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Nurses and Midwives Demand Pre-election Commitment from Political Parties

Today nurses, midwives and personal care assistants have called on the state politicians to commit to specific policies in the lead up to the next State election scheduled in March 2014.

Adj Assoc Professor Elizabeth Dabars, CEO ANMF (SA Branch) will today personally deliver the ANMF (SA Branch) Health Policy Position Paper to Minister for Health Hon Jack Snelling and the Opposition Shadow for Health, Rob Lucas, well before the March 2014 election.

"Our health policy position statement covers a diverse range of health related areas and areas influencing health (the social determinants of health) including housing, employment, climate change and taxation policy.

"We want the public to be secure in having access to free health care, consequentially we have asked the politicians to commit to maintaining a strong Public Health Service, this includes committing not to privatise health services.

"We are also well aware of the current gaps in health services and want these to be filled. Consequentially, we have sought commitments to create nurse practitioner roles in both country and metropolitan areas. These expert nurses would see, treat and discharge people with minor injuries and help people manage chronic diseases. This would have the effect of better utilising the skills of nurses and also ensuring the public has better access to safe, effective and free health services.

"We also want to secure the workforce of the future, given Australia is looking at a shortage of 109,000 nurses by the year 2025, we want all graduate nurses to gain full employment.

"We have also asked for specific commitments to implement internationally recognised best practice guidelines in our health system. This should have the effect of increasing effectiveness whilst also reducing waste and inefficiency".

"The ANMF (SA Branch) is independent and not affiliated with any political party. We do however seek to influence and lobby on concerns relating to health. We will therefore be publishing the results of the parties responses which we hope will enable people to make informed decisions as to how they vote in March.

The full copy of the ANMF (SA Branch) position paper is attached.

Media contact: **Adj Assoc Professor Elizabeth Dabars, ANMF (SA Branch)
CEO/Secretary**



ANMF (SA Branch) Health Policy Position Statement

*for the South Australian
Election 2014*

October 2013



Australian Nursing and
Midwifery Federation
(SA Branch)





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Introduction

I am pleased to introduce the ANMF (SA Branch) position statement for the forthcoming South Australian election.

The ANMF (SA Branch) is not affiliated with any political party. Indeed, we guard our independence jealously.

ANMF (SA Branch) is however keen to influence policy responses of political parties to issues relevant to the nursing and midwifery professions and in the interests of healthy public policy.

South Australia is confronted with significant choices and issues in relation to health. Do we, as a community continue to fail to address the issues that lead to ill health later in people's lives and will lead to the continuing expansion of need for curative and high cost services?

Like many other countries and jurisdictions, the South Australian health system is struggling with escalating health care costs, the growing burden of an ageing population and an increasing incidence of chronic disease.

Addressing an escalating health budget is one of the pressing issues to be addressed by the future government of South Australia. In the 2012-13 financial year, \$4.927 billion was spent on health services in South Australia – 129% higher than in 2001-02 and almost one third of the government's total expenditure (*Government of South Australia, 2012. Health Budget 2012-13. Government of South Australia, Adelaide*). Growth in health expenditure at this rate is not sustainable and requires new approaches. Improving the health of the South Australian population and

reducing the incidence of chronic disease will reduce health care expenditure.

ANMF (SA Branch) is challenging politicians and electors this year to shift their focus wider – onto the causes, not just the consequences of issues that face our communities.

It's not fair that the possibilities in life for too many South Australians are limited by their circumstances.

Addressing these fundamental inequities should be the bottom line for social and economic policy in this State and the starting point of measuring how parties line up for the 2014 State Election.

Will policy makers and health bureaucrats continue to overlook the talents and skills of the largest segment of the professional health workforce – this is our nurses and midwives – in developing responses to the health reform agenda?

Are we, as a community, ready to invest in addressing the issues that fundamentally affect the capacity to attract and retain nurses and midwives within the health workforce?

The ANMF (SA Branch) works to address these and other areas of significance to both policy and practice. However, in an election climate, politicians can sometimes lose focus and the health debate can become reduced to a single issue such as the location of a particular hospital.

We believe it is important that the wide areas of policy addressed in this position statement are also addressed in the parties' responses to the South Australia community and, in particular, in their positions



put to nurses, midwives and personal care assistants.

The major political parties' responses to the issues and the ideas that we advance for policy will be published to our members in the lead up to the State election. We will also publish their responses on our website for the benefit of the wider community.

**Adj Assoc Prof Elizabeth Dabars
CEO/Secretary**

Preface

The ANMF (SA Branch) [ANMF] is the industrial and professional organisation for nurses, midwives and personal care assistants in South Australia.

We believe health is the foundation for everyday living and that health care is a universal human right.

Health is a precondition for people in our community to participate in the social and economic activities of the state. A failure to adequately address the health needs of the community will not only compound social disadvantage of individuals but will also adversely affect the economic capacity of the state as a whole.

The ANMF (SA Branch) believes that issues associated with meeting the health needs of South Australians must be debated and addressed by all political parties in the lead up to the State election in March 2014.

The ANMF (SA Branch) is an advocate for:

- healthy public policy discussion and advocacy for the rights of South Australians who may be isolated, marginalised and disempowered;
- nurses and midwives being and feeling valued and given a voice to allow them to contribute their experiences and knowledge in a tangible way to shape our health care system in South Australia;
- nurses and midwives in influencing decisions that affect the professions and individual practitioners and the public they serve;
- promoting excellence in nursing and midwifery practice;
- working collaboratively with nursing and midwifery education providers to ensure a competent, contemporary professional workforce;
- ethical nursing and midwifery standards and professional practice;
- research to improve working conditions, safe staffing, advancing knowledge and practice, and quality of care by integrating evidence into practice.

1. Advocacy

It is essential that nurses and midwives are able to act as patient* advocates. There is a need for all political parties seeking election to government to commit to encouraging public advocacy for nurses and midwives.

The concerns of nurses and midwives about the delivery and management of health care services across the State are articulated by the ANMF (SA Branch).

There is concern that a culture exists within public sector health services which discourages nurses and midwives from speaking out free from reprisal. There have also been instances where managers have sought to constrain the capacity of the ANMF (SA Branch) to visit and meet freely with members in their workplaces to discuss issues of concern to them.

Supporting patient choices

Nurses and midwives have a responsibility to support, respect and advocate for patients/clients.

Within this role the professions have to deal with some complex and challenging situations, such as dealing with dying patients seeking to end their lives or not to commence treatment which will inevitably lead to an earlier death.

The ANMF (SA Branch) believes the legal framework needs to recognise the realities that confront nurses, midwives and other professionals in such cases.

That is why the ANMF (SA Branch) adopted a policy position supporting access to voluntary euthanasia and has advocated for advanced care directives and other measures that support the choices and decisions of patients/clients. Equally the ANMF (SA Branch) supports the right of people to continue with treatment including all palliative care options that maintain life and, indeed, the quality and dignity of the lives of people faced with terminal disease.

The ANMF (SA Branch) believes it is critical that nurses and midwives who conscientiously object to participating in acts of voluntary euthanasia should be legally empowered to refuse to participate.

The ANMF (SA Branch) therefore seeks commitments from prospective governments that they will:

- 1.1 Encourage nurses and midwives to speak freely within health service structures to promote the interests of quality client care and the availability of services to meet the demands of client populations.
- 1.2 Promote the capacity of nurses and midwives to speak publicly in the interests of ensuring optimal client care and the standard of health care services where necessary.
- 1.3 Facilitate the capacity of nurses and midwives to organise within the structures of the ANMF (SA Branch) around professional and industrial matters by continuing to allow ANMF (SA Branch) staff ready access to members and prospective members in the workplace.
- 1.4 Recognise worksite representatives of the ANMF (SA Branch) and provide them with reasonable time for to undertake activist roles during working hours as well as time off for training and other union activities.
- 1.5 Work with the ANMF (SA Branch) to develop a more positive culture within the health system in relation to professional advocacy, management, reporting and compliance.
- 1.6 Provide opportunities for the Parliament to consider legislation that empowers patient choices including options for advanced care directives, effective palliative care and for voluntary euthanasia (including dealing with conscientious objection to participate).

* Patients include for this purpose the population of people with whom the nurse or midwife has a professional and service relationship and in many cases are referred to as clients, residents, customers and other terms

2. Social determinants, populations with special needs

“Health is a measure of the degree to which the society delivers a good life to its citizens.”

*Sir Michael Marmot,
Chair of the Commission on Social
Determinants of Health*

Any discussion of health policy must start with consideration of how governments plan to address the social determinants of health.

It is widely accepted (for example, see the declaration of Alma-Ata) that a variety of social and economic factors impact on the achievement and maintenance of health, or in the alternative, to the development of disease and illness.

The ANMF (SA Branch) believes there needs to be greater cooperation between health departments and other agencies in working collaboratively to solve issues relating to poor standards of health, lifestyle issues impacting on health and complex social issues.

This will include addressing priorities such as:

1. Enabling our population to age with dignity, and with the ability to live independently, with appropriate support, for as long as possible.



2. Assisting socio-economically disadvantaged communities to help build and develop health promoting lifestyle changes, as well as, ensuring equal access to:

- General acute and primary health care services;
- Disability Care;
- Dental Health Services;
- Mental Health care and support;
- Chronic Disease Management Programs.

There is a need to address the particular access and equity issues associated with people from:

- Aboriginal and Torres Strait Islander backgrounds;
- Culturally and linguistically diverse backgrounds;
- Regional, Rural and Remote areas.

The ANMF (SA Branch) also believes that restoring or maximising health will improve the capacity of South Australian's currently marginalised by ill-health, to participate in education, literacy and employment opportunities. Health remains a precondition for improving economic performance, productivity and promoting social inclusion.

Our next State government must be concerned with health equity and creating the conditions that allows all South

Australians to be healthy, both for moral and economic reasons. Health is a human right. South Australians cherish the core values of equity, fairness, and mutual support on which our health care system is premised. Reducing health inequalities would improve opportunities for the most disadvantaged, increase economic productivity, and decrease the use of health care services, social services, and correctional services.

Collaboration across departmental boundaries and partnership with other providers is key to building systematic strategies and mechanisms to support and systematise practices across state government activity to ensure ongoing action to address the social determinants of health and improve the health and wellbeing of the South Australian population.

Each day in our nursing and midwifery practice, we see our clients struggle with compromised health and earlier death due to poverty and social exclusion. Recognising the unequivocal evidence from the academic research and our own experience that material and social deprivation harms health, we are dismayed that the most recent poverty statistics for 2009-10 show that more than 12.4% of people live in poverty in our state, with a significantly higher proportion living in regional and rural South Australia, mainly due to higher unemployment rates.

South Australia faces the challenge of how to effectively act on social determinants of health to address the persistent health and social inequalities. If the gap is to be closed, the complexity and breadth of problems demand new approaches.

The ANMF (SA Branch) therefore seeks commitments from prospective governments that they will:

- 1.1 Seek to achieve the targets of the South Australia's Strategic Plan 2011.
- 1.2 Address the health inequalities between socio-economic groups, rural and urban communities, ethnic groups, and between the general population and the Aboriginal and Torres Strait Islander people.

The ANMF (SA Branch) is therefore committed to the implementation of policies that will:

2.1 Increase the availability of well remunerated, secure employment with available hours of work to meet the needs of the SA population

Unemployment and underemployment continue to be significant issues in many parts of the state and affect individuals and whole communities.

