

2018  
August

# IN FUSION

## Update

Public Sector  
EA Campaign

**Feature** Patient Advocacy

**Focus** MI Symptoms to Watch For

ANMF  
Tasmanian Branch

**RETAIN. RECRUIT. RECOGNISE.**

TASMANIAN NURSES AND MIDWIVES

ANMF  
Tasmanian Branch

Official publication of the **Australian Nursing & Midwifery Federation (Tasmanian Branch)**

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\*Offers correct at time of print. For latest listing and terms and conditions please refer to the ANMF website.



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Correct as of 4 July 2018.

# Branch Secretary Message



Reflecting on the events of the last month highlights many significant events effecting ANMF members but also ANMF members effecting change in a very positive way.

The release of the Tasmanian State Budget saw long term capital works feature heavily in a bid to address the ongoing challenges with bed block across the State’s public hospitals, with major work on each of the regions master plans proposed. Most of this work will be spread over this financial year and the forward estimates with any additional (aside from those already announced) beds unlikely to be realised in this financial year.

The current 2% wage cap for public sector workers was featured in the budget to be retained this year and in the forward estimates, despite the Tasmanian Government predicting a cash surplus for every year of the elected term. The ANMF will be joining with other public-sector unions to campaign against the 2% wages cap to ensure the nursing and midwifery professions in Tasmania can be competitive with other states and territories in recruitment and retention of nurses and midwives.

The public sector Nurses and Midwives Agreement negotiations are underway with three meetings held thus far discussing and clarifying ANMF members log of claim items. Key items discussed so far include workloads, workload models, working conditions and recruitment and retention strategies. It is likely that wages will be discussed last and when an offer is received ANMF will report directly back to members.

Individually ANMF members have been fantastic advocates for those in their care this last month, particularly in aged care. As the advocacy article in this month’s edition highlights this often is challenging but can also be extremely rewarding when it improves outcomes for patients/residents and clients. As you will see from the inspiring member feature on Hazel Bucher, Nurse Practitioner, Nurses and Midwives are well placed to create and inspire change and I congratulate both Hazel and all ANMF members who have a profound positive impact on their patients and families care.

In exciting news ANMF have welcomed a new Southern Organiser, Jenna Bowling, to the ANMF team. Jenna has a wealth of experience in community, public sector and mental health and will be an asset to our members in the South.

Finally, I would like to offer congratulations to ANMF Tasmanian Branch President, James Lloyd (right) who was recently elected to the ANMF Federal Vice President role for the remainder of the term. James is incredibly passionate about representing Tasmanian nurses, midwives and care workers and will no doubt do the same for nursing teams at the Federal level. Well done James and we wish you all the very best in your new role.



**Emily Shepherd,**  
Branch Secretary

# — Focus

## Patient advocacy – when it is difficult to do the ‘right’ thing

Since the 1970’s there has been a steady increase in the awareness of patient advocacy within nursing practice and whilst it has been considered somewhat complex it is now part of professional nursing values within Australia.

From 1 March 2018, the *International Council of Nurses Code of Ethics for Nurses* came into effect for all nurses in Australia, and the *International Confederation of Midwives Code of Ethics for Midwives* is in effect for all midwives in Australia (Munday, J., Kynoch, K. and Hines, S. (2015).

The first principal element (Nurses and people) states “The nurse advocates for equity and social justice in resource allocation, access to health care and other social and economic services”.

**Nurses and Midwives in Australia are also required to meet the relevant Codes of Conduct. The Code of Conduct for nurses, states nurses must:**

- Advocate on behalf of the person where necessary, and recognise when substitute decision-makers are needed (including legal guardians or holders of power of attorney)
- Advocate for community and population health
  - a. Use their expertise and influence to protect and advance the health and wellbeing of individuals as well as communities and populations
  - b. Understand and apply the principles of primary and public health, including health education, health promotion, disease prevention, control and health screening using the best available evidence in making practice decisions, and

- c. Participate in efforts to promote the health of communities and meet their obligations with respect to disease prevention including vaccination, health screening and reporting notifiable diseases.

Adding weight to this is Standard 2 of the Registered Nurse Standards for Practice 2.5 “advocates on behalf of people in a manner that respects the person’s autonomy and legal capacity” (Nursingmidwiferyboard.gov.au. (2018).

**As part of this advocacy role nurses are expected to establish several things:**

1. Moral and legal rights and beliefs are respected
2. Information is sufficient for the patient to make an informed decision
3. Resource availability to ensure adequate care

Whilst advocacy may seem simple, by respecting the wishes and acting on behalf of our patients it may become technically challenging and ethically confronting.

