InTouch

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

October 2012

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‘You Couldn’t Be in Better Hands.’
Sometimes the issues that we raise can be portrayed as self serving.

When we raised objections to the massive cuts suggested by the recent LHN reviews it was easy for these genuine concerns to be misconstrued as opposing cuts in nursing/midwifery jobs for their own sake.

Similarly our continuing pursuit of mandated safe staffing levels is seen as purely benefiting or protecting nurses and midwives.

However the work of ANMF (SA Branch) is, at its heart, about ensuring a safe and effective health system. Ensuring safe and effective nursing/midwifery care is fundamental to achieving that outcome.

September saw the release of two new and significant pieces of work: the response to the LHN reviews and the discussion paper regarding hospital staffing and skills mix. We also launched and commenced our new program to encourage and support implementation of Best Practice Guidelines in August 2012.

The details of these papers and initiatives are explored elsewhere in this edition and even more information can be found at the ANMF (SA Branch) website.

However each of them starts and finishes with consideration about their impact on our patients and clients.

In rejecting many of the negative cost cutting measures proposed for our metropolitan hospitals, ANMF (SA Branch) has proposed reforms that will have a positive impact for patients, our members and on the hospital's bottom line. Making sure that patients receive the most appropriate care in the best location not only provides them with better health outcomes – it also saves money. It also can add to the job satisfaction of nursing/midwifery staff and extend the scope of their roles.

Similarly the very well established link between patient mortality and morbidity and the staffing levels and mix of nursing staff forms the basis of our discussion papers.

Providing safe staffing levels and mix is not some theoretical or arithmetic exercise. If we fail to provide sufficient numbers of the appropriate kind of nursing staff to meet the needs of patients it can cost lives and extend hospital stays. If we, as a community, are serious about hospital efficiency then we need to ensure that patients receive safe and appropriate levels of care. Cuts to existing staffing levels that promise quick savings will, in the longer term, cost the community more.

Just as we argue from a position of the evidence regarding staffing effects on patient outcomes, we need to provide information to nurses and midwives that will allow them to practice in the most effective way.

The RNAO Best Practice Guidelines and the related Best Practice Spotlight Organisation® Programs have been demonstrated to both improve the quality of care and save money. They also empower nurses to make changes based on internationally reviewed evidence produced in a form that translates readily into the practice setting.

Just as we recently launched “Australia’s Nurses and Midwives: You Couldn’t Be in Better Hands” campaign suggests, ANMF (SA Branch) will continue to advocate for both our members and for patients and clients at the same time.

Working for better patient care is fundamental to achieving just outcomes for members.

Adj Assoc Professor Elizabeth Dabars
CEO / Secretary
Share the Campaign – You Couldn’t Be in Better Hands

The ANMF (SA Branch) has now launched the TV component of the Australian Nurses and Midwives, “You Couldn’t be in Better Hands” campaign.

This campaign focuses on Australian nursing and midwifery professionals as the heart and soul of the health system and raising the awareness for the significant contributions they make.

You can view the TV commercial on line, send a message of support and check out regular campaign updates at http://www.anmfsa.org.au/guest/misc/content.asp. Members are encouraged to share campaign details with family, friends and workmates.

Everyday Australians will also be called to support us throughout the campaign as pressure is put on decision makers of all political parties and governments to help deliver a more robust health care system.

Bumper Sticker Competition

You could win a $500 Shorts Holiday voucher just by using your campaign bumper sticker included in this edition of In Touch

For your chance to win one of two Shorts Holiday vouchers - each worth $500, simply decide which category you would like to enter, take a photo and send us your pic!

Categories:

- Bumper sticker on your car
- Most creative placement of a bumper sticker (at your workplace, in your community...)

The winning entrant for Category 1 will be selected at random and the winning entrant for Category 2 will be awarded to the most creative placement of a sticker.

Send your pictures in to us at enquiry@anmfsa.org.au ensuring you put the words “You Couldn’t Be in Better Hands Competition” as the subject line and don’t forget to include your name and membership number in the body of the email.

Competition closes at 5.00pm Friday 2nd November so start snapping!
Safe Staffing Levels & Skills Mix: Have Your Say

Member forums will be held across the state to gain feedback on options for improving staffing levels and skills mix in our public hospitals.

The ANMF (SA Branch) has completed a review of models used in other parts of Australia and internationally and have prepared and released a discussion paper for member consultation and feedback.

Safe staffing levels and skills mix were the feature of a presentation at the recent Professional Day. ANMF (SA Branch) CEO/Secretary Adj Assoc Professor Elizabeth Dabars and Manager of Industrial and Education Services, Rob Bonner, delivered a presentation exploring the current issues. They include:

- outdated country staffing methodologies;
- the need for a new tool to deal with hospital staffing levels given that Excelcare and CPS are scheduled to be replaced by the new EPAS in the next 12-36 months; and
- continued application of ‘standards-based’ staffing in areas such as Intensive Care Units, Emergency Departments and Operating Theatres.

Whichever model is finally selected, local evidence is needed to ensure that:

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

The discussion paper will form the basis of the consultation forums in the coming weeks.

