How does Transforming Health stack up against our own Prescription for Change? Page 3

Scholarship winner brings international insight to best practice in South Australia Page 10

Help us shape the future of Aged Care in South Australia Page 12
HEALTH REFORM: SUPPORTING MEMBERS AND ADVOCATING FOR CHANGE

Last month saw the release of the State Government’s Transforming Health paper, which has been in the pipeline since consultation on the reform project began in August last year.

At face value, many of the proposals put forward in the paper make sense and are policies that the ANMF (SA Branch) has been advocating for some time, including moving older patients waiting for residential care into more appropriate convalescent beds, creating specialist elective surgery sites and a renewed focus on using the talents and skills of nurses.

However, there are a number of proposals that at the time of writing, were not being supported by members or by local communities including elements of changes at the Repatriation General Hospital.

With a membership of close to 19,000 nurses, midwives and personal care workers across public, private and community health care providers in South Australia, the ANMF (SA Branch) is in a somewhat unique position.

Some of our members and their work will be largely untouched by any final position landed on by the State Government. Others, including our members at the Repat and Noarlunga Hospitals, will feel the changes much more directly than most.

For these members in particular, the Transforming Health proposals have created significant distress and uncertainty. At the time of writing, we are still in negotiations with SA Health over the future plans for each of these sites.

There is never a ‘one size fits all’ reform that will please everyone. Equally, there is rarely change whose adverse impacts are felt equally - and there is no question that some of our members will be dramatically affected by these proposed reforms.

In a speech I delivered to the Transforming Health Summit in November last year, I said that historically, health care reform in South Australia had been similar to an elaborate game of Jenga – slowly pulling pieces away and using our best judgement to stack them elsewhere – all the while hoping the whole thing doesn’t topple over.

While the Transforming Health process challenges us to start elements of the game from scratch, it is clear that the Jenga analogy still applies to many of the proposals put forward in the paper – if you move one piece, others will have to follow.

For example, the movement of acute surgical services from the Repat will need to occur to create the specialist elective surgery centres of excellence suggested for Noarlunga, TQEH and the RAH. Similarly, reforming EDs successfully is dependent on a number of the other reforms working effectively, including addressing mental health patient length of stay in EDs.

While there has been discussion for many years over how we can improve our health system, the sheer size of the impending budget cuts means we have little choice but to embrace the changes and ideas that could make the system both more effective and efficient into the future.

But we also have to ensure that we are not embracing change just for the sake of change. That is, that the final decisions made by the State Government are based on strong evidence and promote equitable access to quality health care for all South Australians.

At the time of writing, we are still deeply engaged with discussions over a number of the proposals - particularly those that are creating opposition and distress to members and to the wider community. These are further discussed from page 3 in this edition of InTouch.

Famed French poet and playwright Victor Hugo once said “change your opinions, keep to your principles; change your leaves, keep intact your roots.”

Our principles first and foremost are to promote and protect the interest of members and in particular to provide leadership for the nursing and midwifery professions and for a well functioning health sector. In dealing with the current reforms we need to be mindful of addressing the concerns of groups of members grappling with negative impacts from the plans, whilst at the same time ensuring that the system as a whole operates to the benefit of our members as a whole and for the community at large.

That is why the ANMF (SA Branch) is committed to working with all members during this transformational process; to not only establish what is needed to ensure any changes to care delivery are supported and sustainable, but to ensure that all South Australians can access high quality care when they need it.

Yours sincerely,

Adj Assoc Professor Elizabeth Dabars AM
CEO/Secretary
How Does Transforming Health Stack Up Against Our Own Prescription for Change?

The ANMF (SA Branch) Council met in February shortly after the release of the Transforming Health paper to discuss the Federation’s position on the proposals contained in the Transforming Health paper, and the best way forward for our members.

At the time of writing, the ANMF (SA Branch) was still in intense conversations with SA Health over key areas including the future of the Repatriation General Hospital, which is a key area of contention for our members and the wider community. Accordingly, updates to this issue may occur after March’s InTouch has gone to print. Members will be kept informed of new developments or information via e-Bulletin.

There are concerns over the lack of detail within the paper on many of the proposals. However Council unanimously reaffirmed our own policy position in relation to changes to the health system set out in our own Prescription for Change which was endorsed in October last year following 3 months of member consultation.

