

September Edition ✨

# IN TOUCH



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SPEAKING OUT  
AGAINST HEALTH  
CUTS THAT  
WILL WORSEN  
OVERCROWDING**

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# ROYAL COMMISSION NOT AN EXCUSE FOR A LACK OF ACTION

The Federal Government's announcement of a Royal Commission into Aged Care is a welcome and long-overdue response to the many issues plaguing the sector.

The appointment of officers to the Commission and subsequent finalisation of its terms of reference will take several weeks, with the Prime Minister indicating the inquiry is likely to take more than a year.

Older people in care and nurses and personal care workers in the sector cannot wait that long for action on some of the obvious issues that so desperately need to be addressed. That is why we will continue our campaign for action on safe staffing in aged care.

The recent 4 Corners program, the first in a two-part series on aged care, identified many of the issues that have been raised by members in the sector. Inadequate staffing levels that are worsening due to further cuts; reduction in the number of registered nurses despite growing resident care needs and complexity; the inability of staff to meet the care needs of residents; and a lack of supplies and equipment necessary for effective care. These matters should not wait a single day, never mind another year, before they are addressed.

Action on guaranteed safe staffing levels alone will not address all concerns, but it is an essential and fundamental part of the solution that we must start implementing now.

Some 'industry leaders' are claiming there is insufficient evidence to support mandated staffing levels. Others claim they are a "blunt instrument" that are unresponsive to individual resident's needs. Both claims are either deliberately deceptive or ignorant.

There is a wealth of evidence to support claims for the introduction for minimum staffing levels and skill mix. There is clear and unambiguous evidence of the impact of staffing levels and skill mix on patient/resident mortality and morbidity.

Only last month at our Annual Professional Conference, we heard from one of the world's foremost health and nursing workforce experts Professor Peter Griffiths on the clear evidence arising from European and other

research on the impact of staffing levels and mix on safety and quality of care.

The 'blunt instrument' cries ring hollow from an industry that already staffs to a formula, albeit one that is too low in number and too poor in mix. Our acute hospitals have mandated safe staffing levels and mix; so too our aged care beds in South Australia's country hospitals, although they too need to improve.

With the turnover and changes in acuity in a hospital at significantly higher levels than that in aged care, you would expect these 'blunt instruments' would be bringing the system to a standstill. But this is simply not the case.

Staff ratios and nursing hours per patient day are simply an average of care needs that relate to groups of clients in a health care setting. Every patient or every resident then receives care appropriate to their individual needs on the day or on the shift. To claim or suggest that, under such a system, all aged care residents would receive exactly the same amount of care regardless of their individual needs is manifestly wrong and misleading.

Turning current staffing arrangements around will take time. Improving the number of registered nurses needs to start with a guarantee of 24/7 coverage in all aged care settings. We then need to grow the workforce—of registered nurses, enrolled nurses and personal care assistants—in the numbers needed to properly care for our frail aged.

We cannot wait for the findings of the Royal Commission to start this process of change. Action must be immediate.

If you have not already done, so take one minute out of your day to visit [www.timeforruby.anmf.org.au](http://www.timeforruby.anmf.org.au) to register your support for the campaign and to send a message to the politicians who must stand up for this change.

Adj Assoc Professor Elizabeth Dabars AM

# PROFITING FROM CRIME: THE PRIVATISATION OF THE ADELAIDE REMAND CENTRE

**When Adelaide Remand Centre nurses participated in a protest march to Parliament House earlier this month, it was a decision they didn't take lightly.**

"We have up to 250 nurse-to-prisoner interactions every day in this facility, so do you know how hard it was for us to down tools and join that rally?" participants told the ANMF (SA Branch) a few days later.

"We thought it would make a difference, but all it ended up doing was making us feel bad for leaving our patients during that period, despite the staff we left behind."

Although first and foremost ensuring the essential care needs of their patients were covered, the tight-knit group joined the PSA-led rally in response to the State Government's Budget Day announcement that it would be privatising the facility.

It was an event supported by the ANMF (SA Branch), with many of the staff team attending to march alongside affected members.

"Nurses at the Adelaide Remand Centre provide exceptional care to an extremely vulnerable group of patients," says ANMF (SA Branch) CEO/Secretary Adj Associate Professor Elizabeth Dabars AM.

"What happens to these patients when a private operator takes over the facility remains the \$864 million question," she says, referencing the State Government's overall budget savings figure.

