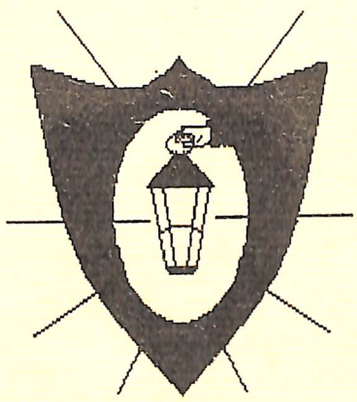
DANDENONG AND DISTRICT HOSPITAL



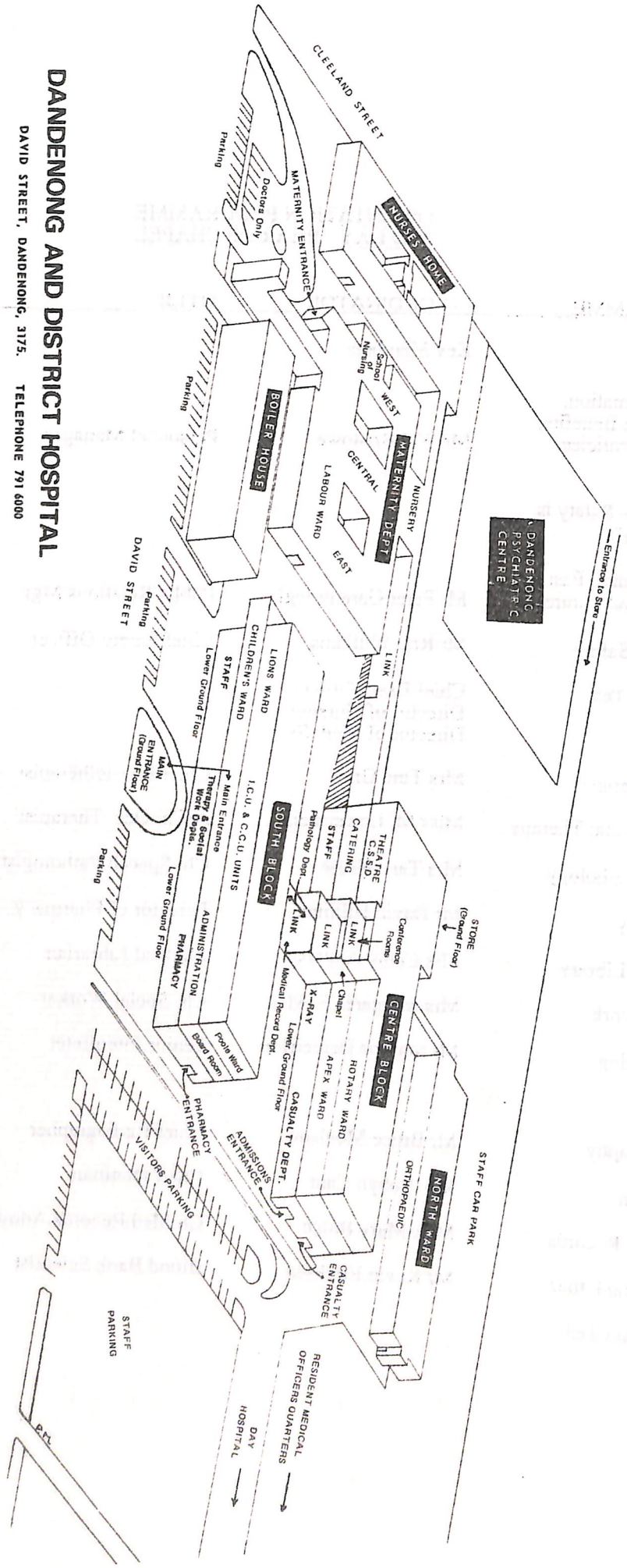
STAFF ORIENTATION PROGRAMME

ORIENTATION PROGRAMME
2ND DAY - REAR OF CHAPEL

TIME	PROGRAMME	CO-ORDINATOR	TITLE	LOCATION
9.00	R.A.N.F.	Key Members		Lecture Room
	Pay Information, Employee Benefits, Hospital Policies	Mr Wal Bristowe	Personnel Manager	Lecture Room
9.10	Film "Fire Safety is up to You"			Lecture Room
9.30	Our Hospital, Past, Present and Future	Mr Peter Garamszegi	Public Relations Mgr	Lecture Room
9.45	Fire and Safety	Mr Roy Williams	Chief Safety Officer	Lecture Room
10.30	Morning Tea	Chief Exec. Officer Director of Nursing Director of Med. Svs.		
10.50	Physiotherapy	Mrs Tina Gray	Chief Physiotherapist	Physiotherapy
11.00	Occupational Therapy	Miss M. Lowenstein	A/Ch. Occ. Therapist	O.T. Dept.
11.15	Speech Pathology	Mrs Tarit Kruse	Ch. Speech Pathologist	Speech Path
11.30	Pharmacy	Mr David Hillman	Director of Pharmacy	Pharmacy
11.45	Medical Library	Mrs Cathy Anderson	Medical Librarian	Library
12.00	Social Work	Mrs Margaret Fowler	Ch. Social Worker	Social Work
12.15	Interpreting	Mr Stavros Demetriou	Senior Interpreter	Lecture Room
12.30	Lunch			
1.40	Radiography	Mr Bruce Moulson	Chief Radiographer	Lecture Room
1.50	Nutrition	Mrs Robyn Cant	Chief Dietitian	Lecture Room
2.00	Medical Records	Miss Mary Bolch	Ch.Med.Records.Admin.	Lecture Room
2.15	Blood Bank tour	Mr Kevin Ericksen	Blood Bank Scientist	Pathology
3.00	Afternoon Tea.			

