IN PRACTICE

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AFL STAR A DEDICATED AND PASSIONATE NURSE

News from the Australian Nursing and Midwifery Federation (SA Branch)
So, Federal Treasurer Scott Morrison cited the Tina Arena song ‘Reset All’ as the underscoring theme for his 9 May budget…

True, the budget seeks to lay out new directions for a government that sorely needed change in its economic pathway. (The legacy of the Abbot/Hockey budgets and the so-called ‘zombie’ savings measures repeatedly rejected by the Senate have been a millstone for the current leadership.)

But, whether it goes far enough to ‘reset all’ is another question.

The good news included decisions around eliminating the freeze on Medicare Benefits Schedule payments that have been affecting primary medical services and costs to consumers.

The gradual reintroduction of increases to subsidies over the next few years, whilst overdue, is welcome news. However, we noted the AMA, medical colleges and pharmacists were all (allegedly) consulted about this change—yet, no mention of any consultation with nurses and midwives!
Also in the good news section is the decision to increase the Medicare levy to provide an income stream that will support the full rollout of the National Disability Insurance Scheme (NDIS). Absent was any announcement on the future workforce to support the rollout of the plan—in a manner that will support consumers, quality and safety.

For too long this government has refused to make decisions over new revenue measures to meet community need for services—in this case NDIS, but equally the issue applies to other sectors, including health and aged care.

There was also an announcement around increases to hospital subsidies, but are they real? The Commonwealth has maintained its share of public hospitals to 45 per cent of costs at the national efficient price (NEP). Its share in recent years had sunk to around 40 per cent, so an increase is welcome news. However, changes to the NEP and other measures have resulted in net reductions to the subsidies expected to be received for public hospitals in SA in the next three years.

So, this new target is significantly below the level set as the funding target under the National Health Reform Agreement and will continue to place pressure on state governments and their budgets into the future.

On the down side, the budget referenced no new commitments to the aged care sector. Some commentators noted funding for the aged care workforce strategy; however, analysis indicates this is merely a re-announcement of earlier allocations, so no new money is being made available to address the significant and real issues affecting the sector.

So what is the wash up from this budget?

Firstly, that resistance and campaigning can influence decision-making. Campaigns around public hospital cuts have continued for four years with gradual yet significant impact on the implementation of the cuts. More needs to be done and we will continue to campaign.

Campaigning around cuts to subsidies for health services in primary care settings has also been effective. First, we resisted the introduction of co-payments and now the government is abandoning the freeze on subsidies. Again, campaigns on these issues have been successful.

Secondly, the government has finally changed course, at last recognising the need for additional revenue rather than continuing to rely on cuts to other areas of the budget to fund new services. This needs to be considered in other areas of growing demand, notably for hospitals and aged care.

However, the new revenue needs to be drawn from sectors that can afford to pay rather than just through levies that impact us all. We therefore need to continue to press governments to explore measures that ensure corporate Australia pays taxes consistent with their revenues and growth.

We also need to continue our advocacy around measures like the ‘Robin Hood’ tax, which can raise significant amounts of revenue through targeting a small and extremely wealthy sector that does not itself generate much in the way of wealth for the community at large.

So, returning to the Treasurer’s reference to ‘Reset all’. This budget was not a fundamental reset. Our analysis of hospital and aged care funding makes that clear.

However, there were some positive signs that we need to build upon. We need to continue to debate, argue and suggest change for the future.

Maybe we could suggest some other Tina Arena songs to the Treasurer? ‘Do You Know Where You’re Going To’, ‘Not For Sale’, Or what about ‘Standing Up’? Or ‘Something’s Gotta Change’?

Confronted by continuing budget pressures, I’m sure that we have a lot more standing up to do.

Yours sincerely,

Adj Assoc Professor Elizabeth Dabars AM
A devastating quad bike accident involving a close friend triggered Deni’s interest in healthcare at the age of 10, when she was in primary school.

“I was there through the whole rehabilitation process and saw how my close mate had to learn how to walk and talk again,” Deni says.

“It was truly remarkable to see first-hand how nurses played such a significant role in a patient’s recovery. I knew then and there, I could contribute in some way to helping people.

“Nursing care is such a crucial part of a patient’s healing process both physically and mentally. I was bursting with ambition to become a nurse.”

After completing Year 12 at Aberfoyle Park High School, Deni went on to study nursing at Flinders University and now works at Queen Elizabeth Hospital as a registered nurse after completing her graduate year there.