She says, depending on the services a private operator will provide, privatising the centre could mean a considerable number of extra patients presenting to the nearby Royal Adelaide Hospital and other mental health services throughout the city.

"There is the very real risk that putting these patients in private sector care opens up the potential for a 'profits-over-people' culture that sees these prisoners end up in our emergency departments for appropriate care."

Conversely, the nursing team of 26 at the Adelaide Remand Centre provides in-service and out-service treatments, acute care, and management of chronic health conditions that are keeping a lot of these prisoners out of emergency departments.

The 24/7 service offers a five-day medical clinic, seven-day nursing clinic and provides day-to-day services, such as medication management, alcohol and other drug management and critical mental health services.

"We're talking about a facility that is quite possibly housing the largest number of mental health patients in the state," Ms Dabars says.

Approximately 20 per cent of the centre's current prisoner population are mental health patients, many of whom should be receiving care in dedicated mental health facilities. But there just simply are not enough beds.

"It's important for everyone to be aware that the privatisation of the Adelaide Remand Centre doesn't just impact those working in the facility; it has the very real potential to create a significant flow-on effect for our already overburdened hospitals and mental health services."

She says the current service provides important harm minimisation and better health outcomes for those incarcerated, which in turn reduce the long-term impact on health and the costs to the public system.

"Any economic savings perceived by the Government are likely to be counteracted by this move that will ultimately see higher complexity patients transferred back into the public system."

"This is why the ANMF (SA Branch) is absolutely opposed to the privatisation of any health service, particularly those caring for vulnerable patients."

The ANMF (SA Branch) is continuing to work with affected members in the fight against the privatisation of public health services.



# LIZZIE'S AWARD WIN NO STROKE OF LUCK

**Royal Adelaide Hospital (RAH) Stroke Nurse Consultant Lizzie Dodd was last month chosen over 39 other health professionals to win Australia's 2018 Stroke Care Champion award.**

Neurologists, occupational therapists, speech therapists and researchers were among those nominated for the national award, which 'recognises the inspirational unsung heroes making life better for Australia's stroke community.'

Lizzie's start in stroke nursing came quite by surprise back in 1997 when she was asked to set up a dedicated stroke unit in the UK hospital where she originally trained and had always worked.

"I was doing general nursing when I was asked to open a 20-bed acute stroke and rehabilitation unit at the hospital," Lizzie says. "After that, I loved stroke; it became my passion."

"We set up that unit at a time when stroke patients were previously kept on non-specialised wards and if they didn't get better by themselves there wasn't much we could do," she says.

She says the stroke unit and the subsequent introduction of thrombolysis changed all that.

"Through advances in treatment, as well as dedicated nurses and therapists focused on getting stroke patients better, we were all able to see the difference we were making for these people."

Eight years later, Lizzie moved to Australia and not long took the lead in setting up a dedicated stroke unit at The Queen Elizabeth Hospital.

In 2015, the unit amalgamated with the Royal Adelaide Hospital Stroke Unit, which is where Lizzie remains today as one of two nurse consultants.

The 24/7 hyper-acute service sees around 1,500 patients each year.

"Our 30-bed unit looks after stroke and neurology patients with its staff of dedicated nurses."

As a member of the state-wide stroke clinical network, Lizzie also played a key role in assessing the functionality of stroke service across South Australia.

"We looked at all the services that are going on, reviewed the protocols and procedures, and assessed the resources, identifying where the problems were," she says, "and this fed into improvements to improve patient outcomes."

"The service is not yet perfect, and there are still things we could improve on. But we do an awful lot to reduce mortality rates and disability among stroke patients."

She says recent changes to the Clinical Guidelines for Stroke Management 2017 will enable stroke teams to save even more lives.

"Clot-busting drugs can now be administered up to 4.5 hours after a stroke occurring. And now, thanks to very robust research, we have a 24-hour window during which interventional radiologists can take a clot out of the large vessels in somebody's brain via endovascular thrombectomy."

Despite receiving the national stroke award for being 'instrumental' in driving patient outcomes across South Australia, Lizzie is more humble about her personal contribution.

"We're a very functional family in our strokes unit—we're very good at working together within our nursing team but also with radiologists, allied health, emergency departments, ambulances and rehabilitation services.

