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Welcome

Welcome to Bendigo Health. The Executive leadership team are really pleased that you have chosen Bendigo for the next phase of your medical career. You have joined us at a great time in the health service’s development. Not only is planning underway for our $630 million new hospital project, but we are also developing our next five year strategic plan.

The planning process for the strategic plan is underway, but there are still opportunities for contributions and I hope you will take up this opportunity and share your ideas about how we can transform Bendigo Health from a good health service into a great one.

I hope the next year is both enjoyable and successful for you and I look forward to meeting you around the campus.

John Mulder
CEO
Bendigo Health Care Group

Office of the Chief Medical Officer

Dear Colleagues,

On behalf of the Board of Directors and the Executive Team at Bendigo Health I would also like to take this opportunity to welcome you. We hope that you find your time at Bendigo Health rewarding both professionally and personally. We take great pride in providing you with this professional experience.

TBA
Chief Medical Officer
Bendigo Health Care Group

Dr Grant Rogers
Acting Chief Medical Officer
Bendigo Health Care Group

Link: Bendigo Health Annual Report 2013
Vision, Principles and Values

Our Vision
Bendigo Health’s vision is to:
• Improve the health of our communities
• Engender pride and confidence in our services
• Be a trusted and collaborative leader in our region
• Support our staff to reach their potential

Our Guiding Principles
• A patient and client focus
• High quality and continuous improvement
• Community collaboration
• Planned and coordinated service delivery
• Efficiency, safety and effectiveness

Our Values
• Caring
• Passionate
• Trustworthy

Quality @ Bendigo Health.
Quality @ BH has a primary focus of improving patient care and uses an integrative approach involving all areas of Bendigo Health to achieve and maintain continuous quality and risk management. The unit is a resource to assist and support managers and clinicians in their patient safety and quality initiatives.
• The central functions of Quality @ BH include:
  • Quality improvement
  • Risk Management
  • Strategic and Business Planning
  • Lead and coordinate National Safety and Quality Health Service (NSQHS) Standards accreditation, residential aged care accreditation, and support for a variety of other accreditation/compliance frameworks across BH.
  • Patient Feedback (Complaints and Compliments) management
  • Consumer participation
  • Clinical policy and protocols
  • Redesign and Lean Thinking projects
Overview of Bendigo Health

Bendigo Health is one of regional Victoria’s largest health care providers covering 25 per cent of Victoria’s landmass from Mildura in the north to Gisborne in the south and from Murrayvale to the west and Kyabram to the east.

Our care at a glance:
- 653 bed service
- 3300 staff employed
- 5 operating theatres
- 8 bed intensive and coronary care unit
- 60 bed rehabilitation unit
- 10,000 ambulance presentations
- 41,000 inpatients
- 45,000 emergency attendances
- 1192 babies delivered
- 10,107 surgical procedures

Source: Bendigo Health Annual Report 2013

The Anne Caudle Centre (ACC) is the largest provider of rehabilitation, extended care and community support services in the Loddon Mallee Region. It has also established and continues to build specialist teams of health care professionals dedicated to promoting the concept of maintaining aged and disabled clients in their own community for as long as possible.

Key aspects of this service are the 24 Hour Triage, Crisis Assessment Team and the Mobile Intensive Support Service which are able to respond to calls as required. They assess the appropriate method of treatment and care and arrange on-going support. A central Triage Service has been implemented for the region to provide advice and coordinate local emergency responses.

Bendigo Health Care Group provides these services across multiple campuses throughout Bendigo and the region.

Future Direction
This is an exciting time for the Bendigo Health Care Group.

The Victorian Government have committed to a new Bendigo Hospital, with a total investment of $630 million to deliver a world-class regional health service in an integrated academic precinct.

The new Bendigo Hospital will be the largest regional hospital developments in Victoria’s history, delivering a hospital that will provide 21st century facilities, enabling Bendigo Health to deliver improved patient care according to recognised best practice, develop a skilled health workforce for the future, improve operational efficiency and provide for the health needs of a growing population.

Construction is expected to commence in early 2013 and the New Bendigo Hospital is estimated for completion in 2016.

Link: New Bendigo Hospital

Organisational Chart
See page 62-63
Getting to Bendigo Health

Finding Your Feet in Bendigo
Bendigo has a population of more than 100,000 and is a contemporary regional centre, boasting beautiful streets created from one of the world’s greatest gold rushes. Bendigo has great food, wine and shopping against a stunning heritage backdrop. See the links for further exploration of the City of Bendigo and its surrounds.

Links:
- Bendigo Tourism
- City of Bendigo

Transport
Bendigo is a 90 minute drive or slightly longer rail trip (Vline) from Melbourne. Viclink provides information on public transport including trains, coach and local bus services in regional Victoria. Access timetables on the Viclink website.

Bus services to the Bendigo hospital (Myki ticketing)
- Route 7 Bendigo/Eaglehawk to Lucan Street
- Route 5 Bendigo/Eaglehawk to Arnold Street

Information regarding walking or cycling to Bendigo health can be found on the Bendigo Health Intranet, including:
- Bike shed maps
- Amenities (showers) maps
- Cycling and walking groups
- Walking maps

Links:
- Bendigo Health Intranet
- Travel Smart
- Public Transport Victoria

Car Parking
- On-street car parking is available in streets surrounding the Bendigo Hospital and Anne Caudle Centre campus. Some parking bays are time-limited.
- Failure to observe parking restrictions on Bendigo Health grounds and the surrounding streets may result in a parking infringement notice being issued by the local council.
- Visitors’ car parking is available at the hospital entrance in Lucan Street and also in Stewart Street. This car park is for patients and visitors only and it is against policy for staff to use these facilities during working hours.
- Doctors’ car park is only available to VMOs, Senior Medical staff and Executives. It is however available to general staff for night shift parking. Contact Access Control for more information.

Contact
Access Control, Buildings and infrastructure
Email: jlock@bendigohealth.org.au
Phone: (03) 5454 6532
Hours: Monday to Friday 0800 to 1600hrs
BHCG Policy: Car Parking Policy

Welcome Pack
A welcome pack will be available from Switchboard, Level One next to Reception.
Welcome Packs include:
- Accommodation details, keys are also available at switch.
- ID badge and proximity card
- Information and Communications Technology (ITC) access
- Log-in code for Laboratory Information System – Healthscope
Campus Maps and Facilities

Automatic Teller Machine
A Bendigo Bank 24 hour Automatic Teller Machine is located on the Bendigo Hospital Campus, at the Hyett Entrance, near the gift shop.

Cafeterias
Bendigo Hospital Campus
A variety of food and snacks can be purchased. Free tea and coffee facilities, a fridge and a microwave are also available.
Location: Bendigo Hospital Campus, Level 2 of the Phillips Wing

Anne Caudle Campus
A variety of food and snacks can be purchased. Free tea and coffee facilities, and a microwave are available. Food and beverage vending machines are located across both the Bendigo hospital and Anne Caudle Centre campuses.
Location: Anne Caudle Campus, Ground floor of the amenities building

Hours
Monday to Friday ONLY 0830 to 1530hrs

Chapels
See Pastoral Care Page 19
Library
Bendigo Health Library is located (temporarily) in the Bendigo Regional Clinical School (Monash University) building adjacent to The Good Loaf Café. The library is founded on a collaborative model catering for Bendigo Health staff, Melbourne University, Monash University and La Trobe University students.
Library services include:
• Access to databases, electronic journals, books either accessible onsite or by request
• Ability to request for journal citations
• Ability to conduct Literature Searches or request a search
• Wireless Access
• Ability to photocopy, scan and email documents.
The following electronic resources are available with an Athens login:
• Databases e.g. Medline, CINAHL etc;
• Drug Resources e.g. MIMs, Australian Medicines Handbook, Therapeutic Guidelines etc;
• Electronic journals e.g. BMJ, MJA, etc;
• Ability to download apps such as iMims

To register and receive your Athens login (username and password) for access to electronic resources both onsite and offsite, please follow the instructions outlined in the link.

Remote access to Clinicians Health Channel
Or go directly to:
Your Bendigo Health Identification card will give you swipe access to the building 24/7.
Psychiatric Services has a small library of psychiatric medical books for loan at the Alexander Bayne Centre, Bayne St.

Contact
Librarian, Angela Gallagher
Email: library@bendigohealth.org.au
Phone: (03) 5454 8515
Location: Bendigo Regional Clinical School building, Mercy Street
Hours: Monday to Wednesday 0830 to 1730hrs Thursday to Friday 0830 to 1630hrs

Link: Bendigo Health Intranet Library

Campus Security and Identification Cards

Identification Badges and Proximity Cards
Identification/proximity badges are issued to all staff, contractors, students and volunteers for security purposes. Identification badges must be worn at all times whilst on duty and be visibly secured at or above the waist. The badges are also swipe cards for access to any areas that staff may need to enter. Should you have any access issues please contact Access Control.
The HMO Support Unit arranges identification/proximity badges for Doctors in Training, Registrars and HMO’s before their commencement at Bendigo Health. These badges will be provided with welcome packs, available from switchboard.
Identification/proximity badges remain the property of Bendigo Health at all times. On termination, badges must be returned to switchboard.
Lost or damaged badges/cards (where the damage is not “general wear and tear”) will incur a fee of $10.00 to

Contact
Access Control
Email: jlock@bendigohealth.org.au
Phone: (03) 5454 6532
BHCG Policy: ID Badges & Proximity Cards Policy

Lost Property
Environmental Services
Phone: (03) 5454 8173
Communication and Information Technology at Bendigo Health.

Bendigo Health Care Group Network
All Bendigo Health staff will be provided with Information and Communications Technology (ICT) log on details, for Doctors in Training this will be provided with their welcome pack (collected from switchboard). Secure wireless connection is available on Bendigo Health issued laptops and is also available in the library.

Intranet
Intranet access is available on all Bendigo Health computers, laptops and workstations within the hospital.
Intranet services and its content are subject to conditions, policies and guidelines. [See PROMPT]
Many resources are available on the Bendigo Health intranet including information about each department and service.
For ICT help, contact the helpdesk by phone or email. Approved Bendigo Health employees may utilise a Virtual Private Network (VPN) connection provided by Bendigo Health to connect to the internal Bendigo Health network from locations other than Bendigo Health.
The VPN must be established by a member of the ICT team and only on the basis of a written request from a Business Unit Manager.

Email Correspondence
Upon commencement at Bendigo Health, all staff are provided with an email address for Bendigo Health.
All correspondence whilst employed at Bendigo Health is to be sent to your Bendigo Health email address.
Once you can access your Bendigo Health email address, personal email addresses will not be used whilst employed at Bendigo Health.
You can access your Bendigo Health email externally using: https://owa.bendigohealth.org.au/owa

Contact
Information and Communications Technology
Email: helpdesk@bendigohealth.org.au
Phone: (03) 5454 8470

BHCG Policy:
Use of Internet Policy
Use of BHCG Computers Policy
External Access to the BHCG network from outside Bendigo Health Policy

BHCG Policy:
Use of Email Policy
Guide to Email Use

Mail
Outgoing mail can be placed in the Outgoing Tray in the HMO Support Unit Office or taken to the Mail Room on Level 1 Hyett (near the Child & Adolescent Unit).
Please check your mailbox in the HMO Lounge daily and read the notice board regularly.
Paging system
Bendigo Health Care Group utilises a Page Messaging System in order to relay communications with Doctors in Training.
It is important that you familiarise yourself with the Bendigo Health Paging Policy which outlines:
- On call pagers
- Sending a page (and using ISBAR format)
- Responsibility of sending and receiving a page.
- Responsibility for responding to a page
During education sessions pagers are diverted to your covering Registrar (1230 to 1330hrs Tuesday).
For a malfunctioning pager, contact HMO Support Unit who will arrange for maintenance or replacement.

Contact
HMO Support Coordinators
Phone: (03) 5454 7583 or (03) 5454 7550

BHCG Policy: Junior Medical Officer JMO Paging Policy

Telephone Directory
A Telephone Directory is available on the Bendigo Health Intranet.
To make an internal call (within the Bendigo Health Campus) dial the extension only, this is the last four digits of a phone number
To make an external call (outside of the Bendigo Health Campus), dial 0 to obtain an external line then the number you wish to call.

Contact
Switchboard operator
Phone: (03) 5454 6000

Fax
Fax locations and instructions should be introduced at the unit level where appropriate.

Information Systems (Quick reference)
Please note this list is not exhaustive

<table>
<thead>
<tr>
<th>System</th>
<th>Use</th>
<th>Log-on details</th>
<th>Help</th>
</tr>
</thead>
<tbody>
<tr>
<td>BHCG Network</td>
<td>Log onto all BHCG computers</td>
<td>Provided with welcome pack</td>
<td>Email or call ICT</td>
</tr>
<tr>
<td>iPM</td>
<td>Patient information system. patient demographics, attendances, future bookings, medical record movements, medical record requesting, accounts and billing information</td>
<td>iPM Access form.</td>
<td>Assistance with the entering of data or to organise iPM training contact Health Information Services Ext 8309 Technical assistance ICT Help Desk on Ext 8470</td>
</tr>
<tr>
<td>Healthscope</td>
<td>Pathology results</td>
<td>Provided with welcome pack</td>
<td></td>
</tr>
<tr>
<td>PROMPT</td>
<td>BHCG Document controlled Policies, protocols and guidelines.</td>
<td>None required Access from Intranet</td>
<td>Biljana Ansted. Ext 9092 Mon, Tues &amp; Fri <a href="mailto:bansted@bendigohealth.org.au">bansted@bendigohealth.org.au</a></td>
</tr>
<tr>
<td>ilearn</td>
<td>Online education and learning platform</td>
<td>Same as ICT BHCG Network log on</td>
<td></td>
</tr>
<tr>
<td>IDEA’s program</td>
<td>Approval for restricted antibiotic use.</td>
<td>Password: RMO The software requires your prescriber number and patient details.</td>
<td></td>
</tr>
<tr>
<td>Discharge summary sign on</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PACS (Synapse)</td>
<td>Medical Imaging</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiobase</td>
<td>View appointments, results of cardiac tests and bookings</td>
<td>Generic</td>
<td>ICT Help Desk. Link to PFM Manuals - <a href="http://bhcgweb/ourservices/discharge_process.aspx">http://bhcgweb/ourservices/discharge_process.aspx</a></td>
</tr>
<tr>
<td>Patient Flow Manager</td>
<td>For referrals to allied health and community programs, for discharge planning and for medical handover reports</td>
<td>Favourites Bar - or desktop. Access on all clinical computers, using ward logins or BHCG network login.</td>
<td></td>
</tr>
</tbody>
</table>
PROMPT

It is important that you are aware of clinical and corporate policies and how to access these during your time at Bendigo Health; they will be valuable resources in working at Bendigo Health. PROMPT is a centralised system for managing policies, procedures and guidelines, allowing for document control with regular review processes.

Throughout this document PROMPT links are provided and should be accessed for the most relevant and recent information. To access PROMPT policies, protocols and clinical practice guidelines:
• Click on the links provided
• Search for a document by opening PROMPT from the Bendigo Health intranet site.

Medico-Legal

Office of the Chief Medical Officer

All potential medico-legal issues should be referred to the Office of the Chief Medical Officer. This includes police and coroner’s requests for statements and requests by patients or their representatives for reports. Guidance is also available from Dr Glenn Howlett, Deputy Chief Medical Officer.

Contact
Dr Grant Roger, Deputy Chief Medical Officer
Phone: (03) 5454 7553
Email: grogers@bendigohealth.org.au
Location: Level 4, Stanistreet House.

You can make an appointment to see Dr Rogers by contacting Jenny Robins on the above number or at jrobins@bendigohealth.org.au

Confidentiality

Confidentiality is to be strictly observed by Bendigo Health Care Group. Confidentiality is a status accorded to information that:
• indicates that it is sensitive for a stated reason,
• must be protected, and
• access to it controlled

Confidential information at Bendigo Health includes:
1. The fact that a person is or has been a patient of the Bendigo Health Care Group
2. The reason why a person is being treated by or receiving services from Bendigo Health Care Group.
3. Patient or client personal details and any details on treatment or services provided either currently or in the past.

For further information please refer to the Confidentiality policy.

Link: Confidentiality Policy

Privacy

A statutory right to privacy is recognized in Victoria under the Charter of Human Rights and Responsibilities Act 2006 (Vic). This includes the right to privacy and reputation.

Link: Charter of Human Rights and Responsibilities Act 2006

Freedom of Information

The Freedom of Information Act 1982 (Vic) enables members of the public to obtain access to specific items of information recorded by Bendigo Health. Applications for access to information can only be made through Bendigo Health’s Freedom of Information Officer in the Bendigo Hospital Health Information Services Department.

Contact
Carol Palmington, Health Information Services
Phone: (03) 5454 8307
Email: freedomofinformation@bendigohealth.org.au

BHCG Policy:
Freedom of Information (FOI) Policy
Privacy of Health Records Policy
Consent
Bendigo Health Informed Consent policy recognises:
• Consent must be informed
• Responsibility to obtain consent rests with the practitioner who will be providing the health service.
• Patient must be capable of giving consent.
• The practitioner responsible must document the process.
• When in doubt, ask for advice from your Registrar, Consultant, or from the Chief Medical Officer.

Doctors in Training do not do consent; the only exception is when a DiT completes the BloodSafe Clinical Transfusion Practice eLearning prior to consenting patients for blood component administration and prescribing blood components for administration.

For further information, including Guardianship and Refusal of Treatment, please refer to the Bendigo Health Informed Consent policy.

BHCG Policy:
Informed Consent
Refusal of Treatment Certificates- Appendix 3-
Informed Consent

Open Disclosure
Open disclosure is defined as the open discussion with patients/clients of incidents that resulted in harm, injury or where an unexpected outcome has occurred to the patient whilst receiving health care. Open disclosure requires that patients/clients and their support persons are to be offered factual information concerning the occurrence of an adverse event with appropriate counseling and support.