Underemployment (i.e. employment on fewer hours per week than that which the worker is seeking or people not able to gain employment that uses the skills they hold) masks true levels of employment need in our community. In addition increasing levels of contract and casual employment strip families and individuals of the capacity to plan and manage their social arrangements in terms of housing, education and other factors impacting on health.

Unemployment, particularly long term unemployment creates significant social disadvantage that can affect whole generations. Inadequate levels of state based subsidies and support to people dependent on Commonwealth benefits need to be adjusted in order that socially disadvantaged groups, including the long term unemployed, can live with dignity and avoid compounding the disadvantage already drawn from employment exclusion.

In South Australia, the unemployment rate was 6.8% (August 2013), the highest unemployment rate of the mainland states and 1% above the national average. It has been suggested the increasing casualisation of our labor workforce in South Australia is masking the real unemployment rate which would add a further 1-2% to the current rates. Youth unemployment is significantly higher than the general rate (nationally 17.3% in August 2013).

In such conditions the ANMF (SA Branch) believes it is critical that governments invest through assisting with employment growth in both the private and public sectors. It can do so by increasing investment in infrastructure and encouraging investment in new or expanding industries.

However, it must also invest in employment by the creation of meaningful, productive jobs in the public sector. Slashing public sector employment can damage economic performance overall by reducing demand for goods and services and also by reducing support for business and the wider community through weakened services.

2.2 Provide education and training that equip the population for life, citizenship and employment

The link between completion of (high school) education and employment and other life opportunities is well established.

The ANMF (SA Branch) believes there should be a better balance of vocational preparation with the development of the young person for life and citizenship. That is not to say that proper access needs to be provided to vocational pathways within the school program.

In addition, there is a need to ensure that students completing high school have access to higher education or vocational programs that enable further personal and professional opportunities.

Given population demographics the period ahead will require us to address many of the factors that have served to exclude people from participation in the workforce to date including:

- Literacy (English), numeracy and other skills;
- Lack of completion of earlier levels of schooling;
- Poverty;
- Health and disability status;
- Job readiness.

The capacity of the training and education systems needs to be expanded and resources provided to meet the needs of students who need special assistance to succeed with their vocational studies.

In nursing/midwifery there is a continuing shortage of higher education and VET places, given current and projected workforce requirements, which will compound the predicted shortfall. HWA reported that if the doubling of the student intakes for nursing and their retention was 100% there would still be a shortage.

Whilst funding of the higher education system is a federal responsibility, the future State government has a responsibility to argue for increased student places, with sufficient funding attached to the places that will generate interest from higher education providers in the delivery of nursing and midwifery programs. As the major provider of VET services and a significant funder of other VET programs, the SA government also needs to ensure there is an appropriate investment in the production of skilled workers to meet the demands of the health and community services sectors.

The ANMF (SA Branch) was opposed to the SA Government's defunding of the SA Health and Community Services Skills Board which provided much needed advice from employers and unions working in these sectors. The loss of independent, industry based advisory structures will adversely impact on the capacity of government to respond to the needs of industry in the future and, we argue should be reversed as soon as possible.

In South Australia more than 26,000 nurses and midwives are employed in the private, public, community, aged, mental health and rehabilitation/disability sectors.

Nurses, midwives and personal care assistants are vital to the delivery of Australia's health, aged and community care. Demand for nurses and midwives are widely anticipated to grow as the South Australian population increases and ages. Compounding this are the challenges associated with the ageing of our nursing and midwifery workforce, with the average age being 45 years (2011), the second highest average age of all States and above the national average.

The ageing of the nursing and midwifery workforce is presenting challenges for the health care system. In addition, the move to increased part-time work within the profession means more nurses and midwives are required to provide the same level of nursing and midwifery services.

Over the past five years there has been a steady increase (48.1% in 2005 to 50.4% in 2013) in the proportion of nurses and midwives working on a part-time or casual basis (less than 31.5 hours per week).

In South Australia 25% of the labour workforce is employed on a casual basis. This trend is also evident in the nursing and midwifery workforce. The factors contributing to this change

range from family reasons, lifestyle choices, generational factors and work environment factors (characterised by increasing workloads, increasing physicality of work, loss of capacity to apply nursing and midwifery models of care, loss of status and power in the current system and the power differential between medical and nursing staff in the control of workflow). Research has identified that some nurses and midwives view casual employment contracts as a cost saving strategy by their employers.

The shift away from a full-time nursing and midwifery workforce adds to the complexity of managing resources which must balance the patient/client needs and provide appropriate skill-mix and experience levels to ensure patient safety and patient wellbeing.

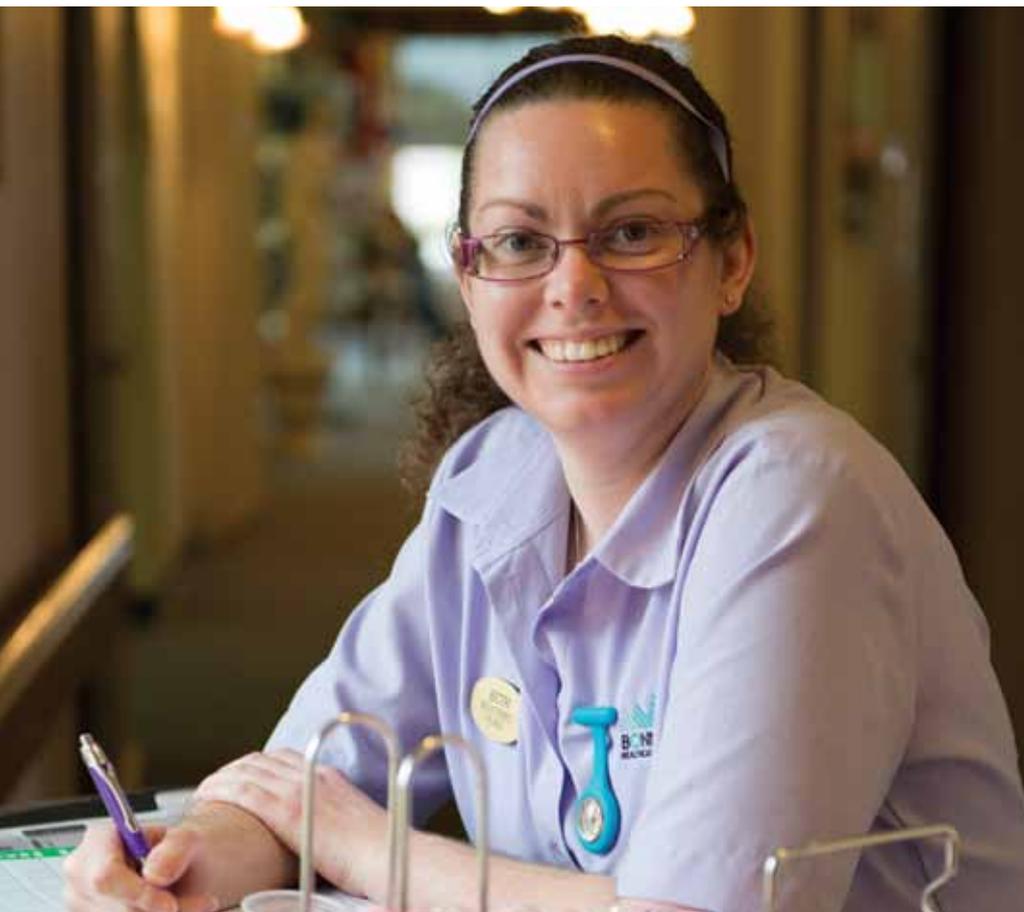
Health Workforce Australia has predicted that by 2025 in Australia there will be a shortfall of 109,000 registered nurses. In South Australia, this will be a shortfall of between 2,000-4,000 nurses by 2020. We need to invest in our current and future workforce to ensure there is a nursing and midwifery workforce in South Australia to overcome the predicted shortfalls. We need in particular to invest in the new graduate workforce.

In 2012, South Australia accepted approximately only 50% of graduates into graduate programs in the SA Public Sector and 280 of our nursing and midwifery graduates have been unable to find part-time or full-time employment. This is a crisis for our health system with the risk that a whole generation of nurses and midwives will be lost from the profession in the face of the predicted state and nursing/midwifery shortfall. The lack of nursing and midwifery graduate positions needs to be addressed.

The ANMF (SA Branch) is seeking supported graduate positions in a variety of non-traditional settings and calls for political parties to "Stop Passing the Buck" and see our graduates as investments and solutions for our health system rather than representing prohibitive cost pressures.

"Education increases our opportunities for choice of occupation and for income and job security, and also equips us with the skills and ability to control many aspects of our lives – key factors that influence wellbeing throughout the life course."

*David Hetzel,
SA Health, 2004*



The ANMF (SA Branch) therefore seeks commitments from prospective governments that they will:

- 2.2.1 Work to increase to the number of places, in both public and non government sectors, for nursing and midwifery graduates that will enable the state to meet the projected requirement for nurses and midwives in the years ahead.
- 2.2.2 Actively work to ensure that there is a substantial increase in the number of indigenous nurses and midwives by providing assistance (including assistance to providers) to ensure that student numbers rise to 3% of total enrolments by 2015.
- 2.2.3 Work to increase the retention rates for high school students in disadvantaged groups to community average levels.
- 2.2.4 Increase funds available to assist socially excluded groups to access vocational and higher education qualifications, including bridging and related programs for those who do not hold pre-requisite qualifications.
- 2.2.5 Reverse the trends of vulnerable work including increasing casualisation of the nursing and midwifery workforce, by providing flexible, family friendly working environments.

2.3 Share the wealth of the community to improve the economic and social circumstances of the population as a whole

The need to improve state support to low income households is critical if we are to improve health factors such as diet and nutrition, particularly of children and young people.

Wealth is associated with a variety of factors influencing health including drinking, smoking and family relationships. There is evidence to that

wealth inequality is increasing in Australia with ever greater concentration of wealth. One recent study shows the richest 20% of Australia's population has 40 times more wealth than the poorest 20%. That same study showed that the distribution of wealth was affected by factors such as age, gender, work and the type of household in which we live.

The rate of South Australians living in poverty remains high at 12.4%, reflecting higher unemployment rates, the number of sole parents, people with disabilities and the higher proportion of older people in South Australia and an increasing reliance on Commonwealth and State government payments and benefits. In South Australia more than 30% of people in households with social security payments (disability, aged, parenting, new start, pension, carer) have incomes below the higher 60% poverty line. The maximum rates of social security payments for this potentially vulnerable group sits below the poverty line.

According to Australian Bureau of Statistics (ABS) 2009-10 information, the average salary and wage for South Australians (\$44,141) continues to be the lowest in the country. The gap between the proportion of high income earners versus low continues to widen.

There is also a need to consider the inequality in the distribution of wealth with the well-known phenomena of increasing wealth concentrated in fewer people with larger numbers of people with little assets or income.

'While the mean (average) household net worth of all households in Australia in 2009-10 was \$425,502, the median (i.e. the mid-point when all households are ranked in ascending order of net worth) was substantially lower at \$381,424. This difference reflects the asymmetric distribution of wealth between households, where a relatively small proportion of households had high net worth and a relatively large number of households had low net worth.'

