Dear Nursing / Midwifery Student

Welcome to Ashford Hospital!

As you commence your Clinical Placement in one of the various wards at Ashford Hospital you may feel a degree of anxiety but trust this will be an enjoyable and productive learning experience, with many new skills and accomplishments to attain.

In this information package I have included some important information for you in regards to key personnel and departments you may come across from time to time as well as other orientation information we wish to share with you.

I trust you will find the staff at Ashford Hospital supportive and understanding of your level of experience, so please do not hesitate to ask staff for assistance in helping you achieve your goals. I also trust you will become an invaluable member of the team working together to provide outstanding nursing / midwifery care.

I am the Staff Development and GNP Co-ordinator at Ashford and can be contacted on 83755275 or on extension 4274 (when dialling from hospital phones). Please do not hesitate to contact me with any questions or issues that may arise. My email contact is Roselyn.brown@acha.org.au

The Manager, on the ward you are allocated to, and your Clinical Facilitator are also people you can liase with if you have any questions or concerns.

I hope Ashford Hospital can assist you with your learning during your clinical placement.

Roselyn Brown
Staff Development & GNP Co-ordinator.

The following package has been designed to aid your orientation and to inform you of the services available.

Ashford Hospital is a member of the Adelaide Community Healthcare Alliance (ACHA). Other hospitals in this group are The Memorial Hospital and Flinders Private Hospital. ACHA is managed by Healthscope.

Ashford Hospital is a large private hospital located 5 km south west of Adelaide in South Australia. With 230 beds / 30 Day Chairs it is one of South Australia's largest private hospitals and it is considered a centre for clinical and medical excellence. In 2020 Ashford Hospital completed a $34million redevelopment / upgrade to ensure our patients are kept comfortable during their stay with us.

Our high level of services enables us to perform a broad range of diagnostic, interventional and surgical procedures. Ashford is fully equipped with the highest level of private intensive, neonate and maternal care available in South Australia with the additional back up of an acute cardiac unit and a cardiac surgical unit. A comprehensive range of facilities including, Medical Imaging and Pathology on site supports these services.

Ashford Hospital is complemented by an Emergency Department and a 24/7 Chest Pain Clinic. The Ashford Emergency Department is open between 8am and 10pm, 7 days per week and out of these hours the Ashford Chest Pain Clinic can be accessed via ambulance.

Ashford Hospital provides specialties and services in Cardiology, Cardiothoracics, Maternity, Bariatrics, General surgery, Angiography, Endocrinology, Emergency Medicine, Intensive care, Diabetes, Dental, Gynaecology, General Medicine, Oncology, Gastroenterology, Orthopaedics, Ear nose and Throat, Urology, Vascular, Paediatrics (limited), Radiology and Allied Health.

All staff working in the hospital welcome you to their areas. Please do not hesitate to ask for additional guidance / information.

KEY PERSONNEL AT ASHFORD

ACHA CEO & Ashford General Manager	Paul Evans
Director of Nursing	Kirsty Grant
Assistant Director of Nursing	Sarah Schulz
Perioperative Manager	Yvette Rodgers
Staff Development and GNP Co-ordinator	Roselyn Brown
Infection Control	Linda McCaskill
Case Management	Sue Dean
Clinical Pharmacist	Daniel Scandrett-Smith
Quality Co-ordinator	Toni Bickley
Administration Manager	Sarah Reavill
Chaplin	Liz Dyson
Domestic Services Manager	Kate Cocks
Emergency Department Director	Dr Enrico Quaini
Wound/Ostomy/Continence Nurse	Sandra Bradley
Hospital Co-ordinators	Several Various Manager
After Hours Hospital Co-ordinator	Contact Ex 4111
Clinical Managers	Andrew Mathison (Emergency)
	Emma Stagg / Jody Roberts (Critical Care Unit)
	Tammie Wiseman (Cardiac)
	Haylee Logan (Operating Theatre)
	Vic Artacho / Matt Genovese (Recovery / Anaes)
	Meegan Rogers (Day Ward)
	Cate Howard (Unley)
	Sharon Reinbrecht (Marion)
	Melissa Paprota (Marleston)
	Christine Lindsay (Mid)
	David Rich (Angio)
	TBA (Mitcham)

WARD ALLOCATION

Each student has been allocated to a specific ward or unit. While in this area you will have a facilitator and may have several preceptors. Following Hospital Orientation and a tour of the hospital you will be taken to your allocated area for further orientation. During your ward orientation you will be able to develop your own roster. It is important that this roster mirrors your preceptor's roster as much as possible. Also the number of students on each shift must be balanced so as not to overload the area and any one time.

SHIFT TIMES

Early shift	0700 – 1500
Morning Tea	15 minutes
Lunch	30 minutes
Late shift	1430 - 2230
Dinner	30 minutes
Supper	15 minutes
Night Duty	2215 – 0715
Supper	15 minutes
Break	30 minutes

Shift times can vary dependant on the ward / specialty area as some wards have 12 hour shifts, whilst others may have varying start / finish times. Students are not to do 12 hour shifts.

