MAY 2016

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TRANSFORMING HEALTH: The Case For Health Reform
The May edition of InTouch is focussed on Transforming Health which continues to be controversial within our membership and in the wider community.

It goes without saying, the health system in SA is not perfect, there are gaps in service provision, there are duplications of effort, there is disconnection between hospital and community care and services are inconsistent. Essentially, there is a patchwork of services across the LHNs, each of which has unique factors which have contributed to issues such as overcrowding, cancellation of elective surgery and blocking of admissions from EDs to other parts of hospitals.

In that landscape, and in the face of almost daily feedback from members regarding their frustrations with existing models of care, the case for change is clear.

But is Transforming Health going to make the right changes in the right way and deliver the right outcomes? Certainly its current implementation process is cause for concern, particularly in relation to consultation and engagement.

The ANMF (SA Branch) has both proposed and supported a number of structural changes to the way the health system operates where there has been a clear benefit to patient care and the way that nurses and midwives are enabled to work.

It’s important to say, the ANMF (SA Branch) doesn’t oppose change – it’s a given in health care and in adopting new technology. Change that delivers good patient outcomes at a manageable cost makes sense.

However, it’s clear there are elements in Transforming Health that don’t meet that common sense test – the lack of integration between hospitals and primary health care, and eldercare are all good examples.

We must also consider the backdrop under which Transforming Health is being implemented, including the Federal Budget cuts of 2014, coupled with State Health Budget pressures and the absence of a plan to address that. The impact is going to be felt for years to come and pressure must be kept on the South Australian government to ensure there are no further cuts.

What we need is a clear focus on evidence-based clinical care that leads to financial and system efficiencies. Change for its own sake is not a good enough argument – it must be meaningful and requires active consideration of the best way forward.

The ANMF (SA Branch) has been calling for the development and release of a workforce plan related to the Transforming Health strategy without any real success for several months – if not longer.

Certainly nurses in services that are net ‘losers’ from the reforms, continue to feel disenrolled and without adequate information or support. We have to acknowledge that no-one working in a service that is to be closed or relocated is going to embrace change; but it is important that the system acknowledge what they are going through and support them through the reforms.

We are working with the department and with Government on measures that will improve the capacity of nurses to both be informed about the changes and to influence those changes as they are evolving at LHN and local levels.

We also continue to be in negotiation with the state government about ‘Human Resource Principles’ that should underpin the implementation processes for Transforming Health.

Where change is necessary we want to be part of the decision-making process and will be working to ensure nurse and midwives views are heard and your experiences and opinions are considered.

As members we encourage you to raise any issues of concerns with either your Worksite Representatives, the ANMF (SA Branch) officer for your site or our Transforming Health Project Officer.

The ANMF (SA Branch) will continue to support members through the change process and pursue measures which increase your engagement, so that you can keep doing what you do best – putting high quality and evidence based patient care first.

THE CASE FOR HEALTH REFORM

Why has ANMF (SA Branch) been championing the need for health reform?

Why have we not joined the chorus of opposition to Transforming Health?

There are gaps in service provision and there are duplications of effort.

The hospital system is not well connected to primary or community based health care services or to aged care services - not to mention disability and other government programs.

Services are provided differently and with different outcomes depending on where you are. Models of care, practices and structures have grown up in environments you are. Models of care, practices and structures have grown up in environments you are. Nursing practice models have in some cases made sense.

As undertake planned elective admissions meet the need for emergency care as well as overcrowding has resulted on the use of resources that should underpin the implementation processes for Transforming Health.

Across the metropolitan area we have seen hospitals struggle with capacity to meet their elective surgery targets whilst dealing simultaneously with their emergency loads. This has led on a regular basis to both last minute cancellation of elective admissions and to the blockage of admission from EDs to other parts of hospitals. This overcrowding has resulted on the use of corridors for care - with all of the issues that this raises.

The ANMF (SA Branch) has been in dispute with government and management on many occasions over the chronic incapacity to move patients through the ED, and into appropriate care - resulting in both chronic staffing issues and risk to patient care under the current system.

In that context, the need to structure service delivery to better ensure that we can both meet the need for emergency care as well as undertake planned elective admissions makes sense.

Nursing practice models have in some cases been inhibited in their scope or development by historical practices coupled with resistance to change and to support to nurses practising to their full potential or scope. Clinical and managerial leadership of 24 hour, 7 day services has been largely delivered during ‘business hours’. Monday to Friday resulting in fragmented and inadequate support and leadership to staff of hospitals.