For example, in the United Kingdom a patient repeatedly disconnected his ventilation tubing and asked to be allowed to die. The patient had been dependent on a ventilator for 8 years and had no hope of regaining, what he deemed, any quality of life. The health care team deliberated and turned the alarm off to the patient’s ventilator. Ultimately this meant that the team was unable to hear the alarm on the ventilator and when the patient disconnected the tubing no medical or nursing action was taken. Like many ethical scenarios this was a controversial decision made by the health care team. However, the resulting inquest determined that no action be taken against the staff and that they had made the right decision on behalf of this patient. The coroner stated, “Mr Lovell made a rational choice and was allowed the dignity of deciding his own fate” (Hyland, D. (2002).

In another case in the UK medical and nursing staff were opposed to a treatment of a ward of the state,



who had been in a persistent vegetative state for 20 years, having her gastrostomy tube removed. The tube was the only supply of nutrition and hydration for the patient. However, the Supreme Court deemed the removal of the tube lawful and the patient was allowed to die. In this case the law determined that the right to bodily integrity and privacy, including self-determination, and the right to refuse medical treatment, must be upheld (Hyland, D. (2002).

Of course, not all stories of patient advocacy end in the patient dying in ethically controversial circumstances. However, it is important to remember that all patients deserve to have a nurse advocate when they may be at their most vulnerable. This advocacy may be entwined in day to day nursing duties and may be supporting the patient in general. Nurses by their very nature may defend the patients' rights, protect the interests of their patients, support their patient's decision making and educate their patients where necessary. Other ways nurses may advocate for their patients is to protect them from environmental harm and provide emotional, physical, and psychological support (Davoodvand, S., Abbaszadeh, A. and Ahmadi, F. (2018).

By its very nature it may be seen that nurses are constantly advocating for their patients. However, we must remember that as health care professionals we have a duty to also protect a patient's autonomy and respect the wishes of our patient – even if this conflicts with what we, as individuals, find confronting. Acting on behalf of a patient even if you don't agree with the patient's decision may become ethically challenging however, it is important to consider that patient advocacy, where possible, be in conjunction with a patient's autonomy.

Sometimes, advocating for a patient can mean speaking up to or against other health practitioners. This is not always easy and one of the known barriers to advocacy is the increased vulnerability of the nurse. When we advocate for our patients, there are certain risks that we take – these can be adverse treatment

from our peers, fears for employment, perceived hierarchal issues, and loyalty to our colleagues.

However, as was noted in a 2016 case before the Nursing and Midwifery Board and the Victorian Civil and Administrative Tribunal, none of these reasons stand up as a valid excuse, and any level of nurse is expected to stand up for the patient's rights, including to medical specialists. In this case, an Enrolled Nurse was reprimanded by the Tribunal for not doing so (negarandah, r., Oskouie, f., Ahmadi, F., Nikraves, M. and Hallberg, I. (2018).

**If you are concerned by matters in your workplace and would like to discuss how to safely advocate for your patients, please contact our ANMF Member Support Team on [membersupport@anmf.org.au](mailto:membersupport@anmf.org.au). Alternatively, phone 6223 6777 or 1800 001 241 if outside the Hobart area.**

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# — Feature Aged Care Complaints Scheme

The Aged Care Complaints Scheme is an agency operating under a statutory office holder, the Aged Care Complaints Commissioner.

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It is subject to the Public Governance, Performance and Accountability Act 2013. They provide a complaints resolution service across Australia. The staff of the Aged Care Complaints Commissioner are in offices in Adelaide, Brisbane, Canberra, Hobart, Melbourne, Perth and Sydney. Their short title is the Complaints Commissioner.

**Their functions, as set out in the legislation, are to:**

- Resolve complaints about aged care services.
- Educate people and aged care providers about the best ways to handle complaints and the issues they raise.
- Provide information to the Minister in relation to any of the Complaints Commissioner's functions, if requested.

The Aged Care Complaints scheme can be contacted by aged care staff, residents and family members if in the first instance any issues or concerns raised remain unresolved. ANMF advocate to resolve concerns with management following due process, however, this is an option where unresolved matters can be handled confidentially and anonymously.

Please see the link below directly taking you to the Aged Care Complaints Scheme website which provides a wealth of information on how they can assist you, and how to lodge a complaint.

