175 years of nursing at the Royal Adelaide Hospital

What you need to know about the new Return to Work scheme

New ANMEC courses support and educate managers at all levels
COLD SNAP FREEZES OUR EMERGENCY DEPARTMENTS, BUT IS THERE A SUSTAINABLE SOLUTION?

As South Australia well and truly shivers into winter, it is also the time of year that we hear frequent reports of emergency department overcrowding and the ripple it causes throughout our entire hospital system.

This year’s winter adds an extra layer of complexity, with the flu season already shaping up as the worst we have seen for years. At the time of writing, there were 2105 notified cases this year, in contrast to approximately 800 at the same time last year. There were also declared outbreaks in 15 aged care homes, with these residents accounting for 37% of all patients diagnosed with the flu in South Australia.

In comparison New South Wales has had 2315 notified cases this year, despite having a population more than four times the size of ours.

While the State Government has put a number of mechanisms in place to deal with the influx of flu patients – including transferring convalescing patients to peri-urban hospitals at Mt Barker, Gawler and potentially the South Coast to free up space in metropolitan EDs – there is a larger problem that requires a meaningful solution.

How do we find a long-term solution to the paralysis that seems to grip our emergency departments and wider hospital system each winter? The only real way forward is to continue with the Transforming Health program that offers the potential of greater efficiencies through service restructuring and reform.

But it is becoming increasingly difficult to keep the faith in this goal given the groundswell of political pressure and public concern about the future of our health system. The recent State Budget did little to quell these concerns, with the savings targets proposed in the forthcoming year seeming unachievable given the current pressures on the health system.

This was then further exacerbated by the State Opposition’s opportunistic response to Health Minister Jack Snelling’s statements to Parliament in late June, where he confirmed that achieving a more efficient health system would demand cutting unrequired beds.

“Our ratio is 2.6 (per 1000 people) and the national average is about, I think from memory, 2.1. So we have significantly more hospital beds for our population size… than other states and, in fact, any other Australian state,” he told Parliament.

“I make no secret of the fact that I would like to see that brought down to closer to what the national average is.”

Opposition leader Steven Marshall then claimed this meant up to 840 acute hospital beds would be cut from the system; a claim that seemed to be based on a simplistic mathematical analysis and also omitted one key fact - the State Government has publicly committed to maintaining the current bed numbers across the metropolitan area unless or until there is clear evidence of reduced demand.

So while the fear of immediate cuts creates headlines, it is no secret that a reduction in hospital bed numbers in South Australia is considered inevitable under the Transforming Health program.

We must follow through on our commitment to work with the State Government to ensure that any changes to our health system are based on strong evidence and promote equitable access to quality health care for all South Australians. But this also means we all have a responsibility to ensure that we are not embracing change just for the sake of change. The only way we can do this is by continuing to participate, not just spectate or commentate.

With this constant goal in mind, it is no coincidence that the theme our Annual Professional Conference this month is Possibilities and Pitfalls: Learning from the Past and Building for the Future. The conference will focus on the lessons we have learned from past health care reform, and on the challenges ahead in making sure future change is supported and sustainable.

The conference runs on Wednesday, August 5 and Thursday, August 6. It is not too late to register your attendance by giving the ANMF (SA Branch) a call on 8334 1900. Attendees will also gain 14 CPD hours.

I hope to see you there.

Yours sincerely,

Adj Assoc Professor Elizabeth Dabars AM
CEO/Secretary
MERS CORONAVIRUS: WHAT YOU NEED TO KNOW

Middle East Respiratory Syndrome coronavirus (MERS-CoV) has been around since 2012, but only recently made headlines here in Australia. So just what do you need to know about this deadly disease?

At the time of writing, more than 1,270 people worldwide have been diagnosed with MERS, and of these at least 450 people have died.

The most recent outbreak – in South Korea and now China – has killed 33 people in what is the largest occurrence outside of the Middle East since the syndrome was first identified in September 2012.

But compared to the spread throughout the Middle East, the outbreak in Korea has been fairly rapid with a relatively large number of cases in a short amount of time, raising concerns that the virus has mutated and become more easily transmissible.

So what do you need to know about MERS-CoV and how are local authorities preventing its spread?

SYMPTOMS

- Rapid onset of fever, cough, shortness of breath, leading to pneumonia.
- Other symptoms include muscle pain, diarrhoea, vomiting and nausea.
- There have also been people with mild symptoms and some have caught the virus but have no symptoms.

HOW IT SPREADS

It is not yet completely understood how people are getting this disease. Some people in the Middle East appear to have contracted the disease from infected camels and bats. It appears to spread from an infected person to another person in close contact. There is no vaccine for MERS.

HOW IS IT DIAGNOSED AND TREATED?

