscitation equipment
- Fire equipment and evacuation route
- *Emergency Birthing box*
- *Uterine Hyper stimulation box*
- IV trolley (emergency drugs)

Communication

- Keypad / key access
- Phone directory
- Clinical zones / ward layout
- Computer terminals / printers / fax
- Patient communication board
- Documentation
- PDSU diary
- PDSU admission book
- Reference folders
- Internal mail
- Laminated Midwifery reference guidelines
- Equipment checking procedures
- Linen
- Waste disposal

Equipment

- USS machine
- BSL machine
- Alaris infusion pumps
- IV poles
- Exergen thermometers
- CTG machine
- Portable Bp machine
- Fridge

Facilities

- Lockers
- Staff tea room
- Toilets

Domiciliary Orientation Checklist

The following Checklist is to be completed within the Orientation Supernumerary Experience.

Date attended _____

Orientation provided by _____

Emergency

tick when completed

- Safety at visits

Communication

- Overview of Home Care Service
- Domiciliary resource folders
- Clinical zone
- Computer terminals / printers / fax
- Phone systems
- Time management
- External hospital referrals
- Operational requirements including phone reviews
- Documentation
- SBR collection and transportation

Clinical Resources

- Clinical support
- Role of daily Team Leader
- Interpreter service
- Frenotomy Practitioners
- Community Support services

Equipment

- Visit equipment
- Car

Useful links

AHPRA

www.ahpra.gov.au/

Australian Breastfeeding Association

<https://www.breastfeeding.asn.au/>

Australian College of Midwives

www.midwives.org.au/

National Midwifery Guidelines for Consultation and Referral

www.clinicalguidelines.gov.au › Browse

Nursing and Midwifery Board of Australia

<http://www.nursingmidwiferyboard.gov.au/>

The Royal Australian College of Obstetricians and Gynaecologists

www.ranzcog.edu.au/

The Royal Women's Hospital

www.thewomens.org.au/

The 3 Centre's Collaboration

3centres.com.au/

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Kirsten de Chalain
Clinical Midwife Specialist





Appendix

Sunshine Hospital Midwife Position Description
Nursing and Midwifery Board of Australia – Continuing Professional Development Registration
Education Department – CPD RECORD



WESTERN HEALTH:

Western Health is the pre-eminent provider of health services in the western metropolitan region of Melbourne. Fast becoming known as a vibrant, progressive organisation, Western Health focuses on achieving excellence in teaching and research. Western Health caters for one of the most multicultural regions of Melbourne and offers an extensive range of clinical services.

The health service incorporates Sunshine Hospital, Western Hospital (Footscray), The Williamstown Hospital, Reg Geary House and Hazeldean nursing homes, and DASWest, a drug and alcohol service. With an annual budget of approximately \$400 million, Western Health employs around 5,000 employees and provides services to around 700,000 people.

Western Health is committed to providing high quality undergraduate and postgraduate teaching and research. The health service encourages innovations in patient care, staff professional development and research activities. Our clinicians, nurses and allied health professionals are involved in a diverse range of activities that have received recognition at a local, national and international level.

Western Health has links with The University of Melbourne, La Trobe University and Victoria University of Technology. Further information is available at www.westernhealth.org.au

WESTERN HEALTH STATEMENT OF PURPOSE:

Working collaboratively to provide quality health and well-being services for the people of the West.

WESTERN HEALTH VALUES:

Western Health aspires to be a values-driven organisation and all staff are required to behave in alignment with the following values:

- Compassion - consistently acting with empathy and integrity
- Accountability - empowering our staff to serve our community
- Respect - for the rights, beliefs and choice of each individual
- Excellence - inspiring and motivating, innovation and achievement
- Safety - working in an open, honest and safe environment

FOCUS ON FIVE STRATEGIC PRIORITIES

To make sure we stay focused, and to help us manage our resources and services appropriately, we have identified five key priorities:

Safe and Effective Patient Care

- Western Health will deliver services in accordance with its model of care
- Define the service profile for Western Health based on population health needs, the model of care and broad health care priorities
- Integrate service provision, clinical governance and risk management in a Western Health governance model to ensure safe and effective patient care
- Integrate capital development works to deliver on the Western Health model of care and clinical services plan

- Deliver an information systems strategic plan that ensures the investment strategy optimises opportunity for technology to support safe and effective patient care and efficient organisational performance