DANDENONG AND DISTRICT HOSPITAL

DAVID STREET, DANDENONG, 3175. TELEPHONE 791 6000



PUBLIC RELATIONS DEPARTMENT

A BRIEF RESUME OF DANDENONG AND DISTRICT HOSPITAL

The building of Dandenong and District Hospital first commenced on a single storey brick structure at the corner of David and Cleeland Streets in mid-1941 to initially provide 34 beds. Patients were first admitted on the 17th April 1942, and 94 people were treated in the three remaining months of that financial year.

During the first full year of activity, from lst July 1942 to 30th June 1943, a total of 535 people had been treated. The daily average was 20.3 and the total expenditure was $14,260.

By 1949 plans were being made to establish a Nurses' Home "sufficient to provide for a 100 bed hospital". In 1952, the architects were instructed to prepare plans for the extension of the hospital in four stages, and in 1956 agreement was reached with the Hospitals and Charities Commission for the hospital's development in stages to approximately 300 beds "to meet the growing needs of the district and to become a base hospital for the Mornington Peninsula and south-west Gippsland".

While the emphasis may have changed since that time, the Committee of Management has continued a vigorous policy of hospital growth and development as a tangible investment in the future, for the health and welfare of the community.

The hospital is now a centre of excellence in all but a very small range of concentrated super specialties.

Currently planning is under way to expand and update the hospital's emergency department to provide facilities sufficient to meet current and projected future workloads for this department, one of the busiest emergency departments in the state.

The hospital has also recently been advised that the planning of a new North Block to replace the existing temporary North Ward has been approved to proceed forthwith. This much needed upgrading will provide a good standard of ward facility for the hospital's orthopaedic service, one of its major clinical activities.

Centre Block was commenced in 1965 and on completion this brought the bed capacity to 165. In June 1974, a temporary North Ward was commissioned providing an additional 40 beds. The building of South Block was started in November 1974, and this was completed by August 1977, thus bringing the hospital's bed capacity to 334. Additionally, a Day Hospital was constructed in 1975 adjacent to the main hospital to provide rehabilitative treatment for patients on a daily basis. This project was completed in March 1976, and became operative within a few weeks following completion.

Composition of the Hospital

The hospital comprises four basic structures:

The original hospital, which is now more appropriately known as the Maternity Department, contains Labour Wards, Ante-Natal Wards, Post-Natal Wards, a special care nursery, a general nursery and a theatre. It also incorporates some general surgical/medical beds.

Centre Block contains at ground level the kitchen and staff cafeteria, Apex Wards and the Medical Library. At first floor level are the Operating Suite (4 theatres and a recovery room), C.S.S.D. and Rotary Wards. There is also one seminar room at this level.

At the ground floor level are the Department of Organ Imaging, the Emergency Department and Patient Admissions. The Bulk Store, Linen Room and the Department of Pathology are also at this level.

North Ward comprising 40 beds is a temporary prefabricated structure to the north of the Centre Block, which is to be replaced in the next few years as outlined above.

South Block: At ground floor level, South and Children's Wards occupy the whole of the west side of the building. On the east side of the foyer are Hospital Administration, Medical and Nursing Administration and the Board Room. At first floor level and to the west of the foyer are Lions 1 and 2 Wards, and to the east of the foyer are Poole Ward, the Coronary Care Unit and the Intensive Care Unit.

The lower ground level contains the Pharmacy, Social Work, Physiotherapy, Speech Pathology and Occupational Therapy Departments. It also houses the hospital's computer centre and the Management Services Department. Male and female rest rooms are located at the west end of this level.

South Block and Centre Block are connected by main corridors at all levels, and at ground floor level the link accommodates a non-denominational chapel. Regular services are held every Wednesday morning and on the first Sunday in each month. Services are also held on the main religious festival days. The chapel is open at all times to patients, staff and visitors.

The main conference room is situated in the link at first floor level and at lower ground floor level the link provides the main entrance to the Department of Pathology and also accommodates the Medical Records Department. Additionally, at ground floor level the link contains a Senior Medical Staff meeting room and at first floor level there is a small seminar room.

Areas Served by the Hospital

The main feeder areas from which patients are drawn are the cities of Dandenong, Springvale, Berwick and the Shires of Cranbourne and Pakenham. Patients also come from other peripheral municipalities such as Knox, Sherbrooke and Waverley. Our catchment population is approximately 400,000.

The Casualty Department is regarded as one of the busiest in the state and statistics show the hospital to be the highest road accident receiving hospital in Victoria.

The Dandenong Day Hospital

This building is due east of the main hospital. It provides a valuable service for the on-going care of patients with multiple problems.

Patients of all ages are accepted for management by this complex, and to meet these needs a comprehensive range of medical, paramedical and support staff is employed.

With this type of care, many patients are able to be discharged with an enhanced level of physical capacity, and this means such patients can live a more independent life in the community.

Fund Raising

The Public Relations Department is responsible inter-alia for the raising of funds in the community. All such funds are used for the provision of capital items of equipment for wards, theatres and paramedical departments.

There is an excellent active relationship between this hospital and the community generally. This includes the churches, service clubs and a variety of organizations, all of whom are involved in the activities of the hospital at some time during the calendar year.

Main Fund Raising Activities

Fund raising is a continuing activity throughout the year. Additionally, there are three auxiliaries raising substantial funds. One of these, the Dandenong and District Hospital Ladies' Auxiliary, also manages and staffs the two kiosks located in the main foyer of South Block and at the entrance to the maternity department.