ANMF (SA Branch) will be visiting workplaces to discuss the different options with members. Forums will be held across both metropolitan and country areas.

Please watch for further information and make sure you attend, contribute to the debate and give us your feedback.

The discussion paper was circulated via the e-bulletin of 10 September 2012. If you don’t receive weekly e-bulletins please provide your email contact details to Membership on 8334 1902.
Simplistic, blunt cuts planned for the health system will compromise patient care if they go ahead.

The Hospital Budget Performance and Remediation Review, undertaken by Deloitte and KPMG on behalf of SA Health, recommends scrapping 308 jobs. The Review covered the State’s seven major metropolitan hospitals and was commissioned to help deal with South Australia’s growing public health bill.

The ANMF (SA Branch) rejected many of the methodologies on which the Review is based. They were deeply flawed, resulting in the reports providing misleading savings targets.

In response, the ANMF (SA Branch) produced its own solutions paper and also commissioned research jointly with the Public Service Association (PSA) by the University of New South Wales Centre for Full Employment. Both challenged the Review’s findings and also noted that SA has one of the most efficient health systems in the country.

The Review continues to receive widespread media attention. The ANMF (SA Branch) CEO/Secretary Adj Assoc Professor Elizabeth Dabars told The Advertiser that patients care would be compromised if cuts to staffing level and mix recommended in the reports were implemented.

“All the evidence nationally and internationally says if you reduce staff numbers and skills mix you will increase your mortality and morbidity rates – that means people dying in hospitals.”

The ANMF (SA Branch) released a lengthy list of recommendations following the Review. They target improving patient care while easing budget problems and include:

• Nurse Practitioner Primary Care Clinics opening in GP Plus/GP Plus Super Centres with a broad range of minor illnesses and injuries treated by nurses;

• Implementing the Emergency Department Nurse Practitioner model in all metropolitan hospitals, including Flinders Medical Centre;

• Two pilot 16-bed nursing convalescent units opening to test the effectiveness in achieving flow, improving client outcomes and improving cost effectiveness over a 12-month period;

• The Length of Stay protocol in Medical Assessment Units being reduced to a maximum of 36 hours.

“We are all for a system that improves outcomes for patients,” said Adj Assoc Professor Dabars.

“What we are not in support of is simplistic and blunt cuts that are not going to address the issues.”

The recommendations have been delivered to SA Health Chief Executive David Swan.

Further discussions are scheduled with SA Health. We will keep you informed of progress.

Cuts The Health System And Patients – Can’t Afford

Elizabeth Dabars interviewed by media outside SA Health

Elizabeth Dabars and Peter Christopher leaving their meeting with SA Health

Hospital cuts spark warning

PATIENTS will die if the cuts to metropolitan hospitals recommended by consultants proceed, health unions warn.

The consultants’ reports released six weeks ago are being considered by Health Minister John Hill after being commissioned in light of the state’s growing public health bill, but no decisions have been taken to Cabinet.

Australian Nursing and Midwifery Federation SA chief executive officer Elizabeth Dabars and Public Service Association spokesman Peter Christopher both warned patient death rates would rise if the Government used “simplistic blunt cuts” to trim the health budget.

The unions have released their own report by the University of Newcastle’s Centre for Full Employment which challenges the basis of the consultants’ findings and notes SA has one of the most efficient health systems in the nation. “We believe if these simplistic blunt cuts occur we would have a situation where patient care would be compromised,” Ms Dabars said.

“All the evidence nationally and internationally says if you reduce staff numbers and skills mix you will increase your mortality and morbidity rates – that means people dying in hospitals.”

The nurses’ union released 13 of its recommendations to improve patient care while easing budget problems, including some which would see nurses take a greater role in health care, such as:

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The Push For Nurse Led Clinics

The ANMF (SA Branch) is pushing for nurse-led hospital clinics to ease pressure on emergency departments.

The clinics would be run by nurses with postgraduate qualifications and specialist training and would not require patient appointments. While they would run separately from hospital emergency departments, the clinics may be connected to GP Plus clinics. Staff would be able to treat cases such as simple fractures, stitches, immunisations or chronic diseases like asthma or diabetes.

It is a model that is used successfully in Canada and the United Kingdom.

“The clinics would allow patients with less urgent conditions to be seen faster than at hospital emergency departments,” said ANMF (SA Branch) CEO/Secretary Adj Assoc Professor Elizabeth Dabars.

The drive to create nurse-led hospital clinics is ongoing. The ANMF (SA Branch) Health Policy Position Statement for the SA Election in 2010, asked for commitments to fund the establishment of primary care nurse practitioner roles and clinics in metropolitan regions and at least one country cluster, either in collaboration with local GP services, or as independent nurse clinics.

In August 2011, the ANMF (SA Branch) called a meeting of the Salaried Medical Officers’ Association, the Public Service Association, United Voice and the Ambulance Employees’ Association to discuss issues of hospital demand and overflow.

The group called on SA Health to urgently establish and lead a high-level task group to address the immediate, medium and long-term issues facing the health care system. The Chief Executive of SA Health agreed in principle to establish a group to address the issues. However, the action taken was not effective, with issues emerging stronger than ever in major metropolitan hospitals.