We have now worked to compare the Transforming Health proposals with our own policies and recommendations.

### Prescription for Change

<table>
<thead>
<tr>
<th>Living Well</th>
<th>Transforming Health – Proposal Paper and/or discussions with SA Health</th>
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**Preventative Health and hospital avoidance**
Greater investment in preventative health measures as a core strategy to improve the efficiency of our health system. This includes, but is not limited to:
- The establishment of additional community health/primary health care services;
- Greater investment and integration of Nurse Practitioner roles that focus on primary health;
- Investing in community, preventative and lifestyle programs to keep our population healthy;
- Chronic Disease/Complex Management Clinics or Services must be established; and,
- Greater promotion of community programs supporting the aged people with chronic disease.

The paper proposes:
- The development and implementation of lifestyle intervention strategies in rehabilitation settings to reduce preventable complications and consequences for high risk patient.
- Commits to continuing to work with GPs for better patient outcomes.
- Dedicated specialist teams will be used to co-ordinate and provide intermediate care in the community, meaning fewer people will need to be admitted to hospital. Ambulatory (day) services will be increased and Healthcare@Home, Hospital@Home, Extended Care Paramedics and Nurse Practitioners will be fully utilised across the system.

**Advance Care Directives**
- Greater community education on the importance and legally-binding nature of Advance Care Directives must occur as a priority.
- Health care professionals should receive better education on the operation of Advance Care Directives and their importance in supporting patient/ consumer wishes first and foremost.

The paper proposes:
- All patients (and relevant support persons) should be actively engaged in developing care plans and end-of-life plans. Advance Care Directives should be in place.

**ANMF (SA Branch) comment:**
Greater community education is required to achieve this but the focus on having directives in place is good.
### Prescription for Change

#### What happens in an emergency or accident?

**Should all EDs be the same?**

- The community must be educated on the difference between the services offered at various Emergency Departments, Trauma Centres, See and Treat clinics and other health services in order to assist their decision-making when seeking treatment.

The paper proposes:

- **The community must be educated on the difference between the services offered at various Emergency Departments, Trauma Centres, See and Treat clinics and other health services in order to assist their decision-making when seeking treatment.**

**The new Royal Adelaide Hospital (new RAH) will be the major multi-trauma hospital for the state.**

- **The new RAH, Flinders Medical Centre and Lyell McEwin Hospital will be super-sites for Major Emergencies, with:**
  - 24-hour access to cardiac interventional cardiology laboratories
  - 24-hour access to trauma surgery
  - Full infrastructure support for acute care
  - 24-hour diagnostics and imaging services
  - More staff across key areas.

- **The Queen Elizabeth Hospital and Modbury Hospital Emergency Departments will continue to support local communities, but life-threatening emergencies will go directly to sites with 24/7 specialist care.**

- **The Noarlunga Hospital Walk-in Emergency Clinic will be established, replacing the existing emergency model of care, and will include a physical upgrade.**

- **Emergency departments will be supported through expanding the ambulance fleet with extra paramedics and support staff, more ambulances and new ambulance stations. Ambulances will take patients to the right hospital, first time.**

**ANMF (SA Branch) comment:**

Developing ‘super EDs’ will enable specialised emergency services with specialised staff at the major emergency trauma centres across metropolitan Adelaide. Patients will have access to the right diagnostics, access to trauma services, and they will receive high-level acute care at the site – effectively, their care will be streamlined and outcomes improved.

While this may allow a smaller number of emergency departments to concentrate on major traumas, any changes to our EDs will need to be tried and tested locally before a full scale reform of emergency care is implemented.

Other reforms will need to be in place to allow the reformed EDs to deal with workloads. In particular measures to move patients into inpatient areas, including mental health beds, will be critical to ensuring that the capacity is provided.

Recognition of the capacity of nurses, NPs and other skilled clinical nurses to provide efficient and effective services is long overdue and welcomed.