People and Culture

- Ensure we are driven by our values
- Provide leadership that inspires and enables delivery of strategic objectives
- Focus on achieving performance excellence
- Ensure our workforce has the capability and capacity to deliver strategic objectives
- Promote safe and healthy people at work
- We also recognise the need to integrate the implementation of People and Culture strategy with aspects of the other strategic themes, recognising that ultimately, a sustainable workforce delivers a sustainable service

Community and Partnership

- Planned and comprehensive collaboration with community and partner organisations to understand our community
- Ensure community engagement and partnership activities are incorporated in relevant aspects of service planning, design and delivery
- Consult local communities that may be under-represented in the mainstream, to inform and identify issues surrounding access, outcomes, and priorities as defined by those communities
- Promote consumer engagement and participation across our business

Research and Learning

- Encourage, promote and support research
- Clinical practice informs and reflects evidence-based research.
- Position Western Health as an academic leader in teaching and research
- Become an organisation that actively learns in order to improve the service
- Provide learning, training and development opportunities for current and future staff to enable excellence in service delivery

Self-sufficiency and Sustainability

- Ensure financial viability through prudent resource management
- Develop and optimise income streams
- Manage and improve assets and infrastructure within available funding
- Ensure ongoing service planning informs both current and future needs

SITE SPECIFIC INFORMATION:

Sunshine Hospital

Sunshine Hospital is a major general hospital in Melbourne's outer west with approximately 300 beds. Already renowned for its comprehensive range of services including women's and children's services, aged care and rehabilitation services, the hospital underwent a major redevelopment in mid 2001 to establish adult acute services. This project included the addition of a general emergency department, a general medical unit and palliative care facility, as well as the expansion of aged care and rehabilitation services. Sunshine Hospital's emergency department, incorporating a paediatric service, is one of the busiest general emergency departments in the state. Sunshine Hospital is located only 20 minutes from the CBD, just off the Western Ring Road.

Western Hospital

Western Hospital is a 323-bed acute teaching and research hospital responsible for providing a comprehensive range of inpatient and outpatient acute health services. The hospital conducts research in areas such as gastroenterology, emergency care, oncology, respiratory medicine and sleep disorders. Two of Western Health's latest Centres for Excellence, the Centre for Cardiovascular Therapeutics and the Centre for Oncology and Gastroenterology, are based at Western Hospital. Western Hospital also provides some of the most advanced diagnostic imaging equipment available in Melbourne, including 2 64 slice CT scanners and a state-of-the-art Magnetic Resonance Imaging (MRI) facility. The Western Hospital is only 10 minutes from the CBD.

The Williamstown Hospital

The Williamstown Hospital is the oldest community hospital in Melbourne. Hospital staff and the community celebrated the hospital's 110th birthday in 2004. The 86-bed hospital offers a comprehensive range of inpatient and

outpatient services including general surgery, general medical and allied health services. The Williamstown Hospital is located just 500 metres from the beach and 15 minutes from the CBD. The hospital is located across the road from the railway station.

DASWest

DASWest, located near Western Hospital, is a community program of Western Health offering flexible and practical support and treatment for individuals and their families affected by substance use. Our services cover all of the western suburbs of Melbourne and extend to also cover the Barwon and Grampian regions of rural Victoria. These services are aimed at four broad groups: adults, young people, women and children and persons with a diagnosed mental illness who also misuse substances.

Hazeldean Nursing Home

Hazeldean Nursing Home, located in Williamstown, is an accredited high-level aged care facility with capacity for 39 permanent residents and one respite resident. The facility offers a secure, home-like environment for its community of local residents. Hazeldean has provided residential care for the aged and for individuals of younger age groups requiring 24-hour skilled nursing services since 1976.

Reg Geary House

Reg Geary House is an accredited high-level residential aged care facility auspiced by Western Health. The Melton-based facility opened in October 1993 and provides a secure home-like environment for 30 long-term residents.

Business Unit Statement:

Midwifery Orientation Handbook

Maternity Services is located at the Sunshine Hospital. The unit comprises of both inpatient and ambulatory services. The Birthing unit is a 10-bed unit, which accommodates both high and low risk women and the postnatal units comprises of 24 beds. Ambulatory services consist of midwifery lead antenatal clinics, which are both hospital, and community based clinics and domiciliary services. Care provided at Sunshine has a strong emphasis on teamwork and continuity across all aspects of midwifery and the women's pregnancy to achieve the best possible outcome for our ladies, their family and staff.