“I love helping people get back on their feet and working in a team environment. It’s a very rewarding job,” Deni says.

“A smile for a patient and to those visiting them in hospital means the world and as a nurse it’s such an easy thing to do,” she says.

“I would definitely recommend a career in nursing as not only can you make a real difference in people’s lives but there are many areas you can work in such as intensive care, paediatrics, orthopaedics, cardiology, general surgery, plastics, recovery, midwifery and special care nursery.

“It’s definitely a job that provides so many career opportunities including leadership positions.”

The flexibility of rostered shift work also enables Deni to fulfil one of her other true passions which is footy.

“I was always the type of kid that had to be active and sport was my outlet to burn off some energy. I had an older brother who played AFL and I wanted to do everything he did, so I pestered mum and dad asking if I could play footy as well and my persistence paid off.”

Deni aged 24, is a member of Adelaide’s inaugural women’s squad that took out this year’s first Grand Final of the competition. In her debut Crows game for the team, Deni kicked a goal and finished with 12 disposals and a team-high four marks.

“I started playing football at Plympton Football Club in the under-nine’s and came third in the association medal count. When
captaining the under-11 boys’ side, I was named best and fairest for the club count.”

Deni looks back with a smile, reminiscing about her first trip to the Tribunal for the under-nine’s ‘Happy Valley boys’ side, where she retaliated on the field after a boy pulled her out of a pack by her ponytail.

“My case was thrown out and a new rule was brought in that no one could target or pull ponytails. It was definitely a win for the girls that day.”

Phil Harper, Crows General Manager of Football Administration, coached the Happy Valley Primary School boys’ team when Deni was playing and fellow Crows player Dayna Cox also took to the field for the same team.

“We were the only two girls in the side and 15 years later, we’re still good friends playing footy together - lining up for Adelaide and fulfilling our AFL dreams.”

“When I was a teenager, I had to make the switch to soccer as the opportunities for girls to play Aussie rules simply didn’t exist when I was growing up. I eventually at 16, returned to playing AFL at Morphettville Park Women’s Football Club.

“One of my greatest sporting achievements to date, was winning three premierships in a row at Morphettville Footy Club.”

The Australian Football League launched its new women’s league earlier this year. It’s an eight team competition that features seven home-and-away rounds, culminating with the Grand Final.

Deni who is often called “Den” or “Denis” by her friends, has a personal pre-game routine like so many of her peers.

“We’re all different in what we do and I always wear white socks under my playing socks - it’s just something that works for me. I’d be lost without my white socks!”
ANNUAL PROFESSIONAL CONFERENCE 2017

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INCREASING VIOLENCE – ENOUGH IS ENOUGH!

Aggressive behaviour among patients and the threat of physical violence across the state’s health system towards nurses, midwives and personal care assistants has escalated, as ANMF (SA Branch) members report a spike in incidents.
The increased threat to members often publicised within our emergency departments, is now more than before further impacting on nurses and other health professionals working within hospital wards.

CEO/Secretary Adj Assoc Professor Elizabeth Dabars AM says members’ safety while delivering care is paramount and the ANMF (SA Branch) has been strongly lobbying Health Minister Jack Snelling and Local Health Networks to ensure duty of care obligations are being met for its members.

“The ANMF (SA Branch) has put both the Minister and CEOs of each Local Health Network on notice that they will be held personally accountable if they fail to meet their obligations to provide a safe work environment,” Ms Dabars says.

“We have demanded that each CEO provide reports on the current status of implementation of the relevant SA Health policy (Recognising and Responding to Challenging Behaviour Strategy) which was introduced nearly two years ago.

“The CEOs were called upon to identify priority areas where additional training may be required, and develop a plan to target activities for high risk settings including Drug and Alcohol Services and where dementia and/or delirium are common diagnoses.”

A CEO or company who have been found guilty of breaching the Work Health Safety Act and not carrying out their duty of care where reasonably practicable can be handed down hefty penalties including imprisonment.

The ANMF (SA Branch) is receiving alarming reports from its members;
• A nurse allegedly threatened with a pair of scissors in a metropolitan hospital emergency department and was unable to exit the room without using a duress alarm.
• A neck injury sustained by a nurse.
• A midwife encounters verbal abuse by an estranged partner of a patient who has just given birth.
• Patients repeatedly kicking, punching and spitting on nurses, midwives and personal care workers during their routine shifts.