ABS 2009-10

This same report showed that growth in income was 6% over two years for lower income people compared with 18% over the same period for the wealthiest

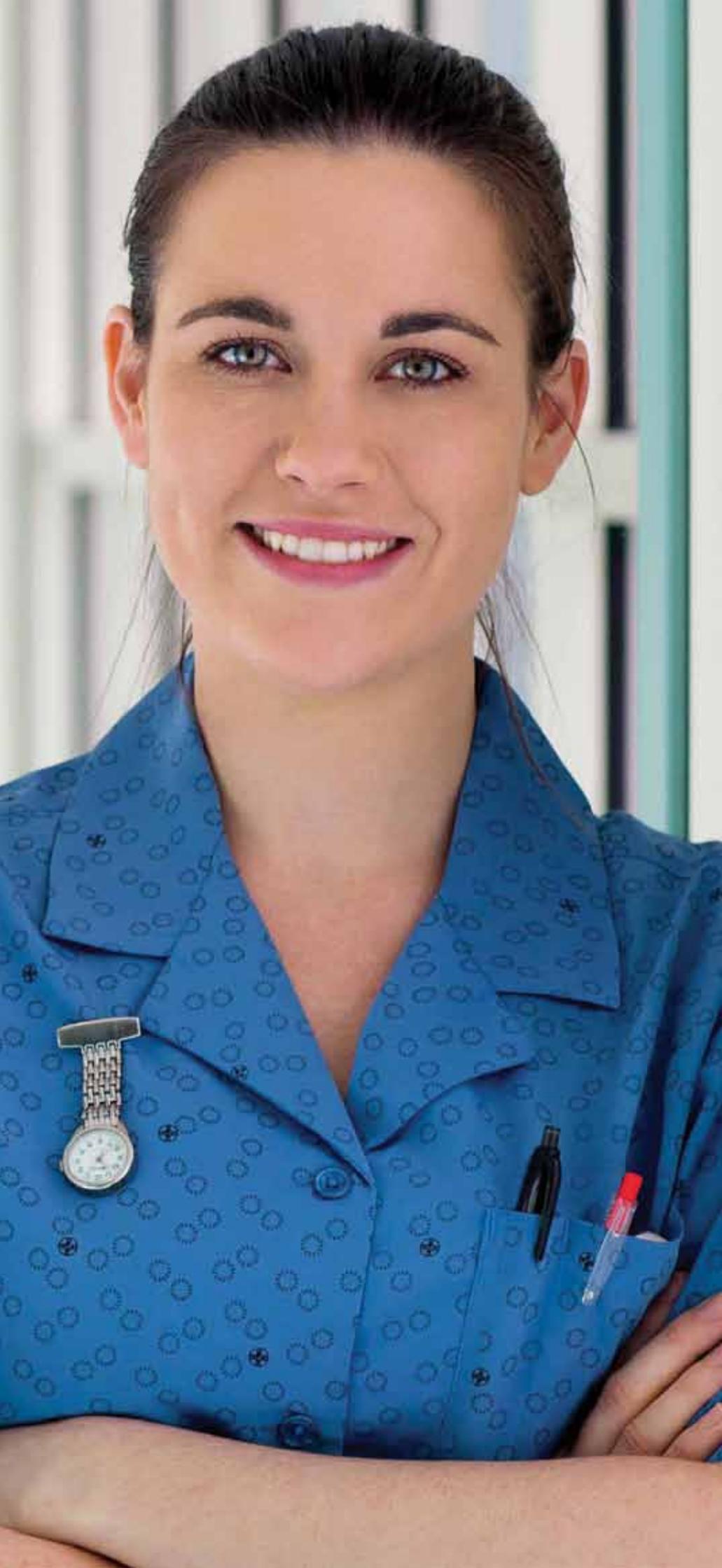
individuals. That is the wealthy are becoming more wealthy and the gap is widening.

Measures including use of the taxation and related systems to ensure that wealth is shared within the community are an essential component of social justice and the creation of a fairer and healthier community. Many of the taxation and charges of the state government are regressive in their impact because they are flat rates (eg car registration charges, licensing, and levies) rather than progressive, that is increasing according to capacity to pay.

The ANMF (SA Branch) believes that an incoming government should undertake a review of taxes and charges to ensure the overall impost of state government taxation and charges falls most heavily on those who have the greater capacity to pay.

We note that South Australians are disproportionately more likely to be reliant on government cash benefits as their primary source of income and that direct SA government payments and subsidies are therefore critical to their sustenance. There will likely be an increasing reliance on government payments, given that we have in SA the second oldest population of the mainland states and territories.





The ANMF (SA Branch) therefore seeks commitments from prospective governments that they will:

- 2.3.1 Implement arrangements which ensure that future decisions made by the SA government will include an impact statement on the effects of the decision on fairness and equity grounds and, in particular, on the effect on sharing of wealth and impact on the poor and vulnerable.
- 2.3.2 Ensure that state taxes and charges are implemented in a manner consistent with ensuring that those with the greatest wealth pay the greatest share of the tax burden.
- 2.3.3 Ensure that state taxes and charges generate sufficient income to deliver the social and economic programs necessary for effective redistribution to the poor such that health outcomes are able to be achieved.

2.4 Address the environmental factors that impact on the needs of the community as a whole (such as climate change) and those of particular groups or communities such as air and water quality, lead and asbestos

Environmental factors have huge impacts on the health of the community as a whole and upon individual health status. Clean and safe water supply, air free of pollutants and an absence of chemicals or other toxins in the environment contribute to the health of the community. However, issues such as the vulnerable water supply within the state coupled with concerns about water availability and quality in some areas of the state mean we must continue to address these matters as vital public health strategies.

Climate Change

Greenhouse gas emissions from coal and fossil fuels in Australia must be reduced and transferred to clean, renewable energy. South Australian communities and the health care sector need to engage and manage climate change to reduce their impact on people's lives. The

health links between climate change and environmental effects must be considered by all political parties as climate change affects rain fall, food production and disease.

Water

Groups such as the Conservation Council of SA have developed clear and progressive plans for the security and safety of the water supply in SA and the ANMF (SA Branch) endorses their broad position.

In particular the ANMF (SA Branch) believes that:

- Public ownership of the water system and supply is critical to maintaining human rights and interests and we therefore oppose the privatisation of the water supply system;
- SA government strategies for the use of water and the management of the water system should be cognisant of the need to respond to climate change;
- There is a continuing need to support the use of rainwater tanks and to educate the public about safe use of this resource.

Some communities in South Australia have limited access to safe drinking water in sufficient quantities to meet their needs. Government must commit to adopting public health measures that protect the quality of our natural water supplies through regular testing and education of the public.

We must also continue to develop and implement policies that protect the River Murray and other natural supplies of water in the state and ensure sustainable practices and use of the water systems. This will require a number of approaches to be adopted including education, limits to levels of usage, as well as consideration of the sustainability of some industrial uses of the water system. From a health perspective the security and safety of supply of drinking water is a crucial matter.

Air and soil pollution and waste

There have been cases in SA where pollutants have been permitted to affect the health status of individuals and

indeed whole communities, for example in the case of lead pollution in Port Pirie that is affecting children's health and development.

The ANMF (SA Branch) is seeking all political parties to commit to urgent investigation and implementation of public health services to reduce lead levels in Port Pirie.

It is therefore necessary for the SA government, in the interests of public health, to continue to improve the performance of the state in dealing with chemical and other pollutants and hazardous wastes.

This necessarily involves consideration of the levels of carbon dioxide being released into the atmosphere and its effect on the global position through climate change.

Improved capacity and resources for agencies in the front line of monitoring and enforcing standards associated with disposal of wastes and air/soil pollutants, including the EPA and public health agencies will be necessary if we are to reform corporate behaviour, implement appropriate responses to the climate change agenda and secure public support and compliance.

It is important that South Australia continue with strategies to increase investment and capacity building in solar, wind and other forms of renewable energy. Projects such as the Port Augusta solar 'farm', improving the storage capacity for energy generated through renewable sources, are important for the future.

The ANMF (SA Branch) therefore seeks commitments from prospective governments that they will:

- 2.4.1 Ensure that all communities in SA have access to safe levels and quality of water necessary for support of healthy life and that water supplies will be regularly tested to monitor its quality.
- 2.4.2 Work to protect the sustainability of the water system in South Australia to meet future needs.
- 2.4.3 Regulate and resource public health and other agencies to the levels required to monitor the quality of our air and the disposal of hazardous substances.
- 2.4.4 Implement strategies in Port Pirie to address the high levels of lead pollution that are impacting on children's health and development.
- 2.4.5 Work to implement measures to ameliorate the effects of climate change of the levels required to reduce CO2 emissions by at least 50% by 2050.
- 2.4.6 Work to increase the proportion of electricity generated from renewable sources as a matter of continuing priority including investing in technology that would store energy generated from solar and wind generation making these sources of energy.



2.5 Address the health and social circumstances of indigenous people, particularly in relation to ownership of land, measures to assist participation in and completion of education programs, employment opportunities, housing and primary health care

The performance of the nation in relation to indigenous people continues to be an international disgrace, particularly in areas of housing, education and training, employment and life expectancy, as well as health status in relation to a range of chronic diseases.

There is a clear need to reach agreement with communities about measures that will improve performance in these areas in a manner which aboriginal people believe are culturally appropriate.

In health care delivery the ANMF (SA Branch) argues there is a need for:

- Health services to adjust their environments and practices to be respectful of the wishes and needs of indigenous clients;
- Acceptance that cultural factors such as relationship to land and religious beliefs are important factors in the health of indigenous (and other) peoples;
- Improvement in performance in relation to the determinant factors that also impact on the health of indigenous people, including improving performance on school retention and completion rates, availability of meaningful and rewarding employment and housing;



- Improvement to mechanisms, including funding, which will facilitate the participation of aboriginal people in the health workforce particularly in the health professions including nursing and midwifery.

Accordingly, the ANMF (SA Branch) believes that SA Health should be required to adopt culturally acceptable practices in all health care delivery locations, as well as measures to incorporate traditional healing practices within mainstream health service delivery wherever possible and appropriate. Successes with similar approaches overseas, for example, in Canada, provide models that with adaptation may lead to improved participation and outcomes in health care.

The ANMF (SA Branch) therefore seeks commitments from prospective governments that they will:

- 2.5.1 Require and assist health services to adjust the service environment and practices to be respectful of the wishes and needs of Aboriginal and Torres Strait Islander clients.
- 2.5.2 Act to improve performance in relation to factors that impact on the health of Aboriginal and Torres Strait Islanders, including improving performance on school retention and completion rates, availability of meaningful and rewarding employment and housing.
- 2.5.3 Initiate programs, including the provision of additional funding, that will facilitate the participation of Aboriginal and Torres Strait Islanders in the health workforce, particularly in the health professions including nursing and midwifery.

2.6 The availability of high quality and affordable public housing which, in particular, addresses the needs of indigenous peoples, the homeless and those living with disabilities and mental illnesses

The last decade has seen a significant reduction in the availability of public housing and at the same time availability of low cost housing in the private sector has been extremely limited. This places extreme pressures on low income earners to find appropriate accommodation.

Whilst some of the pressures have undoubtedly resulted from reductions from the Commonwealth in housing agreements, state governments have a critical role in the provision of housing services.

The ANMF (SA Branch) believes that there must be a commitment from any incoming government to increase the availability of affordable accommodation to meet community demand. To do otherwise is to condemn some people in the community to homelessness or insecure housing, both of which will impact on their health care status.