#### Direct Admission Pathways

- The development and implementation of direct admission pathways in metropolitan hospitals with initial focus on high-volume services

#### Clinical Patient Pathways

- Consistent implementation of evidence-based patient care pathways

**Noarlunga ED will be transformed to a 24/7 nurse-led walk in clinic, dealing with:**

- Non displaced fractures;
- Bladder problems and other infections;
- Abdominal pain;
- Severe headaches;
- Mild and moderate injuries;
- Worrying rashes;
- New unexplained symptoms;
- Worsening of long-term conditions (where there is no current management plan)
- Mental health walk in emergency service will provide:
  - Assessment and treatment by a mental health clinician
  - Direct access to the mental health ward

**ANMF (SA Branch) comment:**

Approximately 90% of patients currently presenting to Noarlunga ED are not admitted to hospital.

The establishment of a walk-in clinic at Noarlunga makes sense on paper and we have seen evidence of the effectiveness of these sorts of clinics in the UK and Canada for ourselves. It will be important that the model is developed with the staff of the current ED’s in the south in order that we can be satisfied that patient services are both safe and adequate. We have already been assured that the clinic will be operating 24/7.
### Prescription for Change

**Gerontic Nurse Practitioners**
- Investment in Gerontic Nurse Practitioner roles to reduce the need for older clients to attend the Emergency Department

**ANMF (SA Branch) comment:**
The paper does not specifically propose investment in Gerontic Nurse Practitioners. However, it does propose the establishment of nurse-led recuperation centres for older patients not able to return home or enter aged care. These services are intended to operate as nurse-led units - which is welcome news.

### ED Four Hour Rule

- Length of stay should be strictly managed to ensure that all patients are admitted or discharged following appropriate assessment and treatment within the four hour target.
- No patients should stay in ED after a decision to admit or discharge or conduct further tests/assessment has been made

**ANMF (SA Branch) comment:**
The paper is built around the development of pathways that will ensure that these standards will increasingly be met. Ensuring the best possible patient flow and elimination of delays in care are embedded in the clinical standards.

### What happens if your health condition gets worse?

**Hospital Avoidance**
- Establish an aged care inreach service to ensure that elderly patients are assessed and managed within their home environment

**ANMF (SA Branch) comment:**
How these principles will be implemented will be a key area of consideration and scrutiny.

**Surgical and Medical Assessment Units**
- Assessment units (surgical and medical) should have a maximum length of stay of 24-36 hours, with active patient review after four hours, 8-12 hours and 24 hours respectively

**ANMF (SA Branch) comment:**
Whilst not imposing a maximum duration of stay, the standards do provide mechanisms for more effective transitioning of patients through the assessment units and into active treatment pathways.

### Clinical leadership of the system

- Ensuring rapid decisions can be made in order to guarantee safe and effective care
- Ensure senior clinicians are available throughout the patient’s stay to support decision making regarding admission, transfer or discharge or changes to patient care
- The implementation of an after-hours coordinator model that enables operational decision making that promotes the efficient and effective management of hospital resources (staffing/beds) to meet patient care needs
- Nurses/ midwives in charge of wards/inpatient units should have the delegated authority to manage and apply budget and resources, and therefore be accountable for the delivery of safe quality care
- Clinical leaders should be supported by senior managers to implement evidence-based innovations to address identified service gaps

**ANMF (SA Branch) comment:**
In discussions, SA Health has also revealed plans for significant improvement to both nursing and medical clinical leadership across 24/7. They have also agreed that the ward-based nursing leadership must be provided with additional authority and delegations to manage the units.

### Transforming Health – Proposals Paper and/or discussions with SA Health

**Clinical leadership of the system**
- The paper proposes:
  - All acute admissions should be seen by a consultant within 12 hours of initial assessment. High-risk patients should not be discharged without having been seen by a consultant.
  - Acute medical care needs the presence of a senior consultant 12-16 hours every day, who is readily accessible to ensure early decision making. There should be clear protocols for their involvement, and the ability for 24-hour input in person or via telehealth.
  - Nurse practitioners should be utilised across the surgical system to improve efficiency