Newsletter

A monthly newsletter, produced by the Public Relations Department, circulates to all Departments. This publication endeavours to acquaint staff with current events in the hospital and items of interest. Contributions are always encouraged.

PHARMACY DEPARTMENT

General Outline

The Pharmacy Department is situated in the South Block, lower ground floor at the eastern end. It services all wards with a ward pharmacy program, with wards being supplied predominantly on an individual patient medication system with a supporting weekly imprest system.

Casualty patients' prescriptions are dispensed from the pharmacy or from the after hours Casualty cupboard, which is supplied daily with pre-labelled drugs.

Services offered by the Pharmacy include:

- Inpatients and Casualty outpatients dispensing, including discharge prescriptions.
- Drug information.
- Manufacture of preparation as needed.
- Sterile products manufacture - intravenous nutrition and some I.V. additives.
- Clinical ward pharmacy involving supply and consulting services for drug needs.

The staffing of Pharmacy is

* Director of Pharmacy (David J. Hillman)
* Deputy Director of Pharmacy (Alastair S. Walker)
* Four ward pharmacists
* Three departmental pharmacists
* Secretary
* Two Technical Assistants
* Storeman

Number of beds covered: 280-310 approximately.

SPECIFIC INFORMATION

(a) Pharmacy House and On-Call Pharmacy Cover

0800-1730 Monday to Friday
1000-1230 Saturdays, Sundays and Public Holidays

After these times there is an after hours drug cupboard to supply wards, and an on call pharmacist to supply drugs in an emergency, when these drugs are not available from the after hours supply. The Pharmacist on call may be contacted by the Senior Resident Medical Officer on rostered night duty, and should only be called in for urgent medication which cannot wait until the following day. Note that nursing staff should contact the on-call Pharmacist via the Nursing Co-ordinator in charge of the hospital.

(b) Ward Pharmacist

Apart from supplying drugs to the wards, the ward pharmacist:

- Checks drug sheets for drug dosage and interactions.
- Monitors antibiotic therapy, especially with reference to expensive drugs.
- Is available for advice on drug treatment.
- Provides drug information to nursing and medical staff.
- Conducts drug counselling and adverse drug reaction investigation in wards.

Medical staff are encouraged to use the Pharmacist as a drug consultant.

(c) Drug Therapy Sheet (MR35)

This sheet is kept with the daily observation sheets at the end of a patient's bed. It is a triplicate set which the Pharmacy uses to provide a copy of drug orders (yellow copy).

The following points are important:

- Include drug name and strength, date ordered, and if possible date to cease on each order. (Generic drug names are encouraged.)
- Must be written and signed in doctor's own handwriting.
- Where possible, use drugs which are ward stock (lists in each ward).
- Drugs ordered by brand will be supplied as the "house" brand, unless otherwise specifically requested.
- If an expensive or exotic drug is to be used, the Pharmacy should be contacted to check on its availability - this will speed up the supply of the drug considerably if it is out of stock.

Please do not cross out any drug orders as they form part of the patient history and are also legal prescriptions. If change to, or cessation of a drug order is necessary, the date to cease column should be notated with the appropriate date, and if necessary a new order for the amended therapy written on another line.

- All drugs should be written up on the drug therapy sheet.

(d) Discharge Therapy

Use the drug therapy sheet for all discharge therapy. Five days supply (maximum) is currently dispensed. Medical staff are encouraged to anticipate patient discharge medication as early as possible. Such prescriptions should be given to the ward pharmacist, or sent to Pharmacy before 1600 hours Monday to Friday, or between 1000 hours and 1200 hours weekends. Where possible, discharge orders should be sent down the day prior to expected discharge date.

(e) Casualty Prescriptions

. Written for all therapy issued from Casualty.

. May be dispensed in Casualty or from Pharmacy only, i.e. not from retail pharmacy.

. Maximum of three days drugs (five days for antibiotics) should be issued.

. Should not be sent outside the hospital for dispensing as the hospital will not pay for the costs incurred by the patient.

. The prescriber should label all medication issued from Casualty after hours cupboard.

(f) Staff Prescriptions

There is no provision for dispensing private prescriptions of staff members from the Pharmacy Department. Only medication ordered for a staff member for casualty treatment (in an emergency) or authorised by the Director of Medical Services or Deputy Director will be dispensed.

(g) Intravenous Nutrition Service

As intravenous nutrition is a potentially hazardous procedure requiring considerable care in its preparation and maintenance, the Pharmacy Department manufactures all solutions requiring admixture under laminar flow (aseptic) conditions.

The responsibility for ordering and monitoring intravenous nutrition is that of the I.V. Nutrition Team through to the I.V. Nutrition Registrar. Orders for intravenous nutrition should be written up on a separate order sheet - prestamped PARENTERAL NUTRITION ONLY.

(h) Ward Drug Information

The Pharmacy maintains a red folder in each ward or department.

(i) Drug Supplies

Predominantly drugs are supplied individually to patients in a multi-drawered trolley. Back-up oral medication is supplied as after hours ward imprest stock. Items required during pharmacy hours should be obtained from the ward pharmacist, then:

. The ward pharmacist checks imprests weekly, with the drugs of addiction imprest being done twice weekly.

. There are imprest lists in all wards (see red Pharmacy folder).

. The system is helped by Sisters informing the ward pharmacist of any low stock which may occur between weekly imprests.

. Supplies of non restricted substances not requiring a drug order - e.g. olive oil, glycerin, etc, should be requisitioned (by book requisition) weekly, on the imprest day allocated to the ward.

PLEASE DO NOT SEND DOWN REQUISITIONS TO PHARMACY OVER THE WEEKEND.