ROLE STATEMENT:

As a member of the health care team, the midwife is at the forefront of the provision of high quality care to women on a day-to-day basis. The midwife assumes accountability and responsibility for their own practice based upon their level of educational preparation and competence.

The role of the midwife incorporates the following activities: unsupervised clinical practice, coordination of care, counseling, health promotion and teaching, advocacy of women, collaborative management of the woman and the unit, research, supervision and mentorship/preceptorship, interaction/liaison with multidisciplinary team, accurate and timely documentation.

KEY WORKING RELATIONSHIPS:

Internal

- Unit Manager
- Midwife in Charge
- Members of the multidisciplinary care team
- Nursing and midwifery education team

External

- Women and their significant others
- Community liaisons

KEY ACCOUNTABILITIES:

Provide high quality, culturally sensitive care of women in partnership with women, their significant others and other members of the multidisciplinary care team:

- Assume responsibility for direct midwifery care in accordance with the care model of the ward/unit, or in community settings, or at home after discharge as appropriate.
- Practice in accordance with the relevant standards prescribed (as appropriate) by the [Australian College of Midwives Inc](#), [Western Health Clinical policies and procedures](#), and departmental policies and procedures.
- Assess the clinical, non-clinical and social needs, including the identification of 'at risk' women and document in the appropriate medical record.
- Starting from the time of the initial episode of care, develop an effective discharge plan from hospital that reflects the needs of the woman and significant others and demonstrates an understanding of the role of community providers.
- Incorporating principles of ethical decision-making and using evidence-based practice, formulate, implement and evaluate the women's plan of care.
- Recognise changes in the women's condition, take necessary action and document the variation in the plan of care.
- Develop, implement and evaluate teaching plans for women and significant others that meet their learning needs and facilitates informed decision-making.
- Accept accountability for own actions and seek guidance from senior nurse/midwife when limited by your own level of expertise.

- Recognise and report adverse events.
- Adhere to all aspects of confidentiality in regard to patients/women, significant others and staff.
- Check equipment required for each shift and report faulty equipment.
- Accept ward-based portfolio as delegated.
- Perform any other duties as directed.

Contribute to a high standard of service provision by maintaining collaborative relationships with all disciplines:

- Collaborate with multidisciplinary team members to achieve desired outcomes for women.
- Contribute to effective communication and conflict resolution.
- Participate in ward/unit meetings and ward rounds.

Support the professional development and learning of other staff in the ward/unit:

- Support the development of others by providing clinical support and education to colleagues.
- Participate in orientation, preceptorship and mentoring of new staff and students.
- Feedback information from your participation in seminars and conferences.
- Contribute feedback for performance review of colleagues.

Commit to ongoing professional development of self and learning:

- Participate in annual performance appraisal and identify learning needs.
- Participate in professional development and continuing education activities, committees, working parties and relevant professional groups.
- Achieve annual clinical competency certifications.
- Attend in-services for new equipment.
- Use resources when presented with unfamiliar information.

- Assume rotation into senior roles in the ward/unit when delegated to do so, based on level of educational preparation and competence.

Support and contribute to research and continuous improvement:

- Participate in change to policies, procedures and protocols based on relevant research.
- Identify areas of midwifery practice where improvements can be made to the quality of midwifery care.
- Support and contribute to quality improvement and research projects.
- Participate in organisational committees/working groups as required.

Contribute to a safe work environment for all staff:

- Conduct yourself in a manner that will not endanger yourself or others.
- Follow Western Health's Occupational Health and Safety policies and procedures.
- Report any unsafe work practices, hazards, near miss incidents and accidents.
- Maintain an awareness of the Occupational Health and Safety Act 2004 and the Accident Compensation (WorkCover) Act 1992.
- Contribute to safety awareness and promotion by contributing ideas and suggestions.
- Maintain knowledge and practice of infection control / hygiene precautions and Western Health infection control policies and procedures.