A laboratory test on fluid collected from the back of the throat or the lungs can diagnose MERS-CoV. There is no specific treatment for MERS-CoV but early medical care can save lives.

HOW HEALTH AUTHORITIES PLAN TO PREVENT ITS SPREAD IN AUSTRALIA

The World Health Organization (WHO) is working with countries that have had people with MERS-CoV to try and stop it spreading and to find out more about the disease.

There have been no reported cases of MERS-CoV in Australia. The Department of Health continues to issue updated advice to health care workers and hospitals in Australia on dealing with a suspected case of MERS-CoV.

However, health care workers are advised to consider the possibility of MERS-CoV infection in patients with:

- An illness consistent with an acute febrile respiratory infection and a history of:
  - travel to the Middle East in the 14 days before illness onset
  - contact with health care facilities in South Korea in the 14 days before illness onset
- An illness consistent with an acute respiratory infection and contact with a suspected or confirmed MERS-CoV case in the 14 days before illness onset.

MERS-CoV is a notifiable and controlled notifiable condition under the South Australian Public Health Act 2011. Medical practitioners are required by law to notify suspected and confirmed cases of MERS-CoV to the Communicable Disease Control Branch on 1300 232 272, 24 hours 7 days a week.

The ANMF (SA Branch) will keep members informed of any developments on this issue. Keep your eyes on our weekly e-Bulletin for updates.
175 YEARS OF NURSING
AT THE ROYAL ADELAIDE
HOSPITAL

With the Royal Adelaide Hospital celebrating 175 years last month, this edition of InTouch takes a look at the history of the hospital and the role of the nursing profession since its foundation on 15 July 1840.

As South Australia's first hospital, the Royal Adelaide has a long and proud history. Indeed, the nursing profession in South Australia has its roots firmly planted at the Royal Adelaide Hospital, which housed one of the state's first nurse training schools.

Known as The Adelaide Hospital until 1939 when it gained the ‘royal’ prefix, the RAH has educated more than 11,000 nurses since 1889, many of whom have gone on to lead nursing services, education and research throughout Australia and in other countries.

But when The Adelaide Hospital first opened there were no trained nurses, only female attendants. While the legacy of Florence Nightingale led to the creation of the world’s first nurses’ training school in London in 1860, The Adelaide Hospital was nearly 50 years old when nurse training began in 1889.

By 1900 nurses in South Australia began to seek more formal recognition of their qualifications and to have greater control of nursing affairs. In 1920, one year after the passage of the Nurses’ Act in Britain, legislation was enacted in South Australia to bring the regulation of nursing education under the control of the Nurses’ Board.

The nursing contribution to the armed services during the Boer War, and World Wars I and II added status to the profession, which was further developed throughout the women’s liberation movement during the 1960s and 1970s.

For many generations of nurses ‘the Adelaide’ or ‘the RAH’ was both workplace and home, as all nurses were required to live-in until 1980.

Dr Joan Durdin, a renowned South Australian nursing historian, writes of the contribution the nursing professions have had in the Royal Adelaide Hospital’s rich history. “Generations of nurses numbering over 11,000 move in and out like threads on a shuttle, in the process of weaving this fabric. Not only do they bring colour, continuity and strength, but without them there would be no fabric,” she writes in her book Eleven Thousand Nurses: A History of Nursing Education at the Royal Adelaide Hospital.

Former RAH Chief Executive Officer, Kaye Challinger, speaks similarly of the role that these 11,000 nurses played in Dr Durdin’s book. “Although buildings and technological equipment are of increasing relevance in contemporary health services, skilled, sensitive and creative health professionals are the single-most important component of any hospital. Nurses play a critical role in this regard,” she says.

Dr Durdin’s books Eleven Thousand Nurses: A History of Nursing Education at the Royal Adelaide Hospital and They Became Nurses: A History of Nursing in South Australia 1836-1980 are available for loan at the ANMF (SA Branch) Library at 191 Torrens Road, Ridleyton (phone 8334 1969).

To purchase your own copy, phone the Royal Adelaide Hospital on 8222 4194.
A BRIEF HISTORY OF THE ROYAL ADELAIDE HOSPITAL

1840
Sir George Kingston designed the first Adelaide Hospital. The foundation stone, made of stone quarried from behind Government House, was laid on 15 July 1840.

1841
The Adelaide Hospital opened near the intersection of North Terrace and Hackney Road. The hospital housed 30 patients with room for an additional 10 beds.

1849
Mrs Johanna (Joanna) Briggs was appointed as the hospital’s first Matron.

1856
The second purpose-built Adelaide Hospital opened at the RAH’s present site, replacing the original hospital. It consisted of two wings with a central area to accommodate a surgery, dispensary and the surgeon’s quarters. The new build cost 37,500 pounds. The West Wing contained wards Victoria, Martin, Adelaide, Albert, Dorcas, Faith, Alexandra and Wyatt. The East Wing contained wards Leopold and Alfred, and female wards Hope and Beatrice. The East Wing also held the nurses’ dining room, which was also used as a chapel.

