InTouch
News from the Australian Nursing and Midwifery Federation (SA Branch)
April 2012

An Army Nurse Life

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Beyond the Call of Duty

In this edition of In Touch, we profile several extraordinary stories of nurses who serve their country. This includes members of our professions who have served in periods of war and peace, both in the past and the present day.

I am always inspired and encouraged when I hear from members of our professions, whether nurses, midwives or personal care assistants, who devote time and energy in making a real difference, whether in paid, humanitarian or volunteering roles.

I am most impressed by the diversity of rich activities our members engage in that could only be described as ‘beyond the call of duty’.

It also makes a great deal of sense that members of our professions engage in such activities. First and foremost because of principles and values that attracts us to the professions. Second, and just as important, the invaluable skills and expertise members of our profession can and do contribute – including our capacity to think outside the box.

Whilst it makes sense that members of our professions have a strong values base that draws us to humanitarian and volunteering activities, we are also entitled to appropriate and adequate recognition and compensation for paid work.

Volunteering is one thing. But to be denied appropriate compensation for our work is quite another.

Our employment roles gives rise to the ‘work for wages’ bargain. That means being paid for participation and contribution in the work-place.

There are also instances where higher compensation is paid for performing a particular task or function, or because a work requirement demands some higher form of compensation. For example, we are all very familiar with the principle of penalty rates for night duty and weekend work. These penalty rates are paid because of the recognition that the work is performed during ‘unsociable’ hours.

Public Holidays also come within the framework of ‘unsociable’ hours in recognition that these days are of particular significance and importance.

In offering a 24/7 service, we are accustomed to being required to work when other people are enjoying time with family, friends and fulfilling other, including religious and spiritual, commitments.

However, there are several important gaps in the current arrangements. Currently, there is no higher compensation when working late at night on Christmas Eve or New Year’s Eve. These are times where people relax or celebrate with family and friends - wrapping presents (and in some cultural groups exchanging them) or preparing for the arrival of a new year and the many opportunities it can bring.

In order to address this gap, a change to the legislation is being proposed to create two new part-day public holidays – and we support this change. However, at the time of writing, we are being opposed by some employer groups, both big business and aged care providers, who are not supportive of the change.

I wonder how many of them will be at work on these special days, away from their family and friends caring for those in health or aged care services? I suspect not many.

We are actively campaigning in support of this new law, because whilst it is our prerogative, as caring and dedicated professionals, to go beyond the call of duty where we choose to do so, we are entitled to be compensated for being required to work at times and in ways that deprive us of opportunities to spend time with our own families and friends in order to care for others. Those employer organisations resisting change should reflect on their motivation and desist from continuing abuse of our better natures.

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Cover: Connie Jongeneel gives an insight into the life of an Army Nurse (Story page 4).
Ian Shaw was always fascinated by stories of what happened to the Australian nurses taken prisoner by the Japanese in Sumatra during World War 2. His mother was in the Air Force in the war, and so were her two sisters.

In February 1942, on Radji Beach in West Bangka, Indonesia, twenty one nurses were killed by the Japanese Army. Twelve survived and returned to Australia. Just like his mum and aunties, Ian Shaw read and was captivated by Nurse Betty Jeffrey’s book White Coolies. She was held for three-and-a-half years under inhumane conditions and survived when many of her colleagues didn’t.

Ian wanted to further the story, to validate his mother and aunties’ war experiences. He set about researching books and interviews of the 24 survivors from the SS Vyner Brooke – a ship that was attacked by Japanese bombers. He also used the vast resources of the Australian War Memorial, which contains a collection of donated material, including a 250 page manuscript by one of the surviving nurses, Veronica Clancy. Ian said she told a very compelling story, and had quite a cynical view. When she was washed up from the SS Vyner Brooke on Bangka Island, she was detained in the local cinema. Sitting next to her was an Englishman who spoke of time nearly being up for the “little yellow men” – the Japanese. Veronica Clancy told him that attitude was exactly why there was a war in the first place.

The nurses knew what was going to happen and talked about splitting up and running in different directions on Radji Beach. The matron questioned them because they had wounded people on the beach who they were responsible for looking after. They decided to stay with the wounded, and all died.

Ian said a week before surrender, the nurses had been asked to put up their hands if they wanted to be evacuated from Singapore. No-one did, choosing duty over life.

Researching and writing his own book On Radji Beach, which was first published in 2010, Ian said he was humbled by the nurses’ courage and self-effacing attitudes.

“I had appreciation for the strength of character among the nurses. They’re always known for their competence in background and skills, but to read about their capacity to do whatever it took to survive, and the incredible bond between them made me feel good to write their story,” said Ian.

He also spoke of a renewed sense of the futility of war, and the incredible waste of human life.

Ian said he found it very moving to present at the Bangka Day Memorial Service as the keynote speaker, and said it’s an impressive service that’s unique in Australia.

At the end of March, he has another book being released, this time about the siege at Glenrowan.
Honouring the Nurses: at the Scene of the Radji Beach Massacre

A South Australian family travelled to Radji Beach in February to honour their aunty who survived, and the nurses who didn’t.