Students are not rostered to work weekends due to limited staffing and reduced support availability. Night duty shifts may be allocated on a Thursday & Friday night towards the end of a placement block. Night duty will not be undertaken by students not progressing clinically as required or if there is insufficient supervision available in the area. Also some areas do not staff a night duty shift (ie periop & ED)

UNIFORM
All students must be in the uniform of their training organisation for all shifts. If you are working in the peri-operative area you may change in to theatre scrubs for your shift, however you must wear your uniform to and from duty.

Uniform includes:

- Covered shoes
- Appropriate pants (neat casual, not tracksuit fabric etc) or skirt (not too short)
- Shirt (as per Training Organisation) must be short sleeved – No long sleeves (under shirt or cardigan) to be worn while on duty.
- Students must be bare below the elbows when working in the clinical areas
- Name badge with photo ID and Training Organisation details must clearly visible
- Minimal jewellery (wedding band only) and no wrist jewellery (fob watch preferred)
- Discreet body piercing only
- Mild perfume only and well managed body odour.
- Hair neat and tidy with long hair securely pulled back

If there are any issues with the uniform the student will be asked to rectify the situation or to go home.

PERSONAL BELONGINGS
A locked cupboard is provided in the nurses' station / ward area for staff belongings. It is recommended that you do not bring valuables with you, as the hospital cannot be accountable for thefts. Mobile phones are **not** to be carried during your time on the ward. If you need to be contacted for emergency reasons you may provide the direct number to the ward to the person(s) concerned.

SICK LEAVE
Please ring the Hospital on 83755222, ask to speak with the Hospital Co-ordinator, and let them know that you will be off sick. Please tell them your name that you are a student and the area that you are working in, so they can let the ward know of your absence. Also ask them to email the Staff Development Co-ordinator (Roselyn Brown) and your Clinical Facilitator to let them know of your absence as well.
Due to the number of students undertaking placements at Ashford there is no facility to make up lost time. Excess sick leave may impact on your ability to pass your placement and this will be addressed on an individual basis.
If you have any cold or flu like symptoms there will be an expectation that you have a COVID swab done & that you self-isolate & do not return until –ve swab obtained.

PROFESSIONALISM
Ashford strives to maintain a high standard of professionalism and customer service and while on placement Ashford expects nothing less from students.
It is essential that all students are professional and respectful in their manner and behaviour and that they present to work on time and in a clean & tidy uniform. Mobile phones are not to be carried on your person while working. You may give the direct number for the area in which you are working to people that may need to contact you (for emergency reasons) during your shift.

PRIVACY
Patient privacy & confidentiality is paramount in the healthcare environment. At all times the student must guard the information that they learn about individuals. Always consider what you discuss away from the hospital environment and always maintain the strictest of confidentiality. Each student is provided with a copy of the Privacy Guidelines and it is important that you read it. Also you are required to sign a Privacy Agreement on commencement of your placement at Ashford. This will be collected by your clinical facilitator.

EXPECTATIONS OF THE STUDENT

- Always be professional
- Be proactive in your learning
- Always ask when unsure
- Actively listen to all advice / direction given
- Use quiet times for active learning – look up policies and procedures, read clinical notes / other supportive information or texts, look up medication information, help others, Talk to a patient or two.
- Don't follow bad examples set by others (Hopefully you won't see any)
- All medications **MUST** be given under the **direct** supervision of a Registered Nurse.
- If you are having any difficulties please speak to your Clinical Facilitator, the ward / unit Manager, or the Staff Development Co-ordinator.

ATTACHED DOCUMENTATION

There are numerous documents that you have been given with this package of information. Please complete all the documentation and bring it with you to Hospital Orientation. If you are a Midwifery Student undertaking a Continuity of Care Experience and you are attending a delivery you are required to complete the forms marked with a *.

- * Student Details Form (to be given to your Clinical Facilitator)
- Attendance Record (to be completed each shift & signed by your preceptor)
- Roster – to be completed during you ward orientation and 3 copies made
    - 1 copy to go to your facilitator
    - One copy to be kept in the ward allocation folder
    - One copy for your own records.
- * Privacy Agreement (to be signed and given to your Clinical Facilitator)
- Car Parking Registration (to be completed & given to the Car Park Attendant, with appropriate funds if you wish to access the Hospital Car Park at reduced rates)
- * Student Orientation Check List – to be signed off at Hospital Orientation & given to your Clinical Facilitator
- ACHA WHS Induction Checklist – to be signed off at Hospital Orientation & given to your Clinical Facilitator
- Clinical Placement Feedback Form – To be completed & given to your Clinical facilitator at the end of your placement.

OTHER EVIDENCE THAT MUST BE PROVIDED

You must also bring with you the following documented evidence with you on your first day.
This evidence must be shown to your facilitator (or for midwifery Continuity of Care Students – to the senior nurse on duty).