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**References:**

- <https://www.agedcarecomplaints.gov.au/internet/accc/publishing.nsf/Content/Home>
- [https://www.agedcarecomplaints.gov.au/internet/accc/publishing.nsf/Content/BBDD7D7A5C4BC3B3CA25825C000E179A/\\$File/A3-Poster-Four-key-things-aged-care-staff-should-know.pdf](https://www.agedcarecomplaints.gov.au/internet/accc/publishing.nsf/Content/BBDD7D7A5C4BC3B3CA25825C000E179A/$File/A3-Poster-Four-key-things-aged-care-staff-should-know.pdf)

**RATIOS FOR  
AGED CARE  
MAKE THEM  
LAW NOW**



**THERE'S A LAW  
TO PROTECT RUBY  
IN CHILDCARE**

# Introducing Jenna Bowling Southern Organiser



Jenna Bowling recently joined the ANMF team as a Southern Organiser. We are excited to have Jenna on board as she has a wealth of knowledge and experience that she can bring to our members in both the public and private sectors.

“I am a Registered Nurse, born and raised in Tasmania, with seven years of clinical nursing experience. Completing my nursing training through the University of Tasmania (UTAS) in 2010 I was fortunate to be offered a graduate position with the Hobart District Nursing Service (HDNS). After my graduate year with HDNS I completed a Graduate Certificate in Community Nursing, also through UTAS. Wanting to extend my experience I left HDNS and joined the Red Cross Blood Service which provided me with the valuable experience of working with donors. After almost two years at the Red Cross Blood Service I decided to return to nursing patients and spent some time experiencing a variety of settings working for both

NURSEline and on the casual roster at the Royal Hobart Hospital (RHH). After some time in these settings an opportunity arose to work for the Correctional Primary Health Service (CPHS) where I most recently worked.

Since my time as a student I have been a member of the ANMF Tasmanian Branch. I have demonstrated my commitment to the ANMF and to members through previous roles as a Workplace Representative for CPHS and for the past year as a Branch Councillor.

I believe the ANMF provides a circle of safety for members, as well as security and reassurance in what is, at times, a challenging profession. I value the inclusiveness of the ANMF, it is a service that provides membership and support for all levels of nursing and midwifery, as well as care workers.

I am committed to the principles of unionism, those being; democratic ownership, autonomy, partnership, transparency, accountability, coherence, inclusiveness and equality, as well as sustainability.”

The ANMF warmly welcome Jenna to the team and encourage members to keep an eye out for her in your workplace. If you would like to contact Jenna email [jenna.bowling@anmftas.org.au](mailto:jenna.bowling@anmftas.org.au) or call (03) 6223 6777.



**BUT NOT RUBY  
IN AGED CARE.**

**CHRONIC UNDERSTAFFING IN AGED  
CARE IS LEAVING THOUSANDS  
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JOIN THE CAMPAIGN TODAY!**

[MoreStaffForAgedCare.com.au](https://MoreStaffForAgedCare.com.au)

**ANMF**  
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Tasmania

Authorised by ANMF  
Tasmanian Branch Secretary,  
Emily Shepherd, 4 July 2018

# Update Public Sector EA



**RETAIN. RECRUIT. RECOGNISE.**  
TASMANIAN NURSES AND MIDWIVES

On 31 May 2018 ANMF commenced negotiations with representatives of the Tasmanian Health Service (THS) / State Service for a replacement Nurses and Midwives Public Sector Enterprise Agreement.

At the first meeting Branch Councillors, with the support of ANMF Secretary Emily Shepherd and the ANMF negotiating team, presented the ANMF Log of Claims. A detailed brief was provided to THS/State Service representatives which included examples to illustrate why each claim was important to ANMF members. The focus of which was on the need for a wage increase (not limited by a 2% cap) and appropriate mitigation of workloads via the implementation of an agreed model of care to cover all areas where and when nursing work occurs in the public sector. Directions from the first meeting outlined a commitment from both parties to hold regular fortnightly meetings through to December with a themed focus for each meeting.

With the first meeting completed ANMF launched the ground campaign with members. From June ANMF Organisers scheduled fortnightly walk arounds to coincide with negotiation meetings. The focus of which was to communicate negotiation outcomes, disseminate campaign material and seek member feedback. During this initial phase of the negotiations further consultation with members occurred at each site via monthly ANMF Representative meetings. To date members have enthusiastically taken up the campaign slogan of 'Retain, Recruit, Recognise' taking the opportunity to grab a campaign bumper sticker, badge or other resources of which many can be accessed by visiting [www.anmftas.org.au/EA18](http://www.anmftas.org.au/EA18).