Rose Ashton, her brother and two sisters went to see where their Aunty Jean, who was on the Vyner Brooke, was washed up on the beach before she became a prisoner of war. They also visited the Women’s Memorial in the nearby town of Muntok, Indonesia.

Connie Jongeneel’s career as an army reserve nurse has seen her deployed six times, giving her experiences beyond her expectations.

The Life of an Army Nurse

She said small groups of specialists are deployed so there aren’t the extra staff available like there are at the Royal Adelaide Hospital, for example.

“You have to think outside the square because you don’t have everyone there to help you. You need to have exceptional skills to give care no matter what setting you’re in,” said Connie.

She said those deployed are highly skilled, and when they come together they make an exceptional team.

The toughest aspect of being deployed is the long hours, with Connie being in theatre during the day, then cleaning the theatre and all its equipment ready for the next case in the evening, then on a ward shift the following morning. She said the cases she’s been exposed to are unlike any she’s encountered in Australia.

“I feel for these people. We’re so lucky in Australia because we have first class health care. They don’t have it there, and your heart goes out to them,” said Connie.

She describes army nursing as very challenging and rewarding, and it’s not just about being a nurse but also about learning to be an officer in the army.

Connie said her general nursing and theatre skills have been honed in the army, and she’s achieved high positions in a very short space of time.

New nurses are constantly needed in the army, particularly in ICU and theatre.

Connie is on the Bangka Memorial Day service committee, and feels it’s important to keep in touch with the history of the army nurses.

She hopes the knowledge and remembrance of the nurses who died – and those who survived – are never lost.”

“Muntok has a unique history and the locals are proud of it and recognise it could become a tourist industry. We want to help them have something significant,” said Rose.

She’s donated a copy of Aunty Jean’s diary, and is collecting other memorabilia and donations for the museum. Rose would love to hear from members who have something they can contribute. She can be contacted on (08) 8537 5243 and at rosepaul88@bigpond.com or maxieashton@gmail.com.

Rose also has a blog site detailing her family’s trip to Muntok: www.vynerbrookenurses.blogspot.com.

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Support for new part-day public holidays

The ANMF (SA Branch) is involved in a joint campaign for two new part-day public holidays that would benefit nurses and midwives.

The State Government has announced changes that would see two extra part-days – Christmas Eve and New Year’s Eve – being declared as annual public holidays. The draft Bill proposed that holidays would start at 5pm on those days, giving workers the choice not to work, or to enjoy significant penalty rates. The changes are subject to the legislation being passed in State Parliament.

A campaign has been launched by the Shop, Distributive and Allied Employees’ Association (SDA), with joint support from the ANMF and 15 other organisations.

Members would of course benefit from higher penalty rates. The ANMF (SA Branch) will continue to lobby for approval to recognise Christmas Eve and New Year’s Eve as public holidays.

Top: Elizabeth Dabars being interviewed at the campaign launch on Monday, February 20, 2012 by ANMF members Jennifer Barlow and Tammy Bornhoef.

Commitment gained to staff to demand

The Central Adelaide Local Health Network (CALHN) provided ANMF (SA Branch) an unequivocal commitment that it will staff to demand following urgent intervention by the ANMF (SA Branch).

In February, ANMF (SA Branch) was approached by deeply concerned members who advised that senior nursing staff at the Royal Adelaide Hospital had been instructed to staff in accordance with approved budget levels.

The ANMF (SA Branch) responded quickly, formalising the issue in writing to the CALHN and demanding an urgent response the same day the concern was raised by members.

“We have lobbied and negotiated hard to achieve a staffing to demand model in SA Health,” said Adj Assoc Professor Elizabeth Dabars.

“Given the nature of the alleged directive and the negative impact that a budget-driven approach would have on patients and our members, we acted immediately”.

“It was our position that this approach would have not only been contrary to positive patient care, but would also be in direct conflict with the CALHN’s obligations under the current Nursing/Midwifery Enterprise Agreement 2010.

“We sought an urgent assurance that all hospitals within the CALHN be staffed consistent with the agreement, especially clause 3.1 which establishes demand as the driver for staffing decision making.

“We were pleased to receive a response, within the timeframe we specified, by the CEO of CALHN, advising that there was no intention to breach the Agreement, and providing a clear and unequivocal commitment to ensure that all services would be staffed in accordance with it.

“We were pleased to receive this commitment and we will be holding CALHN to it”.

“This issue is fundamental to positive patient care. A reversal of the approach would be adverse to patient interests, and nurses will not stand by and let that happen”.

A progressive city needs positive reform

Shortly, an important reform initiative which is supported by business and unions will be brought before the South Australian Parliament. This reform achieves two major outcomes for South Australians.

1. Adelaide City Shop Trading on Public Holidays

All shops in the Adelaide CBD will be allowed to open on all Public Holidays except Good Friday, Christmas Day and Good Friday. No longer will it be against the law for retailers to trade on Public Holidays, thus allowing for more choice in the city. Adelaide City Shop Trading on Public Holidays.

