IN PRACTICE

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In meeting with members across a large number of hospital sites in recent months I have been constantly reminded of the pressures that you face at work.

Our health system is, once again, recovering from the strains of meeting yet another massive spike in demand for care during the ‘winter’ peak. Emergency departments, intensive care units and wards of all types have been at capacity, or beyond, for an extended period of time.

We are beginning to see signs that the peak in demand is tapering and we will soon, no doubt, see reduction in beds that have been ‘flexed up’, and then a further reduction in capacity as we move into the Christmas and New Year period.

The reduction in capacity will of course mean that wards and units will still be filled with patients and staff, including nurses and midwives working hard to meet their needs.

How then can we contemplate the planned reduction in beds into the future?

This dilemma is at the heart of the ANMF (SA Branch) and we are continuing work to make sure that acute beds are not closed unless and until it can be demonstrated that they are no longer needed due to health system reforms.

All health services are exploring ways in which patient services can be improved - both in their effectiveness and their efficiency. As I have said in the past, improving the effectiveness of patient care is a win win situation for the patient and the health system as a whole.

If we can improve the clinical pathway (or patient journey) so that patients are able to be discharged after a shorter stay in hospital,
without jeopardising their recovery or safety, it will open up more bed capacity within the system.

That is where the real debate needs to take place.

The SA Government and SA Health argue that the 'efficiencies' achieved should largely result in a capacity to reduce the number of hospital beds across the metropolitan area. This will address the significant growth in funding that would be required over the coming years to meet the increasing demand for services as a result of population growth and ageing - as well as the costs associated with the provision of modern health care.

We have argued that the efficiencies should result in providing greater capacity to meet the needs of our community. This may take a number of forms including patients being admitted to inpatient beds more quickly from the emergency department or a reduction in elective waiting periods or strategies to meet increasing demand for services as the population ages.

It is likely that the final result will be somewhere between these debate starting points.

We have already successfully argued against the closure of beds in southern and central hospitals due to the lack of clear evidence indicating that the system could cope without them into the future.

The ANMF is meeting regularly with LHN’s to review their plans for system reform, monitor the effects of change on patient demand and test proposals for change. Wherever this results in suggested changes to bed states we will actively consult with members in affected areas and ensure that your interests are protected.

I encourage all of you to participate in the debates that lie ahead and to keep us informed of proposed changes so that we are able to respond and serve your interests to the best of our collective ability.

Yours sincerely,

Adj Assoc Professor Elizabeth Dabars AM
AGED CARE COMPLAINTS ON THE INCREASE

A marked increase in the number of aged care complaints received this year has further highlighted the need for urgent reform in this area of health care.

The 11 per cent increase reported by the new Aged Care Complaints Commissioner comes as the ANMF steps up the fight to secure additional funding for this important area of care (see page 5 for more on ANMF’s push for aged care reform).

Former journalist and NSW Deputy Health and Disability Commissioner Rae Lamb assumed the new commissioner role on 1 January 2016, with the commission replacing Australia’s former Aged Care Complaints Scheme.

Ms Lamb heads up 160 staff in seven major cities across Australia and released her first annual report in October this year.

The report cites that between 1 January and 30 June 2016, 2153 complaints were received about residential, home and community care, compared to 1,938 over the same period last year (under the former scheme).

Although the increase can be partly attributed to heightened public awareness of the new Commissioner’s office and the support it offers, the rising trend also reflects the level of public concern on the quality of aged care.

Breaking down the types of complaints about residential care, clinical care was the most common concern (267), followed by the administration of medication (200), continence management (178) and the choice and dignity of the care recipient (163).

Overall, almost 60 per cent of complaints came from family members, 16 per cent directly from the person in care, and the remaining 25 per cent came from anonymous complainants, other interested people and referrals from other agencies.

Federal Minister for Health and Aged Care Susan Ley says the report shows that consumers, family, carers and loved ones are speaking up when it comes to concerns about aged care services.

And this is a good thing,” she says.

The Commissioner also reported a 23 per cent rise in the number of, largely general, enquiries about service providers’ responsibilities, the rights of residents, or the best way to pursue a complaint directly with a service provider.

Although her annual report only captures the first six months under the new role, Commissioner Lamb says she is excited to share her progress.

“In many cases we have seen the service provider learn from the complaint and act on opportunities to improve care for others,” Commissioner Lamb says.
ANMF STEPS UP LOBBYING EFFORT
AGED CARE WORKFORCE ISSUES TAKE CENTRE STAGE

The future of the aged care workforce and the challenges in attracting and retaining aged care workers was the focus of a national Senate Inquiry involving ANMF officials last month.

On behalf of members employed in the aged care sector, ANMF Federal Secretary Lee Thomas addressed the Inquiry to push for federal government funding and the implementation of mandated minimum staffing levels and skills mix requirements for Registered Nurses, Enrolled Nurses and Assistants in Nursing/Personal Care Workers in the aged care sector.

“Australia’s increasing aged population will continue to present us with a number of challenges—perhaps most critically the need to provide a skilled aged care workforce. Sadly, we are currently falling far short of achieving this,” Ms Thomas told the Inquiry.

Over the past two decades alone, the number of Residential Aged Care places nearly doubled from 134,810 in 1995 to 263,788 in 2014.

“Registered Nurses, Enrolled Nurses and Assistants in Nursing/Personal Care Workers each play an important role in the effective functioning of an aged care facility, but the mix has to be right,” she said.