Violence and aggression shouldn’t be part of the job, but it’s a harsh reality nurses and midwives, are encountering stressful and frightening incidents in our hospitals and health care settings.

A 2014 Monash University study has revealed nearly 70 per cent of nurses, midwives and personal carers, had experienced violence and aggression at work in the previous year. They reported encountering on average at least two instances of physical altercations, such as being hit, kicked, grabbed and bitten along with witnessing another person being subjected to a physical altercation and being verbally abused.

“Enough is enough! We will not stand by and see our members being assaulted, verbally or physically,” Ms Dabars says.

“Workplace health and safety is at the forefront of the ANMF’s (SA Branch) ongoing lobbying to ensure every nurse, midwife and personal care assistant arrives safely home after a day or night shift.”

Immediate action is taken by the ANMF (SA Branch) when members report an incident to us and management is notified. Members have advised us they are following the processes in relation to appropriate escalation and reporting through the Safety Learning System (SLS). While they are adhering to these policies, there are concerns incidents of violence and aggression aren’t reducing.

Close contact and continual follow up with our members can be assured, as the ANMF (SA Branch) continues to provide appropriate support and mitigation of future risk when it comes to aggressive behaviour and violence.

Nurses and midwives are encouraged to contact the ANMF (SA Branch) if they feel they’re not being protected or supported by their employer.

The ANMF (SA Branch) recently paid tribute to lives lost in the workplace on International Workers’ Memorial Day – “Remember The Dead, Fight For The Living.”

Recognising workplace violence includes verbal, physical or psychological abuse, and/or threats of violence. This includes spitting, biting, throwing objects, racial vilification, sexual harassment or any form of indecent physical conduct and can be perpetrated by patients, relatives, members of the public, and other employees.

The International Labour Organisation estimates that each year more than two million workers die as a result of work-related accidents and diseases.
Beth Mohle from the Queensland Nurses’ Union presenting at last year’s conference.
The two-day conference will be held at the Adelaide Convention Centre on Wednesday 2 August until Thursday 3 August. Register now to receive the early-bird offer and save $100 to attend the event.

The conference will focus on the past, present and future of healthcare in South Australia and across the globe.

Internationally acclaimed Professor Jill Maben, Director of the National Nursing Research Unit at King’s College London, will be our keynote speaker and will provide the futurist lens for nurses and midwives from a global perspective. This will include what will influence the professions and practice, opportunities and threats.

We are looking forward to seeing you at another exciting ANMF (SA Branch) Professional Conference with this year’s theme –‘Beyond Transforming Health, Shaping The Future.’

Andrew Denton talks death with dignity to 2016 conference delegates
Confirmed Speakers: Annual Professional Conference 2017

KEYNOTE SPEAKER PROFESSOR JILL MABEN

Professor Jill Maben is Director of the National Nursing Research Unit, King’s College London. She is a registered nurse who recently experienced being part of the direct care nursing workforce again, working on an elderly care ward in an acute trust. Jill’s expertise lies in research in the healthcare and nursing workforce, particularly the quality of the work environment and nurses’ working lives and the effects of these on patient and staff outcomes as well as the patient experience. Jill is particularly interested in links between staff wellbeing and patient experience, and has completed a national research study in the UK examining staff and patient experience in two acute and two community trusts in England.

Jill is expert advisor to the current UK Nursing and Care Quality Forum, representing the wide-ranging expertise within the National Nursing Research Unit. Research includes national and international studies on workforce issues, improving care quality and measuring patient experience. Jill was in the Health Services Journal ‘Top 100 leaders’ in 2013 and was also included in the Health Service Journal’s inaugural list of Most Inspirational Women in Healthcare 2013.

Commonwealth Chief Nursing and Midwifery Officer Adjunct Professor Debra Thoms will address the futurist lens for nurses and midwives from a national approach.

ADJUNCT PROFESSOR DEBRA THOMS

Adjunct Professor Debra Thoms is the Chief Nursing and Midwifery Officer for the Australian Government and is responsible for providing high-level advice on nursing and midwifery issues. She also participates in the formulation and implementation of policy and strategic direction in relation to health care in Australia. She was formerly the inaugural Chief Executive Officer of the Australian College of Nursing, following her role as the Chief Nursing and Midwifery Officer with NSW Health.

Debra is a registered nurse and registered midwife and holds a Bachelor of Arts (Economics/Psychology), Master of Nursing Administration and Graduate Certificate in Bioethics. She has also completed an Advanced Diploma of Arts (History/French) and a Governance and Risk Management Certificate.