2. New Part-Day Public Holidays

New public holidays will be introduced to the Royal Adelaide Hospital for Christmas Day and New Year’s Day. This will provide many retail employees such as hospitality staff, shop assistants, public transport drivers and fast food employees, the opportunity to choose to work or not to take the reigns off for those who choose to work, or those who have to work, such as police officers and nurses. Public holidays could result in a higher rate of pay for those hours worked.

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Top: Elizabeth Dabars being interviewed at the campaign launch on Monday, February 20, 2012 by ANMF members Jennifer Barlow and Tammy Bornhoef.
The ANMF (SA Branch) is pushing for creative solutions to address the issue of available parking at the Women’s and Children’s Hospital, with staff frustrated with long waiting-lists to access the on-site car-park and numerous issues relating to on-street parking.

Not only are there long queues to get into the multi-storey hospital car park on Kermode Street, if there are no spaces available, staff park on the street, raising safety and security concerns.

“The issue of available parking on the land-locked W&CH site has been an issue for more than a decade. However, given the Government is proposing to build a $500 million Adelaide Stadium in the area, we believe it is now time for creative solutions to be considered,” said Adj Assoc Professor Elizabeth Dabars.

“We have written to State Government and Opposition representatives, including Infrastructure Minister Patrick Conlon and the Leader of the Opposition Isabel Redmond, presenting the idea that they capitalise on this opportunity by building an underground car park at the northern end of the parklands, near St Peter’s Cathedral. It could service the Women’s and Children’s Hospital and Adelaide Oval.

“Also, as a direct result of exploring practical issues with members at the Women’s and Children’s Hospital, we have also raised these concerns and suggestions relating to on-street parking and security in letters to the Lord Mayor Stephen Yarwood and Women’s and Children’s Hospital CEO Gail Mondy.

“We have invited them to meet with us to explore these issues and work towards finding viable solutions to these very real issues that affect not only our members, but their patients and visitors.

In relation to car-parking at other sites, the ANMF has continued opposing plans to introduce or increase car parking charges at hospitals, announced in the 2010 State Government Budget. The ANMF is working closely with the PSA in relation to their appeal.

In the interim, the ANMF has written to the CEO of SA Health seeking a commitment that car-parking fees will not be applied to ANMF (SA Branch) members during the course of that appeal.

Members will be kept informed of progress.
Top: W&CH members meet to discuss car parking issues.
A win for Mount Gambier Nurses and Safe Patient Care

The Mount Gambier community will be much better off after ANMF (SA Branch) won an important outcome in relation to Mt Gambier Hospital staffing levels.

Despite nurses raising staffing concerns with Country Health SA (CHSA) since late last year, CHSA had consistently refused to genuinely address these issues. These staffing concerns had been compounded by CHSA reneging on a commitment to maintain the status quo while these concerns were being resolved.

As a direct consequence of this failure, several concurrent strategies were developed and implemented to deal with the issue.

The first was to hold a demonstration outside the hospital on 7 February 2012 to publicly highlight the concerns. The event was highly successful attracting community support and significant media coverage, locally and in metropolitan SA, as reported in the March issue of the In Touch magazine.

Second, a dispute was lodged by the ANMF (SA Branch) with the South Australian Industrial Relations Commission (SAIRC). The matter was heard on 14 February 2012. A conciliation conference was held, followed by further discussions between ANMF (SA Branch) and SA Health. This process resulted in agreement being reached that improved staffing levels to the Emergency Department. CHSA also agreed to consult in relation to an escalation plan for the emergency department to address responses to staffing shortfalls. There is also now a focus on achieving that result for other shifts in the hospital.

CHSA have also agreed on arrangements to ensure that local ANMF worksite representatives (WSR) can discuss staffing concerns and scrutinise figures as soon as problems are identified. This will allow more accurate figures to be compiled, which is essential to support arguments for action to be taken.

Enrolled Nurse and ANMF (SA Branch) WSR, Sandra Dowdell, said it’s a big win for Mt Gambier Hospital nurses. She said there will now be monthly meetings with management to discuss any issues.

“It’s making us feel that management is starting to listen,” said Sandra.

“It’s been a positive experience. It’s made morale go up among the staff.”

With plans to focus on issues for afternoon and late shifts, Sandra’s hoping a result can be achieved through discussions with hospital management this time.

Mt Gambier members, including reps Leanne Heaver and Sandra Dowdell.

This successful outcome relates to the ‘status quo’ issue. As other concerns will only be resolved by clarification of interpretation of Appendix 2 to the Public Sector Enterprise Agreement, the ANMF (SA Branch) is also preparing to lodge an interpretation case with the Industrial Relations Court of SA. Members will be kept informed of progress.

The Pirates!

Laugh your booty off with THE PIRATES! BAND OF MISFITS 3D, in cinemas April 5.

In The Pirates! Band of Misfits, Hugh Grant stars in his first animated role as the luxuriantly bearded Pirate Captain – a boundlessly enthusiastic, if somewhat less-than-successful, terror of the High Seas. With a rag-tag crew at his side (Martin Freeman, Brendan Gleeson, Russell Tovey, and Ashley Jensen), and seemingly blind to the impossible odds stacked against him, the Captain has one dream: to beat his bitter rivals Black Bellamy (Jeremy Piven) and Cutlass Liz (Salma Hayek) to the much coveted Pirate Of The Year Award.