WCH continued with the move of Renal services to the RAH.

With the shift of obstetric services to the WCH and continued with the move of Renal services to the RAH.
THE CASE FOR HEALTH REFORM
CONTINUED

Does the case for health reform mean that we necessarily need to support Transforming Health?
The answer is clearly NO.

We need to distinguish the case for change set out in the initial Transforming Health materials from the implementation agenda for a start!

The case for change identified principles and standards based on an analysis of the evidence. Hardly anyone argued against the initial findings. Nor could you sensibly in the absence of evidence to the contrary. There were some specific reforms that we believed were not supported by the evidence and we raised them. As a result, changes were made to the plan, for example the location of palliative care services in the south.

The ANMF (SA Branch) has always argued that the Transforming Health Agenda fails to address the case for health reform. It does not attempt to deal with the need for integration between hospitals and primary health care. Similarly it ignores the challenges of eldercare even as we are confronted by a population in our hospitals that will continue to become ‘older’ over the next 20 years.

Even if we accepted the argument that the Commonwealth Government has lead responsibility for primary and aged care and that these systems were beyond the ‘reach’ of the state government, the need to effectively engage and partner should be key principles and goals.

Duplication and rationalisation

The need to rationalise services to avoid expensive and inefficient service provision are not new or controversial concepts. The SA Health Care Plan 2007-16 sought to delineate the role of particular hospitals across the metropolitan area and make clear what services would, and would not, be provided there.

That plan, like Transforming Health outlined changes to the role and function of metropolitan hospitals - a number of which are continued within the Transforming Health plan. As is the case with Transforming Health there were ‘winners’ and ‘losers’ in terms of the shift of services. In the end, that plan was only partly delivered due to the time taken with the development of the new RAH and the need for redevelopment of other sites (e.g. expansion of beds at LMH).

There are still decisions taken which we would rather see not happen. The closure of the Repat Hospital in particular, continues to cause very real pain for many members at that site struggling to maintain services whilst not yet knowing what the future holds for them or for their services.

The implementation strategy for Transforming Health couples the principles and standards with the operational realities facing the health system in SA and elsewhere.

This is where the budget cuts forced by the Federal Budget decisions in 2014 come into play.

Although, (almost) all hospitals in the metropolitan area have historically provided casualty or emergency department services, they have not always provided the same level or variety of services in their communities.

There was and remains a need to ensure that services in the hospital can support and sustain the variety and level of services provided in emergency care.

If there is no capacity to provide care to patients in operating theatres or with airway support needs or in need of high level cardiac, stroke or other intervention, then it has always been the case that the patient is taken to a larger and better equipped location that can safely provide that immediate care.

Similarly decisions have been taken over the location of a number of high cost and low volume services over the years. Not all hospitals have undertaken cardiac or cardiothoracic surgery. Transplantations have been located at TQEH and then RAH for Renal and at FMC for liver. Paediatric services have been concentrated at WCH and FMC with less complex care in a small number of other sites across the state. LMH has now been established as the third metropolitan location for paediatric care.

The need to avoid unnecessary and costly duplication in these areas has been accepted as a sound principle over many years. Similarly the need for an adequate number of cases that will be economically viable and provide clinicians with sufficient work to maintain knowledge and skills is an accepted criterion for decisions about viability of services.

More efficient care

The changes recommended in many cases such as more use of day surgery, improved patient pathways that result in shorter length of stay, more effective use of nurse or criteria based discharge but are once again not new concepts!

ANMF (SA Branch) has been agitating for changes to discharge arrangement, pathways management, patient journey-boarding, Multi-disciplinary handover and care. management meetings for years!

Surely where we can improve care so that patients get the best care while they are in hospital and away from home for the least possible time - provided that we make sure that the supports are there for them at home - then everyone wins. Patients are better off, nurses are able to provide care to those in greatest need and the system only provides care in hospital (where it the most expensive) when it is needed.

What possible argument can there be to oppose evidence based clinical care that leads to financial and system efficiencies? Our arguments ought to be directed against service cuts or practice changes that are not supported by evidence and where both patients and hospital staff can and do suffer.

Is there an alternative to health reform?

The health system cannot and will not remain fixed and unchanging. Nor would anyone want it to be unchanging.

