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‘You couldn’t be in better hands.’
On the other end of the stethoscope

When speaking with an active member recently about ‘work, life and everything,’ she mentioned to me how different things were ‘on the other end of the stethoscope’.

Not more than 12 months earlier, life had been idyllic. Perfect house, perfect husband, perfect children, perfect life. However, within that period, her husband had become gravely unwell. The idyllic life shattered - yet life continued marching on and so did she. After a relatively short hiatus from work, she returned in order to keep the roof over their heads and food on the table.

As I spoke with this strong, vibrant woman, it struck me that this incredibly dedicated and passionate nurse was not only trying to provide the best possible care to other people, but she too had a responsibility and obligation to ensure that her husband would receive that very same care.

It is an interesting fact that when speaking to members, more often than not, we end up talking not only about our experiences as clinician or other contributor to the health system, but also about more personal experiences as a patient or family member.

Sometimes the experiences are wonderful and show the best combination of head and heart - knowledge and compassion. These stories make me proud to be a part of our profession. Equally, there are occasions where the experiences shared, should any aspect of them be even partially accurate, are deeply troubling and not positive advertisements for our professions.

Since being added to the Roy Morgan Poll some 17 years ago, our professions have topped the chart as the most trusted and respected professions. However, as we all know, this trust and respect is hard to gain and easy to lose. Once it is lost, our ability to influence the decision-makers is all but over.

A loss of influence would be hard to bear, as we continue to have plenty of serious and significant matters that need to be addressed in order to ensure that good quality health care can be maintained and improved.

At a local level, this includes the need to positively influence solutions that achieve improvements to health, rather than simplistic cuts to care (see our story on Local Health Networks titled ‘Budget Cuts: A Win for Nurses and Midwives’ on page 3).

Also at a local level in every sector and replicated in every other State and Territory (and indeed, internationally), is the need to:

- fund safe staffing levels to meet care needs
- ensure an appropriate skill mix
- regulate the nursing family
- recognise and resource the role of nursing and midwifery in providing and co-ordinating quality care

These are matters that affect all nurses, midwives and personal care assistants, no matter where they work. They are also issues that are appropriate to raise with the decision-makers and the public in the lead-up to the next Federal Election. These issues also have resonance at a State and local level as a result of State-based laws, agreements and funding models.

Consequentially, as I foreshadowed in my previous editorial (July), the ‘You Couldn’t be in Better Hands’ Campaign will be underway in South Australia as this editorial goes to print.

The ANMF (SA Branch) will commence paid advertising in September 2012 in order to raise awareness of these issues in the community, (see page 4 for a preview of this new campaign).

I was very proud to be part of our profession as I stood before SA Delegates at our ADC alongside Lee Thomas, ANF Federal Secretary, to announce that we have been working hard with our counterparts in other jurisdictions and with the federal office to get this campaign off the ground. I am also very proud of our colleagues in other jurisdictions including NSW, Victoria and Queensland who will also commence paid advertising in the coming months.

As these advertisements go to air in South Australia, I encourage you to not only be proud of the important work that you do, but also to remember that we are part of something bigger and more important than our immediate working lives and the assistance we provide to those entrusted to our care.

Our ability to achieve these outcomes will also have a direct effect on the quality of care for ourselves and the ones we love.

That prospect holds resonance for both head and heart!

Adj Assoc Professor Elizabeth Dabars
CEO / Secretary
New reports recommending significant cost-cutting measures including job cuts in the metropolitan Local Health Networks were slammed by the ANMF (SA Branch).

On July 26, the State Government released the reports commissioned by Deloitte and KPMG. The ANMF (SA Branch) vehemently opposed the recommended scrapping of 308 jobs, claiming the would compromise patient care.

The reviews covered the State’s seven major metropolitan hospitals: The Royal Adelaide, The Queen Elizabeth, Lyell McEwin, Modbury, Flinders Medical Centre, Repatriation General Hospital and Noarlunga. The reports received widespread media attention on metropolitan TV, radio, in newspapers and online.

“More than $11.3 million in nursing care cuts are proposed for Flinders Medical Centre, Noarlunga Health Service and Repatriation General Hospital alone. These savings are to be achieved by simply stripping away nursing care from patients at the bedside. These recommendations take an easy path of blunt cuts to care,” said ANMF (SA Branch) CEO/Secretary Adj Associate Professor Elizabeth Dabars.