- DCSI / Police Clearance – Working with children, Vunerable Persons & Aged care
- Vaccination Evidence
    - Polio (evidence of vaccination preferred or Stat. Dec. stating this has been done);
    - Diphtheria / Tetanus (evidence of vaccination);
    - Hepatitis B (serology showing immunity necessary);
    - Influenza (required annually – evidence of vaccination);
    - Measles, Mumps and Rubella (born during or since 1966) (serology showing immunity necessary or evidence of 2 MMR vaccinations);
    - Tuberculosis screening (on-line survey evidence or certificate from chest clinic);
    - Varicella (serology showing immunity or evidence of 2 vaccinations);
    - Pertussis (serology showing immunity necessary or evidence of vaccination)
- Drug Calculation Assessment (completed within last 6 months) 100% correct required
- Evidence of Basic Life Support Competence
- Bloodsafe eLearning certificate of Completion (Clinical Transfusion)
- Hand Hygiene Australia eLearning Certificate of Completion
- Student ID badge – must be worn (photocopy of student photo ID taken by facilitator). This badge must be worn at all times while on duty within Ashford.

OTHER INFORMATION TO READ

Please ensure that you download and read the following documents:

- Introductory letter and Hospital Orientation Information
- Privacy – Case Study Agreement (only necessary if you are undertaking a case study)
- Privacy Policy
- Privacy Guidelines for Students
- Infection Control Orientation Pamphlet
- Preceptor Guidelines
- ACHA WHS Policy
- Information on the National Safety and Quality Healthcare Standards
- ACHA Policy – Student Medication Administration

GENERAL INFORMATION

CAFÉ'

Hudsons coffee shop is on the ground floor and is open to both staff and visitors. The opening hours are displayed in the foyer. Hudsons provide an assortment of refreshments and light meals.

STAFF DINING ROOM

Staff also have access to the Staff Dining Room located on the ground floor. This area is open 24 hours. A microwave, vending machines and Tea/ Coffee facilities are available there 24 hours. All areas also have access to a small staff tea room in which you can also sit to eat your meal (social distancing requirements may impact on.

PARKING

Car Parking is available at reduced cost to the user in the multi-storey GreenCo Car Park, accessed from Everard Avenue. You will need to complete the Student Placement Parking Registration Form to apply for a swipe card to use at the Car Park. **On your first day DO NOT park in the car park but visit the Car Park Office, near the exit gate, between 1400 and 1645 to arrange the swipe card.** This may also be arranged before you commence placement. The Parking Attendant will issue you with the swipe card and you can then use it to enter & exit the car park for the rest of the placement. The swipe card itself costs $35.00 (non-refundable & price subject to change) and then parking each day will be charged at $7.00 (price subject to change). At the completion of your placement you may retain this card for use in the future. The card may be deactivated after several months of inactivity; however the parking attendant can reactivate it, at any time.

Students attending for a single day, or using the car park prior to arranging the swipe card, will be charge the standard rates which is up to approx. $30 for a full day.

PATHOLOGY SERVICES

Our preferred pathology service is Australian Clinical Labs, however Clinpath, Abbot and IMVS Pathology Groups also perform rounds of the wards during the day for collection. A list of these times is located on their collection boxes/ hooks in the nurses' station. For routine requests, the forms can be placed in the box/hook for the appropriate company and it will be collected on the next visit. For urgent requests contact the appropriate lab and arrange for them to come to the ward.

XRAY

Bensons Radiology has an x-ray facility on Level 1 of the Ashford Specialist Centre, and can be contacted on Ext. 4773. They are open between 0830 and 2000 Monday to Friday and 0830 – 1130 Saturday.

PHARMACY

All pharmacy supplies come from Hospital Pharmacy services (HPS) located near Ashford Hospital. All orders need to be scanned and faxed through when required. They are open Monday to Friday 0800 – 1730 and Saturday 0900 – 1230. An after hour service runs to 2100.

Delivery times are 0930, 1230, 1545 & 2030.

For any urgent or after hours service, delivery can be arranged via the hospital co-ordinator.

HPS also provide Pharmacists who are able to assist with enquiries regarding medication usage, dosage etc and can provide patients with pharmacy cards to explain their medications for discharge.

PHYSIOTHERAPY

Each ward has specialist physiotherapists allocated to their particular area, please check the nurses' station for the names of the physiotherapists that attend each ward. If you believe your patient may benefit from a physio review please speak with the nursing staff.

CHAPLAIN
A chaplaincy service forms an important part of our healthcare team. Please ask the ward staff for contact details. Liz Dyson is the hospital chaplains and she is available for patients and their families as well as staff. You can contact them by phone as required.

WARD INFORMATION

PATIENT ROOMS
A range of accommodation is available. This includes private rooms, share rooms and multiple bed bay areas. Each bed space has a bed, patient locker and wardrobe, over way table and patient call bell. Each unit has access to wall oxygen and suction, portable oxygen units are available if required and there is a laerdal mask with each set of emergency equipment in the patient's room.
At all times patients are to be encouraged to send valuables home with family or to make use of the hospital safe located in Main Reception.

USE OF TELEPHONES
Each bed space has a telephone, for external calls dial 0 then the number required. Local calls are free of charge. If the patient needs to make an STD or international call they must purchase an ACHA phone card from Main Reception.

WARD TELEPHONES
Always answer the telephone in a courteous manner. State – A greeting, the area name, your mane and designation and ask how you can help the caller. Make sure you find out how to transfer a call during your ward orientation. DO NOT give out information about the patient over the phone. Calls should be transferred to the patient or handed on to the nurse responsible for the patient or the team leader.