Advances in technology, knowledge and new practices have changed practice in the past and will continue to do so. Laparoscopic (keyhole) surgery for example has shortened length of stay as well as improved patient recovery reduced pain and infection.

Direct admissions to hospital units for patients with known MI has improved survival and recovery rates and at the same time avoided additional loads within our emergency departments.
THE CASE FOR HEALTH REFORM
CONTINUED

SET OUT THE ALTERNATIVES

It is incumbent on those opposing the Transforming Health strategy to say how they would do things differently.

There is no detail from the Opposition about how they would approach health reform if in office. Some of the other commentators describing clinical risk arising from the reforms need to provide real and substantiated evidence to support their concerns.

The ANMF (SA Branch) has been calling for evidence based decision making in health for as long as many of us can remember. Whether that is evidence based staffing systems, evidence based practice, financial allocations, patient pathways, discharge policies and the list could go on.

Having an alternative plan is not simply about having a list of things that you will not do in Government or what you do not want to happen in a particular service. It requires active consideration of the best way forward as well.

HOW ELSE WILL WE FACE UP TO THE COST PRESSURES?

We are still needing to face up to the very substantial and real cuts to the planned level of federal funding to our hospital system over the next 9 years.

No State Government (or Opposition) has been able to come up with a plan that will avoid the need for cuts in the face of the absence of increased federal funding.

The ANMF (SA Branch) is arguing strongly for the Federal government to reverse the cuts announced in the 2014 federal budget and to recommit to the agreed funding formula set out in the National Health Reform Agreement.

WE WILL CONTINUE TO CAMPAIGN FOR SPECIFIC COMMITMENTS TO THESE OUTCOMES AHEAD OF THE ANTICIPATED FEDERAL ELECTION

Even after the recent Council Of Australian Governments (COAG) announcement on increased hospital funding is taken into account the remaining reductions over the next 3 years will result in approximately $450 million being cut from SA hospital growth funding.

If the system is not changed to make it more efficient and effective, the alternative approach is simply to make blunt cuts to hospital services that will still result in bed closures - but in a manner that will more directly affect patients access to hospital services.

At the same time we must work to ensure that the state government funding to health is not also cut in the same way that the commonwealth contributions have been reduced. We will be scrutinising the state budget closely and will comment further at that time.

SA Health must lift its game

Even the most ardent supporters of the Transforming Health agenda would agree that the implementation plan has been seriously lacking.

ANMF (SA Branch) has been calling for the development and release of a workforce plan related to the transforming health strategy without any real success for several months - if not longer.

The “top-down” implementation plan needs to be updated to reflect delays in the implementation strategy. It is overdue for a public update already - and the detail is still lacking.

Consultation and engagement with staff over the reforms and their implementation has been a mixed bag to say the least!

Positively, the clinical working groups established to undertake detailed work around specific reforms or pathways have been well advertised and inclusive, providing opportunities for interested clinicians including nurses to participate.

At the other end of the spectrum, nurses in services that are net "losers" from the reforms - particularly those in acute services at the Repat - continue to feel disengaged and without adequate information or support.

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THE CASE FOR HEALTH REFORM
CONTINUED

We are working with the department and with Government on measures that will improve the capacity of nurses to both be informed about the changes and to influence those changes as they are evolved at LHN and local levels.

Protecting nurses and their jobs

We have been in negotiation with the Department of Health for several months, as have other unions, over ‘Human Resource Principles’ that should underpin the implementation processes for Transforming Health.

At the core of these discussions are matters including:

- the need to provide formal and enforceable commitments to all nurses (and midwives and AINs) if affected by Transforming Health reforms that no permanent employee will be forcibly made redundant through the change process;
- the need to ensure that employment of nursing and midwifery staff should (except when relacing other staff or if funding is short term) be on a permanent contract rather than through the use of temporary or casual contracts;
- the need to provide for more permanent and predictable contract terms and conditions; and
- the need for an explicit commitment to provide for the ongoing health of the workforce.

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Members have diverse opinions on Transforming Health. Here are two cases from a single worksite.

PAVING THE WAY

Justine Grant is the Clinical Service Co-ordinator of Ward 1B at the Lyell McEwin Hospital.

It is a new title in some ways.

Justine had been in charge of Ward 3 East at Modbury Hospital until the service was shifted as part of the Transforming Health changes back in March.

All but one member of her more than forty staff also transferred under the changes being rolled out by SA Health.

