ANMF NEWSFLASH

Royal Hobart Hospital
7A, 2J, DCCM, IOC, Casual Pool, 3A, 2A, K10West, K9West, K9East, K8West & 6A

Proposed Dedicated Neurology and Stroke Ward on 7A Member Update Following Management Consultation Meeting

The Australian Nursing and Midwifery Federation Tasmanian Branch (ANMF) received a change proposal Wednesday 22 July 2026 and attended a Medical and Cancer Services consultation meeting Wednesday 29 July 2026, regarding the proposed establishment of a dedicated Neurology and Stroke Ward on 7A at the Royal Hobart Hospital (RHH).

Management advised that the proposal is intended to align with current overnight occupancy, improve access to rehabilitation facilities and multidisciplinary services, and introduce a proposed Acute Neurology and Stroke Unit (ANSU) model for selected high-acuity patients requiring increased observation.

Ward Impacts and Patient Flow

The proposal is expected to impact patient flow and bed allocation across:

- 7A.
- 2J.
- Gastroenterology services.
- Endocrinology services.
- Rheumatology services.
- Renal and dialysis services.
- General medicine outlier arrangements.

Members were advised that gastroenterology patients may initially be distributed across medical and surgical wards while a separate gastroenterology proposal progresses. Complex endocrinology patients may remain on 7A, while renal patients are proposed to move to 2J.

For 7A Specifically, Key Information Provided

Management advised that:

- A dedicated Neurology and Stroke Ward is proposed for 7A.
- Currently, only 43% of neurology and stroke patients are cared for within their designated specialty ward.
- The proposed ward would include access to a rehabilitation gym and monitored bedspaces.
- The proposed ANSU model would operate as a high observation area with a 1:2 nursing ratio for selected high-acuity patients who require increased monitoring but do not meet High Dependency Unit (HDU) admission criteria.
- Workforce uplift is proposed, with management indicating an anticipated increase of 3.8 Full-Time Equivalent (FTE) nursing positions, subject to finalisation of the workforce model.

Staffing and Workforce Matters on 7A

Management advised:

- A nursing uplift of approximately 3.8 FTE for 7A is anticipated.
- The current mid-shift would move to the morning shift.
- An additional nurse is proposed for late and night duty.
- Assistant in Nursing (AIN) positions are proposed to remain.
- No increase to medical staffing has been proposed.
- Allied Health intends to seek an additional MDT Assistant position next year.
- Two cardiac monitors are expected to be available at commencement.
- Implementation is not expected to proceed until staffing requirements are confirmed.

Clinical Oversight and Patient Criteria on 7A

Management advised:

- Existing escalation processes will remain unchanged.
- Neurology and Stroke services will operate under separate bed-card arrangements while remaining aligned as a team model.
- Weekday medical coverage is proposed from 0800hrs – 2200hrs.

- Weekend coverage is proposed from 0800hrs – 1700hrs.
- Overnight coverage would be provided through Hospital at Night (H@N).
- A 24/7 Stroke Registrar on-call model is proposed for high-acuity stroke patients, with consultant support if the registrar is unavailable.
- ANSU admissions would require consultant approval.

The proposed patient cohort includes post-reperfusion stroke patients and selected high-acuity neurology patients requiring close observation. ANSU would not accept ventilated patients, patients requiring intra-arterial monitoring, inotropes, labetalol infusions or patients with tracheostomies.

Proposed Staged Implementation

Stage 1 – November 2026

- Initial implementation of the dedicated Neurology and Stroke Ward.
- Existing ICU patient arrangements remain unchanged.

Stage 2 – January 2027

- Introduction of a two-bed Acute Neurology and Stroke Unit (ANSU).
- Cardiac monitoring capability and a 1:2 nursing ratio proposed.
- Supported by six months of temporary funding through to August 2027.
- Implementation subject to staffing readiness.

Stage 3 – August 2027

- Dependent upon approval of recurrent funding through a business case.

Members were advised that if recurrent funding is not approved, the service would revert to the Stage 1 model.

Education and Governance for 7A

Management advised that education would include:

- Stroke and neurology education.
- Intensive Care Unit (ICU) support and shadowing opportunities.
- Neurology and stroke in-services.
- IVIg administration education.
- Daily safety huddles.

- MDT processes.
- Accreditation requirements.

Members were advised that:

- ANSU is not intended to be classified as an HDU.
- HDU-specific education courses are not proposed.
- ALS training will not be mandatory.
- Staff will be facilitated to attend ICU for observational learning experiences.
- Cardiac monitoring education will focus on sinus rhythm and atrial fibrillation recognition associated with post-reperfusion monitoring.

Matters Raised by the ANMF and Members

During consultation, members raised several concerns, including:

- ANSU operating as a high observation area without HDU classification.
- Whether monitored ANSU beds will reduce overall bed availability on 7A.
- The adequacy of education and training for staff caring for higher-acuity patients.
- The decision not to require ALS training.
- The limited scope of proposed cardiac monitoring education.
- Concerns that ICU shadowing opportunities may not occur during rostered work time.
- Potential impacts on workload, staffing sustainability and patient safety.

Consultation and Next Steps

The consultation period has been extended until **Friday 21 August 2026**.

The ANMF will continue consulting with members and encourages all affected staff to provide feedback on:

- The proposed model of care.
- Staffing arrangements.
- Education and training requirements.
- Patient flow impacts.
- Safe implementation of the proposal.

If you work on 7A, 2J, or another ward that may be affected by these proposed changes, we want to hear from you.

Please complete the ANMF member survey via the link below by 1400hrs Thursday 20 August 2026.

Survey: https://app.smartsheet.com/b/form/019fb665bb8c7f8b948e49ea18a01ff8

The ANMF will continue to advocate for members' concerns and provide further updates as additional information becomes available.

If you have any further questions or concerns, please contact ANMF Member Support on **(03) 6223 6777**.

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
31 July 2026