"We can't do it in isolation; successful patient outcomes are achieved when you have all parties on board to make it work."

Last year in Australia, a stroke occurred every nine minutes.



# THE SIGNS OF STROKE

Use the **FAST** test for a simple way to recognise and remember the signs of stroke:

- FACE** Check their face. Has their mouth drooped?
- ARMS** Can they lift both arms?
- SPEECH** Is their speech slurred? Do they understand you?
- TIME** Time is critical. If you see any of these signs, call 000 immediately.

## Who's most at risk?

People with Atrial Fibrillation (an irregular heart rhythm) who aren't on regular blood-thinning medication.

- People with a poor diet/high cholesterol
- People who drink too much alcohol
- Smokers
- Recreational drug users
- Younger people can also be at risk of dissecting major blood vessels through injuries to their neck, and there is also some risk associated with people taking the contraceptive pill.

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# GRADUATE DAY LEADS TO A HANDFUL OF JOB OPPORTUNITIES FOR CAZZ

**When newly Enrolled Nurse Cazz Priest signed up for the recent ANMF (SA Branch) Graduate Day, she was hoping to find out more about the TPPP (Transition to Professional Practice Program). Little did she know, she'd walk away with insights that would help her secure a handful of job interviews just days later.**

"I can't stress enough how valuable Graduate Day was for me," Cazz says.

"I learned so much, particularly when it came to how I could make myself stand out in applications and at interviews, as well as learning about alternative career pathways besides a TPPP," she says.

"I was so motivated that I went home after the event, reworked my CV and cover letter, and sent off applications to more than ten prospective employers."

Within four days, Cazz had received three job interviews, including one where she was offered the job on the spot.

"I've since started in my first ever nursing role, which I'm thrilled about given that I only finished my final study placement a little earlier this year."

She credits the event for instilling her with the confidence to "nail it at interview".

"The interview questions were difficult, but when you know what to expect it's not so bad," she says, "and because there were no surprises, I felt confident in answering them to best promote my abilities."

The 46-year-old began her working career as an early childhood educator for 13 years, focused on children with special needs. This led to her transition into a disability support worker role where she worked with complex mental health clients in a community setting.

While she's thoroughly enjoying her new community care nursing role, there is one other opportunity still on Cazz's radar.

"I was recently interviewed for a TPPP role with a major private hospital and am waiting to hear the outcome of that," she says.

She says the four advertised TPPP roles at the hospital attracted more than 1,000 applicants.

"With that level of interest, I was really pleased to have made it to interview. And if I'm successful, I'll have some big decisions to make.

**"Before Graduate's Day, I had nothing, and now I've got a handful of opportunities before me."**

Cazz says she wouldn't hesitate to recommend the ANMF (SA Branch) graduate event to any graduates or early career nurses.

"It's all very well and good to study a diploma or a degree in nursing, but if you don't learn the skills to sell yourself, you're not giving yourself the best opportunity to succeed."

The next ANMF (SA Branch) Graduate Day will be held in May 2019. Email [communications@anmfsa.org.au](mailto:communications@anmfsa.org.au) if you'd like to register your interest in attending the event.





# BUDGET

## A BUDGET OF CUTS BUT VERY LITTLE GUTS

**It didn't take us long to calculate the outlook for health after being handed the State Budget papers at the recent industry lock-up.**

We immediately flicked through the bundle of documents to find the Budget Measures Statement, which outlines the State Government's financials on its planned expenditure, savings and revenue initiatives over the next four years.

It was within this statement that ANMF (SA Branch) CEO/Secretary Adj Associate Professor Elizabeth Dabars AM found figures of significant concern.

"The first-year health savings target alone was \$82 million, which is even more significant when you consider we were nearing three months into the year when the budget was released," Ms Dabars says.

"Reading on, we discovered that somehow—across our already overburdened and overcrowded public system—SA Health needs to find savings of than \$920 million over the next four years."

She says it is the somehow that is most concerning.

"This budget describes health cuts starting at \$82 million this year and rising by an additional \$100 million a year to a staggering \$381 million in 2021/22. Yet, the budget contains no plans, no solutions and no framework to actually achieve those cuts."

"We believe these cuts are simply unachievable."

Even more so, she says, with the Government's prediction that an additional 13,000 patients will be presenting at our hospitals this financial year.

"People are already banking up in ambulances outside of the Royal Adelaide Hospital with no way of getting in, yet this budget provides no solutions to deal with the number of patient presentations already before us."