DRUG INFORMATION CENTRE

The Pharmacy Department is the logical source for drug related information. All (clinical) staff are thus encouraged to use the hospital drug information centre, situated in the Pharmacy, for answers to their drug queries.

DRUG INFORMATION: Extension 343

Information relating to drug:

Dosage
Pharmacology
Stability
Compatability
Adverse reactions
Indications
Side Effects
Toxicity

is available, or can be obtained through the drug information centre.

Phone Contact Numbers

Director of Pharmacy (David Hillman)	Ext.191
Drug Information & Prescription Enquiries	Ext.343

Emergency Drugs

Each ward or floor has a red (metal) emergency drug box containing a small supply of drugs for treating anaphylactic shock or cardiac arrest. Many of these items are also contained in the ward imprest cupboard to ensure a maintenance supply of emergency drugs.

Outside pharmacy hours, in the event of additional supplies not being available in the ward, in C.C.U. or from the after hours cupboard (contact SRMO on duty), the on call pharmacist will come in to dispense the items.

A regular check of the dating of each emergency box should be made by ward sisters and ward pharmacists.

If the drug box is opened, it should be returned to the Pharmacy Department on the next working day for checking and re-sealing. (It is expected that these boxes will be removed from service in 1989.)

Drug Advisory Committee

New drugs, highly expensive drugs and trial drugs are approved by the Drug Advisory Committee before being used in the hospital. In addition, this Committee surveys drugs usage and costs, and reviews drug literature to provide relevant drug information to nursing and medical staff.

Conclusion

The Pharmacy Department staff endeavours to enhance patient care at all times. We hope to work as a member of the health care team in the clinical environment in a climate of mutual co-operation.

MEDICAL LIBRARY

Location

The Medical Library is located on the Lower Ground Floor opposite Pharmacy. It serves both the Hospital and the Dandenong Psychiatric Centre. Hospital staff, visiting medical staff, medical students and Dandenong Psychiatric Centre staff are entitled to use the library.

Hours and Staff

Librarian: Mrs C. Anderson

The library is open Monday to Friday, 9.00 a.m. to 4.30 p.m., but is not staffed at all times. Details of staff times can be obtained from the Librarian.

After Hours Access

The library is locked after hours. Staff wishing to use the library after hours can obtain the key from the Nurses' Station in Apex 1 Ward. The borrower must sign the key register when taking the keys. When finished, the Library must be locked and the key returned immediately. The key register must also be signed to show the key has been returned.

Collection

The collection is in three parts:

(1) Book collection
(2) Reference collection
(3) Journal collection

All books are classified using the Dewey Decimal Classification with author suffixes. All books are available for loan except those housed in the reference collection.

Bound periodicals are shelved in alphabetical order by titles. The most current issue of each title is kept on the display shelf at the front of the library. All unbound material for the current year is kept in pamphlet boxes and is housed on the shelf next to the photocopy machine. Bound journals are shelved at the rear of the current journal display.

Index Medicus is shelved alongside the reference collection.

Catalogue

A divided catalogue is in two sequences:

(1) Author/Title file
(2) Subject file

All book material held in the library is listed in the catalogue. The call number for each book is listed on the top left hand corner of each card and shows the location of the book on the shelves. A yellow sticker on the top right hand corner of the card indicates that the book is held in the reference collection and is not available for loan.

Journal material is not listed in the catalogue, but a list of journal material is displayed next to the photocopy machine.

Borrowing

For books available for borrowing the loan period is two weeks. Borrowers may ask the library staff to mark out for loan any books they wish to borrow or they may do it themselves. The loan shelf is next to the desk and instructions on how to borrow material may be found there.

Reference material is not for loan. A photocopy machine is available if you wish to photocopy any journal articles.

Inter Library Loans

Books and photocopies of journal articles may be obtained from other libraries if any material is not held. If you wish to make an inter library loan request, and there is no-one on duty in the library, please leave a note of what you require on the desk and you will be notified when your material arrives.

The cost of inter library loans has increased to the point where it can now cost the library up to $6.OO for each request. As yet, there is no charge for inter-library loans that are directly related to patient care or those that are a necessary part of any hospital work being carried out by the requestor.

The library has several co-operative schemes operating with other libraries in which inter library loans are provided either free of charge or at a reduced rate. You will be encouraged to request material available from these sources whenever possible, although it is understood that this will not always be possible.

Reference Service

A full range of reference services, including computerised literature searches using Medline, is available. Do not hesitate to contact the library staff should you require any reference work done. If there is no-one on duty please leave a note and the Librarian will contact you as soon as possible.

Photocopying

There is a photocopy machine located in the library. There is no charge for copies made on this machine, but staff are requested to use the machine for library/study purposes only and not for personal use.

Copyright Act

The Copyright Act states that a declaration form must be completed and signed by the library user for each photocopy or inter library loan photocopy that the library provides for them. Users who do their own copying do not have to fill out these forms, but they must observe the copyright restrictions.

A notice advising of copyright restrictions on copying is attached to the wall above the copier. Please see that these restrictions are observed at all times.

As there are probably some questions that will not be covered by this outline of the library, please feel free to approach the library staff if you have any questions or problems.

SPEECH PATHOLOGY DEPARTMENT

Function of the Department

(1) Diagnostic assessment of inpatients and outpatients (children and adults) presenting with communication disorders.

(a) Language (comprehension and expression of speech, reading, writing and/or mathematics).

(b) Voice - functional or organic disorders.

(c) Articulation of sounds.

(d) Fluency.

