

2017  
August

# IN FUSION

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## Focus

July - December  
CPD Calendar

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## Plus

DonateLife:  
make your decision count

# YOU'RE ALL ABOUT THEM WE'RE ALL ABOUT YOU

See how our prices compare with some of the major health funds in Tasmania:

HEALTH FUNDS	TOP FAMILY COVER	MONTHLY CONTRIBUTION*	SWITCH AND START SAVING	
			Monthly savings	Annual savings
Nurses & Midwives Health	Top Hospital + Top Extras	\$393.71		
Medibank Private	Complete Hospital + Top Extras 70	\$449.21	\$55.50	\$666.00
Bupa	Top Hospital + Gold Extras	\$492.91	\$99.20	\$1,190.40
HCF	Premium Hospital + Gold Extras	\$442.91	\$49.20	\$590.40
St. Lukes Health	Packaged Platinum	\$540.83	\$147.12	\$1,765.44

Nurses & Midwives Health is an industry-based health fund, open to members of the ANMF.

Eligibility also extends to family members of eligible members.

**NURSES  
MIDWIVES  
HEALTH**

Caring for the carers

Compare, switch and save  
at [nmhealth.com.au](http://nmhealth.com.au) or call **1300 344 000**

\* Eligibility criteria and conditions apply. Comparison based on price only. Contributions are quoted for a family and include no Lifetime Health Cover loading and include the 25.934% Australian Government Rebate on Private Health Insurance. Rebate levels vary from 0.00% to 34.579% which you can change when you get a quote. Rates are effective as at 1 April 2017 and are sourced from [privatehealth.gov.au](http://privatehealth.gov.au).  
Nurses & Midwives Health Pty Ltd ABN 70 611 479 237. A Registered Private Health Insurer: NMH-TAS-06/17

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<b>Emily Shepherd</b>	Branch President (on leave of absence) LGH 5D
<b>James Lloyd</b>	Acting President/Vice President RHH Central Coordination Unit
<b>Angela Manion</b>	Executive – MCH ICU/HDU
<b>Andrew Ostler</b>	Executive – RHH Neurosurgical
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<b>Helen Evans</b>	NWPH – Perioperative Theatre
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<b>Peter Fraser</b>	MHS (THS-S) – Older Persons Unit
<b>Erin Kemp</b>	RHH – Neurosurgical

*Infusion* is the official publication of the Australian Nursing and Midwifery Federation (Tasmanian Branch). Letters and articles are welcome.

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# Branch Secretary Message



## Winter Demands

As we draw into the depths of the winter months, demand for healthcare increases and nurses, midwives and care staff who are exposed to the front line every day, are not immune to falling ill. The strong message is to look after yourself and, if needed, to utilise available sick leave to prevent spreading viruses, including the flu, and the recent norovirus seen at the Royal. Working in any area of healthcare will put you at risk and it is a time to ensure the pressing demands of overtime and double shifts does not tug at your guilt and force you to consent to covering shortages 'for the good of patient care'.

Winter demands catch up with us all. Demand for beds is also even higher. It was pleasing to note that the Government has set up a Bed Implementation Team to assist in ensuring an efficient roll out of the new funded beds in the public sector. ANMF has been invited to sit on this committee to assist and provide advice on behalf of our members, who are best placed to know what and how improvements can be made, particularly after hours.

ANMF members at the Royal Hobart Hospital (RHH) recently provided a range of solutions to address the obstructions to flow and efficiency after hours. ANMF has forwarded this paper to the RHH Executive and the Minister's office and is looking forward to feedback at the time of print. ANMF is keen to work proactively and collaboratively to achieve these identified solutions. The full paper is available on [www.anmftas.org.au](http://www.anmftas.org.au)

## Key solutions include;

- hospital avoidance programs,
- ensuring the hospital support systems were funded 24/7 to ensure staffing of support services from 0700-2100 seven days a week, including diagnostics,
- maximising discharges and patient flow through nurse led discharge criteria and finalising the hospital escalation policy,
- increasing staffing resources and re-instigating the Nurse Workforce/Recruitment Unit to improve recruitment,
- increasing external support through maximising occupancy of eight annex beds.

Finally, I would like to congratulate and welcome Emily Shepherd into the role of Assistant Secretary of the ANMF Tasmanian Branch. Emily will be contributing to *Infusion* with a monthly article (see page 13) and coordinating the major Aged Care Campaign. We cannot stand by and watch the deterioration of staffing levels and inadequate skill mix as a result of cuts to Aged Care funding. Thank you to the aged care nurses and care staff who are working tirelessly and contacting ANMF and ANMF Organisers to bravely speak out and advocate for our vulnerable elderly.