“It was a huge process as a manager”, Justine says “but I could see there was a lot to be gained from Transforming Health and could point out the benefits to my staff”.

The only person who did not make the shift had decided to use it as an opportunity to change careers.

Justine says “I had to do massive plans for getting the staff orientated. I had them tour the hospital in groups and followed through with education on new systems, even the basic stuff like finding the way from the car park to the ward”.

It hasn’t meant a big lifestyle change for Justine herself, with her commute to work now around five minutes shorter.

While she admits there were some challenges with communication initially, she says “once the information was disseminated it made it clear. The waiting was the hard part. Once we knew what was happening, it made it easy to get on with it”.

Support from the ANMF (SA Branch) helped Justine and her colleagues make the change.

“The Transforming Health Liaison Officer was excellent, always available, prompt and efficient when responding to emails and addressing staff during walkarounds” she says.

Adjusting to any new working environment can take time, but Justine says “It was kind of exciting to be back in a bigger hospital again. Everybody at Lyell McEwin was welcoming. Ours is now one of the main wards in building a bridge between the two hospitals. We feel like we paved the way for other staff that will come from Modbury to Lyell McEwin”.

LIMITED OPTIONS

‘Stress’ is the word which best describes the fallout for some ANMF (SA Branch) members directly impacted by Transforming Health reforms at Modbury Hospital.

Staff in the Critical Care Unit are aware it will be dismantled, but they still do not know when.

“We’ve studied, spent money and given up family time to do the job we want to do and now that has been taken away from us. One of the most heartbreaking things is watching my work family being pulled apart. People are angry and sad.”

Modbury Hospital will still require some of their skills for the MET team and General Medical short stay, but losing the option to stay in Critical Care is proving the breaking point for some.

“Staff have already left and those that have left are not being replaced.”

SA Health has copped criticism for an initial lack of transparency regarding the changes and inconsistencies in delivering detailed information on Transforming Health.

“I understand the health system is in trouble and SA Health is trying to do the best for patients but it has been very challenging and very upsetting. It has disrupted our lives.”

The ANMF (SA Branch) is not immune to criticism either.

The reduction in services at Modbury Hospital is part of an overhaul of health designed to improve patient care, but not everyone is convinced.

*Name and details withheld at member’s request
THE CASE FOR HEALTH REFORM CONTINUED

Further negotiations will now take place as part of the EB negotiations commencing this month (April).

So where to from here?

We will continue to:

- Hold the government to its promise that no nurse would lose their job as a consequence of Transforming Health plans. Key to this is the finalisation of Human resource principles under the EB discussions now underway.
- Support members through the change process and pursue measures that will enable the LHNS to better engage and support nurses in the implementation and clinical engagement processes.
- Monitor closely the movement of beds and patient activity that is envisaged in the Transforming Health plan to ensure that there is no loss of beds before the change process delivers efficiency gains. This task is made complex by the combination of budget measures and other factors affecting length of stay and patient care efficiency that are not being managed under the Transforming Health ‘banner’.
- Make public concerns raised by members where there are real and established risks to nurses and/or patients care associated with specific reforms or implementation measures.

Members are encouraged to raise any issues or concerns with either your Worksite representatives, the ANMF (SA Branch) officer for your site or the ANMF (SA Branch) Transforming Health Project Officer.

THE BEST CARE, THE FIRST TIME, EVERY TIME

With more than 35 years in the Canadian health care system, Vickie Kaminski brings a wealth of experience to SA Health’s Transforming Health rollout.

The 63 year-old has taken on the role of SA Health’s new Deputy Chief Executive - Transforming Health.

Transforming Health is one of the biggest changes in the sector in decades and it is causing pain.

So what is the remedy?

Critics would say Vickie Kaminski is getting paid ‘big bucks’ to push the State Government’s agenda.

She insists she is a trained nurse who is passionate about quality health care.

“Nursing has always been the mainstay of health care” she says. “I wanted to be a nurse to help people. I believe strongly in public health care and making that sustainable is my number one job”.

Ms Kaminski is responsible for providing strategic leadership to the Transforming Health Team.

So what’s her impression of Transforming Health after seven weeks in her new role?

“Lots of good things, lots of things we could do differently and some areas where we need to think: is this what we mean? We’ve started in the acute care site, but so much of what we want to achieve depends on primary care. We start there because it’s visible and costly but we can’t forget that we are going to be unable to make the big changes we might want to make if we’re not looking at the other ends at the same time”.