(2) To instigate the appropriate treatment for the above, plus neuromuscular feeding difficulties in the absence of obvious speech impairment.

(4) To conduct aural rehabilitation groups for adults with hearing problems.

(4) To provide audiometric testing (pure tine, air and bone testing and impedance) as part of the diagnostic assessment of (1). This is not a generalised service to ENT patients at present. Specific requests, however, will be given consideration.

(5) To advise re appropriate placement for treatment requirements.

Inpatients (children and adults) presenting with the following should be referred automatically:

(a) Neuromuscular disorders.
(b) C.V.A.
(c) Head injury.
(d) Pre-operative for head and neck surgery which may involve the speech or vocal mechanisms.
(e) Children with a history of current U.R.T.I. A fluctuating conductive hearing loss may affect speech and language acquisition.
(f) Post tracheostomy.
(g) Hard of hearing or deaf.
(h) Stutter.

Referrals

(1) Inpatients - Ward referral slip.
(2) Outpatients - Letter from Medical Officer.

Location: Lower ground floor.

OCCUPATIONAL THERAPY DEPARTMENT

Location of the Department

The Occupational Therapy Department is situated in south block on the lower ground floor

Staff Allocation

Occupational Therapists are allocated to cover specific wards. The Childcare Worker is based in Children's Ward, but will see any patient up to 18 years of age in any area of the hospital.

Referral Procedure

Inpatients: A "Paramedical Referral/Initial Report Sheet" is required indicating reason for referral. Referrals must be made as early as possible so that effective discharge planning can be co-ordinated.

Outpatients: A referral letter from the L.M.O. is required.

Function of the Department

Assessment and treatment in the following areas:

(1) Activities of Daily Living

Personal ADL - Dressing
- Showering
- Toileting
- Personal hygiene
- Eating

Domestic ADL - Home making activities, e.g. cooking, washing, cleaning.
- Work simplification and energy conservation.
- Home visiting.

A patient's ability to manage these activities is assessed and necessary aids, advice and practice are provided to increase independence:

(2) Balance, Transfers and Endurance.

(3) Upper Limb function Muscle re-education and sensory retraining using functional activity.

(4) Cognitive Function

Assessment/treatment relating to functional activities following head injury, CVA or other neurological disorders.

(5) Splinting

Resting splints, semi dynamic and dynamic splinting of upper limbs, e.g. rheumatoid arthritis, nerve injuries.

(6) Arthritis Education - Joint protection methods taught.

(7) Relaxation - Groups and individual treatment sessions

(8) Paediatrics

Development delay and minimal brain dysfunction focusing on gross motor skills, fine motor skills, cognitive functioning, self help skills.

Types of Patients

CVA's
Head injuries
Orthopaedic patients
Hand injuries
Neuromuscular disorders
COAD
Arthritis
General medical and surgical patients requiring ADL assessment.
Patients sustaining a loss of consciousness.
Developmentally delayed children.

O.T. Assistant:

Provides therapeutic activity under the guidance of the Occupational Therapist in the area of Activities of Daily Living and Remedial Activities.

Child Care Worker

The Child Care Worker is involved with children O-18 years of age.

(1) Provides appropriate play and creative activities for children.

(2) Through play, provides an outlet for the children to express their emotions.

(3) Provides support for children and parents.

(4) Assists with schooling for long term patients in liaison with the Visiting Teacher Service.

(5) Assists with specific remedial activities in conjunction with therapy programmes.

(6) Provides structured activities for long term patients.

(7) Acts as a resource person to parents on play ideas for home.

PHYSIOTHERAPY DEPARTMENT

The Physiotherapy Department employs six full time physiotherapists, an orderly and a physio aide who provide an inpatient and outpatient service.

The various kinds of patients treated can be divided into three categories:

(1) Thoracic or chest conditions.

(2) Neurological conditions.

(3) Orthopaedic conditions.

(1) Thoracic or Chest Conditions

This includes treatment of such conditions as pneumonia, collapsed lungs, asthma and chronic chest conditions.

Patients may be given postural drainage, percussion and vibrations to loosen secretions and enable the patient to clear his lungs with coughing. Breathing exercises and relaxation may also be used.

As a general anaesthetic irritates lungs and produces secretions, routine pre and post operative breathing exercises and coughing are given to maintain a clear chest.

(2) Neurological Conditions

Strokes (CVAs), head injuries, nerve injuries, cerebral palsy, etc. fall into this category. These conditions may cause paralysis, inco-ordination or loss of balance. Exercise and mat activities are used to increase strength. Pulleys, springs, weights and other equipment may be used to aid this. Co-ordination and balance activities are also done if required.

Aids such as sticks, frames, etc., may be fitted and patients taught to use them if required to aid ambulation.

(3) Orthopaedic

Patients with stiffness of joints following a fracture, painful stiff joints from arthritis, neck or back pain are examples of orthopaedic patients.

Various heat treatments or ice may be used to relieve pain and stiffness followed by exercises. Again vigorous equipment such as the exercise bicycle, pulleys, etc. may be used to assist increase in strength and mobility.

Physiotherapy provides and fits collars and walking aids if required.

Patients are treated only with a doctor's referral.

The Day Hospital also provides physiotherapy. The treatment here is more multi-disciplinary and the patients also require occupational therapy or speech therapy. The patients attending the Day Hospital usually require more long term treatment.

DANDENONG AND DISTRICT HOSPITAL

SOCIAL WORK DEPARTMENT

Social Work services are an integral part of the hospital's multi disciplinary health care service.

Social Work services are available to all inpatient wards and units, casualty, outpatients and Dandenong Day Hospital patients.

