Welcome to the Albury campus of Albury Wodonga Health, it is also referred to as the Albury Hospital and occasionally Albury Base Hospital. It’s a great place to work so we hope you enjoy your placement with us!

The Allied Health department of Albury Hospital is located off East St.

Free parking staff is available off East St in the staff parking or on Keene St.

Hospital Main Reception Phone: (02) 60584444

AWH Allied Health Student Coordinator : Anna Sullivan Phone 0428 907 612

The Allied Health Department at Albury Campus is mostly structured on a discipline basis rather than a program base. Refer to the end of the document for more information about the different wards, services and teams at Albury Campus.

Click here for maps of the AWH Albury and Wodonga campuses

Contents

Occupational Therapy Placements (Albury Campus) .......................................................... 2
Medical Ward Acute placement ......................................................................................... 2
Surgical Ward Acute placement ......................................................................................... 3
Rehabilitation ..................................................................................................................... 3
Community Rehabilitation Team (CRC team) ............................................................... 4
Hand Therapy Placement ............................................................................................... 4
Generic Information ........................................................................................................ 5
Allied Health Teams at Albury Hospital ....................................................................... 6
Completing the orientation package ............................................................................ 7
Occupational Therapy Placements (Albury Campus)

Medical Ward Acute placement
The OTs on the Medical Ward work as part of a multidisciplinary team including physiotherapy, social work, dietetics, speech pathology, discharge planner, medical and nursing staff, in particular the Nurse Unit Manager (NUM). The caseload is adult patients of varying ages (primarily over 65) and with a wide variety of medical conditions. An Occupational Therapist may see a patient due to the following:

- Decline in ability to perform ADLs / difficulty coping at home
- Decline in ability to mobilise or transfer / change of mobility aid impacting on ability to safely manage in home environment
- Upper limb condition leading to functional impairment
- Risk of falls
- Acute neurological event e.g. Stroke, TIA, Guillen Barre
- Recent and / or long term changes in cognitive state impacting on function
- Risk of developing pressure areas

The role of an OT is to complete assessments to determine the impact of a patient’s condition on their occupational performance. Assessments commonly completed include initial assessments, functional assessments, cognitive assessments, neurological assessments, assessment for the provision of equipment for ward and home use, and home assessments.

Relevant intervention, including equipment provision, ADL retraining, upper limb therapy, and education, is then completed to facilitate safe discharge home if appropriate. The OT working on medical ward will often refer patients to other services for ongoing management, for example, in-patient rehabilitation, community rehabilitation, transition care program, or the rural allied health team. The OT will also liaise closely with the NUM, flow nurse and discharge planner in relation to service provision on discharge to assist with ADLs including personal care, showering assistance, meals on wheels, home help for cleaning and gardening, transport and shopping assistance.
**Surgical Ward Acute placement**

The OT on the Surgical Ward works as part of a multidisciplinary team including physiotherapy, social work, dietetics, speech pathology, discharge planner, nursing and medical staff.

The caseload is adult patients (primarily over 65) following general and orthopaedic surgery.

Patients typically are referred to occupational therapy for:

- Change in ability to perform ADLs
- Change in ability to mobilise or transfer / change of mobility aid impacting on ability to safely manage in home environment
- Risk of falls
- Recent and / or long term changes in cognitive state impacting on function
- Risk of developing pressure areas
- Head injury

The role of an OT is to assess the impact of a patient’s condition on their occupational performance and provide subsequent recommendations regarding intervention, therapy and/or changes to their home environment. The OT is involved in determining readiness for discharge and making recommendations regarding need for supports or services in the community and/or the need for in-patient or community rehabilitation.

---

**Rehabilitation**

The OT on the Rehabilitation Ward works within a multidisciplinary team including a rehabilitation consultant, a rehabilitation registrar, dietitian, physiotherapists, social workers, speech pathologists, nurses and allied health assistants.

We see people of all ages who have a variety of illnesses, conditions and disabilities. The OT in the rehabilitation team completes assessments, treatments and interventions to facilitate participation in the individual’s daily occupations. This may include: personal care, meal preparation, upper limb therapy, cognitive therapy, home modifications, prescribing equipment such as shower chairs, over toilet frames and wheelchairs, and working with clients to find strategies to manage their occupational roles. We also run group programs such as Breakfast Group and Skills Centre. Our aim is to assist people in achieving their maximum level of occupational function to ensure a safe discharge from hospital.
**Community Rehabilitation Team (CRC team)**

The CRC team is a multidisciplinary team who work with clients who are disabled, frail, chronically ill or recovering from traumatic injury. Clients with more complex needs and who require more than one discipline are seen by this team.

The team work together with the client and family/community members to achieve and retain optimal functional independence. It is a goal directed service. People identify personal goals to work on while linked into the service.

Disciplines within the team include: Speech Pathology, Physiotherapy, Occupational Therapy, Dietetics, Community Nursing, Exercise Physiology and Allied Health Assistant.

CRC includes

- General rehabilitation
- Cardiac rehabilitation and pulmonary rehabilitation
- Upper limb/hand therapy clinic
- Falls and balance program
- Lymphoedema

[Click here to see the CRC brochure](http://www.ahta.com.au/)

**Hand Therapy Placement**

Hand therapy aims to provide an individualised service for all hand, wrist and arm needs, including assessment and treatment of injuries and conditions or post-operative care.