**ANMF (SA Branch) comment:**
In discussions, SA Health has also revealed plans for significant improvement to both nursing and medical clinical leadership across 24/7. They have also agreed that the ward-based nursing leadership must be provided with additional authority and delegations to manage the units.
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<tbody>
<tr>
<td>Patient Journey Boards and Multi-disciplinary case reviews</td>
<td>ANMF (SA Branch) comment: Discussions with SA Health have clarified their support for this and other flow and care coordination initiatives.</td>
<td></td>
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<tr>
<td>• The implementation of standardised patient journey boards across hospitals</td>
<td></td>
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<tr>
<td>Push/Pull Community Nurse Liaison</td>
<td>Dedicated specialist teams will be used to co-ordinate and provide intermediate care in the community, meaning fewer people will need to be admitted to hospital. Ambulatory (day) services will be increased and Healthcare@Home, Hospital@Home, Extended Care Paramedics and Nurse Practitioners will be fully utilised across the system.</td>
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<tr>
<td>• Establishment of a Push/Pull Community Nurse Liaison model within hospitals</td>
<td>ANMF (SA Branch) comment: How these principles will be implemented will be a key area consideration and scrutiny.</td>
<td></td>
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<tr>
<td>Nurse-led capacity management</td>
<td>The paper proposes:</td>
<td></td>
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<tr>
<td>• Implement proactive senior nurse-led bed capacity management and tracking of patients ready for discharge to improve hospital capacity and resources</td>
<td>• Nurse practitioners should be utilised across the surgical system to improve efficiency</td>
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</tr>
<tr>
<td>Transit and Discharge Lounges</td>
<td>ANMF (SA Branch) comment:</td>
<td></td>
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<tr>
<td>• System-wide implementation of functional transit and discharge lounges to increase bed capacity throughout the system</td>
<td>There is no specific reference to lounges. However, these facilities will no doubt become part of the pathways developed - particularly in areas such as day elective surgery where they are relatively commonplace.</td>
<td></td>
</tr>
<tr>
<td>Planned Admissions</td>
<td>The paper proposes:</td>
<td></td>
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<tr>
<td>Volumes to sustain efficiency and good practice – some services in fewer sites in some cases?</td>
<td>• 24/7 hyper-acute stroke unit at the Royal Adelaide Hospital linked with the LMH and FMC stroke units.</td>
<td></td>
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<tr>
<td>• Create ‘Centres of Excellence’ for specialised services whilst preserving the universality and equity of access</td>
<td>• The Women’s and Children’s Hospital will be a centre of excellence in complex maternity, neonatal and paediatric services.</td>
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<tr>
<td>• Elective ophthalmology service at Modbury</td>
<td>ANMF (SA Branch) comment: These services are consistent with our recommendations.</td>
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### Prescription for Change

<table>
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<th>Specialist Elective Surgery Facilities</th>
<th>Transforming Health – Proposals Paper and/or discussions with SA Health</th>
<th>Rating</th>
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<tbody>
<tr>
<td>• Implementation of specialist pathways based elective surgery locations to streamline and standardise the surgical care mode</td>
<td>The paper proposes:</td>
<td></td>
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<tr>
<td>Making day surgery the norm</td>
<td>• The establishment of three specialist services for elective surgery</td>
<td></td>
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<tr>
<td>• Increasing day surgery rates and day surgery overnight procedures</td>
<td>o one specialising in single-day surgery at Noarlunga Hospital,</td>
<td></td>
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<tr>
<td>• Day surgery and short stay (23 hour units) should be the default model for elective surgery</td>
<td>o the second focusing on multi-day surgery, at The Queen Elizabeth Hospital, and</td>
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<tr>
<td></td>
<td>o The third focusing on multi-day high-complex elective surgery at the new RAH.</td>
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<td></td>
<td>ANMF (SA Branch) comment:</td>
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<tr>
<td></td>
<td>These developments are consistent with the ANMF (SA Branch) recommendations.</td>
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<td></td>
<td>However they will mean that some elective work presently performed in other sites will be relocated - this is an important factor in relation to RGH. This factor reduces our assessment of this initiative from Excellent to Good.</td>
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### After your hospital stay is over

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<tr>
<th>Discharge Planning</th>
<th>Discharge Planning for potentially long-stay patients should be proactively managed from admission.</th>
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<tbody>
<tr>
<td>• Re-engineer the current discharge process to ensure patients are discharged in a timely manner with the appropriate supports required</td>
<td>A commitment to the consistent roll-out of CLD has been made in discussions with SA Health.</td>
<td></td>
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<tr>
<td>Nurse Led Criteria-Led Discharge (CLD)</td>
<td>Implementation of a system-wide nurse-led CLD model</td>
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<td>• Implementation of a system-wide nurse-led CLD model</td>
<td>Discharge criteria will be embedded in clinical pathways and utilised by nurses/midwives</td>
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### Post Discharge Care Coordination