During her career Debra has gained broad health management and clinical experience including as a clinician in remote and rural Australia, CEO of a rural area health service, general manager of the Royal Hospital for Women in Sydney and Chief Nursing and Midwifery Officer within the Health Departments’ of South Australia and New South Wales.

Debra attended the Johnson and Johnson Wharton Fellows Program and the Wharton School of Business at the University of Pennsylvania. Her contribution to nursing and health care has been recognised by an Outstanding Alumni Award from the University of Technology, Sydney where she also holds an appointment as an Adjunct Professor, along with at the University of Sydney.
The conference program includes the 2018 State Election Platform Panel featuring Jay Weatherill, Greens MP Tammy Franks, State Opposition Health spokesman Stephen Wade and a Nick Xenophon Team MP.

Annie Butler, assistant federal secretary of the ANMF will be presenting findings from the National Aged Care and Staffing Skills Mix Report and provide an overview of the upcoming National Aged Care Campaign.

The conference provides an opportunity for ANMF (SA Branch) members to network with colleagues and industry representatives, establishing new contacts and exchanging knowledge.

Renowned journalist and ABC presenter Stan Grant will be a guest speaker addressing the topic of Indigenous Men’s Health.

Australian comedian Denise Scott will also be making a special guest appearance.

All nurses and midwives registered with AHPRA need to undertake 20 hours of CPD each year. Get the jump on your annual CPD requirements and book in early for the ANMF (SA Branch) Annual Conference - 14 CPD hours.

To find out more details on the annual conference and program agenda, and to register, visit www.anmfsa.org.au
“We need to design a health system that will match our world-class infrastructure - one that embraces innovation, technology and is flexible enough to meet all future challenges.”

Much has happened since Health Minister Jack Snelling uttered these words upon releasing the Transforming Health discussion paper back in October 2014.

Indeed, hundreds of written responses, face-to-face consultations and ongoing negotiations with stakeholder groups like ANMF (SA Branch) have continued the debates around the needs of our community and the best possible responses that can be provided by our health system.

Nearing two years since the announcement of South Australia’s largest health reform, we pause to take stock—across a local health network level—of the many plans and initiatives that are now part of ‘Transforming Health’.

SOUTHERN ADELAIDE LOCAL HEALTH NETWORK (SALHN)

- SALHN has formalised its approach to the Transforming Health agenda through the development of the SALHN Clinical Reconfiguration Service Plan, which encapsulates:
  - The realignment of Repatriation General Hospital (RGH) services to Flinders Medical Centre (FMC) and Noarlunga Hospital
  - Changed service profiles for FMC and Noarlunga Hospital
  - Timeframes that support new facilities for Mental Health, Rehabilitation, Palliative Care, additional car parking at FMC and new operating capacity at Noarlunga Hospital

TRANSFORMING HEALTH
• New facilities to support the transition of mental health, rehabilitation and palliative care services from RGH to FMC are nearing completion. Business Rules Reviews for safe staffing will be undertaken once the facility and model of care have been finalised.

• Patient Service moves have commenced from Noarlunga Hospital to FMC with activity of Whitaker Ward transitioning in April 2017. This transition move will now support the modification of the clinical space to support the establishment of a 24-bed Geriatric Assessment Unit (Whittaker Ward) and a 16-bed Behaviours of Concern Unit (Myles Ward).

• SALHN have commenced consultation on clinical service realignments within Surgery and Perioperative Medicine and Outpatient Services and Nursing and Midwifery Clinical Corporate Service Plans

ANMF (SA Branch) has advocated strongly for:

• Transparency on bed provision and access, ensuring that no beds are closed until there are demonstrated service improvements and a clear state-wide plan to support the requirements for the move/ramp down to the new Royal Adelaide Hospital.

• Fairness and equity of access for SALHN nurses given the closure of RGH, including:
  o the creation of the SA Health - HR Principles for Nursing and Midwifery (February 2017)
  o a fair and equitable Expression of Interest process for staff
  o transparent communication processes between staff, SALHN Executive and SA Health
  o ANMF (SA Branch)-facilitated forums with SA Health and SALHN Executive to enable staff to seek clarity on the future of their services
  o the development of comprehensive Frequently Asked Questions (FAQ) to provide staff with answers to commonly raised issues
  o holding regular member forums at each site to ensure emerging issues can be addressed and/or referred for clarification from SALHN or SA Health
  o ensuring staff have access to Employee Assistance Programs (EAP)

CENTRAL ADELAIDE LOCAL HEALTH NETWORK (CALHN)

• The cornerstone of the Transforming Health Agenda was the commissioning of the new Royal Adelaide Hospital (nRAH), with the opening date now set for September 2017.
  o ANMF (SA Branch) officers continue to meet regularly with CALHN Executive in relation to design, models of care, safe staffing and commissioning requirements.