PATIENT CALL BELL
There is a patient call bed at each bedside. To activate this call bell the patient simply needs to press and release the button once. To deactivate the bell the nurse simply pushes the red button which is on the wall where the call bell cable is plugged in.
In the case of an emergency the nurse may ring the bell 3 times for immediate assistance or use the update call system where a nurse assist / emergency bell is available (some areas only). You do not need to deactivate the call bell before pressing the bell for the 2nd and 3rd time.

DOCUMENTATION

Documentation is an essential aspect of hospital care. It is hospital policy for a nursing note to be written every shift. Nursing Notes must also be written if there is a change in patient condition, change in treatment orders or update in the patients' care plans such as discharge planning. Documentation requirements and guidelines are discussed in more detail a little later in this package.

General Guidelines for Documentation

- Legible handwriting in black pen, dated signed, printed name and delegation
- Clearly identify problems, be chronological, what you did, the time the VMO/SMO called, information given, action taken and results.
- Report all significant procedures and diagnostics ie CXR, ECG, INR.
- State clearly adverse outcomes, e.g. post operative haemorrhage, confusion, falls, drug reactions and their management.

Always remember to write the following information with any entry in the clinical records:

- Date & Time
- Identify your entry with an appropriate heading ie Nursing note or Discharge Planning etc.
- Identify the ward area / unit where the patient is at the time of the entry (Recovery, CCU etc)
- Sign and write your name at the end of the entry and list your designation (ie. RN, EN etc)

Never leave blank lines between your entry and the previous entry. If there are empty lines always rule a line through them.

All nursing entries in the clinical records by students must be counter signed by a RN / RM.

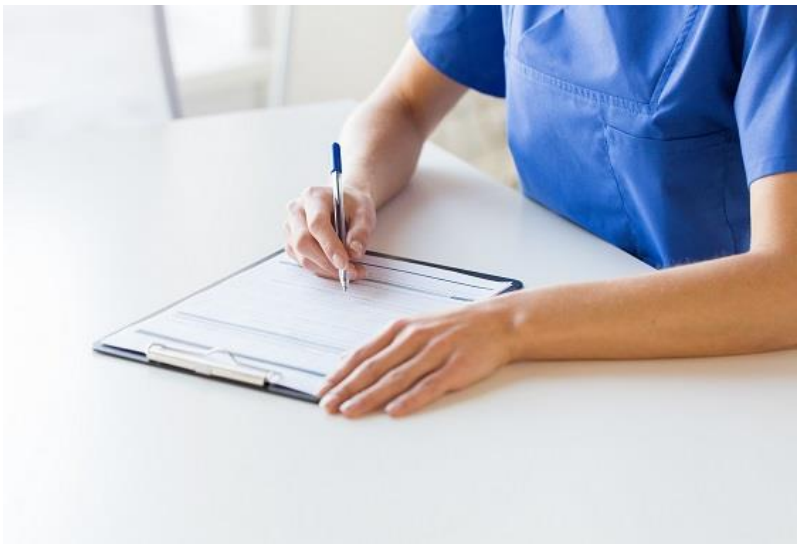
Nursing Documentation Guidelines

A nursing note is to be written every shift.
A nursing entry should be made when any of the following occur:

- A change in the patient's condition
- A clinical event
- Return to the ward from theatre
- Admission, transfer or discharge from the ward
- Changes to Doctors orders
- Any discharge planning
- A variation to the clinical pathway

When recording a nursing note it is important to ensure you record reasons behind why care was initiated. For example, Mrs. X received a unit of packed red blood cells due to reduced haemoglobin level caused by post-operative bleeding or Mr. B commenced on IV antibiotics due to urinary tract infection.

When writing clinical notes there are two different styles that are commonly applied. The following descriptions give an example of the many different things that must be considered when writing a nursing note. It is not necessary a complete list as there may be other issues that also need to be included and it is not expected that all of these points are commented on in every entry.



Documenting Systemically

Firstly, documenting systematically. This means that you complete your documentation relating to the different body systems.

Central nervous system	CNS	Orientation, level of consciousness Weakness /deficit Dermatones Temperature Pain score/ sedation score
Respiratory system	RESP	Saturations on air/oxygen therapy Exercise tolerance Adequacy of cough/physio
Cardiovascular system	CVS	Vital signs deviations IV therapy, transfusions, line insertions Fluid balance, weight gain Colour, perfusion, pulses, Neurovascular assessment
Genito-urinary system	G-U	Urine output, last void, Indwelling devices insertion Response to diuretics PV loss
Skin integrity	INTEG	Braden score and pressure area assessment Invasive device sites assessment Hygiene needs Wound assessment & progress
Gastrointestinal system Metabolic	GIT	Diarrhoea, constipation, bowel sounds present Diet modifications/supplements Food & fluids tolerated Nausea & vomiting, response to antiemetics BGLs, insulin regimen
Musculo-skeletal system	MS	Care of fractures. Joint mobility and swelling, Arthritis limitations
Safety	Safety	Falls risk assessment Safety assessment code Manual handling category Swallowing difficulties, speech pathology review
Psycho Social	PS	Contact with relatives, social work involvement Anxiety, depression, language problems Sleep patterns,
Discharge planning	D/C	Readmission risk assessment External service requirements

Nursing Documentation Guidelines

The second style of documenting follows the clinical pathway headings and the patients' needs.