The ANMF (SA Branch) therefore seeks commitments from prospective governments that they will:

- 2.6.1 Establish programs that seek to eradicate the need for sleeping rough or homelessness within our community.
- 2.6.2 Seek to negotiate increases in funding for public housing with the Commonwealth government at the earliest opportunity.
- 2.6.3 Increase subsidies for private sector accommodation, where necessary, to provide housing to those in need in the absence of the availability of public housing.
- 2.6.4 Address the particular needs of socially excluded groups, including those living with disabilities or mental illnesses and indigenous people.

3. Funding and the role of State and Commonwealth Governments

It is unclear how the recently elected Commonwealth government will act in relation to its role in funding and delivery of health services.

However, it would seem unlikely that it will move away from the implementation of the activity based funding system now well advanced in its planning.

Plans for the creation of individual hospital boards (it is unclear as to whether this could mean Local Health Network (LHN) level boards) mean there is uncertainty about the funding distribution system and the relative accountability of individual hospitals, LHNs and the state department of health.

The ANMF (SA Branch) cautions against even more health system restructuring at this time.

Continual change to organisational structures, systems for management and reporting, and the people and roles with authority have led to a workforce that is 'reform' weary.

As part of the National Health Reform Agreement, the Rudd/Gillard

Commonwealth government committed additional funding for public hospital services by \$16.4 billion between 2014-15 and 2019-20 above the then existing health care agreement.

The planned changes to the level of Commonwealth funding are already the subject of agreement and therefore should be secure. However, continuing increases in demand for hospital services has placed increasing pressure on state budgets. Increased Commonwealth share of hospital expenditure over the coming years should assist, but will not meet the full costs of the anticipated growth in the need for hospital care.

There has been a significant increase in the share of expenditure on public hospitals borne by the State government. In 2002-03 state governments provided 43% of the expenditure in public hospitals whilst by 2005-06 this share had increased to 50%. Non-government contributions (eg fees and benefits) stayed constant at 8% whilst the Australian governments share fell by 7% to 42% of total expenditure. South Australia's income from non-government

sources is lower than the national average placing even greater pressure on the state government for additional support.

Argument has now focused on improving the technical efficiency of our hospitals with a succession of consultancies offering opinions as to the efficiency of South Australian hospitals against interstate benchmarks.

Considerations of costs of hospitals in SA against national averages need to be considered carefully given the smaller sizes of our hospitals (SA has the greatest proportion of hospitals of less than 50 beds and the smallest proportion with greater than 100 beds in the country) and the geographic isolation of many of our country communities which those smaller hospitals serve (SA has the highest proportion of hospital beds in remote locations of any state or territory).

However, the ANMF (SA Branch) accepts that it is possible to improve hospital performance and we continue to work with health system managers to explore genuine efficiency improvements which are also in the interests of providing safe, evidence based health care.

The anticipated shift to primary and community based services has stalled with significant reductions in these services made in order to address the growth in health funding pressures overall. The fragility of the Medicare Local system and the question marks over their future means that decisions of the state government to withdraw from the delivery of such services creates new service gaps and potentially increases demand on the hospital system.

Controlling demand for hospital care can only be achieved by strengthening primary health care.

The roles of the states in the delivery of primary/community based care needs to be urgently addressed. Whilst it is clear the Commonwealth should be responsible for funding of these services, the ANMF (SA Branch) believes the disintegration of services being caused by the current withdrawal of funding by the state government is contrary to effective and efficient service provision.





The fact that aged care services are funded by the Commonwealth is also a source of fragmentation of care and cost shifting. Aged care services send residents for emergency care and hospital stay rather than provide increased services themselves. The state fails to provide services, such as expert nursing care, on an in reach basis because they believe the Commonwealth government is responsible for these services. In any event, that failure means that residents of aged care services find themselves in hospitals, or remaining in hospitals, when it would be more suitable and cost effective to provide that care in the aged care sector.

The ANMF (SA Branch) therefore seeks commitments from prospective governments that they will:

- 3.1 Work with the Commonwealth to clarify and define the role of each level of government in ensuring the comprehensive delivery of community/primary health care services.
- 3.2 Seek to negotiate with the Commonwealth service and funding arrangements to support hospital avoidance programs in residential aged care, including the provision of services provided by nurse practitioners and other nursing teams.
- 3.3 Avoid unnecessary restructuring of health services.
- 3.4 Not create individual hospital or health service boards due to their failure, in the past, and the potential for duplication, inefficiency and fragmentation.

4. Public Health System – its ownership and management

Public health is funded by the public. The ANMF (SA Branch) believes the best way to make sure those funds are used in an accountable way is within the public sector. Management and control must remain in the public sector.

The assertion that private companies deliver more efficient outcomes in health is contradicted strongly by overseas experiences in the United Kingdom and United States of America.

Private sector health is driven by a need to show profits. Private hospitals do have a complementary role in the health care industry but they are reliant on a user pays system which does not match with the Australian ethos of universal public health care for all.

The recent KPMG assessment of privatisation options shows that it is a high risk strategy with clear examples of a poor track record of previous hospital privatisations, including Robina on the Gold Coast, Port Macquarie in New South Wales and our own Modbury Hospital in South Australia which was subsequently returned to public management.

Public hospital management by private companies puts at risk accessible, high quality health care for all South Australians. The chronically ill, the vulnerable, socio-economically disadvantaged, morbidly obese, elderly, people with dementia and the disabled (physical and mental) would be disadvantaged as profits are not possible when providing services to these marginalised groups.

Ownership

The ANMF (SA Branch) believes that public health care services, whether acute hospitals, primary health, sub-acute, extended care or other public health services, should be provided through the public health system and not outsourced, privatised or otherwise delivered by the private or non-government sectors.

The ANMF (SA Branch) is deeply concerned by the continuing and incremental outsourcing of public health services in mental health, community nursing programs and other services.

The ANMF (SA Branch) is seeking commitment by all political parties to:

- Retain public hospitals and their management within the public sector;
- Not to privatise public hospitals, health services and community centres;
- Abandon any privatisation plans in the arena of public health care.

Management

The ANMF (SA Branch) is concerned by moves in other states and territories to privatise or outsource health services.

In Queensland, New South Wales and Western Australia, state governments have started down the path of privatising the management of public hospitals.

In Queensland, the Mater Hospital complex in Brisbane is run under a private-public partnership scheme. The full privatisation of the planned Sunshine Coast University Hospital, a \$1.8 billion hospital under construction, and the operational management of the new Queensland Children's Hospital is being discussed.

In South Australia, we are concerned by the Public Private Partnership arrangements for the new Royal Adelaide Hospital. The effective operational management of many aspects of this new public hospital is to be overseen by the private sector. The overseas experience of private sector managers in public facilities confirms our scepticism rather than relieves our anxieties.

We have also witnessed attempts to outsource services in the provision of mental health services, outpatient clinics, sub-acute care and, most recently, in specialised aged care services for those older people with severe mental health care needs.

The current consideration of contracting out arrangements for the provision of 'hotel' services is also of concern. Team relationships in health care are essential to safe and effective service provision. These proposals call into question the provision of administrative and support services essential to the

patient care environment led by senior nurses. Separation of teams into public sector and privately managed groups of employees with different lines of accountability place those relationships and systems at risk.

The ANMF (SA Branch) is seeking commitment by all political parties to stop outsourcing the provision of hotel and other services, essential for the effective operation of public hospitals.

Establishment of an Overarching Health Consultancy Council

The Health Care Act saw the establishment of the Health Performance Council.

The ANMF (SA Branch) believes the Minister would be assisted by a similar Council charged with providing advice in relation to the development of an efficient and effective health system into the future. This key body would provide advice based on the input of community representatives, key health stakeholders and government, in considering critical health issues, including the cost of health care, outcomes from particular forms of interventions, prioritisation of services and the like.

It is critical that nursing and midwifery structures continue to be led by members of the professions with appropriate leadership and management preparation.

Experience demonstrates that the absence of effective nursing and midwifery leadership and proper management controls lead to a diminution of standards and patient safety.

5. Models of service delivery/care

The ANMF (SA Branch) therefore seeks commitments from prospective governments that they will:

- 4.1 Retain public hospitals and their management within the public sector.
- 4.2 Not privatise or outsource public hospitals, health services and community centres.
- 4.3 Abandon any privatisation plans in the arena of public health care.
- 4.4 Actively seek to bring back to public sector provision, management and control publicly funded health services that are presently delivered by non-public sector organisations.
- 4.5 Re-examine the efficiency of Public Private Partnerships (PPP) arrangements for future developments.
- 4.6 Ensure that clear statements of responsibility and accountability are in place for SA Health, the health regions and site management systems so that duplication of function is avoided and performance is effectively monitored and managed.
- 4.7 Ensure that Directors of Nursing and Midwifery have authority over professional standards and appropriate resources.

5.1 Primary Health Care

The South Australian government should provide accessible primary health care services to people in order to improve health outcomes for all, free of charge at the point of delivery. Evidence has shown that charges act as a clear barrier to people accessing and following the advice of health care services. Cost and availability of Commonwealth funded primary medicine is one of the drivers of attendance in emergency departments of people with minor ailments.

Primary health care is a key enabler of a seamless, efficient and effective health care system that links and integrates health care, health promotion and illness prevention services across our state. Primary health care is regarded as a major contributing factor underlying population health. The World Health Organisation (WHO) has declared "the ultimate goal of primary care is better health for all." International research has shown that countries like Australia, with a strong primary health service, have recorded lower rates of hospitalisation, lower mortality and better health outcomes generally.

Non-Hospital Based Services

Recently, the McCann Review of Non-Hospital Based Services provided a narrow view of the State government's role in primary care health services. This position is at 'odds' 'with South Australia's 2003 Generational Health Review (GHR), international health care thinking and the latest evidence. The McCann Review does not provide a clear plan nor does it provide any guidance for reaching agreement with the Commonwealth government over the future delivery or funding of primary health care in South Australia.

The GHR emphasised the need for investment in preventative and primary health care, especially given the effectiveness of this strategy in lowering the rates of hospitalisation, lowering mortality and better health outcomes for all. The GHR provided the basis of the South Australian Health care Plan 2007-16, the existing health framework for our State government.

International health care thinking seeks to maximise the role of primary health/ community based services, working to address the social determinants of health and place a much greater focus on improving health outcomes rather than on the treatment of disease. Not only is this approach more cost effective, it is actually better for the population at large.

As part of the COAG National Reform Agreement, the new primary health care model was principally structured and funded to end the 'cost shifting' and 'blame game' between state and Commonwealth governments. The aim was to provide greater accountability and transparency of funding and provision of services.

The McCann Review recommended that many of the existing primary health care services be integrated into or be led by Medicare Locals which have been recently established under the COAG reforms. However, the Medicare Locals had not been consulted regarding their capacity to assume responsibility for these primary health care services nor had there been any discussion, in the report regarding the financial capacity to do so.

Chronic disease is a costly worldwide problem with associated significant morbidity and mortality. The delivery of evidence-based primary health care and health promotion by nurses/midwives in collaboration with the GP and members of the health care team is a well-established model.

The ANMF (SA Branch) believes the focus should now shift to enhancing the scope of practice (and therefore services and community benefit) by investing in Advance Practice and Nurse Practitioner roles in Primary Health care settings.

We recommend the incoming state government should negotiate with the Commonwealth government to develop initiatives for the support and promotion of Advanced Practice and Nurse Practitioners in Primary Health care. This would include the establishment of nurse led clinics to provide a range of services aimed at treating minor injuries and illnesses. Such clinics have been effective, safe and extremely popular with patients in the UK, Canada and the ACT.