The State Government was asked to urgently rule out:

- Acceptance of recommendations that deliver cuts to nursing and midwifery hours, as cuts would result in nurses and midwives spending less time with patients
- Reductions in the skill mix of staff recommended in the reports
- Cuts to nursing leadership

“These are all measures that would result in a significant deterioration in the quality and safety of patient care, which is at the forefront of everything our members do,” Elizabeth Dabars said.

The ANMF (SA Branch) met directly with the Health Minister, John Hill, to discuss the report’s recommended job cuts on July 30, and received excellent news on August 1. Members were informed that Minister Hill had made this commitment:

The Government will rule out adopting any recommendations that are in breach of the current Enterprise Bargaining Agreement, or other written agreements that arise directly from it or that remain in place from earlier agreements, during the period of the current agreement.

Minister Hill recognised the co-operative process that is underway regarding staffing methodologies.

It is an extremely positive result, as it provides a clear assurance in the areas which posed the greatest concerns: cuts to nursing and midwifery hours, reductions in the skill mix of staff and cuts to nursing leadership.

“Congratulations to all members for your support in achieving this important outcome. It’s an excellent result,” said Elizabeth Dabars.

“Now we can focus on analysing and preparing a response to the reports more generally,” said Elizabeth Dabars.
As outlined in this month’s editorial, the ANMF (SA Branch) has joined forces with other Branches and the Federal Office to launch a brand new campaign to raise awareness of the significant contribution nurses and midwives make to the health system.

The Australia’s nurses and midwives: You couldn’t be in better hands campaign focuses not on the problems we face as a nursing family, but on working with our stakeholders and the wider community to deliver the solutions we want. They include improved staffing levels, appropriate skill mix for nurses and midwives and professional development and training for assistants in nursing.

A new report by the Australian Institute of Health and Welfare showed that while the nursing and midwifery workforce continues to grow, supply is failing to keep up with demand. On top of that, with an ageing workforce, about 17 per cent of the nursing and midwifery plan to leave the profession within five years. We must be proactive. Retaining the current nursing and midwifery workforce and encourage qualified nurses and midwives who have left to return to the profession, will only be achieved with improved workloads, staffing ratios and better wages and conditions.

The nursing profession is held in very high esteem. That was confirmed by the Roy Morgan Image of Professionals Survey 2012, which found that 90 per cent of Australians aged 14 and over found nurses were number one in terms of ethics and honesty.

It is befitting then that the new campaign focuses on Australia’s nursing and midwifery professionals as the heart and soul of the health system.

ANMF (SA Branch) will commence paid advertising from September 2012 as part of the Australia’s Nurses and Midwives, “You couldn’t be in better hands campaign”. The adverts will appear on TV, metropolitan and regional radio.

This is just the start. We will be rolling out the campaign in future months and next year, in the lead-up to the federal election.

We will be putting pressure on decision makers of all political parties and government to help deliver.

We will also be calling on everyday Australians to support us throughout the campaign.

Already, we are heartened by the fact the Australian public knows that when it comes to nurses and midwives, you couldn’t be in better hands.
Premier apologises to nurses and midwives

In his speech to open the ANMF (SA Branch) Professional Day, Premier Jay Weatherill apologised for the State Government’s earlier decision to try to remove negotiated conditions linked to long service leave.

“Premier Weatherill confirmed that the government will not adopt a recommendation to make Noarlunga Hospital a day only service. He also reiterated that recommendations involving breaching the current Enterprise Bargaining Agreement will not be adopted.”

Premier Weatherill said even if all the reductions recommended by the reports were implemented, South Australia would continue to have a higher bed to population ratio than the national average.

He said the Government has a responsibility to address the costs of the health care system which is overwhelming the rest of the state’s finances.

He asked ANMF (SA Branch) members to contribute their views and advance their own proposals, to help resolve the challenges.

Adj Assoc Professor Elizabeth Dabars responded to the Premier’s comments by welcoming his Government’s commitment to never again introduce legislative changes to negate Enterprise Agreement provisions for public sector employees.

She also welcomed his commitment not to cut front-line services as part of the proposed budget savings. However, she expressed concern about the overall number of job losses planned across health.

Media footage of issues raised by ANMF (SA Branch) members regarding this issue and others over the last 12 months can be viewed online at http://www.anmfsa.org.au/guest/benefits/benefits.asp

Members are encouraged to email enquiry@anmfsa.org.au or call the ANMF (SA Branch) on 8334 1900 regarding concerning issues.