1864
William Wyatt was appointed Chairman of a committee to investigate complaints against the hospital that patients who could not afford to pay the 21 shillings per week accommodation fee were getting in for free. This led to the appointment of a new Board of Management for the Adelaide Hospital by Act of Parliament in 1867.

1866
The East Wing was added to the main building, providing four more wards, nurses’ dining room and accommodation and a padded room.

1877
The Ovariotomy Cottage was built on the Fronie Road side of the West Wing. The removal of healthy ovaries was often performed to cure “menstrual madness”. When ovariotomies were no longer performed by the 1890s, the Ovariotomy Cottage was used as a theatre.

1878
A building housing the Da Costa and Yetes infectious diseases wards opened on the East Wing.

1882
Nursing accommodation was built to the west of the Da Costa ward. Named The Terrace, the building housed nurses until 1911, when the new nurses’ home was built and The Terrace was used to care for unruly patients. The first outpatient building was built on the south-west corner of the hospital grounds.

1884
The new outpatients block opened.

1889
Nurse training commenced at Adelaide Hospital. Miss Maud Thackthwaite was made matron.

1891
A new theatre block opened. Work commenced on a new two-storey building on the south-east corner of the grounds. The building was known as the New Wing and provided and additional 80 beds.

1894
Issues around the control and appointment of nurses saw a walk out of honorary medical staff in support of the nurses – known as ‘The Hospital Row’.
1989
Miss Margaret Graham was appointed Matron. Miss Graham gained notoriety years earlier by supporting a group of senior nurses who defied hospital authorities and the Government during the Hospital Row.

1899
South Australia’s first X-ray machine was installed.

1901
Telephones were installed throughout the hospital.

1904
The original 1840-built hospital became the Consumptive and Cancer Home.

1911
The nurses’ home on Frome Road – now known as the Margaret Graham Building – was opened. There were no provisions made in the original plans for bathrooms so these had to be added on the eastern balconies. The basement of the building contained a pool – but once filled, it could not be drained due to the higher main sewer lines underneath Frome Road. The Fire Brigade was called to pump out the area and it was never again used as a swimming pool.

1920
Torrens Ward opened for male ear, nose and throat patients.

1921
Miss Eleanor Harrald became Matron on the retirement of Miss Graham.

1922
Electric lighting replaced gas throughout the hospital.

1923
The Dental Hospital opened on Frome Road.

1925
The first blood transfusion was given at the Adelaide Hospital.

1926
Austral House – now known as Ayers House – became the Medical Officers’ quarters. In 1933 it became the night nurses’ quarters and in 1949 the Nurses’ Preliminary Training School.

1933
Miss Lucy Daw became the new Matron.

1935
An outpatient department building was constructed on the corner of Frome Road and North Terrace. The outpatient department moved to the new Administration Services building in 1969, and the School of Nursing took over occupation of the building. It remained there until 1993, when it became the Women’s Health Centre.

1939
The Adelaide Hospital was granted the ‘royal’ prefix and became the Royal Adelaide Hospital.

1940
The massage department was renamed the physiotherapy department.

1943
The resuscitation unit and transfusion services were established.

1946
The McEwin Building opened, housing an X-ray machine, plaster room, operating theatres and surgical wards Lomman and Lundie. This made the RAH the biggest single hospital theatre unit in Australia.

1949
A thoracic surgical service was created.

1951
The urology unit and neurosurgical services were established.

1954
A second nurses’ home opened. Both were renamed as the Margaret Graham and the Eleanor Harrald buildings in 1955. Accommodation included 314 single bedrooms.

1956
Grace Lester became the first Indigenous Australian to complete training at the RAH. The old outpatients building became medical wards Gawler and Alexandra.

1962
The New East Wing opened.

1963
The first group of four male nurses were transferred to the RAH. Demolition of all 47 buildings of the old hospital began, including all buildings constructed between 1856 and 1890.
1967
RAH adopted the Coat of Arms with the motto Servire ac Docere – to Succour and to Teach

1969
The intensive care unit was established. The 12-storey nurses’ residential wing opened. The construction of the North Wing began, accommodating 570 patients.

1972
A renal unit was established.

1973
The emergency retrieval service was established.

1976
The haematology unit was established.

1980
The mandatory requirement for nurses to live-in was lifted. The Department of Radiology was established.

1985
A drug and alcohol unit was established.

1989
The first acute pain unit in Australia was established. The hyperbaric unit was established and a multi-person hyperbaric chamber was purchased.
The cardiothoracic unit performed 1052 open heart operations – the largest number in a single year in Australia.