“Reorient Health Services

The responsibility for health promotion in health services is shared among individuals, community groups, health professionals, health service institutions and governments.

They must work together towards a health care system which contributes to the pursuit of health. The role of the health sector must move increasingly in a health promotion direction, beyond its responsibility for providing clinical and curative services.

Health services need to embrace an expanded mandate which is sensitive and respects cultural needs. This mandate should support the needs of individuals and communities for a healthier life, and open channels between the health sector and broader social, political, economic and physical environmental components.

Reorienting health services requires a stronger attention to health research as well as changes in professional education and training. This must lead to a change of attitude and organization of health services which refocuses on the total needs of the individual as a whole person.”

The Ottawa Charter 1986

South Australia has been slow in investing in these roles and services and the ANMF (SA Branch) believes there needs to be particular focus on these areas in the term of the next state government.

Australia is in the midst of an obesity epidemic, coming second only to the USA with 14 million Australian’s considered to be overweight or obese. If this alarming trend continues at the current level, by 2025, it is estimated that 80% of all Australian adults and a third of all children will be overweight or obese. Obesity in Australia has become the single biggest threat to public health and has overtaken smoking as the leading cause of premature death and illness.

The evidence shows that obesity results in chronic and complex health conditions, many of which could be avoided by addressing diet and exercise. The McCann Review recommends the removal of \$4 million in funding related to the treatment of chronic diseases which will result in future increases in demand for the provision of specialised equipment for bariatric patients. All this for a short-term economic gain and the risk of poorer health outcomes for all South Australians, with increased health costs and expenditure in the acute care sector.

In addition the ANMF (SA Branch) seeks funding and commitment to an increase in the number and nature of nursing case management roles within community health services to manage, broker and deliver expert nursing care to people living with chronic disease.

The ANMF (SA Branch) therefore seeks commitments from prospective governments that they will:

- 5.11 Provide scholarships that will fund the study (at Masters level) for 100 Nurse Practitioner candidates per year for each of the next 4 years, as well as funded release from the workplace (within the SA Public Sector) equivalent to 2 days per week for these students.
- 5.12 Fund the establishment of minor injuries and primary care Nurse Practitioner roles and clinics in all metropolitan LHNs and in at least 1 country region over the next 2 years, either in collaboration with local GP services or, failing agreement, as independent nurse clinics.
- 5.13 Work to increase the availability of free at point of delivery medical services in all South Australian communities.
- 5.14 Funding of nurse practitioners in nurse-led extended roles to provide public health in the management of chronic disease.
- 5.15 Support the creation and employment of nursing and midwifery services that ensures the community is better able to access health services including those funded under the PBS and MBS schemes.
- 5.16 Seek to negotiate with the Commonwealth government and Medicare Locals to ensure that Primary/Community Health care services are expanded to meet the community’s needs.
- 5.17 Funding and commitment to an increase in the number and nature of nursing case management roles within community health services to manage, broker and deliver expert nursing care to people living with chronic disease.



5.2 Emergency Department Demand

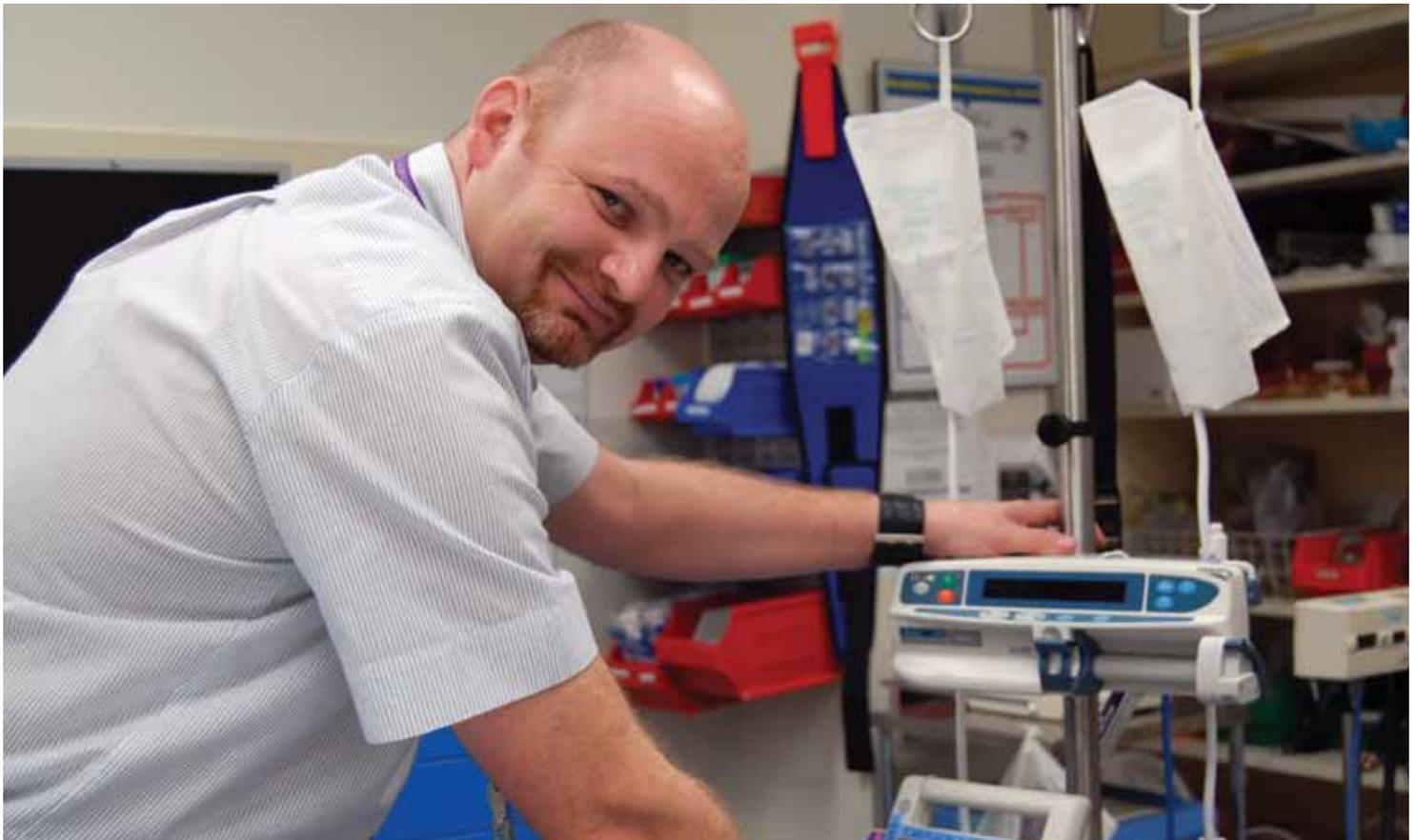
Emergency departments (ED) in all public hospitals are chronically overcrowded, under pressure and, at times, become clinically unsafe environments.

Emergency departments remain open 24 hours per day, seven days per week, for acute and chronic illnesses, accidents and major traumas. Ambulance cases are triaged and treatment is commenced based on clinical priority. Public expectation demands high quality, timely care.

Resources and staffing is a priority. Therefore, a range of other actions are necessary:

- The ANMF (SA Branch) welcomes the action to adopt the 4 hour target at state and national levels for emergency treatment. However, there remains a clear need to address factors that are preventing flow from the EDs into other areas of the hospital system or to community care;

- Evaluation of the medical and surgical assessment unit's strategy should be undertaken to ensure targets and outcomes are being achieved. In particular, the ANMF (SA Branch) believes the current target of 48 hours for stay in assessment units should be reduced to 24 hours with cohorts of patients within assessment units on shorter stay pathways. The current arrangements mean that patients are kept in assessment units for too long, away from their designated pathway ward/unit, a factor that has been shown to adversely impact on clinical outcomes and length of stay;
- Expand the hospital avoidance and hospital at home programs within metropolitan sites to enable people to be discharged home with appropriate supports and packages instead of being admitted to hospital;
- Implementation of minor injury services in all metropolitan and larger country emergency departments. These services to be staffed by advanced practice nurses/nurse practitioners with appropriate medical and other supports;
- The creation and provision of additional advanced practice nurses/nurse practitioners within the ED in numbers to ensure 24/7 coverage and to meet patient demand across all major metropolitan and larger country public emergency departments in South Australia;
- Nurse led primary care services in the community setting with extended hours developed on the Canberra walk-in centre model;
- Primary medical service availability after hours for urgent care through shared care models. Practice nurses and nurse practitioners provide assistance for non-booked clients/patients arrangements;
- The provision of Mental Health Nurses (MHN), including MHN Practitioners, to provide appropriate MHN assessment and care during the period of ED admission and treatment in numbers to ensure 24/7 coverage and to meet patient demand.



The ANMF (SA Branch) therefore seeks commitments from prospective governments that they will:

- 5.2.1 Implement mandatory four hour targets for treatment and discharge of all patients from emergency departments with implementation of relevant penalties and systems of accountability.
- 5.2.2 Evaluate medical and surgical assessment strategies to ensure attainment of outcomes including the short length of stay (i.e. maximum of stay 24 hours).
- 5.2.3 Expand minor injury services in areas adjacent to emergency/casualty departments staffed predominantly by advanced practice nurses/nurse practitioners with appropriate medical and other supports.
- 5.2.4 Expand hospital avoidance roles within the ED to enable people to be discharged with appropriate supports and care packages instead of being admitted to hospitals.
- 5.2.5 Create and fund roles for advanced practice nurses/nurse practitioners within ED to ensure 24/7 coverage and to meet patient demand.
- 5.2.6 Implement extended hours nurse-led primary care services in community settings dealing with minor injuries and common illnesses.
- 5.2.7 Improve access to primary medical services for urgent care through shared care environments.
- 5.2.8 Provide expert mental health nurses (MHN) including MHN Practitioners in all metropolitan EDs, to lead appropriate MHN assessment and care during the period of ED admission and treatments to ensure 24/7 coverage and to meet patient demand.

5.3 Inpatient Acute Hospital Demand

The most critical factor influencing the capacity of our acute hospitals to provide inpatient services is the capacity to discharge clients no longer in need of acute care.

The ANMF (SA Branch) believes there is a need to/for:

- Implementation of a senior nurse co-ordinator located in each major hospital to manage patient flow, allow early identification of potential discharges and to remove obstacles to such discharges. This model will ensure accountability for the efficient and effective management of each stage of the patient's journey through the hospital is imperative. Length of stay will be reduced and target discharge times will be achieved under such a model;
- Implement across all South Australian public hospitals the highly successful nurse led or 'Criteria led' Discharge Initiative that has enabled nurses and midwives, in collaboration with medical staff and using the agreed criteria for fitness, to discharge patients;
- Increased and timely availability of sub-acute home nursing services to provide ongoing care for clients discharged to their homes;
- Provision of sub-acute (intermediate) care in appropriate nursing units for those clients in need of continuing care and specialised care, such as children from regional areas in South Australia and interstate patients. There is also an urgent need to address the barriers to transferring older people in need of ongoing aged care services, or disabled clients requiring ongoing health care or support to services that can appropriately meet their needs;
- Provision of aged and extended care services for those clients requiring longer term care or residential care following acute illness or injury;

- The incident rate of aged care residents being admitted to hospitals would be decreased with the creation of advanced nurse/nurse practitioners dedicated to palliative care, pain management, catheter management, wound care and the provision of antibiotic therapy within aged care services.

