

ANMF

Tasmanian Branch

AUSTRALIAN NURSING & MIDWIFERY
FEDERATION (TASMANIAN BRANCH)

SUBMISSION

**2019-20 Tasmanian State
Budget Submission**

7 December 2018

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 268,500 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 are perceived to be detrimental to good, safe patient care.

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Executive Summary & Key Responses

As part of the 2019-20 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 delivered through well-resourced and supported nursing and midwifery professions. Pivotal factors considered in the health budget are addressed in this submission, which include:

- Opening all available acute beds across the state with permanent staffing
- Improvement of capacity at all public hospitals
- Implementation of hospital avoidance programs and preventative health strategies
- 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. 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.
- b. Fund all hospitals to open all available beds with permanent staffing. This includes all beds on Ward 4D, Ward 4K, ICU and NCCU at the Launceston General Hospital and explore and fund all available options for increasing in-patient bed numbers via renovation or extension of all in-patient and out-patient areas 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.
- c. Fund hospitals to run as seven-day-a-week services including after-hours diagnostics, pharmacy service, allied health, discharge lounges after hours ward clerks and hospital aides to support the delivery of safe patient care.
- d. Fund Stage 2 of the Royal Hobart Hospital Re-development so that capital works can begin urgently to address lack of capacity and demand and additionally 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 such as water leaks, sewerage and asbestos concerns. Additionally, provide urgent funding to immediately commence capital works at the Repatriation Centre to allow decanting of clinical services to increase capacity at the RHH.
- e. Fund and implement hospital avoidance programs, e.g.:
 - i. Implement Aged Care Nurse Practitioners for Aged Care intervention and coordination of care to enable hospital avoidance where appropriate. This

- role will assist in facilitating discharge and also prevention of admission through an outreach service.
- ii. 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. Alternatively fund the Palliative Care service to provide 24/7 service to palliative care patients.
 - iii. 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.
 - iv. Increase community nursing services and accommodation support particularly for mental health patients who have no discharge destination.
- f. 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 allow for immediate implementation to ensure staff safety and 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, Long Service 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 which 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. Enabling this role without a patient load is instrumental to improving patient flow and implementation of criteria led discharge.
- g. Fund an additional 20 permanent FTE of Registered Nurses/Midwives to be included into current RHH and LGH staffing pool and establish a permanent staffing pool across the Mersey Community Hospital and the North West Regional Hospital to assist with reducing double shifts, overtime and wards and units regularly working with insufficient staffing numbers to provide safe and quality care.
- h. Fund Psychiatric Emergency Nurses (PEN) in the Launceston General Hospital and North West Regional Hospital Emergency Departments to enable one PEN per shift to be rostered at a minimum. 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. Increase funding at the RHH to enable two PEN nurses in the Emergency Department on every shift to assess, care and treat mental health patients in conjunction with psychiatric support. Due to the insufficient number of in-patient mental health beds and the significant wait times mental health patients are experiencing in the RHH Emergency Department, one PEN is not sufficient to meet the care needs of this patient cohort. 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 approval for a 12-month trial, however the funding only allows one shift to have a PE Nurse

which has hampered recruitment to the role and further increased workloads of LGH ED Staff.

- i. Fund capital works for a child and adolescent mental health unit at or near the Royal Hobart Hospital and North West Regional Hospital (noting the near completion of the child and adolescent unit near the Launceston General Hospital).
- j. Fund dedicated transitional rooms for adolescent young adult in inpatient areas across the State.
- k. Fund capital works to establish capacity to reinstate the ten (10) in-patient mental health beds that were lost due to the Royal Hobart Hospital re-development due to Mistral Place now being an inappropriate environment due to engineering concerns. This would help to reduce extended wait times for inpatient beds in the Emergency Department.
- l. 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. This should include funding scholarships for training in perinatal mental health.
- m. 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).
- n. Continue to fund the implementation of 'Magnet Principles' across the State's major hospitals, rolled out over the term of office which includes sufficient funding to meet all required criteria to attain magnet status.
- o. Fund capital works to develop infrastructure to increase current and future capacity in the Tasmanian 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.
- p. 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 as this issue remains outstanding.
 - 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 waiting 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.
- q. Overall presentations to the Emergency Department are increasing every year, in-patient services and capacity needs to also be increasing to match the demand:

- i. Capital works and renovation at the Launceston General Hospital must commence immediately to facilitate the transfer of the current ante-natal clinic to below the 4k re-development to allow the current ante-clinic space to be renovated to re-create ward 3D to assist with lack of capacity of in-patient beds and wait times in the Emergency Department.
 - ii. Works and funding to establish additional capacity for the Northern Cardiac Care Unit with renovation and capital works to extend the current unit as well as allow for a purpose specific environment for the Angiography Unit which has outgrown the current environment which is jeopardising the work health and safety of staff and quality of care to patients.
- r. Allocate funding to immediately commence 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 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 in the RHH, LGH, MCH and NWRH to allow for 24/7 fast track service provisions to provide an alternative to emergency department admissions as well as funding for additional Nurse Practitioners to work in general and specialist services such are renal services and cardiothoracic.
- d. Fund the continued roll out of School Nurses in every school with those in lower socio-economic areas to be implemented as a priority.
- e. Fund Correctional Primary Health Service to alleviate the pressures on the system caused by ever increasing patient numbers, increased acuity and an ageing population of inmates. Additional space with a purpose-built clinical environment to 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 require 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 competitive nursing and midwifery wages in Australia in order to recruit and retain workers to address current vacancies and plan for future projected nursing and midwifery shortages.
- b. Fund additional nursing graduate positions in Tasmania via Transition to Practice Program and additional clinical facilitators for every ward and unit to assist with skill and knowledge development of less experienced practitioners as an additional strategy to address the predicted mass exodus of nurses and midwives due to retirement.
- c. Fund a minimum of one (1) FTE Nurse Educator for every 30 FTE of nurses and midwives in 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). This is essential to build the future nursing and midwifery professions.
- d. Fund the pivotal Nurse Unit Manager positions to attend leadership and management programs.
- e. Fund administrative and business support for Nurse Unit Managers across the State.
- f. Provide funding for Healthy@Work culture within DHHS and THS.
- g. Fund a project position to develop a THS Nursing and Midwifery Workforce Plan and provide funding to implement the Plan, which includes:
 - i. Fund dedicated recruitment units in each region dedicated to recruiting additional nurses and midwives and assisting with implementation of the Workforce Plan one complete.
 - ii. Scholarships to complete identified Post Graduate courses to meet workforce shortages in speciality nursing and midwifery skills and knowledge both actual and predicted.
 - iii. Develop and fund re-entry courses with University of Tasmania or other Australian University enabling out of workforce Tasmanian Nurses and Midwives to re-enter the nursing and midwifery professions
- h. Fund Nursing and Midwifery Workforce Units at RHH, LGH and NWRH hospitals to enable efficient recruitment processes and reduced non-clinical workloads of Nurse Unit Managers.
- i. 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.

- c. Fund an urgent review and upgrade for the Page-Up recruitment computer process to enable more efficient and streamlined approval processes for recruitment and job management processes.

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