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STEPPING UP THE FIGHT FOR NURSING AND MIDWIFERY CAREER STRUCTURES
It’s been an incredibly busy and challenging period since last month’s professional and annual delegates conferences.

We’ve seen the long awaited move of the Royal Adelaide Hospital to a new location in the city’s western precinct. Congratulations to all members who planned, rehearsed and finally implemented the move. No doubt many of you, after serving for a very long period of time at the old site, felt a twinge of regret as you left the ward or practice setting for the last time. However, I am sure those regrets were matched by a nervous excitement about working in a new environment that can provide more to the patients that access its services.

Congratulations and thanks to members in other metropolitan and country hospitals who played an equally important role in taking the emergency admissions and transfers from the ‘old’ RAH ahead of the move.

We’ve also seen our hospitals endure a continuing high demand for services as a result of the extended and severe flu season still upon us. Members in emergency departments and inpatient areas have been experiencing strains in the capacity of the system to meet community need for this extra care.

We also witnessed the relocation of services from Hampstead Centre to Modbury Hospital and its refurbished rehabilitation service. Once again, members relocating within those services will enjoy the experience of a new, contemporary facility albeit with the challenge of building a new service in a new location.

The next big moves are those planned for the south with the closure of services at the Repatriation General Hospital at Daw Park and the shift of services to Flinders Medical Centre and Noarlunga Health Services. I’m certain the last days of work in the Repat will see many members shed a tear and hope the move to new practice settings, like the experience of members at the nRAH, will also be offset by the challenges and benefits of new purpose-built facilities in many cases.

Aged care continues to make news and once again not in a good way. The continuing problems in ensuring effective and appropriate nursing and personal care for residents in this sector can only be adequately addressed by regulating minimum staffing levels in aged care.

While understaffing remains a chronic problem for the sector, continuing staffing cuts and skill mix changes in a number of aged care services means members are struggling to even maintain the services they were once able to provide to people in their care.

We must, as a community, take on the challenge of ensuring that older people in care receive the services they need and deserve. As a nursing and midwifery organisation, we must take on the challenge to campaign for safe and effective care in this sector if we are to meet our professional obligations to advocate for the people in our care. Standby for more news on this front in the coming weeks and months.

The growing use of temporary contracts across the state public health system is a matter we are already acting to address. Recent data suggests the use of temporary contracts has grown yet again over the last year to unacceptably high levels.

In addition to the use of casual and agency hours, and members already on short-term graduate contracts, an estimated 1 in 6 nurses and midwives is on some form of contract that fails to assure their employment. Not only is this outcome unacceptable industrially as it substantially
disadvantages members, it is also a source of risk to the standard and continuity of patient care. We will be seeking urgent action across all Local Health Networks to address this issue. Members will shortly get an opportunity to share their personal experiences with temporary contacts via a survey aimed at ensuring we can address the issues at an individual level.

On a happier note, our very own in-house law firm Union Legal passed its first anniversary proudly benefiting a growing number of members with additional legal protection and support.

Establishing this law firm has enabled us to increase the value of legal coverage provided to members and, from this month, to extend a range of Union Legal services to immediate family of members. I am sure these enhanced and expanded services will provide peace of mind that additional support is now available to you—and your loved ones—in times of need.
The challenges of combining shift work with a healthy lifestyle

Nurses and midwives make incredible sacrifices as they often work unsociable hours and miss out on milestone family and social events due to various shift combinations.

Adj Associate Professor Elizabeth Dabars AM CEO/Secretary of ANMF (SA Branch) says penalty rates are vital in providing additional financial support to members who are looking to achieve a work life balance.

“The incentive of penalty rates makes it worthwhile for members who are rostered on to work weekends, public holidays, Easter and Christmas,” Ms Dabars says.

“ANMF (SA Branch) will continue to make it a top priority to protect penalty rates for nurses, midwives and assistants in nursing. Penalty rates are an important part of their income.”

While securing additional financial benefits is crucial for shift workers, maintaining a healthy lifestyle is also important but can be challenging.

It is common practice for members who work rotating shifts to skip meals and eat irregularly due to the demands while on the job.

Finding time to incorporate a regular exercise schedule can also be a daunting prospect.

Healthy eating and exercise however can vastly improve sleep patterns and your overall general wellbeing. Around 70 members from ANMF (SA Branch) participated in this year’s City-Bay Fun Run to create awareness about violence in hospitals and other healthcare settings.

Violence, such as in hospital emergency departments, is a common theme where nurses encounter patients kicking and spitting, displaying intimidating and threatening behaviour and verbally abusing them.