Without provision of these alternatives to acute inpatient care, 'discharge block' in our public hospital system will remain costly.

Patient 'Journey Boards' have been successfully implemented within SA and overseas, providing cost effective accountability and enabling the early identification of patients ready for discharge. They also provide an opportunity to enhance multidisciplinary care and discharge planning.

These measures will address many of the current inefficiencies that result in higher costs and poorer outcomes for patients.





The ANMF (SA Branch) therefore seeks commitments from prospective governments that they will:

- 5.3.1 Implementation of the Patient Journey Board strategy to track the patient's hospital admission through to discharge across SA public hospitals.
- 5.3.2 Implementation of the successful SA government Criteria Led Discharge policy across South Australia to ensure effective discharge planning and support decisions of nurses and midwives.
- 5.3.3 Increased availability of publicly provided sub-acute home nursing services to provide ongoing care for clients at home.
- 5.3.4 Provision of sub-acute (intermediate) care in appropriate and discrete nursing units for those clients in need of continuing care and without the necessary supports or capacity to receive care at home.
- 5.3.5 Provision of aged and extended care services for those clients requiring longer term care or residential care following acute illness or injury.
- 5.3.6 The creation and funding required to establish advanced practice/nurse practitioner roles available to residential aged care facilities, in order to prevent admission to the acute care system.

5.4 Preventive Health Programs

We do not seek to repeat measures that are referred to elsewhere in this position statement. However, there is a clear need for the State government to increase the investment in health education, illness prevention and early detection/intervention.

National Schools Immunisation Plan

The South Australian government has seen the rates of childhood immunisation increase from 88.3% to 91.1% since the middle of 2012. There is presently a nationally consistent policy for assessing and documenting immunisations when enrolling children in South Australian schools. The ANMF (SA Branch) supports the identification of children to avoid them slipping through the immunisation net.

The ANMF (SA Branch) is concerned by proposals of the Commonwealth government to reduce incentives that have to date contributed to the growth in rates of immunisation. There is a need to consider action to maintain or improve rates in the face of this shift in the national scheme.

School Health Nursing Programs

School health nursing programs, including screenings and health education/checks, are one form of program that should be enhanced to tackle issues such as obesity, diabetes, asthma and mental health. Integration of these nursing programs with advanced practice nurses managing chronic disease programs would lead to a greater capacity for effective early intervention and disease prevention in cost effective nurse practitioner led programs.

The ANMF (SA Branch) seeks the maintenance and promotion of preventative health care programs such as BreastScreen, and the provision of drug and alcohol and school nurses.

The ANMF (SA Branch) therefore seeks commitment from prospective governments that they will:

5.4.1 Invest in preventative health, early detection and intervention programs, particularly as part of the school health programs.

5.5 Aged Care

Whilst the responsibility for funding and regulating the residential aged care sector lies with the Commonwealth government there are significant challenges for the State in other areas affecting health care, including the high proportion of people 65 years and over in South Australia and the dementia epidemic, which is the public health challenge of 21st century with more than 320,000 Australian's having this disease today, and a prediction that half a million Australians will have dementia by 2033.

Dementia is the leading cause of death of Australians and there is no cure, with more than 1,700 cases diagnosed each week. Dementia costs the health system \$6 billion per annum and within 20 years will become the third greatest source of health and residential aged care expenditure.

Therefore, South Australians need to have access to an expanded model of community care, residential aged care and expanded dementia-specific respite care. For nurses and personal care assistants, this will require funding for education and training to enable our health workforce to provide dementia specific care. It will also require the creation of advanced clinical roles focussed on dementia care in the acute, community and residential care settings.

Advanced practice nurses in primary health care roles, working with the elderly in aged care facilities and in the community, have the potential to improve health care delivery and avoid admission to hospitals. The ANMF (SA Branch) seeks a commitment to the creation of aged care nurse practitioners in the specialist fields of continence,

diabetes, wound care, dementia and palliative care across all metropolitan areas within the next two years, with at least 10 additional aged care Nurse Practitioner roles in the country.

This would be the first step in the establishment of a program to make available nurse practitioners and nurse consultants to work with aged care facilities in the management of chronic disease, avoid hospital admissions, improve palliative care, mental health care, dementia care, behaviour management and other contemporary practice issues. This would also assist in relieving GP's workloads in these areas. It is our view that we should target the creation of one such role for each 200 clients receiving care, either in aged care facilities or through community care packages.

Expansion of the nurse practitioner role in aged care settings provides a unique opportunity to enable people living in residential facilities and the community to access specialist care. This requires an expansion of the Medicare MBS items for nurse practitioners in relation to palliative, continence and dementia care to ensure the employment of nurse practitioners is financially viable for organisations and reduce the demand for inpatient services. Importantly this will enable people to remain in their own "home" environment.

Given the continuing difficulty in accessing aged care places for patients at the end of an acute health care crisis, we continue to argue for the creation of transition care services (see 5.3).

The ANMF (SA Branch) therefore seeks commitments from prospective governments that they will:

- 5.5.1 Implement services that improve access to primary care services and the management of chronic diseases affecting older people.
- 5.5.2 Expand funding and training for dementia care to support people to remain in their own homes and community.
- 5.5.3 Implement advanced nursing dementia specific roles to support patients with the disease in the acute care setting.
- 5.5.4 Improve subsidies and benefits that will assist older people, particularly those pensioners on very low incomes, remain independent and maintain health.
- 5.5.5 Maintain high quality services in residential care for the aged in areas such as country SA and in mental health for older people.
- 5.5.6 Provide appropriate intermediate (sub-acute) and rehabilitative care for older people after an acute illness.
- 5.5.7 Establish a program to make available nurse practitioners or nurse consultants to work with aged care facilities with 20 positions created in the next two years and with the longer term target of creating one such role for each 200 clients receiving care, either in aged care facilities or through community care packages.
- 5.5.8 Lobby the Commonwealth government to increase the MBS items for nurse practitioners in relation to palliative care and dementia care items.

5.6 Mental Health Services

The ANMF (SA Branch) has been a consistent advocate for positive reform to the mental health system in South Australia.

The *'Stepping Up'* Report (2007) identified 41 recommendations across nine areas to build a stepped model of delivery for mental health care, with community services central to its success.

The slow implementation of these outstanding *'Stepping Up'* recommendations have had a significant and direct impact on the capacity of the mental health system to manage in an environment of heightened demand struggling to meet emergency and inpatient hospital demand.

Ernst Young (EY) consultants were engaged to undertake an external review of the South Australian Mental Health Services. EY have confirmed our current mental health system is struggling and there are a number of systemic issues that need to be addressed. These include the outstanding *'Stepping Up'* recommendations, as well as ensuring attention is paid to the required cultural change that will enable major system reform within a sustainable change management model. In addition the enacting of new roles is needed to support the reform and thereby achieve the goal of excellence in mental health care for all South Australians.

We need the following critical mental health system issues to be addressed including:

- Adequacy of acute mental inpatient beds for the current level of demand, to meet the expected growth in that demand and to address the ageing of the population;
- Hospital bed blocks create an environment where mental health patients remain in the Emergency Department for periods well in excess of 4 hour targets after the decision to admit them to inpatient care is made. The ANMF (SA Branch) continues to assert that hospital managers, government and the public would

not tolerate the extreme delays for admission for any other form of health care requiring a hospital stay. Tolerance of these extended stays in emergency care, often under supervision of security guards and in inappropriate environments, is unacceptable and contributes to the ongoing stigmatisation of mental health patients;

- Nurse Practitioner roles must be created in the area of mental health within Emergency Departments as recommended by EY to improve emergency department efficiencies and ensure appropriate, timely and high quality patient care is provided to consumers;
- Addressing the structure (the integrated model) and resources available for community mental health care including, as a priority, the inner north east metropolitan area;
- Gender safety needs to be addressed in secure mental health units to ensure patient safety and wellbeing, in particular for female patients;
- Rural and remote mental health services along with child and adolescent mental health services and their capacity to respond to existing service demand must be reviewed;
- Safe alternate care models to be either developed or reinstated, such as the Community Mental Health Hospital at Home Program, to provide a viable option to traditional inpatient hospital acute beds;
- Staffing levels, skills mix and the ageing of the mental health workforce;
- Plans to relocate specialist psychogeriatric care services to generalist (Commonwealth funded) aged care services without appropriate staffing and other supports;
- Shortage of secure forensic beds and services.

We seek confirmation that these issues will be addressed and the Mental Health System Review's recommendations will be implemented to enable positive and timely mental health reform with practice change embedded as part of the culture.

The ANMF (SA Branch) therefore seeks commitments from prospective governments that they will:

- 5.6.1 Genuinely consult with the ANMF (SA Branch) over the form and size of mental health services (hospital based and other) to ensure that the needs of the community and for effective professional practice are able to be met.
- 5.6.2 Ensure the recommendations of the 'Review of SA Stepped System of Mental Health care and Capacity to respond to emergency department (EY Consultancy)' are resourced and implemented within an agreed timeframe to address the critical areas in the Emergency setting for people presenting with mental health care needs.
- 5.6.3 Ensure adequate acute care MH bed stock is maintained and not cut unless there is evidence of a sustained reduction in demand, and people requiring hospital admission are able to be transferred from the ED within the required timeframe.
- 5.6.4 Ensure sufficient community and hospital based treatment programs for mental health consumers are in place to ensure that no client is left within an Emergency Department for periods of longer than 4 hours without an escalation of reporting to SA Health and, where the delays are extreme, to the Minister.
- 5.6.5 Ensure gender safety for all mental health patients with appropriate bed and staff management.

5.6.6 Ensure that the forensic bed capacity is increased to levels that will meet consumer demand and relieve correctional services of clients requiring the provision of such services.

5.6.7 Ensure that agreements over safe staffing levels and skills mix are met at all times in the interests of safe patient care, as well as the safety and health of staff.

5.7 Enabling performance to full scope of nursing/midwifery practice

The state government also needs to examine legislation that presently limits or inhibits the capacity of Nurse Practitioners (and other nurses) to practice to their fully approved scope (regardless of the sector in which they work).

For example, the current Workers Rehabilitation and Compensation Act do not permit Nurse Practitioners to issue certificates to workers injured at work or who are capable of resuming work. These legal or regulatory anomalies create barriers to effective service provision, increase costs and detract from the capacity to provide safe and efficient care.



6. Workforce, professional development and education

6.1 Workforce numbers and skill mix

In South Australia, there are over 26,000 nurses across public, private, aged care and community sectors in metropolitan, country, rural and remote areas.

Safe staffing levels and appropriate skill mix have been identified by South Australian nurses, midwives, assistants in nursing/midwifery as the most important factor impacting on patient care and their decision to remain in the workforce. This fact has been confirmed by a Monash University survey which identified that high workloads resulting from inadequate nurse/midwife-to-patient ratios was the critical issue for the majority of nurses/midwives (one-third) considering leaving the profession.

In South Australia, we have commenced the introduction of the new agreed SA Nursing/Midwifery Hours per Patient Day Model (SA N/MHPPD) which is a form of nurse/midwife to patient ratios. In South Australian public hospitals this new staffing model will provide the highest levels of nursing/midwifery staffing for patients in hospital wards when compared to other ratio or N/MHPPD models in other jurisdictions.

The new SA Nursing/Midwifery staffing model is underpinned by the latest available evidence regarding the resource and care needs of patients in our public hospital wards and patient care areas. We must ensure that the new SA N/MHPPD remains grounded in contemporary evidence, adapting to advances in technology, changing models of care, nursing and midwifery practice and the dynamic health care environment.

