



Australian Nursing and
Midwifery Federation
(SA Branch)

*in*touch

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Online!



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**JULIA GILLARD
TO SHARE HER
'SURVIVOR'S
GUIDE' AT
THIS YEAR'S
CONFERENCE**

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CONNECTING WITH MEMBERS, ONE WORKPLACE AT A TIME

Over recent months, I have been undertaking workplace walkarounds to connect with our members in their respective wards and units.

Being able to directly engage and discuss any areas of concern with members is invaluable to my role of advocating on behalf of South Australia's nursing and midwifery workforce and provides an important opportunity for me to thank you for the work that you do each and every day.

Regularly visiting member workplaces across the state is also a key part of my personal commitment to be 'with you in work and in practice'.

I am always impressed by the work you undertake for our community every single day in such diverse myriad ways. I'm also often overwhelmed by the openness of members in sharing your experiences, challenges and opportunities with me.

During these recent walkarounds, it has become increasingly apparent not only how skilful you are, but how you manage to not only survive but incredibly to excel in increasingly challenging circumstances.

Resources are often limited, and demand is ever growing.

So too am I impressed by the high-level and solutions-oriented approach you individually and collectively take in

trying to work through and resolve these issues.

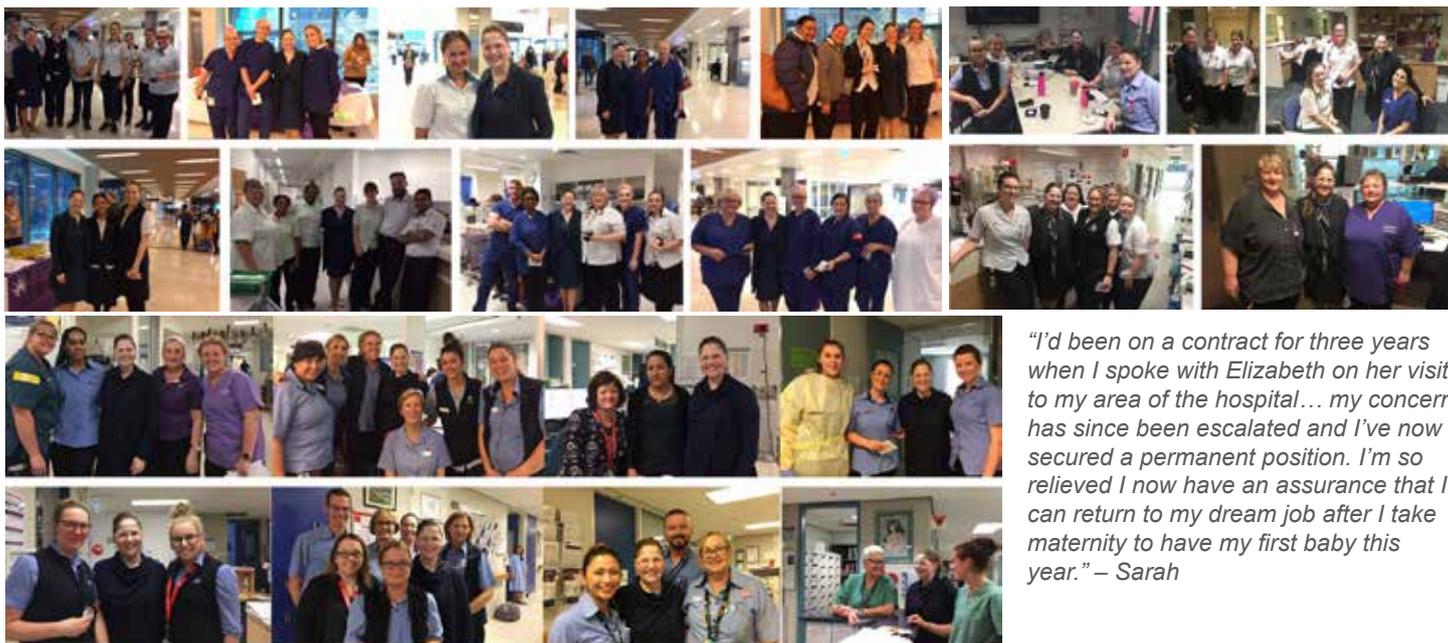
I am acutely aware that your individual and collective talents and skills, incredible as they are, will never and can never entirely substitute for system failures. We know you need the resourcing and structure of a system to support you—an obvious gap that we remain determined to seal by advocating on your behalf.