**Neroli Ellis**  
Branch Secretary

# Feature

## DonateLife

I once read, that to change the way we do things, and creating a culture shift in health care can take up to 20 years.



**Article by Kim Lecuyer**

*DonateLife Donation  
Specialist Nurse*

It has been eight years since the Australian Government committed funding and specialist nurses and doctors to hospitals across Australia, increasing the capability and capacity within the health system to maximise donation rates, and to raise community awareness and engagement to improve organ and tissue donation outcomes. Since this time and during my four years as an Organ and Tissue Donation Coordinator, I have experienced a rapid growth in knowledge and acceptance of donation. Change is continually happening and I am proud to say the rate of change in Tasmania has been incredible.

As of 1 July 2016, DonateLife Tasmania became a fully independent organ and tissue donation service. This means the specialist donation nurses based at the Launceston General Hospital, North West Regional Hospital and the Royal Hobart Hospital and specialist doctors now wholly coordinate a state-wide donation service for our hospitals, and the Tasmanian community. Previously this was achieved with the support of DonateLife Victoria whilst DonateLife Tasmania was growing its capacity and resourcing to become independent. We are a member of the national DonateLife Network, which strives to achieve a best practice approach to organ and tissue donation for transplantation and a move towards world class donation outcomes.

As a Donation Coordinator my role is very diverse. In the space of a fortnight I could be providing hospital

## Make your decision count.

Join the  
Australian  
Organ Donor  
Register today.

[donatelife.gov.au](http://donatelife.gov.au)

Brad received a life-saving liver transplant, now he is living every day to the fullest thanks to his donor and their family.



#makeitcount  
#donatelife



[f /DonateLifeAustralia](https://www.facebook.com/DonateLifeAustralia)

[@DonateLifeToday](https://twitter.com/DonateLifeToday)

[@DonateLifeToday](https://www.instagram.com/DonateLifeToday)

[@DonateLifeToday](https://www.snapchat.com/add/DonateLifeToday)

clinical education sessions, raising awareness about donation through community education presentations, supporting engagement activities at community health and wellbeing events, developing clinical protocols and guidelines, and of course supporting patients and families through end of life planning in the ICU.

It is a great privilege to work with people when they are experiencing the sometimes tremendous challenges and grief that often surrounds end of life decisions like organ and tissue donation. Providing accurate information about donation and allowing



the opportunity for discussion can assist families in making the right donation decision for their loved one and themselves. We often hear from donor families that organ and tissue donation can be the only positive outcome from an otherwise devastating situation.

With competing demands on our over stretched health care system, fulfilling the donation wishes of a patient and their family does not come without a few challenges along the way. There are many teams and services involved during a donation case, each with their own time and resource constraints for consideration. It is not uncommon to require at short notice a CT, ultrasound, coronary angiogram or bronchoscopy. The ICU team are at the centre of this workload and DonateLife receives great commitment from these teams to fulfil the requests. We work closely with our colleagues in the emergency department and of course theatre. The theatre teams at each hospital have great capacity to accommodate the complexities of donation surgery and work with unfamiliar interstate transplant retrieval surgeons.

I am always grateful for the professional and caring attitudes that prevail within the Tasmanian clinical setting under sometimes difficult circumstances. Without a whole team state-wide approach and a commitment to work together, Donatelife would not be able to achieve such positive outcomes for organ and tissue donors, donor families and ultimately for transplant recipients.

Whilst there has been so much progress since the establishment of DonateLife Tasmania in 2010, we recognise that there is always the opportunity for continuous improvement. The community has an integral role to play in this process. We need your help to encourage more Tasmanians to join the Australian Organ Donor Register online, and to share their decision with family and friends.

### **DonateLife Week starts from Sunday 30 July 2017.**

This years' message for DonateLife Week is simple: 'Make your decision count. Register today to save lives at [donatelife.gov.au](http://donatelife.gov.au).' More Australian lives could be saved if more people decided to become organ and tissue donors. You can help end the wait for the 1,400 Australians and their families waiting for a life-saving transplant, and a further 12,000 people on dialysis.


### **What can you do?**

- To support your participation in DonateLife Week, we've prepared the DonateLife Week 2017 Supporter Kit and other resources that you can use to help promote organ and tissue donation in your workplace and elsewhere in your community. You can read this and learn more here: [www.donatelife.gov.au/donatelife-week-resources](http://www.donatelife.gov.au/donatelife-week-resources)
- Make sure to share this Kit with your network, workplace and community – it's got some great ideas to help people get started.