Premier Weatherill addressing attendees of the Professional Day

Elizabeth Dabars addressing the media after the Premier’s speech
The Professional Day was opened by Premier Jay Weatherill, with the launch of the Best Practice Spotlight Organisation Project. Developed by the Registered Nurses Association of Ontario, it is an international nurse/midwife-led and driven initiative offering creative strategies for successfully implementing nursing and midwifery best practice guidelines resulting in “Hubs of Nursing Excellence.”

Two South Australian sites will be selected each year for the next three years to pilot the best practice guidelines.

Irmajean Bajnok, Director, International Affairs and Best Practice Guidelines Centre, from the Registered Nurses Association of Ontario, travelled to Adelaide for the launch.

Premier Weatherill spoke about the dramatic and much deserved improvements in the professional standing of nurses and midwives.

“Qualifications and training reflect the changes, as well as the increased roles and responsibilities of nurses and midwives. They’ve provided significant improvements to the health care system,” Premier Weatherill said.

“Two notable examples of change are more nurse-led See and Treat clinics in emergency departments and efforts to seek greater use of nurse-led discharges from hospital.”

Maevé Downes who attended the Professional Day said “it was fantastic that Premier Jay Weatherill spoke so personally. It was also really inspirational to hear about nurses and midwives leading the way.”

The State Coroner, Mark Johns, addressed the audience on the Coroner’s role and subsequent impact for nurses and midwives. Lawyer Geraldine Hannon from Duncan Basheer Hannon, then spoke about the rights and responsibilities of nurses and midwives in Coroner’s Inquiries.

Presentations were also delivered during the day on a range of Aged Care, Acute Care and Community / Mental Health topics.

Eileen Hancock appreciated the “great balance of programs offered” and said that she would “continue to make the effort to keep up with developments in her field” as a result of attending the Professional Day.

The day ended on a high with The Great Debate. This year’s topic was “Patients (and their families) can speak for themselves. Nurses and Midwives should not claim to be advocates for their patients.”

Speakers arguing for the topic were Jim Haldane (SA Ambulance Service), Alison Kitson (Adelaide University) and Marilyn Crabtree (Aged Rights Advocacy Service). Arguing against the topic were Lee Thomas (ANF Federal Secretary), Stephanie Miller (Health Consumers Alliance) and Brett Holmes, (NSW Nurses’ Association).

It was a dynamic and passionate debate, chaired by barrister Anthony Durkin.

The team arguing for the topic spoke of nurses and midwives having a conflict of interest as advocates because they are dependent on their employer for their income.

Marilyn Crabtree asked “How far would you go to get a consumer’s rights met?” Her sentiments were reiterated by Jim Haldane, who said that nurses and midwives are put in an inappropriate and unethical position to advocate for patients and their families.

Enjoying the sunshine, Julie Crane said the Professional Day had given her “a lot to think about and several great ideas to take back to the work place. The presentations given by the State Coroner and Geraldine Hannon really confirmed for me the importance of documentation in the workplace.”

He said nurses and midwives should help communicate details and allow patients and families to decide on a treatment plan. Alison Kitson said nurses and midwives need patients and their families to advocate for them, rather than the other way around.
The team arguing against the topic spoke strongly and passionately. Lee Thomas said that nurses and midwives stand beside patients and their families to empower them to make good choices. Sharing a story of a cancer patient who wanted to go home to die, she said she advocated for the patient by talking to the doctor who eventually released the woman from the hospital. Lee Thomas said it is the job of nurses and midwives to stand beside patients and their families to empower them to make good choices. Stephanie Miller said she has heard many stories about intervention and advocacy by nurses and midwives saving someone’s life. Brett Holmes said nursing and midwifery organisations are vital advocates for improved access to quality care for all patients. The audience voted with applause and there was a very clear winner: the team arguing against the topic. The audience response was resoundingly in favour of nurses and midwives being advocates for their patients. First time attendee at the Professional Day, Christine Grahams said “the whole day and in particular The Great Debate was fantastic!” Many thanks are given to all those who attended and took part in thought provoking discussions, making the 2012 Professional Day the biggest and most successful!