## SCRAP THE 2% CAP

TASSIE NURSES AND MIDWIVES THE LOWEST PAID!

This graph shows the percentage wage increase for each state and territory in Australia from 2015 - 2017. If the Tasmanian Government does not scrap the 2% cap in the 2018 negotiations we will remain the lowest paid nurses and midwives in the country.



[anmftas.org.au/EA18](http://anmftas.org.au/EA18) #RetainRecruitRecognise

Authorised by Emily Shepherd, Australian Nursing & Midwifery Federation Tasmanian Branch Secretary, 29 May 2018



The positive uptake of the ANMF campaign was further supported by members following the release of the Governments 2018/19 Budget, whereby a 2% wage cap was announced as remaining, and the infamous comments from the Treasurer regarding the average annual public sector wages, allegedly \$40,000 ahead of the equivalent private sector wages. However, beyond this our members have realised that in order to recruit and retain nurses in the Tasmanian Public Sector there needs to be a significant shift by Government in the recognition of the ever-broadening divide between Tasmanian nurses and midwives and our mainland counterpart's, as well as manageable workloads (ratio's), and pay rates. We expect the negotiations to progress slowly and will continue to keep members updated. We note that a representative of the Government recently conceded he currently has no instructions as to negotiation parameters.

# Focus

## Scrap the 2% cap!

ANMF  
Tasmanian Branch

**RETAIN. RECRUIT. RECOGNISE.**  
TASMANIAN NURSES AND MIDWIVES

### ANMF Joins Tasmanian Public-Sector Unions to fight the Government's 2% Wage increase cap.

In June the Tasmanian Government announced its 2018-2019 state budget and forward estimates. The budget revealed that the Government's policy of a 2% wages cap will continue for over four years. Nurses, Midwives and Care Workers in the public sector are already feeling the strain that uncompetitive wages are placing on the recruitment and retention of nurses in the Tasmanian Public Health System.

A number of ANMF members are reporting to us that they are either leaving or considering leaving the state to access the increased experience that large interstate hospitals can provide, and the better wages that are available to nurses doing the same work in other states.

Ongoing issues with retention of nurses, midwives and care workers in the state poses a problem for the current state Government who have announced a further 250 hospital beds across that state over the budget forward estimates. These beds will require safe staffing and ANMF is becoming increasingly concerned that Tasmania faces a prolonged crisis in regard to the supply of nurses and midwives to care for the community. A rise in public sector wages that ensures that Tasmanian public sector wages are competitive with other states will go a long way to ensuring that the community has access to the health care and the public services it deserves.

The interests and concerns of its members and the broader community are the central focus of the ANMF. As such we have joined with the Australian Education Union (AEU), the Health and Community Services Union (HACSU) and the Community and Public-Sector Union (CPSU) in a state-wide campaign

to scrap the 2% cap. All Tasmanian public sector unions have similar concerns for their members and the services they provide the wider community.

All unions will be negotiating their public sector enterprise agreements over the coming months and their members have been telling them that they will not settle for a 2% wage rise. The joint campaign commenced with a letter via email to all public sector members from Branch Secretaries announcing their disappointment and concern regarding the Governments ongoing wages policy.

There will be joint union events throughout the coming months. The ANMF encourage all public sector members to attend the events to show solidarity across the public service, to reinforce the message that it is not acceptable for the Government to put the services the Tasmanian community need, at risk. Follow the ANMF on social media @ANMFTasmania and read our fortnightly eNews to keep informed about what you can do to contribute to this campaign.



## Member Profile



We recently asked Hazel Bucher Nurse Practitioner in Psychogeriatrics what motivated her to become a Nurse Practitioner in Aged Care/Mental Health? Her response was both motivating and inspiring.

When I returned to nursing after a 13 year break, I had renewed energy, focus, passion and enjoyment for nursing. I wanted to make a difference and as I reviewed my options, the emerging advanced clinical role of Nurse Practitioner (NP) stood out for me as a role in which I could not only make a positive difference to patients, but also to nursing itself. Expanding the boundaries of nursing was an exciting motivation for me, as the second employed NP in Tasmania, I understood I was introducing significant change into the health care landscape and by establishing the role other nurses could see it in action and be similarly motivated.