Staff working in the Lyell McEwin ICU and Emergency Department reported experiencing similar problems.

The ANMF (SA Branch) launched the ‘Help Our Nurses to Help You’ campaign in late August 2011, which included a petition addressed to the Health Minister. The campaign was designed to raise public awareness of the significant patient flow and staffing issues, leading to overcrowded busy Emergency Departments.

More Help for Expectant Mums at Risk of Mental Illness

A new initiative focusing on Peri-Natal Mental Health is making positive differences for expectant mums at risk of developing mental illness.

The National Peri-Natal Depression Initiative (NPDI) provides funding for programs to help identify pregnant women who may develop mental health problems during pregnancy, or following the birth of their baby. At Flinders Medical Centre, the program has been running for six months.

Midwives use two different screening tools – the Edinburgh Postnatal Depression Scale and the Antenatal Risk Questionnaire – to assess pregnant women. The tools ask questions about anxiety, stress, trauma, abuse, self-harm, depression and other mental health problems.

Women at risk are then referred to Peri-Natal Mental Health Clinical Practice Consultants Deb Clissitt and Jane Woolmer for further assessment, intervention and consideration of pathways of care into the community.

“I enjoy working with the mums and babies. I really like it that the risk of mental health problems is decreasing,” Deb Clissitt said.

She has been a Peri-Natal Mental Health Nurse for nine years at Flinders Medical Centre. Before that, she was the Clinical Nurse Consultant of the Psychiatric Inpatient Unit.

Deb said it is rewarding working in the NPDI program.

“It’s nice to see the women getting better. I cannot imagine moving out of this area, it’s really interesting.”

The peri-natal period covers conception to 12 months of age. The NPDI Program prepares mothers for the psychological challenges of having a new baby.

“It is an area that is not widely known and in terms of mental health, this area is really important. These babies are our future,” Deb said.

“More community awareness to decrease the stigma of post natal depression will allow more women to be able to access help more readily. Then the impact on babies will be so much less.”

More Help for Expectant Mums at Risk of Mental Illness

Jane Woolmer

Deb Clissitt

Deb Clissitt
Di Griffiths is a Registered Nurse Midwife and an Immunisation Nurse.

Working as a Registered Nurse / Midwife at Calvary Hospital since 1985 has seen Di work full-time and part-time and give birth to her own children there. She currently works three days a week, in the labour ward, special care nursery and neonatal ward.

“Sometimes you get lucky. I still enjoy nursing, it has its moments, but I think you grow to love it,” said Di Griffiths.

“We’re not a high risk unit at Calvary, but we care for babies born from 34 weeks and a lot of interesting things that happen. We work very autonomously in the private sector and have consultants who are always on the other end of the phone.”

Six years ago, Di noticed an ad in the In Touch magazine for work as an immunisation nurse with MediMobile, a mobile flu vaccination company. With shift work at the hospital giving her great flexibility, Di decided to give it a go.

“The first year I worked I had about six jobs. Now I get many, many more. You can be absolutely flat out during the flu vaccination season, from March until the end of May,” Di Griffiths said.

“You can do as many jobs as you like. They send out a job offer and if I can take it I will. If I’m working a late shift and I have a job that’s close to me in the morning I can do that and then go to work.

“I really enjoy it. I like visiting other workplaces and talking to employees. One of the reasons I like it is because it’s different from my day job. It’s very varied and interesting.”

Di said juggling her role as a Registered Nurse / Midwife and as an Immunisation Nurse has not been difficult, because she can do as little or as much as she likes. She said becoming an Immunisation Nurse was a natural and easy thing to complement what she was already doing.

“The options are endless if you want to take them up and you’re qualified.”

The successful campaign resulted in an additional 60 to 70 hospital beds opening across the health system as an urgent and immediate response to meet increased demand for services.

In September last year, Flinders Medical Centre members secured additional resources and industrial action was averted as agreement was secured for extra resourcing for patients with mental health requirements. Improved structures to assist with patient flow through the Emergency Department were also put in place.

However, the FMC Emergency Department still had ongoing issues with patient flow and ramping.

Following industrial action by members with a public rally held in November 2011, outcomes achieved included the delivery of more robust systems to ensure a safe working environment.

Problems have continued at Lyell McEwin Hospital. In June/July this year, there were excessive numbers within the Emergency Department and its waiting room, without any apparent discharge plan to enable flow within the hospital. At the end of June, the Northern Adelaide Local Health Network announced plans to trial a nurse-led discharge policy and a strategy to maximise available bed numbers by transferring rehabilitation patients to Modbury Hospital.

Lobbying on bed flow issues led to the establishment of an independent review into hospital performance and ramping. The review team, led by Dr Mark Monaghan from WA, met with an ANMF (SA Branch) delegation. The numerous and pressing issues that the ANMF (SA Branch) has consistently raised, including mental health bed blocks, the need for improved patient flow, nurse-led discharges and the failure to instigate nurse practitioners, were outlined.

In response to Dr Monaghan’s review and 52 recommendations, the ANMF (SA Branch) wrote to SA Health reiterating that it believes pressure within Emergency Departments would be relieved by trying to limit presentations and having nursing staff at alternative treatment points would have a significant impact.