Some of the common diagnoses seen in this program include:

- Hand and finger injuries, tendon/ligament injuries, nerve injuries and conditions, fractures and dislocations, amputations, post-operative care, arthritis, burns, pain, scar tissue, wounds and oedema. These conditions could be from an accident, sporting incident, surgery, or just a recurring pain that is starting to impact quality of life.

A placement in hand therapy would include seeing outpatient clients in fracture clinic as well as through the community rehabilitation program at the hospital setting.

The Occupational Therapists in hand therapy complete assessment, treatment and intervention to improve or maintain hand and upper limb function. This may include splinting, scar and oedema management, pain management, exercises to increase movement and strength and sensory re-education.

Prior to attending placement in hand therapy it would be beneficial to review hand and upper limb anatomy as well as ROM assessment methods (goniometry).

The following is a good website for information on hand therapy

Generic Information

Supervisors
For each placement you will be allocated a primary supervisor, who will be co-located with you at your placement site. This is the person who coordinates your placement and is responsible for your mid placement and final evaluation. During your placement you are likely to work with a range of other health professionals both within and outside your discipline, with a range of professional experiences.

It is important to remember that your supervisor(s) continue to carry a full workload during your placement, and you will need to be sensitive to his/her other responsibilities. This will also mean that you may be required to work more autonomously and independently during your placement.

Throughout your placement you will receive a mix of direct and indirect supervision. A range of facts such as the complexity of the activity/roles you are undertaking and your level of skills and knowledge determine the degree of supervision. Discuss with your supervisor early the types of supervision that will be provided, considering both the capacity of your supervisor and your own supervision requirements.

Weekly student sessions (IPL)
Each week a student interprofessional learning (IPL) session is offered at each campus. These are offered to allied health and nursing students and it is strongly suggested you attend. The sessions cover various topics including simulation, case studies and topics of interest designed to help you get to know the other students and their disciplines. The sessions are great fun and we hope you can come along!

Please let Anna Sullivan (Allied Health Student Coordinator) know if you are not able to attend.

Albury IPL – Tuesday 3-4pm in the Allied Health Group Room

Lunch
There are lots of lovely places to eat lunch. Most of us congregate in the allied health courtyard; please come and join us.

Computer access:
Generic access to computers will be provided for access to your discipline drive, student drive and other useful applications. This login will have internet available for work related purposes.

Lockers:
There are student lockers available in the student room or in your discipline department. A locker will be assigned to you during orientation; the key must be returned on your last day.

Photocopying: the photocopier is located near Allied Health Reception.

If you have any concerns or questions during your placement please do not hesitate to ask one of us (if we don’t know, we can’t help!).

Allied Health Fax Number: (02) 6058 4520
Allied Health Teams at Albury Hospital
The Allied Health Department is mostly structured on a discipline basis rather than a program base.

Surgical Ward two
- Surgical ward two is a 30 bed unit. The ward mostly consists of surgical patients particularly minor and major abdominal surgery.
  - Phone: 4414

Surgical Ward One
- Surgical ward one is a 20 bed unit. The ward is mostly acute orthopaedic however it has 5 designated AGEM beds.
  - Phone: 4420

Medical Ward
- Medical Ward has 30 beds. Care is provided to acute neurological, cardiorespiratory, and oncology patients. Patients may also be admitted with general medical or functional decline. Aged care planning is provided in this setting.
  - Phone: 4410

Rehabilitation Ward
- The rehabilitation ward is a 21 bed, inpatient sub acute service that uses a team approach when working with patients to achieve optimal independence and quality of life. People are commonly admitted to the rehab ward following an acute hospital admission however direct admissions from the community also occur.
- Mid 2015 the rehabilitation ward will be moving to Wodonga Campus
  - Phone: 4424

Intensive Care Unit (ICU)
- The unit consists of 6 ICU/HDU beds, 4 coronary care beds and 2 single rooms to be used as required.
  - Phone: 4470

Emergency Department
- The Emergency Department consists of 12 beds and 2 resus bays. Single cubicle and a plaster room are also available.
  - Phone: 4454

Children’s Ward
- Children’s ward is an 18 bed unit. The ward is for paediatrics with a wide range of medical and surgical conditions.
  - Phone: 4404
Acute Geriatric Evaluation Management (AGEM)

- AGEM is a multidisciplinary rehab service specializing in the care of patients over the age of 65 years with age related conditions. This is a 10 bed service however patients can be located anywhere in the hospital. Patients are most commonly admitted from an acute ward within Albury Wodonga Health.
- This is a goal based program with the aim to achieve optimal independence and quality of life.

Community Rehabilitation Centre (CRC team)

- The CRC is an outpatient service for people who have a physical disability, are frail, chronically ill, or are recovering from traumatic injury. CRC also helps people who have newly emerging chronic symptoms that require assessment, diagnosis and treatment. This service aims to improve and maintain a person’s optimal independence in the community or in their daily life.
  - Phone: 4830

Cognitive Dementia and Memory Service (CDAMS)

- The memory clinic is a multidisciplinary team that assesses changes in memory and thinking. They assess early memory changes and provide an accurate diagnosis and individual management plan. Advice to families and carers regarding strategies to improve or cope with memory problems is also available.
  - Phone: 4830

Outpatient Physiotherapy Services

- Provide outpatient physiotherapy service which includes:
  - Individual physiotherapy
  - Aquatic physiotherapy
  - Lymphoedema
  - Exercise groups
  - Tai Chi
  - Women’s health
  - Phone: 4566

Completing the orientation package

Reading this annexe was Step 2 in a 3 step orientation package

Please now return to the generic orientation package in Survey Monkey which you should still have open on your computer.

This is the final step of the orientation package.