Based on my previous years of experience in not only the acute sector and Residential Aged Care Facilities (RACF) I 'crept up' to the Masters – completing a Graduate Certificate in Geriatric Rehabilitation, then a Graduate Diploma in Aged Care and then a Masters of Nursing Science – Nurse Practitioner. Once registered as a Nurse Practitioner Aged Care my first job was with Older Persons Mental Health, during the first few years of which I completed a Graduate Diploma in Mental Health (part time study had become a way of life by now!!).

Like with my studies, I also matured into the specialty of aged care. In my younger nursing years, I gained experience in many areas - general nursing, community nursing, paediatrics and RACF's. Returning to nursing I was attracted to the field of aged care because of its complexities and rewards – small changes can make a big difference to an elderly patient; I also valued the qualities

of the geriatricians I worked with and enjoying the team you work with is a significant factor in job satisfaction.

My goal as an NP was to be able to work for myself, which I have achieved for the past 12 months. I work across two clinics in Bellerive and Cygnet running Memory Clinics and with a General Practitioner (GP) who works primarily in RACF's. I love my work getting to know older people. I enjoy hearing their experiences, I especially value the elderly Culturally and Linguistically Diverse (CALD) population's life experiences. Growing up in Tasmania, the war and its effects on people has been 2 dimensional until I meet the people who have experienced it:

- A 96yo Russian man who had fought with the French Resistance and who learnt from war – generosity, from the French people who had looked after him for the 2 years he was with them.
- An 86 year old lady from Germany who took a massive risk fleeing as a 16 year old from the enforced labor camp where she was interned to freedom with her 18 year old friend, with luck on their side the bullets aimed at them didn't find their mark.
- The elderly Australian women I look after who have experienced great trauma in their lives, but are still smiling and caring for other people, their humanity intact.

The satisfaction of providing timely nursing care to them, modifying changes in their care within my scope which improves their clinical stability is profound.

I recently received three compliments within 2 weeks of each other which were very rewarding as in many ways, it's all very well for me to feel good about what I do, but they showed me that I do make a difference beyond the resident /s I care for.

The first was from a patient's son, who was expressing his gratitude for the extra support and care my role provided to his dad and the difference it made to him. While he was thanking me, he was repeatedly calling me Doctor, and I had the greatest pleasure in explaining to

# Member Profile Continued

**Do you have a story to tell?**  
Get involved for your chance to WIN a double pass to the movies!

him actually - I am a Nurse [Practitioner] which is why I see things from a slightly different angle to a doctor and am able to manage some of his father's issues from that nursing angle, which made the difference it did.

The second was from a nurse in another facility where I visit weekly, who spontaneously said to me "I wish you were every Doctors Nurse Practitioner". When I asked her why - she replied because you're so approachable and available. I understood her to mean by providing such timely additional support for clinically unstable residents, I strengthen her confidence and expand her nursing skills thus ultimately improving her job satisfaction.

Then lastly one of the GP's I work with said "Thank you - I really appreciate you" as I had been autonomously visiting every second day, an unstable resident and was able to hand over current clinical

information, as he hadn't been able to visit as he would have liked due to his regular workload.

The NP is a great role, but a little difficult to define as it is so 'new', it's exciting that from the budget recently, we have federal government support to promote the NP role. With greater clarity for our role, hopefully many more nurses will be attracted to step up to this role and make the positive nursing difference we all would like to make.

You can learn more about Nurse Practitioners by visiting: <https://www.facebook.com/Australian.College.of.Nurse.Practitioners/posts/1735092103240469:0>

***Written by Hazel Bucher Nurse Practitioner, Psychogeriatrics MNSc Nurse Practitioner; Grad Diploma Nursing Aged Care & Mental Health; Grad Cert Geriatric Rehabilitation; BN h.c.; RN.***

## ANMF Donation to Dementia Australia

Dementia Australia is a national organisation committed to supporting people living with dementia and their carers within the community. This year, in lieu of speakers gifts at our Aged Care Conference, the ANMF Tasmanian Branch donated \$500 to the organisation.

Branch Secretary Emily Shepherd met with Dementia Australia's Regional Director/General Manager Client Service, David Ross last month to present him with the cheque. David was very grateful for the donation which would allow the organisation to continue to support people living with dementia as well as their carers and families. "In Tasmania, we provide this support through our day respite centres, dementia advisory service and our support groups, to name but a few. We appreciate



the ANMF's generous donation and these funds will be instrumental in purchasing equipment to enhance the quality of life for local people living with dementia and to support and enhance our current services," said David.