The ANMF (SA Branch) recommends that Nurse Practitioner Primary Care Clinics be opened in GP Plus/GP Plus Super Centres. Priority would be placed on services close to hospitals with larger numbers of Category 4 and 5 clients.

This story continues to receive widespread media coverage - we will keep you informed of progress.
Best Practice Guidelines (BPG) Program & Best Practice Spotlight Organisation (BPSO®) Program

As reported in last month’s edition of In Touch, the ANMF (SA Branch)/SA Health Best Practice Guidelines / Best Practice Spotlight Organisation® Project was officially launched by the Premier Jay Weatherill and Chief Nurse Lydia Dennett, at the ANMF (SA Branch) Professional Day held in August.

What are BPGs?
Best Practice Guidelines (BPGs) are developed using the best available evidence and are used to provide clinicians with evidence based recommendations to support clinical practice.

BPGs give practice recommendations (i.e. the “what”) and the evidence (i.e. the “why”) for your practice.

Implementation of BPGs has resulted in significant improvements in client outcomes with reductions in falls, pressure ulcers, numbers of amputations, reduced length of stay, increased numbers of new mothers breast feeding for longer periods and reduced incidence of urinary incontinence.

Since 1999, the Registered Nurses’ Association of Ontario (RNAO), with funding from and in partnership with the Ministry of Health, Canada, has initiated, developed and disseminated BPGs. To date the RNAO has a total of 47 BPGs (39 Clinical Guidelines and 8 Healthy Work Environment Guidelines) for use across all health care settings as applicable.

The BPGs with highest impact on client outcomes are: Prevention of Falls and Falls Injuries in Older Adults; Assessment and Management of Pain; and Risk Assessment and Prevention of Pressure Ulcers. The BPGs with the greatest impact on nursing practice include: Assessment and Management of Pain; Prevention of Falls and Injuries in older Adults; and Screening of Delirium; Dementia and Depression in Older Adults.

For the full list of available best practice guidelines visit www.rnao.ca/bestpractices

What is the BPSO Program?
The Best Practice Spotlight Organisation (BPSO®) Program has been designed to assist organisations in creating an evidence based practice culture and a positive change management culture within their organisation.

The program also ensures successful implementation, evaluation and sustainment of implemented BPGs and the evidence based practice and culture.

The RNAO BPSO® Program includes an evaluation process that involves the collection and submission of specific data to the International Indicator Data Base called NQuIRE (Nursing Quality Indicators for Reporting and Evaluation). NQuIRE enables measurement of quality indicators related to nursing practice, client clinical outcomes and organisational structure relevant to the guidelines selected for implementation to allow evaluation of the impact from implementing BPGs. This will be measured by the collection of data pre, during and post the implementation of the guidelines. In addition to this the RNAO have recently announced that Nursing Order Sets (Nursing Interventions) are to be incorporated into the BPGs. This

Trish Currie commenced in the role of ANMF (SA Branch) BPSO® Program Coach and Project Officer in May 2012. As part of her new role, Trish visited Canada firstly to undertake a week long BPG Training Institute which was attended by a mixture of Nurses/Midwives from all levels. This was followed by a week in Toronto with the RNAO International Affairs Team led by Dr Irmajean Bajnok, for training in the role as the ANMF (SA Branch) Australian BPSO® Coach.

We are very pleased to announce the first SA Health BPSO® candidate organisation to fulfil the requirements of the Request for Proposal to become a BPSO® candidate and be accepted into the RNAO / ANMF (SA Branch) / SA Health collaborative project is:

Hampstead Rehabilitation Centre and Primary Health Care Central Services

Congratulations for achieving this milestone as the first Australian BPSO® candidates!

(l to r) Hampstead work reps Kelly Preston, Roslyn Hewlett, Rebecca Pearl and Jodi Knoop
will allow for more specific evaluation of outcomes related to the BPG implementation.

There are 52 BPSO®s incorporating 277 sites across Canada. These BPSO®s include hospitals, long term care facilities/services (Aged Care), community teams, nurse practitioner led clinics, telemedicine network and now the first academic organisation has been endorsed as a BPSO® in Canada.

Internationally, BPSO®s are now in Spain, Chile, Italy and Columbia, with candidate organisations in South Africa, Brazil and now Australia.

What are the benefits of being an RNAO BPSO®?

- Support (including some financial) for the implementation and evaluation of best practice guidelines
- Access to implementation resources
- Networking opportunities with other BPSO®s
- Support to attend the RNAO’s Annual BPSO® Symposium and Final Summit to support continued capacity development and knowledge dissemination
- Participation in research studies particularly related to BPG development and the review cycle
- Participation in various aspects of guideline development, implementation projects and dissemination activities
- Access to expert consultation on guideline implementation and uptake

What is the joint SA Health/ANMF (SA Branch) BPSO® Project?