SELECTION CRITERIA (QUALIFICATIONS / EXPERIENCE / SKILLS):

Essential

- Demonstrate successful completion of a three-year full time Bachelor of Midwifery, or equivalent, and have a minimum of one year's full time midwifery experience.
- Be eligible for registration as a midwife in Victoria and hold a current practicing certificate.
- Demonstrate organisational skills, particularly with respect to time management and delegation.
- Have well-developed written and verbal communication skills.
- Have well-developed interpersonal skills.
- Demonstrate an ability to practice collaboratively as part of a multidisciplinary health care team.
- Demonstrate evidence of undertaking professional development activities in response to perceived learning requirements.



Professional Development Record

This document has been designed to assist you in recording your continual professional development activity over the next 3 years.



Centre for Education

Fourth Edition

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Western Health, Centre for Education Intranet link below:

 http://info.wh.org.au/Departments_and_Services/E_-_I/Education_Centre/Forms/index.aspx



Midwifery Orientation Handbook

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www.manaraa.com

Authority

This standard has been approved by the Australian Health Workforce Ministerial Council on 31 March 2010 pursuant to the *Health Practitioner Regulation National Law (2009)* (the National Law) with approval taking effect from 1 July 2010.

Summary

All nurses and midwives must meet the continuing professional development (CPD) standards. This standard sets out the minimum requirements for CPD. CPD must be directly relevant to the nurse or midwife's context of practice.

The Board reserves the right to give exemptions in individual cases.

Scope of application

This standard applies to registered and enrolled nurses, registered nurses endorsed as nurse practitioners, registered midwives, and registered midwives endorsed as midwife practitioners. It does not apply to students or nurses and midwives who have non-practising registration.

Requirements

1. Nurses on the nurses' register will participate in at least 20 hours of continuing nursing professional development per year.
2. Midwives on the midwives' register will participate in at least 20 hours of continuing midwifery professional development per year.
3. Registered nurses and midwives who hold scheduled medicines endorsements or endorsements as nurse or midwife practitioners under the National Law must complete at least 10 hours per year in education related to their endorsement.
4. One hour of active learning will equal one hour of CPD. It is the nurse or midwife's responsibility to calculate how many hours of active learning have taken place. If CPD activities are relevant to both nursing and midwifery professions, those activities may be counted in each portfolio of professional development.
5. The CPD must be relevant to the nurse or midwife's context of practice.
6. Nurses and midwives must keep written documentation of CPD that demonstrates evidence of completion of a minimum of 20 hours of CPD per year.
7. Documentation of self-directed CPD must include dates, a brief description of the outcomes, and the number of hours spent in each activity. All evidence should be verified. It must demonstrate that the nurse or midwife has:
 - a) identified and prioritised their learning needs, based on an evaluation of their practice against the relevant competency or professional practice standards
 - b) developed a learning plan based on identified learning needs
 - c) participated in effective learning activities relevant to their learning needs
 - d) reflected on the value of the learning activities or the effect that participation will have on their practice.
8. Participation in mandatory skills acquisition may be counted as CPD.
9. The Board's role includes monitoring the competence of nurses and midwives; the Board will therefore conduct an annual audit of a number of nurses and midwives registered in Australia.

Definitions

Context of practice refers to the conditions that define an individual's nursing or midwifery practice. These include the type of practice setting (e.g. healthcare agency, educational organisation, private practice); the location of the practice setting (e.g. urban, rural, remote); the characteristics of patients or clients (e.g. health status, age, learning needs); the focus of nursing and midwifery activities (e.g. health promotion, research, management); the complexity of practice; the degree to which practice is autonomous; and the resources that are available, including access to other healthcare professionals (ANMC 2009).

Continuing professional development is the means by which members of the profession maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and professional qualities required throughout their professional lives. The CPD cycle involves reviewing practice, identifying learning needs, planning and participating in relevant learning activities, and reflecting on the value of those activities (ANMC 2009).