She says in Australia today, the mix is far from what is needed.

“Although the Aged Care Act 1997 indicates the numbers of care staff required to safely carry out assessed care needs, it provides no parameters on the skills mix of workers required based on the needs and care requirements of residents,” Ms Thomas told the Inquiry.

“National and international research and evidence clearly demonstrates that inadequate levels of qualified nursing
staff leads to an increase in negative outcomes for those in their care, resulting in increased costs,” she said.

“In an acute setting, the implementation of safe mandated minimum staffing has been shown to prevent adverse incidents and outcomes, reduce mortality and prevent readmissions thereby cutting health care costs,” Ms Thomas said. “So, why is this not being applied in the aged care sector?”

As part of the national push for reform in this area of health care, the ANMF called for a mandated/legislated requirement for 24-hour Registered Nurse cover for all high care residents in aged care facilities, inclusive of those low care facilities with residents assessed with high care needs.

“We also believe that all assistants in nursing/personal care workers must be licensed and subject to regulation and they must meet a minimum standard of qualification,” Ms Thomas said.

“The lack of mandated minimum staffing levels and skills mix has led to a ‘race to the bottom’ in many aged care facilities,” she said.

“Nursing staff are being replaced with personal care workers, who – although they lack the higher level skills of their nursing colleagues – are employed because they are far cheaper.”

She said this trend has put downward pressure on the wages of Registered and Enrolled nurses in the sector, making it difficult to attract skilled nursing staff.

“Aged care workers earn up to 16% less than those working in the public sector, where, on the whole, staffing and skills mix are more tightly governed,” she said.

“The only way to correct this is if significant efforts are made to close the wages gap between those working in aged care and public hospitals”.

Ms Thomas also addressed the issue of regulation with the Senate Inquiry.

“Unlike nurses, personal care workers are not required to work in accordance with any professional standards, they do not have minimum education requirements, do not have to maintain regular professional development or need to have professional indemnity insurance,” she said.

“And as there is no national registering or licencing system in place for care workers, families or employers cannot check to ensure the worker is appropriate to be looking after their loved one.”

Several incidents, detrimental to the aged care resident, have already occurred due to poor and inadequate staffing levels and skills.

Providing an evidence base for the call for more funding and tighter regulation in the sector, Ms Thomas presented the Inquiry with some alarming findings of a national research report conducted by the Flinders University and University of South Australia with the ANMF.

“The independent research has revealed that staffing levels in residential aged care are currently not sufficient to ensure the delivery of safe, quality aged care,” she said.

“Furthermore, the current skills mix does not address the increasing complexity and acuity of residents in residential aged care and leads to missed care.”

These findings, she said, expose a very real risk of harm to the public and a bleak outlook for the current and future aged care workforce.

“What is needed is an evidenced-based staffing methodology that takes into account nursing and personal care tasks that reflects the level of care required by residents in residential aged care.”
LESSONS FROM THE CORONER’S COURT

In the course of your practice as a nurse or midwife it is possible that you may be involved in the investigation of an unexpected death in a hospital or aged care facility which may lead to a Coroner’s Inquest.

The Coroner’s Act 2003 establishes the Coroner’s Court and sets out the functions of the court and the circumstances in which it is to investigate a death. These include death by unexpected, unnatural, unusual, violent or unknown cause, a death that occurs during or as the result of a surgical procedure or within 24 hours of that procedure or an invasive medical diagnostic procedure and 24 hours after the administration of an anaesthetic. In addition, a death which occurs within 24 hours of a patient having been discharged from a hospital or having sought emergency treatment at a hospital is investigated, and also deaths which occur in a licensed supported residential facility.

The purpose of the investigation is to establish the facts of the death. The first point of contact for nurses or midwives is often when a police officer attends the facility or hospital shortly after the death to make inquiries about the circumstances in which it occurred. This does not necessarily indicate that there was any wrongdoing but is a preliminary investigation to assist the Coroner.

The police may want to take a formal statement from you. It is recommended that you seek advice from the ANMF (SA Branch) to ensure that you understand the process and are properly advised and protected.

Sometimes the first contact from the police may be several years later and it is often difficult to recall the event with any clarity. The ANMF (SA Branch) recommends that before attending, you ask to review the patient’s notes and any other relevant documents and seek advice before giving a statement. Matters for consideration when obtaining advice are:

1. Has the death occurred in a residential facility where the death was expected? Were there any unusual circumstances?
2. Did the death occur after surgery or anaesthetic or within 24 hours of discharge from hospital?
3. Are there any circumstances surrounding the death which might bring the focus onto the nursing care?

Following investigation the Coroner may decide to hold an inquest to assist in establishing the facts of the death. You may receive a summons requiring you to give evidence. This can be an extremely difficult experience for the individual and it is important to obtain advice from the ANMF (SA Branch) through initial contact with the Duty Officer.

Implications of a Coroner’s Findings

The Coroner does not have the power to make any findings of criminal or civil liability. Any criminal actions need to be investigated by police but may be influenced by the Coroner’s findings.

A risk for nurses and midwives is that the Coroner may make adverse comments about an individual nurse with respect to his or her professional conduct. This may trigger a complaint from the Nursing and Midwifery Board of Australia which will be investigated by AHPRA. This can be very distressing, particularly if it is three to four years since the incident.