**Organ and tissue donation is the ultimate gift. You can save and improve the lives of 10 or more people as an organ and tissue donor.**

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**Contact DonateLife Tasmania on 6270 2209 or email [donatelife.tasmania@ths.tas.gov.au](mailto:donatelife.tasmania@ths.tas.gov.au) if you'd like to know more about what you can do to support DonateLife Week 2017, or to discuss the availability of posters and other resources to support your involvement to promote this campaign.**



# — Update Tasmanian Classification Review (TCR)

In 2010 the Nurses and Midwives Heads of Agreement was registered with the Tasmanian Industrial Commission. That agreement introduced a change to the Career Structure for Tasmanian nurses and midwives. It also introduced a category for Assistants in Nursing (AIN's), properly recognising that role as part of the nursing team.

Ultimately 'classification descriptors' were developed that outlined the duties required of roles at the various grades. Some grades have multiple positions. For example, Grade 5 included a clinical nurse specialist as well as the clinical co-ordinator role (and the associate nurse unit manager was added in 2017). Grade 6 has classifications of Clinical Nurse Educator; Clinical Nurse Consultant and Nurse Practitioner Candidate.

Under the new career structure, nurses (and midwives) simply translated on a 'wage point' basis. This 'translation' made no assessment of the duties that were undertaken in the role.

Nurses and midwives who felt that the new grade allocated to them (by reference to the responsibilities outlined in the classification descriptors) was incorrect, could lodge an application for review. The application was then assessed and a nurse either remained at their wage point translated grade, or was allocated a new grade. There was also the right to 'appeal' to the industrial commission if a person was aggrieved by the decision. Because the reclassification process was an 'agreed' way to deal with the matter the position was not opened to advertisement on the basis of merit (as would usually be the case) rather the successfully reclassified incumbent automatically translated to the correctly assessed grade.

## Hepatology Role

In 2012 Jane Bradshaw was working in the role of Hepatology nurse at the RHH. Like other roles within nursing, the position had developed to meet the particular needs of a patient group: in this case those with liver disease. In part, this was because of the increased risk of disease transmission with already 5,000 Tasmanians infected with the Hepatitis C virus. In addition, the risk if the aging cohort of untreated persons living with hepatitis c, progressed to Chronic Liver disease.

Because the job originally started out as a part time position within another base level nursing role, correct classification of the position had never been undertaken. Although the Nurses Award at the time had categories of nurses at designated level 3 roles, hepatology (as a developing speciality) was not listed. Ultimately, despite several attempts having been made to have the role correctly recognised, the role was left as a level 2 role which simply translated to a Grade 4 position. It was Jane's belief that the role would be more appropriately classified as a level 3 – which, if that had been the level, would have meant an automatic translation of the role to Grade 6.

With the encouragement and prompting from senior nursing staff at the time, Jane submitted an application for review seeking classification at Grade 6. The review panel did amend her classification but only to Grade 5 (CNS). In light of this (and again with encouragement from peers and senior nurses) the ANMF, on behalf of Jane, lodged an appeal with the Tasmanian Industrial Commission. There were significant delays between lodgement and a hearing.

In preparation for the hearing Jane, in consultation with ANMF staff, spent many hours working on her statement. As the assessment of her 'classification' needed to be made as of 2012, it was fortunate that she had evidence (by way of a project paper of a nurse-led model she had prepared for the Chief Nursing Office) of the role she was



Hepatology Nurse, Jane Bradshaw

undertaking at the time. In support of her application Jane also had evidence from Dr Mark Wilson who had been working with her at the time of the TCR lodgement.

According to Jane “the important thing was to have the role classified correctly so that the level of responsibility inherent in the role would be acknowledged going forward”.

After many weeks of preparation, on the 9th of February under oath, Jane Bradshaw provided oral testimony as to her duties in 2012. Dr Mark Wilson supported her evidence. Unfortunately, due to the passage of time, further witnesses could not be located.

The Agency also called witnesses – including those who had been involved in reaching the decision to reclassify the role as a clinical nurse specialist (Grade 5) rather than as a clinical nurse consultant role (Grade 6). All witnesses were examined and cross-examined during the proceedings.