The nursing and midwifery workforce in South Australia is confronting severe shortages in the decade ahead.

The Health Workforce Australia 2011 (HWA) report suggests the shortfall in the registered nurse workforce in South Australia could increase to between 2,000-4,000 nurses by 2020. This scenario will be realised unless we address, in particular, issues impacting on retention.

We need to build a workforce that will meet the future demand, particularly given the ageing workforce which has a high proportion of baby-boomers who are planning to retire in the next five to ten years in South Australia.

We need to support our nursing/midwifery workforce to successfully transition to the new state of the art health facilities, such as the new RAH, new Lyell McEwin Hospital, Glenside campus and in the country, general hospitals such as Whyalla and Berri. This requires investment by government to ensure that nurses and midwives are professionally prepared for change in models of care and organisational culture.

We need investment in collaboratively developing the long-term solutions that will ensure the recruitment and retention of the specialist, highly-skilled clinicians needed to ensure optimal patient centered care and to attract our future workforce.

Currently, there is a short-term oversupply of new graduate nurses and midwives resulting in a number of new graduates not being able to secure a transition to professional practice. This is a risk for the future nursing and midwifery workforce in South Australia.

We must ensure that all available graduates are given the opportunity to transition into the nursing and midwifery workforce. This will mean investing now for the future.

To the extent that it creates a small oversupply in workforce, it also creates an opportunity to grow skills and competence needed for the future. The ANMF (SA Branch) continues to believe that SA Health should use the immediate period ahead to develop additional skills in specialist areas of practice amongst the new workforce. Areas such as mental health, critical care, emergency nursing, oncology and aged care will desperately need experienced and specialist prepared staff in the coming period.

The ANMF (SA Branch) is concerned that some of the suggestions put forward by the South Australian government will involve substitution of Registered nurses

by other workers including Enrolled nurses. The ANMF (SA Branch) believes that Enrolled nurses have an important and unique role in the delivery of nursing care to clients. We do not, however, believe that it is appropriate to substitute enrolled for registered nurses.

The role of enrolled nurses must be valued and nurtured in its own right given the valuable contribution they make as part of the nursing team. The ANMF (SA Branch) submits that future governments must commit to ensuring that ENs continue to be trained in adequate numbers into the future, particularly given the current trend of one third later converting to a registered nursing qualification.

The ANMF (SA Branch) seeks a commitment from any future government that enrolled nurses are encouraged and enabled to transition from enrolled to registered nurse status by funding the HECS debt and provision of paid study leave for enrolled nurses who engage in university education to transition to a registered nurse or midwifery qualification.

The employment of undergraduate nurses or midwives (in the position of Assistants in Nursing [AIN] or Assistants in Midwifery [AIM]) is positive to the extent that the AIN/M provides basic nursing care under the direct or indirect supervision of the registered nurse/midwife and in collaboration with enrolled nurses. However, the ANMF (SA Branch) considers that, in the main, the role of the AIN should act as a supplement to, and not substitute for, registered or enrolled nursing staff.

In particular, it is emphasised that the AIN role is not commensurate with the future role of the undergraduate nurse or midwife, nor is it a clinical placement. However, it does provide the future graduate with clinical exposure and an appreciation of working within the health care sector. As such, it is appropriate that any supplementation of the nursing and midwifery workforce is by an AIN or AIM, and not by other workers.

Regulation of assistants in nursing and personal care assistants

Given that assistants in nursing and personal care assistants in the aged care sector provide nursing care delegated by the registered nurse there is a need to regulate their practice in the public interest.

There is a wealth of international evidence regarding the effects of reducing the proportion of Registered nurses in the delivery of care. These effects have included increased levels of client mortality and increased levels of hospital acquired infections, urinary tract infections and pressure ulcers. It is therefore critical that the incoming South Australian government work with the ANMF (SA Branch) to increase the number of registered nurses prepared in South Australia (including from an enrolled nurse pathway) and recruited ethically from other sources rather than to work on systems of substitution.

The number of experienced nurses and midwives that will retire from work in the next 5-10 years will impact significantly on the system regardless of new entrants. There will be a need to replace the specialist practice knowledge, leadership and management capacity within the nursing and midwifery population. For example, the loss of experienced mental health nurses is likely to impact significantly on the capacity to meet client needs and service demands unless there is active intervention to provide newer graduates with access to specialist training and clinical experience.

The ANMF (SA Branch) believes this can best be achieved by the implementation of a statewide professional development framework that ensures all nurses and midwives have access to:

- Clinical practice development opportunities from graduate programs (for enrolled, registered nurses and midwives);
- Clinical skills (including specialist) development opportunities in areas of practice demand, clinical skills

maintenance opportunities including annual competency updates;

- Dedicated Nurse/Midwifery education facilitator positions maintained and supplemented within and across health units and/or services;
- One hundred additional clinical specialty scholarships roles in areas of current and future workforce shortage including areas such as mental health, emergency and critical care;
- Reform of the teaching grants to ensure the adequacy of funding to meet workforce demand, acquittal against the purpose for which the grant is made and transparency in its allocation and management;
- Clinical leadership development should be available to all new level 2 nurses/midwives within the first 2 years of their appointment at this level. Further clinical leadership development should be provided to all level 3 appointments within the first 12 months of their appointment;
- Clinical management development opportunities should be provided to all service co-ordinators and managers within the first year of appointment;
- One hundred advanced clinical practice scholarships should (consistent with 5.1.1 of this position statement) be made available for the next three years to support the development of Nurse/Midwifery Consultant or Nurse practitioner roles;
- A framework for fast tracking middle level nursing/midwifery leadership roles should be implemented over the next 5 years with education assistance available to support nurses and midwives who are identified as future leaders to develop knowledge and skills that will assist them to assume management and leadership roles as others retire from the workforce;
- Mentoring programs by experienced executive level nurses and midwives to assist with succession of senior nurses in the future.



The ANMF (SA Branch) therefore seeks commitments from prospective governments that they will:

- 6.1.1 Ensure the new SA N/MHPPD (nurse/midwife to patient ratio) provides adequate, safe staffing levels and skill mix consistent with client needs (demand) and that standards based staffing models in the Emergency, Operating Theatres, Procedure suites reflect the latest specialty standards.
- 6.1.2 Preserve (as a minimum standard) the 70% RN: 30% EN skill mix within SA hospitals (excluding ambulatory and special care units).
- 6.1.3 Work to increase the number of graduates in nursing and midwifery programs in SA sufficient to meet the SA Health system (public and private sectors) projected demand for staff.
- 6.1.4 Ensure all graduate nurses and midwives are provided with a transition to professional practice placements within the SA public sector as wish to take up these positions.
- 6.1.5 Work with the ANMF (SA Branch) and universities to create flexible pathways into undergraduate programs that fully reflect the experience and knowledge of experienced enrolled nurses.
- 6.1.6 Support the regulation (licensure) of assistants in nursing/ midwifery, however titled, in the public interest.
- 6.1.7 Implement and fund a professional development framework for nursing and midwifery including the elements set out in this position paper.
- 6.1.8 Provide additional clinical educator roles and support to ensure one clinical educator is appointed for every 100 head count of staff.

6.2 Investment in Implementing, Embedding and Sustaining Evidence Based Best Practice

South Australia's health system is facing many challenges with a need to implement efficiencies or productivity improvements to the system given the tight fiscal environment. The issue of health care economics is an international one with nations around the world grappling with issues of affordability and sustainability - particularly in the context of ageing of the population and growing expectations from consumers and their families.

Nurses and midwives are highly motivated and highly educated, and they want to do more to expedite high quality and cost effective access to health care, whilst ensuring practice remains contemporary, evidence based and aligned with National Safety and Quality Health Service Standards.

ANMF (SA Branch) has, as an organisation, invested in exploring the latest publications, evidence and the experience of others, in relation to what has or would make a difference in improving health outcomes both from the client and financial perspective.

Research led the ANMF (SA Branch) to the internationally recognised and highly successful work of the Registered Nurses Association of Ontario (RNAO). RNAO developed evidence based Best Practice Guidelines (BPGs) and facilitated the systematic implementation and evaluation of them through their Best Practice Spotlight Organisation (BPSO®) Program.

The ANMF (SA Branch) is now the Australian host for the Best Practice Spotlight Organisation Program (BPSO®).

The SA government has provided funding for the pilot of two BPSO® Programs within the South Australian public health system over a three year period. The BPSO® Program has been designed to assist organisations in creating an evidence based practice culture and a positive change culture across acute, community, aged care, general practice and rehabilitation settings.

The ANMF (SA Branch) is currently working with the government, private and aged sectors to actively progress this critical change and practice reform initiative.

The BPSO® program and BPGs are in complete alignment with work that supports achievement of National Safety and Quality Health Service Standards.

The BPSO® program is widely used across the globe in Primary and Community; Acute and Sub Acute; Public and Private; Residential Aged Care and in Health Academic settings.

This proven program provides support, resource materials, and knowledge transfer to health organisations and delivers a structured, evidence based methodology for organisations to prepare, implement and evaluate evidence based practice in a way that is sustainable over time.

Given the internationally proven successes of the BPSO® program, ANMF (SA Branch) firmly believes it is part of the solution to health system performance and health financial performance.

ANMF (SA Branch) seeks commitment that prospective governments will support and incorporate funding for the extension of the BPSO® initiative across all sectors of health care in order to ensure positive and fiscally responsible health care reform.

The ANMF (SA Branch) therefore seeks commitments from prospective governments that they will:

- 6.2.1 Commit to providing funding to expand the highly successful RNAO BPSO® Program and the implementation of RNAO BPGs across all health care sectors in South Australia.
- 6.2.2 Commit to promoting an environment to support sustained change and healthy work environment for all health practitioners.

6.3 Conditions of employment

Critical to the retention and attraction of nurses and midwives to the workforce will be issues of conditions of employment and rates of pay.

Nurses and midwives continue to be amongst the lowest paid of professional groups of workers. It is arguable that the feminisation of the nursing and midwifery workforce is the basis for these low rates of pay. Recent research has confirmed the wages for women continue to fall behind rates of pay for male workers. However, the time where such outcomes can remain uncorrected is past.

As well as competitive salaries, nurses and midwives need to be supported through the provision of:

- Safe and mandated staffing workload ratios that protect both practitioner and client in ensuring safe levels of care are available;
- Environmental reform to support the physical labour requirements of nursing and midwifery care particularly in relation to bariatric patients;
- Resources to undertake the non-nursing/midwifery tasks (such as cleaning of beds) to enhance the capacity to provide direct clinical care;
- Access to and support for continuing professional development programs that meet current and future workforce and service requirements;
- A dynamic and vibrant career structure that attracts future nurses and midwives to the profession and importantly, provides them with the incentive to remain within the workforce;
- Career structures that reflect development of competence and skills in clinical practice, as well as the necessary coordination, management and educational professional support systems required for safe and effective practice;
- Fair and flexible working patterns, including family friendly rostering

patterns that allow nurses and midwives to remain in the workforce, meet their societal obligations and family responsibilities;

- Appropriate leave and other working conditions that assist recruit and retain nurses and midwives in disparate locations across the state;
- Willingness to adapt to the needs of the profession and provide a culture of support and engagement;
- Progressive career structures that reflect the development of competence and skills in clinical practice as well as the necessary coordination, management and educational professional support systems required for safe and effective practice;
- Provision of safe and affordable car parking is essential to all health care workers and the public. The ANMF (SA Branch) sees the safety of its members, as well as the public, as a fundamental right when visiting or working in a public or private hospital. The ANMF (SA Branch) seeks urgent action to extend safe and affordable car parking to nurses, midwives and to the public in the Women's and Children's Hospital and other North Adelaide Hospitals.