Pts Cognitive State – Pt is alert & orientated, Vague, Confused to time & place but appropriate in conversation, Agitated,

Mobility – Mobilising around the ward independently, Standby assistance required, Mobilising from bed to toilet with frame (or identify other mobility aids) and x1 assist, x2 assist with mobility and aids (identify which aids), Resting in bed with 2 hourly pressure area care, Air bed insitu, limbs elevated on a pillow, (Identify other pressure relief strategies) Falls Risk (identify scale),

Hygiene – Showered, sponge, hot towel wash, hair wash, oral care (specific concerns – thrush, dry cracked lips etc & treatment/ frequency of care), eye care (eye toilets etc required), peri wash, pad change / wash (how frequently required), Identify level of assistance required or independent, wounds covered,

Diet and Fluids – fasting (time), Type of diet, level of tolerance, amount eaten, assistance required, special requirements, dietician involvement, food chart, Nauseated, Vomiting, Antiemetics, Supplemental drinks, Fluid intake, restrictions, Volume of intake, Special fluid intake requirements, food chart,

Elimination – Continent/incontinent, pad worn, frequency of elimination (Bowels not opened, frequent diarrhoea), medication required, other elimination management issues, bowel chart, Offensive urine, MSSU, ward urinalysis, Voiding in toilet / pan/urinal, IDC insitu, bladder irrigation, hourly urine measure, low urine output, effect of lasix, test & strain urine

Observations - Frequency, within acceptable parameters, identify any concerns/abnormal levels, monitoring in use, wounds, drains, neurovascular, neurological, invasive lines, FBC,

Skin condition - Intact, broken areas, bruising, skin condition in general, potential risk areas, braden score, dressing, wound chart

Medications – Given as per chart, IV antibiotics, Nebulisers, Infusions, Pain management, Antiemetics, INR / warfarin, thrombalitics, prophylactic medications, discharge medications. Medication reconciliation

General Condition – shortness of breath, chest pain, abdominal pain, changes in conscious state, changes in condition not already discussed

Other – Specimens sent, social, discharge planning, planned transfers, transport, appointments, changes in treatment, tests booked

The choice of documentation method is usually determined by the area that you are working in. Look through the clinical notes to see what style is used in the area you are working in. The main thing is that all care is documented clearly, succinctly and legibly.

CLINICAL PATHWAYS / CARE PLANS

Clinical Pathways or care plans are used for each patient to outline the plan of care. There are some pathways specific to certain types of diagnosis, and more are being developed, otherwise a generic care plan is used and the primary nurse records the care requirements of the patient on it. Nurses must document care on the clinical pathway every shift and document variances as they occur on the pathway and in the clinical record. The clinical pathway / care plan is not used as evidence of care delivered. All care delivered must be documented in the clinical records by the nurse.

DISCHARGE PLANNING AT ASHFORD HOSPITAL

Discharge planning is to commence on patient admission. There are case managers to assist with difficult discharges (Sue Dean). To assist with the discharge process document any services used by the patient prior to admission and liaise with senior staff and the case manager if required.

Aims of Discharge Planning:

- Smooth transition from hospital to the community
- Patient / Carer satisfied with discharge arrangements
- Reduced number of unplanned readmissions
- Reduced length of stay

Role of the Ward Staff:

- Early assessment and planning
- Complete discharge planning section of the Patient Health Questionnaire
- Referral to Case Manager where high readmission risk or other complex needs
- Make referrals to services as required
- Document all discharge planning concerns, plans and arrangements
- Arrange transport as required
- Order discharge medications in advance
- Return all patient belongings including – x-rays, medicines & equipment
- Complete Discharge Plan and give a copy to the patient.

Patient Assessment

The following should be considered in assessing discharge needs:

- Age
- Co-morbidities
- Living arrangements
- Community Supports
- Are additional supports required?
- Recent falls
- Facilities available in the home
- Recent hospital admissions
- Where do they live – isolation & facilities available.
- Functional ability of the patient including:
    - Hygiene
    - Continence
    - Dressing
    - Meal preparation
    - Shopping
    - Transport
    - Mobility
    - Cleaning
    - Gardening
    - Medication Management
    - Safety – steps, rails, shower alcove etc.
    - How the patient feels they will manage.
    - Concerns of family & carers.

Planning

Multi disciplinary approach – nurses, doctors, allied health.
What needs will not be met without additional help? Who can provide these services?
Which health fund – private health funds vary considerably in the support they will provide post discharge. In addition, the hospital must pay for some services, so it is important to consider cost without compromising patient care.
What does the patient want?
Is an OT assessment required?
What is expected discharge date?
Does the patient need placement or ACAT assessment? If so, refer to the Case Manager.