For further information:





 www.nursingmidwiferyboard.gov.au















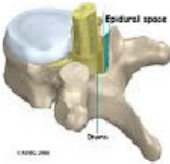



Midwifery Orientation Handbook





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CONTINUING PROFESSIONAL DEVELOPMENT (CPD) RECORD Name:

<p>It is the responsibility of each registered nurse, midwife, bank & pool staff to ensure training is completed.</p> <p>NEW STAFF: Initial Training to be completed within two weeks of your commencement at Western Health.</p>	Frequency	Date	Date	Date
<p>Back 4 Life Initial training provided at Hospital Orientation. The practical competency assessment must be completed by a trainer in your unit within the first 2 weeks of your commencement at Western Health. It is your responsibility to book into a session.</p> <p>There is also an online information package that you can access via the Western Health Intranet home page:  http://info.wh.org.au/Occupational_Health_Safety_and_Wellbeing/Back_Attack/index.aspx</p>	<p>Annual</p> 			
<p>Basic Life Support & Defibrillation (BLS-D) Hands-on BLS-D training needs to be completed in addition to completing a BLS-D quiz on e-learn. Training can be completed with a CPR trainer in your clinical area, and it is your responsibility to book into a session at your earliest convenience. Alternatively you can book into a short BLS-D course through the Centre for Education to complete the training.</p> <p>The e-learning module is accessed via the Internet:  http://elearn.wh.org.au/</p>	<p>Annual</p> 			

	Frequency	Date	Date	Date
<p>Blood Components and Transfusion Practice Whilst not compulsory Division 2 nurses are very welcome and encouraged to undertake this training.</p> <p>The e-learning module is accessed via the Internet:  http://elearn.wh.org.au/</p>	Annual 			
<p>Fire & Emergency Procedures Initial training provided at Hospital Orientation. If you were unable to complete training, please refer to online link below:</p> <p>The e-learning module is accessed via the Internet:  http://elearn.wh.org.au/</p>	Annual 			
<p>Hand Hygiene Program - DeBug There is an online component that you are required to complete accessed via the Western Health Intranet home page on following link and clicking on the hand hygiene logo:</p> <p> http://info.wh.org.au/</p>	Annual 			
<p>Medication Administration You must complete the learning package and assessment online.</p> <p>The e-learning module is accessed via the Internet:  http://elearn.wh.org.au/</p>	Annual 			

Midwifery Specific	Frequency	Date	Date	Date
<p>Breastfeeding Education From employment 18 hours of education within the first 6 months, then 8 hours of education each 3 years thereafter.</p> <p>Book via the Centre for Education:  www.westernhealth.org.au/Education_and_Training/Continuing_Education/index.aspx</p>	<p>3 Yearly</p> 			
<p>Epidural Analgesia The e-learning module is accessed via the Internet:  http://elearn.wh.org.au/</p> <p>Then book for education program via the Centre for Education:  www.westernhealth.org.au/Education_and_Training/Continuing_Education/index.aspx</p>	<p>Annual</p> 			
<p>Fetal Surveillance Must attend a full day education program every 2nd year, followed by an update each alternate year. The update is offered either via attendance to a half day education session or completed online via the following website:  http://www.ranzcog.edu.au/fsep/index.shtml</p> <p>To book for an education program via the Centre for Education:  www.westernhealth.org.au/Education_and_Training/Continuing_Education/index.aspx</p>	<p>Annual</p> 			

Midwifery Specific <i>(cont..)</i>	Frequency	Date	Date	Date
<p>Neonatal Resuscitation Must attend the specified education program upon employment.</p> <p>Annual updates are required thereafter consisting of an e-learn module and attendance to an update education program:</p> <p>The e-learning module is accessed via the Internet:  http://elearn.wh.org.au/</p> <p>Then book for education program via the Centre for Education:  www.westernhealth.org.au/Education_and_Training/Continuing_Education/index.aspx</p>	  Western Health			
Neonatal Resuscitation – Update	Annual			
Paediatric Resuscitation – Update	Annual			

CONTINUING PROFESSIONAL DEVELOPMENT (CPD) RECORD Name: _____

Date	Hours	CPD Activity <i>To attend an education session on e.g. PICC Line management</i>	Objective/Learning Needs <i>To successfully manage e.g a PICC Line</i>	Outcome <i>The outcome is to successfully manage a patient with e.g. a PICC Line</i>	Evaluation/Reflection <i>e.g. Able to take this learnt knowledge back to the workplace</i>

CONTINUING PROFESSIONAL DEVELOPMENT (CPD) RECORD Name:

Date	Hours	CPD Activity <i>To attend an education session on e.g. PICC Line management</i>	Objective/Learning Needs <i>To successfully manage e.g a PICC Line</i>	Outcome <i>The outcome is to successfully manage a patient with e.g. a PICC Line</i>	Evaluation/Reflection <i>e.g. Able to take this learnt knowledge back to the workplace</i>