Adverse findings or comments about a nurse or midwife may also have implications in any potential civil action which the family of the deceased might take against the health facility. While the employer is vicariously liable for nurses and midwives, an individual nurse can be named in any proceedings taken against the health facility.

During an investigation and an inquest any documentation in the patient notes and policies and procedures is scrutinised carefully. This reinforces the importance of nurses and midwives ensuring that their documentation is complete and concise, it is also important that they are adhering to the Codes of Professional Conduct and Ethics in all aspects of practice.

If you are involved in a Coroner’s investigation or summoned to give evidence at the inquest, please ensure that you contact the Duty Officer at the ANMF (SA Branch) for advice and guidance. If it is appropriate, you will be referred to Union Legal SA for further advice and representation where necessary.
It is so much better for patients to be able to rely on someone who completely understands their condition, whether that be diabetes, epilepsy, allergies or Parkinson’s,” Ruth says.

Parkinson’s Clinical Practice Consultants have a full understanding of the disease, can access services for patients or even talk to their neurologist or other specialists on their behalf when they’re having issues with their medication in between their appointments.

There are around 80,000 Australians living with Parkinson’s in Australia. People suffer from a range of symptoms which include tremor, slowed movement, rigid muscles and postural instability which can lead to loss of balance. They are also affected by non-motor symptoms which can include bowel and bladder changes, anxiety and depression and sleep, speech and swallowing difficulties.

When I arrived in Adelaide, these roles just didn’t exist in the area of Parkinson’s and now there are about to be four,” she says.

“Any disease or acute illness places great stress on patients and their families, so these specialist roles are always really busy, “Ruth says.

“It’s so important for people with Parkinson’s to have a dedicated nurse who can advocate for them.”

Ruth says Parkinson’s doesn’t get the attention or funding of other chronic conditions, which is why dedicated nurses are so important.

“We provide education to people with Parkinson’s and their families, empowering them with an understanding of the illness which allows them to make informed decisions about their health and to benefit from patient centred self – management.”

Parkinson’s Australia reaffirm in their ‘Parkinson’s Nurse Specialist Position Paper’ that access to Parkinson’s specialist nurses, combined with regular therapy services, has the potential to reduce the need for unnecessary hospitalisation, outpatient appointments, GP attendances and may delay nursing home admissions.” Parkinson’s Australia has also called on the government to invest in Parkinson’s Nurse Specialists as ‘the key person in a multi-disciplinary team to facilitate integrated care and provide education and support to enable self-management and informed decision making by people with Parkinson’s’.

Ruth says “There are so many aspects to Parkinson’s, but if a patient is able to self-manage,
they will remain independent and healthy for a lot longer.”

“Our roles can mean the difference between patients getting on top of things early or them being forced to go to the Emergency Department for admission to hospital.”

Adj. Associate Professor Vanessa Owen, Executive Director, Nursing and Midwifery, NALHN says, “The implementation of Ruth’s role within the community geriatric service, has been instrumental in reducing unnecessary hospitalisation, improving support systems to enable self-management and, importantly, promoting autonomy with informed decision making for people with Parkinson’s.”

The ANMF (SA Branch) recognises the importance of nurses and midwives working to their full scope of practice, and applying advance skills, knowledge and expertise in specialist areas, such as Parkinson’s, Diabetes, Urology, Radiology, ENT, Amputee and Rehabilitation, Palliative Care and Geriatrics. We have been lobbying the government to commit to secure funding for these important and critical initiatives in South Australia.

Adj. Associate Professor Dabars AM states that Advanced Clinical practice roles are vital in providing nursing and midwifery leadership as they complement the skills and expertise within the workforce, and assist in driving high quality care across the continuum.

Adj. Associate Professor Dabars AM says the funding for Advanced Clinical Practice roles in specialist areas such as Parkinson’s are vital for the South Australian health systems. She says “It is only by encouraging and supporting nursing and midwifery leadership, in specialised roles like Ruth, that we will enable the changes the health system desperately needs, and the South Australian community deserves”.

“Not only will this provide the community with a high quality of care, it will also provide much-needed relief to our often overcrowded hospitals and the staff that keep them running,” she says.
CONNECTING WITH PRIVATE SECTOR MEMBERS’

WALKAROUNDS
Adj Assoc Professor Elizabeth Dabars AM and ANMF (SA Branch) staff visited a number of private sector worksites between the months of September and November 2016.

Members enjoyed a free coffee and cupcake as ANMF (SA Branch) staff welcomed the chance to speak with them during the walkaround.

The visits and education sessions were a success and we hope to continue our involvement through visits to other private sector worksites in the future.

During the Flinders Private Hospital visit Adj Associate Professor Elizabeth Dabars AM was accompanied by ANMF (SA Branch) President, Marisa Bell, on her walkaround.
A new book ‘Mental Health Across The Lifespan’ is aimed at providing knowledge and understanding on how mental health problems can affect a person during their life.

“Everyone is susceptible to mental health problems and these need to be considered just as important as physical health issues,” co-editor of the book and UniSA Professor of Midwifery Mary Steen says.

“The book is a great reference guide highlighting the challenges society as a whole has to address in the treatment of mental health, with an exploration of historical, social and cultural aspects. We discuss mental health care and promotion throughout the lifespan,” Professor Steen says.

Chapters span the following periods: childhood, adolescence and young adulthood, pregnancy and early parenthood, adulthood for both men and women and the older age group.