For the correct process of open disclosure, follow the steps outlined in the Open Disclosure Policy. Note:
• For a High level response the CMO or Deputy CMO must be notified. They will determine who will undertake the discussion;
• For Low level response the Nurse Unit Manager or Operations Manager and/or Senior treating Medical Officer will determine who should undertake the discussion.

All discussions are to be documented in the patient health record.

BHCG Policy: Open Disclosure Policy

Medical Defence Organisations (MDO)
Medical Defence Organisations can be contacted for legal advice
• MDA National
• Medical Indemnity Protection Society Ltd (MIPS)

Contact
MDA National
Phone: 1800 011 255
Contact: MIPS
Phone: 1800 021 223

Professional Conduct

Code of Conduct
Bendigo Health’s primary function is to provide care for patients and clients. All staff should conduct themselves in a courteous and professional manner. More specifically, all staff are required to act in accordance with the Victorian Public Sector Code of Conduct ensuring the bests interests of patient and the broader community are taken into consideration at all times.
Please remember that patients, clients, carers and relatives are often anxious or unfamiliar with Bendigo Health and our procedures and protocols.

It is important to conduct yourself in a manner that instills confidence in everyone that visits our facilities.

BHCG Policy: Code of Conduct Policy
Link: Code of Conduct for Victorian Public Sector Employees
Workplace Behaviors
Workplace bullying, harassment and discrimination of any kind are against the law and any staff found to be acting in this manner may be subject to disciplinary action. Bendigo Health has procedures covering equal opportunity, discrimination, harassment, bullying and grievances, and disciplinary action. If you believe you have witnessed or are the victim of workplace bullying, harassment or discrimination, contact your manager or a staff member in the People and Culture Division. Alternatively you may contact one of our Workplace Contact Officers for advice or support. To view a list of trained Bendigo Health Contact Officers please visit the People and Culture Intranet page.

Contact
People and Culture Division
Phone: (03) 5454 8390
Email: peopleandculture@bendigohealth.org.au

Professional Boundaries

Drugs and Alcohol
Drinking intoxicating liquor and or using drugs while on duty is strictly prohibited and may be grounds for dismissal. BHCG Policy: Drug and Alcohol Policy

Gifts and Benefits
Members of staff are employed by Bendigo Health to perform specified duties and should not accept tips or gratuities for services provided. However, some clients, patients, carers or relatives wish to express their appreciation for the care provided from time to time. If this occurs, donations of money or equipment to the Foundation may be acceptable. In the event that as a staff member you do receive a gift you should refer to the Conflict of Interest Policy.

BHCG Policy: Equal Opportunity Policy
Harassment Policy
Bullying Policy
Counseling & Disciplinary Action Policy

Care of Equipment
You may come into contact with complex and vital equipment as part of your role at Bendigo Health. Be sure you know how to operate all equipment you handle in the correct manner for your own safety and to avoid damage. If you are not familiar with how to operate the equipment, ask for instructions.

BHCG Policy: Code of Conduct (Gifts and Benefits) Policy
Code of Conduct (Conflict of Interest) Policy

No Smoking Policy
Smoking is not permitted on any Bendigo Health property including the grounds or in vehicles that are owned or operated by Bendigo Health. Staff, visitors and others must move to outside our property (the outer public footpaths) if they wish to smoke. Staff may only smoke during their normal, regulated break time. No other “smoke breaks” will be permitted.

BHCG Policy: Smoke Free Policy
Link: Smoke free information brochure
Social Media
Bendigo Health Social Media Use policy outlines important guidelines to direct Bendigo Health staff behaviour in relation to social media use. Bendigo Health staff are not permitted to use Facebook or any form of social networking site or communication for personal use during business hours. It is important that your conduct through social networking observes and protects the privacy and confidentiality of Bendigo Health patients and staff members alike. Bendigo Health has its own Facebook page at www.facebook.com/bendigohealth

BHCG Policy: Social Media Use Policy
Social Media Use Guidelines

Public Media
Bendigo Health employees should not make public comment in relation to their duties, Bendigo Health policy, procedures and practices and government policies and programs relevant to Bendigo Health, unless specifically authorised to do so by the Chief Executive Officer (CEO) or his delegate. If staff are contacted by the media they should refer the enquiry to the Communications and Marketing division directly via phone or email.

Contact
Communications and Marketing
Email: commsmarketing@bendigohealth.org.au
Phone: (03) 5454 9167

BHCG Policy: Public Comment and Media Policy

Workplace Health and Safety
(Occupation Health and safety)

Workplace Health and Safety
Bendigo Health recognises its obligations to ensure, so far as is reasonably practicable, the safety, health and welfare of staff at their work place. All staff have a statutory and moral responsibility under Victorian Occupational Health & Safety Act 2004 to maintain safe working conditions and practices in order to prevent work related injuries and health hazards. To this end you are asked to:

• Familiarise yourself with the Occupational Health and Safety Manual which sets out policies and procedures that have been developed and implemented for your protection.
• Familiarise yourself with the Occupational Health & Safety Issue & Hazard Resolution Policy which details how to resolve workplace health & safety issues.
• Be responsible for your own health and safety and ensure that your acts and omissions do not cause any injury or illness to other staff members.
• Walk, do not run (unless in a life threatening situation) in Bendigo Health’s buildings.
• Use correct lifting techniques or if unsure, seek assistance or advice from your supervisor or manager.

Contact
Graham Olsen, OH&S Manager
Email: golsen@bendigohealth.org.au
Phone: (03) 5454 8770 or 0417 347 307
Jenny Arnold, WorkCover Rehabilitation Absence Manager
Email: jarnold@bendigohealth.org.au
Phone: (03) 5454 8135 or 0400 821 332

BHCG Policy: Occupational Health and Safety policy
Link: Occupational Health and Safety Manual
Worksafe
Emergency procedures

Emergency numbers are located on the back of your identification badge.

TBH (The Bendigo Hospital) 7777
ACC (Anne Caudle) 7777
All others 000

It is vital that you know what to do in the event of an emergency. Refer to the Emergency Response and Management Policy. As well as participating in regular training sessions on fire, evacuation and safety, you are required to familiarise yourself with the Emergency Procedures that are written and apply to the area where you work.

The following colour codes are used to identify emergencies:

Respond BLUE - CARDIAC ARREST
Respond RED - FIRE
Respond ORANGE - EVACUATION
Respond BLACK - VIOLENT PATIENT/PERSONAL THREAT
Respond BROWN - EXTERNAL DISASTER

[Code Brown Plan]

Respond YELLOW - INTERNAL DISASTER

[Code Yellow Plan]

Respond PURPLE - BOMB/ARSON THREAT

In cases of Respond Blue and Trauma Code See MET calls, [Page 17]
In both cases, there is a pre-determined team required to respond with established responsibilities.

Contact

Graham Olsen, OH&S Manager
Email: golsen@bendigohealth.org.au
Phone: (03) 5454 8770 or 0417 347 307

Bob Stayner, Fire & Emergency Management Coordinator
Email: bstayner@bendigohealth.org.au
Phone: (03) 5454 7967 or 0448 713 068

Fire Prevention and Safety

It is the responsibility of all Bendigo Health staff to familiarise themselves with the Fire, Evacuation and Emergency procedures TBH & ACC.

Level 1 Fire Training is required to be completed on an annual basis.
If fire and emergency training is being conducted in your work area you will be required to attend.

Every precaution is taken for the prevention of fires.
In the event of an emergency, such as a fire, an explosion or leaking gas or fumes, it is essential that you remain calm and take direction from the fire and emergency wardens, the Fire Brigade or Emergency Services.

Remember RACE
R Remove yourself & others from the danger area
A Alarm – raise the alarm by using break glass or dialing 7777
C Contain the fire by closing door and or using firefighting equipment but only if safe to do so.
E Extinguish – if safe to do so

Medical Officers Responsibilities:
• Fire, Evacuation and Emergency procedures TBH & ACC
• Assess the medical condition of the patient in an emergency and the likely effect of evacuation. Advise on any special requirements.
• Attend to any medical requirements.
• Generally assist with patient movement.

Contact

Bob Stayner, Fire & Emergency Management Coordinator
Email: bstayner@bendigohealth.org.au
Phone: (03) 5454 7967 or 0448 713 068

BHCG Policy:

Emergency Response & Management Policy
Link:

Fire, Evacuation and Emergency procedures TBH & ACC

Complete mandatory Level 1 Fire Training (via iLearn)

Hand Hygiene

See Infection Control, page 46

Incidents and injuries

All incidents and injuries involving or sustained by staff must be reported on VHIMS Riskman.
Contact Quality @ Bendigo Health (03) 5454 9080
Injured or unwell because of your work? See the Advice for Bendigo Health Employees Brochure available from the OH&S department.

**Contact**
OH&S department
Phone: (03) 5454 8772

Link: [Advice for Bendigo Health Employees Brochure](#)

**Needle stick injury**
All needlestick and related incidents are managed by Infection Control. See Infection Control, page 47

**Medical Emergency Team (MET)**
The MET is a hospital-wide clinical emergency response coordinated and administered by the Intensive Care Unit. Any staff member (medical, nursing, paramedical, domestic) may initiate a MET call.

To initiate a MET call
- Dial 7777
- Identify yourself to switch
- Request MET
- State location

After calling MET
- Stay with patient until stood down by MET.
- Record vital signs: PR, BP, respiratory rate, T°, SaO2
- Perform ABC assessment and management
- On arrival of MET, identify yourself and give a brief description of the patient, the reason for the call and the vital sign observations.

There are specific responsibilities for the ICU HMO / Registrar. It is your responsibility to ensure you are familiar with formal MET procedure in PROMPT For further information including calling criteria (adult and paediatric), response, tasks and responsibilities of the team refer to the MET procedure on PROMPT

**WorkCover**
All staff are covered by the Victorian Accident Compensation Act 1985 (Vic) for any work related injury, disease or illness which occurs and is in the course of employment. If you have reported an injury you will be contacted by the OH&S Department who will advise you of your rights and responsibilities and assist you with management of the injury.

**Contact**
Jenny Arnold, WorkCover Rehabilitation Absence Manager
Email: jarnold@bendigohealth.org.au
Phone: (03) 5454 8135 or 0400 821 332

Link: [Worksafe](#)

BHCG Policy: [Medical Emergency Team (MET) - Acute Campus](#)
Staff Health and Wellbeing

Australian Medical Association (AMA)
The Australian Medical Association provides a general advocacy role for doctors on career development, health care policy, wages and safe working hours. The AMA Victoria has also jointly founded the Victorian Doctors Health Program (VDHP) with the Medical Registration Board of Victoria. The program is a confidential and compassionate service for doctors and medical students with health concerns including alcohol and other drugs and mental health problems.

Bendigo Healthy Workplace Health and Wellbeing
Bendigo Health has a workplace health and wellbeing program that all staff have access to -
- Free staff health checks
- Free immunizations
- Staff pool use
- Staff gym use
- Employee Assistance Program
- Exercise classes
- Travelsmart program
- QUIT advice and referrals

If you would like any further information regarding the Bendigo Healthy program please visit the People and Culture Intranet page or contact the People and Culture division.

Employee Assistance Program (EAP)
Converge International is an external organisation that has been contracted to provide a counseling service 24 hours a day, 7 days a week to all staff of Bendigo Health. Counselors are available throughout the Loddon Mallee region to provide convenient access for regional staff as well as staff located in Bendigo.

You can seek counseling for professional and personal issues such as:
- Conflict resolution
- Grief and loss
- Bullying and harassment
- Relationships (family and parenting)
- Stress, anxiety, depression
- Substance abuse and addictions
- Work practices
- Work trauma

You are entitled to:
- Access 24 hours a day, 7 days per week
- Two free counseling sessions
- Counseling in the work place or off site
- Strict client confidentiality

If you would like more information or a copy of our EAP brochure, phone People and Culture

Contact
Converge International
Phone: Toll free1800 337 068
Contact: People and Culture
Email: peopleandculture@bendigohealth.org.au
Phone: (03) 5454 8390

Contact
AMA
Phone: (03) 9280 8722
Link: AMA

Victorian Doctors Health Program

Link:
Bendigo Health Intranet Bendigo Healthy
Bendigo Health’s staff benefits brochure
Gym Affiliation (Staff benefits)

FeelGood Fitness Strathdale
Phone: (03) 5442 1427

FeelGood Fitness Golden Square
Phone: (03) 5447 2580

Echuca YMCA
Phone: (03) 5482 2517

Medical care for our medical staff
The following Bendigo-based medical practices provide a General Practitioner service to medical staff. When you contact the practice, inform the receptionist you are a doctor employed by Bendigo Health Care Group and an appointment will be provided.

Bendigo Primary Care Centre
Address: 123 Arnold Street Bendigo
Phone: (03) 5441 8622

Eaglehawk Medical Group
Address: 87 Victoria Street Eaglehawk
Phone: (03) 5446 3499

Strathfieldsaye Primary Care Clinic
Address: 34 Blucher Street Strathfieldsaye
Phone: (03) 5439 4442

Pastoral care
Pastoral care is caring for the wellbeing of another including spiritual, emotional, cultural and religious needs.
Bendigo Health Chaplains, Rev. Rex Fisher (Pastoral Care Coordinator) and Wiehahn Maritz (Mental Health Chaplain) offer pastoral care to patients, families, clients, carers and also to staff. They offer visitation and listening, sacramental ministry and linkages to religious communities and places of worship within the community.
Chapels for quiet reflection and occasional worship services are available on both the Bendigo Hospital campus and the Anne Caudle Centre campus 24 hours a day.

Contact
Rev. Karen Lunney, Pastoral Care Coordinator
Phone: (03) 5454 7688
Wiehahn Maritz, Mental Health Chaplain
Phone: (03) 5454 6405

Chapel Location
Bendigo Hospital Campus Level 1, Hyett building
Anne Caudle Centre, Perrin Plaza, Level 2

If you are unwell with an infection which is transmissible please do not attend for work during the infectious period and please seek medical advice. If you are uncertain, you may also contact the Infection Prevention Control unit to discuss if appropriate.
If you have symptoms of Gastroenteritis you must not present for work until 48 hours post cessation of symptoms.

Contact
Infection Prevention and Control Unit
Phone: (03) 5454 8416
Senior staff assistance
Working as a junior doctor is very rewarding but also very demanding. The following senior staff are available to assist you to meet all of your priorities and to guide you regarding any issues you may have, professional or personal.

Chief Medical Officer
TBA
Phone: (03) 5454 7553
Email:

Deputy Chief Medical Officer
Dr Grant Rogers
Phone: (03) 5454 7553
Email: grogers@bendigohealth.org.au

Director of Medicine
Dr Mark Savage
Phone: (03) 5454 7564
Email: msavage@bendigohealth.org.au

Director of Emergency Department and Supervisor of Intern Training – Emergency
Dr Diana Badcock
Phone: (03) 5454 8101
Email: dbadcock@bendigohealth.org.au

Executive Director and Clinical Director Psychiatric Services
Assoc. Prof. Philip Tune
Phone: (03) 5454 7679
Email: ptune@bendigohealth.org.au
Social Club
There is an active staff Social Club open to all staff upon payment of a small fortnightly subscription. A membership form can be found on the intranet.
Link: Bendigo Health Intranet Social Club

Staff Discounts
Bendigo Health staff have access to a wide range of discounts at local businesses. Details and conditions of these may be found via the Intranet link. Staff benefits are frequently updated and advertised in the marketing and communications staff newsletter.
Link: Bendigo Health Intranet Staff Discounts

Staff Immunisation
Free vaccines are available to staff as follows:
- Hepatitis A
- Hepatitis B
- Influenza (Annually March – June)
- Adult Diphtheria/Tetanus (ADT)
- Measles/Mumps/Rubella (MMR)
- Varicella (Chicken Pox)
- Mantoux Testing
Please contact the Infection Prevention & Control Unit if you have not filled in an Immunisation Questionnaire form.

Support for staff who want to quit or reduce smoking
Staff who wish to reduce or quit smoking can contact Occupational Health & Safety Department (OH&S). OH&S will refer staff to the quit educator at Bendigo Health- Health Promotions Unit or Bendigo Community Health Services. The Quit Educator will assess the staff members need for Nicotine Replacement Therapy. Staff enrolled in a recognised quit support course or seeing a counselor can purchase NRT through the pharmacy department.

Contact
Occupational Health and Safety (OH&S) Department
Phone: (03) 5454 8772

Contact
Infection Prevention & Control Unit
Phone: (03)5454 8416
Quality

Quality @ Bendigo Health.
Quality @ BH has a primary focus of improving patient care and uses an integrative approach involving all areas of Bendigo Health to achieve and maintain continuous quality and risk management. The unit is a resource to assist and support managers and clinicians in their patient safety and quality initiatives.

- The central functions of Quality @ BH include:
  - Quality improvement
  - Risk Management
  - Strategic and Business Planning
  - Lead and coordinate National Safety and Quality Health Service (NSQHS) Standards accreditation, residential aged care accreditation, and support for a variety of other accreditation/compliance frameworks across BH.
  - Patient Feedback (Complaints and Compliments) management
  - Consumer participation

Section 2: Administration for Doctors in Training

HMO Support

What We Do
The HMO Support Unit is committed to the delivery of administration, support and the educational and professional development of Doctors in Training at Bendigo Health.

We are available to assist you with matters associated with your employment as a Doctor in Training at Bendigo Health.

The HMO Support Unit provides and facilitates the following:
- Coordination of employment with People and Culture
- Rotation management at Bendigo Health
- Rostering
- After hours roster management
- Orientation programs

- Leave management
- Educational program including protected training time and assessment
- Locum cover

Note: Where reference is made to the Medical Workforce Unit in BHCG policy and other supporting documentation; this is now replaced by the HMO Support Unit.