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<tbody>
<tr>
<td>• The implementation of a nurse-led complex care management model that coordinates and confirms referrals and management to the ongoing care team</td>
<td>ANMF (SA Branch) comment:</td>
<td></td>
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<tr>
<td></td>
<td>How these principles will be implemented will be a key area consideration and scrutiny.</td>
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### Hospital at Home (H@H)

<table>
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<tr>
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### Medihotels

<table>
<thead>
<tr>
<th>Medihotels</th>
<th>A Medihotel strategy should be piloted as an alternative to inpatient overnight stay for self-caring people accessing acute health services</th>
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<tbody>
<tr>
<td></td>
<td>ANMF (SA Branch) comment:</td>
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<tr>
<td></td>
<td>The paper does not refer to this proposal. We have yet to pursue this matter in further discussions to date.</td>
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</table>
Some of the more controversial elements...

NOARLUNGA ED
As summarised above, nurse-led walk in centres have been evaluated extensively in the UK and are now operating effectively in ACT and in Perth. Clearly there needs to be much more discussion with ED staff and the local community to ensure that current and future needs for urgent care can be met safely and effectively. ANMF will continue to work with SA Health to better specify the services and work with members to establish effective models of care.

OTHER ED CHANGES
ANMF (SA Branch) has made very clear that reform of the EDs is dependent on a number of the other reforms working effectively to both reduce demand and ensure effective flow of patients from the ED into more appropriate points of care. This will ensure that ED staff are able to focus on the provision of emergency care without the constant drain of providing care to patients requiring admission or other interventions. The issue of resolving mental health patient length of stay in EDs is a critical component of that reform.

NICU AT FMC
We have received an assurance that Level 6 NICU services will not be transferred to WCH until their relocation to North Terrace. Services at both FMC and LMH NICUs will be extended by the development of an expanded level 5 service (sometimes called 5+). We will continue to work with members in the development of the expanded criteria. We have also been assured that the planned expansion of the NICU at FMC will continue.
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- Spousal Maintenance
- Divorce

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SCHOLARSHIP WINNER BRINGS INTERNATIONAL INSIGHT TO BEST PRACTICE IN SOUTH AUSTRALIA
An Adelaide nurse’s scholarship win may prove instrumental to sustaining best practice outcomes in South Australia.

Registered Nurse and now Interim Nursing Director Rebecca Pearl won a Premier’s Nursing and Midwifery Scholarship in 2013 when she was Best Practice Spotlight Organization (BPSO) Lead for Central Adelaide Rehabilitation Services.

“I had applied when we were in the middle of our BPSO journey at the Hampstead Rehabilitation Centre and St Margaret’s Rehabilitation Hospital,” Rebecca says.

“We had implemented two of the required three Best Practice Guidelines (BPGs) and were seeing some promising improvements.”

“We had reached the point of evaluation and sustainability, and we wanted some proven insight on how we could uphold these changes moving forward,” she says.

She says the Program’s Canadian roots influenced her decision to apply for funding to learn from Toronto-based BPSOs.

“I wanted to visit international facilities that were in varying stages of BPSO implementation, so we could benchmark our progress as well as learn how to sustain the outcomes,” Rebecca says.

During her three-week tour of some of Toronto’s largest hospitals and rehabilitation facilities, Rebecca made some significant discoveries.

“I observed how St Michael’s Hospitals had empowered its ward-level staff to lead the best practice changes, rather than just having BPSO leaders sitting up in admin,” she says.

“I realised how promoting ownership of the implementation among ward-based clinical staff—who have a genuine interest in outcomes for patients and staff—could significantly decrease the chances of these changes slipping away.”

St Michael’s supported this championship approach with a tight mentoring model to build knowledge among the wider staff group.

“The lessons I brought back were not about how to make leaders, but how to recognise clinicians with leadership skills and help them to build on those,” Rebecca says.

“When you give staff the permission to lead, celebrate that they are willing to lead and encourage innovative thought, you’ll find they will take their peers along on the journey,” she says.

Less than two years since embarking on her study tour, Rebecca is now Interim Nursing Director for Central Adelaide Rehabilitation Services and continues to provide support to BPSO Lead Sharon McCormack.