“It is totally unacceptable for violence to occur towards nurses, midwives and personal care assistants in any healthcare setting and
ANMF (SA Branch) won’t stand for it,” Ms Dabars says.

The ANMF (SA Branch) City-Bay team also raised funds for the Rosemary Bryant AO Research Centre.

Healthy lifestyle tips for shift workers;

- Pack healthy snacks such as sliced raw vegetables, fruit including apple, banana and oranges and raw nuts.
- Prepare and cook healthy meals ahead of time that can be frozen or invest in a slow cooker where meals will be ready when you arrive home.
- Avoid takeaway food and vending machines and bring your own healthy food to work.
ANMF (SA Branch) is currently negotiating a high number of new enterprise bargaining agreements across all sectors and at top of mind for members is securing the recognition of career structures.

Career structures enable nurses and midwives to be recognised for progressing through different stages of their professions as well as being remunerated for their increasing expertise that facilitates improved patient outcomes.

Adj Associate Professor Elizabeth Dabars AM CEO/Secretary of ANMF (SA Branch) says employers in some cases have not been willing to accept that practice does indeed progress from novice to expert, a theory that was understood and accepted internationally over three decades ago.

“Years of full-time practice at an advanced level is a prerequisite for entry to nurse practitioner programs which are the highest level of advanced practice in nursing and midwifery.”

Incremental progression is recognised in both the Federal and State Nursing Awards and the majority of enterprise agreements, as a means of rewarding nurses and midwives for the enhanced skills they develop as they accrue hours of practice.

Nursing Theorist Dr Patricia Benner introduced the concept that expert nurses develop skills and understanding of patient care over time complimented by education.

She has developed five levels of clinical competence from Novice to Expert;

“As nurses and midwives accumulate hours of practice, skills also increase. This is of great value to any organisation as the patient experience is enhanced by the high level of care delivered,” Ms Dabars says.
• Novice – beginners who have had no experience of the situation in which they are expected to perform.

• Advanced beginner – those who can demonstrate marginally acceptable performance and have coped with enough real situations.

• Competent – a nurse who has been on the job in the same or similar situations for two to three years and can demonstrate efficiency, is coordinated and confident in their actions.

• Proficient – The proficient nurse perceives situations as wholes rather than in terms of aspects. They understand a situation as a whole because they perceive its meaning in terms of long-term goals.

• Expert – the expert nurse, with an enormous background of experience, now has an intuitive grasp of each situation and zeroes in on the accurate region of the problem without wasteful consideration of a large range of unfruitful, alternative diagnoses and solutions.

This model is featured in Dr Benner’s book “From Novice to Expert: Excellence and Power in Clinical Nursing Practice,” and is one of the most useful frameworks for assessing nurses’ needs at different stages of professional growth.

“It is widely accepted that hours of accumulated advanced practice contributes to achieving an expert level,” Ms Dabars says.

ANMF (SA Branch) will continue to negotiate on behalf of members to protect and enhance wages and conditions as part of enterprise negotiations.
Anita’s passion to improve clinical practices in child, adolescent and women care transitions

Nurse Consultant Anita Minkus at the Women’s and Children’s Health Network has a burning desire to improve care transitions to achieve better patient/consumer experiences and health outcomes.

Anita who works within the hospital’s Nursing and Midwifery Clinical Practice Development Unit, overseeing the implementation of the Best Practice Spotlight Organisation® (BPSO®) program, is this year’s proud recipient of the annual Health Partners/ANMF (SA Branch) Scholarship.

The scholarship awards $5,000 to drive nurse-led best practice initiatives within our health system.

“I am tremendously honoured, excited and proud to be awarded this scholarship as it means I can widen my efforts in making more of a positive impact on clinical practices in child, adolescent and women care transitions,” Anita says.

“I am very committed to translating knowledge into action and embedding evidence based practice into a clinical culture setting.

“Winning the scholarship will greatly assist me to look further into other workplaces in Canada where implementing practice change in care transitions has been successful.”

Anita’s application outlined a particular interest in care transitions, having identified this as an important issue for the Women’s and Children’s Hospital due to the large number of care transitions within the service (hospital and community services) and including when adolescents are moving into adult services.
As the only women’s and children’s health service in Australia to be undertaking BPSO® candidacy, Anita has also been recognised for her extraordinary efforts in reaching out to similar care transition services in Canada so experiences can be shared.

“I have been forming relationships with hospitals in Ontario, so we can share successes and barriers with the implementation of the BPSO® care transitions best practice guideline. Due to the different time zones we have been regularly communicating via email and will soon use skype,” Anita says.