Her vision for South Australia’s health care system is very familiar – the best care, the first time, every time. “It’s aspirational and it’s going to be a journey. Transforming Health isn’t going to do that.

It might set us on a path to get there but it’s going to be evolution of the entire health system that will see that happen” she admits. That’s largely because things change every day, with new techniques, new therapies, new diagnoses and new cures. If we’re not thinking everyday not just about what we’re doing today but how we can improve it tomorrow, then it’s not a good service.”

Transforming Health is off to a slow start and deadlines shift on a regular basis, leaving some ANMF (SA Branch) members frustrated and the community confused.

There is an admission that some hospital beds will close under the changes, but the exact number of bed closures remains a mystery.

The ANMF (SA Branch) has been assured no beds will close until there is a guarantee services will improve.

Communication has been a major stumbling block for the reforms. Ms Kaminski appears prepared to offer nurses and other health care workers the opportunity for more involvement and feedback in order to learn from any mistakes.

“We would be foolish to just think we did it perfectly and keep going. I think there are things we did really well and we have to capitalise on those moving forward. I have no desire to go down a path that is not going to work. I want to be able to say we’ve made positive change, that the change is good for people – good for everybody”. It remains to be seen if opportunities for feedback arise.

As the timeframe for achieving the reforms drags on, some ANMF (SA Branch) members appear to be growing weary of the reforms, especially if they are not directly affected by the changes at this stage.

Ms Kaminski is urging them to keep looking to the future. “Don’t walk away. Don’t turn your back on it. Sometimes until it affects you, you tend to put it on the backburner. I’d like them to touch base with us even when it’s not hitting you in the face” says Ms Kaminski. “It has to encompass obvious benefits to the way that we deliver care to improve the outcomes to the people receiving care and to provide an environment that is attractive to staff.

Health care workers are tremendously resilient and you see what we put up with all the time. A lack of clarity isn’t going to be the thing that stops anything from happening it’ll be the lack of talking about it that might”.

Ms Kaminski is the new Deputy Chief Executive - Transforming Health.
Work is now underway on a new Public Sector Enterprise Bargaining Agreement to cover all nursing and midwifery staff in the South Australian public health system. The 2016 bargaining process looks quite different to the last campaign undertaken three years ago.

This time the approach is ‘interest based bargaining’ (IBB), which is a mediated process where the employer and union attempt to negotiate their way through items that are identified as important issues for resolution.

An independent facilitator is managing the negotiations in order to ensure both the employer (SA Health) and the union are working consistent with the agreed process and towards outcomes.

There is no ‘log of claims’ as such, but several key issues have been identified for consideration as the process unfolds.

These include:
- Wages
- Job security, voluntary separation
- Protection of conditions of employment
- Career structure matters which arise from the current review nearing completion
- Workload and safe staffing arrangements

A wage rise of 2.5% is the Government’s identified wages target for all public sector agreements in SA. It is an amount broadly in line with wages outcomes gained for nursing and midwifery in other states. Teachers, public servants and Police in SA have already settled their agreements based on a 2.5% wage increase.

The ANMF (SA Branch) is working to secure existing conditions of employment, including penalty rates.

Identifying any issues that are being created through the transfer of staff or other changes associated with Transforming Health is also a top priority. Job security and workforce renewal are also major priorities at this time of major systems change.

The finishing touches are being put on a report into a review of career structure, with the outcomes to provide a benchmark for further negotiations in coming weeks.

Safe staffing levels are another major focus, with the ANMF (SA Branch) aiming for further refinement of the South Australian Safe Staffing Model to ensure safe and effective care and reasonable workloads in the period ahead.

During our work site visits, we have been encouraging members to provide feedback on the process which we aim to have completed by July 2016. If you are not able to meet with an ANMF (SA Branch) Officer on site, you can provide feedback on any concerns about the EBA or what’s missing via email enquiry@anmfsa.org.au

There is always a chance the negotiations could hit a roadblock. If there are unreasonable delays or the process is not productive, IBB will be abandoned and we will take any action that is endorsed by members.

ANMF (SA Branch) members were among hundreds of workers who marched from Adelaide’s Torrens Parade ground to Light Square on Saturday April 30 to mark May Day celebrations.

May Day activities are held across the globe in recognition of the campaign to achieve an eight hour working day, nearly 200 years ago.

Fairness and rights at work remained a strong theme of this year’s event held in the lead-up to the Federal Election, which is expected to be held on July 2 2016.