Professor Steen co-edited the book with Michael Thomas, who is the Vice-Chancellor and Professor of Organisational Leadership at the University of Central Lancashire in the UK. Several other UniSA staff contributed to the book including Chair of Mental Health Nursing Professor Nicholas Procter, Research Associate Monika Ferguson, Lecturer in Midwifery Elizabeth Newnham, Lecturer Amy Baker and Mental Health Nursing Lecturer Kirsty Baker.

“We’re out to engage with readers and help them to recognise how mental health problems can affect a person during their lifetime, and have included case studies and reflective exercises in order to create a better understanding on this topic,” Professor Steen says.

“The book presents a solid introduction to mental health for not only nurses and midwives but doctors, health visitors, allied health professionals and health and social care support workers who have no specialist mental health training but often work in partnership with, and care for, people suffering from mental health issues. It’s also a great guide for students.

“The book is unique as it goes across the lifespan and can be read in its entirety or referenced as individual chapters on the topic you are interested in.”

‘Mental Health Across The Lifespan’ is already proving extremely popular as an educational tool and is available at the Australian Nursing and Midwifery Centre library at the Australian Nursing and Midwifery Federation (SA Branch).

“This book was extremely popular at this year’s ANMF (SA Branch) conference as it taps into mental health issues from conception through to end-of-life,” ANMF (SA Branch) CEO/Secretary, Adj Assoc Professor Elizabeth Dabars AM says.

“Mental illness is often overlooked in mainstream healthcare and this book addresses the vital importance of mental wellbeing and how it should be at the forefront of everything we do.

“Mental health should be treated equally alongside physical conditions.”

UniSA Professor of Midwifery Mary Steen strongly believes if you don’t get the foundations right from the beginning of a person’s life— including ensuring they feel safe, nurtured and secure—then there is a high risk of mental illness.

“We need to have more and more open discussions about mental health and I urge nurses and midwives to watch for patients that go under the radar,” Professor Steen says.

“Look at the complete picture and not just the physical signs. There may be underlying social issues that are contributing to a patient’s overall wellbeing.

‘Mental Health Across The Lifespan’ is aimed at generating greater open discussion about mental health and to assist in achieving more successful outcomes in identifying mental illness among patients.”
Mary Steen is Professor of Midwifery at the School of Nursing and Midwifery, Division of Health Sciences, University of South Australia (UniSA). She is the Chair of the Mothers, Babies & Families Research Group and facilitates the promotion of research and scholarly activities both nationally and internationally.

She has previously been a Professor of Midwifery in the UK and holds visiting professorships at the University of Chester, UK and Port Harcourt University, Nigeria. She has a vast amount of nursing and midwifery clinical experience in both hospital and community settings.

Mary has received several awards for clinical innovation, original research and outstanding services to midwifery.
Practice Development Nurse Bernie Stefan-Rasmus is looking to drive increased openness and engagement on suicide prevention between health care workers and patients.

Bernie is this year’s proud recipient of the annual Health Partners/ANMF (SA Branch) Scholarship, which awards $5,000 to drive nurse-led best practice initiatives within our health system.

“I am honoured to be awarded this scholarship as I have been working in the area of mental health for some time and have identified the urgency to improve engagement with patients at risk of suicide,” Bernie says.

“There is a lot of stigma on the topic of suicide and there shouldn’t be,” he says.

“I’m working on improving the spectrum of care from inpatient to community care for people who are experiencing suicidal thoughts, and will use my scholarship win to implement a prevention program.“

According to the Australian Bureau of Statistics, suicide is the leading cause of death for Australians aged 15-44, accounting for 3,027 deaths overall in 2015. Suicide kills twice as many people as the national road toll.

A 2010 Australian Senate Inquiry into suicide estimated 60,000 Australians try to end their lives each year.

“The statewide practice development initiative and successful ‘Connecting With People program’ is what I’m looking at to better equip nurses working in our mental health units and emergency departments,” Bernie says.

“It is a specialised and world-renowned training program on suicide and self-harm mitigation that has been informed by evidence-based principles.

“Those participating in the program will learn how to better respond to someone having suicidal thoughts or to identify a patient at risk of suicide through an increase in empathy, communication and the language used, as well as demonstrating early intervention measures to save lives.”

A study on suicide survivors by SANE Australia, the national mental health charity, last year found people who attempt suicide can recover and those who have survived are often stronger and more resilient.

“I am out to contribute in some way to reducing Australia’s suicide rate and I believe education in changing practice and culture among health care staff is the key to achieving this,” Bernie says.

“It’s all about instilling confidence for engagement with patients so people who are showing potential warning signs of suicide don’t slip under the radar.”

“The Connecting With People program provides an invaluable training tool on how to start a conversation with someone who is
under emotional stress and having suicidal thoughts.

“It’s about arming staff with the language skills to ask the right questions and providing them with the right resources.

“Early intervention from a health care worker showing compassion to a patient can make a real difference and ultimately save lives.”

The program involves participants taking part in a series of practical exercises on communication, such as looking at the negative effects of staff who appear stressed themselves approaching patients with suicidal thoughts. The training modules include Suicide Awareness, Suicide Response, Self-Harm Awareness, Emotional Resilience, Compassion At Work, Self-Harm Response and Train The Trainer.