She says moving away from the traditional top-down management approach in implementing and evaluating BPGs on client-centred care, use of restraints and supporting families through a crisis has led to significant improvements across both rehabilitation sites.

“Promoting ownership and celebrating our successes has rewarded our staff, given them job satisfaction and continues to motivate them to drive even better outcomes,” Rebecca says.

“Our staff knowledge of client-centred care has grown from 55 per cent to 87 per cent.”

“Our proactive management of care has driven our clinical rounding compliance rate up from 44 per cent to 96 per cent.”

“And incidents of mechanical restraint are almost non-existent.”

These improved outcomes have also impacted secondary factors such as length of stay.

“We now provide better care for less money at both the Hampstead Rehabilitation Centre and St Margaret’s Rehabilitation Hospital,” Rebecca says.

Sustaining these outcomes beyond the initial three-year BPSO term will be an ongoing focus for the rehabilitation sites.

“As with any sustainability process, it doesn’t happen in a few months,” Rebecca says, “You have to persist with it and make sure the process is easy otherwise staff won’t have time to do it.”

“We will continue to follow the BPGs, make sure staff know why they’re doing it, communicate the evidence and promote ownership at that ward level,” she says.

“And of course we’ll closely monitor our clinical KPIs to ensure we sustain these outcomes and continue to provide quality care that is based on evidence.”

In reflecting upon her own scholarship experience, Rebecca is quick to encourage anyone thinking about applying to take the plunge.

“It was a fantastic experience that has brought so many benefits to so many people,” she says.

“Applying is well worth the effort.”

The SA Premier’s scholarships are open to public and private sector Nurses and Midwives and support study tours that explore innovative practices and evidence-based initiatives relevant to your field.

Winners of 2015/16 scholarships will be announced at the Nursing and Midwifery Excellence Awards in May.
FREE EDUCATION SESSION ON CONSUMER DIRECTED CARE FOR AGED CARE WORKERS

On the back of the Federal Government’s Living Longer, Living Better. (LLLB) aged care reforms, the Australian Nursing and Midwifery Education Centre (ANMEC) will hold an information session on Wednesday, 22 April 2015 from 1pm – 4pm.

The Continuing Professional Development session will focus on Consumer Directed Care (CDC), a key component of a reform agenda that promises to significantly expand the Home Care program, provide greater choice for people receiving care at home and boost the number of Home Care Packages from 60,000 to 100,000.

LLLB is intended to create a consumer-led and directed aged care service system, with CDC the established means of delivery to give consumers more control over the types of care and services they access, how and when they access these services and who will deliver them.

ANMF (SA Branch) CEO/Secretary Adj Assoc Professor Elizabeth Dabars AM says the ANMEC forum has been developed to make sure aged care workers are kept up to the date with the changes.

“We’re offering this session free-of-charge for members and non-members to ensure all aged care workers understand CDC and the changes to existing Home Care Packages,” Ms Dabars says.

“This forum will also provide an opportunity for Nurses, Midwives and Personal Care Assistants to engage with a panel of experts and discuss the impacts of CDC on clients, healthcare workers and healthcare organisations,” she says.

The LLLB reforms are being progressively implemented and focus on providing more help for older people to stay at home, increased support for carers, better residential aged care facilities and strengthening the aged care workforce. The changes also promise to deliver more consumer support and research, better health care connections, a stronger focus on tackling dementia, support older Australians from diverse backgrounds and, overall, a better aged care system for the future.

To register your attendance at the Consumer Directed Care Continuing Professional Development Session, contact the ANMF (SA Branch) on 8334 1900.

The session will be held at ANMEC, 191 Torrens Road, Ridleyton.

HELP US SHAPE THE FUTURE OF AGED CARE IN SOUTH AUSTRALIA

Aged care workers are being encouraged to participate in a University study that will form the basis of future enterprise bargaining negotiations for Nurse Managers, Registered and Enrolled Nurses, and Carers in this sector.

The Flinders University School of Nursing and Midwifery research project is exploring after-hours nurse staffing, work intensity and incidents of rationed or missed care in rural or remote aged care settings in both public and private sector venues.

The study aims to explore the barriers these workers face when providing care to aged care residents, and the reasons why these may occur.

To uncover the impacts of funding on aged care, the School of Nursing and Midwifery research team is seeking to interview Nurse Managers, Registered and Enrolled Nurses, and Carers.