Implementation

Make referrals
Confirm commencement dates of services
Inform the patient, family & carers
If placement required – find suitable bed.
Documentation

Evaluation of Discharge Planning

Surveys: Patient, Medical Officers, Service Providers
Feedback received
Readmission rates
Length of stay

Role of the Case Manager / Discharge Planner at Ashford Hospital

- Be available as resource for all staff with regard to discharge planning and health fund related questions.
- Facilitate / coordinate discharge planning for patients with more complex needs eg. Elderly medical patients, patients requiring placement / respite
- Problem solving
- Quality activities
- Attend case mix meetings
- Reporting – length of stay, readmissions etc.

DRUG ADMINISTRATION

EVERY TIME A MEDICATION IS ADMINISTERED ALL NURSING / MIDWIFERY PERSONELL MUST OBSERVE:

THE 7 RIGHTS OF DRUG ADMINISTRATION

- Right Drug
- Right Dose
- Right Patient
- Right Route
- Right Time
- Right Documentation
- Right to uninterrupted medication administration

Also ensuring there are **NO Allergies** to the medication and that the medication has not expired.

There are **NO** exceptions, this is Hospital Policy!

A LEGAL MEDICATION ORDER

Medication Charts are a legal document and must be completed accurately & unambiguously in order to ensure that patients receive safe & optimal therapy.

Medication charts should be written legibly in the Prescribers own hand writing & must include:

- Name – Includes the patiens Surname, First name and Medical Record Number
- Date & Time – Relating to the administration time of the order
- Medicine Name – Drug Name (Generic Name preferred)
- Dose – The amount and strength of the medicine to be administered
- Route – The route of administration must be clearly identified.
- Frequency – How often the medicine is to be administered.
- Signature – The ordering Medical Officer must sign each medication order.
- Prescriber details

Nursing Staff are not permitted to write any part of the prescription.

STUDENTS AND MEDICATION ADMINISTRATION

- Students must show documented proof, to their clinical facilitator, of achieving a recent 100% correct drug calculation test prior to being given permission for any involvement in medication administration.
- 1st year Student RNs / RMs may only observe medication administration.
- 2nd year student RNs/ RMs may only be involved in may be involved with all medication administration, excluding IVs, High Risk Medications and DDAs. (if they have completed their study associated with medication administration).
- 3rd year student RNs / RMs may be involved with all medication administration, excluding High Risk Medications and DDAs.
- Student ENs may be involved with medication administration (excluding the administration of High Risk Medications and DDAs) as per the ACHA policy associated with Medication Administration by ENs. If EN students have completed the IV medication administration subject, they may administer low risk IV medications via a peripheral line in the final half of their clinical placement.
- A RN / RM must directly supervise students at all times with any procedure associated with medication administration.
- Student nurses are not to be considered as the 2nd person responsible for check any medication when a 2 person check is required. They can however be the third person.
- **Student nurses must not carry the drug keys.**
- Students are NOT to be involved with medication administration when undertaking a night duty shift due to the reduced staffing numbers and limited supervision.
- Only student working in CCU may administer IV medication via a central line (CVC or PICC). Prior to doing this they must have been educated on this access device and they must be able to clearly explain the risks and care requirements associated with this route of administration. 3rd year students working in ward areas are not to administer via CVC, PICC or Port. They may only observe this procedure.

Medication exclusions for nursing / midwifery students

Student nurses must not have any involvement in the administration of:

- DDAs / S8 / Restricted S4 - ALL Benzodiazepines, cannabidol containing preparations in S4, codeine containing preparations in S4, dextropropoxyphene (Di-Gesic, Doloxene), tramadol, zolpidem (Stilnox), and zopiclone
- Cytotoxic medications
- Epidurals / Spinals / Arterial lines
- IV meds via a central lines (PICCS, Ports, CVCs) except if working in CCU.
- PCA Pumps (can check & document attempts etc)
- High risk medications
- Blood & Blood products – observe the process only
- IV Cardiac Meds
- Titrated medications including supplemental insulin

Students cannot start/stop, connect/disconnect, change rates for IV infusions or pumps unless under direct supervision.

Students are encouraged to observe the processes that they are not able to undertake. This will assist in extending their knowledge about the processes involved.

Any student that administers ANY medication unsupervised or in an unsafe manner will receive an immediate FAIL as this is an unsafe practice.

BLOODSAFE POLICY

The administration of blood and blood products is a high risk procedure. For this reason, students may observe or participate as a 3rd person checking only.

It is also requested that all students complete the Bloodsafe elearning available at https://www.bloodsafelearning.org.au/node/23

INFECTION CONTROL

The control of infection in the hospital everyone's responsibility.

- Apply Standard and Transmission-based Precautions as circumstances dictate.
- Hand washing is the most effective and practical infection control measure.
- Please provide a copy of your HHA eLearning certificate to your facilitator
- Staff and students MUST be bare below the elbows when working in any clinical situation.

EMERGENCY PROCEDURES

EMERGENCY CODES

Fire – **Code Red**
Evacuation – **Code Orange**
Bomb Threat – **Code Purple**
Internal Emergency – **Code Yellow**
External Emergency – **Code Brown**
Medical Emergency – **Code Blue**
Personal Threat – **Code Black**

The emergency phone number in all ACHA Hospitals is **222.** This number may be called from any internal phone.