There is a need to improve the OH&S performance of the health system in a number of areas including:

- Manual handling where shortages of appropriate equipment and training must be addressed;
- Bullying and other inappropriate behaviours where there is a need to resource implementation of strategies, including mediation and counselling;
- Shift work and rostering where there is a need to explore and manage the impact of these work patterns on an ageing workforce, including fatigue and physicality of nursing/midwifery work;
- Systems, research and training for improving OH&S performance, particularly in nursing and midwifery.

There is a need to ensure that nurses, midwives and assistants in nursing/midwifery continue their entitlements to fair and decent conditions of employment wherever they work.

The working conditions of nurses, midwives and assistants in nursing/midwifery must be maintained in regards to the modern award system, enterprise bargaining and collective bargaining agreements. Job security is also of paramount importance to the professions.

The ANMF (SA Branch) is seeking commitment to the:

- Award system, current employment standards and existing conditions of all nurses and midwives;
- Maintenance of enterprise bargaining/collective agreements;
- Right of entry provisions for ANMF (SA Branch) officers to meet and represent members in places of work;
- Maintenance of paid trade union leave for union delegates;
- Job security for nurses, midwives and personal care assistants.

The ANMF (SA Branch) therefore seeks commitments from prospective governments that they will:

6.3.1 Commit to ensuring no reduction to the wages, terms and working conditions of nursing and midwifery employees for the life of the next Parliament.

6.3.2 Ensure that nurses and midwives wages, career structures and working conditions are such that will promote attraction and retention and which are comparable to national markets for the professions and to similar roles in other health professional groups.

6.3.3 Ensure the provision of safe, affordable and secure car parking for all health care professionals and the public accessing hospitals and health facilities including GP Plus centres.

6.4 Nursing and Midwifery Research

Traditionally, health and medical research funds have flowed almost entirely to medical research with its emphasis on curative technology.

Nursing and midwifery research is key to identifying the factors that influence the effectiveness and efficiency of our health system.

It is important that governments invest in the expansion of nursing and midwifery research, not only through direct funding for formal research via the new SA Health and Medical Research Centre, but also through provision of funds for research time for nurses and midwives incidental to their clinical, education or managerial roles.

The ANMF (SA Branch) believes that expansion of targeted (and competitive) funding in this area would deliver significant benefits to client care and for the national and international standing of the professions in SA which would assist in the marketing of employment opportunities here.



The ANMF (SA Branch) believes the nursing and midwifery research agenda must address the critical issues of safe staffing, skill mix, the impact of rationing of care on patient outcomes and the physicality of the nursing and midwifery workforce, to ensure that care delivery is based on the best available evidence and the national and international trends impacting on the nursing and midwifery workforce. Quality and safety of patient care, innovation in models of care and health delivery are central to our health system.

The ANMF (SA Branch) supports further research into the national health priorities including Cancer, Dementia and Diabetes management with the aim to find a cure or a more effective way for treatment.

The ANMF (SA Branch) therefore seeks commitments from prospective governments that they will:

6.4.1 Increase direct funding for nursing and midwifery research through a system of competitive annual grants within the SA public health system.

6.4.2 Increase funding to identify ways to successfully integrate the latest evidence into nursing and midwifery practice across diverse settings.

7. Capital and Infrastructure

The ANMF (SA Branch) has made clear its support for the rebuilding of the Royal Adelaide Hospital on a new site, given the significant work required to increase capacity, improve patient facilities and accommodation and provide procedural capacity for the future. The Weatherill government confirms its commitment to commissioning of the new Royal Adelaide Hospital (new RAH) in 2016 and the ongoing hospital and health service redevelopment program of works currently planned or commenced across metropolitan, country, rural and remote South Australia.

The ANMF (SA Branch) believes the views of nurses and midwives should be pivotal in determining models of care for the new RAH and they should be involved in any decision making processes concerning them. Participation of nurses and midwives in all aspects of the new RAH is critical to the successful transition to the new state of the art facility.

Whilst the ANMF (SA Branch) is supportive of the availability of single rooms in order to address infection control and client privacy, we have become increasingly concerned as to the ability to safely and appropriately provide for the care needs under a model where all clients are located within single rooms. This has been recently confirmed by preliminary results from the research undertaken in the UK in relation to the new Pembury Hospital (Maidstone and Tunbridge Wells NHS Trust).

It remains the view of the ANMF (SA Branch) that the unforeseen consequences of providing only, or predominantly, single rooms include:

- The inability to adequately or safely ensure access to skilled nursing/ midwifery (or other care) due to the increased numbers of workers required to provide patient care in single rooms. This includes the impact of geography as staff must move greater distances to attend to individual client needs;
- The dislocation/dissociation of the client from general observation and monitoring and a robust therapeutic environment due to the absence

of engagement with others. This includes the lack of interaction that arises between and observation that occurs by both other patients and nursing staff when patients are co-located in shared rooms.

The above consequences have been observed in hospitals (both public and private) where single rooms dominate. In particular, there is an observed tendency that staff do not enter single rooms in the absence of a specific task or intervention. Whilst this peculiarity may be capable of being overcome if it is indeed merely behavioral, the impact on the number of staff may mean that attendance on patients will, by necessity, diminish in any event. Therefore, it is critical that the SA nursing and midwifery staffing model provides for effective safe staffing and skill mix levels that enable patients to receive the highest level of care at the state's newest flagship of health care – the new RAH.

There is also a critical need for a program to upgrade the physical capacity and infrastructure in other hospitals and health services across the state including:

- Patient accommodation at the paediatric areas of the Women's and Children's Hospital;
- Country hospitals and health services, in general, suffer from a long-term failure to adequately address physical capacity and infrastructure. An urgent review of these health services is required in order to identify the current and future capital / infrastructure needs of these services. Priority must be given to those instances where patient safety is at risk and where effectiveness and efficiency of services can be improved.

Enterprise Patient Administration System (EPAS)

EPAS, the new SA government electronic health record system, has been recently introduced as part of the national e-Health strategy. EPAS seeks to transform the way clinicians such as nurses, midwives, medical practitioners and allied health provide care with a fully

integrated and accessible health care record. EPAS is currently in pilot phase at Noarlunga Health Service and the GP Plus Super Clinic Noarlunga. There is a planned rollout schedule to other major hospitals and country sites over the next two years.

EPAS provides a new clinical information system that enables multidisciplinary care planning for patient care including patient orders, pharmacy, nursing / midwifery and allied health. This new system aims to deliver a consistent and complete electronic health care record at the point of care, reducing the duplication and the ability to provide improved patient care, reduce the cost of retrieving, reviewing and transmitting paper based records. For health care professionals in the public sector the anticipated benefits include improving clinical work practices and processes, with improved coordination of services and provision of real-time clinical decision support that supports the ongoing monitoring and management of patients.

EPAS provides a unique opportunity to support evidence based contemporary clinical care and analysis of variations in patient care which can impact on outcomes. It will provide the vehicle for nurses and midwives to access point of care technology and decision support which are imperative for the future delivery of effective and safe care.

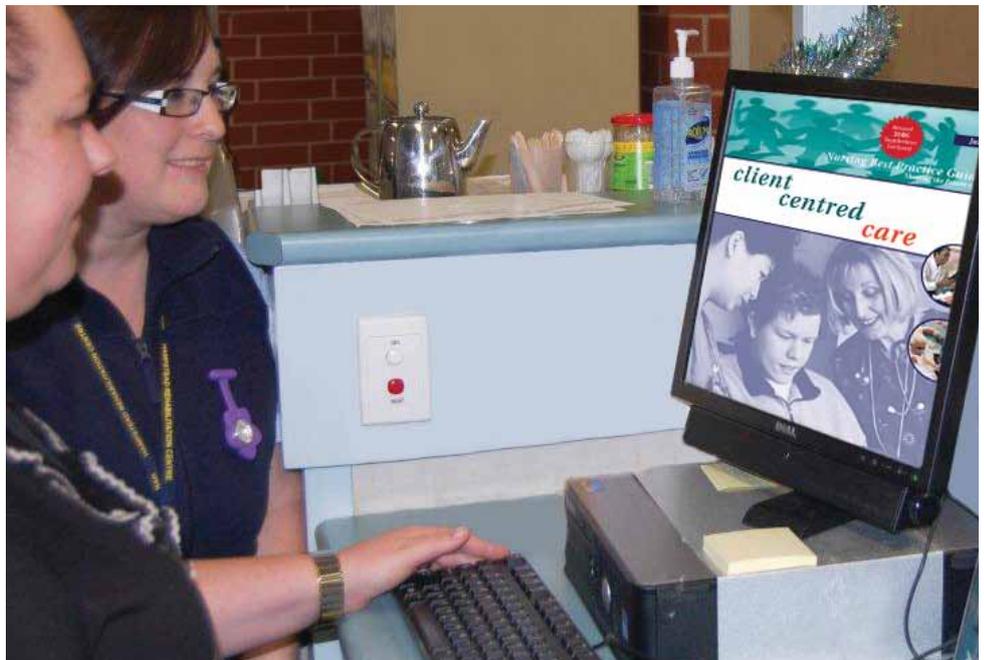
KPMG has been employed by SA government to undertake an independent evaluation of EPAS post its pilot at Noarlunga Health and GP Plus Centre.

It is important that EPAS delivers its key objectives and the KPMG evaluation recommendations are actioned prior to its rollout to other sites.

We believe that ongoing consultation with nurses and midwives is critical to the success of EPAS to enable the embedding of this major reform into day-to-day care delivery. Nurses and midwives must be resourced, provided with ongoing education and tailored training to support the delivery of optimal safe patient care.

We believe the EPAS roll out schedule should be expanded to include all country, rural and remote hospitals as originally planned. This will enable a truly single electronic health record for South Australia which does not have any existing clinical information systems to inform and support practice.

As well as providing access to the system in small country, rural and remote hospitals there is a need to ensure that nurses and midwives practicing in the community have access to such technology supports. The ANMF (SA Branch) supports the extension of EPAS to non-institutionally based practice nurses and midwives following appropriate modifications and piloting.





The ANMF (SA Branch) therefore seeks commitments from prospective governments that they will:

- 7.1 Commission the new RAH by 2016, and ensure there is a sufficient bed capacity, clinical service areas, emergency and other ambulatory care facilities to meet projected increases in the community need for hospital care in the next 20 years.
- 7.2 Ensure the development of new facilities based on single rooms consider the workforce and patient demand issues associated with that form of accommodation.
- 7.3 Ensure adequate preparation and support to enable the successful transition to the new RAH models of care and workforce.
- 7.4 Reconsider the need to proceed with infrastructure developments as public private partnerships and instead move to develop services as public built facilities.
- 7.5 Review as a matter of urgency the plans to upgrade the infrastructure of the health system as a whole and establish a clear planning and prioritisation framework for the allocation of resources.
- 7.6 Commit to expanding the rollout of EPAS to all health settings across country South Australia.
- 7.7 Commit to supporting the implementation and ongoing sustainment of EPAS across SA Health, in particular resources to support the education and training of staff in this new electronic clinical information system.

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Australian Nursing and
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