

**ANMF**

Tasmanian Branch

AUSTRALIAN NURSING & MIDWIFERY  
FEDERATION (TASMANIAN BRANCH)

**SUBMISSION**

**2018-19 Tasmanian State  
Budget Submission**

**7 December 2017**

# Australian Nursing & Midwifery Federation (Tasmanian Branch)

## Organisation Overview

The Australian Nursing and Midwifery Federation (ANMF) is both the largest nursing and midwifery union and the largest professional body for the nursing and midwifery teams in Tasmania. We operate as the State Branch of the federally registered Australian Nursing and Midwifery Federation. The Tasmanian Branch represents around 8000 members and in total the ANMF across Australia represents over 250,000 nurses, midwives and care staff. ANMF members are employed in a wide range of workplaces (private and public, urban and remote) such as health and community services, aged care facilities, universities, the armed forces, statutory authorities, local government, offshore territories and more.

The core business of the ANMF is the industrial and professional representation of nurses, midwives and the broader nursing team, through the activities of a national office and branches in every state and territory. The role of the ANMF is to provide a high standard of leadership, industrial, educational and professional representation and service to members. This includes concentrating on topics such as education, policy and practice, industrial issues such as wages and professional matters and broader issues which affect health such as policy, funding and care delivery. ANMF also actively advocates for the community where decisions and policy is perceived to be detrimental to good, safe patient care.

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## Executive Summary & Key Responses

As part of the 2018-19 Tasmanian State Budget development process, ANMF (Tas Branch) submits that funding for the delivery of the State's health services must be based on quality, safety and access. Pivotal factors considered in the health budget are addressed in this submission, which include:

- Reopening of fully staffed acute beds across the state
- Improvement of capacity at all public hospitals
- Implementation of hospital avoidance programs
- Funding of Community Mental Health, Primary Health and Correctional Health services
- Promotion, retention and recruitment of nursing and midwifery professionals

Detailed submissions for funding allocation are outlined in four categories below:

1. Funding of the Tasmanian Health System
2. Primary Health Care
3. Promotion, Retention and Recruitment of Nurse and Midwifery Professionals
4. Supporting Systems

### 1. Funding of the Tasmanian Health System

- a. Fund hospitals to enable the re-opening of a minimum of 200 fully staffed acute beds across the state to meet demand, facilitate a reduction in elective surgery waiting times to meet national benchmarks within three years and enable an acceptable time period to transfer admitted patients from Emergency Departments into ward beds.
- b. Fund hospitals to run as seven-day-a-week services including after-hours diagnostics, allied health, after hours ward clerks and hospital aides to support the delivery of safe patient care.
- c. Fund improvement of capacity at all public hospitals across the State to ensure that flex capacity exists in the event of a seasonal fluctuation or in the event of an emergency/disaster situation.
- d. Fund Stage 2 of the Royal Hobart Hospital Re-development so that outstanding issues and areas not yet considered (e.g. the Cardiothoracic environment and location at RHH) can have a strategic plan in place as well as short term solutions to address current environmental concerns.
- e. Fund and implement hospital avoidance programs, e.g:
  - i. Extend Community Rapid Response Teams currently operating in the North, statewide with recurrent funding for ongoing sustainability.
  - ii. Implement Aged Care Nurse Practitioners for Aged Care intervention and coordination of care to enable hospital avoidance where appropriate.
  - iii. Allocate 3 million dollars (recurrent) to re-instate Hospice at Home funding to allow wrap around care to palliative care patients in the community, including 24/7 care and treatment in the terminal phase.
  - iv. Re-establish Hospital in the Home which facilitates early discharge of selected patients who can receive treatment and care in the home for