Through discussions with Premier Weatherill and the Minister for Health and Ageing SA, John Hill, CEO/Secretary Adj Associate Professor Elizabeth Dabars and Manager of Industrial and Education Services Rob Bonner facilitated a partnership with SA Health, to support and fund the structured implementation of evidence based practice by piloting the BPSO® Program in Public Sector sites. Sites who successfully apply to become a BPSO® agree to implement a minimum of three BPGs and meet all other RNAO outlined requirements, will be endorsed internationally as a BPSO® organisation by December 2014.

All BPGs chosen for implementation will be relevant to the selected hospital/health site and address areas identified for performance improvement, ensuring alignment with SA Health, SA Health Reform Principles, Local Health Network (LHN) and Local and National Safety and Quality strategic directions.

The Project Takes Off

As with any project, the SA Health/VANMF (SA Branch) BPSO® collaboration would not be complete without the appropriate governance. The BPSO® Steering Committee has been established with Mr Rob Bonner as chair, Ms Jenny Hurley, (ANMF (SA Branch) Professional Officer) and representing Chief Nurse Lydia Dennett from the Nursing & Midwifery Office is Ms Debra Pratt. In addition to this group, a BPSO® Advisory Committee was established. Members of this advisory committee include nominated representatives from the Nursing and Midwifery Office, Department of Health and Ageing, Safety and Quality Unit, Department of Health and Ageing, Executive Director/DON/M from the Pilot Site(s); University of South Australia, Flinders University of South Australia and Executive Director of The Joanna Briggs Institute, University of Adelaide.

Organisations other than SA Health Public Sector sites (who if successful pilot BPSO® applicants will be funded), have also been invited to apply to participate in the BPG/BPSO® program, however this would be at their own cost. ANMF (SA Branch) is currently exploring potential funding assistance options for self funding organisations including opportunities that may be available through the Australian Government. This would then enable a number of interested Aged Care Facilities (such as Helping Hand Centre who attended the recent ANMF (SA Branch) BPG/BPSO® training) and academic organisations who have expressed interest in participating in the BPG/BPSO® program to do so.
Nurses put under strain

Workforce Shortage Forcing Double Shifts

There are major concerns about nurses and midwives working up to 16 hours straight for newborns and babies at the Women's and Children's Hospital.

The ANMF (SA Branch) said a lack of staff – heightened by winter sick leave – is forcing nurses/midwives to work double shifts in the neonatal intensive care unit.

SA Health said the extra shifts are being worked voluntarily as overtime.

The story recently featured on the front page of the Sunday Mail. ANMF (SA Branch) CEO/Secretary Adj Professor Elizabeth Dabars told the newspaper that nurses/midwives have been in tears as a result of the stress of working long shifts.

“They have expressed to me the conflict they feel in being asked to volunteer for a double shift.”

“The ‘alleged’ choice is unfair – their options are to work when they feel like they are compromising their professional responsibilities for the patient or, alternately, to walk away and leave the patients and staff short-staffed.”

In some cases, nurses/midwives have little time to recover between shifts, often having less than eight hours rest before the next shift. Nurses/midwives are also offered taxi vouchers to avoid driving home.

“Our question is, if the person is unsafe to drive home, why would it be safe for them to provide care for vulnerable patients and their families,” said Adj Assoc Professor Darbas, who wrote to SA Health chief executive David Swan expressing her serious safety concerns for staff and patients.

She told him that working double shifts is compromising the ability of nurses and midwives to provide positive care and undermining their ability to maintain their professional obligations to their patients.

Adj Assoc Professor Darbas demanded urgent advice on what strategies SA Health proposes to implement to immediately cease and prevent future harm to patients and staff.

Case study One nurse’s dilemma

I’ve been working at the Women’s and Children’s Hospital for about five years and double shifts are offered by SA Health, despite the fact that this is not written in our professional agreements or employment by SA Health for these staff.”

“Nurses and midwives are able to request and be released from double shifts (and only do so when they actually need to) and nurses/midwives are not forced to work double shifts in the neonatal intensive care unit.”

Ms Dabars’ comments last year were followed by a public call from SA Health for nurses/midwives to volunteer for double shifts, the hospital or nurses/midwives to volunteer for double shifts, the hospital or nurses/midwives to volunteer for double shifts, the hospital or nurses/midwives to volunteer for double shifts.

SA Health said it was in response to an urgent advice from theRegistered Professional Midwives and Midwives (SA Branch).

Nurses and midwives working up to 16 hours straight for newborns and babies at the Women’s and Children’s Hospital is not safe...”

Our question is, if the person is unsafe to drive home, why would it be safe for them to provide care for vulnerable patients and their families.”

Nurses working 12-hour shifts were found to make more errors towards the end of a shift and report more poor quality care than those working eight-hour shifts, according to a recent study published in the Journal of Nursing Education and Practice.

On average, nurses working 12-hour shifts had a 14% higher incidence of errors than those working eight-hour shifts, and were more likely to report poorer quality care.

The findings are concerning because nurses are responsible for ensuring patient safety and providing high-quality care.

If double shifts or excessive overtime are offered at your workplace, please notify the ANMF (SA Branch).