• We remain concerned about the lack of finalisation of models of care for a number of key clinical services such as mental health, outpatients and critical care services

• In recent months, ANMF (SA Branch) officers have been working collaboratively with CALHN nursing executive to confirm models of care, clinical practice changes—i.e. the impact of major changes in technology such as medication management, clinical record documentation through EPAS, new ways of working within 100% single rooms; clinical practice changes such as direct admissions, etc—to develop the safe staffing standards for each clinical directorate.

• Another key feature for CALHN was the realignment of current services being provided at both the Royal Adelaide Hospital (RAH) and Queen Elizabeth Hospital (QEH) to the enhanced Lyell McEwin Hospital (LMH) and Modbury Hospital.

• CALHN attempted to close beds in December 2016 at RAH and QEH as a result of the realignment of services, but could not demonstrate the activity shift had occurred. As a result of Ministerial intervention that ‘…beds will only be closed when efficiencies can be demonstrated and that reductions in beds and other resources are possible’, ANMF (SA Branch) was able to demonstrate the activity had not shifted and therefore the beds could not close until there was a sustained improvement in the management of clinical services at the RAH and QEH.

• A further key clinical service move was to be the realignment of rehabilitation services from Hampstead Rehabilitation Centre (HRC) to Modbury Hospital and QEH. To date:
  o The patient activity profile has been confirmed so the activity to be realigned to Modbury Hospital should occur following the opening of the new rehabilitation facility in mid-August.
  o CALHN are currently still consulting on the next phase, which would support the eventual realignment of the remainder of services at HRC.
NORTHERN ADELAIDE LOCAL HEALTH NETWORK (NALHN)

- A major platform for the Transforming Health agenda is the expansion of the LMH to support the provision of most locally based services for the northern suburbs. There has been a major growth in inpatient beds and associated services to transform the Lyell McEwin Hospital (LMH) into the tertiary hospital of Adelaide's north. The changes implemented so far include:
  - A helipad
  - A 24/7 orthopaedic trauma service
  - A second cardiac catheter lab
  - Extension of the operating hours in the Medical Imaging Unit
  - Extended operating hours and increased access to allied health across seven days within the Stroke Service

- Changes to the service profile for the Modbury Hospital have so far included:
  - Reduced emergency and inpatient surgical capacity
  - Enhanced rehabilitation, care for the elderly capacity
  - An extra 27 beds transferred from the Hampstead Rehabilitation Centre
  - A $32 million new build with another 18 treatment rooms, increased tele-health capabilities and 52 inpatient rehabilitation beds
  - In-house prosthetic services
  - Creating a one-stop site within the hospital for all breast care needs
  - Introducing a new service at the hospital to cater for Gastroenterology outpatients.

- Overall across NALHN, there has been a focus on overhauling the waiting list to create reduced waiting times for elective surgeries.

- Work continues around the transfer of the following areas from CALHN to NALHN, and ANMF (SA Branch) continues to support its members affected by the changes:
  - ENT
  - Urology
  - Breast Endocrine
  - Upper gastrointestinal
  - Cardiology
  - Stroke
  - Medical Oncology
  - Haematology
  - Endocrinology.

COUNTRY HEALTH SA LOCAL HEALTH NETWORK (CHSALHN)

Although CHSALHN has not officially been included in the overall Transforming Health agenda, ANMF (SA Branch) has been actively supporting members in rural and remote areas. We remain committed to ensuring consideration is given to any impacts Transforming Health reform may have on regional communities and staff retention.

THE ANMF (SA BRANCH) EFFORT

ANMF (SA Branch) has strongly advocated for the health reform agenda, recognising the need for change to improve effectiveness, efficiency and access to health services. Significant change was needed to transform our health system into a model that functions better and more efficiently for the people who work within as well as the end users.