The ANMF (SA Branch) used the march as an opportunity to show our opposition to cuts to health funding, to defend penalty rates and campaign for improvements to aged care staffing.
**WILLS & ESTATE SERVICES**

**FEES**

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**CONVEYANCING SERVICES**

**FEES**

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If you are selling or purchasing a property, our team of qualified conveyancers can offer you expert conveyancing services and efficient management of the settlement process.

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**Win one of 10 double movie passes!**

The ANMF (SA Branch) has 10 double passes to give away to the new movie ‘The Meddler’.

**THE MEDDLER**

The Meddler follows Marnie Minervini (Academy Award® winner Susan Sarandon), recent widow and eternal optimist, as she moves from New Jersey to Los Angeles to be closer to her daughter (Rose Byrne).

Armed with an iPhone and a full bank account, Marnie sets out to make friends, find her purpose, and possibly open up to someone new. Also starring Academy Award® winner J.K Simmons.

Screening at Wallis Mitcham Cinema and Palace Nova Eastend Cinema from May 19.

The Meddler will be in selected cinemas May 19, 2016

For your chance to win, simply email enquiry@anmfsa.org.au by Friday May 13. Don’t forget to include your name and membership number with your entry!

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**The ANMF (SA Branch) is using modern technology to communicate with the wider community on the work of the organisation and the benefits for its members.**

A large LED screen has been installed in front of the ANMF (SA Branch) office at 191 Torrens Road, Ridleyton.

It provides a wealth of flexibility for advertising our education programs, campaigns and any community tributes. The switch was flicked ahead of Anzac Day, in time for the ANMF (SA Branch) to use the LED screen to pay tribute to nurses who served in the wars.

It is a cost effective way to get the message out to drivers sitting in heavy traffic on what is one of Adelaide’s major arterial roads.

LED technology allows us to change the graphic and the message at our own discretion.

The information can be kept clear and concise and we can select a graphic to suit the message.

Banner advertising at other sites around Adelaide can be costly to acquire and heavy on power.

We can now market our activities 24 hours-a-day and promote several items at the same time.

The ANMF (SA Branch) aims to educate the community about the work it is doing to support more than 19,500 nurses and midwives across the state.
Do you know a nurse, midwife, personal care assistant or student who is working hard to promote the interests of members? If so, nominate them today for an ANMF (SA Branch) 2016 Activism Award.

The awards recognise activists who have made a real difference through positive action and advocacy and will be presented at the 2016 Annual Delegates Conference. You are invited to nominate a member in one of the following 3 categories:

**Activism in the Workplace Award**
Outstanding achievement in organising members to resolve a workplace issue in any sector (public, private, aged care, community etc.)

**Recruitment and Promotions Award**
Outstanding achievement in the recruitment and promotion of the ANMF (SA Branch) and its members in the workplace.

**The Hall of Fame Award**
A long standing representative who has demonstrated continuous commitment to the ANMF (SA Branch) and their role over a number of years.

Return your nomination forms to the ANMF (SA Branch), Reply Paid 861, Regency Park SA 5942, fax to 8334 1901 or e-mail us with 'Activism Awards' in the subject line to enquiry@anmfsa.org.au by close of business 5.00pm on Monday June 20, 2016.
VENEPUNCTURE WORKSHOP (CPD 3 HOURS)

This 3 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 5 witnessed successful insertions at their workplace to achieve competency. This workshop is a precursor to advanced techniques and as such, does not include education in Peripheral IV Cannulation (see below).

Presented by ANMEC Education Team

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PALLIATIVE NURSING CARE – CONTEMPORARY PRACTICE (CPD 3 HOURS)

This session will discuss the definition of palliative care and explore contemporary nursing care in this setting, including improving symptom assessment skills and symptom management. It will also include strategies for dealing with bereavement and psycho-social issues common to this area of nursing.

Presented by Janine Barell, Palliative Care Nurse-Psychologist

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<tr>
<td>Cost:</td>
<td>Members $110 Non-members $140</td>
</tr>
</tbody>
</table>

INFECTION CONTROL (CPD 2 HOURS)

This 2 hour session will enable participants to maintain their annual competency in this area. The session includes an overview of infection control including basic principles of infection prevention. What's new in infection control and elements of an infection control program.