I can absolutely assure you, that it is our commitment to work with you at every level—whether that be unit, hospital, Local Health Network, state-wide, federal or indeed internationally—in order to protect and improve your ability to provide the care your patients need and deserve.

Thank you for taking the time to speak with me on these visits. I congratulate you on the important work you are doing.

The team and I look forward to continuing to work with you to address your challenges and progress positive opportunities.

Adj Assoc Professor Elizabeth Dabars AM



"I'd been on a contract for three years when I spoke with Elizabeth on her visit to my area of the hospital... my concern has since been escalated and I've now secured a permanent position. I'm so relieved I now have an assurance that I can return to my dream job after I take maternity to have my first baby this year." – Sarah

"It was great to be able to personally express my gratitude to Elizabeth for the ANMF (SA Branch)'s efforts in helping me obtain a permanent role. The threat of the bed closures in my ward meant I was in danger of not having continuing employment. Thanks to the work of the ANMF team, I now have a permanent position and so do a number of my colleagues." - Anonymous



CONTINUED VIOLENCE IN HOSPITALS HIGHLIGHTS A FAILURE TO CURB WORRYING TREND

Two violent incidents in South Australian hospitals in recent weeks indicate the need for better protection of nurses and midwives and are further evidence of a worrying trend of increased violence in healthcare.

On June 7, a patient allegedly attempted to strangle a nurse in the Royal Adelaide Hospital (RAH) Emergency Department, while a Medical Officer sustained a shoulder injury when they intervened.

It took Spotless-contracted security staff seven minutes to respond, and they were not confident enough to provide assistance once they did.

The RAH attack followed an incident in the Mount Gambier Hospital carpark on 20 May when a hospital employee was assaulted by an inpatient.

The victim was allegedly verbally abused outside the main front doors of the hospital before being punched in the chin. The perpetrator, a 38-year-old Millicent woman, has since been charged with aggravated assault.

Australian Nursing and Midwifery Federation (SA Branch) CEO/ Secretary Adj Associate Professor Elizabeth Dabars AM says the events are consistent with anecdotal evidence that incidents of this nature are on the rise.

“It is concerning that RAH members are reporting the frequency of injury—and a similarly inadequate response—to be a regular occurrence,” Ms Dabars says.

“It’s an incredibly sad state of affairs when you have the people dedicating their lives to caring for others having to worry about their own health and safety while doing so.”

“What is especially disappointing is that the rise in these types of incidents is despite a relatively recent state-wide campaign calling on the public to help put a stop to violence in healthcare.”

The State Government campaign (watch video [here](#)) launched in 2017 in response to an alarming 30 per cent increase in code blacks.

“It is completely unacceptable for staff to be working in an environment that we know can become hostile very quickly without adequate safeguards in place.”

In the wake of the RAH attack, ANMF (SA Branch) has written to Central Adelaide Local Health Network (CALHN) seeking an independent review into its current policies and procedures.

“Appropriate measures need to be put in place to ensure the safety of nurses and midwives, particularly those at the very frontline of our health care system.”

“The shooting of a security guard and police officer at Sydney’s Nepean Hospital in 2016 should serve as a startling warning as to the potential seriousness of situations which can arise should these concerns continue to go unaddressed.”



SCREENING TOOL SET TO EMPOWER MORE ABUSED PREGNANT WOMEN

One in three women in Australia have experienced physical and/or sexual violence at the hands of someone they know—a shocking reality that is, tragically, growing in prevalence.

Helping to empower victims to ultimately free themselves, and their unborn and newborn children, from violent relationships are people like Women's and Children's Hospital Network's (WCHN) Kerriane Carter.

The Registered Nurse and Clinical Midwife is part of the team helping to prepare the WCHN for the impending rollout of an international evidence-based best practice guideline centred on abused women.

One area of Kerriane's focus in this capacity is the development of a screening tool to identify at-risk women across the network.

"Women don't necessarily know they're in an abusive relationship, because society regards domestic violence as physical abuse," Kerriane says, "But there is a lot more to domestic violence than what you can see."

"It can be emotional or financial, it can be isolation or control—and these types of domestic violence are often harder to identify," she says.

She says the tool will be embedded as routine practice to screen all women aged over 16 who present at the hospital for any reason and at any stage of their pregnancy journey.

"The tool will enable us to ask a few key questions to raise awareness of

domestic violence behaviours and foster conversations about an area that society really wasn't openly talking about three years ago."