Since the announcement, the ANMF (SA Branch) has been steadfast in representing the rights and conditions of our members in every key decision taken under the auspices of Transforming Health. This includes:

- actively participating in discussions and forums
- commenting on discussion papers in relation to proposed strategies designed to meet the Transforming Health agenda
- actively challenging SA Health and Local Health Networks (LHNs) to consider strategically the application of reform agenda and impact across whole-of-system
- advocating for and gaining commitment from SA Health on consistent application of SA Health - HR Principles for Nursing and Midwifery (February 2017) which provides the platform for all Transforming Health or health reform initiatives to ensure fairness and equity for nurses, midwives and carers
- effecting Ministerial intervention that ‘…beds will only be closed when efficiencies can be demonstrated and that reductions in beds and other resources are possible’
- facilitating professional action at individual health sites where LHNs have attempted to close beds without consultation and / or without due consideration of the Ministerial Statement.

Throughout the predicted two-year lifespan of Transforming Health, ANMF (SA Branch) will continue to work closely with members, local health network executive and SA Health heads to ensure Transforming Health delivers improved outcomes—for patients, for nurses and midwives, and for the future health of South Australia.
“We’re taking a whole-of-person, whole-of-life, whole-of-community and whole-of-government approach to building, sustaining and strengthening the mental health and wellbeing of South Australians.”

SOUTH AUSTRALIANS HELPING TO CREATE A GREAT MENTAL HEALTH STRATEGIC PLAN

The South Australian Mental Health Commission is leading the development of our State’s new Mental Health Strategic Plan.
Many South Australians have generously shared their views during wide-ranging conversations to help identify how to strengthen the mental health and wellbeing of our people and communities.

Developing the Plan is a key initial task of the Commission which was established by the State Government in October 2015.

SA Mental Health Commissioner Chris Burns said he and his team had engaged with a wide range of South Australians and stakeholder groups, including people with lived experience of mental illness, their families and carers, service providers in the private, NGO and government sectors and academics.

He said the Commission was uniquely placed to work in strong partnership with all stakeholders as well as working across relevant government agencies including housing, health, education, employment, justice and disability.

Commissioner Burns is very keen for ANMF (SA branch) members to be involved in the next step in the Plan’s development when the Key Findings Discussion Paper is released this month. The Paper will be available for downloading from samentalhealthcommission.com.au and South Australians can provide further comment.

The SA Mental Health Strategic Plan will be finalised this year and development will commence of a series of subsequent Action Plans addressing key focus areas identified in the co-design process.

Commissioner Burns said strengthening the mental wellbeing of South Australians was essential in order to build their mental capital and grow the State’s mental wealth.

“This Plan is not just about mental illness and the mental health system - it is also about strengthening and supporting mental wellbeing. It’s about promotion, prevention and early intervention and I’m very grateful that many South Australians have shared their views with us,” he said.

“Building South Australia’s mental capital and growing its mental wealth will have a significant impact on the mental health and wellbeing, social cohesion and inclusion of our people; it will also improve our State’s economic competitiveness and prosperity.”

Commissioner Burns said the Commission was being strategic and holistic in its approach to developing the Plan: “We’re not starting from scratch. There’s brilliant work already out there so we’re using the best of previous findings and we’re enlisting the help of all South Australians to tell us what they would like to see in the Plan.”

For further information, please email samhc@sa.gov.au or telephone the Commission on 1300 293 220.

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SA MENTAL HEALTH COMMISSIONER CHRIS BURNS CSC

“Building South Australia’s mental capital and growing its mental wealth will have a significant impact on the mental health and wellbeing, social cohesion and inclusion of our people; it will also improve our State’s economic competitiveness and prosperity.”
Clinical Practice Consultant at Drug and Alcohol Services SA, Emily Monaghan
As a Clinical Practice Consultant at Drug and Alcohol Services SA (DASSA), Emily has dedicated the past nine years to advocating for patients who become unwell due to alcohol or drug dependence.

“We’re talking about a marginalised group of people who are often considered a lesser priority because addiction is often seen to be something ‘they’ve brought upon themselves’,” the Registered Nurse says.

“But withdrawal is a medical condition and addiction is a disease, so these people deserve the same dignity and respect as any other patient in the acute care setting.”

“I’m really passionate about advocating for these patients to break down the barriers and eradicate this kind of thinking.”

Her quest was made somewhat easier three years ago, when DASSA established the nurse-led Consultation Liaison Service (CLS), placing nurses like Emily in a position to more directly advocate for patients in acute settings.