Presented by ANMEC Education Team

<table>
<thead>
<tr>
<th>Skill level:</th>
<th>Introductory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suitable for:</td>
<td>Registered Nurses, Registered Midwives, Enrolled Nurses and Personal Care Assistants</td>
</tr>
<tr>
<td>Date/time:</td>
<td>Tuesday 24 May 1300-1500</td>
</tr>
<tr>
<td>Cost:</td>
<td>Members $50 Non-members $70</td>
</tr>
</tbody>
</table>

THE PORTRAIT, THE MIRROR, THE LANDSCAPE: WORKING WITH RESPONSIVE BEHAVIOURS (CPD 6 HOURS)

In this session delivered by the Dementia Training Centre, participants will have the opportunity to understand models of behaviour and be able to use concept mapping, clarify and investigate factors which contribute to behaviour such as pain, medication, delirium and the psychosocial environment and increase capacity to evaluate care practices and apply psychosocial strategies.

Presented by Holly Markwell, Dementia Educator, Dementia Training Centre

<table>
<thead>
<tr>
<th>Skill level:</th>
<th>Advanced</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suitable for:</td>
<td>Registered Nurses and Enrolled Nurses – Senior Clinician</td>
</tr>
<tr>
<td>Date/time:</td>
<td>Tuesday 31 May 0930-1630</td>
</tr>
<tr>
<td>Cost:</td>
<td>Members $70 Non-members $100</td>
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</table>

DIABETES WORKSHOP (CPD 6 HOURS)

This interactive 6 hour workshop will enable participants to update their knowledge and skills in diabetes management, recognize diabetes as a chronic disease and discuss the implication of its management. It will also increase skills in promoting and supporting diabetes self care.

Presented by Jerry Taylor, Consultant Diabetes Educator

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<tr>
<td>Suitable for:</td>
<td>Registered Nurses, Registered Midwives and Enrolled Nurses</td>
</tr>
<tr>
<td>Date/time:</td>
<td>Wednesday 15 June 0900-1600</td>
</tr>
<tr>
<td>Cost:</td>
<td>Members $160 Non-members $200</td>
</tr>
</tbody>
</table>

ABORIGINAL CULTURAL AWARENESS (CPD 6 HOURS)

This 6 hour workshop assists participants to gain insight into Aboriginal cultural diversity and health practices from a historical and social perspective. Participants will then explore how this knowledge can be used to improve clinical practice and gain better outcomes for Aboriginal patients/clients.

Presented by David Copley, Registered Nurse & Mental Health Nurse

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</tr>
<tr>
<td>Date/time:</td>
<td>Monday 20 June, 0900-1600</td>
</tr>
<tr>
<td>Cost:</td>
<td>Members $50 Non-members $70</td>
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INFECTION CONTROL (CPD 2 HOURS)

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Presented by ANMEC Education Team

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GENERAL

NO LIFT, NO INJURY INSTRUCTOR UPDATE (CPD 4 HOURS)

This interactive 4 hour workshop enables participants who have previously completed the 3 day ‘No Lift, No Injury’ Instructor Course to maintain annual competency in this area.

Presented by ANMEC Education Team

<table>
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</tr>
<tr>
<td>Date/time:</td>
<td>Friday 20 May, 0900-1300</td>
</tr>
<tr>
<td>Cost:</td>
<td>Members $100 Non-members $140</td>
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www.anmfsa.org.au
Reform is a word we hear often, but the exact shape it takes can be variable.

Fundamental reform of the Aged Care sector was recommended in the Productivity Commission’s 2011 Inquiry Report Caring for Older Australians.

Identified areas of concern included: limited consumer choice, inconsistent inequitable Government subsidies and user contributions, and variable quality.

The Federal Government’s Aged Care Sector Committee has released a roadmap to advise on future directions for aged care after first being given the task back in April 2015.

It aims to provide a pathway to ensure residents are valued and respected, ensuring their quality of life, dignity, safety and their rights to choice.

It outlines what is required to realise a sustainable, consumer-led aged care market, where consumers have increased choice and control of the care they receive, as well as where, how and when they receive it.

Some of the questions considered include:

- How do consumers prepare for and engage with their aged care?
- How are eligibility and care needs assessed?
- How are consumers with different needs supported?
- How do we make dementia core business throughout the system?
- What care is available?
- Who provides care?

It is intended to generate discussion across the sector and government regarding future reforms to aged care.

The ANMF (SA Branch) will continue to monitor the progress as the discussion takes place.

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