"In preparation, I'm talking to staff about the barriers they might have in broaching the topic with a woman and I'm putting together an education strategy around this."

"Asking the questions is one thing, but staff also need to be educated on the best way to help women who may identify as at-risk."

She says, educating staff is a big part of ensuring the new practices are embraced network-wide.

"As health professionals, we need to have an understanding as to why a woman would stay and also how best we can empower her with the right support information, so if she chooses to leave she can do so safely for her and her baby."

Statistically, women can reach out to help services up to 14 times before choosing to leave a violent relationship.

Kerriane's long-held passion for helping domestic violence victims was further incited by an experience during a home visit four years ago.

"I was visiting a woman at what I thought was her home, only to discover it was her ex-partner's residence where an intervention order was in place because it was unsafe for her to be there."

At the time, Kerriane says she wasn't confident in knowing what she should

be doing or could be doing to help. But, she made it her mission to find out.

"That experience made me want to have a better understanding of what this woman's life looked like, what the risks to her and her baby were, and what we as health professionals could do to help."

"I wanted to better understand the cycle of violence, why this woman wouldn't leave and how I could better support her to make the right choice to leave the relationship."

Kerriane's quest to help seems limited only by the small amount of contact she has in a woman's entire life-span.

"You only see them for a short time, so the best we can do is wrap the available services around a woman, so she feels empowered to safely leave to protect herself and her children."

"If we can inspire one woman to make a change in her life and the life of her child, then we're doing a great job."

'Woman Abuse' will be the third Best Practice Guideline to be rolled out across the WCHN to complete the site's transition to become a Registered Nurses Association of Ontario-accredited Best Practice Spotlight Organization.

The Women's and Children's Hospital also became an accredited White Ribbon Workplace in 2017, recognised for its efforts in taking active steps to stop violence against women.



FLINDERS MEDICAL CENTRE NURSES, MIDWIVES SAFER THANKS TO CAR PARKING WIN

Following safety concerns raised by members at Flinders Medical Centre (FMC) nursing and midwifery staff, accessible car parking for staff is a topic that's been hot on the agenda for some time.

Although it's an issue that might now be a thing of the past, as ANMF (SA Branch) successfully negotiates additional car parking spaces for exclusive use by nurses and midwives at FMC.

CEO/Secretary Adj Associate Professor Elizabeth Dabars AM says staff safety has continued to be a priority for ANMF (SA Branch) since mid-last year when reports surfaced about women being stalked in FMC car park.

"Everyone has the right to feel safe walking to and from their car for work—and even more so when you're having to do this in the middle of the night because you're a shift-worker," Ms Dabars says.

"Onsite security of course has a big role to play but securing

access to car parks closer to the hospital entrance will also go a long way towards keeping our members safer," she says.

This month's car parking feat follows ANMF (SA Branch)'s success in securing an additional 100 car parks for nursing and midwifery staff earlier this year.

One nurse, who wishes to remain anonymous, says the news has lifted a huge weight off her shoulders.

"I feel safer already knowing I can leave for work at the usual time and still find a carpark close to the hospital and under good lighting, rather than leaving an hour or so earlier with no guarantee of finding any parking space."

Her colleagues too are "rejoicing" at the news.

"Many nurses were having to park illegally and cop the fines because they didn't have time to drive around for an hour waiting for a park to free up."

"And it wasn't unusual to have to give up your tea breaks to move your car, because you'd only managed to find a two-hour spot," she says.

But her greatest sense of relief came with the knowledge that night-shift workers would no longer have to park their car nearly a kilometre away in a poorly lit private car park.

"I'm extremely relieved for my colleagues who I never felt comfortable with them parking so far away from hospital."

"We all have a duty of care to one another and for each other's personal safety."

The additional carparks have been allocated in the Northern Car Park, which is a well-lit two-minute walk to the Medical Centre's main entrance.

ANNUAL PROFESSIONAL
CONFERENCE 2018

SHARING THE LIMELIGHT

VALUING NURSING
AND MIDWIFERY

WHEN:
1-2 August 2018

JULIA GILLARD TO SHARE HER 'SURVIVOR'S GUIDE' AT THIS YEAR'S CONFERENCE



If there was anyone qualified to talk about surviving immense public scrutiny and coming out on top, it's the Hon Julia Gillard AC.

And we're honoured to welcome her to this year's line-up of internationally renowned speakers, public figures and entertainers.