**You can learn more about Dementia Australia and the services they provide by visiting [www.dementia.org.au](http://www.dementia.org.au).**



## — Focus

# MI symptoms to watch out for

Women are less likely to seek medical attention and treatment for a heart attack. We are aware that the ‘classic’ presentation for a Myocardial Infarction (MI or heart attack) is a crushing central chest pain, a pain that may radiate to the jaw and left arm often accompanied with shortness of breath. While this is true the presentation may differ – particularly in women.

The Tasmanian nursing and midwifery workforce is getting older, the workforce remains predominately female dominant. While an MI could occur at any age, those older than 45 face an increased risk. It is important that you are aware of the symptoms that could be due to a heart attack. Sometimes a person may be pain-free.

### Signs and Symptoms of a heart attack in women

- Chest pain or discomfort - the most recognised symptom of a heart attack, though not always present.
- Pain radiating to the arms, neck, jaw, stomach and back can all be symptoms of a heart attack.
- You may experience pain in just one or all of these places; for some people the pain is severe but for others just uncomfortable.
- A feeling of indigestion or reflux type pain - this is often ignored in the hope that it will pass.
- Feeling sick, sweaty, breathless or lightheaded with associated chest pain or discomfort

- A general feeling of being unwell or lethargic can also be an indicator of a heart attack when accompanied by chest pain or discomfort.

Men and women presenting to health facilities may even be treated differently. Writing in the Guardian Cardiothoracic Surgeon Dr. Nikki Stamp laments the fact that, even today, women presenting with symptoms may often be dismissed as merely being ‘anxious’. She gives an example of a woman who had presented for the third time complaining of shortness of breath and pain in her arm. On the third occasion she was finally diagnosed as having coronary artery disease .

In Australia (2012-14) cardiovascular disease was the leading cause of death in all age groups from 45 years, with the exception of ages 65-74 where cancer was the leading cause of death: cardiovascular disease came in second. It was also the 4th cause of death in the 25-40 age group. 11,082 men and 9,091 women died of heart disease in 2014.

**If you are experiencing any of the symptoms listed, seek medical advice – and don’t necessarily take a diagnosis of ‘anxiety’ or ‘stress’ for answer. This is true whether you are female or male!**

# Regional Roundup

## South

### Department of Psychiatry (DOP)

As a result of a members meeting held in late June, a Step 1 Grievance was raised at DOP in relation to; staffing, rates of overtime, higher acuity of mental health patients, staffing vacancies, and an increasing reliance on inexperienced casual staff. An update on the Step 1 Grievance will be provided following further consultation and member meetings.

## North

### LGH Queen Victorian Out Patients Department

The ANMF have been advocating for members working at the Queen Victorian Outpatients Department (QVOPD) at the Launceston General Hospital (LGH) regarding significant workload, and environmental physical limitation concerns. These concerns related to increase in current workloads due to increase in presentations and acuity of women presenting with no increase in staffing levels over the previous 10 years, along with the need for additional administrative support to assist with the mentioned increase in workloads. Further our members are also facing multiple physical/environmental restrictions due to the expanding service and being currently situated in a not 'fit for current purpose building'. ANMF is currently in the process of sending additional correspondence to the THS seeking clarification to ensure that our members are working in a safe environment with workloads that are manageable. The ANMF will continue to advocate for our members working in the QVOPD.

### LGH Induction

ANMF officials attended the LGH induction to welcome new nurses to the hospital. The ANMF enjoy taking the time to meet new members and congratulate them on choosing such an important profession. It was also a great opportunity to discuss the current Public Sector Enterprise Agreement (EA) with them.

### LGH Ward 4D

The ANMF continue to advocate for our members working at the LGH ward 4D, who have been working under significant pressure with consistent flexing up of their inpatients beds beyond the currently funded 19 beds to 29. This has been placing the ward under considerable pressure due to increased patient acuity, increased overtime, double shifts, an increase in after-hours admissions, and skill mix. Increased pressure as a result of this is also placed on the in-charge/senior nurses working on the ward, who are required to take a patient load while

still having to support the overall operation of the ward. At the time of print the ANMF had raised members concerns to a Step 2 Grievance and were waiting on a response from the THS following a recently attended Step 2 Grievance meeting. We will continue to advocate for members on ward 4D who are working in an extremely challenging environment.