Deputy President Wells then had to consider the evidence presented and compare that with the classification descriptors as set out in the Nurses and Midwives (Tasmanian State Service) interim Agreement 2013. In accordance with the CU@home decision, it was necessary to make a determination as to where the role ‘best fit’ against the classification descriptors. To do this the requirements of the role were compared against descriptors at Grades 5, 6 and 7. Ultimately the Commissioner determined that the ‘best fit’ assessment process yielded a clear-cut classification at Grade 6’ (across all of the 7 focus themes).

In line with the decision the role of Hepatology nurse has been now reclassified as a Clinical Nurse Consultant Grade 6.

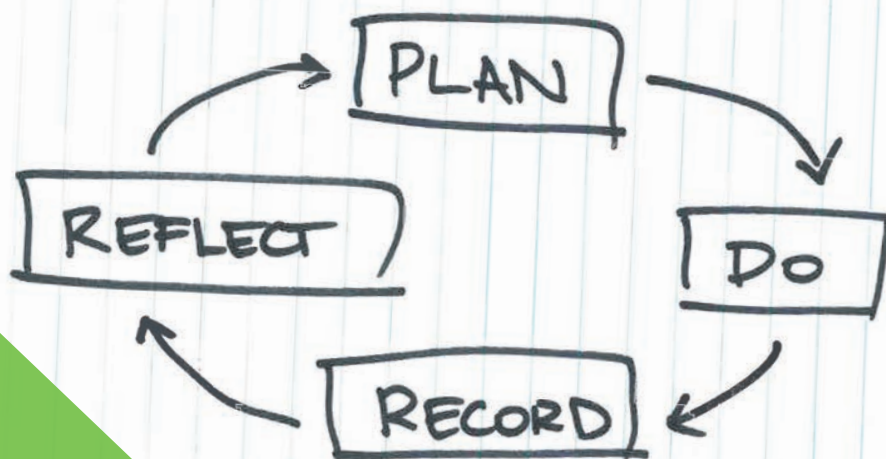
Upon hearing of the decision Jane said “this is great for the speciality of Hepatology nursing as it recognises the complexity of the role as well as the importance of the position for those patients in Tasmania who have or are at risk of liver disease. Nurse-led models of care are now a proven, efficient and effective delivery of quality care, especially where there are service gaps due to high demand and/or workforce shortages. Case managing patients enhances therapeutic relationships within health care. I will continue to act as a mentor for other staff and anticipate that the speciality will develop into a role for a Nurse Practitioner in the future”.

The reclassification provides specialist nursing staff with a career structure and increased job satisfaction; medical resources can be better utilised with appropriate patient screening triaging and Nurse-led clinics (such as Hepatology) which increase efficiencies by reducing outpatient waiting times and averting hospital presentations.

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1. MASSA v ANMF T14214 of 2014
  2. ANMF (Tas) v MASSA T14229 of 2014 at paragraph 117

# Focus

## Professional Development



Many workplaces require staff to complete mandatory training on a yearly (or other rotation) basis.

The Nursing and Midwifery Board of Australia (NMBA) outline various requirements for Continuing Professional Development (CPD) in NMBA Registration Standard. Often, nurses and midwives become confused between mandatory workplace training and CPD requirements. Although both are compulsory, and there may well be some crossover, there are also some fundamental differences.

Mandatory training in the workplace can include medication competency, hand hygiene, fire & safety, or any other training required by your place of employment. Whilst workplace training such as medication competency may be specific to nursing or midwifery, other training such as fire & safety may not be specific and apply to all employees at your workplace. Mandatory training is usually formal (in the sense that every employee will complete the same package or test), and often does not change from year to year.

The requirement for CPD is part of the registration standard for the NMBA, and the standard applies regardless of your employment status. A yearly declaration is made at the time of registration renewal that CPD hours have been met, and records are to be kept for five years for audit purposes.

CPD should be contextual to areas of practice, be 'new' learning, formal and informal learning, varied and reflective. CPD is part of the lifelong arena of learning and should assist a nurse or midwife to maintain competency. CPD is cyclical and involves personal reflection.

Before commencing CPD, it is important to consider more than just "getting enough hours" – there should be some benefit to you, your skills, career, and in turn the care received by your patients. You may want to gather feedback from your peers, or consider areas your manager may have mentioned to you. Patient feedback

can be useful, or you may self-reflect (journal) to ascertain things you might not be overly confident about or would like to know more about.