“The CLS is a specialist medical and nursing service focused on enhancing clinical care for acute patients who are unwell due to their alcohol or drug dependence,” Emily explains.

The service model is also about building the capacity of hospital staff to provide appropriate care and improving the continuity of care between hospitals and relevant community support services.

Under the model, teams of specialist medical and nursing staff treat anywhere from five to 15 patients per site at the Royal Adelaide Hospital, Lyell McEwin Hospital and Flinders Medical Centre.

Hospital staff can access drug and alcohol clinical advice 24/7 from a combination of the CLS team and an after-hours clinical advisory telephone service at any stage of the patient’s presentation or admission to hospital.

Alcohol is the impetus in around 80 per cent of patients seen by the CLS.

“If an acute patient presents and withdrawal is imminent or occurring, the home team refers them to us and we go to assess them and offer best treatment options and clinical advice to their treating team,” Emily says. “The advice we offer and the way in which we practice is all evidence based.”

“A patient could be admitted for an unrelated medical or surgical condition and then start withdrawing from alcohol or drugs, or they may need to enter hospital because of their withdrawals.”

“You never know what you’re going to be facing from one patient to the next.”

It is this unpredictability that Emily cites as one of the reasons she is so passionate about drug and alcohol nursing.

“There is a certain unpredictability and the role is a challenge every single day, but that’s why I love this job so much,” she says.
“I work with Consultants and Registrars who are a wealth of knowledge—I can’t believe how much I’ve learned in the past year alone.”

“And while the patients can be challenging, most of the time they are relieved to see us because we know how to engage them and manage their withdrawals properly.”

Across her shifts, Emily liaises with treating home teams, psychologists, community support groups, family members and GPs, as well as advocating for the patient within the hospital setting.

And a large part of her role is to educate other nurses and build up their knowledge so they can better manage these patients themselves.

“Our focus is on withdrawal management and also enhancing the capacity of hospital staff to identify and respond to the symptoms themselves,” Emily says.

“But since the inception of the CLS, more and more nurses are now recognising withdrawal syndromes and patients are receiving the appropriate care directly from their home teams.”

This enhanced capability among the medical and nursing workforce has paved the way for DASSA to look at other ways to improve their model of care to enhance patient care even further.

Emily says the connection and continuity of care between the acute sector and community services has also been strengthened over the past three years.

“As part of the CLS, we visit the patients prior to discharge to connect them with community-based drug and alcohol treatment services, so we can be sure they have access to continued support once they’ve left the acute setting.

“So, people who were once on their own after discharge are now able to liaise with support services outside of the acute environment—and that’s really important, for the patients and for our health system.”

Despite the success of a model of care that’s helped to break down barriers for those with drug and alcohol addictions, eradicating the stigma attached to them remains a key driver for Emily.

“I do still have to advocate for these people on a daily basis,” Emily says.

“But this role is so rewarding in that I’m helping someone at that pivotal crisis point—and it’s nice to be in a position to be able to make a real difference.”

Union Legal SA expands services to ANMF (SA Branch) members

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sometimes you just want more

Based on a starting income of $50,000 and a starting account balance of $50,000

HESTA has delivered $18,725 more to members than the average retail super fund over the past 10 years*.

This was because of both lower fees and higher investment earnings.

hesta.com.au/betteroff

*Past performance is not a reliable indicator of future performance and should never be the sole factor considered when selecting a fund. Comparisons modelled by SuperRatings, commissioned by HESTA. Modelling outcome shows 10 year average difference in net benefit of the main balanced options of HESTA and 75 retail funds tracked by SuperRatings, with a 10 year performance history, taking into account historical earnings and fees – excluding contribution, entry, exit and additional adviser fees – of main balanced options. Outcomes vary between individual funds. Modelling as at 30 June 2016.
ANMF (SA Branch) has **four holiday homes available** for members to rent at a heavily discounted rate:

- Hazel Street, Goolwa Beach
- Gordon Street, Goolwa Beach
- Furner Crescent (house), Port Hughes
- Furner Crescent (unit), Port Hughes

School holidays are open for weekly bookings


Login as member to access booking area or call membership on 8334 1902

*Terms and Conditions:
Any bookings of 7 days or more will receive a discount of 42% off the standard daily rate

As a special offer for members booking both the house and unit concurrently at Furner Crescent, Port Hughes during the same week, you will receive a $100 Universal Gift Card to spend anywhere that Visa is accepted.