1990
The new North Terrace front entrance opened, enclosing the space between the Bice and McEwin buildings.

1993
The last intake of RAH trainee nurses graduated. Nurse education was then fully transferred to the tertiary education setting.

1995
The helipad opened.

1996
The first dedicated breast care nurse was introduced to the RAH Cancer Centre. The Joanna Briggs Institute for Evidence Based Nursing and Midwifery was created.

2000
Further redevelopments commenced. The RAH’s membership in the World Health Organisation’s International Network of Health Promoting Hospitals was conferred.

2001
CEO Kaye Challinger established the RAH Redevelopment Fund with Robert Gerard AO as Chairman. The fund raised $4.5 million in 18 months for equipment for the new wing.

2002
The Trauma, Retrieval and Burns Unit sent response teams to assist and repatriate victims of the Bali bombings.

2003
The new emergency department opened. At the time of opening it was the largest and most advanced ED in Australia, with 46 patient cubicals and four separate resuscitation areas. The new critical care floor opened with a 33-bed ICU, a Burns unit and Post-Anaesthetic Recovery unit.

2004
A team from the RAH was sent to Aceh to provide retrieval, intensive care, operating and triage services in the wake of the Boxing Day tsunami.

2007
Then-Premier Mike Rann announced the RAH would be replaced by a new state-of-the-art hospital at the West end of Adelaide’s CBD.

2011
Construction commenced on the nRAH.

2012
The RAH Burns Unit received accreditation by the American Burns Association, the only international burns unit to receive the honour.

2015
A hyperbaric chamber was installed at the nRAH. The chamber can seat up to 20 people in two treatment rooms, 15 more than the chamber currently in use at the RAH.
The first of two state-of-the-art rooms were fitted out and furnished. The first beds for the nRAH were received.

Timeline and photos compiled with the assistance of CALHN and the RAH Heritage Office.
SA HEALTH LAUNCHES NEW FRAMEWORK AIMING TO CURB CHALLENGING BEHAVIOUR

SA Health has launched a new state-wide strategy to support healthcare workers in preventing and responding to violent, aggressive or challenging behaviour.
The Preventing and Responding to Challenging Behaviour, Violence and Aggression Policy Guideline provides risk management guidance and strategies for health services to ensure that safe, healthy and productive services are maintained and a safe environment is provided for all SA Health workers and consumers.

As part of the strategy a public awareness campaign was launched late May, focusing on violence and aggression towards ambulance officers and paramedics in the first instance.

However, ANMF (SA Branch) CEO/Secretary Adj Assoc Professor Elizabeth Dabars AM said that the Federation has received a firm commitment from the Minister for Health, the Hon Jack Snelling MP, that the nursing and midwifery professions would be the next focus group in the progressive expansion of the public awareness campaign.

“While the first step in launching this strategy is a public awareness campaign focusing on ambulance officers, we are pleased to have received a commitment that the public awareness campaign will soon turn its focus to nurses and midwives,” Ms Dabars says.

The three year strategy will be progressively rolled out to other high risk environments including hospital emergency departments, high care residential aged care facilities, mental health services and drug and alcohol services.

The ANMF (SA Branch) believes the strategy is a useful step in sending a clear message to the community that violence and aggression against nurses, midwives or any health care worker will not be tolerated.

“Nurses and midwives are all too familiar with workplace violence. And - let’s be honest - we shouldn’t be,” Ms Dabars says.

“I have personally heard from far too many nurses and midwives who have been exposed to completely unacceptable behaviour. All too often, I have heard that a lack of time and lack of support further prevents these serious issues from being meaningfully dealt with.”

While ANMF (SA Branch) lobbying has resulted in some success, including changes to the law which increase penalties for assault, we all know that the best solution is prevention. The Challenging Behaviours strategy represents a clear commitment to develop and implement effective risk control measures to address challenging behaviour, violence and aggression across SA Health.”

“For many years, the Australian Nursing and Midwifery Federation (SA Branch) has lobbied for a zero tolerance approach to violence and also for practical changes and strategies to make a zero tolerance policy a reality,” Ms Dabars says.

These practical changes include appropriate laws, resources, staffing levels and skills mix to prevent or address violence and aggression.

“Alongside these measures, we have also been calling on employers to commit to taking action against those who are violent and aggressive to their staff, and to provide appropriate supports to the nurses, midwives and other health care professionals who experience such behaviour,” she says.

“We need the community to understand the expectations and consequences of their behaviour to all health care workers. It is only by working together that we can create a zero tolerance culture and eliminate unacceptable behaviours.”

The Preventing and Responding to Challenging Behaviour, Violence and Aggression Policy Guideline provides risk management guidance and strategies for health services to ensure that safe, healthy and productive services are maintained and a safe environment is provided for all SA Health workers and consumers. There is an accompanying toolkit to support implementation.