It’s a quest that takes our heroes from the shores of exotic Blood Island to the foggy streets of Victorian London. Along the way they ballet a diabolical queen (Imelda Staunton) and team up with a haplessly smitten young scientist (David Tennant), but never lose sight of what a pirate loves best: adventure!

ONLY AT THE MOVIES! APRIL 5

See page 9 for your chance to win tickets to see ‘The Pirates!’.
Nurses and Midwives Gaining a World of Knowledge
SA Premier’s Nursing & Midwifery Scholarship Winners 2011/2012

In the March issue of In Touch we introduced Kathryn O’Toole, Natalia Adanichkin & Jayne Hartwig/Christine Holliday, recipients of the 2011/2012 SA Premier’s Nursing & Midwifery Scholarships. The following nurses were also successful recipients and details of their field of study are set out below.

Jan Williams

Destination: UK, Canada & USA
Purpose: To explore innovative advanced practice and nurse-led models which effectively and efficiently meet the health needs of refugees in primary health care settings.

Background: Jan has worked at the Migrant Health Service, a primary health care service for recent arrival humanitarian and asylum seeker refugees for 13 years, and has worked in refugee and indigenous health for some 30 years.

With refugee health now representing a significant area of demand and a growing national and global phenomenon, Jan has witnessed a corresponding improvement in universal standards around best practice models and treatment protocols for refugee health. Jan’s focus on the UK, Canada and USA recognises that while the healthcare systems within these countries are quite different, the refugee client groups are very similar. She is looking forward to reviewing the health service models, nursing/midwifery programs and treatment protocols for refugee health in each jurisdiction.

Objectives: With the Migrant Health Service the only stand-alone primary health care service for refugees in South Australia, the focus of the study is how to achieve more nurse-led outreach into the community, to develop existing mainstream services to better meet the needs of refugee clients, with a view to better workload and client management and improve hospital avoidance.

Specifically the tour will focus on:

- Early intervention comprehensive health screening for new arrival refugees.
- Community based nurse-led primary health care programs for refugees.
- The role of Nurse Practitioners in providing primary care for refugees.

Benefits of the Scholarship Program:
“...This is a priceless opportunity specifically tailored to nurses and midwives and a way of aligning our professional role to international standards. As well as gaining valuable information, we have a lot to share and the program enables knowledge transfer with other countries.”

Tracy-Anne Edwards

Destination: Western Australia (Royal Perth Hospital and Sir Charles Gairdner Hospital)
Purpose: To investigate how other Emergency Departments are meeting the 4-hour rule in regards to assessment, treatment and disposition of patients who present to their Departments (Tracy has already completed her study tour).

Background: Tracy has worked for six years in the Emergency Department with extensive experience in delivery of the triage function. Her experience in this area prompted her to consider how efficiencies can be achieved in the ED to meet established benchmarks.

Key Findings: Tracy’s study tour highlighted the following findings:

- Additional funding is required to enable the Emergency Department to achieve the 4-hour rule.
- A focus on the use of allied health services and discharge planners is required to assist with treating patients within the community where possible rather than admitting them.
- Any use of a “fast track area” for patients who don’t require a cubicle and can be treated in a chair rather than occupying a bed, must be established as a separate area and a separate team for optimal efficiency.

Tracy has been able to progress these findings since her return and is in the process of establishing a distinct Fast Track area within the Modbury Hospital’s Emergency Department.

Benefits of the Scholarship Program:
“The Scholarship Program represents a fantastic Professional Development opportunity. It enables nurses and midwives to see what is being achieved nationally and internationally and to advance things within their workplaces in South Australia.”
A new study is looking at tools to support registered nurses working in residential aged care facilities.

Samantha Scott, who’s completing her Master’s degree in Health and Ageing, is focussing her study on the commonly reported problems or barriers that registered nurses have in delivering care in nursing homes.

Those aged over 65 years comprise 14% of the population, and it’s projected that number will increase to 23% in 2050. More than 150,000 Australians live in aged care facilities, and it’s been identified there’ll be a 56% growth in the number of people needing them. As the ageing population increases so too will Australians’ health care needs, expenditure, and work place pressures for those providing such care.

Samantha said while research shows nursing staff in aged care enjoy their work, it’s deemed the least preferred specialty, and many perceive that working in that area has deskilled them. It also identifies nursing care as the ability to use technology, and without it, nurses are unable to deliver acute care. More research shows that nursing and medical staff caring for the elderly in hospitals have identified that they are out of their depth, even though they do have technology at their fingertips. Overall, nurses in aged care services are contending with ongoing pressures.

Samantha’s study will consider whether a tool, such as a pocket flip chart, would support a registered nurse in conducting an acute care assessment in a residential aged care facility.

“A lot has changed in aged care in a short time. I’m very interested to find out how, especially under stress, we’re providing quality care to this group of patients,” said Samantha.