A Frequently Asked Questions (FAQ) summary has been developed to help you understand your rights and responsibilities and action to take, if you are asked to work double shifts.
The value of membership for nurses and care workers in Aged Care

Since 1967, when the ANMF (SA Branch) was called the Royal Australian Nursing Federation, Marion Maguire has been a member. She describes the benefits as plentiful and shares her experiences and perspectives on the changes she has witnessed in the past 45 years.

Marion Maguire's career has seen her work as a Registered Nurse and Midwife, a Nurse Manager and in her current role as the Manager of Residential Aged Care Services at St Martins Aged Care Facility. She has spent the past 27 years in Aged Care and experienced the frustrations familiar to all nurses and care workers in the sector.

“I have seen the real dollar devalued, in that governments say they’re giving so much money but in real terms the money doesn’t stretch as far,” said Marion Maguire.

“I remember when hostel residents were ladies who’d made their own decisions that they couldn’t manage at home. It was more like a social club to come into a hostel. Now residents are very frail. In those days, they would have been in nursing homes.

“We didn’t have the technology and equipment that we have now, but there was a lot more time for quality time with residents.

“We’re driven so much by paperwork now and just trying to make ends meet. It’s harder and harder to stretch the dollar further.”

Marion is very glad to see the ANMF (SA Branch) take a stance on violence in the work place. She said she has been very concerned to see the degree of aggression rise over time.

“It shouldn’t be the expectation from society that Aged Care staff are scratched, pinched, kicked and punched several times every shift because of aggressive behaviour.

“Aged Care staff are being treated as second class citizens and they shouldn’t be. Staff have a right to safety.

“Some of this would be assisted by additional staffing levels, but not all. Sometimes there are no triggers than can be identified. If staffing levels continue to decrease due to funding cuts and staff rushed more to complete tasks, this will escalate with more staff injured.”

Marion is passionate about sharing the benefits of being a member of the ANMF (SA Branch).

“I advocate to staff to be a member. You never know when you’re going to need support,” Marion said.

“I’ve been supported in a couple of very unhappy situations and always received great support. I’ve also been on various committees and am currently on the curriculum advisory committee.”

Marion has witnessed many changes and applauds the ANMF (SA Branch)’s professional approach.

“The use of double shifts and excessive overtime is unsustainable for both the organisation and the health professional. This can become a vicious circle of staff becoming unwell due to the unrelenting workload, increasing incidences of sick leave, thereby leading the organisation to again rely on overworked staff to ‘bridge the gap’.

“Some of this would be assisted by additional staffing levels, but not all. Sometimes there are no triggers than can be identified. If staffing levels continue to decrease due to funding cuts and staff rushed more to complete tasks, this will escalate with more staff injured.”

Marion is due for retirement and said she will continue to advocate for ANMF (SA Branch) membership.

What is a Double Shift?

After completing your normal rostered shift an employer asks you to stay and undertake another shift. In effect you are working one rostered shift immediately followed by an additional shift. For example, working two consecutive shifts totalling more than twelve hours would be a double shift.

Why does the ANMF (SA Branch) consistently argue against Double Shifts?

The ANMF (SA Branch)’s position is that one double shift is one too many. It has been shown to be unsafe for patient care and the employee. The employer has a responsibility and duty of care to both patients and staff to implement actions that ensure double shifts are prohibited.

There is a growing body of research and evidence that working excessive shift lengths will lead to fatigue, increased risk of errors and potential health issues.

Why should I not do a double shift?

Members often feel conflicted at being asked to ‘volunteer’ for a double shift. The alleged ‘choice’ is unfair - their options are to work when they feel like they are compromising their professional responsibilities to the patient or, alternately, to walk away and leave the patients and staff short-staffed. This dilemma is unfair and no-one should be placed in this position.

As Nurses and Midwives are professionally regulated, this means you are responsible and accountable for your own actions. In the case of an adverse incident, you may be personally called before NMBA/AHPRA and held to account for your actions and omissions. Fatigue may only be used in mitigation and is not generally considered favorably in any event. As a result you may be liable to be disciplined for your conduct, with penalties including fines, suspension or even loss of registration - which means loss of the ability to work.

Can I refuse to do a Double Shift or excessive overtime?

Despite the individual conflict mentioned above, you can refuse a request to do a double shift or excessive overtime if you believe the working of such overtime creates a risk to your health and safety. The employer may only request that you undertake ‘reasonable overtime’ and it is YOU who decides what constitutes an unreasonable level of overtime. For Public Sector Employees, clause 5.4.1 of the Award provides greater detail.

For more information, log on to the members page at www.anmfsa.org.au and view in ‘Questions and Answers’ of the News tab.
The ongoing problem of insufficient car parking at St Andrew’s Hospital is a step closer to being resolved, thanks to lobbying by the Australian Nursing and Midwifery Federation (SA Branch).

Members reported having to continually leave shifts to move their cars to avoid hefty fines. The Adelaide City Council modified all day parking in the area and, as a result, access to parking at the hospital decreased. Fines imposed for outstanding time limits also increased from $20 to $43.

Registered Nurse and Worksite Representative, Jane Heywood, said she was asked to raise the issue at a management meeting because staff were up in arms.

“It was ridiculous to have to move cars at all sorts of hours.”