As the Nursing and Midwifery professions are always evolving, staying current with evidence-based best practice does require continual learning. There is no particular method of learning that must be completed but usually some variation between, but not limited to:

- Formal studies
- In-service education
- Attending conferences, workshops etc
- E-learning
- Participation in professional activities
- Self-directed learning

Self-directed learning, or informal learning, can include reviewing frameworks or policies, reading journal articles or books, or conducting your own research into practice developments. It is important to record any self-directed learning, including your identified learning needs, the activity you did, and reflection on the activity as to how it relates to your practice. See the diagram above.

The NMBA website contains a template that nurses and midwives can use to document any self-directed learning, which can be found at [www.nursingmidwiferyboard.gov.au/documents/default.aspx?record=WD13%2f12200&bid=AP&chksum=loRjZ718pC3XzForjtDXpA%3d%3d](http://www.nursingmidwiferyboard.gov.au/documents/default.aspx?record=WD13%2f12200&bid=AP&chksum=loRjZ718pC3XzForjtDXpA%3d%3d)

CPD is just one of the NMBA standards and guidelines and it is important that you familiarise yourself with them, so that you continue to be able to meet your obligations in each renewal period. You can find the NMBA Registration Standards at [www.nursingmidwiferyboard.gov.au/Registration-Standards.aspx](http://www.nursingmidwiferyboard.gov.au/Registration-Standards.aspx) and the NMBA Professional Codes & Guidelines at [www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements.aspx](http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements.aspx)

**If you have any queries, please don't hesitate to call the ANMF Information Centre on (03) 6223 6777 or 1800 001 241 (outside Hobart area), or email us at [info@anmftas.org.au](mailto:info@anmftas.org.au) for advice.**



# CPD

## Planner July – Dec 2017



The ANMF Tasmanian Branch and their education division, Health Education and Research Centre (HERC), are pleased to announce the Continuing Professional Development (CPD) program for the second half of 2017.

ANMF Tasmania understands the importance of continued education and training for all nurses, midwives and care workers. The nursing profession is constantly changing in order to keep aligned with evidence based research and practice recommendations to ensure patients receive safe, quality care. ANMF Tasmania is committed to ensuring that nurses, midwives and care workers have access to current quality professional development.

ANMF Tasmania in conjunction with the ANMF Federal Branch have your CPD needs covered. Free on-line learning is available for ANMF members via [anmf.org.au/pages/online-education-programs](http://anmf.org.au/pages/online-education-programs) and face to face, practical sessions including simulation, are offered at a reduced rate for ANMF members across Tasmania.

This CPD calendar provides an overview of the face to face sessions available for the second half of 2017. So don't delay, plan your CPD today and book now!

- **Mandatory Training**
- **Venous Access**
- **Basic Life Support**
- **ANMF Acute Care Conference**
- **Wound Care Workshop**
- **Oncology Patient Supportive Care**
- **Cultivating Positive Culture in the Workplace**

Who will these workshops benefit?

- Enrolled Nurses
- Registered Nurses
- Student Nurses
- Midwives & Carers

Across all practice settings



**Australian  
Nursing &  
Midwifery  
Federation**  
Tasmania

## Transition to Practice – Entering the Workplace

This session is aimed at graduating enrolled nurses and registered nurses, who are transitioning from study to the workplace. Providing information on post graduate study options and the relevant skills to successfully progress to a graduate position.

### AM Full day

Topics covered include wages and conditions, post graduate program options, UTAS Clinical Honours program, superannuation, AHPRA registration processes, and information and advice on job applications and the application process.

## Location and date

### Launceston

#### Wednesday 12 July

AM: 9.30–15.30

UTAS Lecture Room 6  
Commerce Building,  
Newnham Campus

### Hobart

#### Wednesday 19 July

AM: 9.30–15.30

CCAMLR  
181 Macquarie Street, Hobart

**FREE**  
for Graduate  
& Student  
Nurses

## Venous Access

Improve your knowledge and skill base in relation to venous access by attending this workshop. The theory underpinning appropriate phlebotomy technique will be discussed along with appropriate selection of venous access devices, before applying the theory and techniques in practical sessions using simulated veins.

### AM Morning session

Review the anatomy and physiology related to the venous system relating to phlebotomy. The theory of phlebotomy and related essential knowledge, including aseptic technique will be covered prior to a practical phlebotomy session.

### PM Afternoon session

Review the theory related to cannulation, including the anatomy and physiology and appropriate device selection. This will be followed by a practical session on cannulation technique.