Look out for October’s issue of In Touch which will feature the Best Practice Spotlight Organisation Project and the organisations on board for 2012 – 2013.
Medication errors are common and they often occur when patients move between healthcare settings. About half of hospital medication mistakes happen on admission, transfer and discharge. Around 30% of these have the potential to cause patient harm.

Advanced age and taking several medicines are associated with an increased risk of medication errors on admission. Mistakes can occur:

- on admission, when determining the medicines a person is currently taking
- when recording details of the person’s medicines in the medical record
- when prescribing medicines for the person after admission, on transfer to another ward and at discharge

Medication reconciliation is an important element of patient safety and it is imperative that nurses and midwives recognise their responsibility.

“If somebody comes into our care on admission we should be asking what medicines they take and ask about prescription, over the counter and complementary medicines,” said Dr Kay Price, Associate Professor, School of Nursing and Midwifery Research at Uni SA.

“We need to ask if they’ve had changes in their medicines lately and we should always talk about the active ingredient name. We may know that Panadol, Herron and Panadeine all contain paracetamol as the active ingredient, but some people might not know that, for example.

“We need to educate them. Knowing which medicines people are taking is important, as well as ensuring they understand how to use them in the right way. People should be given a consumer medicines information sheet, if the nurse or midwife doesn’t know the information.”

Assoc Professor Price said nurses and midwives are partners in medicines management and it is their responsibility to ensure that everyone is aware of what is being taken. She said Registered Nurses must facilitate communication between pharmacists, GPs, surgeons and other medical professionals about medicines.

“Reconciliation should happen at admission and at the other end, when people are transferred back to a residential facility, for example. The nurse should tell colleagues of any changes in medications, especially if the person isn’t capable of self-administering,” said Assoc Professor Price.

“Nurses don’t have to know everything, but they have a responsibility to ensure all these steps are in place.”

To ensure you are keeping up to date with medication management and reconciliations, the Australian Nursing and Midwifery Education Centre (ANMEC) offers accredited training programs as part of the Enrolled Diploma and Advanced Diploma Courses. The HLTENS507C – Administer Medication in the Work Environment is offered as part of the Enrolled Diploma Course, as well as, to Enrolled Nurses who are undertaking their diploma as a post Enrolled Nurse Course.

For Enrolled Nurses without Diploma to be medication endorsed, ANMEC offers HLTENS507C (pre-requisite), as well as, the four other units to allow endorsement by AHPRA on their annual practicing certificate.

For Enrolled Nurses undertaking the Advanced Diploma Course, HLTENS19C – Administer and Monitor Intravenous Medication in the Nursing Environment, is offered as an elective.

**Diagram courtesy of the Australian Prescriber**

### Fig. 1  Step 1. Obtain a best possible medication history

Compile a comprehensive list of medicines the patient is currently taking from interview with patient, referral letters and other sources. Include:
- prescription, over-the-counter and complementary medicines
- medicines name, dose, route, and frequency
- duration of therapy
- indication for use.

### Fig. 2. Confirm the accuracy of the history

Verify the medication History:
- review patient’s medicines list
- inspect patient’s medicines containers (including blister packs)
- contact other prescribers and pharmacist
- communicate with carer or family
- review previous health records (e.g. discharge summaries).

### Fig. 3. Reconcile history with prescribed medicines

Compare the history with the medicines ordered, taking into consideration the patient’s medical conditions Resolve discrepancies with prescriber and document any changes.

### Fig. 4. Supply accurate medicines information

When care is transferred to receiving clinician, patient or carer, provide a list of current medicines and reasons for any changes.

[Source: Australian Prescriber](http://www.australianprescriber.com)

As part of the CPD program, ANMEC offers the “Medication Management”, a general course to enable participants to keep up to date with the current medication administration practices and to be more confident when administering and managing medications, including monitoring and objectively assessing outcomes and adverse reactions. The next “Medication Management” session is scheduled for Wednesday 12th September 9:00 am – 12:15 pm.

To book in to any of these sessions ring ANMEC’s training line on 8334 1989 or email training@anmfsa.org.au.

Free CPD courses on medication management are also available on-line via the ANMF (SA Branch) website. Simply go to [www.anmfsa-cpd.org.au](http://www.anmfsa-cpd.org.au) and search for courses titled Medication Management and Calculations, Medication Management and Calculations: Option 2 and Medication Calculations.
Delegates carry all 10 resolutions at the 2012 ADC

Delegates met for the Annual Delegates Conference on August 3 to review resolutions put forward on a variety of issues.