Link: HMO Committee TOR
Who We Are

Victoria Fara
HMO Coordinator
Email: vfara@bendigohealth.org.au
Phone: (03) 5454 7554
Office Location: HMO Support Unit, Level 4, Kurmala Wing.

Bianca Jones
HMO Support Coordinator
Email: bjjones@bendigohealth.org.au
Phone: (03) 5454 7550
Location: HMO Support Unit, Level 4, Kurmala Wing.

Jessica McClelland
HMO Coordinator
Email: jmcclelland@bendigohealth.org.au
Phone: (03) 5454 7583
Location: HMO Support Unit, Level 4, Kurmala Wing.

HMO Facilities

HMO Lounge
The HMO Lounge is on the 4th Floor, Kurmala Wing of the Bendigo Health Campus. It is furnished with a television and sofas and has tea and coffee making facilities, a microwave, toaster, bread and condiments. A computer room with internet access is located opposite the HMO Lounge.

Distribution of Information
Doctors in Training have individual pigeonholes for the distribution of important information. Please check your pigeonhole daily. The noticeboard in the corridor outside the HMO Lounge displays details of organisational information and upcoming events. Please ensure you check the notice board regularly.

HMO Society

The Bendigo HMO Society are committed to ensuring sure you have a positive experience while working at Bendigo Health. The HMO Society co-ordinate social events for doctors, and also provide regular, smaller functions for you catch up with your work mates outside of work. There are also regular activities after work to ensure you are engaged with the community. The HMO Society also acts as an advocate, and represents Doctors in Training on various committees and working groups.

To find out how to join the HMO Society, please contact the HMO Society President.

Contact:
HMO Society President
Clare Gillett
hmosociety@bendigohealth.org.au
HMO Administration

On Boarding
Contracts are managed by People and Culture (Human Resources). Each doctor will receive their contract and on-boarding documentation via mail prior to commencing at Bendigo Health. Associated forms must be returned to People and Culture prior to your starting date to ensure a smooth transition into the workplace at Bendigo Health.
The HMO Support Unit arranges on boarding for locums and finalises on-boarding components in consultation with People and Culture.

Contact
People and Culture
Email: peopleandculture@bendigohealth.org.au
Phone: (03) 5454 8390

Accommodation
• Accommodation is provided for medical staff during their placement at Bendigo Health.
• Accommodation Services manages accommodation administration and properties.
• Details of your accommodation are provided by phone or email from the HMO Support Unit.
• Keys and other property management information (e.g. linen order form) will be provided in your Welcome Pack.
• The HMO Support Unit is responsible for arranging accommodation for locum doctors and incoming doctors from parent hospitals that are providing cover for doctors on rotation.
• For after hours emergencies associated with accommodation contact the main switch and an engineer will be paged.
• At the end of your term at Bendigo Health return your accommodation keys and Identification Badge to Switchboard.

Please note: Any HMO using hospital accommodation will be required to complete a salary deduction form for the deduction of accommodation costs. Hospital accommodation costs will not be allowed as a direct debit salary package deduction.

Contact
Accommodation Services
Phone: (03)5454 9123 or (03)5454 8219
Location: Modesty House on the Bendigo Hospital Campus
Office Hours: Monday to Friday 0800 to 1600hrs
For After Hours Emergencies Contact: Main Switch Phone: (03) 5454 6000

BHCG Policy: Staff Accommodation Policy

Leave Arrangements
Bendigo Health provides a wide range of leave options to staff. Organisational policies regarding leave can be accessed through PROMPT.
The type and amount of leave varies depending on individual award entitlements. Please refer to your contract of employment and the Victorian Public Health Sector (AMA Victoria) - Doctors In Training - SIE Enterprise Agreement 2013.
Leave described in the award:
• Annual Leave
• Personal (Sick)/Carer’s Leave
• Public Holidays
• Examination Leave
• Conference/Seminar Leave
• Compassionate Leave
• Parental Leave
• Long Service Leave
• Jury Service Leave
• Community Service Leave

Leave applications must be submitted on the appropriate form, signed and submitted to the HMO Support Unit. Please retain a copy of the leave submission.
Leave applications are subject to processing and approval by a HMO Coordinator and once processed you will be notified accordingly.

For additional expectations and responsibilities regarding leave please see below.
**Award:**
Victorian Public Health Sector (AMA Victoria) - Doctors In Training - SIE Enterprise Agreement 2013.

**BHCG Policy:**

**Personal Leave:**
- **Parental Leave Policy**
- **Long Service Leave**
- **Annual Leave Policy**
- **Professional Development and Associated Leave Entitlements**

**Personal (Sick)/Carer’s Leave**
For Personal Leave:
- Personal leave must be notified to a HMO Coordinator.
- Do NOT leave a message; you must speak with the coordinator.
- Please phone as early as possible prior to commencement of your shift to allow adequate time to arrange cover.
- Do NOT leave a message with Switchboard.

Important note:
A medical certificate is required for two or more consecutive personal leave days; or for personal leave taken on the day immediately before, on or after a public holiday.

**Contact**
HMO Coordinator
Phone: (03) 5454 7583 or (03) 5454 7554
Business Hours: Monday to Friday 0830 to 1700hrs
After Hours: evenings and weekends 1700 to 0830hrs

After Hours Manager through switchboard (who will connect you to the manager on call)
Phone: (03) 5454 6000

Form: **PAY12 Personal (Sick and Carer’s) Leave Application PAY 12**

**Annual Leave**
For Annual Leave:
- Six weeks written notice is required when submitting requests for annual leave.
- If leave is unable to be appropriately covered leave will not be approved.
- Prior to going on annual leave, the Doctor must be paid for the period of leave, unless otherwise agreed.
- HMOs on rotation requesting leave need to apply to the parent hospital and not directly to Bendigo Health.

Important note:
- Doctors requesting leave during Prevocational General Practice Placements program (PGPPP) may only take one week of leave and cannot take this leave at the start or end of the rotation.

Form: **Leave Application Form HR6**

**Examination Leave**
A doctor is entitled to an amount of paid examination leave
- The doctor must give the HMO Coordinator at least two weeks written notice of their intention to access examination leave.
- Proof of examination and date is required.
- Leave applications must be submitted on the appropriate form, signed and submitted to the HMO Support Unit. Please retain a copy of the leave submission.

Form: **Leave Application Form HR6**

**Conference/Seminar Leave**
- Conference/Seminar Leave is approved at the discretion of the Hospital.
- We strongly recommend that you do not pay for a conference or seminar until approval is given.
- Applications are submitted to the HMO Support Unit.
- Applications for conference leave must be submitted no later than 31 March of the year in which the leave will be taken.

Form: **Professional Development and Associated Leave Entitlements**
Payroll Services

Pay queries
If you have an enquiry regarding your pay and, or associated deductions, please liaise directly with a HMO Coordinator before contacting the Payroll Services Unit.

Pay periods
Each pay fortnight ends on Sunday. Your pay is available for access from your bank on the following Wednesday morning. If there is a Public Holiday early in the week pay will be delayed by one day. Pay dates are available on the Intranet under Payroll Services.

Pay slips
A pay slip confirming payment and deductions is delivered to departments and units on the Wednesday following the end of the pay period. Pay slip will be placed in your pigeonholes in the HMO Lounge or Computer room. Pay slips generated after your rotation or contract has completed will be mailed to your home address. If you do not receive your pay slip, please follow this up with a HMO Coordinator.

Change of Personal Details
Any change of name, address, home or mobile telephone numbers must be provided to Payroll Services as soon as possible using the PAY06 form. Failure to do so may cause inconvenience to you.

Deductions
(Including Salary Packaging)

Mandatory deductions will be applied to your pay as per information supplied with your contract e.g. taxation.

Optional deductions are available and can be discussed with Payroll Services. Optional deductions will only be made at your written request and will remain in force unless cancelled in writing.

Salary Packaging
Under current Australian Taxation Legislation, Salary Packaging is available to all staff at Bendigo Health. To learn about the benefits of salary packaging and for any enquires please contact the Salary Packaging Unit. Please note Salary Packaging is subject to changes in legislation.

Contact
Salary Packaging
Phone: (03) 5454 9339
Email: salarypackagingunit@bendigohealth.org.au
Location: North Wing Level 4, Anne Caudle Campus

Time Sheets

Expectations
• Your timesheet must reflect rostered daily hours and any time actually taken off (including afternoons off), regardless of whether it is scheduled or not
• Under current Award entitlements lunch break periods are paid hours, only if you remain physically present in the hospital

Submitting time sheets
• Bendigo Health is currently transitioning to an electronic time sheet system, KRONOS. KRONOS is used to electronically capture and record time and attendance, with verification against your scheduled working times leading to automated payment.
• Each employee is assigned to a designated pay rule in accordance with their Award. KRONOS automatically applies the Award interpretation
e.g. ordinary hours, leave hours, shift penalties, shift allowances and public holiday entitlements.

• KRONOS is being rolled out at BHCG over 2012-2013 in a staggered approach. Therefore there are two methods of timesheet submission during this transitional phase.

For those enrolled on KRONOS
• KRONOS clocks are placed around the major entry and exit points of the TBH and ACC campuses.
• You will be required to swipe your proximity card past the KRONOS clocks as you arrive for the start of your shift and when you leave at the end of your shift.
• It is your responsibility to ensure that at the start of every shift and at the completion of every shift you clock on and clock off.
• Failure to clock on and off will result in inconveniences regarding pay and pay schedules.
• Leave application forms are still required to be submitted manually for approval.
• You are still required to manually submit an extended duty form if you work outside of your rostered hours.

Submitting manual time sheets (prior to enrolment on KRONOS)
• A time sheet is available online (intranet) or in the HMO lounge.
• Manual timesheets must be submitted in the timesheet slot outside of the HMO Support Unit by 1000hrs Thursday prior to end of the pay period, or payment will not be processed until next pay period.
• Please ensure time sheets are submitted on time to avoid inconvenience.

Link:
Medical staff timesheet
Medical Staff Timesheet (H + N Pay)
Bendigo Health Intranet KRONOS

Remuneration

Remuneration is applied according to The Award Victorian Public Health Sector (AMA Victoria) - Doctors In Training - SIE Enterprise Agreement 2013.
Please refer to the Award for details regarding specific duties and entitlements. The HMO Support Unit is available to discuss, clarify and provide support for the correct administration of entitlements.

Process for payment
• All claims for payment must be submitted with your timesheet by 1000hrs Thursday prior to the end of the pay period.
• Claim for Recall, Phone Call and Extended Duty forms are available on the intranet or from the HMO Lounge.
• Payment will be made via Payroll Services on the first available payday after receipt of the authorised claim for payment.
• Please note that if an offline payment is approved, salary packaging is not available.

Audit
• All claims for recalls within one hour of the end of the rostered duty period will be subject to audit.
• If you have not made a note in the patient record (signed, timed and dated), the claim will be rejected.
• No other documentation will be accepted.

For additional expectations and responsibilities regarding remuneration entitlements please see below.

Link:
Claim for re-call and telephone call allowances - medical staff (N Pay)
Roster compliance, Extended duties and on-call/re-call - Doctors in Training
Medical extended duty notification form (H Pay)
Medical staff re-call timesheet (H Pay)
Employment Agreements
Extended Duty

• All hours claimed in excess of the standard rostered daily hours must be submitted on the Extended Duty Notification form. Failure to do so may be cause for rejection of this claim.
• Justification for extended duty must be outlined.
• For Extended Duty for a specific patient in an emergency situation or a theatre list overrun, a patient UR number must be attached to Extended Duty Notification Form. In addition you must make a note in the patient file with your signature, name printed and date and time (not necessary for theatre overruns).
• If the excess hours are not for a specific patient (e.g. a late ward round) each period must be noted on the Extended Duty Notification Form and signed off individually by your Consultant, with the time and date.
• Authorisation must be obtained within 24 hours of the extra time claimed.
• Submit this form to the HMO Support Unit.

Form: Medical extended duty notification form (H Pay)

Recall

It is expected that you will demonstrate fair and professional conduct for the claim of recall allowance. Please be aware that recall and other remuneration allowances are subject to audit to assess eligibility.
• Recall can only occur where the doctor is rostered on-call and where an authorised BHCG senior officer has given authority for the recall.
• Claim for recall is only permitted if you have left the hospital. (Walking out of the hospital doors and back in again after five minutes does NOT entitle a recall claim)
• To demonstrate appropriateness of your claim, a patient UR number label must be attached to the reverse of the recall form. In addition, a note in the patient file with your signature, printed name, date and time is required.
• If you choose to stay in the hospital overnight or on the weekend (for example in the HMO room), you may not claim a recall if called to see a patient. You may only claim the actual time spent with the patient.
• A single recall period (of up to 3 hours) may constitute several consultations. Moving to a different site does not constitute a new recall.

Link: Claim for re-call and telephone call allowances - medical staff (N Pay)

Telephone Consults

• Payment is made once per on-call shift only (not per calendar day) if you have had a telephone consult.
• For example if you are on call overnight on 22nd – 23rd, you are not entitled to one payment for the 22nd and another for the 23rd

Link: Claim for re-call and telephone call allowances - medical staff (N Pay)

Statement of Service

On request, Statement of Service will be provided by Payroll when you terminate your services with Bendigo Health.

Finishing Up At Bendigo Health

Access

• Return your accommodation keys, Identification Badge and proximity card to Switchboard
• Exit interview
• At the completion of final rotation Doctors are asked to complete an Exit Form Survey and exit interview

Termination of employment form

• Complete Notice of Termination of Employment Forms HR11 and HR11A (on the intranet); these are also given out with the end of Term Assessment Forms (placed in pigeon holes and emailed out)
• This presents an opportunity to provide feedback regarding your experience of working at BHCG

Further correspondence

• Pay slips generated after your rotation or contract has completed will be mailed to your home address

BHCG Policy: Cessation of Employment Policy
Form: Departure Checklist HR 11
Departure (exit feedback) H

Link: Claim for re-call and telephone call allowances - medical staff (N Pay)
Rostering

Roster Posting

Rosters are prepared by HMO Support Unit. This is a major component of the work of the unit and your cooperation and compliance with rosters is appreciated. Bendigo Health seeks to apply best practice DIT roster management to assist DITs with safe hours of work and their planning of study, personal and family commitments. The roster posting guideline is available on PROMPT.

Expectations

• It is of utmost importance that you are in attendance according to your roster.
• It is not appropriate to swap shifts or cover shifts without notification to the HMO Support Unit.

How to access rosters

On the Bendigo Health Care Group intranet, use Quick Links to access Medical staff rosters. Junior Medical Staff Rosters are listed. The HMO Support Unit intranet page also links to these rosters. Rosters are also emailed to Doctors In Training. You will be notified of any changes to the rosters by email also.

BHCG Policy: Roster Posting - Doctors in Training Policy

Link: Bendigo Health Intranet Medical Staff Rosters

Initiating A Roster Change

All roster changes initiated by Doctors in Training are required to be notified to the HMO Support Unit using the Request for Change of Roster form, available from the HMO Support Unit.

Changes not approved using the correct form will not be honored or processed.

Roster changes will impact KRONOS (electronic payroll).

The HMO Support Unit does not arrange roster changes on your behalf.

Link: Roster change form

Term Dates

Victorian Intern and HMO Term Dates for 2013

Link: PMCV Term Dates

<table>
<thead>
<tr>
<th>Intern term dates</th>
<th>2013</th>
<th>2014</th>
</tr>
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<tbody>
<tr>
<td>Orientation</td>
<td>09/01/13 - 11/01/13</td>
<td>08/01/14 - 10/01/14</td>
</tr>
<tr>
<td>Term 1</td>
<td>14/01/13 - 24/03/13</td>
<td>13/01/14 - 23/03/14</td>
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<tr>
<td>Term 2</td>
<td>25/03/13 - 02/06/13</td>
<td>24/03/14 - 01/06/14</td>
</tr>
<tr>
<td>Term 3</td>
<td>03/06/13 - 11/08/13</td>
<td>02/06/14 - 10/08/14</td>
</tr>
<tr>
<td>Term 4</td>
<td>12/08/13 - 20/10/13</td>
<td>11/08/14 - 20/10/14</td>
</tr>
<tr>
<td>Term 5</td>
<td>21/10/13 - 12/01/14</td>
<td>21/10/14 - 11/01/15</td>
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<table>
<thead>
<tr>
<th>HMO and Registrar term dates</th>
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<th>2014</th>
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<tbody>
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<td>04/02/13 - 05/05/13</td>
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<tr>
<td>Term 2</td>
<td>06/05/13 - 04/08/13</td>
<td>05/05/14 - 03/08/14</td>
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<tr>
<td>Term 3</td>
<td>05/08/13 - 03/11/13</td>
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<td>Term 4</td>
<td>04/11/13 - 02/02/14</td>
<td>03/11/14 - 01/02/15</td>
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</tbody>
</table>
Education

Overview
There are many opportunities for education at Bendigo Health in a variety of delivery formats. A formal and structured education program is conducted for Interns and HMOs, tailored for the learning requirements of Doctors in Training and developed in line with Australian Curriculum Framework for Junior Doctors.

Bendigo Health Medical Education Officer
The Medical Education Officer is an important role within the HMO Support Unit, with objectives to enhance the development of medical education at Bendigo Health.

Australian curriculum Framework
The Australian Curriculum Framework for Junior Doctors outlines the knowledge, skills and behaviours required of prevocational doctors (PGY1, PGY2 and above) in order to work safely in Australian hospitals and other healthcare settings.

Postgraduate Medical Council of Victoria (PMCV)
The Postgraduate Medical Council of Victoria actively seeks ways to improve the educational and training opportunities available to support the welfare and career development of doctors who have recently graduated or commenced work in the Victorian health system.

ilearn At Bendigo Health
ilearn was launched at Bendigo Health in early 2013. ilearn is an online education platform developed to deliver and interactive mode of educational material. In the future, ilearn will continue to develop and be integrated to learning opportunities at Bendigo Health.