“If we can ultimately connect with patients to make them feel understood, then we’ve achieved significant therapeutic intervention,” Bernie says.

“The Health Partners/ANMF (SA Branch) Scholarship is proving a popular initiative as it provides an opportunity to enhance patient and health outcomes by integrating evidence-based practice in the workplace,” says ANMF (SA Branch) CEO/Secretary, Adj Assoc Professor Elizabeth Dabars AM.

“It’s all about supporting and promoting nursing and midwifery development where we can provide an opportunity to impact positively on identified evidence to improve clinical practice.

“Winners of the scholarship have the opportunity to present at the ANMF (SA Branch) annual conference about the outcomes of their scholarship and submit a paper to a peer journal for publication.”

The scholarship allows clinicians to incorporate internationally recognised Registered Nurses’ Association of Ontario (RNAO) clinical best-practice guidelines into the culture of their clinical setting.

“Winning the scholarship will certainly help me to explore and travel to workplaces where implementing practice change has been successful,” Bernie says.

“The gap between theory and practice has always been a challenge, so engaging nurses at the coalface will be the key to successfully implementing any new approach to patient care.”

Bernie is also currently working on two other projects including exploring alternative approaches to the seclusion and restraint of mental health patients in a hospital setting, and developing a comprehensive framework for improving physical health outcomes for patients affected by mental illness.

For help, call: Lifeline 13 11 14 or Suicide Call Back Service 1300 659 467.

Visit connecting with people. website for more information about the Connecting With People program.
ENROLLED NURSES AND MEDICINE ADMINISTRATION

The Nursing and Midwifery Board of Australia has recently published a revised fact sheet relating to Enrolled Nurses and Medication (October 2016).

National Scheme

Before the start of the National Scheme in 2010, in some states and territories, Enrolled Nurses who undertook education to administer medications had an endorsement on their registration. However, there was no endorsement recorded on the register for Enrolled Nurses in South Australia. For most Enrolled Nurses in South Australia, training included medication administration as a core component of training packages. However, there may have been some instances where Enrolled Nurses did not receive any medication administration education during their career.

With the move to the National Registration Scheme in 2010, the term ‘Endorsed Enrolled Nurse’, used previously in some states and territories, was no longer identified as accepted terminology in relation to the Enrolled Nurse Register.

What does a notation mean?

Enrolled Nurses, who have not undertaken the appropriate education for medication administration during their career, are required to identify themselves to the NMBA. Enrolled Nurses will then have a notation placed on their registration stating ‘does not hold a board-approved qualification in administration of medicines’.

Enrolled Nurses who do not have a notation on their registration have completed medication administration education during their career. This means they are able to administer medications. This education may have been completed before or after the introduction of the National Registration and Accreditation Scheme.

It must also be noted that Enrolled Nurses with a condition on their registration limiting their practice to ‘Mother Craft Nursing’ only, are also unable to administer medications.

How can I have the notation removed from my registration?

Enrolled Nurses who have notation and want it removed must complete the course of study ‘Administer and Monitor Medicines and Intravenous Therapy HLTENN007’. These courses are provided within an NMBA-approved Diploma of Nursing.

Education providers who offer an NMBA-approved Diploma of Nursing are published under the Approved programs of study section on the NMBA website. Enrolled Nurses are encouraged by the NMBA to contact the education providers with any queries relating to eligibility for recognition of prior learning. This information can be found at Board Approved Programs of Study on the NMBA website.

The ANMF (SA Branch), Australian Nursing and Midwifery Education Centre offers the Diploma of Nursing for Enrolled Nurses. Within this is the Administer and Monitor Medicines and Intravenous Therapy HLTENN007. To assist Enrolled Nurses to remain current with the NMBA standards, ANMEC offer the HLTENN007 Medication Program at a subsidised rate for members.

The HLTENN007 Medication Program is delivered through a blended approach of workshops, online learning management system, workplace application and recognition of prior learning (RPL) process. ANMEC will provide instructions on the best method of delivery for the Enrolled Nurses situation and this can range from someone who has a notation to Enrolled nurses who have the Certificate IV in Nursing (pre 2007).

What if I have previously completed medication administration education?

If you have successfully completed the current or previous medication administration education, and wish to have the notation removed, you need to complete an ‘Application for Removal of Notation Form.’ These forms can be found at Registration and Endorsement Forms on the NMBA website.
Prior to the release of the current Diploma of Nursing (HLT54115) in December 2015, removal of the notation required the successful completion of two units (if delivered within an NMBA-approved Diploma of Nursing).

These two units included:

<table>
<thead>
<tr>
<th>Name of Unit</th>
<th>Unit Code</th>
<th>Previously Identified As</th>
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<tbody>
<tr>
<td>Analyse health information together with...</td>
<td>HLTAP501C</td>
<td>HLTAP501A or HLTAP501B</td>
</tr>
<tr>
<td>...Administer and monitor medications in the work environment</td>
<td>HLTEN507C</td>
<td>HLTEN507A and HLTEN507B</td>
</tr>
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Note: Prior to the commencement of the National Scheme in 2010, Enrolled Nurses may have successfully completed medication administration education other than the units listed above. These Enrolled Nurses can administer medications, but only if their registration does not have a notation.

It is an expectation that all Enrolled Nurses who do not have a notation, have successfully completed Enrolled Nurse medication administration education, and have the competence and confidence to administer medications safely, regardless of when the initial education occurred.