Researcher and Registered Nurse, Dr. Luisa Toffoli from the University of South Australia (UniSA), who is collaborating with the Flinders team, says all participants can be assured of anonymity as their responses are in no way linked to their identities.

“No-one should feel hesitant to participate in fear of their responses being traced back to them, because that is certainly not the case,” Luisa says.

“We want to encourage open and honest feedback to paint an accurate picture of what is occurring in remote and rural aged care settings,” she says.

“The insights of aged care workers will be important to the research outcomes.”

The ANMF (SA Branch) supports the research, which CEO/Secretary Adj Assoc Professor Elizabeth Dabars AM says will provide an evidence base for aged care enterprise bargaining negotiations in the future.

People wishing to participate or seeking more information can contact Flinders University, Professor Eileen Willis on 8201 3110 or at Eileen.Willis@flinders.edu.au.
Win one of 10 double movie passes!

The ANMF (SA Branch) has 10 double passes to give away to the new sci-fi action thriller ‘Chappie’

“In the near future, crime is patrolled by an oppressive mechanized police force. But now, the people are fighting back. When one police droid, Chappie, is stolen and given new programming, he becomes the first robot with the ability to think and feel for himself. As powerful, destructive forces start to see Chappie as a danger to mankind and order, they will stop at nothing to maintain the status quo and ensure that Chappie is the last of his kind.”

Starring Hugh Jackman, Sharlto Copley, Dev Patel, Ninja and Yo-Landi Vi$$er and Sigourney Weaver, Chappie will release in cinemas on March 12. © 2015 CTMG. All Rights Reserved. www.ChappieMovie.com.au

For your chance to win, simply email enquiry@anmfsa.org.au with the subject line ‘InTouch Chappie Competition’ by 8 March. Don’t forget to include your name and membership number with your entry!

Entries will be drawn at random after the competition closes, winners will be notified via post or email.
NEW SURVEY TO INVESTIGATE AHPRA AUDIT PROCESS

Since May 2013, South Australian nurses and midwives have been randomly audited by the Australian Health Practitioner Regulation Agency (AHPRA) for compliance against the Nursing and Midwifery Board of Australia’s (NMBA) registration standards.

The audits target four key areas:
- Continuing Professional Development (CPD)
- Professional Indemnity Insurance (PII)
- Criminal History
- Recency of Practice

The ANMF (SA Branch) has received a number of calls and emails from members associated with the process since the audits were launched, ranging from concerns over why they had been selected for an audit to what information they were required to provide to AHPRA.

CEO/Secretary Adj Assoc Professor Elizabeth Dabars said the ANMF (SA Branch) had received anecdotal evidence since the audit was introduced that the process could be onerous at times.

“Some members have indicated that the process can be “a fair bit of work” and was unclear and frustrating, and that the results of the audit can take some time to be received,” she says.

“However, this feedback is purely anecdotal. If we need to advocate for improvements or refinements to this process for nurses and midwives, we can only do that with up to date information from our members.”

With this in mind, the ANMF (SA Branch) has this month launched a comprehensive member survey on the audit process, covering issues including if those audited felt they had sufficient time and information from AHPRA, to whether they were satisfied with the audit outcome.

The survey will take about 10 minutes to complete, and all responses provided will be completely confidential.

Ms Dabars said the survey also served as a timely reminder of the free online Continuing Professional Development (CPD) and Professional Indemnity Insurance (PII) offered as a benefit of ANMF (SA Branch) membership.

“Ensuring that practicing nurses and midwives are covered by an appropriate level of PII is a key area covered in the audit, as is the requirement for them to complete at least 20 hours of CPD each year,” she says.

“Not only do ANMF (SA Branch) members have access to comprehensive PII that ensures they comply with the National Law regulating nurses and midwives, the cover also operates in the case of a negligence claim if your employer doesn’t indemnify you.”

“ANMF (SA Branch) members also have access to discounted CPD programs offered via our training facility ANMEC, and the free online CPD available on our website.”

Members are strongly encouraged to complete the survey by end of March. To access the survey, visit the ANMF (SA Branch) website. Members who complete the survey will go in to the running to win a $50 voucher of their choice.
LEARNING @ YOUR LIBRARY

Check out some of the new books available in the library

**AN OUTBACK NURSE**
THEA HAYES, AUST, 2014
The author brought security to many lives through her dedication to the people of the Outback, as a nurse and as a kindly generous wife on one of Australia's biggest cattle stations, Wave Hill.