To access ilearn, your password is the same as your Bendigo Health ICT log on.

Access to presentations
Where possible, presentations will be made available on the Bendigo Health ilearn platform.

Intern Orientation Program
The Intern Orientation Program commences one week immediately prior to your first rotation for the duration of three days. An orientation program will be emailed to you including times, locations and details of the program.

Orientation block days include
• Guest speakers
• Skills based learning workshops and demonstrations
• Tour of the hospital campus
• Buddy program

Unit Specific Orientation and Education
Each unit will deliver unit specific orientation. This will differ for each rotation. Throughout your rotations, your input in the development of Unit Orientation will be greatly appreciated. Unit specific education occurs for each specialty group and is emailed out monthly on the Post Graduate Newsletter.

Protected Intern and HMO Education Program
The Protected Intern and HMO Education Program is specifically created to cover important topics to support the internship year and is matched to the Australian Curriculum Framework for Junior Doctors. It is mandatory for Interns to attend this program, except where night shift occurs (applicable to ED rotation). If an Intern is unable to attend these

Dr Sanjay Porwal will be responsible for the Interns’ education and training, as well as reviewing assessments and overseeing professional development activities. He will also provide leadership and supervision for interns as well as mentoring and counselling as needed. Dr Porwal will be the first point of call for intern educational and pastoral concerns and will provide this for other Junior doctors in an acute situation when Mr Fletcher is unavailable.

Dr Sanjay Porwal can be contacted on:
(03) 5454 7928 or sporwal@bendigohealth.org.au

Link: Australian Curriculum Framework for Junior Doctors PMCV
sessions they should notify the Medical Education Officer via email.
The programs topics are presented by Consultants, Registrars or Senior Clinicians who provide valuable assessments of the topics presented. Interns are encouraged to provide input into the topics chosen, and have an opportunity to present in the second half of the year.

• Tutorials for this program run weekly on a Tuesday at 1230 to 1330hrs
• If alternative times are arranged notification will be received via email and via pager
• To ensure that the session is protected, the Interns pagers are diverted to their covering Registrar between 1230-1330hrs on Tuesdays.
• Interns, HMOs and Registrars are emailed weekly to introduce details of the coming week’s topic and also to ensure that the Registrar is aware that the Interns will be attending this session.

Fire training
It is mandatory to complete the fire training questionnaire on commencement at Bendigo Health and then annually
These training sessions will be provided on the Bendigo Health ilearn platform.
See Workplace Health and Safety [Page 12]

BloodSafe Clinical Transfusion Practice eLearning package is available and must be completed prior to consenting patients and prescribing blood components for administration.
For online registration and to complete the online certificate go to https://www.bloodsafelearning.org.au/
If you have any questions regarding this eLearning assessment, please call Bendigo Health’s Transfusion Nurse Consultant.

Contact
Transfusion Nurse Consultant.
Phone: (03) 5454 9091
Link: https://www.bloodsafelearning.org.au/

Grand Rounds
The Grand Round occurs on Mondays.
The case of the week is presented by a specialty group at 1300hrs with lunch provided at 1230hrs. All welcome and encouraged to attend.

Location: Auditorium Bendigo Regional Clinical School Mercy St
Time: Monday 1230 to 1400hrs

Further Learning Opportunities
Advanced Life Support (ALS) Education Program

The following healthcare professionals must possess ALS accreditation.
• Interns
• Intensive Care Unit (ICU) registrars and residents
• Emergency department (ED) registrars and residents
• Medical registrars
• Anaesthesia registrars
• Cardiology registrars

BHCG Policy:
Advanced Life Support (ALS) Staff Competency
Advanced Life Support ALS Resuscitation

Contact
CHERC
Phone: (03) 5454 6415
Performance Review And Development

The success of Bendigo Health depends on the commitment, competencies and ability of its staffing working together to achieve organisation and personal career goals.

Effective managers and supervisors provide frequent guidance, coaching and feedback to their staff throughout the year on:
• On duties and responsibilities
• Performance goals and expectations; and
• Performance areas to be developed.

An effective performance review and development planning process involves an active partnership between managers/supervisors and staff. It also offers significant opportunities for staff to achieve personal and professional goals, which should be aligned with the strategic and operational objectives of Bendigo Health.

Performance review is an opportunity for you to reflect, determine competencies and learning objectives, think about new goals and your professional development needs.

If you have concerns or require guidance and assistance prior to the formal performance review schedule please do not hesitate to contact the HMO Support Unit.

BHCG Policy: Performance Review & Development Policy

Interns

Initial contact
As an intern you are required to meet with your Registrar prior to the commencement of your first shift for
• Orientation to the Unit
• Patient handover; and to
• Ascertain what the Registrar expects of you during your rotation.

Mid-term Feedback
• Interns are to meet with their Registrars half way through their rotation for a formal feedback session.

• This is an opportunity to discuss your progress and set an action plan for the remainder of the rotation.
• The completed assessment must be returned to the HMO Support Unit.

End of Term Assessment
• Your Consultant will assess your performance at the completion of your rotation.
• It is important that you make an appointment with your Consultant for this purpose.
• The completed assessment form must be returned to the HMO Support Unit.
Failure to return these assessments may result in your Certificate of Completion of Intern Training not being satisfactorily completed.

Hospital Medical Officers

Initial contact
• You are required to meet with the Unit Manager prior to your first shift for orientation to the Unit and to get a patient listing from the Ward Clerk.
• Your duty roster and position description will outline your duties and responsibilities.

Mid-term Feedback
• HMOs are to meet with their Registrars half way through their rotation for a formal feedback session
• This is an opportunity to discuss your progress and set an action plan for the remainder of the rotation.

End of Term Assessment
• Your Consultant will assess your performance at the completion of your rotation. It is important that you make an appointment with your Consultant for this purpose.
• The completed assessment form must be returned to the HMO Support Coordinator
• Where a HMO is on night cover, the end of term assessment may be done by the supervising Registrar this will then be countersigned by the Registrars consultant.
Registrars

Initial contact
• You are required to meet with the Unit Manager prior to your first shift for an informal orientation to the Unit and to get a patient listing from the Ward Clerk.
• Your duty roster and position description will outline your duties and responsibilities.

Mid-term Feedback
• You are required to complete a mid-term assessment form for your Interns and HMOs.

End of Term Assessment
• The Consultant completes a final assessment at the completion of the rotation
• You will need to provide feedback to your Consultant about your Intern(s) and HMOs.

Opportunities For You To Give Feedback
Feedback is important to ensure your requirements are met and to direct the development of future HMO programs.

Your opportunities to provide feedback to the HMO Support Unit include;
• Directly the HMO Support Unit
• At the end of each rotation
• At performance review
• Through periodical survey conducted by the HMO unit
• At your exit interview
Section 3: Clinical Care
Transitioning Through Care

Patient Services

The Patient Services Department is responsible for the following:

Booking Department, which is responsible for all elective admission bookings, theatre session allocations, and the public waiting list.

Admission Department, which processes the elective and non-elective patients not requiring treatment in the Emergency Department.

Pre-Admission Clinic (EAPAC) is responsible for the pre-operative assessment of patients who fit within pre-determined criteria.

Waiting List
Patients needing to be placed on the waiting list fall into 3 categories.

<table>
<thead>
<tr>
<th>Cat 1</th>
<th>Urgent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admission is desirable for a condition that has the potential to deteriorate quickly to the point that it might become an emergency.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cat 2</th>
<th>Semi-urgent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admission within 90 days is desirable for a condition causing some pain, dysfunction or disability, but which is not likely to deteriorate quickly or become an emergency.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cat 3</th>
<th>Non-urgent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admission at some time in the future is acceptable for a condition causing minimal or no pain, dysfunction or disability, which is unlikely to deteriorate quickly and does not have the potential to become an emergency.</td>
<td></td>
</tr>
</tbody>
</table>

From this information patients will be placed on the waiting list. The more information we receive on these forms the better the outcomes for patients and better utilisation of theatre time.

These forms are to be given to the patient who must then be directed to the surgery booking office where the patient will be given information regarding placement on the waiting list for elective surgery. Cat 1 patients requiring a date may be negotiated with the patient services office.

There are 3 Liaison Nurses within the department

<table>
<thead>
<tr>
<th>Name</th>
<th>Responsible For</th>
<th>Contact Detail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rosie Girvan</td>
<td>General Surgery, Urology</td>
<td>Ext 7573</td>
</tr>
<tr>
<td>Helen Hilson</td>
<td>Orthopaedics, Gynaecology and ENT/Eyes</td>
<td>Ext 8842</td>
</tr>
<tr>
<td>Anna Feiss</td>
<td>all Endoscopy</td>
<td>Ext 8806</td>
</tr>
</tbody>
</table>

Pre-Admission may be contacted on ext 7579.

Waiting times for all procedures vary depending on a number of factors. For accurate information regarding waiting times please contact the appropriate Liaison Nurse.

Contact
Sue O’Sullivan, Manager
Helen Hilson, Pre-Admission Coordinator
Email: sosulliv@bendigohealth.org.au
Phone: (03) 5454 7572

Form: MR88
Admission
Patients requiring admission for surgical procedures on the Emergency lists and Ortho Trauma lists must be booked first with Theatre and the Patient Flow Coordinator who will liaise with the Patient Services Department. All patients who are to be admitted at short notice on elective lists must be negotiated with the Patient Services Department. Any risks identified at admission or during a patient stay should be communicated as part of the referral and discharge process. These should include, but are not limited to:

• Infection control
• Medication Safety
• Blood and blood products
• Pressure injuries
• Clinical deterioration
• Falls

BHCG Policy: Bendigo Health Admission, Referral and Discharge Policy

Patient Flow Coordinator
All interhospital transfers and direct admissions should be arranged through the patient flow coordinator.
Contact: Tricia Elliot (03) 5454 8903

After Hours Managers
The After Hours Managers coordinate and manage patient flow activities and resources of the Bendigo Health hospital (acute) campus after business hours. This includes management of patient flow through the effective use of acute beds for both emergency and elective admissions and assists units/departments with staffing, to ensure that staff levels and mix are appropriate to patient numbers and need.
Contact: After Hours Managers (03) 5454 7553

Handover
Effective communication at clinical handover is important for improving patient safety and reducing adverse outcomes. There are formal handover processes in place in each department. You should familiarise yourself with this in each department on departmental orientation.

BHCG Policy: Clinical Handover Policy

Acute Care Certificates
Under Section 3B of the Health Insurance Act 1973, a certificate is required where a patient has remained in hospital for more than 35 days and, in the treating medical practitioner’s opinion, is still in need of acute medical care. If the certificate is not completed, then the patient becomes a ‘Nursing Home Type’ patient and the funding scale reduces significantly.

Link: acutecarecert.pdf

Discharge Planning
Achieving State Average Length of Stay (SALOS) is our aim at Bendigo Health. Where clinically appropriate, we should aim for discharge of patients within the SALOS parameters. The following information is provided to assist you with your discharge planning:
Steps for Discharge Planning include:
• Plan early – begin on day of admission.
• Prepare – write interim summary early and add or amend as required. This way a record of events is kept in chronological order.
• Give at least 24 hours notice to the patient and nursing staff so medications, appointments and transport arrangements can be made, ensuring discharge is hastened on the day.
• The hospital is currently undertaking event-driven discharge for particular diagnosis related groups (DRGs) within Medical and Surgical streams.
• Arrange services, such as District Nursing, Post Acute Care, Home Help, Outpatient Rehabilitation Therapy, Transition Care, Meals on Wheels. The nurse-in-charge will assist with these arrangements.
• Arrange Outpatients / GP review
• The hospital currently requires that you complete a comprehensive Discharge Summary to ensure that essential information is communicated to the GP on the day of the patient’s discharge from the ward.
• Notify GP of patient discharge by Phone or Fax. See “Liaison with GPs” [Page 36]
• Write a comprehensive transfer/discharge letter to any other relevant clinician

Discharge Summaries
The production of timely, accurate and informative discharge summaries is a key part of your role, as detailed in your position description.

Adequate follow up care for a patient is extremely difficult in the absence of information. This is a risk to our patients, as well as being a constant source of complaints from our General Practitioner colleagues. As discharge summaries are a vital component of communication and vital to good ongoing patient care they must be completed before the patient leaves the ward. In most cases (unless there is a clinical reason not to) a copy of the letter should be handed to the patient. If you are concerned that the patient should not get a copy please discuss with the registrar or the responsible consultant. Because Bendigo Health take communica-
tion with GPs to be essential, failure to comply with this instruction may, in some circumstances, be regarded as a performance issue.

If a patient moves between several units during their hospitalisation, the unit caring for the patient at the time of discharge is responsible for producing a summary of the entire episode of care (i.e. including events which happened while the patient was under the care of other units). This includes patients transferred to Rehabilitation on the Anne Caudle Campus, whose summaries should refer to events while in the acute hospital.

There is still a requirement for a discharge summary to be completed for patients being transferred from the acute campus to the inpatient rehabilitation unit on the sub acute campus. This acute summary is then available to the rehabilitation doctor when the patient is finally discharged to community-based care, to complete a comprehensive summary for the GP.

The summary should contain a diagnosis, full list of all prescribed medications, and explicitly refer to changes made to medications, how long new medications should be taken, and when/if medications which were ceased are to be recommenced.

Overdue discharge summaries are reviewed on a weekly basis and details may be displayed on the notice board in the HMO Lounge. Outstanding discharge summaries may result in individuals being removed from clinical duties until they are completed. Repeated failure to perform in this area this will be escalated as a performance management issue.

Some departments have electronic discharge summary systems, (medical, surgical psychiatric, ICU, emergency and sub-acute services). If you require any assistance regarding this please contact Mike Podosky on (03)5454 8448.

Our expectations are that the discharge summary will reflect, in its entirety, the patient’s inpatient treatment including:

- Principal diagnosis (the condition, after study to be found to be chiefly responsible for the patient’s admission)
- Other diagnosis(es) / presenting problem(s) (treated, increased LOS or required additional staff resources)
- Past medical history
- Dates of admission and discharge
- Results of investigations (including scans, X-rays, etc.)

- Treatment and management (including surgery where relevant)
- Any major complications
- Changes (and the reasons for these), in medication, dosage and any adverse reactions to medications
- Discharge medications and dosage
- Follow-up plans – outpatients appointment, GP review

Where the discharge summary is not electronic, a black pen should be used to ensure legibility.

BHCG Policy: Discharge Summary Completion Policy

Also see Electronic discharge summary Acute Medical Unit Page 51.
Discharge Scripts
Please write prescriptions in advance whenever possible. This is especially important for early-morning discharges, patients with Webster Paks, and weekend discharges.

For all patients admitted for greater than 24 hours, a complete list of medications must be written on the discharge prescription, (to allow the Pharmacy Department to produce a complete medication list for the patient).

For patients admitted for less than 24 hours, regular medications do not need to be written on the discharge prescription, as long as there have been no changes to them.

All medications that are to be supplied must have a quantity prescribed (up to the PBS maximum quantity unless an authority approval is obtained).

Home Oxygen
Under the current terms of operation, the Hospital is required to provide the first 30 days of home oxygen supply at no cost to the patient, provided that they satisfy the Aids & Equipment Program (A&EP) recommended guidelines. Subsequent to this time frame, A&EP will take over the funding of patients requiring home oxygen supply.

Please ensure Home Oxygen Request Forms are completed correctly, otherwise they will not be approved for funding. In particular, please indicate flow rate and duration; equipment required; sufficient blood gases information; and the signature of the consultant physician who is looking after the patient. Authorisation is via Chief Medical Officer.

Contact
Chief Medical Officer
Phone: Medical Services Executive Assistant Jenny Robins (03)5454 7553.

BHCG Policy:
Home Oxygen Therapy
Home Oxygen Pathway For Continuous Oxygen Therapy
Form: Short Term Oxygen Therapy Home Oxygen-Request Form

Death
The following must be contacted in the following order for a patient who dies under your care:
1. Notify the Consultant
2. Notify the Relatives
3. Notify the GP

Attend the patient and certify in Medical Record promptly when notified. When communicating with relatives, be diplomatic and sensitive.

• The Registrar or Consultant will seek consent for Post Mortem if appropriate. Reassure that this will not delay funeral arrangements and will not negate a ‘viewing’ at the funeral.
• Notify of Coronal requirements if appropriate, i.e. identification of deceased may be required by relatives with police in attendance
Liaise with the nurse in charge regarding this communication.
Death Certificate
Death certificates must be completed electronically.

Access the Medical certificate of cause of Death (eMCCD) services through the following link
http://www.bdm.vic.gov.au/home/medical+practitioners+online

Insert your Australian Health Practitioner Regulation Agency Medical Practitioner (AHPRA) number, the details will verify with the AHPRA and the rest of the form will open for completion.

Copies of the form can now be sent at the same time as electronic submission to BDM.

Upon submission of the form, a copy will be emailed to BDM, the nominated health services area of the hospital/medical facility (if selected) and to the nominated Funeral Director (if known).

Transfer the certificate to the mortuary with the deceased, or the form will be collected from the ward clerk by the mortuary staff.

Certification of coronial deceased must be completed at the mortuary in a timely manner, (as soon as possible).

Link: Certification of the deceased flowchart

Coronial Requirements
The Coroners Act 2008 requires the reporting of certain deaths, and establishes the Coroners Court of Victoria as a specialist court. Detailed current information about the relevant medical processes is available online.

Deaths that are ‘reportable’ deaths must be reported to the Coroner as soon as possible. In difficult situations, the Coroners Clerk will be able to advise.

After hours contact Bendigo Police or Coroners Court of Victoria.