An Emergency Planning manual is located in all areas.
Please make yourself familiar with the codes and the procedures for these codes.
Please read the emergency planning manual as soon as possible when you commence placement.

FIRE PROCEDURE

You are required to know where the fire equipment is kept in whatever are you are working. The hospital has an early warning system of fire detection using smoke and heat detectors (located on the ceiling) when they are activated a small red light will remain lit on this detector.
If there is a fire you need to call 222, break one of the "break glass" alarms or dial 000.
If there is a fire alarm, all areas are to go on alert until you are notified over the intercom that your area has been cleared.

To report a Fire or Code Black:

1. Dial 222
2. State the type of emergency and the location.

All staff should ensure that they know where their patients are and provide reassurance while the emergency is in process. One staff member must man the red WIP phone to take instructions from the fire controller.
An announcement will be made over the loud speaker that "an alert situation exists in the hospital". At this time a visual check of all areas must be conducted, paying attention to smoke and heat detectors. If you find the detector with the red light activated it is important that the hospital coordinator is notified immediately via the WIP phone.

If a fire erupts in your area always remember the procedure **"RACE"**

Remove from danger
Alert – raise the alarm
Contain the fire (shut fire doors)
Extinguish if safe to do so

Never use water on electrical fires and if unsure always use the carbon dioxide extinguisher. Do not attempt to use any fire fighting equipment if you do not feel confident doing so.

In case of evacuation, all staff will be directed by the area warden or hospital controller.

Internal Assembly Areas.
Evacuation may be to the next fire compartment or another floor or safe area.

MEDICAL EMERGENCY

There is a Medical Emergency Team (M.E.T.) available at all times. They can be contacted on 222 from any phone.
The criteria for a M.E.T call are highlighted in red on all observation charts.
If you make a M.E.T. call, ring 3 bells and stay with the patient so other staff may assist you until the M.E.T. arrives.

To make a M.E.T. call:

1. Dial 222
2. State the location of the patient, ward and bed number.
3. State the reason for the M.E.T. call
4. The switchboard operator will repeat the information back to you. Once information clarified & confirmed you may hang up the phone and continue with assisting the patient & staff.

To call the Ashford Hospital
Medical Emergency Team (MET)

Dial 222

Tell the operator the exact location of the patient
(ie. ward and bed number)

WHS RESPONSIBILITIES

The following guidelines are to assist in safeguarding your own safety & those of your colleagues, during your time at Ashford.

You should already have been made aware by your training provider that, for the purpose of workers compensation, you are NOT covered under the Workcover scheme & therefore will have alternative insurance arrangements.
Ashford Hospital as your "Host Employer" has a "duty of care" to ensure specific requirements of the WH & S Act 2012 are followed. A summary of these responsibilities are as follows:

DUTIES OF THE EMPLOYER TO:

- Provide and maintain a safe working environment
- Provide safe systems of work
- Ensure plant & substances are in a safe condition
- Provide amenities of the prescribed kind
- Provide adequate instruction, supervision & training

DUTIES OF THE EMPLOYEE / WORKER TO:

- Work in a safe manner so as not to compromise the health and safety of themselves or co-workers
- Follow policies & procedures
- Obey reasonable instruction in matters relating to health & safety
- Use equipment provided
- Ensure that the worker is not under the influence of alcohol or a drug so as to endanger their own safety, or the safety of any other person at work
- Report unsafe conditions (hazards)

WHAT IF YOU ARE INJURED WHILST AT WORK?

- You must report immediately to the Team Leader who will assist you with any necessary first aid and to the completion an incident report (Riskman)
- The Team Leader will contact either the Staff Development Coordinator (SDC) during office hours or the After Hours Hospital Co-ordinator (HC)
- The SDC / HC will arrange first aid treatment & / or transport (cost covered by you)
- Please inform your Facilitator and the Staff Development Co-ordinator of any injury immediately or as soon as possible if it occurs after hours.
- You will also need to complete Injury Report Documents for your Training Organisation.

Do not put your career at risk by continuing to work while you are injured. It is better to treat the injury immediately and to have to make up any missed time rather than risking your future career.

POTENTIAL HAZARDS OF THE WORKPLACE

Please ensure your ward / unit orientation includes all potential hazards specific to that environment. If you identify a hazard in your area, please report this and complete a hazard report form.
Below is a list of common potential hazards in the clinical areas:

- **Linen Bags** – Please only fill linen skips to a maximum of 2/3 (or less if they contain wet items of linen). Securely tie the top of the filled bag and store them to allow unrestricted access in the area. Relace filled linen bags with empty ones so they are ready for use when required.

- **Bathrooms / Patient Rooms** – Please do not use talcum powder in any tiled or vinyl floors & be careful on wet floors. Please dry any wet floors before leaving the room.

- **Manual Handling –** A manual handling risk assessment is carried out for all patients and a code allocated to assist you with manual handling tasks. This can be found on the patient's care plan & must be updated each shift, plus, whenever the patient's status changes. Remember if you don't feel confident to perform a manual handling task DO NOT ATTEMPT IT and ask for assistance!