Samantha is conducting a survey on acute assessment in aged care. She approached Adj Assoc Professor Elizabeth Dabars, CEO/Secretary of ANMF (SA Branch) for help in surveying registered nurses in aged care. She said the ANMF has been extremely supportive of her study.

The intent of the survey is to learn from the nurses who take part and obtain their thoughts on the assessment process, as well as explore whether or not the current tools are sufficient for the changing clinical environment in aged care. Potential barriers in conducting effective assessments in acute situations will also be considered.

Those who participate in the survey will be asked to take part in a focus group.

Samantha hopes to complete the study and graduate in July this year.

Information about taking part in the research project will be advertised in the weekly e-bulletin. If you’d like to contact Samantha for more information please email her at scose001@mymail.unisa.edu.au

Win tickets to The Pirates!

Laugh your booty off with The Pirates! Band of Misfits.

We have 10 double passes to give away for this family “claymation” film, which features the voice talents of Hugh Grant and Salma Hayek.

To enter, look out for the April 2nd edition of the ANMF e-bulletin, click on The Pirates! Band of Misfits Competition link and email us your name and membership number.

If you don’t receive our e-bulletin, email us today at enquiry@anmfsa.org.au with “Subscribe e-bulletin” in the subject line, or call the ANMF (SA Branch) Membership team on 8334 1902.

For more details on ‘The Pirates!’ see page 7.
Adj Assoc Professor Elizabeth Dabars, ANMF (SA Branch) CEO/Secretary spoke at the Division of Health Sciences’ Orientation Week at Flinders University in February. The ANMF had a stand there, as well as at UniSA’s orientation week activities.

At the Flinders University Orientation, Adj Assoc Professor Elizabeth Dabars discussed current issues facing nursing and midwifery, including the role of the professions in influencing policy and law, and the importance of joining the ANMF (SA Branch). She spoke on topics of interest to the students including the work of ANMF in lobbying for graduate employment, National Hospital and Health Reform, staffing levels and skills mix and wages and conditions.

“I am always thrilled to have the opportunity to discuss the important role our professions have in not only driving current issues, but also in creating our future.

“The students were so engaged and invigorating. It gives me every confidence in the future of our professions and the health of our communities.”

At UniSA, more than two-thousand students attended the Division of Health Sciences’ Orientation Week, including nearly 650 nursing/midwifery students.

Hundreds of new nursing and midwifery students have taken the first steps in their career, embarking on university study and broadening their understanding of the issues they’ll face.

New students visiting the ANMF stands at UniSA and Flinders University

More people in health and community services choose HESTA than any other fund

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Online Exposure – Be careful how much you share!

In the age of Facebook, Twitter, LinkedIn, Foursquare and myriad other social networking tools, we have become more sharing of personal information than ever before.

To safeguard your privacy and personal safety, as well as that of your clients and colleagues, be aware that some information should be kept out of the social networking space.

Publishing your occupation and place of employment within your status, posting information about working a particular shift or ‘checking in’ to particular locations can combine to create potential safety implications for you by advertising where you are at a certain time and even that your residence is vacant. Remember that your name and profile photo are usually also a feature of your page.

Remember that, in addition to the potential security and privacy implications, what you communicate in a public forum reflects on you as a professional and can jeopardise your reputation, your job and your career prospects into the future.

Rules of thumb for protecting your security, your job and your reputation online:

• Do not refer to your employer or your colleagues within your personal social media activities.
• Never post specific details about your occupation or place of work, particularly specific departments or days/hours of work.
• Confidentiality of clients, patients, colleagues and your employer must be maintained – never publish specific information about your work, especially particular incidents.

• Remember that what you publish is widely accessible and will be in the social media space for a long time so consider your comments carefully.
• Do not use social media as a way to communicate with colleagues about work.
• Never comment on social media when the topic being discussed may be considered a critical incident. There are established management processes for handling such incidents.
• Naturally you are free to discuss your professional life with friends, but keep it personal and remember the confidentiality and privacy requirements of your employment.
• If you feel stress or anxiety about your work or a particular work-related incident, trained professionals are available to provide debriefing and counselling services. Talk to your manager, your Human Resources department or the ANMF to obtain further information.
• If you feel the need to share with friends on Facebook or Twitter, include only general information, such as “Had a great day at work today” or “Exhausted after a particularly difficult day on the job”.

Be smart about protecting yourself, your privacy and that of your colleagues, clients and employer.

CORRECTION to story in March 2012 In Touch

The Health of Nurses and Midwives – at what cost?

In the March issue of In Touch, we featured a story about plans to introduce a Nursing and Midwifery Health Program in South Australia.

You may be familiar with the program running in Victoria since 2006 – which is registrant funded. The Victorian program was created to help nurses and midwives with issues including mental health and/or alcohol and drug concerns.

The key issue is how to fund such a program in South Australia. The Victorian program is registrant funded, with a contribution from registration fees. A levy is one option being considered in SA.

In the story, we incorrectly reported that the levy paid by Victorian nurses/midwives is $100. Their contribution is actually $5.69 per registrant. We apologise for any confusion this may have caused.