(1) Hours of Service

Monday to Friday: 9.OO a.m.-5.OO p.m. excluding Public Holidays No after hours or weekend service.

N.B.

For patients presenting to the Emergency Department after hours, or on weekends and public holidays, they may be referred to the Social Work Department by completing a Paramedical Referral/Initial Report Sheet and forwarding it to the Department (including details of arrangements made with patients re social work service) or making an appointment for the patient in the Social Work appointment book located in the Emergency Department. (A referral form also needs to accompany this appointment.) Social Workers will check this appointment book each day and also act upon any referrals made out of hours by following up the patient during working hours.

(2) Location of the Social Work Department

South Block, lower ground floor.

(3) Social Work Staff Allocation

Social Workers are allocated to cover specific wards. Emergency Department and ICU are covered on an intake basis.

If unsure of the relevant Social Worker for a particular ward, contact Social Work Reception on extension 344.

(4) Referral Procedures

Referrals to the Social Work Department are made by many different people - patients, relatives and friends of patients, nursing, medical and paramedical staff plus external community health and welfare services.

If unsure whether a referral to the Social Work Department is relevant, contact the Department to check. When making a referral, it is essential that the patient is aware of the referral. Please complete a referral/initial assessment form and forward it to the Department. for crisis situations requiring immediate attention, please telephone the Department. We will assess the priority of a referral on basis of need with certain thpes of crisis cases being seen within one to two hours, e.g. sudden death, with other referrals being seen within 24 hours or three working days, depending upon their priority. A Social Work Assessment will be recorded on this form with one copy being placed in the patient's history.

N.B. Referrals should be made as soon as possible. Early referrals promote effective discharge planning and problem solving. Late referrals create problems.

(5) When to Refer:

The range of Social Work services is extgensive and cannot all be listed here. Our emphasis is on providing an assessment and short term/crisis treatment service to patients and their families who are experiencing difficulty with any facet of their hospitalization, including Emergency Department and ICU.

This service includes referrals for:

* Adjustment to illness/hospitalization.
* Family problems related to or exacerbated by hospitalization.
* Future planning, including discharge planning for special accommodation homes, nursing homes, rehabilitation facilities or home.
* Coping with/adjusting to lifestyle changes.
* Emotional/social factors related to illness.

(6) Other Services Affiliated with the Social Work Department

6.1 Geriatrician Rehabilitation Assessments

The Social Work Department co-ordinates the twice weekly assessment rounds by geriatricians regarding geriatric and rehabilitation assessments.

6.2 Transport Accident Commission

Staff from the Transport Accident Commission (formerly Motor Accident Board) visit the hospital twice weekly to automatically establish contact with all patients admitted as a result of a transport accident (with the exception of WorkCare journey accidents) and assist patients with claims for benefits available under this scheme. As patients are automatically seen by the staff of the Transport Accident Commission, referrals are not required.

Contact the Social Work Reception with any queries regarding this service and its operation.

INTERPRETING SERVICE

A Short History of the Interpreting Service

With the opening of the South Block, the hospital was granted approval for the employment of five full-time interpreters. Previous experience and research had suggested that interpreters were necessary at this hospital given the high proportion of non-English patients who attend as inpatients or outpatients.

Initially the interpreters were responsible directly to the Chief Social Worker. This was considered appropriate at the time, since some aspects of interpreting related to interview techniques, collection of personal social data and reporting on social problems that are within the province of social work practice.

In July 1978 the Interpreting Service became an entity in itself within the hospital structure, and a Senior Interpreter was appointed. This person was delegated responsibility for the administration and professional development of the service.

The Role of the Interpreter in the Hospital Setting

Given the proportion of non-English speaking patients who attend the hospital, it will be necessary for staff to communicate with them through an interpreter. In order that this communication is effective, it has to take place at both linguistic and intercultural levels.

Meeting the needs of non-English migrants, especially in hospital, warrants sensitivity to their sociocultural background. This would enable staff to appreciate the cultural elements in the patient's behaviour.

The interpreter's task is to act as a communication bridge between hospital staff and patients who would otherwise be unable to communicate. In addition, there is a cultural gap which has to be bridged. There are culturally induced attitudes towards hospitalization, health care, illness, pain, childbirth and other health associated issues. It has been suggested that cultural background can affect not only the expectations of and reactions to various forms of treatment, but also the manner in which symptoms are presented. The understanding of these attitudes can help the medical staff to shape the patient's response to treatment and reduce the danger that these attitudes may be considered to be character defects.

Attitudes to ill health and health care vary according to the cultural background of the patient. However, while the issue of culturally produced atttitudes has relevance to all migrants, it appears that these attitudes have an especially significant effect on migrants who are poor.

As it can be seen, interpreting involves more than a mere translation of messages from one language to another. This practice would sound threatening and could be detrimental to the patient. The interpreter has to interpret exactly and concisely, and be well versed in medical terminology. He/she has to have a good knowledge of both cultures involved and his ultimate goal should be the establishment of a sound therapeutic rapport between the doctor and patient that is so important in diagnosis, treatment and recovery.

Services Delivered by the Interpreting Service

The Interpreting Service provides interpreting and translating services in Greek, Italian, Croatian, Serbian, Turkish, French, Chinese and Vietnamese languages.

Interpreters are available in an on-call capacity outside normal working hours, during weekends and public holidays.

The interpreter's role as seen at this hospital departs from the traditional one in that interpreters are not only involved in interpreting between patients and staff, but also take an active interest in the patient's welfare during hospitalisation. They make regular visits to non-English speaking patients. These visits, which are regarded as an integral part of the interpreter's role, are designed to:

(a) Alleviate the loneliness, lack of confidence and feeling of insecurity associated with hospitalisation.