“Winning the scholarship will now enable me to travel to Ontario to meet BPSO® Leads from SickKids, Holland Bloorview Kids, Southlake and hopefully the Women’s College Hospital. I am so passionate about the BPSO® Project and this gives me the opportunity to see first-hand and visit the Registered Nurses’ Association of Ontario (RNAO).

“As we want to know if we are making a difference for our consumers with their health outcomes, RNAO collects data for evaluation of the BPSO® project. The benefits are for the consumers’ experience, organisational quality and safety and health system outcomes.”

The care transitions best practice guideline recommendations include reviewing the processes and tools used to provide a safe, quality and a smooth journey for people accessing a health service.

“I look forward to incorporating more internationally recognised RNAO clinical best-practice guidelines into the culture of our clinical setting.”

Winners of the scholarship have the opportunity to present at the ANMF (SA Branch) Annual Professional Conference about the outcomes of their scholarship and submit a paper to a peer journal publication.
‘You are not alone’ – Dementia Awareness Month

Australians are being encouraged to become dementia-aware during September and develop a better understanding of what it is like for a person to live with dementia.

The theme for 2017 is ‘You are not alone’ which highlights the importance of creating supportive communities for people with dementia, so they can live a high quality life with meaning and purpose.

Chanmakara Sun is a Registered Nurse who has worked in the aged care sector for the past four years and has only recently moved to looking after patients in a hospital setting.

“I certainly feel there could be a better understanding within the community about supporting people with dementia,” Chanmakara says.

“It’s a chronic, progressive and terminal disease and isn’t a normal part of ageing.

“We must always remember behind the diagnosis and the behaviour, a person living with dementia is a human being and showing mutual respect is integral in the care that we provide.”

413,106 Australians are living with dementia and 244 people are being diagnosed with the disease each day according to the report, The Economic Cost of Dementia in Australia 2016-2056, commissioned by Alzheimer’s Australia.

There are many types of dementia which is most common after the age of 65, including Alzheimer’s disease, vascular dementia, frontotemporal dementia and Lewy Body disease.

A person with dementia will experience a progressive decline in how they function and carry out their daily tasks. It will make thinking rationally more difficult and loss of memory, intellect, social skills and physical functioning become common symptoms.

“Dementia affects different people in different ways and my job is to identify a patient’s basic needs first. For example, if a patient becomes agitated and is repeatedly calling out or yelling, this could simply mean they are hungry, thirsty or need to go to the toilet,” Chanmakara says.

“We need to arm people with more knowledge about dementia, so they have a better understanding about the behaviours of people living with the disease,” he says.

“Many dementia patients can’t express themselves and tell us what’s wrong. If they are walking around and banging loudly on
doors, this can be a way of showing that they are in pain.

“Families are heartbroken to see their loved ones living with dementia, however it’s important to embrace the changes they are going through. Treat them the same way to how you previously did before they were diagnosed with the disease.”

For more details on Dementia Awareness Month click here

Do you work in aged care? Is your employer changing rosters, cutting staff hours, reducing nursing and care numbers and making staff redundant?

Take the ANMF confidential survey here
The Buurtzorg or ‘neighbourhood care model’ is surging in popularity worldwide, with 24 countries bringing online the specialised nurse-led teams.

The model is active in the UK, Japan, Sweden and the US state of Minnesota; however Australia is yet to formally embrace it.

ANMF (SA Branch) was recently given an in-depth look into why the Buurtzorg model should be on our radar here in South Australia.

Professor Jill Maben OBE from London’s King College delivered the first keynote address at last month’s ANMF (SA Branch) Annual Professional Conference and championed why a radical rethink about the way we provide care is needed.

“If we’re serious about healthcare, we need to make sure we humanise it,” Professor Maben said.

She told ANMF (SA Branch) members, the Buurtzorg model successfully addresses poor continuity of care. Under the Buurtzorg model, nurses form self-organising or autonomous teams to provide a complete range of home care services. They work closely with patients, doctors, allied health professionals and community networks.

Buurtzorg was founded in 2007 and employs more than 10,000 nurses in the Netherlands working across 700 neighbourhoods. The care provided includes looking after people needing palliative care and people with dementia and those suffering from chronic disease.

World Health Organisation principles on integrated community-based care are a main
focus of the model as is self-management.

Patients are supported by highly qualified nurses who encourage them to be independent and do the various things they can still manage on their own and in their familiar environment.

Buurtzorg challenges low skill and low cost healthcare staffing models that often dominate in the aged-care sector, by delivering greater efficiencies and using highly skilled nurses.

A 2010 Ernst and Young report revealed costs per patient were approximately 40 per cent less than comparable home care organisations and surveys have shown that patient satisfaction is the highest in the country.