Contact
Coroners Court of Victoria
Phone: 1300 309 519

Bendigo Police
Phone: (03) 5440 2555

BHCG Policy: Reportable Deaths (Coronial)

Post Mortem
Post Mortem examination is performed to seek further information regarding the treatment of disease and/or management of the deceased.

• Consult senior staff
• Next of Kin permission is required (written)
• CMO/Deputy CMO to authorise
• Liaise with Pathologist to discuss hospital PM
• Coronial cases have priority over hospital PMs.

Written consent for Post Mortem is required. A specific “Request and Authorisation Form for an Autopsy on a Patient” is available in each clinical area (usually with the Death Certificates).

Mortuary
In order to ensure appropriate access for families of the recently deceased and funeral directors, the Mortuary viewing hours are between 0630 and 1430hrs Monday to Friday.

All requests for viewings and collection will be accommodated within these times by arrangement with the Mortuary.

Contact
Neville Britten, Mortician
Phone: (03) 5454 8733

Viewing hours: Monday to Friday 0630 to 1430hrs
Health Information Service and documenting episodes of care

**Health Information Services (HIS)**

Health Information Service (HIS) is responsible for managing information, analysis and reporting of information and physical resources to support patient care across the Group. This responsibility also includes initiating, maintaining and distributing patient medical records for the continuum of care of patients, at the same time protecting the privacy of the patient and the confidentiality of the information recorded.

Clinical Coding staff will interact with you throughout your placement and discuss clinical documentation standards, queries generated through the reading of your documented care of each patient and case mix funding.

Requests for medical records for audit or case presentation purposes are to be completed on the ‘Request for Medical Records and Information for non-direct patient care’ form, which is available from HIS. It is important to plan ahead for case presentations, allowing seven (7) days for HIS staff to retrieve the records you require.

Please ensure you visit Health Information Services for an explanation on use of dictation equipment. You will be given a separate handout on the Health Information Service, and what the service can assist you with – please read it!

**Please Note:** Medical records must not leave the hospital

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**Dictating Letters**

Dictation is done via phone. Instructions are on phones in Out Patients or contact Health Information Services for an explanation. Your completed dictation will be left in your pigeonhole in the HMO Lounge. Review and sign the document and place in the signed documents tray in the HMO lounge.

It is important you are clear and concise in your letters as to the diagnoses, current problems, proposed management and ongoing follow-up plans.

Surgical outpatient clinic letters should be no longer than one page and medical outpatient clinic letters no longer than one and a half pages.

Please sign off these letters as soon as possible. If letters are not cleared promptly, you will receive regular pages urging you to do so.

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**Contact**

Jo Rechter  
Email: jrechter@bendigohealth.org.au  
Phone: (03) 54548302

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**Medical Records**

Bendigo Health uses Integrated Progress Notes. This means all health professionals’ entries are recorded in chronological order throughout the patient’s episode of care.

Designated Stickers must be used at the beginning of every entry to indicate each health care professional’s entry. The date and time must be clearly recorded for each entry and the name and designation of the clinician making the entry must be recorded legibly along with their signature at the end of each entry.

A Medical entry must be made every day for each patient, including a clear explanation of rationale for management decisions. The designated GP should be clearly indicated in Admission Notes and Discharge Summary.

Unless advised otherwise, the relevant Consultant will make notes for their private patients.

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**Form:** Request for Medical Records and Information for non-direct patient care. Available from HIS.
The Clinical Coding team within Health Information Services cannot rely on Pathology or Radiology reports or medication charts etc. to be explanatory of clinical thinking and interpretation.

Your notes must indicate your interpretation of results, clinical thinking and management plans. This detail facilitates effective communication between care providers, complies with medico-legal requirements, enables clinically meaningful information to be accessed for clinical audits and assists the coding services team to assign accurate ICD-10 codes for each condition that the patient was managed for and the procedures undertaken (and therefore funding).

All diagnostic results and reports are required to be initialed by HMO prior to being incorporated into the medical record.

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<thead>
<tr>
<th>Do</th>
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<tbody>
<tr>
<td>Use black ink</td>
</tr>
<tr>
<td>Include the clinician’s printed name, signature, full date and time of entry and discipline/ position title.</td>
</tr>
<tr>
<td>Initial all diagnostic results and reports</td>
</tr>
</tbody>
</table>

Contact
Judy Bish or Anita Scicluna
Email: jbish@bendigohealth.org.au
Phone: (03) 5454 8305 or (03) 5454 8315

BHCG Policy:
Clinical Documentation & Reporting
Privacy of Health Records Policy

Diagnostics and Imaging

Angiograms/Pacemaker. Cardiac Catheter Laboratory (CCL)

As an outpatient or inpatient, complete referral form for Cardiac Catheter Laboratory, 3rd Floor Philips Wing.

Inpatient referrals can also be made by completing a Cardiac Catheter Laboratory referral form and faxing ext 7019, or calling ext 7010 to discuss the referral with a staff member.

The Cardiac Catheter Laboratory takes referrals via the on-call Cardiologist from General Practitioners, VMOs and Medical Registrars. Switch has access to the on call Cardiologists roster. As a private patient, ring cardiologists on call (roster at switch) to discuss as well as completing referral form or writing letter. Coronary Angiography is available on the third floor Phillips Wing. Referrals including Cardiac Catheter Laboratory should be made via Cardiology Registrar. After Hours referrals should be made directly with Medical Registrar, who will contact the Cardiologist on call.

Public cardiac patients are managed by the Medical Registrar of the parent unit, and private patients by the Consultant VMO. Patients in Coronary Care must be seen by 0930 each day by their Registrar so that plans for transfer to the ward or another hospital can be arranged prior to the bed management meeting held at 1000 each morning.

Management plans each day must be clearly documented and communicated to the nursing staff caring for the patient or the nurse in charge of the shift.

Contact
Clare Harris
Phone: (03) 5454 7010
Fax: Ext 7019
Location: 3rd Floor Philips Wing.
Hours: Monday, Wednesday and Friday

BHCG Policy: Booking Policy - Cardiac Catheter Laboratory
EEG
Available five days per fortnight.
Make appointments via Cardiology as an outpatient.
Fill in request and fax to 8094.

Contact
Cardiology reception
Email: cardiology@bendigohealth.org.au
Phone: (03) 5454 8017
Fax: Ext 8094

Appointments/Referrals:
Via Cardiology as an outpatient
Hours: 0800 to 1700hrs

BHCG Policy: Electroencephalography (EEG) Routine
Form: EEG request form

For Emergencies: speak to Surgical Registrar
Inpatient: Ask Admissions at the Day Surgery Unit for timing of next empty list, talk to relevant surgeon/physician for approval to add your patient to their list. Then confirm with admissions.
Outpatient: as for inpatient or refer to outpatient clinic of relevant surgeon if not time critical.
If non-urgent, fill in MR88 form (in M3 medical documentation cabinet, under consent) and send down to admissions.

Medical Imaging
Modalities available
• General
• CT
• Ultrasound
• Fluoroscopy
• Mammography
• MRI
• OPG (dental)
• Nuclear Medicine (no after hours service)
Interventional/Procedural

Many interventional procedures are performed; please discuss your requirements directly with the Radiologists.

Bookings
Routine bookings can be made through the Ward Clerks or directly with Medical Imaging. Referral Forms are available in each clinical area. Special cases or earlier appointments must be made in person.

Prior to ordering a test check our PACS (Synapse) for previous imaging. PACS will also display tests that have been booked but not completed.

Outside Business Hours (0830 to 1730)
If imaging is required either fax the referral and phone the Medical Imaging Technician (MIT) on duty or bring the form to the department.
Doing this will confirm the MIT is on duty, that we have the referral and some indication on the examination time frame will be given.
The Medical Imaging fax machine isn’t near where the MIT’s operate and is often not checked either as a result of its location or due to the MIT being busy or out of the department.
All out of hours imaging requires a nurse escort. Please take this into account when requesting a test.

Reports
Medical Imaging aims to have all reports completed within 24 hours.
Results are available electronically via our PACS system (Synapse).

Images
Images are available on our PACS system (Synapse) through all computer workstations.
Contact Medical Imaging if there are any PACS issues or if training is required.
Images from other institutions (Bendigo Radiology and High St X-ray) are available via their PACS viewers – Intellirad.
Echuca images are available in a limited number of locations, i.e. ED.

Clinical Sessions
These are held weekly in the Medical Imaging Department for most clinical units.

Recall
Recalls of the Radiographer and radiologists is expensive and can be detrimental to our operation. Use your discretion and do not call unless the patient management will be influenced by the Imaging.
Attempt to scan for cases that may require imaging prior to the department closure at 2300.
The department opens at 0700 so please check before calling staff in.
The radiographer is contactable through switch (ext 99). Ensure you speak directly with the on-call radiographer; don’t let the switch operators leave a message.
The Radiologist is contactable via switch (ext 99). Registrar or Senior Clinician must authorise all Radiologist reviews or recalls out of hours. The radiologist needs to document which senior clinician authorised the recall.

**Contact**
Dr Damien Cleeve (Director)
(03) 5454 8632
Luke Adorni
(Business Manager)
(03) 5454 8636
Duty Medical Imaging Technician
(03) 5454 8633

Hours of operation:
7 days a week 0700 to 2300hrs
Clerical and nursing support is available during business hours only.

Radiologists on site
Monday to Friday 0800 to 1730hrs
Weekends and Public Holidays 1300 to 1600hrs

Link:
PACS Administration
PACS@bendigohealth.org.au

**Image Transfer System (MiX)**
Most major public hospitals can now transfer images to each other for either review or ongoing patient treatment.
To transfer images; complete the appropriate image transfer form available on the intranet and contact the Medical Imaging department.

Link:
MiX Notification Form
MiX Request Form

**Pathology(Healthscope)**
Healthscope Pathology is situated within the Hospital grounds, facing Arnold Street.
In order to effectively and efficiently manage staff resources and workload it is imperative that the following guidelines are adhered to.
The Laboratory will process routine samples that arrive in the Laboratory by:
• 1700 hrs Monday – Friday
• 1430 hrs Saturday/Sunday and Public Holidays
To maintain appropriate turnaround times it is therefore essential that routine requests are written up in a timely manner, in particular for Saturdays and Sunday specimen collections.

**Specimens**
Pathology Nursing staff carry out collection rounds:
• 0730 hrs to 1500 hrs (Monday – Friday)
• 0800 hrs to 1500 hrs (Weekends and Public holidays)

Please leave request forms, which should indicate the bed number of the patient, on the wards for collection. Outside these hours please arrange nursing staff collection or collect yourself.

Specimens should be sent to Pathology via the hospital porter paging system or by the pneumatic tube system.

**Staffing**
The laboratory is staffed 24 hours a day. The day shift operates between 0900 and 1800 Monday – Friday, the rest of the time it operates on a ‘skeleton’ staff of one scientist.

**Urgent Work**
The pneumatic tube system does not have an alarm on it – sometimes there may be delays in processing work. Please contact the laboratory staff of urgent work arriving (see below) and the level of urgency to assist in prioritising the workload.

**Blood Bank**
2 x O neg packs available for emergency transfusion in theatre fridge.
Platelets available over the weekend only – please notify Blood Bank if you have a patient with a low platelet count during the week so platelets can be ordered on an individual patient basis.
Red Cells, FFP, Cryoprecipitate are routinely available.
Approved Out of Hours Specimens for Microbiology CSF, Peritoneal Dialysis Fluids, Pleural Fluids, Joint Fluids Peritoneal Fluids, Ascites Fluids, SPA urine collections from children.
All other urine and swabs etc. will only be processed
by out of hours staff if marked urgent and the duty scientist telephoned. Specimens not properly labeled, including incomplete and unsigned request forms WILL NOT be processed at any time. Poor quality samples included haemolysed and clotted samples can not be processed for technical reasons and delay the issue of results. So please ensure all samples sent are collected and labeled correctly.

**Contact**  
Healthscope Pathology  
Phone: (03) 5454 8950

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**Spirometry (Respiratory)**  
Physiotherapists can provide basic spirometry for patients on the ward for monitoring of acute disease progression e.g. Guillain Barre Syndrome. BHCG is currently in the process of setting up a Lung Function Laboratory, which will open in early 2013, until this time formal lung function assessment is performed by Dr Russell and Dr Campagnaro as an outpatient in their private rooms.  
Referral forms can be found on the ward. Inpatient lung function is rarely appropriate and will only be performed if approved by a Respiratory Physician. 
Lung function Laboratory bookings will be made through Diagnostic Cardiology 0800 to 1700hrs

**Contact**  
Dr Emma Broadfield, Clare Harris  
Email: Cardiology@bendigohealth.org.au  
Phone: (03)5454 8017

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**TTE/DCR/TOE**  
Echo and pacemaker checks for in-patients. The slips are picked up from the pick up box daily or twice daily. Requests signed by medical consultants are given priority.

DCR requests should have an appropriate letter, list of current medications and discussed with the Cardiology Registrar. All requests are faxed to 7019 Transoesophageal Echocardiography (TOE) requests are faxed to 7019 whereby they are triaged appropriately.

**Contact**  
Cathlab  
Phone:(03)5454 7010  
Fax: Ext 7019

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**Form:** [Diagnostic cardiology](#)  
BHCG Policy:  
[Transthoracic Echocardiography (TTE Echo) Adult & Paediatric](#)  
[Transoesophageal Echocardiography (TOE)](#)
Services

Cultural Diversity
Bendigo Health understands that the community it serves is diverse, and values and supports cultural and linguistic diversity of its patients and staff. The Cultural diversity service is available to provide information and guidance resources for patients and staff.

Communicating with Culturally and Linguistically Diverse (CALD) patients.
• Language constraints may impact on the ability to adequately provide information as well as to understand and agree to care plans or legally consent to medical/surgical procedures.
• Different culturally based concepts of health and illness which could affect their understanding of proposed treatment plans and may impact on care, compliance and health outcomes.
• It is a medical and legal requirement that information provided to consumers is fully understood.

Interpreter/translator services:
• An accredited interpreter should be used to help with communication and understanding. The use of family and friends is not acceptable unless no other means is available.
• Complete the Interpreter or translator service request form and follow the submission details on the form.
• At least 48 hours notice is preferred when requesting interpreting or translation services via the Social Work Department (business hours).
• For services required at other times please make arrangements with ONCALL Interpreters and Translators directly on ph: (03) 9867 3788 and notify Social Work Department of booking arrangements either by phone, fax or email.

Tips
• Request appropriate accredited interpreters for specific language or dialect e.g. Chinese may mean Mandarin, Cantonese, Hakka etc.
• Allow more time than usual when working with an interpreter

BHCG Policy:
Diversity Policy
Language Services Policy
Form: Interpreter and translator services request form

Aboriginal Hospital Liaison Officer
The Aboriginal hospital liaison officer assists and supports Aboriginal and Torres Strait Islander (ATSI) people and their families to more effectively use the services offered by Bendigo Health. Contact the Aboriginal Hospital Liaison Officer to become more informed and aware of the needs of Aboriginal and Torres Strait Islander patients, their families and community.

Contact
Aboriginal Hospital Liaison Officer
Phone: (03) 5454 7131

Link: Bendigo Health Intranet Aboriginal Hospital Liaison Officer Service

Home Nursing Support Services
Home Nursing Support Service has an overall goal to improve independence, health, wellbeing and quality of life for older people and their carers at home.

Home Nursing Support Services comprises:
• District Nursing Service
• Bendigo Community Palliative Care
• Chum House Day Hospice
• Regional Continence Service
• Regional Wound Management Clinical Nurse Consultant

Referrals can be made by anyone; all clients have to agree to be assessed by the service. Referrals to be made at least 48 hours prior to discharge. Further information regarding these services can be found on the Bendigo Health Intranet.
Hospital in the Home (HITH)
Hospital in the Home is a service that allows appropriate low risk patients to continue their acute hospital care in their own homes or appropriate facilities such as BHCG Patient Accommodation, Medi-Hotel, Hotels and Hostels.
HITH is currently reviewing the service to include a medical model.
Admission to HITH is dependent on the patient meeting specific, clinical, social and environmental criteria where risks have been identified and addressed.
Care types include:
• Anti-coagulation,
• short term and long-term IV antibiotic therapy,
• IV pulse steroids,
• IV hydration (e.g. hyperemesis),
• Complex wound care (drainage).
Case types include:
• DVT
• Angioplasty
• Osteomyelitis and septic arthritis
• MS
• Cellulitis
• Pneumonia
• Pyelonephritis

Referral to HITH
• Any member of the health care team can refer the patient for HITH. However the Medical Officer responsible for the patient must agree to support the client in the HITH program.
• The patient must consent to be treated at home and they must meet the basic acceptance criteria
• The patient must have a planned discharge date from HITH services. This ensures that HITH doesn't increase the normal length of stay.
• Ensure that the patient lives within the catchment area.
• Referrals accepted from inpatient areas, emergency department, outpatients, brokerage from Metro hospitals.
• 40 percent of HITH episodes are referred by the Emergency Department.
• Referrals are by phone contact; the HITH team will assess the patient and communicate with the admitting MO.

HITH Patient Management
• Despite being cared for at home, the HITH patient remains under the bed-card of the treating Medical Officer.
• The management of the patient, including ongoing review, remains the responsibility of the hospital medical team.
• 24hr on-call back up is available to the HITH patients.
• The HITH program is at no cost to the patient, as they remain in-patients of the Health Care Group.

HITH documentation is available at inpatient areas and Emergency Department.