**Does this mean I can administer IV medications?**

Enrolled Nurses with a notation cannot administer medications, including intravenous medicines.

Enrolled Nurses without a notation can only administer intravenous (IV) medicines if they have completed intravenous medication administration education.

Enrolled Nurses who do not have a notation on their registration and have not completed education in IV medication administration can expand their scope of practice to include IV medication administration by undertaking further relevant study.

**What else do I need to know?**

Enrolled Nurses should ensure that they are familiar with the state and territory drugs and poisons legislation, and relevant health department and health service policy requirements, as well as relevant workplace policies, procedures and protocols.

**Additional information:**
*(available on the NMBA website)*

- Fact sheet: Enrolled nurse standards for practice
- Fact sheet: Mother craft nurses ineligible for Board-approved medication units
- Application form for removal of notation by enrolled nurse, nurse practitioner or midwife - APRN-40
- Application form for addition of notation as an enrolled nurse or nurse practitioner-ANMV-40
- National framework for the development of decision-making tools for nursing and midwifery practice

Nurses and midwives can find out if they have a notation on their registration by looking up the national register on practitioners (the public register), which is available on the Register of Practitioners.

For more information please contact enquiry@anmfsa.org.au or contact the Duty Officer during works hours on 8334 1900.
A PROFESSIONAL MISCONDUCT AND INDUSTRIAL RELATIONS CASE STUDY:
INAPPROPRIATE ACCESS OF PATIENT CLINICAL RECORDS

Nurses and Midwives in Australia are regulated by the Nursing and Midwifery Board of Australia within the Australian Health Practitioner Regulation Agency. As the regulator, the role of the Board is to develop standards, codes and guidelines for the nursing and midwifery professions.

The Board also handles the notifications, complaints, investigations and disciplinary hearings when nurses and midwives are alleged to be not meeting these requirements for practice. One of the most common breaches is related to confidentiality which is also mandated under National Law (the Privacy Act 1988).

Nurses and Midwives have an ethical, legal and professional obligation to uphold the trust and confidence of patients by maintaining confidentiality. Where breaches occur, professional disciplinary procedures provide one mechanism for ensuring that patient care standards are adhered to.

The ANMF (SA Branch) provides representation to members for a wide range of industrial and professional practice matters. These include professional misconduct matters related to perceived breaches of professional codes and standards. Inappropriate access to patient records may involve a breach of the employer’s codes, policies and procedures and additionally, could be seen to breach professional standards as set out in the Health Practitioner Regulation National Law (South Australia) Act 2010. As such, disciplinary proceedings for inappropriate access of patient records may be instigated not only
by the employer but also by the Australian Health Practitioners Regulation Agency (AHPRA).

As the use of technology evolves within health services, nurses and midwives are faced with different challenges and risks in relation to the documentation of patient care. Electronic access to patient records has drastically altered accessibility, in that it is no longer contingent on having a role in, or close physical proximity to, the care of the patient as may have been the case with hard copy records maintained at their bedside.

Curiosity, interest or personal concerns are not acceptable grounds for nurses and midwives to access patient records. Breach of these health professional codes and standards can result in disciplinary action as the following case demonstrates.

Emily, initially registered as a nurse in South Australia in 1987 and has been employed for the last seven years by a Nursing Agency working casual shifts across various hospitals as a Nurse. In 2006, Emily separated from her partner and the settlement of the financial separation involved drawn-out and volatile legal proceedings. Emily's mental health suffered as a result; however, she sought professional assistance and was proactive in meeting her Mental Health Plan which had been developed in partnership with her Psychiatrist.

In November 2007, Emily's Psychiatrist went on extended leave. During this time Emily was advised to seek follow up from her General Practitioner (GP) in relation to her Mental Health Plan.

Unfortunately, Emily's Mental Health Plan was not able to be accessed by her GP, as the fax machine was not operational at the time she attended her appointment. Emily assumed her GP would have all her information from the Psychiatrist, and was quite distressed about having to relive her past history.

At this point Emily was extremely distressed as she felt access to the Mental Health Plan was essential for her ongoing treatment, and she was concerned the GP did not have all her information.

In February 2008, Emily was working as a nurse in a hospital where she was required to access electronic records to document patient care. During her break, Emily accessed her own personal electronic record through the database. Emily was seeking the documented medication and treatment recommendations in her own Mental Health Plan.

The nurse manager was made aware of Emily’s actions and as a result, disciplinary proceedings commenced and a notification was made to AHPRA.

In response to the disciplinary proceedings, the ANMF (SA Branch) submitted on behalf of Emily that her conduct did not involve any significant risk or harm to the public.

The investigator considered the response in its entirety and found that Emily's conduct was nevertheless unacceptable.

Although Emily had accessed her personal electronic patient record (which she had viewed previously with her Psychiatrist), she had nevertheless knowingly and inappropriately accessed patient records.

In this case, Emily was alleged to have breached her position of trust as a nurse and had no right to access her electronic patient record. During the investigation, Emily recognised the seriousness of her conduct; however, it was the investigators findings that Emily's conduct was seen to constitute a breach of both the professional code of conduct and code of ethics.