### John L Grove Rehabilitation Unit (JLGRU)

On Friday 15 June, ANMF held a follow up members meeting at JLGRU to discuss measures implemented to resolve a workload grievance raised back in April this year. At the meeting members reported that there had been limited improvement in workloads since. It was agreed to develop an 'Excessive Workload Form', used with success across other areas of the LGH, to monitor, collect data and provided feedback to the ANMF directly from members on matters such as missed meal breaks, unpaid overtime, double shifts worked, working short staffed, in ability to provide the required patient care due to increased acuity. JLGRU members will be completing these forms to collect their own data with which ANMF will then present to management to confirm the workload concerns and highlight the need to redress this with via a re-benchmarking process.

### District Hospitals Safe Staffing Working Group

On Monday 18 June the ANMF attended the fourth meeting of District Hospitals Safe Staffing Working Group. Since the first meeting held in February the working group has been reviewing data from across the state regarding district hospitals and their demographic make-up according to patients, acuity, average occupancy, turnover, ED presentations, FTE, skill-mix, patient care days and seasonal variations. The presentation of this data has occurred via existing models of care; Nursing Hours per Patient Day (NHpPD), Victorian Nurse Patient Ratios (Vic NPR), Residential and Personal Care Hours Per Day (RCHPD) and the ANMF claimed Tasmanian Nurse; Patient Ratio Model (Tas NPR). Whilst the data presented is building up a profile to enable the informing of a staffing model it is incomplete in several areas. At the time of print ANMF had requested; that any model applied to hospitals with emergency presentations needed to adhere to the College of Emergency Nursing Australasia (CENA) guidelines for safe staffing, skill mix needed to be considered, an assessment of non-nursing duties undertaken needed to be made and that agreed business rules would need to be developed in relation to the above points for the application of any agreed staffing models. To date, THS have agreed to; develop business rules, provided data modelling for each site in relation to numbers and

# Regional Roundup

application of HCA/HSO's, Allied Health, Medical Officers and Administration support and investigate the use of on-call staff to supplement minimum staffing at times of emergency presentation demand. As soon as in principle agreement has been reached on staffing model options ANMF will consult further with members.

## North West

### **North West Regional Health (NWRH) Department of Emergency Medicine**

A member meeting was held on 24 May, to follow up member concerns, including workloads, missed meal breaks and changes to data collection. The Nurse Unit Manager was invited to the meeting to provide a response to the concerns raised by members. The workload grievance has now been resolved. A review of data indicated that benchmarked hours had been adhered to. The department will be re-benchmarked as scheduled. This meeting provided an opportunity for a variety of viewpoints to be expressed. The ANMF will continue to provide support to members as required.

### **NWRH & Mersey Community Hospital (MCH) Grade 6 & 7 Nurses**

A meeting was held on 20 June, to provide an opportunity for Grade 6 & 7 nurses to discuss ANMF industrial and professional matters. Topics covered ranged from the Public Sector EA through to recruitment challenges. In addition, a meeting specifically for Grade 6 registered nurses was held on 18 June. A number of issues were raised relating to workload and a sense of professional isolation. ANMF will consult more broadly with Grade 6 registered nurses with a view to then communicate these concerns to the Director of Nursing.

### **Mental Health Services Spencer Clinic**

ANMF attended a meeting on 30 May, to seek feedback from members on proposed Nursing Hours per Patient Day (NHpPD) model. The ANMF have collated feedback on behalf of our members and provided it to the Executive Director. A follow up meeting will be scheduled when a response is received.

### **Child Health and Parenting Service (CHAPS)**

A member meeting was held on 23 May, to finalise outstanding concerns, including backfill of an administrative assistant position and work health and safety. ANMF has contacted the THS North West Work Health & Safety Consultant for advice to inform action required to mitigate risk associated with home visiting. ANMF will continue to advocate for backfill of an administrative position.

### **Smithton District Hospital**

A member meeting was held on 1 May, to discuss a number of issues. Following this a meeting was held on 29 May with the Director of Nursing to investigate and identify solutions to the issues raised by members. Clarification was provided on how to respond to the issues in line with THS policy and procedures.

### **OneCare Rubicon Grove**

Members have reported a number of concerns to the ANMF relating to changes being implemented at OneCare, Rubicon Grove. Organiser, Noni Morse attended the carers' meeting on 6 June as an observer. The Facility Manager provided additional information about changes in resident care. Follow up member meetings were held on 7 June and 14 June. Concerns are being addressed with feedback to the Manager and support to members.

### **Meercroft**

Our ANMF Organiser met with the Workplace Reps at Meercroft to discuss options for addressing workloads on the day shift in the Seaview wing. A number of options were presented with the management team aiming for consensus in determining which option to implement. ANMF Workplace Reps will liaise with members and management on these options as they are confirmed.