Your input is sought in relation to whether you support such a program being introduced in South Australia, your view on how it should be funded and, if it were to be registrant funded, how much you (as a registrant) would be prepared to contribute, via 8334 1940 or email: enquiry@anmfas.org.au with ‘Health Program’ in the heading.
In the last edition of In Touch, we discussed options being developed by a negotiating committee for a ratio-based staffing system in South Australia.

Nurse/Midwife-to-patient ratios can specify the minimum enforceable number of Nurse/Midwives/assistants in nursing required to provide care to patients. Internationally recognised as one option for improving patient safety and nursing/midwifery conditions, ratios can take various forms.

In the March edition we focussed on the systems already in place in Victoria and New South Wales.

In both states there have been lengthy campaigns to get appropriate agreements in place to protect nurses and midwives. This edition focusses on these campaigns and we have been greatly assisted and informed by the ANF branches in Victoria and NSW.

History of campaigns in the Victorian Public Health Sector System

2000 – With jobs slashed by the Kennett Liberal Government, the election of the Bracks Labor Government created a political opening for the introduction and implementation of nurse-to-patient ratios. It was a centrepiece of the Victorian nurses’ enterprise bargaining campaign.

When the ANF put its case to the Australian Industrial Relations Commission (AIRC), employers began to acknowledge the need to address the issue of workload and its influence on nurse/midwife professionalism and patient safety.

On August 31, the AIRC ruled that nurse-to-patient ratios represented the most effective response to both the workload and staffing crises facing the health sector. The Bracks Government allocated $198 million to fund ratio positions. The nurse-to-patient ratios were phased in between December 2000 and August 2001. In 2001, another $300 million was set aside.

2004 – 2007 – Ratios were renewed in Enterprise Bargaining Agreements (EBA), but only following sustained pressure from nurses/midwives.

May 2011 – The cabinet of the Victorian Liberal Government signed off on a secret plot to provoke the state’s nurses into industrial action so it could force them into arbitration, cut nurse numbers and replace them at hospital bedsides with low-skilled “health assistants.”

July 2011 – ANF served a log of claims on each of the public health services that make up the Victorian public health sector. The log took the form of the current EBA, with amendments to reflect improved ratios, new ratios and various improvements in wages and conditions.

October 2011 – The Australian Electoral Commission (AEC) undertook the largest protected action ballot in Australian history.

More than 30,000 ANF members received a ballot paper and more than 98% of nurses and midwives approved the proposed industrial action, allowing protected action including bed closures.

November 2011 – Protected industrial action commenced, including bed closures and bans on paperwork.

Four days later, Fair Work Australia handed down a decision “suspending” protected industrial action for 90 days, rather than terminating as sought by the government.

More than 10,000 ANF members, family, friends and the community rallied in Bourke Street Mall and marched to Parliament House.

December 2011 – More than 30 rallies were held outside Victorian metropolitan and regional hospitals.

A statewide ANF members’ meeting decided to give individual consideration to resigning en masse from the Victorian public health system, in light of risks to registration, duty of care and deterioration of employment conditions.

ANF members delivered a petition containing more than 40,000 signatures to Minister David Davis following a march to his office.

January 2012 – The campaign focussed on the number of hospital beds closed by the Baillieu Liberal Government since being sworn in in December 2010. The bed toll stands at 1,516.

22 February 2012 – Nurses/midwives held a statewide stop work meeting.

The Federal Workplace Relations Minister, Bill Shorten, offered the parties a proposal that they agree on a senior member from the independent umpire to resolve all issues, including nurse/midwife to patient ratios.

23 February 2012 - In the absence of the Baillieu Government being prepared to allow the dispute to be fully resolved by Fair Work Australia, three hospitals commenced daily rolling stoppages of up to four hours on the morning shift, and up to four hours on the afternoon shift.

The plan was for additional hospitals to join the action on each day that the dispute remains unsolved. Night staffing levels were to be maintained at all times.

28 February 2012 – Nurses and midwives agreed not to escalate their action, but maintain the current level, and ensure that category 1, cancer and diagnostic surgery for cancer aren’t impacted upon.
The ANF said the dispute could have been resolved weeks ago had the Baillieu Government agreed to conciliation on all matters, including ratios.

1 March 2012 – Baillieu Government-paid lawyers wrote to ANF solicitors demanding nurses’ and midwives’ posts be deleted from the Facebook campaign page at www.facebook.com/respectourwork.

7 March 2012 – The ANF and employers agreed on an arrangement for a fresh process, to finalise an outcome with help from Fair Work Australia. The ANF ensured all industrial action ceased immediately.

A commitment was made to resolve all outstanding issues by 16 March.

We will keep you updated on progress in this matter.

**History of campaigns in the New South Wales Public Health Sector System**

Organising for Safe Patient Care: 2010 Public Health System Pay and Conditions Campaign

June 2010 – NSWNA submitted an interim claim for nurse staffing ratios and skill mix to NSW Health and began visiting members in workplaces across the state to consult and validate the claim.

The nurse staffing ratios claim was part of the 2010 Claim for a new Award for public health system nurses and midwives.

September 2010 – The final ratios claim was served on the Department of Health, after approval from NSWNA Branches.

October 2010 – NSWNA branches geared up for a very determined community campaign to win ratios.