All SA Health workers and persons who provide a health service on behalf of SA Health must adhere to the principles described in this guideline, and its relevant referenced resources.

For more information about the Challenging Behaviours Policy Framework visit http://bit.ly/1IPJ42D
WHAT IS THE NEW RETURN TO WORK SYSTEM?
The Return to Work Act 2014 (“RTW Act”) commenced operation on 1 July 2015. It replaces the previous Workers Rehabilitation and Compensation Act 1986 (SA) (WorkCover) and implements major changes to worker’s entitlements to weekly payments, lump sum compensation and medical expenses.

I HAVE BEEN INJURED AT WORK, WHAT SHOULD I DO?
1. Seek necessary emergency care and treatment
2. Notify the employer
3. See a doctor
4. Make a claim

WHAT ARE MY RIGHTS?
As part of the claims and rehabilitation process, you have a number of rights, including but not limited to:
• to participate in all decisions and actions relating to your rehabilitation
• to seek the attendance of a representative or support person of your choice at any meeting which involves rehabilitation
• to seek independent advice before signing any documentation
• to challenge a rehabilitation program or plan set up which takes proper account of individual needs including recognition of cultural or linguistic backgrounds
• access to suitable employment when you are fit to return to work and if you cannot return to your pre-injury duties

WHAT ARE MY RESPONSIBILITIES?
As part of the claims and rehabilitation process, you have the following responsibilities:
• notify your employer of your work injury as soon as possible (within 24 hours if you can)
• actively participate in activities designed to support your recovery and return to work
• participate and cooperate in developing a return to work plan
• comply with any obligations set out in your return to work plan
• provide current medical certificates that address your capacity for work and other relevant information
• return to suitable employment when able to do so.

WHAT FINANCIAL SUPPORT MAY I BE ENTITLED TO?
If your claim is accepted, you may be entitled to receive weekly financial compensation. The RTW Act provides:
• 104 weeks of income maintenance with no requirement for a work capacity review (save for “seriously injured” workers as discussed below);
• 100% of average weekly earnings for the first year of incapacity;
• This level of payment is reduced to 80% for the second year.
When there are lapses of integrity in the administration and delivery of public services, resources and infrastructure, everyone is harmed because it undermines the system and ultimately the community’s confidence in that system.

The office of the Independent Commissioner Against Corruption (ICAC) has been established to ensure the community can have confidence in the system. The best known function of the ICAC is to identify and investigate corruption in public administration, and to refer it for prosecution. The Commissioner must also assist with the identification and handling of misconduct and maladministration in public administration, and work towards preventing or minimising unacceptable conduct of that kind through an education agenda.

“Corruption, misconduct and maladministration can occur in any organisation and the public health sector is not immune from this” says South Australia’s first Independent Commissioner Against Corruption, the Hon. Bruce Lander QC.

“Public health institutions engage in all of the same high risk functions that other agencies do, recruitment, procurement, and the spending of public funds.”

“However, health industries also engage in additional high risk functions including caring for vulnerable people and the management of medical treatment, resources and drugs. If agencies are engaging in functions that are known to be susceptible to breaches of integrity, then these agencies need to be diligent in their governance and controls.”

The Commissioner has published Directions and Guidelines requiring public officers to report all conduct that they reasonably suspect to be corruption or serious or systemic misconduct or maladministration to the Office for Public Integrity.

If you are employed as a nurse or midwife in a public health agency, or if you are under contract via a temp agency, then you are a public officer and this reporting obligation applies to you.

“The vast majority of people are doing the right thing, but we must stop those who are not. Ethical conduct must be every persons’ minimum standard” said Commissioner Lander.

For more information about the types of conduct that must be reported, please visit the ICAC website www.icac.sa.gov.au

Those assessed as “seriously injured” (30% assessed whole person impairment (WPI) or greater) will not lose their compensation entitlements at 104 weeks.

I HAVE A CURRENT WORKCOVER CLAIM; WILL MY CLAIM BE AFFECTED BY THE NEW SYSTEM?

The RTW Act applies to an injury that occurred before 1 July 2015 (“existing injury”) and to an injury that occurred on or after 1 July 2015 (“new injury”). However, there may be some exceptions.

WILL MY MEDICAL EXPENSES BE COVERED?

Under the new scheme, the entitlement to medical expenses is linked to the incapacity to work. For most members under this scheme, you will be entitled to have your medical expenses covered during the period of your recovery and return to work.

WHAT KIND OF ASSISTANCE DOES THE ANMF (SA BRANCH) OFFER?

As a financial member of the ANMF (SA Branch), you will be provided with advice, at no cost, to assist in the progress of your Return to Work process. The Return to Work system has been developed to be non-adversarial and to encourage early intervention, recovery, return to work and retraining (where required).