"If anything, this budget makes the situation worse by asking an already overwhelmed workforce to care for more patients, with fewer staff and less money."

Disappointingly absent was any allocated funding or solutions around primary preventative health care.

**"Without the funding for programs that prevent hospital admissions, how can we help take the pressure off the state's over-capacity hospitals?"**

"On a positive note, it was pleasing to see a significant investment in regional health, albeit within a cost-cutting environment that is also likely to impact Country Health SA."

Investment for country health services included:

- \$8.5 million for a 24-bed Strathalbyn Aged Care Home
- \$7 million for the Murray Bridge emergency department
- \$12 million to expand country cancer services;
- \$2.1 to expand the renal dialysis unit at Mount Gambier Hospital.

# KEEPING THE NATIONAL FOCUS ON AGED CARE STAFFING

**The recent defeat of Senator Derryn Hinch's aged care ratios bill in the Senate, while hugely disappointing, was certainly not unexpected. (Although we are grateful to Senator Tim Storer for seconding the bill and for The Greens and Centre Alliance for supporting it.)**

We know it's going to take some significant people power to persuade the major parties that supporting the introduction of mandated staffing ratios in this sector could be an election-winner.

Therefore, the Senate outcome hasn't gone an inch towards persuading us to give up on our national campaign for this life-saving legislation. Quite the contrary in fact. Nationally, ANMF is more inspired than ever to flip the 'no' voters in parliament ahead the upcoming federal election.

But we need your help to do it...

## **Stepping up our campaigning efforts**

We'll shortly be intensifying our campaign activity in South Australia. You'll see and hear a series of new advertisements—some emotive, some political, some shocking—but all with two constants: reference to the face of our campaign, Ruby, and a call to action for Australians to take one minute out to save her life.

The 'Time For Ruby' campaign has been designed to bring a face to the thousands of elderly Australians 'hidden away' in aged care.

And instead of simply asking Australians to add their name to a list of supporters for staffing ratios, by visiting [www.timeforruby.amnf.org.au](http://www.timeforruby.amnf.org.au) or [www.morestaffforagedcare.cm.au](http://www.morestaffforagedcare.cm.au) people can add their name to one of two templated letters that the ANMF will send to Senators on their behalf. One letter thanks the federal Senators who have publicly announced their support for the cause.

The other letter pleads those politicians, including MPs in our most marginal federal seat of Boothby, to support the campaign and explains the reasons why... Because there's a law ensuring one carer for every for

toddlers in childcare, but no such law in aged care. Because there's been a tragic increase in preventable deaths of elderly Australians in aged care through falls, choking and suicide. Because our elderly loved ones, many of whom are high-acuity residents, are left unfed, unwashed and in soiled pads for hours. And we know our dedicated nurses and carers are not to blame. You're working as hard as you can, missing breaks and working unpaid overtime to give the best care you can to your residents.

Hinch's reform bill may be a thing of the past, but that hasn't prevented the embattled aged care sector remaining in the national spotlight.

## **A Royal Commission**

While we welcome the Prime Minister's recent announcement on the establishment of a Royal Commission into Aged Care, for many of Australia's aged care residents, waiting for months or even years for any recommendations to take effect will simply be too late. And so our campaign will continue to call for staffing ratios to be made law NOW.

## **The Senate inquiry**

Just last month, some of the larger for-profit providers faced up to a Senate inquiry into their financial and tax practices.

ANMF Federal Secretary presented on the need for transparency of tax dollars and shared stories from members around upcoding, poor care and cost-cutting by some aged care facilities.

For-profits Opal, Japara and Estia attended to relay to the Senate Select Committee how they spent the collective \$1.25 billion in our tax dollars last year. And Australia's largest aged care provider Bupa, which received \$468 million in public funds last year, didn't even show up.

The Senate Economics References Committee Inquiry adjourned at 4pm yesterday after a presentation from the ATO. The Committee's report into the inquiry is due by 20 September 2018.



# RUBY CAN'T WAIT FOR A ROYAL COMMISSION



RATIOS FOR AGED CARE  
MAKE THEM LAW NOW

## The workforce strategy taskforce

And just days ago, the Aged Care Workforce Strategy Taskforce (the taskforce) presented its report titled, 'A matter of care—Australia's aged care workforce strategy'.