November 2010 – Nurses and midwives joined a statewide strike, stepping up their campaign for one nurse for every four patients.

February 2011 – NSWNA Council recommended a ‘Yes’ vote to support an offer from NSW Health that would see nurse-to-patient ratios embedded in the public health system award, along with pay rises of 3.9%, 3% and 2.5% before July 2013.

NSW would join Victoria and California with the power to enforce mandated nurse-to-patient ratios.

May 2011 - The NSWNA won provisions to improve staffing and skill mix, with plans to implement the new nursing hours/ratios system progressively in three tranches in eligible public hospitals. The ratios were won for surgical/medical wards, palliative care units, rehabilitation units and acute adult inpatient mental health units. The selection of wards in each tranche would be agreed by the NSWNA and NSW Health.

It was agreed that around 1,400 additional FTE nursing positions were required to implement the new system.

Recruitment would be in the following tranches:

- **Tranche 1**: Around 450 new FTE nursing positions would be recruited by July 1, 2011.
- **Tranche 2**: Around 450 new FTE nursing positions would be recruited in two phases – phase one by February 1, 2012 and phase two by July 1, 2012.
- **Tranche 3**: Around 450 new FTE nursing positions would be recruited in two phases – phase one by February 1, 2013 and phased two by June 30, 2013.

July 2011 – Nursing hours/ratios were implemented progressively in public hospital wards, with the first tranche of wards selected by the NSWNA and NSW Health converting to the nursing hours/ratios system.

Around 45 public health system wards converted to the new system, with funding made available by NSW Health to increase staffing in those wards. It meant about 180 FTE extra nursing positions.

The plan was to progressively implement the system in eligible public hospital wards, with the full conversion to happen by July 2013.

February 2012 – The NSW Commission of Audit report into public sector management recommended that mandated minimum staffing levels be removed from awards. NSWNA said the recommendations are a serious concern to employees such as nurses and midwives, and wants the NSW government to reject the recommendation. NSWNA general secretary, Brett Holmes, said nurses and midwives campaigned hard to secure staff ratios, and will campaign even harder to keep them.

March 2012 – NSW Government announces recommendation to abolish ratios arising from Commission of Audit report. NSWNA campaign resumes.

**Birthrate Plus – A Major Breakthrough for Midwives**

2004 – NSW Health and NSWNA commenced discussions about an Award entitlement for reasonable workloads for midwives, based on a UK model called Birthrate Plus which was developed in 1986. Birthrate Plus focuses on women’s needs rather than midwife activity and is based on a standard of one-to-one midwifery care.

2005 – Nursing and Midwifery Office and NSWNA began adapting and testing Birthrate Plus to reflect the NSW environment.

2006 – Birthrate Plus author was invited by NSW Health to NSW. A pilot commenced at 13 hospitals but was not completed as it was identified that further areas needed testing. The NSWNA and members identified problems and submitted areas needing change to NSW Health.

2008 – Revised pilot project commenced at 20 hospitals, leading to adjustments.

2010 – NSW Health and NSWNA fine-tuned the tool for the NSW setting. The NSWNA Organiser consulted with members at the trial sites.

2011 – The negotiated changes to Birthrate Plus were part of the proposed new Award voted up by NSWNA Branches in February. The NSWNA Assistant General Secretary Judith Kieja said it’s a major breakthrough for midwives so they can control their workloads.

Information about the Victorian and New South Wales campaigns obtained from:

- *Nursing the system back to health, Australian Nursing Federation (Victorian Branch)*
- *The Lamp, April 2011, May 2011, February 2012, NSW Nurses’ Association publication*
Enrolled nurses (ENs) are in demand, particularly in the aged care sector and in hospitals across the state. ENs are recognised for the important role they play within nursing teams in participating in the delivery of effective and safe patient care.

Many employment opportunities exist for nursing staff that hold the Diploma of Nursing Qualification.

The Australian Nursing and Midwifery Education Centre (ANMEC) is offering funded positions in the Diploma of Nursing - HLT51607 program commencing May 2012. Places are filling fast!

For more information and to register your interest call ANMEC training NOW on 8334 1989 or email training@anmfsa.org.au

SA Small Training Provider of the Year - 2010

Nursing Study reaps Awards and Rewards

For Rachel Perry, deciding to study with ANMEC to become an enrolled nurse has provided her with a rewarding new career she loves.

After being a stay-at-home mum for ten years, Rachel was ready to re-enter the workforce. She wanted a job that was meaningful and had flexible hours so she could still spend time with her children.

Rachel completed her Diploma of Nursing and, together with her colleague Rebecka Deane, received an Award for Excellence. Rachel was then offered a place in the enrolled nurse graduate program at Calvary Wakefield Hospital. She’s been there full-time since June 2011, expanding her knowledge and techniques in different areas, including general surgical, cardiac and neurosurgery.

Rachel said the training at ANMEC was fantastic.

“It was thorough and so many other nurses I’ve talked to didn’t learn as comprehensively as we were taught. We got a great grounding,” said Rachel.

She said spending time with patients when they’re vulnerable and making their day better by listening and caring for them is the ultimate reward.