Every matter will be individually assessed; however you will not normally require an ANMF (SA Branch) Officer to attend your return to work meetings. If there are special circumstances that make this representation necessary we will of course provide it. Should you dispute the outcome of your claim assessment or wish to pursue a Common Law claim, the ANMF (SA Branch) will be able to provide assistance by way of an experienced external solicitor. Members are entitled to receive services of up to $4000 value without further cost from our legal advisers.

To read our full factsheet on the new Return to Work Scheme, visit http://bit.ly/RTWFactSheet

This article serves as a guide only. Circumstances and entitlements will differ for each individual.

The ANMF (SA Branch) is here to help. If you have any questions, contact us on 8334 1900 or email enquiry@anmfsa.org.au
LEARNING @ YOUR LIBRARY

Check out some of the new books available in the library

THE GILLARD PROJECT: MY THOUSAND DAYS OF DESPAIR AND HOPE
MICHAEL COONEY, AUSTRALIA, 2015

Cooney, as Gillard’s speechwriter for most of her time in office, wrote the speeches that helped define the Gillard Project – the prime minister’s vision and program. The book is passionate, argumentative, funny and honest; and a fascinating and unique perspective on Australian political culture and its ramifications for us all.

HOW TO MANAGE STRESS
CLAYTON, M UK, 2015

We all have stress in our lives. It could be a deadline at work, a major change such as a house move, or a relationship breakdown. Whatever it is, it can leave you feeling out of control. How to Manage Stress helps you work out what it is that makes you stressed and shows you how you can tackle it. Whether you crumble under pressure, get angry, or simply bury your head in the sand, this book provides effective techniques to help you take the edge off and even channel your stress in a positive way.

PAEDIATRIC NURSING IN AUSTRALIA PRINCIPLES FOR PRACTICE
FRASER, J, WATERS, D, FORSTER, E, BROWN, AUSTRALIA, 2014

This text equips students with the essential skills and knowledge to become paediatric, child and youth health nurses across a variety of clinical and community settings. Written by a team of experienced paediatric nurses, the content is based on themes that align with Australian standards of competence and expectations of paediatric nursing: communication, family involvement and evidence-based practice.

HOW TO DO YOUR RESEARCH PROJECT: A GUIDE FOR STUDENTS IN EDUCATION AND APPLIED SOCIAL SCIENCES (2ND EDN)
THOMAS, G, UK, 2013

Direct, informative and accessible this text is essential reading for anyone doing a research project. Using refreshingly jargon-free language and anecdotal evidence it is a witty, easy to follow introduction that will answer your questions, set out best practice and walk you through every stage of your project step-by-step.

MARGARET AND GOUGH
MITCHELL, S, AUSTRALIA, 2014

The strength and endurance of their relationship helped change our nation politically, culturally and socially. He may have passed the laws that changed a nation, but she made it possible. Read about their relationship and its ups and downs in this insightful read.

We also have a large range of books on CD and a variety of cookbooks available to promote health and wellbeing, relaxation and rejuvenation! Visit the library catalogue on our website to see the full list of what’s available: www.anmfsa.org.au.

Contact details are: library@anmfsa.org.au OR 08 8334 1969
These leaders are required to manage complex budgets, stay up to date with frequent legislative and practice changes and manage staff and complaints, all the while understanding the short and long-term implications their decisions have on the quality of care.

Recognising these pressures, the Australian Nursing and Midwifery Education Centre (ANMEC) has developed a range of courses that explore the fundamentals of managing people and budgets in a complex legislative and professional environment.

The courses are tailored to develop and support the skills set of current and future nursing and midwifery leaders, and are specifically designed to cater to nursing and midwifery professionals at varied stages in their careers.

The Master Class – Medico Legal Documentation (CPD 2 hours) on 26 August is designed for nurses and midwives seeking an advanced level of knowledge in relation to medico– legal documentation. Presented by Geraldine Hannon, Partner at Duncan Basheer Hannon, participants will build on their knowledge of documentation and understand the risks in practice through the use of real life legal case scenarios.

Managing People – Understanding the legislation (CPD 2 hours) on 15 September helps nurses, midwives and personal care assistants involved in people management to understand the relevant legislation and how it is applied in the workplace. This includes exploring issues like workplace bullying, harassment and discrimination.

The Complaints Management: Master Class (CPD 4 hours) on 7 October updates participants on their rights and responsibilities both generally and legislatively in managing complaints. New managers will be provided with useful tips and tools for effective conflict resolution, nipping problems in the bud and general complaint management. The master class also provides a forum for experienced managers to analyse the changing context of complaint management and discuss techniques for management.