### **North West Private Hospital**

A meeting of Workplace Reps and the Director of Nursing was held on 24 May, to follow up workload breaches of the agreement in relation to roster changes and recruitment. Workplace Reps report that rosters are being published in line with the agreement and that work is now underway to clarify staffing requirements.

Organiser Noni Morse attended the Joint Consultative Committee with Workplace Reps on 14 June. Workplace Reps reported that, in specialty areas it can be difficult to fill unplanned leave. This results in workload issues including missed meal breaks. Members have been advised to claim overtime in line with the agreement. Workplace Reps and ANMF Organisers will monitor the situation and support members in claiming entitlements.

## Aged Care

### **Older Persons Mental Health Unit**

The ANMF meet with members of the Older Persons Mental Health Unit. During the meeting members raised concerns around; increasing workloads, current staffing levels, communication, safety in the workplace and HR concerns around planning. On the 18 June, the ANMF on behalf of members sent a letter to management addressing,

# Regional Roundup

concerns raised by staff and proposed solutions from staff. At present we are waiting for management to respond.

## **Southern Cross Care - Mary's Grange**

ANMF recently met with members at Marys Grange who raised concerns about the acuity and number of residents being admitted to the facility. Members stated that staffing levels were not being increased to accommodate for this, and as a result were experiencing increased workloads which impact directly on resident care.

A letter was sent to management requesting a response to the above issue, with specific detail required on how members are going to be supported to achieve the best outcomes for residents. ANMF have received a response from management and a meeting has been organised at the facility to report this information back.

## **Regis Eastern Shore**

ANMF were recently advised by members that Regis Eastern Shore management have given a directive that enrolled nursing staff can check S8 medication together and administer the same. ANMF have advised management verbally and in writing that this is in breach of Tasmanian legislation (Poisons Regulation 2008 60 part (ii)). Management have responded that they are not in breach of legislation as it does not stipulate 'under the direct supervision of a Registered Nurse'. However, it does clearly state 'under the supervision of a Registered Nurse'. ANMF have referred this matter for further clarification

to regulatory bodies, and will update members as soon as information is received.

## **Aged Care EA's in the North**

Enterprise bargaining continues across three aged care sites in the North. Toosey negotiations have preceded over three meetings with the most recent seeing Toosey management present their offer. Bargaining at ACSAG has taken a slightly different approach.

Management have presented ANMF, after the initial bargaining meeting, a draft agreement with proposed suggested changes in line with current Fair Work Commission required 'better off over all test' (BOOT) items. Concurrently they provided a response to the ANMF log of claims that saw minimal concessions made. At the time of print a second bargaining meeting was scheduled at which ACSAG indicated they would be presenting a wage offer, ANMF will meet with members to discuss this offer.

In June, ANMF was contacted by Eskleigh management regarding commencement negotiations for replacement Nursing and General Staff Enterprise Agreements, this meeting was to be confirmed. In other matters at Eskleigh, ANMF have been support to members on several issues; contracted hours that have been permanently cut and unpaid preceptor allowance. At the time of print ANMF had a meeting with Eskleigh management scheduled to address these issues, a further report on the outcome of this matter will be reported back to members.


# HERC Roundup

It has been a very busy year so far for the HERC team. With two new Nurse Educators coming on board, they have hit the ground running, facilitating the training and assessment of the two current cohorts of HLT54115 Diploma of Nursing students.

One of the cohorts has just successfully finished their 7-week clinical placement in the acute sector at Calvary Hospital.

HERC continues to deliver CHC33015 Certificate III in Individual Support with the latest cohort having commenced on 23 July 2018. HERC is very excited to announce that they have been successful with their most recent submission to Skills Tasmania, Department of State Growth, securing a number of state government funded places. This allows eligible applicants who are not currently engaged in permanent employment, an opportunity to enter employment in the aged and community sectors as Care Workers. HERC is planning on a further intake of CHC33015 Certificate III in Individual Support in September/October 2018.

**Please contact HERC on 03 6223 6777 or [info@herc.tas.edu.au](mailto:info@herc.tas.edu.au) if you have any queries.**

A woman with blonde hair and bangs, wearing a dark blue V-neck top, stands against a purple background. She is smiling and has her hands clasped in front of her. The quote is overlaid on the right side of the image.

**“I want a  
super fund  
that acts in my  
best interests.”**

Sarah Tooke,  
Midwife

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