

## ANMF NEWSFLASH

# Launceston General Hospital – Ward 5D

## 17 June 2022 Member Meeting Overview

The Australian Nursing and Midwifery Federation Tasmanian Branch (ANMF) met with 5D members on 9 June 2022. At the meeting members detailed several workload concerns for 5D. These included:

1. Diluted skill mix, compounded by:
  - a. Chemotherapy patients require a senior, chemotherapy trained nurse to be allocated for clinical care. This then has that nurse locked into a care cycle, amongst other care requirements, of 30-minute observations for 4 hours. This nurse is then unavailable for the support of other staff with their allocation.
  - b. There are regular requirements for a nurse to leave the ward to provide chemotherapy care on other wards. This nurse is then unavailable for support of other staff with their allocation and other ward collective care requirements e.g., Code Calls, medication checks, Dr rounds etc.
  - c. Due to patient acuity and workloads the Clinical Nurse Consultant (CNC), can only provide consultancy support to the chemotherapy patient load. This leaves inadvertent gaps for support to the remainder of the 5D patient cohort.
  - d. The planned increase for Transition to Practice positions, which will further dilute the skill mix.
2. Chemotherapy is regularly running into the Night Duty (ND) period. The current staffing for ND does not consistently support this level of acuity late in the day.



3. The ward is often full with patients waiting for discharge in chairs while the bed is filled behind them. Nurses are required to have clinical oversight of all patients pending discharge and the newly admitted patient. The average occupancy of the ward does not reflect the actual occupancy.
4. 5D are required to support the de-needling of ports and or the access of ports (in other areas of the hospital) and this workload is over and above that of the benchmarked hours provided for 5D.
5. The increasing numbers of patients with delayed treatment.
6. Complexity and acuity of patients is increasing, and amongst other concerns, nurses are off the ward longer as these types of patients require escorts to scans etc.

As a result of the above the ANMF has now initiated a Nursing Hours per Patient Day (NHpPD) Step 1 Workload Grievance in line with the *Nurse and Midwives (Tasmanian State Service) Agreement 2019* [the Agreement] on their behalf. A letter has been sent to Tasmanian Health Services (THS) management on detailing the workload concerns and the following remedial solutions:

1. Re-Benchmarking is to be completed within one month of this letter.
2. Benchmarking should be completed at 100% occupancy, that is 32 beds.
3. Benchmarking needs to consider and include nursing hours utilised for de-needling of ports and or the access of ports outside of the 5D environment, along with a loading against those hours spent providing chemotherapy care to areas outside of 5D.
4. Consideration be given to the specialty area that 5D is, acknowledging the complexity that comes with chemotherapy and that benchmarking titrated up to be is reflective of this. Members suggest that a portion of 5D patients should be re-classified as HDU patients and the applicable NHpPD for those patients become 12 hours over 24 hours.



5. Emergency admissions are reviewed with transfers from Holman clinic included in this data.
6. ND staffing is increased to 5 nurses 7 days a week so as the staffing is commensurate with the current workload and acuity.
7. CNC hours are increased to provide clinical nurse consultancy support 7 days a week.
8. A clinical coach is introduced for the AM and PM shifts 7 days a week.

Further to ascertain the extent of workload problems in 5D, the ANMF has requested the following data from the THS:

1. Overtime paid per pay period for the previous 12 months.
2. Double shifts worked per pay period for the previous 12 months.
3. Sick leave paid per pay period for the previous 12 months.
4. Missed meal breaks per pay period for the previous 12 months.
5. Shifts worked below establishment per pay period for the previous 12 months.
6. Current baseline roster vacancies, both fixed term and permanent.
7. A breakdown of the current skill mix of the baseline roster.
8. Numbers [patients] being delayed for treatment and for how long.



The ANMF will provide a further update to members following a response from the THS.

The ANMF acknowledge that the difficult circumstances that members are experiencing at present and in addition to addressing the concerns industrially, the ANMF would encourage members to take advantage of the Nurses and Midwives Support Line available 24/7 on 1800 677 877 if further support is needed.

**The ANMF Tasmanian Branch is 8000 plus members strong! Supporting nurses, midwives, and care workers as the only union in Tasmania employing nurses and care workers to represent members. This is why our Organisers and Member Support Team are uniquely positioned to understand your experiences, represent you in your workplace, and offer industrial advice that's relevant to you.**

If you have any queries, please do not hesitate to contact our Member Support Team via email on [membersupport@anmftas.org.au](mailto:membersupport@anmftas.org.au). Email is the preferred and fastest way of contacting the team. Alternatively, you can phone 1800 001 241.

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Authorised by Emily Shepherd, ANMF Tasmanian Branch Secretary  
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