- extended treatments such as intravenous antibiotics.
- v. Increase community nursing services and accommodation support particularly for mental health patients who have no discharge destination.
  - f. Ensure that recurrent health funding increases to (at least) the national per-capita amount for all states and territories and takes into account the assessments by the Commonwealth Grants Commission of relative needs. This is necessary to ensure Tasmanians have access to health care of a national standard.
  - g. Provide ongoing funding for the current industrial workload tool Nursing Hours Per Patient Day as well as required funding for the (NHPPD) / Ratio hybrid to ensure safe patient/client care.
    - i. Fund relief factor attached to the nursing and midwifery work load models to include all required leave including: professional development, on-call leave, public holiday leave, mandatory training, maternity leave and for Grade 4 one indirect portfolio day/month.
    - ii. Provide funding to enable all Associate Nurse Unit Managers to be considered outside of direct care and be without a patient load. The ANUM role is a pivotal role that is able to improve patient flow, offer consistent senior leadership in conjunction with the NUM and improve overall ward/unit and patient outcomes. For this role to be effective and reach its full potential the role must not carry a patient load. Some wards and units based upon the current benchmarked hours cannot enable this and therefore are at a significant disadvantage.
  - h. Fund Psychiatric Emergency Nurses (PEN) in all Emergency Departments in the major regional hospitals (LGH and NWRH) to enable one per shift to be rostered. Currently the RHH has PEN nurses in the Emergency Department on every shift to assess, care and treat mental health patients in conjunction with psychiatric support. The LGH and NWRH have similar mental health patient presentations and the subsequent specialised patient care and treatment requirements however do not have the specialised nursing support to assist with these patients. The addition of PENs will greatly assist with improving mental health patient's treatment and care outcomes in the Emergency Department. The LGH in particular has established a working group to try and implement PENs however have so far been unsuccessful due to inability to secure funding.
  - i. Fund capital works to establish capacity to reinstate the ten (10) in-patient mental health beds at the Royal Hobart Hospital that were lost due to the Royal Hobart Hospital re-development. This would help to reduce extended wait times for inpatient beds in the Emergency Department.
  - j. Fund at least ten (10) designated perinatal mental health beds across the State and adequate FTE per shift of inpatient perinatal mental health trained midwives (Grade 4 and above) to support appropriate prolonged inpatient care (including funding scholarships for training in perinatal mental health).
  - k. Fund an integrated mental health and midwifery education model that allows for perinatal mental health to form part of a Graduate Diploma of Midwifery rather than a stand-alone unit qualification (via funding assistance for tertiary course offered in the State or via distance education).

- l. Continue to fund the implementation of 'Magnet Principles' across the State's major hospitals, rolled out over the term of office.
- m. Fund capital works to develop infrastructure to increase current and future capacity in the states acute health system. The Tasmanian population is one of the oldest and has one of the highest chronic disease burdens in Australia. Capital works (in-line with a strategic plan) need to commence now across the state to ensure that infrastructure is available when required in the future. This should include works to meet long term projected acute health service capacity and current demands.
- n. Fund capital works to establish increased in-patient infectious disease isolation rooms across the State.
  - i. The 2017 winter flu season saw a significant increase in the number of patients who required isolation and there was not enough isolation (or single rooms) available to quarantine these patients. Capital works to establish additional isolation rooms is needed immediately.
  - ii. The increased incidence of methicillin resistant staphylococcus aureus (MRSA) and Vancomycin-resistant Enterococci (VRE) means that these patients are likely to spend long periods of time in the Emergency Departments as they need to wait for a single room to become available to accommodate them on wards/units without putting other patients at risk. This in turn increases their risk of adverse outcomes and reduces patient flow and access to the Emergency Department.
- o. Overall presentations to the Emergency Department are increasing every year, in-patients services and capacity needs to also be increasing to match the demand
  - i. Capital works at the Launceston General Hospital must commence immediately to establish and staff more in-patient capacity; and
  - ii. Works to establish and staff a dedicated location for a discharge lounge at the Launceston General Hospital to improve patient flow and bed access.
- p. Allocate funding to enable building of a purpose built ante-natal clinic in Burnie to support the North West Integrated Maternity Service.