(b) Give patients a direct access to the interpreting services, if needed.

(c) Detect any special needs that patients have which had not been previously known to the staff.

In this context, the interpreter acts as a member of a multidisciplinary team to patient care and special needs or problems are referred to the appropriate member of staff through the established channels of communication.

How to Contact an Interpreter

No written referrals are necessary for the provision of interpreting services. Interpreters may be contacted via the switchboard. If the need for interpreting in a language not covered by the interpreting service arises, you are kindly requested to contact the Senior Interpreter on extension 332.

Working Effectively with Interpreters

Given the proportion of non-English patients who atend the hospital, you will frequently work with members of the interpreting service. Following are some helpful hints on how to work with interpreters in an effective manner.

Before the Interview

Whenever possible, try to brief the interpreter about your course of action. Knowledge of what you aim to achieve with the interview will enable the interpreter to work towards the same goal.

During the Interview

* Phrase your questions in a concise and explicit manner to avoid confusing the interpreter and hinder the flow by his/her need to seek clarification.

* Ask one question at a time.

* Receive an answer to one question before you ask another.

* Please try to pause after a few sentences for interpreting. Excessively long messages make unreasonable demands on the interpreter's memory and may lead to distortion or omission of part of the message.

* Speak directly to the patient. The interpreter will translate exactly what the patient says so that you and the patient will virtually be speaking to one another.

After the Interview

It is valuable to have a brief post-interview discussion with the interpreter. There may be cultural issues to be explored or you may require additional information about the patient. It will also be valuable to discuss frankly the conduct of the interview. For example, feel free to tell the interpreter if you felt excluded at any stage during the interview.

Feedback

The Interpreting Service welcomes any feedback which would improve the quality of the working relationship between doctors and interpreters and would promote high standards of services delivered to migrant patients.

This feedback may be given to individual interpreters during the post interview discussion, or contact the Senior Interpreter on extension 332.

The Interpreting Service extends a warm welcome to you. We trust that your association with this hospital will be a pleasant and satisfying one.

ORGAN IMAGING DEPARTMENT

Hours of Operation

Reception Office
0830 hours to 1700 hours Monday to Friday.

Full Staff
0830 hours to 1700 hours Monday to Friday.

Out of Hours Service

2 radiographers 1700 hrs to midnight Monday to Friday.
2 radiographers 0830 hrs to 1700 hrs Saturday & Sunday.
1 radiographer midnight to 0830 hrs Thursday to Sunday nights.
1 radiographer 1700 hrs to midnight Saturday and Sunday nights.
2 radiographers 0830 hrs to midnight public holidays.

Radiologists are present in the hospital from 0830 hrs until 1700 hrs Monday to Friday. They visit the department on Saturdays and Sundays and public holidays for reporting and for urgent examinations requiring the radiologist's presence. They also provide an out of hours call service.

Routine
Request forms for any examination are only accepted when bearing a bradma label, or full patient details, and signed by a medical officer. Forms not bearing clinical notes will be returned to the wards. Normally reports on all in-patient examinations performed before 1630 hours are delivered to the ward on the day of examination.

Request forms should be in the department by 1500 hours if the examination is required on the day of request.

Ward staff should ensure that the "method of travel" is completed.

Barium Meals are normally performed between 0830 and 0930 hours, and Barium Enemas at 1430 and 1500 hours. Patients should be gowned before attending and be properly prepared. Requests for enemas and meals are better accompanied by a telephone call so that patients can be fitted into the appointment system and correct preparation of the patient be arranged.

Angiography is performed in the hospital, but appointments should be preferably made with the Chief Radiographer or his deputy. Normally angiography is not performed on patients under the age of 15 years.

Requests for Nuclear Isotype Scans should be referred to Dandenong X-Ray Centre and not to the Organ Imaging Department, which does not have the equipment for these examinations.

Echocardiography is not performed in this Department, but appointments can be made at Organ Imaging Reception.

No films should be removed from the department without informing a member of the staff, and UNDER NO CIRCUMSTANCES should films leave the hospital without the department being informed. It should be remembered that if films are taken to the ward unreported, it will delay the issuing of a radiological report.

NUTRITION DEPARTMENT

Staff

Three Dietitians plus technical assistants (Diet Monitors)

Dietitians are available for consultation during office hours Monday to Friday and on-call at weekends, and are contacted via paging system.

Dietitians are medical scientists trained in all aspects of nutrition related to illness and health. Nutritional assessment is available to all inpatients.

Any modification is planned by the Dietitian to ensure nutritional adequacy, and to meet each patient's physiological and psychological needs, and may include

(a) Specific therapeutic diets for treatment of disease

For example, modified carbohydrate diets in diabetes, low sodium diets in renal/liver disease and high fibre diets in diverticular disease, low fat diets in gallbladder disease.

(b) Diets modified in consistency

For example, fluid diet in oral fractures, soft/puree diet in stroke patients and dysphagia and six small meals daily for reduced gastric capacity.

(c) Nasogastric Feeding - long and short term

There is a range of nutritionally complete enteral feeds available. Fine bore tubes and giving systems are also available through the Nutrition Department.

(d) Nutritional support for patients with inadequate intake

For example:

high protein drinks for malnourished patients who can still be given the choice of menu

nutritional supplements and frequent snacks for anorexic patients.

supplementary enteral feeding.

Paramedical referral forms are required to be filled in to authorise:

Nutritional assessment (at home and in hospital).

OR

The provision of a therapeutic diet.

OR

Patient education and advice.

An initial report is given on consultation.