Contact
HITH Coordinator
Phone: (03) 5454 7265 or 0418 300 681 (Business hours)
Pager: 425

BHCG Policy: Admission & Transfer of Patients to HITH
Palliative Care Services
There are currently 3 palliative care services in place in Bendigo:

1. Bendigo Hospice: The Hospice (otherwise known as the Inpatient Palliative Care Unit) is a stand-alone facility at the corner of Mercy and Barnard St, offering symptom management and/or end of life care for the terminally ill. The majority of the patients are admitted from other parts of the hospital although direct admissions from the community are also accepted if appropriate. Consultant ward rounds take place twice a week and a Registrar and a resident are onsite during business hours. After-hours it is covered by the on-call subacute HMO. The Hospice can be contacted on 5454 8355 for admissions.

2. Bendigo Community Palliative Care: BCPC consists of a team of community nurses and allied health professionals (e.g. OT and Social Worker) with an aim to support palliative care patients in the community. They offer regular home visits during business hours and provide phone advice or emergency call-outs (in extreme circumstances) after-hours. BCPC also runs “Chum House”, located on Chum St in Golden Square, staffed by nurses and volunteers, where palliative care patients and their families can “get together” and socialise. BCPC can be contacted on 5454 8929 for referrals.

3. Loddon Mallee Regional Palliative Care Consultancy Service: This is a regional service for the Loddon Mallee Region which extends from Macedon Ranges to Mildura. The team consists of medical and nursing staff and is based at Anne Caudle Centre. Services provided include phone advice to GPs, support for community palliative care nurses, outreach clinics in small towns, and consults for hospital inpatients. LMRPCCS can be contacted on 5454 6262 for consults.

Infection Prevention and Control (IPC)
Infection Control is an essential part of patient care and staff health. A multi-disciplinary Infection Control Committee meets on a second monthly basis to oversee infection prevention control program and policies at Bendigo Health. The Group has Infection Control Nurse Consultants whose duties are to monitor, research and evaluate infection control policies and procedures. Safe and effective infection control is the responsibility of all Bendigo Health staff members. All needlestick and blood splash related incidents are managed by Infection Control.

Contact
Jane Hellsten, Business Manager
Phone: (03) 5454 8416
Location: Old Library building, Bendigo Hospital campus.

Cleaning of Clinical Equipment
National hand hygiene guidelines and Bendigo Health policy recommends that all clinical staff concurrently clean non-invasive often used clinical equipment such as stethoscopes, blood pressure cuffs etc. with disposable wipes. Trolleys must be cleaned with wipes pre and post procedure. Wipes are strategically placed and available in all clinical areas for this purpose.

BHCG Policy: Cleaning of Clinical and Non Clinical Equipment

Hand Hygiene
National hand hygiene guidelines and Bendigo Health policy recommends the use of Alcohol/Chlorhexidine hand rub (DeBug) for routine hand hygiene if hands are not visibly soiled. Our program is based on the WHO ‘5 moments for hand hygiene’ methodology. Research has demonstrated that alcohol/chlorhexidine hand rubs are better than traditional soap and water washing as they

• Require less time
• Result in significantly greater reduction in microorganisms
• Are less irritating to skin and
• Are readily accessible
The 5 moments for Hand Hygiene
1. Before patient contact
2. Before a procedure
3. After procedure or body fluid exposure contact
4. After a patient contact
5. After contact with patient surroundings

Compliance with Hand hygiene is monitored at Bendigo Health by direct observation. You may be observed by an Infection Control Nurse whilst you are working in an acute or sub acute area of Bendigo Health. Hand Hygiene data is collected on an ongoing basis as Bendigo Health participates in the Australian Hand Hygiene program.

Please note: Gloves are only recommended when handling blood or body fluids and must be changed between patients and between procedures on the one patient, gloves must never be worn outside the patients room. Gloves cannot be washed or decontaminated. Gloves are not required when entering an isolation room.

BHCG Policy: Hand Hygiene (Includes Glove Use & Staff Attire)

Infectious Diseases Service
An infectious diseases service is available at Bendigo Health. Patients must be referred to the service via the outpatients department. An outpatient clinic is held monthly for patients with Viral Hepatitis and also for general Infectious Disease referrals.
Dr Fisher and Dr Gorey are the Hepatology consultants. Dr. Mahony from Austin Health is the Infectious Diseases consultant for general Infectious Diseases patients.
There is also a Psychiatrist, Dr F.Cairns and two nurse consultants associated with this service. Catina Eyres and Raelene Vine are the nurses who manage patients receiving Viral Hepatitis treatment.
Professor Lindsay Grayson is the Visiting Infectious Diseases Physician and Director of Infectious Diseases and Infection Control, Austin Health. He can be contacted or the on-call Infectious Diseases HMO after hours for Infectious Diseases expert consultation.

Contact:
Catina Eyres, Nurse
(03) 5454 8414
Raelene Vine, Nurse
(03) 5454 8410
Professor Lindsay Grayson
(03) 9496 6676

Needlestick / Splash Follow-up
Exposures must be reported via an incident form. If you sustain an exposure to blood or body fluid cleanse the area gently.
Monday to Friday 0830 to 1700 contact the IPCU (ext: 8416) an Infection Control Nurse consultant will provide post exposure follow-up.

Out of hours please contact the afterhours nursing coordinator and present to the Emergency Department Bendigo Hospital. It is important that follow-up occurs quickly after the exposure.

Medical staff who sustain an exposure must not follow up the source patient themselves, this must be coordinated by the IPCU or ED. Please take source patient name and UR number to IPC or ED

BHCG Policy: Blood & Body Fluid Exposures (Sharps & Needle Stick Injury)

Notifiable/Reportable Diseases
All Notifiable Diseases must be reported to the Department of Health using the standard form available from the Department of Health website.

Some diseases (whether presumptive or confirmed) require immediate notification, see notification form for details.
A secure online notification form is available the form outlines ‘Notifying cases, What to notify and How to notify’. Notifications may also be faxed.

Contact:
Communicable Disease Prevention Control Unit
Phone: 1300 651 160
Fax: 1300 651 170

Link: Notifiable conditions in Victoria form (pdf)
Infectious Diseases Epidemiology & Surveillance - Department of Health, Victoria, Australia

Single Use Policy
BHCG believes that re-use of a device intended for single use presents an unacceptable and avoidable risk. No critical or semi-critical devices are to be re-processed in any way by any department. As there is an absence of comparable data to demonstrate the safety and efficacy of re-used single-use products, re-processing is unacceptable.

BHCG Policy: Re-use of Single Use Medical Equipment
Staff Immunisation Clinic
Please contact the Infection Prevention & Control Unit if you have not filled in an Immunisation Questionnaire form or require immunisation.

Immunisations are available for staff 1130 to 1200 Tuesday, Wednesday and Thursday in the IPC unit an appointment is not necessary.

IPCU cannot provide travel vaccination for staff, but travel advice can be provided.

Location: IPC unit Old Library building
Hours: Tuesday, Wednesday and Thursday 1130 to 1200hrs
BHCG Policy: Staff Immunisation Protocol

Psychiatric Services
Psychiatric services are provided to all groups and in a variety of clinical settings.

The aged persons mental health service is housed in a purpose-built 20-bed facility that has been recognised as a class leader in facilities designed for older patients with behavioural disturbances.

As well as the aged psychiatry unit on the Anne Caudle Campus, the Alexander Bayne Centre provides 24 acute psychiatric inpatient beds on the hospital campus.

The John Bomford Centre in Strathdale, Bendigo, houses both adult and child and adolescent community mental health services. Services provided from this site include regional triage, crisis assessment and treatment, mobile intensive treatment, case management, community education, women’s mental health, family and carer support, quality improvement, management and administration.

An extensive network of community mental health teams in towns throughout the region supports people in their own community.

Consultation-Liaison Psychiatry Service (CLPS)
The Consultation-Liaison Psychiatry Service (CLPS) delivers a psychiatric assessment service to patients receiving medical inpatient care on the TBH and ACC sites. Our aim is to assess and manage mental health problems, liaise with appropriate agencies both within and outside BHCG, and educate inpatient staff in regard to individual areas of care and system issues.

A Psychiatrist/Registrar is available from Monday to Friday to assess patients or give advice. Our team has experience managing high prevalence disorders such as anxiety and depression, psychotic disorders such as schizophrenia, cognitive disorders such as dementia, and frustrating disorders such as somatization disorders. We deliver a service to adult AND aged patients.

All referrals should be directed to the CL Pager 397.

Contact
Pager 397
Hours: Monday to Friday

Radiotherapy
The Bendigo Radiotherapy Centre is operated by the Peter MacCallum Cancer Centre.
To make a referral, regarding inpatients, contact the Radiotherapy Registrar (pager 128) and for outpatients ring Radiotherapy reception on ext 9234. A written referral to a named Consultant Radiation Oncologist is essential and must be forwarded to us as soon as possible (i.e. Dr. Gill or Dr. Youl). If you would like to visit our centre to gain knowledge about what happens in a radiotherapy department please contact reception and we will be happy to arrange that.

Contact
Radiotherapy
Phone: (03) 5454 9234

Rehabilitation and Geriatric Medicine
Four major areas of activity make up the Rehabilitation and Aged Care component of this program. These are:
1. Residential care services
2. Aged persons mental health services
3. Integrated assessment services
4. Rehabilitation services.

Our palliative care service includes a 10-bed hospice unit. The rehabilitation streams of care include ninety inpatient beds with specialty services at both a medical and allied health level.
Referral
Rehab, GEM, ACAS are all on the same form. Completed form to be faxed to 7576 and left in the notes. Early referrals allow a plan to be developed without delay, but it may take some time for the patient to be ready. After the assessment, take note of the recommendations of the consulting team, so that when a bed is available, there are no outstanding issues. Don’t generate unrealistic expectations for the patient and family, and ask the Rehab and Aged Care Nurse if you are enquiring about the waiting list. Nurses will do most other outpatient referrals.

Sub-Acute Care
For a complete description of services, search the Intranet for ‘rehabilitation’. Regional extended care centre provides rehabilitation and geriatric assessment beds, sub acute outpatient services and extensive allied health services. Referrals on standard form (on wards). Referrals for inpatient care are assessed promptly by Rehabilitation and Aged Care Liaison Nurse and the Rehabilitation and Geriatric Registrar or Consultants. On call doctor available 24 hours.

Assessment and Community Care
Bendigo Health offers a wide range of community programs that support patients in the community, these services such as Post Acute Care, Transition Care, Aged Care Assessment Service, Rural Allied Health Team, Case Management and Carer Support Services.

Specialist Clinics
This department provides consultation and review of patients who require Specialist input.

Specialist Clinic Times
0930 to 1230hrs
1330 to 1630hrs
Closed on Public Holidays

It is essential that you be in the clinic during these times. If your consultant is away, please check for individual arrangements as they differ between individual consultants.

Requests for an appointment with Specialist Clinics are to be directed via fax.

Referrals to Specialist Clinics are triaged into one of two categories, urgent or non-urgent. The length of time to appointment varies across different specialties. Accordingly, patients will be notified via mail by Specialist Clinics that they have been:

- Given an appointment date and time OR
- Placed on a waiting list

The wait time to appointment in Specialist Clinics is often lengthy. Should there be exceptional circumstances, which may influence the urgency in a particular case, please ensure these are clearly outlined on the referral or contact the Liaison Nurse to discuss.

Clinics which are MBS bulk billed require a dated referral to a named specialist.

We do like to meet all new Registrars and residents, so please come and introduce yourself anytime between 0900 and 1700hrs Monday to Friday.

Contact
CRAGAN Nurse
Phone: Ext 9195 or 0428562668
Pager: 323

Paula Hennessey, Business Manager
Phone: (03) 5454 8921
Kerry-Anne Adair, Liaison Nurse
Phone: (03) 5454 7571
Fax: 5454 8922
Clerical Reception
Phone: (03) 5454 8896
Hours:
Outpatient Clinic Times
0930 to 1230 hrs
1330 to 1630 hrs
Closed on Public Holidays
Medication and Medication Safety

Drug Charts
Do not rely on old medical notes for current medications and doses – things may have changed significantly since the last admission.

Sources of information for obtaining pre-admission medication regimens include: the patient or their carer, own medications brought into hospital, own medication list, nursing home charts, Webster packs, GPs and local pharmacies. All sources of information have particular strengths and weaknesses – speak to one of the ward pharmacists regarding this.

Ward Pharmacists aim to complete medication reconciliation interviews within 24 hours of admission. If you feel that a patient needs a medication reconciliation performed urgently, alert the ward pharmacist, or the Pharmacy Department if there is no ward pharmacist on the ward.

Drug Charts must be written legibly and a signature, name and pager number placed beside every order.

Medication should not be prescribed if you are unaware of what it is being used for, its pharmacological properties, etc. Do NOT copy medication lists, inpatient charts without critically appraising whether the patient should still be taking the drug.

Potassium administration in general wards
Potassium solutions for IV administration in the general wards are available in pre-mixed formulations:
- 30 mmol K+ in 1000ml (1 litre) of normal saline
- 30 mmol K+ in 1000ml (1 litre) 5% glucose
- 30 mmol K+ in 1000ml (1 litre) Hartmann’s
- 30 mmol K+ in 1000ml (1 litre) 0.18% saline & 4% glucose
- 10 mmol K+ in 100 ml minibags

Apart from Paediatric use, there is seldom a requirement for any other concentration or presentation of intravenous potassium in the general ward setting. General ward nursing staff are not permitted to ‘make up’ potassium solutions for IV administration in any way. In addition Pharmacy generally cannot provide this service. Please can Medical staff ensure that, wherever possible, they prescribe intravenous K+ replacement according to the pre-mixed formulations in the general wards. If it is deemed imperative to use a different concentration, the prescribing doctor will be required to prepare the infusion bag personally, as Nursing Staff are unable to do so.

Pharmacy
The Pharmacy Department operates from 8.30am to 5pm Monday to Friday. On weekends and public holidays the department is open from 0900 to 1300 (reduced staffing) to provide urgent inpatient and discharge supply of drugs. An on call pharmacist is available outside of these hours (contactable via the After Hours Manager).

Ward Pharmacists work on Medical, Surgical, Orthopaedic, Rehabilitation Wards and ICU. They perform medication reconciliation interviews with patients at admission, review inpatient medication charts and ensure that medications supplied on discharge are appropriate and that patients are counseled on their use.

The Pharmacy Department also provides therapeutic drug monitoring advice (especially for gentamicin and vancomycin), drug information, and manufacturing of aseptic, cytotoxic and non-aseptic products.

Contact
Pharmacy
Phone: (03) 5454 9003
Hours: Monday to Friday 0830 to 1700hrs
Weekends and public holidays 0900 to 1300hrs

Important references
Prescribing errors make up a significant proportion of the clinical incidents which occur. If not detected, such errors could prove life threatening. These are all potentially avoidable with diligent use of references and resources available.

Link:
Bendigo Health Intranet Pharmacy
Clinicians Health Channel

Discharge Scripts See Page 37
The Clinicians Health Channel is available through the Intranet Homepage. Resources available through the Clinicians Health Channel include:

- Australian Medicines Handbook (AMH) – contains up-to-date independent drug information
- MIMS online – provides manufacturer supplied product information and Consumer Medication Leaflets
- Therapeutic Guidelines is an independent source of succinct but comprehensive evidence-based advice for common and important conditions most likely to be met by healthcare practitioners

**Good Antimicrobial Prescribing (IDEA3s Program)**

There is good evidence to show that inappropriate use of antimicrobials leads to emergence of resistant bacteria, and increased risk of harm from side effects and infection with multi-resistant organisms.

Good antibiotic prescribing policy (GAPP) aims to:

- Promote appropriate use of restricted antimicrobials at Bendigo Health
- Reduce development of resistance via the promotion of appropriate antimicrobial prescribing
- Promote awareness and compliance as part of routine clinical practice

All restricted antibiotics (listed on the Good Antimicrobial Prescribing information card) require an approval to prescribe.

Approvals can be obtained:

- Via the IDEA3s computer program
- After discussion with Duty Intensivist (Available from 0800 to 2000 via Switch). Please ensure that the person requesting the approval has all clinical details available when contacting the ICU Consultant.
- After discussion with Austin ID consultant or Registrar (for complex cases)

If the indication for use is not listed in the IDEA3s program:

- Between 0800 and 2000 obtain approval via the Duty Intensivist or Austin ID team
- After Hours (2000 to 0800) obtain an interim approval via the IDEA3s program.
- Interim approvals must only be obtained after hours. They must be followed up by the treating team the following morning (by 1100)

**How to use the IDEA3s program:**

- Click on the IDEA3s icon on the computer desktop (in clinical areas)
- Password for use is: RMO
- Select antibiotic and indication for use.
- Advance screens by clicking on Next (if required)
- Enter patient UR & complete required fields
- Enter PBS prescriber number and submit
- Write the approval number on the drug chart with the drug order (in Pharmacy Box on inpatient charts or comments section on ED charts)

Please Note: Pharmacy will NOT supply and Nursing will NOT administer restricted antibiotics without appropriate approval.

For further information access the Bendigo Health intranet, PROMPT, Good Antibiotic Prescribing Policy.

**BHCG Policy:** Good Antimicrobial Prescribing Policy (GAPP) - Medication

**Units**

**Acute Medical Unit**

The Acute Medical Unit (AMU) at Bendigo Health is a 14 bed short stay unit under the care of the AMU team. AMU provides patients with fast assessment, clinical care and intensive treatment in their early hours of admission.

The AMU Consultant supervises the Unit during weekdays (0800 to 1700) there are 2 Registrars and 2 Interns on duty each day of the week, including weekends.

The role of the AMU:

- Prompt assessment of new referrals (appropriate ED patients)
- Initial assessment of inpatient general medical referrals
- Attendance at Code Blue and MET calls

**Term of stay**

- The term of stay for patients in AMU may be for a few hours only to a maximum of 48 hours.