**MADNESS A MEMOIR**
KATE RICHARDS, AUST, 2013
Kate Richards is a trained doctor currently working in medical research. She also lives with acute psychosis and depression... her story from chaos to balance, limbo to meaning.

**THE THRIFTY KITCHEN**
SUZANNE AND KATE GIBBS, AUST, 2014
From one of Australia's most respected food families comes a guide to shopping and cooking on a budget without compromising on flavour or goodness.

**RURAL NURSING THE AUSTRALIAN CONTEXT**
KAREN FRANCIS, YSANNE CHAPMAN, CARMEL DAVIES (EDS), AUST, 2014
The Australian rural environment is unique, diverse and challenging for nurses. In recognition of the need for rural nurses to be versatile and knowledgeable in every aspect of health care, this book includes chapters on pregnancy, parenting, adolescence, adulthood, ageing and mental health.

**YATDJULIGIN ABORIGINAL AND TORRES STRAIT ISLANDER NURSING AND MIDWIFERY CARE**
ODETTE BEST, BRONWYN FREDERICKS (EDS), AUST, 2014
This book is designed for both Indigenous and non-Indigenous nurses, midwives and psychiatric nurses who work with Aboriginal and Torres Strait Islander patients. It addresses the relationship between the different cultures and mainstream health services, and prepares students for a wide variety of situations.

**BEEN THERE, DONE THAT, TRY THIS! AN ASPIE’S GUIDE TO LIFE ON EARTH**
TONY ATTWOOD, UK, 2014
A selection of authors offer their personal guidance on coping with the daily stressors that Aspies have identified as being the most significant, in order of urgency - anxiety, self-esteem, change, meltdowns, depression, friendship, love, and much, much more. Based on years of personal experience, this book is packed with advice from Aspie mentors who have all been there and done that!

Searching for other resources is made easy from the library page on the ANMF (SA Branch) website: www.anmfsa.org.au. Find us at members>learning>libraryservices. Our contact details are: library@anmfsa.org.au or 08 8334 1969.

IN MEMORIAM

**DEB KRALIK**

On behalf of our members, the ANMF (SA Branch) would like to extend its condolences to the family, friends and colleagues of the late Deb Kralik, following her passing on December 24, 2014.

Deb was highly regarded as a dedicated nursing leader, including in her positions at the Queen Elizabeth Hospital and the Royal District Nursing Service. Deb made significant contributions to our professions and will be sadly missed by the ANMF (SA Branch) and many of our members.
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 in cater those interested in clinical practice, professional practice or general topics, making it easy for you to reach your CPD requirements!

**CLINICAL PRACTICE**

**ANXIETY AND DEPRESSION – CONTEMPORARY NURSING PRACTICE (CPD 3 HOURS)**
Date/time: Monday 11 May 0900-1200

**BASIC LIFE SUPPORT (CPD 3 HOURS)**
Date/time: Friday 6 March 0900-1200, OR Monday 15 June 0900-1200

**DIABETES WORKSHOP (CPD 6 HOURS)**
Date/time: Wednesday 24 June 0900-1600

**INFECTION CONTROL (CPD 2 HOURS)**
Date/time: Tuesday 19 May 1500-1700

**MASSAGE IN NURSING (CPD 6 HOURS)**
Date/time: Monday 20 April 0930-1630

**GENERAL**

**ABORIGINAL CULTURAL AWARENESS (CPD 6 HOURS)**
Date/time: Monday 22 June 0900-1600

**HAZARDOUS MANUAL TASKS (FORMERLY KNOWN AS MANUAL HANDLING) (CPD 3 HOURS)**
Date/time: Friday 6 March 1300-1600, OR Monday 15 June 1300-1600

**NO LIFT, NO INJURY INSTRUCTOR COURSE – 3 DAY WORKSHOP (CPD 18 HOURS)**
Date/time: Monday 13 April 0900-1600, Tuesday 14 April 0900-1600, Monday 27 April 0900-1600

**NO LIFT, NO INJURY INSTRUCTOR UPDATE (CPD 4 HOURS)**
Date/time: Friday 15 May 0900-1300

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