



## **ANMF NEWSFLASH**

## The ANMF Represents Ward 4N Members' Concerns to Management

The Australian Nursing and Midwifery Federation Tasmanian Branch (ANMF) has formally written to management on behalf of members working on Ward 4N, following significant concerns raised during meetings on Wednesday 7 August 2024, and Monday 2 September 2024.

## Key issues raised by members include:

- The loss of the "Code Nurse" position that has reduced the staffing from AM 4, PM 4 and ND 4 to AM 3, PM 3, ND 3. While support to other wards will still occur, the staffing workload for 4N increases, also with this so does the risk of early career nurse skill mix imbalances. Situations whereby a graduate RN and an EN could be left with managing a 1:1 patient and the balance of the Neonatal Intensive Care Unit (NICU) cots, up to 9, is a reality. Or a situation could arise whereby one nurse is looking after two patients with non-invasive ventilation, this is a 1:1 nursing requirement.
- Compounding the above is that the ANUM is also required to take a patient load whilst simultaneously managing and coordinating the shift, including any NICU admissions, or they might be the person called to a Code.
- No after-hours ward aid.
- Off ward work completed by 4N direct care hours which includes, but is not limited to:
  - 1. Of significance now, is that responses to paediatric code blues across the hospital will now be required to be staffed from the existing 4N staffing, which is reduced to AM 3, PM 3, ND 3.







- 2. Blood gases including, Neonatal Capillary Gases, Maternal Cord Gases and Wombat Ward Gases.
- 3. Assistance in the insertion of Intravenous Cannulas.
- 4. Running of Serum Bilirubin Levels (SBRs).
- 5. General Bloods.
- 6. IV antibiotic preparation and administration.
- 7. ECGs.
- 8. NGTs troubleshooting.
- Due to the increased acuity of the ward and the loss of the "Code Nurse" positions access to Grade 4
  and 5 portfolio time has been significantly diminished and is at times non-existent. In line with points 1
  and 2 above this further compounds the ability to support new learners. Members have identified that
  12 out of the existing 28 staff require significant support in emergency situations, and or if acuity is
  high.
- Overtime and double shifts are being relied on to support baseline staffing.
- Emergency admissions are not included in workload modelling, workloads have increased in this space because of the loss of the ''Code Nurse" position.
- That in other jurisdictions with a similar staffing profile the ratio of nurse to patient would be, Special Care Nursery 10 cots, 3 nurses, NICU 1 nurse to two patients.





- When skill mix is unsuitable, the in-charge nurse cannot leave the ward for their unpaid meal break.
- The above concerns are contributing to turnover of staffing and negative recruitment to the ward. When the "Code Nurse" position was in place staff were provided with a level of support and access to skill that resulted in a positive retention of staff.

Notwithstanding the above multiple points of concern, overwhelmingly members hold the greatest concern for the loss of the ''Code Nurse'' position. The ANMF notes with disappointment that this critical frontline nursing position was lost because of the Vacancy Control Committee's decision. This is despite previous reassurances from the Secretary of the Department and the Government that such cuts would not occur to frontline staffing. The ''Code Nurse'' position should be immediately reinstated.

## The ANMF has requested the following from management:

- Confirmation the "Code Nurse" position has been reinstated within one week of the ANMF letter sent Tuesday 8 October 2024.
- Clinical coach FTE of up 1.48 is immediately established to support new learner skill mix imbalances.
- ANUMs are made supernumerary.
- Consideration is given to establishing an ICU access nurse role.
- A working group is established to develop a workload model for Ward 4N noting that work at a statewide level is being done to establish ratios, this working will look to develop a ratio workload model.
- Current Ward 4N skill mix data is provided, along with the previous 24 months of overtime, double shift, and sick leave data.

A response from management is expected by close of business Tuesday 15 October 2024.







The ANMF Tasmanian Branch is 8000 plus members strong! Supporting nurses, midwives, and care workers as the only union in Tasmania employing nurses, midwives 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.

Authorised by Emily Shepherd, ANMF Tasmanian Branch Secretary 8 October 2024