The following resolutions were all carried.

**Car Parking**
'That in recognising the restricted access to car parking in private hospitals the ANMF (SA Branch) ADC adopts a policy position that communication with the employees must occur in order to resolve these issues so that timely updates regarding changes in parking can occur.'

**Registration Fee increases (amended)**
'That in recognition of the recent increase of 40% in the N&M registration fees to $160 the ANMF (SA Branch) ADC adopts the policy position that the ANMF (SA Branch) continues to lobby/oppose the AHPRA/NMBA in relation to the unreasonable increase in the fee and will oppose future increases as applicable. Further that ANF lobby the NMBA to ensure that they adjust fees in the future by no more than the CPI.'

**Workplace Rest Periods (amended)**
'That the ANMF (SA Branch) lobby employers of all health institutions to support appropriate work and rest periods so staff can use meal breaks as a time to 'put their feet up' including appropriate areas off the ward e.g. 'tea rooms' for these breaks, in order to refresh before continuing the rest of their shift.

That ANMF (SA Branch) work with both employees and employers to build support for this culture in order to change the belief of many that Nurses and Midwives are too busy to take time out for their physical and mental health'.

**Emergency Department Staffing System (amended)**
'That the ANMF (SA Branch) lobby the State Government to adopt the position of an Emergency Department: Emergency Staffing System Alert for times when there is excessive level of activity in order to ensure patient safety, whilst at the same time maintaining adequate staffing levels as per the Safe Staffing Methodology contained within the Public Sector Enterprise Agreement'.

**Long Service Leave**
'That the ANMF (SA Branch) lobbies the State Government to alter long service leave legislation to ensure that long service leave is taken as per normal fortnightly rostered hours, thus compensating for our reduced days of long service leave.'

**No Confidence Motion in Shared Services (amended)**
'That the 2012 ADC expresses its "no confidence" in Shared Services due to their inability to resolve issues and the poor delivery of services. Further the 2012 ADC calls for changes to the payroll information system that would require SA Health to nominate a resource person(s) to each Public Sector site so that nursing/midwifery staff can seek clarification regarding information on pay slips, i.e. coding, payments, annual leave and other entitlements.'

**Safe Staffing (amended)**
'That the ANMF (SA Branch) lobby Private Hospitals to agree to mandated minimum nurse/midwife staffing levels.'

**Reducing ‘Transition Shock’ among our new Nursing/ Midwifery Graduates as they enter the workforce (amended)**
'That the ANMF (SA Branch) adopts both a policy and promotes amongst all Private and Public institutions in South Australia a culture of continued learning and support for all Nursing / Midwifery Graduates who are transitioning into the workplace.'

**Space in ED for injured Nursing Staff (amended)**
‘That the 2012 ADC seeks ANMF (SA Branch) to lobby relevant site managers to provide a private area for nursing/midwifery staff who are ill or have been injured while on duty and are in uniform waiting in the Emergency Service to be assessed / have treatment implemented. This provides the nurses with privacy and dignity and reduces the possibility of them being asked to assist with patient care while they too are unwell.’

**English Language competency**
‘The Aged Care Sector seeks the ANMF (SA Branch) to lobby SA Health in order to standardise competency of English language for all care givers, eg: ENs, RNs and PCAs.’

InTouch September 2012 - 11
Minister John Hill assured nurses and midwives he will not take any action on making widespread changes to the health system without consultation.

Minister Hill was addressing the ANMF (SA Branch)’s Annual Delegates Conference on August 3 at the Adelaide Entertainment Centre. His speech was an important part of the day which updated delegates on local activities and gave them the opportunity to vote on significant issues.

Delegates also heard from ANMF (SA Branch) CEO/Secretary Elizabeth Dabars and the ANF Federal Secretary Lee Thomas. They also spent time workshopping ideas to take back to their workplaces and for the ANMF (SA Branch) to consider. A total of 74 delegates were in attendance.

The focus of Minister Hill’s presentation was on the financial pressures being faced by the State Government because of falling revenue. He said there are two choices. “We can cut services like the State Governments have in Victoria, Tasmania, New South Wales and Queensland,” said Minister Hill. “We don’t want to take that path. We want to continue improving services while making the system work more efficiently. The challenge is to find more cost effective ways of delivering health services. “We want to do that in partnership with nurses and midwives.”