Australia's 27th and first female Prime Minister certainly needs no introduction, but that's not going to stop us...

The former Prime Minister is Chair of *beyondblue*, where she's been a board member since December 2014. Ms Gillard also serves as Chair of the Global Partnership for Education, a leading organisation dedicated to expanding access to quality education worldwide.

Ms Gillard is a non-resident Distinguished Senior Fellow with the Center for Universal Education at the Brookings Institution in Washington and an Honorary Professor at the University of Adelaide. Ms Gillard serves as Patron of CAMFED, the John Curtin Prime Ministerial Library and the Aim for the Stars Foundation, and is also on the Board of Governors of the Committee for the Economic Development of Australia.

Ms Gillard will be speaking across her three capacities, presenting 'A Survivor's Guide to Public Life: From politics to beyondblue and Global Education'.

Don't miss the opportunity to hear this first-hand account from the epitome of a strong leader.

Register for this year's conference and take advantage of the discounted early bird rate, saving you \$100 off until 30 June. And don't forget you can get even more money back in your pocket by claiming the cost on this year's tax return.

[register now](#)



DEVELOPING AN ALTERNATIVE FUNDING MODEL FOR RESIDENTIAL AGED CARE

If you've ever found it difficult to correlate the living conditions in residential aged care with the earnings of some of the for-profit providers, you're not alone.

In fact, thanks to the Australian Nursing and Midwifery Federation's research and reporting in this regard, the Senate Economics Reference Committee last month announced an Inquiry into the financial and tax practices of Australia's for-profit aged care providers.

The ANMF's report, prepared by the Tax Justice Network – Australia, showed that the top six for profit providers received \$2.17 billion in government subsidies but paid little, or no tax.

Finding an alternative funding model for residential aged care, fittingly, is the focus of a presentation at this year's ANMF (SA Branch) Annual Professional Conference by University of Wollongong's Professor of Health Services Research and Director of the Australian Health Service Research Institute (AHSRI) Kathy Eagar.

Prof Eagar has over 35 years' experience in health and community care systems, during which she has divided her time between being a clinician, a senior manager and a health

academic. She has authored over 450 papers on management, quality, outcomes, information systems and funding of the Australia and New Zealand health and community care systems.

She is currently heading up a team of over 60 researchers covering 20 disciplines across eight research centres including the Centre for Health Service Development (CHSD), the Australasian Rehabilitation Outcomes Centre (AROC), the Palliative Care Outcomes Collaboration (PCOC), electronic Persistent Pain Outcomes Collaboration (ePPOC) and the National Casemix and Classification Centre (NCCC).

More pertinent to her conference presentations, Prof Eagar is currently leading the national Resource Utilisation and Classification Study (RUCS) for the Australian residential aged care sector.

We had a quick Q&A with Professor Eagar to find out more about her and, importantly, what we can expect to learn from her conference address:

a) Without giving away your message, what can attendees expect to take away from your presentation at this year's ANMF (SA Branch) conference?
I will present preliminary findings

from the national residential aged care Resource Utilisation and Classifications Study (RUCS). RUCS is currently in progress and will be complete by the end of 2018. This is the first ever costing and classification study in residential aged care and it is focusing on what drives costs in residential aged care.

b) Can you tell us about the most memorable time your life was impacted by a nurse or a midwife?

My sister Sandy is a nurse and she manages refugee nursing services in NSW. Her experiences have made me proud of Australian health care but ashamed of Australian refugee policies.

c) If your six-year-old self dictated your current career path, what would you be doing?
A first-grade school teacher

d) What are three things still left on your bucket list?
Travel, travel, travel

 **register now**



ANMJ TO ALIGN WITH IN PRACTICE: A ONE-STOP SHOP FOR ALL YOUR NURSING AND MIDWIFERY NEWS

You'll soon be receiving all of your national and SA-specific nursing and midwifery news in one convenient bundle. The *Australian Nursing and Midwifery Journal* (ANMJ) is set to become a quarterly publication that will align with the ANMF (SA Branch) *In Practice* magazine, and they'll be delivered together, direct to your letterbox. You'll receive them both every three months, beginning in October.

The July edition of the *Australian Nursing and Midwifery Journal* (ANMJ) will be the last monthly edition you'll receive at home.

October will bring the first quarterly edition of ANMJ, which you'll receive at home bundled with your ANMF (SA Branch) *In Practice* magazine.

In August and September, these will be issued electronically and can be viewed online [here](#)