The ANMF (SA Branch) made the closing submission in relation to an appropriate outcome for Emily which highlighted how the compromised mental state of Emily at the time of the incident had impaired her judgement, which allowed her actions to be driven by her compounded anxiety. It was noted that Emily had been fully co-operative throughout the investigation process. Furthermore not only was Emily extremely remorseful, but following the incident she had taken genuine steps to ensure she would be able to recognise and effectively manage her triggers for poor mental health in the future.

Due to the professional advice and advocacy provided by the ANMF (SA Branch) throughout the proceedings, Emily received a low level sanction which was a reprimand that remained on her registration for two years. This did not prohibit Emily from practicing as a Registered Nurse.

A significant factor in the favourable outcome was Emily's prompt contact to the ANMF (SA Branch) Duty Officer. As a result, Emily was allocated to an Industrial Officer who provided advice and representation throughout the entire process. If Emily had not contacted the ANMF (SA Branch) it is possible that the outcome would have resulted in harsher penalties such as conditions on her registration, ultimately restricting her practice.

More information regarding Industrial support can be found on the ANMF (SA Branch) website at www.anmfsa.com.au.

Please note this article is not indicative of an actual case, and does not constitute advice in relation to these types of matters. We recommend that you contact the ANMF (SA Branch) Duty Officer on 8334 1900.
In August 2013, the Coalition released its policy for Paid Parental Leave (PPL) with a promise that it would deliver a genuine scheme to give mothers six months’ leave based on their actual wage. This was to enable women to take time out of the workforce to establish a family while reducing financial pressures (ANMF 2015).

The Australian Nursing and Midwifery Federation (SA Branch) is calling on all South Australian senators to reject outright proposed changes to paid parental leave which will have a significant impact on families.

Adj Assoc Professor CEO/Secretary Elizabeth Dabars says, “The proposed changes would deny access to the Commonwealth Government’s paid parental leave scheme of up to 18 weeks, for Australian women who have some paid parental leave provided by their employer through an enterprise agreement.”

“The Coalition promised that it would deliver a genuine scheme to give mothers six months’ leave based on their actual wage,” says Elizabeth Dabars. “Now, they plan to strip the current scheme back, in a further attack on working women and their families.”

“The Government scheme was designed to complement paid and unpaid leave arrangements negotiated by workers and their organisations to give new and adoptive parents the opportunity to spend up to 26 weeks at home with their baby,” Ms Dabars says.

“Access to six months PPL is widely accepted as optimal for the health and well-being of mothers, babies and their families – it allows women to bond with their babies, breast feed for longer and reduces the stress of returning to work earlier than planned, because of financial pressures”.

A move to cut publicly-funded paid parental leave (PPL) is being strongly opposed by the ANMF (SA Branch)
“Despite all the warnings from health professionals and against a recommendation from the World Health Organisation, the Government instead is seeking to take the axe to the Commonwealth paid parental leave scheme,” Adj Assoc Professor Dabars says.

“At a time when the government is already predicting a looming major shortfall in the nursing and midwifery workforce, the proposed changes will only compound this situation, ultimately affecting health care delivery to the South Australian community.”

The ANMF (SA Branch) does not support the proposal to change the Government’s Paid Parental Scheme, and is seeking the support of all South Australian Senators to make sure that every new family can give their child the best possible start in life, by:

- Not supporting the proposed legislation changes to Paid Parental Leave; and
- Lobbying the Government to uphold its commitment to support a full paid six month Paid Parental Scheme.

Senator Xenophon, who controls a block of three votes, has made it clear, along with his colleagues Skye Kakoschke-Moore, Stirling Griff and Federal Member for Mayo, Rebekha Sharkie MP, that he would not support a start date of 1 January 2017 for any change to the scheme. The Xenophon team is yet to put forward their final position on the proposed changes to PPL and is still in negotiation with his parliamentary colleagues.

We need your support, join our campaign, sign the petition www.anmfsa.org.au
FATIGUE IMPACTING ON WORKFORCE

Reduced staffing levels and growing shift durations are contributing to a worrying growth in fatigue among nurses and midwives.

It is a trend likely to become more commonplace as health care providers attempt to meet growing demand for services combined with the pressure to reduce the cost of these services.

Other fatigue risk factors point to the increasing acuity of patients, the growing complexity of care and shift work, according to research conducted by the Registered Nurses’ Association of Ontario (RNAO)/Canadian Nurses Association (CNA) in 2011.

The Australian Nursing and Midwifery Federation (SA Branch) recognises the very real impacts of nurse and midwife fatigue at both an individual level and a system level, says CEO/Secretary Adj Assoc Professor Elizabeth Dabars AM.

“And fatigue,” she says, “is more than just feeling a little weary.”

RNAO/CAN research defines fatigue as a “tiredness that is physically and mentally penetrative. It ranges from tiredness to exhaustion, creating an unrelenting overall condition that interferes with individual’s physical and cognitive ability to function to their normal capacity. It may significantly interfere with functioning and may persist despite periods of rest.”

Determined to explore the impacts of this issue on the SA workforce, the ANMF (SA Branch) supported research into the impacts of fatigue in theatre nursing conducted by Flinders University undergraduate student Caitlin Collinson.

Caitlin’s 2015 literature review and international comparisons supported the direct link between fatigue and negative patient outcomes and poor job performance.

And these findings don’t just apply to theatre nursing.

“All nurses and midwives suffer from the same pressures and demands from our overburdened health system,” Ms Dabars says.

“Caitlin’s findings paint a picture of an exhausted workforce struggling to keep up with the demands of a turbulent health system without compromising quality health care.”