Managing Staffing Budgets and Rosters (CPD 6 hours) on 17 November explores the fundamentals of budgets and financial planning in the workplace, teaching participants how to develop a budget, work within budget constraints, manage staff rosters, identify budget problems and develop strategies to mitigate risk. In today’s demanding health care environment, nurses and midwives are under considerable pressure to deliver safe quality patient care while also delivering efficient and effective financial strategies. The course provides participants an invaluable opportunity to gain a big picture understanding of why the information and processes for financial management are so important for today’s nursing and midwifery leaders.

So, whether you already hold a leadership role, or are looking to enter a similar role in the future, ANMEC’s courses cater to you in a cost-effective and inclusive learning environment.

To book your place in any or all of these courses, call us on 8334 1900 or email training@anmfsa.org.au

NEW ANMEC COURSES
SUPPORT AND EDUCATE MANAGERS AT ALL LEVELS

The complex, interconnected and ever-changing nature of the health care landscape challenges even the most capable nursing and midwifery leaders.
The Australian Nursing and Midwifery Education Centre (ANMEC) is offering a range of topics and sessions in the coming months for your Continuing Professional Development (CPD).

There are a range of courses on offer that cater for those interested in clinical practice, professional practice or general topics, making it easy for you to reach your CPD requirements!

**CLINICAL PRACTICE**

**VENEPUNCTURE WORKSHOP (CPD 3.5 HOURS)**

This 3.5 hour interactive ‘hands on’ session will enable participants to understand the anatomy, techniques and safety related to Venepuncture together with the correct use of Venepuncture equipment and optimal specimen collection. These aspects, in conjunction with practical demonstration and practice, will support the expansion of this skill set within a clinical setting.

Participants will be provided with a Certificate of Attendance and a Log Worksheet and will be required to record 10 witnessed successful Venepunctures at their workplace to achieve competency.

*Presented by ANMEC Education Team*

**Skill level:** Introductory and pre-requisite for Venepuncture Workshop

**Suitable for:** Registered Nurses, Registered Midwives and Enrolled Nurses

**Date/time:** Friday 14 August OR Friday 30 October 0900-1230

**Cost:** Members $140
Non-members $170

**MEDICATION MANAGEMENT (CPD 4 HOURS)**

This session will enable participants to feel more confident when administering and managing medications, including monitoring and objectively assessing outcomes and adverse reactions. It will provide assistance in knowing where to access up to date medication information and will address common medication management issues such as crushing of medications, inhaler devices, analgesic patches, drug interactions and medication requiring specific consideration e.g. anticoagulants.

*Presented by Sue Edwards, Clinical Pharmacist*

**Skill level:** Introductory

**Suitable for:** Registered Nurses, Registered Midwives and Enrolled Nurses

**Date/time:** Tuesday 18 August 0900-1300

**Cost:** Members $90
Non-members $120

**PERIPHERAL IV CANNULATION (CPD 3 HOURS)**

In this session, through simulation and practical demonstration, participants are able to interactively learn and understand the anatomy, technique, safety and equipment necessary to successfully perform PIVC, along with indications/contraindications, complications, maintenance and removal.

These aspects will provide participants with the knowledge and skill set to effectively perform PIVC in the clinical setting. Participants will be provided with a Certificate of Attendance and Procedure Log and will be required to record 5 successful insertions, under supervision, at their workplace to achieve competency.

*Presented by ANMEC Education Team*

**Skill level:** Advanced (pre-requisite: Venepuncture Workshop or current experience in Venepuncture)

**Suitable for:** Registered Nurses, Registered Midwives and Enrolled Nurses

**Date/time:** Friday 14 August OR Friday 30 October 1330-1630

**Cost:** Members $140
Non-members $170

**WOUND MANAGEMENT (CPD 6 HOURS)**

This 6 hour workshop will enable participants to explore wound healing, wound infections and wound assessment. It will also involve discussion around the management of skin tears and pressure ulcers and look at the role of product selection in healing.

*Presented by Margie Moncrieff, Nurse Practitioner*

**Skill level:** Introductory

**Suitable for:** Registered Nurses, Registered Midwives and Enrolled Nurses

**Date/time:** Friday 4 September 0900-1600

**Cost:** Members $150
Non-members $180

**MANAGEMENT OF ACUTE POST OPERATIVE PAIN (CPD 3 HOURS)**

In this interactive session, Dr Manith Kha will discuss the contemporary management of acute post operative pain. This will include the physiology of post operative pain, modalities available for pain management, how these modalities are applied effectively, relevant protocols and guidelines, side effects, pitfalls of pain and pain management and how to manage these.