Minister Hill said South Australia is the best performing of all states and territories in the National Emergency Department figures. “76 per cent of patients were seen on time in 2011/12. That was 61 per cent four years ago. “We’ve set a target of 90 per cent of patients to be seen, treated, admitted or discharged within four hours. We’re well on the way to reaching the interim target of 67 per cent in 2012.

“South Australia is improving while the rest of the nation is going in the opposite direction. We’re very proud of these achievements and it puts us in a good position to face challenges.”

Minister Hill spoke at length about the Monahan Report, which was ordered by the State Government after ramping issues at Flinders Medical Centre. The Report provides 52 recommendations to improve emergency department access and refine patient flow throughout the South Australian public hospital system.

Some recommendations have already been progressed, including the establishment of a SA Ambulance central load distribution coordinator, a dedicated patient support assistant in the Flinders Medical Centre Emergency Department and an ambulance dashboard to assist SA Ambulance Service.

Minister Hill told delegates that SA Health will appoint a statewide clinical leader to oversee significant clinical reforms. A clinical and facility lead will also be nominated at a local level at each of the state’s major hospitals to lead the redesign of access to emergency care.

Minister Hill said Dr Monahan also urged a greater shift towards 24/7 hospitals. “We know the patients are there 24/7 as well as nurses and midwives, but that’s not the case for all of our doctors. “A change to the doctors’ award agreement is being considered with SA Health to allow consultant staff to work beyond normal hours. We do need to roster doctors in the same way as other staff.” These comments were met with applause from delegates.

Minister Hill said he wanted to institute nurse-led discharges in hospitals. “This is long overdue and we’re serious about progressing this.”

Minister Hill also addressed several questions from delegates and assured a Community Education Program will be rolled out about violence in hospitals.

The Minister’s presentation was followed by a speech from the Opposition’s Health Minister, Martin Hamilton-Smith.
The Opposition’s Health Minister Addresses Delegates

The Liberal’s Martin Hamilton-Smith told delegates that planning is urgently needed now to address the long-term workforce challenges for the nursing and midwifery professions and the health system.

“If we continue on our current path in terms of workforce development, retention and health demand, by 2016 there will be a national shortfall of approximately 20,079 nurses,” Mr Hamilton-Smith told delegates.

If the Liberals win the next election, Mr Hamilton-Smith said he plans to commission a full report into the health workforce to determine what our need will be for doctors, nurses and midwives in the medium to long term, as well as how they are going to be trained and employed.

“A multifaceted approach is needed through productivity gains, reducing demand, workforce retention and skilled migration programs.”

Mr Hamilton-Smith spoke of the need for the government, nurses and midwives to work together to find ways to lift productivity so that hospitals produce better quality and achieve greater throughput, while nurses and midwives in return achieve improved remuneration and conditions of service. He said he is focused on the standing of the nursing and midwifery professions along with the issue of safe staffing levels, skill mix and evidence-based practice.

Mr Hamilton-Smith said there will be a growing role for advanced practice and the use of nurse practitioners within the health service. He also wants to redress the causes of workplace burnout.

He gave a commitment to commission research on violence in hospitals if he becomes Health Minister after the next election.

“Nurses and midwives are the backbone of the healthcare system and need the full support of government wherever possible.”

Hotel Transylvania 3D

Welcome to Hotel Transylvania, Dracula’s lavish five-stake resort, where monsters and their families can live it up, free to be the monsters they are without humans to bother them. On one special weekend, Dracula has invited some of his best friends – Frankenstein and his wife, the Mummy, the Invisible Man, the Werewolf family, and more – to celebrate his beloved daughter Mavis’s 118th birthday. For Drac, catering to all of these legendary monsters is no problem – but everything could change for the overprotective dad when one ordinary guy stumbles on the hotel and takes a shine to Mavis.

Only At The Movies! September 20  www.HotelT.com.au

See page 16 for details on how to win tickets to see Hotel Transylvania

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Staffing Levels and Skills Mix: Possible Ways Forward

Draft principles that had been developed by ANMF (SA Branch) for any new model include transparency, enforceability, evidence based content, empowering teams to make decisions and maintaining relevance and value over time.

Adj Associate Professor Dabars and Mr Bonner told the audience that of all the overseas models reviewed, none met the key principal of enforceability. A variety of models in place in the UK, NZ and North America have been reviewed. Many of them had elements that met some of the principles but failed to meet others.