Buurtzorg Nederland is the fastest growing not-for-profit organisation in the Netherlands and has been named the country's top employer.

"We started working with different countries and discovered that the problems are the same. The message every time is to start again from the patient perspective and simplify the systems.” Joss de Blok, Buurtzorg founder (a Registered Nurse and Economist).

**Buurtzorg – Fast Facts**

- New care delivery model
- Started in 2007 with one team/four nurses
- 10,000 nurses – 70% are Registered Nurses
- Delivering Community Based Health Care
- 70,000 patients per year
- 45 staff at the back office and 15 coaches
Supporting new graduates and helping to build networks

Nursing and midwifery students in their final year are often focused on finishing their studies and await graduation before looking to secure work.

While a clinical placement is a very important part to learning more, it also provides an opportunity to make a good impression to secure graduate position referees for future job applications.

ANMF (SA Branch) provides a major support network and is helping members who are new graduates to plan for their future.

A free Graduate Day will be held on Thursday 23 November from 9am until 4pm at the UniSA City East Campus with specialised training provided by ANMF (SA Branch). Only 200 places are available and the workshop will equip new graduates with the skills needed to enter the workforce.

Jo-Anne Day is a mature aged student who graduated from the Australian Nursing and Midwifery Education Centre (ANMEC) in July this year as an Enrolled Nurse and says she would love to attend the workshop as the application process can be daunting.

“I have spent hundreds of dollars paying someone to compile and write my resume as I was seeking professional guidance. As a full-time carer for my dad I am incredibly time poor, so building a support network around me is very important,” she says.

“I am currently looking for casual work and have applied to study for a nursing degree at Flinders University. Things are busy and if I can obtain an overview on the best tips for a new graduate in a day session this would be really helpful.”

Topics to be included in the workshop include industrial and legal issues, pay
and entitlements, interview and resume preparation as well as nursing and/or midwifery registration. Former graduates will also share their own experiences about successful job outcomes and the workshop accounts for six Continuing Professional Development (CPD) hours.

New ANMEC graduate, Villamor Francis has already secured his first Enrolled Nursing position as a casual at the nRAH and admits it’s a stressful time as you come to the end of your studies.

“I was really proactive in looking for the enrolled nursing positions available and talking with my lecturers to obtain the extra information I needed to apply for jobs,” says Villamor.

“I would definitely recommend students do their homework well ahead of their graduation and take up the support provided by ANMF (SA Branch) such as the Graduate Day.”

Graduate Day Program click here
Modbury Hospital has been earmarked as the modern and new Rehabilitation Hub for Adelaide’s north and north-eastern suburbs.

The hospital’s rehabilitation services have further increased inpatient capacity, to a total of 52 beds after a transfer of beds from Hampstead Rehabilitation Centre.

The rehabilitation wards on level 3 and level 4 East also provide a significant increase in therapy spaces and treatment, including three dedicated gyms, two functional rehabilitation kitchens and dining areas, along with bays and individual rooms with ensuites.

Jeanette Maddigan

Jeanette Maddigan is a Nurse Unit Manager at the upgraded facility after she transferred from Hampstead Rehabilitation Centre with a number of nursing, allied health, medical and administration staff.

“I was working at Hampstead for over two decades and was very excited to be presented with an opportunity to move to Modbury Hospital as part of the expanded rehabilitation service,” Ms Maddigan says.

“The first thing which struck me when I arrived, was how patients had immediate access to allied health services such as equipment for physiotherapy and occupational therapy,” she says.

“Everything is available on the wards. If a patient for example has a fall, they can obtain treatment from a physio straight away as opposed to going off the ward to access therapy.

“As nurses, we’re together with the allied health professionals all the time and working more in tune as a team which enables us to step up the level of care we can provide.
“This process really assists with faster patient recovery.”

The new ward at the Rehabilitation Centre features larger rooms and a home environment setting has been created with the installation of a kitchen.

The facilities, including the revamped wards, are enabling more stroke, orthopaedic and amputee patients, as well as those recovering from surgery or other illnesses, to receive care closer to home and to regain their independence so they can return home sooner.

“The advancement of technology has also lifted the standard of care as we can take advantage of the portable gantry system which assists with the manual handling of patients,” Ms Maddigan says.

“We have access to bariatric beds and lifters. Overall this helps us attend to patients at a quicker rate.”

The expanded Rehabilitation Hub also includes the newly built specialist ambulatory rehabilitation centre (SpARC) delivering day rehabilitation services and specialist consulting clinics. SpARC also has a hydrotherapy pool for both inpatients and outpatients.

Stage three of the redevelopment of the Queen Elizabeth Hospital once completed, will take on the remaining Hampstead general rehabilitation services.