The strategy outlines 14 recommendations the report says are intended 'to support Australia's aged care workforce in their essential role of caring for some of the frailest, most vulnerable members of our society.'

As it's hot off the presses, we're still reviewing the report and its recommendations ('Strategic Actions'), which you can view [here](#). And while we'll communicate our response to the report shortly, we do note Strategic Action 6 recommends the establishment of a new industry approach to workforce planning, including skills mix modelling. Disappointingly, however, this section says that set staffing ratios will not necessarily result in better quality of care outcomes. Of course, there's plenty of research out there—ours included—that would disagree. On a positive note the Task Force recommended strategy for workforce modelling aligns strongly with the methodology that ANMF used in undertaking our own calculations that now underpin the ratios claims.

## Sharkie's Aged Care Amendment bill

While it is still some distance from where we need to be, but it's a step in the right direction. Member for Mayo, Rebekha Sharkie introduced her Aged Care Amendment (Staffing Ratio Disclosure) Bill 2018 into Federal parliament in August, she says, "to provide greater transparency for families moving loved ones into residential care."

The Bill, which is yet to be debated in the lower house, requires providers to publish full-time equivalent staffing ratios by qualification category on the My Aged Care website every quarter.

We want to thank our members in aged care for the enormous contribution you make to the lives of our most vulnerable members of society in near impossible circumstances. Rest assured, we will continue to fight on your behalf to effect the introduction of legislation that brings about the change you and your residents so desperately need and deserve.

Whilst we appreciate you rarely have a second to spare, please take a minute to add your name to the support letter to Australia's senators and if you live or work in the Boothby, your local MP electorate at [www.timeforruby.anmf.org.au](http://www.timeforruby.anmf.org.au)



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# CONTRIBUTING TO THE FUTURE OF THE REPAT SITE

**In its commitment to restore the Repatriation General Hospital (the Repat) site to an operational health precinct, the State Government has released three concepts for public consultation.**

After conducting a thorough review of what is in those those concepts and consulting with members, the Australian Nursing and Midwifery Federation (SA Branch) last week submitted a response to the Minister for Health and Wellbeing.

ANMF (SA Branch) CEO/Secretary Adj Associate Professor Elizabeth Dabars AM says the feedback from members should help to ensure any services ultimately introduced on the site can provide the best possible care for patients.

**“There are a number of services proposed for the Repat site—some of them we support; others we don’t,” Ms Dabars says, “and that, of course, should be the case within any robust consultation process.”**

The health services suggested for the 14-hectare site will share the Daw Park precinct with the services already operating at the site (which will continue to do so after the reactivation).

“The concepts include some great suggestions, such as the repurposing of Ward 18 as a specialised facility for Older Persons Mental Health Services, provided the necessary capital works are carried out to ensure it can safely and appropriately function as a specialist standalone unit. ”

She says the ANMF (SA Branch) also welcomed the proposed inclusion of accommodation for homeless veterans on a site with a heritage dedicated to caring for returned service men and women.

However, in consultation with members, the ANMF (SA Branch) responded to the State Government saying it would not support the co-location of children’s services on a site with an adult mental health facility.

Other services supported by the ANMF (SA Branch) include:

- 24-hour supported cluster housing for medically and surgically stable patients
- Enduring mental health accommodation
- State-wide Eating Disorder Unit\*
- Care Transition\*
- Telemedicine

*\* with conditions*

“We believe introducing a children’s support service in proximity to an adult mental health facility is exposing patients to a risk that’s best not taken,” Ms Dabars says.

Other services proposed for the site that were not supported by the ANMF (SA Branch) include:

- Day Surgery (primarily for patient safety reasons and the capital works required to bring decommissioned theatres up to standard)
- Brain and Spinal Injury Rehabilitation (largely due to lack of available specialist staffing)
- Overnight Stay Surgery (for patient safety reasons given no plans for HDU on site)
- Multi-Day Surgery (as per reasons for opposing day surgery and overnight stay surgery).

The State Government says feedback from stakeholders, clinicians and the broader community will be developed into a final Master Plan that will be released for comment later this year.

The ANMF (SA Branch) looks forward to continuing to engage with the Minister for Health and Wellbeing through the five-phased ‘Reactivating the Repat’ process. Read the ANMF (SA Branch)’s response to ‘Reactivating the Repat’ in full [here](#).