In December last year, the ANMF (SA Branch) suggested a joint staff management car parking working party to develop strategies for more suitable arrangements to be put in place.

After lobbying by the ANMF (SA Branch), the Adelaide City Council agreed to modify parking on Beaumont Road to enable all day parking on one side. Now a significant number of all day car parks are available.

“This has been helpful with the overload and staff now have a few more hours of parking up their sleeve each shift,” Jane Heywood said.

“But there’ll be more pressure down the track and there’s more work to be done. It’s such a high usage area.

“We’re thankful to the ANMF (SA Branch) for helping us.”

The ANMF (SA Branch) will continue to work on this matter and keep you informed of progress.

Better Car Parking for St Andrew’s Hospital Staff

The ANMF (SA Branch) has responded to concerns regarding the number of people walking out of metropolitan hospital emergency departments without being treated because they do not want to wait for treatment.

New figures from SA Health show that 14,000 people walked out of hospitals in the last financial year. Patients needing amputations, suffering heart attacks and experiencing severe blood loss were among them. There was also one person whose condition was assessed by a triage nurse as critical.

“Health workers cannot force a patient to stay but it is very unwise to leave against the advice of a health professional,” ANMF (SA Branch) CEO/Secretary Adj Assoc Professor Elizabeth Dabars told the Sunday Mail, which reported the story.

The Hospital Budget Performance and Remediation Review highlighted problems with patient flow. Most hospitals struggle to meet demand for inpatient beds, which creates a backlog of patients at the point of admission, particularly in Emergency Departments.

The ANMF (SA Branch) has recommended nominating a senior nurse in each hospital to lead and coordinate the hospital’s management of patient flow, the achievement of expected discharges by clinical areas and identify areas of poor performance that require attention.

The ANMF (SA Branch) has also recommended other possible solutions to ease pressure on Emergency Departments are to create more nurse-led hospital clinics and open NP Primary Care Clinics in GP Plus/GP Plus Super Centres.

The ANMF (SA Branch) continues to lobby key decision-makers for these solutions to be adopted and implemented.

article courtesy of The Advertiser
Registered Nurse Craig Smith’s career has taken him from Mount Gambier to Loxton, a stint in Alice Springs, the Repat Hospital and now Ashford. He started in general theatre at Ashford two years ago and has been working as an endoscopy nurse there for the past six months.

“I work in the procedure room, which is smaller than a normal theatre. I really enjoy the small team environment,” said Craig Smith.

His role involves setting up and preparing scopes, getting specimens ready, ordering equipment, preparing patients and ensuring all equipment is in good working order and handled well, to prevent cross contamination.

He enjoys the routine of working in endoscopy and said the team is flexible and can self-roster to an extent.

“We have a regular surgeon and list and see about eight or nine patients in the morning list,” Craig said.

“I work very closely with the gastroenterologist and have got to know him very well.

“It's busy and varied work, from taking biopsies to removing gall stones and the like.”

Craig sings the praises of the ANMF (SA Branch), after receiving excellent support while he was working in Mt Gambier.

“I needed help with a lawyer because I had an issue and the people from the ANMF (SA Branch) were very positive and came on board straight away,” said Craig.

“It was quick and simple and they gave me excellent advice that I couldn’t have afforded otherwise. They made me feel comfortable and gave me lots of backing and support.

“I promote the ANMF (SA Branch) all the time, especially to new nurses. You get indemnity coverage, which is fantastic and the fees can be claimed as a tax deduction.”

Craig plans to continue learning about endoscopy and would love to take on a clinical nurse role when he is more experienced.
An innovative continence service for radical prostatectomy patients at Calvary Hospital is producing positive results and receiving national attention.

Accolades For SA’s First Private Hospital Continence Clinic

The Calvary Urological and Continence Clinic was developed as a service provided by specialist trained continence nurses and consultant urologists. It offers assessment, management, education and support for patients who need help to manage urological and continence issues. The aim is to provide the highest standard of quality care for all patients who are managing a urinary dysfunction. After a one year trial, the project was launched in 2010.

The team is led by Clinical Manager Sarah Schulze in the St Clare Ward, an acute 35 bed surgical unit specializing in Urology, Orthopaedics and Plastics.

“Taking an embryonic concept and seeing it develop into such a success has been very rewarding,” said Sarah Schulze.

“Continence issues for both men and women are often overlooked and many people don’t realise how much of an impact that has had on patients, physically and emotionally.

“To assist patients and provide them with the tools, knowledge and psychological support to help them regain their independence and get positive feedback is truly heart warming. It makes you proud to be in the nursing profession.”

Nine Continence Nurse Advisors have been trained on St Clare Ward to provide ongoing support and expert advice to Urology patients. Kerry Santoro, the senior Continence Nurse, has completed her Masters in Urology and Continence and Allison Drake is close to finishing her Post Graduate Diploma in Continence and Urology.

The Clinic has received many accolades. It developed two styles of discharge pad packs for urology and general incontinence patients. They were distributed by Hartmann, a company that develops products for continence management, wound care and operating theatres and trialled nationally.