As a result, the ANMF (SA Branch) has rejected all of the overseas models reviewed so far.

Whichever model is finally selected, we need to use local evidence to ensure that:

- staffing levels are sufficient to meet demand;
- there are transparent outcomes (ie a clear bottom line);
- that the system provides resources to enable direct care as well as variations in the care environment; and
- that it allows unit staff to seek additional resources when required (eg specials) and have some flexibility about how they apply the available staff.

The model set out below is one that ANMF (SA Branch) has developed following consideration of the interstate and overseas options.

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Please check brochures or the website - [www.anmfsa.org.au](http://www.anmfsa.org.au) for details relating to discounts for members and multiple enrolments, venues and information about bookings.

### September 2012

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<td>0900 – 1600</td>
<td>Basic Life Support Instructor Course – Day 2</td>
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<td>0900 – 1600</td>
<td>No Lift, No Injury Instructor Course – Day 1</td>
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<td>Wednesday 12th</td>
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<tr>
<td>Thursday 8th</td>
<td>0900 - 1215</td>
<td>Venous Access Devices</td>
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<tr>
<td>Monday 12th</td>
<td>0900 – 1215</td>
<td>The Patient with Chest Pain</td>
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<tr>
<td>Monday 12th</td>
<td>1300 – 1615</td>
<td>Cardiac Arrhythmias and ECG Interpretation</td>
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<tr>
<td>Monday 19th</td>
<td>0900 – 1600</td>
<td>Basic Life Support Instructor Course – Day 2</td>
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<tr>
<td>Monday 26th</td>
<td>0900 – 1600</td>
<td>Basic Life Support Instructor Update</td>
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### Sponsors show great support for the 2012 Professional Day and ADC

A warm thank you to our Corporate Sponsors Hesta, Duncan Basheer Hannon and ME Bank. Door prizes were kindly supplied by Haigh’s Chocolates, Charlesworth Nuts and The Opal Factory.
SA Nurse receives an Australia Medal

Elizabeth English is a nurse who is deeply passionate and proud to work in stomal therapy. Being awarded an Australian Medal in this year’s Queen’s Birthday Honours – the only South Australian nurse to be recognised - has made her feel very humble.

“There are a multitude of my colleagues who are equally deserving,” said Elizabeth English.

Her nursing career has seen her work for 30 years at the Royal Adelaide Hospital. Of those, 29 have been in stomal therapy nursing, which involves looking after people who have diseases of the bowel or bladder that require a diversion. Counselling and teaching are an important part of the work.

“It’s a rewarding job that I just love. I’m very fortunate to have found a job I love so much,” said Elizabeth.

“We enter people’s lives when they’re at their most vulnerable and can assist them to maintain a good quality of life and go on that journey with them.

“Bowel bypass is a specialist area people don’t like to talk about. But developments in bags have improved so much over the last 30 years. People used to be worried about odour and skin problems and social isolation. Now they can return to a normal quality of life and do the same activities as before.”

Elizabeth has been involved in national and international organisations in the field of stomal therapy education. She is the immediate past president of the World Council of Enterostomal Therapists (WCET), the only global organisation that supports stoma, wound and continence nurses and has members in over 50 countries. There is also an Association of Stomal Therapy Nurses with branches in every state of Australia. Elizabeth has been involved in early stomal therapy education in China, Iran and the Philippines.

“I’ve been so humbled to be able to work in different countries and see the development that’s gone on,” said Elizabeth.

“The next project is Nairobi, Kenya. With the poverty, there are very few specialist nurses in our field.

“We will develop an education program and work with local nurses over a three year period so they become self-sufficient in running the program on their own.

“Many of the international nurses are very respectful of teachers. I always say to the students that they teach us so much.

“They’re like sponges, they want to learn, it’s very rewarding for me to teach.”

Elizabeth said working in stomal therapy has taught her a lot.

“Many people have so much resilience and strength of character when they’re faced with life changing situations. This process changes their way of elimination, their body image and creates fears of how they’ll manage,” Elizabeth said.

“The empathy and relationships we form with patients are very important to us.”

Win tickets to Hotel Transylvania 3D!

You could win one of 10 double passes to see Hotel Transylvania 3D.

To enter, look out for the 10 September edition of the ANMF (SA Branch) E-Bulletin, click on The Hotel Transylvania 3D Competition link and email us your name and membership number.

If you do not receive 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 08 8334 1902.


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