## 2. Primary Health Care

- a. Increase funding to ensure community mental health services are available through coordinating, mapping and implementing integrated IT and record systems to meet community demand and reduce unnecessary hospital admissions.
- b. Fund primary health facilities so they are better resourced to reduce Emergency Department presentations with a Nurse Practitioner and an increase in nursing staff positions to enable walk in clinics. Currently some primary health facilities have walk in clinics and emergency services. Those facilities that do offer these

services have additional nursing staff on every shift that allows flexibility to be able to provide safe and quality care to those that attend the walk in clinic as well as maintaining safe staffing levels to care for the current in-patients at the facility. Allied health support of these clinics would also ensure comprehensive care.

- c. Fund an increase in Nurse Practitioner positions (an additional 10 in South, 8 North and 5 Northwest) to work in general and specialist services and fund Nurse Practitioner candidate positions to enable nurses to work towards a higher scope of practice.
- d. Fund a dedicated public Northern Hospice Unit to support those patients who do not wish to die at home but are also inappropriate to be in the acute care facilities.
- e. Fund the continued roll out of School Nurses in every school with those in lower socio economic areas implemented immediately.
- f. Fund Correctional Primary Health Service to alleviate the pressures on the system caused by ever increasing numbers, increased acuity and an ageing population of inmates. Additional space with a purpose built clinical environment that will allow the care and treatment of any potential new inmates with a wide range of clinical conditions is required. This would need to allow for patients that required bariatric equipment, paraplegics and quadriplegics as well as those with mental health conditions. Additional staffing requirements also need to be considered in the context of the inmate population health care needs and the amount of time that nursing staff have access to the inmates.

### **3. Promotion, Retention and Recruitment of Nurse and Midwifery Professionals**

- a. Provide funding for the provision of the most competitive nursing and midwifery wages in Australia in order to recruit and retain workers.
- b. Fund an adequately resourced Safety and Quality Structure that also includes resources to provide support at the local level in addition to the staff that have a statewide focus.
- c. Fund additional nursing graduate positions in Tasmania via Transition to Practice Program.
- d. Fund a minimum of one (1) FTE Nurse Educator for all wards/units (prioritising the primary health sites, rural and remote areas, community/forensic mental health, palliative care and community nursing and casual nursing pool) and clinical facilitators, who do not carry a patient load, on every shift to support an increased number of full time equivalent graduates. This is essential to build the future nursing and midwifery professions and also to reduce the reliance on overseas recruits.
- e. Fund the pivotal Nurse Unit Manager positions to attend leadership and management programs.
- f. Fund administrative and business support for Nurse Unit Managers across the

State.

- g. Provide funding for Healthy@Work culture within DHHS and THS.
- h. Fund a project position to develop a THS Nursing and Midwifery Workforce Plan and provide funding to implement the Plan, which includes:
  - i. Scholarships to complete identified Post Graduate courses to meet workforce shortages in speciality nursing and midwifery skills and knowledge both actual and predicted.
  - ii. Develop and fund re-entry courses with University of Tasmania or other Australian University that enables those Tasmanian Nurses and Midwives to re-enter the nursing and midwifery professions
- i. Fund Nursing and Midwifery Workforce Units at RHH, LGH and NWRH hospitals to enable efficient recruitment.
- j. Provide funding for rural and remote areas to provide accommodation assistance and other identified incentives e.g. THS subsidising utility bills to support and assist with recruitment and retention to these areas.

## 4. Supporting Systems

- a. Fund a Zero Tolerance Policy and Operational Plan in relation to violence against nurses and fund the rollout of this policy and associated systemic resources to prevent aggression, violence and injury in the first instance.
- b. Fund statewide interfaced Information Technology systems and relevant training for all users to improve efficiency, including mobile technology and communication systems.

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