Rachel plans to consolidate her nursing skills, and might look at becoming a registered nurse in the future.

Interested in a career in Nursing or Aged Care?

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SA Small Training Provider of the Year - 2010
Continuing Professional Development Calendar

Please check brochures or the website - www.anmfsa.org.au for details relating to discounts for members and multiple enrolments, venues, and information about bookings.

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<tr>
<th>April 2012</th>
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<tbody>
<tr>
<td>Tuesday 3rd</td>
<td>0900 – 1600</td>
<td>Mental Health First Aid Day 1 (CPD 6 Hours)</td>
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<tr>
<td>Wednesday 4th</td>
<td>0900 – 1600</td>
<td>Mental Health First Aid Day 2 (CPD 6 Hours)</td>
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<tr>
<td>Tuesday 17th</td>
<td>0930 – 1145</td>
<td>Safe Swallowing and Dysphagia (CPD 2 Hours)</td>
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<tr>
<td>Tuesday 24th</td>
<td>0930 – 1145</td>
<td>Developing a Professional Portfolio (CPD 2 Hours)</td>
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<td>Thursday 26th</td>
<td>0930 – 1330</td>
<td>No Lift, No Injury Instructors Update - (CPD 4 Hours)</td>
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<tr>
<td>Monday 30th</td>
<td>0900 – 1215</td>
<td>Manual Handling Update - (CPD 3 Hours)</td>
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<td>Monday 30th</td>
<td>1300 – 1615</td>
<td>Basic Life Support - (CPD 3 Hours)</td>
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<tr>
<td>Monday 7th</td>
<td>0900 – 1600</td>
<td>Basic Life Support Instructor Update (CPD 6 Hours)</td>
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<td>Wednesday 9th</td>
<td>0900 – 1600</td>
<td>Wound Management (CPD 6 Hours)</td>
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<td>Tuesday 15th</td>
<td>0900 – 1215</td>
<td>Venous Access Devices (CPD 3 Hours)</td>
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<td>Monday 21st</td>
<td>0900 – 1600</td>
<td>Basic Life Support Instructor Course - Day 1 (CPD 6 Hours)</td>
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<td>Wednesday 24th</td>
<td>0900 – 1215</td>
<td>Documentation, Delegation and Dilemmas (CPD 3 Hours)</td>
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<tr>
<td>Tuesday 5th</td>
<td>0900 – 1215</td>
<td>Medication Management (CPD 3 Hours)</td>
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<td>Tuesday 5th</td>
<td>1300 – 1515</td>
<td>Infection Control (CPD 2 Hours)</td>
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<td>Tuesday 14th</td>
<td>1300 – 1615</td>
<td>Respiratory Management (CPD 3 Hours)</td>
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<td>Monday 18th</td>
<td>0900 – 1600</td>
<td>Basic Life Support Instructor Course - Day 2</td>
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<td>Monday 25th</td>
<td>0900 – 1600</td>
<td>Basic Life Support Instructor Update (CPD 6 Hours)</td>
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<td>Tuesday 17th</td>
<td>0900 – 1215</td>
<td>Manual Handling Update - (CPD 3 Hours)</td>
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<td>Tuesday 17th</td>
<td>1300 – 1615</td>
<td>Basic Life Support (CPD 3 Hours)</td>
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<td>Wednesday 25th</td>
<td>0900 – 1600</td>
<td>Diabetes Workshop (CPD 6 Hours)</td>
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<td>Tuesday 31st</td>
<td>0900 – 1600</td>
<td>Arthritis Workshop (CPD 6 Hours)</td>
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Medication Module offered for Enrolled Nurses

Are you an EN that needs to obtain qualifications/recognition of competence in administration of medications?

**Medication Module now available**

Why not complete the Medication Module with ANMEC?

This qualification allows ENs to be medication endorsed as per AHPRA’s requirement that will come into effect in 2012. This unit does have pre-requisites that you may need to complete prior to undertaking the medication unit depending on your existing qualifications, staff development completed and your experience.

Recognition of Prior Learning (recognition of both your formal studies, experience and skills) will be achieved in consultation with the Coordinator and will be guided by the Training Package conditions. Please call our training line to enrol on 8334 1989.
Bills look smaller tax free.

Salary sacrifice allows health professionals to save on everyday living expenses like shopping, groceries and bills.

Salary sacrificing your living expenses means you will:
- Save $3,000 per year on average*
- Pay your bills tax-free
- Get a living expenses card and use it for tax-free, everyday shopping
- Get more value out of your salary

Smartsalary keeps salary sacrifice simple. We do the hard work. You get the regular benefits.

Call us on 1300 219 509 or visit our website.

www.SAnurse.com.au

Scan this code now to begin salary sacrifice.

*Salary sacrifice of living expenses with Smartsalary is only available to employees of the Department of Health, South Australia. On average our customers save approximately $3,000 per year, based on an income between $37,001 - $80,000, paying 30% income tax and salary sacrificing the full $9,095 tax-free cap. Actual savings will vary depending on your income tax bracket and your personal circumstances. An administration fee is paid tax-free from your salary.