**Discharge or transfer from the AMU**

- Some patients may be discharged on the same day with an appropriate plan
- Patients may be transferred to another unit in the hospital or discharged (with or without referral to a specialist clinic)
- Patients discharged from AMU on weekends will remain under the supervision of AMU Registrars until formally handed over to the Medical A or C team during working hours.
Complex Care Unit
A complex care area will be developed in the Medical Unit in early 2013.
Two of the three beds available in this unit will be managed by the AMU, with the remaining bed available to other units on the medical ward.
Examples of patients likely to be suitable for this unit include ketoacidosis not requiring HDU; patients needing short term non-invasive ventilation; overdose patients requiring close monitoring but not ventilation.

Early Review Clinic
Early review clinic will be in the Medical Review Outpatient Clinic, Clinic 4.
The Early Review Clinic facilitates earlier discharges by allowing early review of the patient within a week of discharge.
This clinic may be used by the medical units as well as the AMU.

Emergency Department Referrals
Most patients in the Emergency Department will be assessed by the AMU team.
Appropriate patients will be admitted to AMU when beds are available.
Exceptions will include patients referred directly to specialty units such as renal, oncology, cardiology and GEM; patients treated as outpatients or admitted elsewhere under private physicians, General Medical Units A or C, or Hospital in the Home.

Electronic discharge summary (AMU)
All initial AMU assessments will generate an admission/initial assessment Emed document.
This electronic document can easily be modified to form a discharge summary
This document will follow a proforma where fields including past history, medications, social history etc. will be populated from the last discharge summary for the patient if one exists.

Cardiology
The Cardiology Unit includes Diagnostic Cardiology and the Cardiac Catheter Lab. Service provided include all diagnostic testing, Pacemaker care (implantation and post care), diagnostic angiograms and PCI.

The unit is led by the director, Dr Voltaire Naduarata with several Cardiologists who share the on call and other duties. The unit also has a Cardiology Registrar and intern.

Cardiology is primarily a consultative service – inpatients are usually admitted under the medical team with the Cardiology unit consulting in the care. Exceptions to this include Coronary Care Unit (CCU) patients plus those patients who are admitted for direct Cardiology care such as pacemaker implantation, elective Percutaneous Coronary Investigation (PCI) etc.

The Coronary Care Unit is collocated with the Intensive Care Unit on Level 4. Patients in Coronary Care are the responsibility of the Medical and Cardiology teams, and not the ICU team.

Cardiology Outpatients currently runs three clinics per fortnight. Referrals may be made directly to the Outpatient Department. There is also a pacemaker clinic every Thursday morning which runs from Diagnostic Cardiology. Referrals for this can be forwarded directly to the Diagnostic Cardiology Department.

Emergency Department
The Bendigo Emergency Department sees 45000 patients a year. It is the only emergency department in town and the regional referral department for the region. There is no ambulance bypass.

The comprehensive ED orientation manual can be accessed online at: http://edcentral.com.au/administration/orientation

People rotating to ED will be emailed a login and password to access this from home but all hospital computers have full access to the site without a password. New medical staff are expected to read the orientation manual prior to starting with us. The site also includes educational material, James Hayes’ emergency medicine clinical practice guidelines, a blog (edcentral.com.au/blog), a calendar of upcoming ED teaching sessions and useful EM links. Registrars and / or HMOs must see patients in the ED as soon as practicable upon notification. The federal government has mandated that all patients be discharged or admitted within 4 hours of arrival at an Emergency Department. The decision to admit a patient and the choice of an appropriate admitting team rests with the senior Emergency Department doctor on duty although consultation with inpatient units regarding this will frequently be appropriate. If an inpatient bed has been allocated but the patient is not clerked by the inpatient unit, the patient will be sent to the ward if they are stable and not immediately for theatre. There should be no resistance to this process from inpatient registrars unless there are specific concerns which the ED consultant will assess and liaise with the appropriate inpatient consultant. There is an interim order form which must be signed by the ED consultant before
the patient leaves the department. The inpatient unit must be aware that the patient is being sent to the ward. Only drugs/fluids required for immediate management are required to be charted. Please notify the ED if you are expecting to be delayed in attending to avoid unnecessary delays. There is an expectation you will be in ED within 30 minutes of getting a call else your consultant maybe contacted to ensure no delays occur to patient flow.

When reviewing patients in the ED, you are encouraged to think laterally about their management. Admission should not be seen as the first or only management option. Consideration should also be given to the following options: Hospital In The Home (HITH); discharge with review in the Outpatient Department or via local GP; discharge with Community Services in place to prevent re-presentation.

**Oncology**

The oncology unit functions as a day-stay unit providing a wide range of chemotherapy, hormonal therapy, biological target therapy and symptomatic management on both inpatient and outpatient basis to medical oncology and hematology patients within the region.

Patient care is provided by a multidisciplinary team, which is consisting of:

- Medical: Medical oncologists, radiation oncologists, palliative care physicians, hematologists, medical oncology registrar, radiation oncology Registrars, HMO, intern and other specialty services.
- Nursing: Clinical nurse specialists, experienced oncology nurses who are specialized in chemotherapy administration and management, breast care nurse, district nurses.
- Allied health: Dietician, Social Workers
- Pharmacists

This involves close liaison and referral to above services.

From this unit, patients are admitted if they are:

- Clinically unwell on presentation to clinic
- Unwell post-chemotherapy on the day
- To stay overnight for hydration post-chemotherapy

The primary responsibility of the Doctor in Training is to assess patients in Day Oncology Unit. These patients may have been booked in as part of their regular management or may present to the Unit as part of some immediate concern.

**Contact**

Oncology  
Phone: (03) 5454 8815  
Location: Day Unit, Level 2, Kurmala Building.

**Intensive Care Unit (ICU)**

The Intensive Care Unit (ICU) is located on Level 4 and is collocated with the Coronary Care Unit. The Director of Intensive Care is Dr John Edington. BHCG Intensive Care is the only Level II ICU in the Loddon Mallee region.

The unit has a capacity of 11 beds, 6 ventilators, 2 haemofilters and an intra-aortic balloon pump. We manage all types of patients, except neurosurgery, neonates, major burns, and cardiac surgery. The unit also coordinates the MET and Code Blue Arrest Responses to the hospital.

Patients referred for ICU management must be presented to the ICU HMO or Registrar who will liaise with the ICU Consultant on duty. This includes patients already in the Coronary Care Unit.

Please note that the Parent Unit Consultant (or on-call Consultant after hours) must be informed of any patient admitted to ICU or HDU by the Parent Unit of Specialty on-call Registrar.

We prefer the Registrars/HMOs who have patients in the Unit to join the daily ICU ward round (0800hrs) to participate in the development of collaborative management plans. If you cannot make the round, please liaise with the ICU Registrar or Consultant when you do come to review your patient.

No changes in management should be initiated without discussion with Unit medical staff. Patients with the following clinical conditions must be referred to the ICU Registrar for an opinion (they may not be admitted):

- Blunt chest trauma
- DKA with pH <7.1

All junior staff attached to the ICU must have up to date ALS certification.

**Contact**

ICU  
Phone: (03) 5454 7927
Elective ICU Admissions
All patients scheduled for elective surgery that are thought to require an ICU bed postoperatively, must be referred to the ICU pre-admission clinic on Tuesday afternoons.

In the case of an in-patient who is going to theatre non-urgently and requires an ICU bed postoperatively, please write a referral letter and deliver it to the ICU Registrar before the day of surgery.

ICU pre-admission clinic
All patients deemed to require High Dependency Unit (HDU) or ICU by either the surgeon or anaesthetist should be seen in the ICU pre-admission clinic (Tuesday afternoons). The need for a bed should be indicated on the MR 88 form and pre-admission clinic will book the patient

Surgical
The Surgical Unit at Bendigo Health is a 39 bed general surgical unit servicing the people of Bendigo and Loddon Mallee region. Located on the fourth floor of the Hyett wing, it specialises in a range of surgical conditions including the pre and post operative care of patients undergoing surgery. The Surgical Unit cares for over 200 patients every month with many specialties covering minor and major abdominal surgery; ear, nose and throat (ENT); head and neck; facio-maxillary; urology; vascular; and thoracic surgery.

In addition, the Surgical Unit plays a pivotal role in patient flow throughout the organisation by facilitating transfers from Emergency Department, ICU, Recovery, other departments and other health facilities. This is achieved largely due to several initiatives introduced to the department over the last few years.

Complex Care Room
Commencing in 2008, this room provides for the close monitoring and specialised care of patients with high clinical needs. Up to three patients occupy the room with a dedicated, experienced Surgical nurse to care for them. It has optimised the care being able to be provided for the acutely ill patient and has reduced demand for high dependency beds in ICU. RMOs are encouraged to review these patients first on their ward rounds as they are most likely to be acutely ill.

23 Hour room
A Victorian state initiative, this room has been implemented to accommodate extended day surgery patients. As a model it aims to reduce waiting lists and reduce the need for cancellation of surgery due to bed availability. Patients admitted to the 23 hour room have undergone minor surgery requiring an overnight stay, but are suitable for discharge less than twenty four hours after surgery. RMOs are required to have completed discharge scripts on the day of surgery in order to facilitate the smooth discharge process for this cohort of patients. Identified by Bendigo Health lists as EXDSU. (Extended Day Surgery). This room is situated in room 23 on the surgical Unit, with hopes in the near future of introducing event driven discharges. This will save RMOs time as the patient would not have to be reviewed the following day.

Acute General Surgical Unit (AGSU)
Commencing in 2012, this is a relatively new concept in emergency surgical services. A dedicated team of both medical and nursing staff work within AGSU to manage all acute general surgical conditions which present to the Emergency Department.

It aims to expedite patients from the ED to theatre or directly to Surgical Unit as required. The main focus for RMOs is to review patients in ED and either:
1. Discharge home for further follow-up,
2. Admit to ward
3. Direct to theatre.

Once acute admission and diagnosis has been established, the patient is then handed over to one of the three Surgical teams. The main benefits of AGSU for RMOs is more ‘in-hours’ emergency theatre sessions, with a VMO on campus to assist. For the concept to work effectively requires clear and concise communication.

Telemetry
By June 2012, the Surgical Unit will incorporate the use of telemetry for its patients. The benefits of telemetry capabilities, will allow patients requiring this monitoring to remain on Surgical Unit without having to be moved to the Medical Unit.

Surgical RMOs are required to communicate with the relevant Medical or Cardiology team on a daily basis to ensure telemetry patients are being reviewed.
Initiatives such as these have been well received by staff of the Surgical Unit and have become embedded within its culture. The multi-skilled team of health care professionals aim for the best patient outcomes and a smooth transition from hospital to home through close links with community services and other care providers.

There is a vast array of learning and skill development which exists on the Surgical Unit. It is a dynamic and proactive work environment where staff can feel fully supported in their professional development. With an education room for learning, support is provided by a close knit group of senior staff and Clinical Support Nurses. The Surgical Unit historically employs a number of Bendigo Health nurse graduate nurses after completion of their grad year, which provides for their consolidation of skills and knowledge. Many go further in their careers at Bendigo Health by branching of do ICU or Midwifery training for example.

Women's and Children's Services
Women's & Children's Services comprises the Child and Adolescent Unit (CAU), Special Care Baby Unit (SCBU), Maternity Services (Mat) and the Women's Health Centre (WHC). New staff rotating into Women's & Children's Services are welcome to come to any of the units and introduce themselves and have a brief orientation to the unit prior to commencing to familiarize themselves with the layout of the units. This may make the transition smoother. Please contact any of the managers above to arrange a tour.

Special Care Baby Unit (SCBU)
SCBU is an eight cot high level 2 nursery which specializes in the care of sick neonates and premature infants.

Contact
Rosemary Baker, SCBU Manager
Phone: (03) 5454 7148

Maternity Services (Mat)
Maternity Services has four birth suites and 16 postnatal/antenatal beds. In excess of 1200 babies are born in the service annually.

Contact
Kym McCormick or Jenny Pitson, Maternity Managers
Phone: (03) 5454 8621

The Women's Health Centre
The Women's Health Centre is the outpatient service for gynaecology and antenatal care. Clinics that run within this service include gynaecology, colposcopy, antenatal, midwives, gestational diabetics, early pregnancy assessment service, obstetric, lactation, antenatal assessments and booking in. Please ensure you are in clinic at least ten minutes before the start of the clinic to be briefed by the manager with regards to any clinical issues arising for the clinic.

Contact
Laraine Stubbings, Manager
Phone: (03) 5454 7289
Clinic times:
0900-1300hrs
1330-1730hrs
Closed on Public Holidays Renal Service

The Bendigo Health Renal Service is recognised as a “Comprehensive Renal Service” provider for the Loddon Mallee Region.
The renal hub offers acute renal replacement therapy in addition to an established chronic dialysis service. Outpatient clinics are also established for chronic kidney disease (CKD) management, peritoneal dialysis training and care, and pre and post transplant coordination and care. Chronic haemodialysis is provided for up to 48 patients (Monday to Saturday), over two shifts. Peritoneal dialysis is managed in patients’ home for up to 36 patients in the Lodden Mallee region. The renal dialysis unit is a high functioning unit; nursing staff on this unit are valuable resources and will be able to answer questions and help out with renal matters. The unit operates Monday to Saturday from 0700hrs to 2030hrs with a full time Renal Registrar Monday to Friday 0830 to 1700hrs. Referral to the renal service through a Nephrologist is required.

**Contact** - Renal Service

Phone: (03) 5454 8045  
Location: Renal Dialysis Unit, Level 2, Stanistreet Building
Allied Health

Allied Health services are provided to patients across their continuum of care and contribute to maximising patient function and quality of life as well as contributing to patient flow and the clinical risk management of the patient. Allied health are critical in ensuring that patients achieve effective health outcomes and are in an excellent position to link patient to, and utilise the breadth of services available in our community.

Allied Health services including Dietetics, Occupational Therapy, Physiotherapy, Podiatry, Social Work and Speech Pathology are available for both inpatients & outpatients. It is important to consider the need for allied health services when admitting patients to ensure timely referral.

Please note: Clinical Neuropsychology and Psychology are not funded to cover acute or subacute inpatients, however in extenuating circumstances Clinical Neuropsychology can at times be accessed. If Psychology is required for acute or subacute patients, staff are to contact Consultant Liaison Psychiatry.

Referrals to allied health for inpatients at Bendigo Health are made via the Patient Flow Manager (PFM)

Referral: Current Nutrition and Dietetic services offered by Bendigo Health
- Community health: general public can access this service, including health workers
- Acute outpatient service: selected clients discharged from The Bendigo Hospital are eligible for this service in the short term
- Paediatric diabetes clinic: access is via referral from a medical doctor
- Outpatient rehabilitation: access via referral from a medical doctor. Must have set therapy program and goals and require team management (not just dietetics)
- Lifestyle management group (weight management): access via a referral from a health worker or the general public; can self refer.
- HART (Home Assessment and Rehabilitation Team): offer dietetic services to HACC eligible clients. Referral via medical practitioner. Clients can self refer via Commonwealth Care Link
- Rural Health Team: offer dietetic services to clients in regional areas of Loddon Mallee. Referral via health professional or self referral via Commonwealth Care Link
- HEN (Home Enteral Nutrition): for eligible clients only

Service frequency and waiting times
Times and days of services vary. For enquiries:
- Community Health: ph 5454 9228
- Acute out patients: ph 5454 8060
- Paediatric clinic: ph 5454 9228

Contact
Lee Mason Manager of Nutrition and Dietetics
Email: lmason@bendigohealth.org.au
Phone: (03) 5454 8060

Dietetics

Key Services
Nutrition and Dietetics provide nutrition assessment and education services for a wide range of conditions or health questions.

Indication for referral
- Nil by mouth for > 3 days, at risk of refeeding syndrome
- Commencing or ceasing
- Oral supplements
- Enteral nutrition
- Parenteral nutrition
- New diagnosis and uncontrolled chronic diseases
- Loss of appetite, unintentional weight loss and malnutrition
- Unmanaged/ inadequate oral intake of texture modified diet and thickened fluids
- Increased nutritional requirements
- Gastrointestinal surgery
- Restrictive dieting, bingeing or purging, emotional eating
- Recurring Gastrointestinal disturbances
- High body weight

Please contact Dietetics for more comprehensive list

Link: PFM Cheat Sheet
Bendigo Health Intranet Allied Health
Outpatient rehabilitation/lifestyle group: ph 5454 8500
Rural Health Team: ph 5454 7102
HART: ph 5454 7589
HEN: Mondays only ph 5454 8068; Tues –Fri ph 5454 8060

Referral mailing address
Bendigo Health Referral Centre
PO Box 126
Bendigo 3552

Referral phone, fax numbers and e referrals
Phone commonwealth Carelink on 1800 052 222 (self referrals)
Fax 5454 7099 (The Referral Centre)
Connecting Care E referrals are preferable

Information required on referral
RHT: use SCTT to provide essential details
Other services: provide personal details, medical history, reason for referral and any relevant pathology results

Service location
Community Health: Bendigo Primary Care Centre
Acute outpatient services: Allied Health The Bendigo Hospital
Outpatient rehabilitation and lifestyle group: Anne Caudle Campus Level 1
Paediatric clinic: Bendigo Primary Care Centre
HART/RHT/HEN: in home

Occupational Therapy

Key Services
Assessment & intervention with patients to maximise safety & independence with daily activities (including personal care, domestic & community tasks)
Assist team in determining the most appropriate discharge destination/ plan
Assist team in facilitating safe transition from hospital to home or other appropriate facility

Indications for referral
In Acute and Hospice and Evaluation Unit
Patients:
- with an acute change to their functional status (e.g. decreased ability to self care: shower/ dress self, toilet self etc)
- with a pre-existing issue that affects their ability to complete essential daily activities
- who have had a mechanical fall or are at increased risk of falls (given medical condition, recent falls history, change in mobility status)
- who may benefit from the use of adaptive equipment to facilitate safe discharge (e.g. over toilet aid, shower stool etc)
- who have concerns regarding safety for discharge (given decreased functional ability, environmental hazards, cognitive issues, social isolation)

In Inpatient Rehabilitation
All patients are seen by an Occupational Therapist

When:
As soon as issues are identified that may impact on the patient’s ability to be discharged home safely

Referral:
Referrals to allied health for inpatients at Bendigo Health are made via the Patient Flow Manager (PFM)

Hours:
Monday to Friday 0800-1630hrs
Minimal weekend service in to acute and inpatient rehab

Contact
Sally Harris, Chief Occupational Therapist
Email: sharris@bendigohealth.org.au
Phone: (03) 54548786

Podiatry

Key services
Assessment and treatment of foot and lower limb pathologies

Indications for referral
Patients with Diabetes and any of the following:
Foot ulcer
Osteomyelitis
Infection/Cellulitis
Amputation (PHx)
Neuropathy
Charcot’s neuroarthropathy
Peripheral Vascular Disease
Patients who require education re: pressure care/ prevention
Patients who require vascular assessment
Patients who require assessment of foot pathology and pain
Patients with foot/ skin lesions
Patients who require education re: foot care/ footwear

When:
As soon as any referral triggers are identified. Please note priority is given to amputee patients and patients with wounds.