Not surprisingly, it is an issue that is encouraging nurses and midwives around the country to quit the profession altogether. A recent survey of 3,000 Australian nurses and midwives found that more than a third were actively considering leaving the industry. This comes at a time when the federal government is estimating a workforce shortfall of 85,000 by 2025 and 123,000 by 2030.

“This high turnover of nurses and midwives will of course impact the quality of our health care and will leave a big gap in the level of expertise in the workforce,” Ms Dabars says.

Although the issue requires intervention at a national level, there are still things individuals can do to protect themselves from the effects of nurse and midwife fatigue, she says.

Lifestyle factors such as eating a balanced diet and partaking in regular exercise can help reduce stress and fatigue.
“At a system level, there is an opportunity for nurses and midwives to influence a cultural change and promote a healthy work environment.”

“The ANMF (SA Branch) has been working closely with the Registered Nurses’ Association of Ontario on the Health Work Environment (HWE) Best Practice Guidelines (BPGs) within the Best Practice Spotlight Organisation® program.”

The BPG on ‘Preventing and Mitigating Nurse [Midwife] Fatigue in Health Care’ is particularly relevant as an option for various SA Health sites to focus on addressing the issue.

As Australia’s designated BPSO® Program host, the ANMF (SA Branch) is leading the successful development and implementation of the BPSO® program across the nation. The program promotes a bottom-up approach with the delivery of guidelines that promote a collaborative approach and enable nurses and midwives to reflect on their practice, identify practice gaps, obtain the appropriate evidence and drive change in health care. BPGs are designed to influence changes in practice across the entire organisation and involve participation at all levels.

Although, the challenge of nurse and midwife fatigue has had a significant impact on the workforce, investing in strategies like the RNAO® Best Practice Guidelines is helping to confront the challenge head-on.

“The BPSO Program is empowering nurses and midwives at the frontline to influence and change workplace cultures and enabling them to protect themselves, their patients, and the standard of health care in our state,” says Ms Dabars.

For more information on the BPSO program, visit www.anmfsa.org.au and click on the ‘Professional’ drop down menu.
NEW MEMBER BENEFITS AND SAVINGS

Members now have access to an expanded range of improved benefits and savings. Information on member benefits, previously set out in the Members’ Handbook, are now available online via our website anmfsa.org.au

Take advantage of new benefits from AON, Zen Energy and the Ambassador Card which is now exclusively online.

- **AON** - DISCOUNTS FOR PERSONAL INSURANCE
- **ZEN ENERGY** - LOOKING FOR A NEW WAY TO POWER YOUR HOME?
- **AMBASSADOR CARD** - NOW EXCLUSIVELY ONLINE

Contact our membership team for more information

**t:** (08) 8334 1902

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LEARNING @ YOUR LIBRARY

View all health and well-being supportive resources available from the ANMF (SA Branch) library using our catalogue!

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INDIGENOUS AUSTRALIANS AND HEALTH: THE WOMBAT IN THE ROOM
Hampton & Toombs, Oxford University Press 2013

This text provides simple and practical strategies to enable the reader to understand the importance of getting it right when working with Aboriginal and Torres Strait Islander Australians in both urban and remote areas. Promoting awareness of culturally-based issues which can impact on access and response to clinical health services can assist with ‘closing the gap’.

MENTAL HEALTH ACROSS THE LIFESPAN
Steen & Thomas, Routledge 2016

This is a useful reference for doctors, nurses, midwives, allied health professionals and social care support workers who have no specialist mental health training but often work in partnership with - and care for - those who suffer from a mental health issue.

LEADERSHIP IN NURSING: CONTEMPORARY PERSPECTIVES
Daly, Speedy, Jackson, Elsevier 2015

Leadership is fundamental to nursing to ensure the development of safe practice, interdisciplinary relationships, education and research. More than thirty world leaders in nursing reinforce the belief that the future of nursing relies on skilled and informed leadership.

POSITIVE PSYCHOLOGY
Grenville-Cleave, Icon 2016

Discover your strengths, overcome negative attitudes, focus on what gives you purpose and take control of your life choices – all by reading this book!

MANAGING WORKPLACE BEHAVIOUR: A BEST PRACTICE GUIDE
Hor, CCH 2015

Toxic workplace cultures have the potential to cause harm to workers’ physical and psychological health and wellbeing and impact negatively upon the core business of any organisation. The responsibility for managing workplace culture and behaviour rests with employers.

THE ANTI-INFLAMMATORY DIET AND ACTION PLANS
Calimeris, Bruner, Sonoma Press 2015

Chronic inflammation can come from lack of good nutritional choices, toxic environments, genetics and increased, prolonged stress levels. Sound normal? Relieve the inflammation using these diet and action plans specifically written to do so. IBD, allergies, asthma, lupus, coeliac disease, MS, some skin conditions……all are signs of inflammation.

STRETCHING WITH EASE
Minnik, CICO 2015

Stretching and flexibility...very important components of well-being. Learn some stretching techniques including why and how to stretch; and more specific stretches to target different muscle groups. Improved flexibility supports your physical and mental well-being.

WRITING WINNING PROPOSALS: FOR NURSES AND HEALTHCARE PROFESSIONALS
Funk & Tornquist, Springer 2016

Gain the tools to assist with writing proposals – select a problem, develop an argument and describe the aims of the project.

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