Nutrition Department works closely with Foodservice Department, who provide all meal requirements for inpatients.

A Diet Supervisor takes daily meal orders and supervises their provision.

Where indicated, the Dietitian provides nutrition education and written material to meet with the patient's special requirements. At all times these are planned to provide a balanced diet, and often this requires a change in eating behaviour to be continued at home. To ensure the patient has adequate knowledge and understanding requires more than a last day chat, so discussion with the Dietitian and early referral are important.

MEDICAL RECORDS DEPARTMENT

Introduction

The Medical Records Department is situated on the ground floor. The Department is open twenty-four hours per day, seven days per week.

The Department is staffed by Medical Records Administrators, Medical Records Clerks and Ward Record Clerks.

A medical record has several purposes:

(1) To provide a means of communication between all health professionals involved in the patient's care.

(2) Documentary evidence of the patient's hospital stay.

(3) As a tool to evaluate quality of care.

(4) As a legal document to protect the patient, hospital staff and the hospital.

(5) For the purposes of research and education.

Terminal Digit (Unit Record Number) and Colour Coding

Patients presenting to Casualty, Admissions, Maternity Admissions, Pathology, X-Ray, Social Work Department and Ante-Natal bookings are checked via MIDAS or Intercom with Medical Records for a Unit Record Number. This number is retained for all subsequent attendances at the hospital and is the method used for filing medical records. Together with colour coding of histories, terminal digit filing provides a secure but effective retrieval system. Blue identification cards stating name of patient and unit record number are issued to patients for any subsequent attendances at the hospital.

Confidentiality/Freedom of Information

All information in the medical record is confidential and may not be released without the proper authority. The patient's written consent is required for any reports. Requests for reports are to be directed through Medical Administration.

Doctors' names should not be released in regard to reports required by persons outside the hospital. Refer all such requests to Medical Administration.

Any requests in regard to Freedom of Information must be in writing to the Chief Executive Officer. Freedom of Information does not override Confidentiality. This Act of Parliament also applies to many other documents held by the hospital.

Availability of Medical Records/Tracer Card System

Medical records, other than those of patients who are currently being treated within the hospital, are not to be removed from the Medical Records Department. Medical records cannot be sent to another hospital when a patient is ransferred. Instead, either a letter, or preferably a copy of the Discharge Summary, is to be obtained from the appropriate Resident Medical Officer and sent with the patient.

Discharge Summaries, other than those completed in the ward at the time of discharge, are to be completed in the Medical Records Department as soon as possible, preferably within 48 hours of discharge.

The tracer card system (green card) is used whenever a history is requested by a Department or Ward when a patient has presented for treatment. The patient's name and unit record number is recorded on the card as well as where taken, by whom and the date. On return of the history, the tracer card is replaced in the record for subsequent use.

Stickers on Record Covers and Record Sheets

At present a number of stickers are permitted on the record cover and record sheets of the patient's history where requested. These are as follows:

(a) Patient Identification Label (white - placed below the printed Unit Record Number. This label is renewed each time the patient is admitted.

(b) Adverse Drug Reaction Sticker (orange - placed on the front cover of the history by the Ward Pharmacist only. Others are placed within the history by Ward Record Clerks or Ward Pharmacists.

(c) Medical Alert (green - placed on the front cover by VMOs, RMOs, Charge Sisters, Infection Control Sister and Day Hospital Sister - where it is known that the patient has or has had a problem/condition which will have significant implications for present or future attendance at the hospital.

(d) Special Maternity Labels - on history sheets only.

(e) Cancer Registry - by Medical Records Department only.

Entries in the Medical Record

These are to be dated and signed and the professional status of the writer is to be designated. Black biro only should be used in the Medical Record.

Subpoenas

No history may leave the hospital unless subpoenaed by the courts. This task is undertaken by the Medical Records Department through arrangements with the Solicitors and Courts.

Medical Records Committee

The Medical Records Committee is an internal committee established by administration and has representatives from Medical, Nursing and Paramedical staff. The Committee reviews the Medical Record. Any requests for alterations or additions to the stationery are to be submitted to the Committee for consideration.

The Committee meets bi-monthly and requests are to be directed to the Chief Medical Records Administrator.

INFECTION CONTROL

The Infection Control Sister has a complex role within the hospital. Her job is to:

- Assemble data on infections.
- Conduct surveys periodically - enabling review of data collection techniques and to revise base level of infection rate.
- Liaise with all departments on measures of infection control, e.g. Engineering - for faulty autoclaves, Domestic Supervisor - poor cleaning.
- Supervise the approved techniques of infection control, e.g. infectious patient isolation.
- Develop and implement policies and procedure of infection control.
- Educate staff in awareness of how to control infection.

The Infection Control Sister works for the Hospital Infection Control Sub-Committee who are responsible for assuring adequate and appropriate measures are developed and implemented to keep the infection acquired in hospital down to a minimum. This includes purchase of appropriate disinfectants and suitable equipment for hospital use.

The Committee at present consists of:

Director of Medical Services
Director of Nursing
Surgeon
Consultant Physician
General Practitioner
Deputy Director Pathology
I.C.S.
Senior Micro Technologist
Domestic Services Supervisor

and the Committee reserves the right to second any other staff member where applicable, e.g. Engineer, Catering Manager.

The general principles of infection control are:

Good housekeeping
Appropriate use of disinfectants and antiseptics
Appropriate use of antibiotics
Use of the proper techniques for the job, and probably above all:

- Sound practice of personal hygiene by all staff, e.g. wash hands befoire meals, after toilet.
- Report infection to Head of Department, e.g. pus filled finger unhealed.
- Sick leave if and when colds severe.