*Presented by Dr Manith Kha*

**Skill level:** Advanced

**Suitable for:** Registered Nurses, Registered Midwives and Enrolled Nurses

**Date/time:** Wednesday 16 September 0900-1200

**Cost:** Members $90
Non-members $120
FORUM: EVIDENCE IN ACTION – HOW TO ACHIEVE A RESTRAINT FREE ENVIRONMENT (CPD 3 HOURS)

This 3 hour forum is an excellent opportunity for nurses/midwives and personal care assistants to learn more about integrating evidence based practice into the workplace. The team from Central Adelaide Rehabilitation Services have been working together with the ANMF (SA Branch) as part of The Best Practice Spotlight Organisation project to implement the RNAO Nursing Best Practice Guidelines: Promoting Safety: Alternative Approaches for the Use of Restraint. Participants will be able to ask questions about the challenges of the project and learn more about the positive outcomes that have occurred.  

Presented by the team from Central Adelaide Rehabilitation Services.  

| Skill level: | Introductory  | Suitable for: | Registered Nurses, Registered Midwives, Enrolled Nurses and Personal Care Assistants  | Date/time: | Friday 25 September 0900-1200  | Cost: | Members $20  | Non-members $30 |

MANAGING PEOPLE – UNDERSTANDING THE LEGISLATION (CPD 2 HOURS)

This 2 hour session is designed to help nurses, midwives and personal care assistants working in roles that involve the management of people to understand the relevant legislation and how it is applied in the workplace. This includes exploring issues like workplace bullying, harassment and discrimination.  

Presented by ANMF (SA Branch) Industrial Team  

| Skill level: | Advanced  | Suitable for: | Registered Nurses, Registered Midwives, Enrolled Nurses and Personal Care Assistants  | Date/time: | Tuesday 15 September 1400-1600  | Cost: | Members $70  | Non-members $100 |

COMPLAINTS MANAGEMENT: MASTER CLASS (CPD 4 HOURS)

This 4 hour workshop will enable participants to increase their awareness amongst staff of their rights and responsibilities generally and legislatively. It will also increase awareness and the skill base of low level/inexperienced managers of their responsibilities legislatively and provide them with useful tips and tools for effective conflict resolution, nipping problems in the bud and general complaint management.  

Provides a forum for experienced managers to discuss, debrief and analyse the changing context of complaint management and strategise new and effective techniques for management.  

Presented by Bianca Fecycz, Social Work Manager  

| Skill level: | Advanced  | Suitable for: | Registered Nurses, Registered Midwives and Enrolled Nurses working in management roles  | Date/time: | Wednesday 7 October 1200-1600  | Cost: | Members $190  | Non-members $220 |

FORUM: ADVANCE CARE DIRECTIVE, RESUSCITATION PLANNING AND CONSENT (CPD 3 HOURS)

This is an interactive workshop suitable for nurses, midwives and personal care assistants which provides an opportunity to understand the legal obligations and process for Advance Care Directive changes to third party consent, as well as understand your role in the new resuscitation planning process.  

Participants will have a chance to work through the new Advance Care Directive form, the resuscitation planning process and form and discuss the changes to third party consent and how these changes affect you.  

Presented by Kathy Williams, Principal Policy Officer, Policy and Legislation, SA Health and Christy Pirone, Principal Consultant, Safety and Quality, SA Health  

| Skill level: | Introductory  | Suitable for: | Registered Nurses, Registered Midwives and Personal Care Assistants  | Date/time: | Monday 16 November 0900-1200  | Cost: | Members $20  | Non-members $30 |

MANAGING STAFFING BUDGETS AND ROSTERS (CPD 6 HOURS)

This workshop is designed to explore the fundamentals of budgets and financial planning in the workplace. The program teaches participants how to develop a budget, work within budget constraints, manage staff rosters, identify budget problems and develop strategies to mitigate risk.  

Presented by Jenny Hurley, Manager of Professional Programs, ANMFISA Branch  

| Skill level: | Advanced  | Suitable for: | Registered Nurses and Registered Midwives  | Date/time: | Tuesday 17 November 0900-1600  | Cost: | Members $200  | Non-members $200 |

All CPD topics are taught by qualified practitioners and educators with the latest best practice knowledge.  

To register, visit the ANMF (SA Branch) website at www.anmfsa.org.au/learning
Take advantage of our FREE FIRST APPOINTMENT offer and DISCOUNTED RATES for ANMF (SA Branch) Members.

Rebecca Lewis, Senior Associate at DBH Family Lawyers was a Registered Nurse for over 20 years and has been practicing family law for more than 10 years. This experience in nursing and law puts Rebecca in a unique position to understand the specific issues affecting ANMF (SA Branch) members.

Call Rebecca Lewis to arrange your free first appointment at our office at 66 Wright St, Adelaide.

DBH FAMILY LAWYERS

FREE CALL 1800 324 324

Follow us:
@HESTANurseAwds
/HESTAAustralianNursingAwards

Join your colleagues and celebrate at the HESTA Australian Nursing Awards

Thursday 15 October 2015
Tickets on sale now at hestaawards.com.au

Follow us:
@HESTANurseAwds
/HESTAAustralianNursingAwards

$30,000 in prizes to be won!*