- **Beds & Equipment –** Please do not attempt to use any equipment for which you have not been trained. This includes beds & lifters that may be different from those you have previously used. A minimum of 2 staff members are required to move an occupied bed at all times. Alternatively, one staff member may move the bed with the use of a "Staminalift" (only if you are trained to do so).

- **Emergency Procedures –** Please familiarise yourself with the location of the flip charts, emergency exits, break glass alarms, WIP phones & fire fighting equipment including fire & smoke doors as well as the emergency phone number. Be aware of your environment & keep passageways & exits free of obstructions. If equipment needs to be stored in corridors, please ensure that it is only in specified locations.

- **Waste Management -** All waste systems are clearly marked & examples of appropriate waste are displayed at point of disposal. Place sharps only into sharps containers (no syringes, swabs or wrappers). Disposal of clinical waste is very costly so be mindful not to use yellow bins for general waste.

- **Security –** Be alert to strangers in the workplace & report suspicious behaviour to your manager immediately. Familiarize yourself with the location of duress alarms & know how to activate these.

- **Personal Protective Equipment (PPE) –** Appropriate PPE is located throughout the hospital. In particular, be mindful to use gloves & goggles whenever there is the possibility of exposure to body fluids. See Infection Control information.

- **Electrical Safety –** The hospital is RCD protected. All electrical equipment, including extension cords must be tested & tagged before being used (including patients' personal equipment). Prior to using any electrical equipment, please check that the tags are in place, there are no frayed cords or exposed wires & the equipment is in general sound condition.

Quality and Safety

What is Quality and Safety?
Quality is…..
"The extent to which the properties of a service or product produces a desired outcome".
ACHS (Australian Council on Healthcare Standards July 2006)

Quality is about ….. "Doing what we say we do, proving it and improving it"

Quality is already part of our make – up both in our personal and professional lives. We all strive to do things better and easier to improve our quality of life. It is much the same within the hospital environment.

So how do we do it? We review, evaluate and measure all our activities, systems, procedures, tools and policies on a continual basis and compare them against the regulatory standards. We do this by collecting data, information and feedback from:

- Customer surveys, complaints & suggestions
- Performance & clinical indicators
- Risk management tools and adverse events monitoring
- Policy & procedure forms
- Key performance indicators, networking & benchmarking
- External assessment tools
- Observational auditing.

Once this data is collected and collated it is then analysed and developed into Quality Action Plans for Quality Improvement Activities and documented onto a Quality Activity Report (QAR). Continuous improvement is about always wanting to do better.

Who should be involved in Quality Improvement? Everyone!
By creating a culture of always wanting to do things just that much better, smarter or in an easier way will help us to always work on improving even the things we do well.

So if you can come up with an idea or suggestion, don't keep it to yourself. Discuss it. From this point a quality action plan can be created to achieve the improvement you are looking for.

QUALITY TEAM

The organisation has a dedicated Quality Team, with a Quality Manager situated at Ashford Hospital. This team's role and function is to support all staff in quality activities and assist the organisation to maintain accreditation.

Overall aim

- Ensure that a culture of commitment to continuous quality improvement and safety exists and is evident throughout the organisation.
- Identify what is needed to improve outcomes in the future to strive for evidence based best practice.
- All requirements are met to achieve legislative compliance.
- Act as a conduit reporting quality improvement activity information for appropriate sources to all committees.
- Address issues/recommendations/suggestions identified by the ACHS
- Oversee the implementation of ACHS standards/criteria
- Ensure the requirements for each function are met, incorporating relevant factors from National Standards Guidelines
- Collectively report on quality improvement activities from individual areas

Expected Outcomes

- Organisational risks will be minimised and managed through standardisation of processes, where applicable, and based on evidenced based best practice.
- All ACHA Quality Improvement activities will be documented and registered.
- Improve networking regarding quality activities and initiatives, resulting in a reduction of rework and duplicity of activities.
- Ensure that the intent of each National Standard is met and is relevant to ACHA.
- Heightened awareness of the requirements and benefits of using the National Standards framework to ensure a culture of continuous quality improvement throughout the Hospital.

Accreditation and National Standards

The organisation's vision is to be the first choice for private health services. Our mission is to deliver a comprehensive and integrated range of high quality, value for money, health care services and facilities. For us to be able to say we do this, we need to prove it. Therefore, we utilise the services of an external accreditation organisation to rate our standards against the National Standards.

This organisation is The Australian Council on Healthcare Standards (ACHS) and our performance in all areas and services is measured against the 8 National Standards.

All of the planned care and service delivered to our customers is based on and directed by these national standards. It is important that our staff and therefore you understand these standards and practice according to them. More information on these standards can be found in the information sheets included with the student information pack.
If you want more information about this, please speak to your Facilitator or Roselyn Brown.

Accreditation operates in a continuous cycle, where we provide evidence of our performance to them and ACHS come out and survey our evidence. In 2019 ACHA went through an Organisation – Wide survey and was accredited for 3 years. This process is due to be repeated in 2022.
For us to maintain our accreditation & reputation, we need to continue to strive for excellence in our services. Therefore, the Quality Cycle is a "Never Ending Cycle".