“The trial was so successful that the innovation has been embraced in hospitals, community health centres and Continence Nurse Advisors working in a variety of clinical settings. The packs are now being produced nationally and rolled out in Queensland, New South Wales, Western Australia, Victoria and Tasmania.

“We’re very proud of this achievement and the work we’ve done to improve the quality of life for people with incontinence through this innovation,” said Sarah Schulze.

The team also won second place for its submission on ‘Pelvic Floor Exercises and Continence’ in a competition run by the National Continence Foundation of Australia last year.

“We set up promotional and educational boards at a number of gyms and fitness centres in Adelaide and also outside crèches to target new mums returning to the gym post-birth,” said Sarah.

“This was a massive success and has now encouraged many gyms to start including questions about pelvic floor health in their initial client assessments, so instructors can set up a specific program to meet their needs.”

The Clinic also involved in many fundraising events. This year, the Continence Clinic nurses will be featured on the Prostate Cancer Foundation of Australia Business Packs for their annual ‘Big Aussie Barbie’ event, for which the Clinic raised significant funds in 2011.

Do you have a story about how you and your colleagues are making a real difference for patient outcomes at your workplace that you would like to share? Email your details to victoria.turner@anmfsa.org.au

Continence Clinic nurses at the 2011 ‘Big Aussie Barbie’ fundraising event
**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.

### October 2012

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<td>Thursday</td>
<td>0900 – 1330</td>
<td>No Lift, No Injury Instructor Update</td>
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<td>0900 – 1600</td>
<td>Basic Life Support Instructor Update</td>
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<td>0900 – 1215</td>
<td>Manual Handling</td>
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<td>Thursday</td>
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<tr>
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<td>0900 – 1600</td>
<td>Wound Management</td>
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<td>Monday</td>
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### November 2012

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<td>The Patient with Chest Pain</td>
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<td>Cardiac Arrhythmias and ECG Interpretation</td>
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**Two new exciting reference books are now available from the ANMF (SA Branch) Library.**

If you would like to borrow either title please contact the ANMF (SA Branch) Library on 8334 1969 or email library@anmfsa.org.au

The library's full catalogue of resources is also available to view on line from the home page of the ANMF (SA Branch) members' website or via direct link http://bookmark.anmfsa.org.au/

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**The Rough Guide to Cloud Computing**

By Peter Buckley

Publisher: Rough Guides, 2010

What is cloud computing? Can it be used in everyday life? How does it apply to you?

These questions and more are answered in a very simple beginner’s guide to cloud computing.

Cloud services can be employed to create text documents online, manage spreadsheets, create music, keep track of your finances, manage your contacts and friends – the list is as all encompassing as the internet.

There are many websites listed in this book to provide examples of the tools available which allow the real world and web lives to work together in a way you can understand and apply to your own life.

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**Release Your Worries**

A Guide to Letting Go of Stress and Anxiety

By Dr C Howell and Dr M Murphy

Publisher: Exisle Publishing, 2011

The Australian authors understand what works for one may not work for another in taking control of anxiety; so have drawn upon simple yet up-to-date psychological approaches such as CBT, narrative therapy, relaxation therapy and mindfulness-based strategies.

Case studies and exercises illustrate key points and support proven interventions; which allow personal solutions to be found and put into action.
Ali Reeve is a Registered Nurse who works at the Gawler Health Service. She is a theatre nurse involved in procedures for children who are given an anaesthetic to have fillings and extractions. She is surprised and disturbed by the growing incidence of poor oral health. Children as young as three come to the service for extensive dental work.

“There’s still fluoride in the drinking water and there’s better teeth cleaning happening and better access to dentists, but more people are consuming sugary drinks and foods, children are falling asleep with bottles in their mouth and more people are drinking bottled water, which doesn’t contain fluoride,” said Ali Reeve.

The Gawler Health Service is involved in the “LIP Program”, a South Australian Government initiative which encourages parents to lift their children’s lips to have a good look at their teeth and encourage them to ensure proper cleaning.

“Parents are encouraged to lift the lip and clean their child’s teeth,” said Ali Reeve.

She wants nurses and midwives to be more proactive too.

“We have to get this message across to the parents. Often I see parents with lovely teeth while their children have significant decay.

Ali said it is important that people understand the potential impact of dental health on their heart and other organs. A 2010 study found that a person who has fewer than 10 of their natural teeth left is seven times more likely to die of coronary disease than someone with more than 25 of their own teeth. Earlier this year, a report was released by Dental Health Services Victoria explaining how poor oral health has also been linked to respiratory diseases, stroke, diabetes, kidney diseases, dementia and adverse pregnancy outcomes.

“If you don’t have good oral health you have to get work done before you can have an organ transplant, for example, because your gums are a portal for infection,” Ali Reeve said.

Poor dental health also has a huge impact on people’s everyday lives. It can affect their ability to eat, speak, socialise and find work.

“A nurse or midwife anywhere – a doctor’s surgery or a health clinic, for example – can encourage better oral health. There doesn’t need to be any formal place to do it. Anyone, anywhere, can be engaged in promoting healthy mouth care,” Ali said.

“When you have health promotion days in your community, I’m encouraging a greater focus on oral care. Use every opportunity you can to be proactive.”