Referral
Inpatient
Fax internal referral or send via internal mail to Inpatient Rehab Podiatrist.
Acute
Fax internal referral to Bendigo Referral Centre OR ring mobile anytime and leave a message

Contact
Marcus Gardner, Chief Podiatrist
Email: mgardner@bendigohealth.org.au
Phone: (03) 5454 8196

Physiotherapy
Physiotherapy is the management of impairments and disabilities related to mobility, functional ability, and quality of life through examination, evaluation, diagnosis and subsequent intervention carried out by physiotherapists and Allied Health Assistants.

Key Services
- Chest Physiotherapy for patients with productive cough and difficulty expectorating due to neurological conditions
- Assessment and treatment of acute musculoskeletal injuries
- Mobility assessment post operatively, due to falls, musculoskeletal injuries and neurological deficits
- Provide exercises / functional rehabilitation for inpatients that have rehabilitation potential and clear goals

Indications for referral
Acute
- Patients presenting with ACUTE episode of neurological deficits/conditions i.e. TIA, CVA, Guillian-Barre, spinal cord injuries
- Patients with an infective exacerbation of COPD, pneumonia or laryngectomy who present with PRODUCTIVE cough and low SpO2
- Patients recently transferred from ICU with respiratory issues OR with an artificial airway i.e. minitrac or tracheostomy
- Patients presenting with fractures, musculoskeletal injuries, mechanical falls or with an acute change in mobility status
- Patients presenting with fractured neck of femur who require mobility assessment/ input regarding most appropriate discharge destination
- Patients following elective total knee/ hip replacement (who are medically appropriate for Physio intervention)
- Patients who require assessment to assist in determining the most appropriate discharge destination/ plan
- Patients who require input to facilitate safe transition from hospital to home or other appropriate facility
- Sub-acute
  - Assessment of neurological, orthopaedic, amputee and GEM rehabilitation patients to determine appropriateness for further intervention to address impairments and functional deficits
  - Provision of cardiorespiratory physiotherapy for patients with productive cough, difficulty expectorating or supplementary oxygen requirements
  - Contribution to discharge planning to assist in facilitating safe transition from hospital to home or other appropriate facility

When:
On admission/ transfer of patients to the ward or on identification of the mentioned issues

Referral
All patients receive blanket referral and are assessed within 24 hours of admission; formal referral is not required.

Contact
Donna Borkowski, Chief Physiotherapist
Email: dborkowski@bendigohealth.org.au
Phone: (03) 5454 9029

Social Work

Key services
Comprehensive range of services to address the emotional/psychological aspects of Health; provision of support, education and counseling for patients (and their families) with a variety of social issues. Also assist with Complex Discharge planning matters; issues relating to VCAT and/or suspected or reportable abuse issues; and loss and grief matters.
• With care and understanding, we can help find resolutions for problems causing concern
• We can provide assistance to gain the confidence to take responsibility for and control of health and wellbeing
• Where appropriate, we can refer to services and resources including support groups/services

Indications for referral
Patients:
• in ‘at risk’ situations (e.g. suspected child abuse, domestic violence, elder abuse; self discharge) &/or with complex discharge planning issues
• with grief, bereavement or adjustment issues (e.g. new diagnosis) or unresolved grief matters
• who are carers, have carer stress or have family conflict
• who potentially require residential care placement, respite or community support services (e.g. Community aged care packages)
• with housing issues who potentially require emergency accommodation (short stay only) particularly is preventing safe discharge
• who have issues with anxiety, depression & require psychosocial support, education & counseling
• who need advice re: legal (e.g. Power of Attorney, VCAT guardianship & financial admin orders), financial or Centrelink issues
• with issues with transport (VIPTAS/IPTAS applications and TAC applications). Please note: SW does not provide transport vouchers
• require advocacy and support

When:
As soon as any referral triggers are identified. Matters are triaged using a priority for service tool.

Referral
Inpatient/Sub acute
Inpatient Rehab and Hospice Evaluation Unit: Operates on a blanket referral system for all Sub Acute inpatient services using the Patient Flow Manager system. Social Work services can be suspended if the Patient doesn’t require priority service – services can be re-instated via PFM or case conference processes.

Acute
Complete ‘referral’ tab on Patient Flow Manager

Hours:
Monday to Friday 0830-1700hrs

Contact
Melissa Silk (Chief Social Worker)
Email: msilk@bendigohealth.org.au
Phone: (03)5454 7137

Lisa Pola (Acute Senior Clinician)
Email: lpola@bendigohealth.org.au
Phone: (03)5454 7121

Peter Keil (Sub acute Senior Clinician)
Email: pkeil@bendigohealth.org.au
Phone: (03) 54547126

Link:
VCAT Victorian Civil & Administrative Tribunal Patient/Client Related Applications Protocol
Vulnerable Children – Child Abuse and Neglect Compulsory Reporting For Elder Abuse- Flow Chart

Speech Pathology

Key Services
Assessment and management of swallowing difficulties
Assessment and management of communication difficulties (e.g. speech, language, voice, fluency, reading, writing, cognition)

Management of speaking valves/ stoma care for laryngectomy patients

Management of swallowing and communication for patients with tracheostomy

Indications for referral
All patients who have new neurological symptoms (e.g. stroke)

Any patient with new swallowing difficulties (e.g. coughing with food or fluids, food or fluid pooling in mouth)

Patients following head and neck surgery
Any patient with new communication difficulties (e.g. unclear speech, word finding difficulties, difficulty following instructions, voice problems, stuttering)

Paediatric feeding problems
Patients who currently have a tracheostomy, or who have recently been extubated & have ongoing swallowing issue

When:
On admission for all stroke patients prior to oral intake, including medications; on admission for all laryngectomy clients or as soon as issues are identified
Referral
Inpatient/subacute
In Inpatient Rehabilitation all patients are seen by an Occupational Therapist
Referrals to allied health for inpatients at Bendigo Health are made via the Patient Flow Manager (PFM)
IRES x7160 or 8791

Hours:
Acute    Monday to Friday 0800-1630hrs
Sunday and public holidays 0800-1100hrs
IRES     Monday to Friday 0800-1630hrs

Contact
Acute
Page: 644/244

Nicole Aitken
Email: NAitken@bendigohealth.org.au
Phone: (03) 5454 8783

Anthea Griffin
Email: AGriffin@bendigohealth.org.
Phone: (03) 5454 8783

IRES
Jemma Tulloch
Email: JTulloch@bendigohealth.org.au
Phone: (03) 5454 7160 or (03) 5454 8791

Caitlin Wright
Email: CWright@bendigohealth.org.au
Phone: (03) 5454 7160 or (03) 5454 8791
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Group Executive

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Executive Director Psychiatric Services
Dr Philip Tune MBBS FRANZCP Adjunct Clinical Assoc Prof Monash University

Executive Director of Nursing and Executive Director Surgical Services
Peter Faulkner RPN Master Hlth Admin Grad Dip Hlth Svc Mgt Cert Contract Mgt FACHSM CHE GAICD

Executive Director Buildings and Infrastructure and Executive Director New Bendigo Hospital Project
David Walker BTEC HND Elec & Electronic Eng

Executive Director Information Services & Chief Information Officer
Bruce Winzar Dip of Bus (Information Processing) BAppSci (Computing) Grad Dip Mgt

Executive Director Community and Continuing Care and Executive Director Residential Services
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Andrew Collins BAc CPA MAICD

Executive Director People and Culture
Andrea Noonan BBus (HRM)

Executive Director Organisational Development and Improvement
Robyn Lindsay BPhysio MHlthSci Hlth Svc Mgt Cert GAICD ACHSM

Chief Executive's Office

Chief Executive Officer
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Jenny Woodman

Group Secretary
Jack Squire LLB AIMM

Communications & Marketing Manager
Sarah McAdie (until April 2013)
Allison Sloan (from April 2013)

Bendigo Health Foundation Director
Jane Anderson

Senior Medical Staff

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Director of Psychiatric Services
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Chief Surgical Officer
Mr Graeme Campbell MBBS FRACS FRCS

Deputy Chief Medical Officer
Dr Grant Rogers MBChB, MBA, FRANZCGP

Anaesthetists
Dr Alan Bradshaw MBBS FANZCA
Dr Paul Bunclue MBBS FANZCA
Dr Siobhan Dobell MBBS FANZCA
Dr Leon Hamond MBBS FANZCA
Dr Jackson Harding MBBS FANZCA
Dr Peter Mazur MBBS FANZCA
Dr Mohan Nerlekar MBBS DA MD FANZCA
Dr Andrea Noar MBBS FANZCA
Dr Andrew Purcell MBBS DA Dip Obs RACOG FANZCA
Dr Bruce Ryley MBBS FANZCA (Director)
Dr Mervyn Shapiro MBBChH DAFANZCA
Dr David Noble MBBS FANZCA
Dr Brad Hindson MBBS FANZCA
Dr Steve Hams MBBS FANZCA
Dr Uate Babitu MBBS FANZCA
Dr Peter Ching MBBS FANZCA
Dr Rodney Wilson MBBS FANZCA
Dr Yen Lim MB Bch BAQ FANZCA
Dr Anne-Maree Aders MBBS FANZCA
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Dr Eric Knauf MBBS FANZCA
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Dr Joris Mekel MBCh FCP (SA)
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Dr John Gault MBBS FRACP

Ear Nose and Throat
Mr Ngalu Havea MBBS FRACS

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Dr Nathan Bushby MBBS FACEM
Dr Gary Bourke MBBS DRANZCOG FRACRRM
Dr Peter Cosgriff MBBS
Dr Safwat Hanna MBBS AMC FRACGP FRACRRM
Dr Charles Kerr MBBS FRACGP
Dr Maria Szamos MBBS
Dr Kent Hoi MBBS FACEM
Dr Mark Putland MBBS FACEM (joint Director of emergency medicine training)
Dr Wolfgang Merl MBBS FACEM
Dr Shaun Greene MBChB MSc (medical toxicology) Adv Trainee ACEM
Dr Ben McKenzie MBBS FACEM (joint Director of emergency medicine training)
Dr Simon Smith MBBS FACEM
Dr Khiem Ngo MBBS FACEM
Dr Philip Visser MBChB FACEM (start October 2012)

Endocrinologist
Dr W. A. Dishan I. Lowe MBBS MD FRAC

Faciomaxillary Surgeon
Mr Ian Poker MDSc FRACDS FFD RCS FRACDS (OMS)

General Surgeons
Mr Andrew Barclay MBBS FRACS
Mr Andrew Barling MBBS FRACS
Mr Graeme Campbell MBBS FRACS FRCS
Mr Anthony Gray MBBS FRACS
Mr Rod Mitchell MBBS FRACS
Mr Matthew Oliver MBChB FRCS FRACS
Assoc Professor Beth Penington MD MBBS BSci(med) FRACS
Mr Dan Fletcher MB ChB MRCS FRCS
Ms Janine Arnold BSc(Med) MBBS FRACS

General Surgery Fellows
Mr Man Minh Cao B.Med.Sci MBBS FRACS (from February 2013)

Geriatricians
Dr Michael Brignell MBBS, FRACP FRCP GradDipBus
(Hlth Serv Mgt) (Medical Director C&CC)
Dr Jacob Eapen MBBS DGM
Dr Jennifer Wood MBBS DGM Dip MSM GCHPE
Dr Bev Ferres MBBS DGM M Hlth & Med Law FACLM
Professor Peter Disler PhD MBCh FrACP FRCP (London)
FAFRM DPH

Gynaecological Oncologist
Associate Professor Peter Grant MBBS, FRCS (Ed), FRANZCOG, CGO
Associate Professor David Allen MB ChB MMed PhD.
FCOG (SA) FRANZCOG CGO

Intensivists
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Dr Emma Broadfield MBChB MRCP (UK) DM FRACP FCICM
Dr Sanjay Porwal MBBS DNB(med) MNAMS (IND) JCICM
GCCritCareEcho

Nephrologists
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Dr Greg Harris MBBS FRACP
Dr Patrick Cooney MBBS FRACP

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Dr Robin Monro MBBS FRCOG FRANZCOG
Dr Mark Jalland MBBS FRANZCOG
Dr Peter Roessler MBBS (Hons) FRANZCOG
Dr Suhas Nerleker MBBS MS FRANZCOG
Dr Angelika Borozdina MBBS PhD RANZCOG
Dr Saman Moeed MBBS FRANZCOG
Dr Parampathan Shobanan FRANZCOG, MD(Obs &Gyn) SL, MBBS (SL)

Oncologists
Dr Robert Blum MBBS FRACP GradCertHlthProfEd
(Clinical Director)
Dr Sabine Roithmaier MD (Munich) FRACP
Dr Mark Warren MBBS FRACP
Dr Say Ng FRACP MBChB

Ophthalmologist
Dr Peter Burt MBBS FRANZCO FRACS

Orthopaedic Surgeons
Mr Dugal James MBBS FRACS (Orth) (Clinical Director)
Mr Huw Williams MBBS FRACS FAOrthA
Mr Travis Perera MBBS FRCS MChOrth FRACS FAOrthA
Mr Keith McCullough MBBS FRACS FAOrthA
Mr Neelika Dayananda MBBS MS FRCS Ed FRACS (Ortho)
Mr Brendan Soo MBBS OBSE FRACS
Mr Arash Riazi MBBS (BSC) FRACS
Orthopaedic Fellow
Dr Vera Sallen MD Dr. Med
Mr Anthony Bradshaw BMBS, FRACS (Ortho), FAOrthA, BPod, MAPodA (until February 2013)
Mr Neil Ferguson FRCS (Trauma & Ortho), MRCs, MB ChB, BSc (from February 2013)

Paediatricians
Dr Andrew Lovett MBBS BMedSc FRACP (Clinical Director)
Dr John McLennan MBBS FRACP Dr Peter Wearne MBBS MPH DMJ M for Med FRACP
Professor Geoff Solarsh MBBCh B H (SA) Fellow College of Physicians FcP (Paed) (SA) FRACP
Dr Janaka Tennakoon MBBS DCH MD (Paediatrics) FRACP

Palliative Medicine and Regional Palliative Care Service
Dr Rebecca Chapman MA MBCh DTM&H FRACP FAcHPM Grad Dip Pall Med

Physicians
Dr John Gorey MBBS FRACP
Dr Rob Campagnaro MBBS FRACP
Dr John Gault MBBS FRACP
Dr Leslie Fisher MBBS FRACP MHlth & MedLaw FACLM
Dr Greg Harris MBBS FRACP
Assoc Prof Chris Holmes MBBS FRACP GradCertProf HlthEd
Dr Kate Carroll MBBS FRACP (Maternity leave June 2012 to February 2013)
Dr Bidhu Mohapatra FRACP

Psychiatrists
Assoc Prof Philip Tune MBBS FRANZCP (Executive & Clinical Director)
Dr Holly Anderson MBBS, M.Psych, FRANZCP
Dr Laura Barbosa MBCh, DMH, FCPsych(South Africa), FRANZCP
Dr Arunava Das MBBS DPM MD FRANZCP CATPOA
Dr Subhash Das MBBS DPM MD FRANZCP (affiliate member)
Dr Indranil Chakrabarti MBBS DPM MD FRANZCP
Dr Scott Eaton MB ChB MRCPsych FRANZCP
Dr Ajit Emmanuel MBBS DPM MD FRANZCP
Dr Prabhath Gamage MBBS MD Psychiatry FRANZCP
Dr Richard Jasek MBBS Cert Child & Adolescent psych FRANZCP (commenced Jan 2013)
Dr Carolynne Marks MBBS MMed Psych FRANZCP
Dr Dianne Kirby MBBS (Hons) MSc (Addiction Studies) FRANZCP
Dr Teslin Mathew MBBS DPM MD (PSYCH) FRANZCP
Dr Christopher Russo MBBS FRANZCP Cert Child Psych (Clinical Director CAMHS)
resigned Jan 2013 Dr Dominika Baetens MBChB FRANZCP
Dr Patrick Johnson MB.BS M.PM Cert. Child Psych FRANZCP
Dr Beth Faulkner MBBS M.Med (Psychiatry) Cert Child Psych FRACGP FRANZCP resigned 1/5/2013
Dr Fiona Cairns

Radiation Oncologists (Peter MacCallum Cancer Centre)
Dr Mark Shaw MBBS FRANZCR (From January to June 2013)
Dr Tracie Gleisner MBBS FRANZCR
Dr Daisy Mak MBBS FRANZCR (to December 2012)
Dr Albert Tiang MBBS FRANZCR (to November 2012)
Dr Suki Gill MBBS FRANZCR
Dr Marcus Foo MBBS FRANZCR (July to October 2012)
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