## Location and date

### Hobart

#### Wednesday 16 August

AM: 9.30–12.00

PM: 13.00–15.30

ANMF HERC Training Room  
182 Macquarie Street, Hobart

### Launceston

#### Wednesday 23 August

AM: 9.30–12.00

PM: 13.00–15.30

ANMF HERC Training Room  
19 Brisbane Street, Launceston

## Cost

### Members

AM: \$80.00

PM: \$80.00

Full day: \$120.00

### Non-Members

AM: \$110.00

PM: \$110.00

Full day: \$200.00

## Oncology Patient Supportive Care

This session will provide a comprehensive overview of the underlying pathophysiology of cancer cells, the specific blood and organ systems affected by these cancers, and the associated treatment modalities. Increase skills and knowledge on how to provide quality nursing care to patients undergoing chemotherapy, radiotherapy, immunotherapy or supportive palliative treatments.

### AM Morning session

Learn underlying pathophysiology of both solid and haematological cancers. Learn different treatment modalities. Understand chemotherapy and radiotherapy treatments for supporting patients and caregivers.

### PM Afternoon session

Manage ongoing side effects of the disease process and treatment modalities from a nursing perspective. Helpful hints for caring for a patient receiving therapy. As well as a guide to palliative management for a patient with terminal cancer.

## Location and date

### Hobart

#### Wednesday 13 September

AM: 9.30–12.00

PM: 13.00–15.30

ANMF HERC Training Room  
182 Macquarie Street, Hobart

### Launceston

#### Wednesday 27 September

AM: 9.30–12.00

PM: 13.00–15.30

ANMF HERC Training Room  
19 Brisbane Street, Launceston

## Cost

### Members

AM: \$80.00

PM: \$80.00

Full day: \$120.00

### Non-Members

AM: \$110.00

PM: \$110.00

Full day: \$200.00

## Cultivating Positive Culture in the Workplace

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This workshop is designed to provide all levels of the nursing and midwifery community with practical communication skills. The aim of this course is to enhance collaboration between colleagues, to better support patients, as well as support individual training and self care needs. These skills are vital in the continually evolving healthcare sector.

### AM Morning session

This session will explore the communication methods best suited to a fast paced workplace, and discusses how to approach difficult and sensitive conversations, and self care within a practical framework.

### Who will this workshop benefit?

This study day would be beneficial for all enrolled and registered nurses, and midwives involved in the care of patients across all settings of the healthcare industry. This workshop can also be attended by student nurses who are transitioning into clinical practice.

### Location and date

#### Hobart

**Wednesday 11 October**

AM: 9.30–12.00

ANMF HERC Training Room  
182 Macquarie Street, Hobart

#### Launceston

**Wednesday 18 October**

AM: 9.30–12.00

ANMF HERC Training Room  
19 Brisbane Street, Launceston

### Cost

#### Members & INN

\$60.00

#### Non-Members

\$100.00

## ANMF Acute Care Conference

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The ANMF acute care conference will be a beneficial opportunity to learn about a range of issues and current evidence affecting nurses caring for patients across all healthcare sectors. The conference will cover topics from consumer directed care and latest evidence on several key clinical practice areas, to the impact of health policy and funding on acute care.

### FD Full Day (catered event)

The ANMF Acute Care Conference has been very popular in the past and provides Tasmanian nurses and midwives an opportunity to receive current research, policy and practice development from leaders in their field of excellence. This day is designed to support nurses and midwives in their advanced practice development goals and provide networking opportunities to enhance their current practice.

### Who will this conference benefit?

This conference is designed to provide quality continuing professional development to enrolled nurses, registered nurses and care workers involved in the care of patients across all practice settings. This will also be beneficial for student nurses who are transitioning into practice.

### Location and date

#### Hobart

**Friday 17 November**

Full Day: 9.30–16.00

TBC

### Cost

#### Members

\$170.00

#### Non-Members

\$220.00

#### Students

\$100.00

## Mandatory Training

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This study day is focused on core nursing practice and is designed to meet the basic mandatory training requirements expected by the healthcare industry. Topics covered and skills that will be assessed on the day are hand hygiene, aseptic technique, medication management, basic life support as well as fire and emergency awareness.

### FD Full day

A full day is required to enable the completion of all basic mandatory training requirements. The morning will focus on the 5 moments of hand hygiene along with a theory based session on the concept of aseptic technique, followed by safe manual handling principles. The afternoon will include practical activities involving medication management and basic life support, followed by fire and emergency awareness assessment procedures.

### Location and date

#### Launceston

**Wednesday 1 November**

9.30 – 16.00

ANMF HERC Training Room  
19 Brisbane Street, Launceston

#### Hobart

**Wednesday 8 November**

9.30 – 16.00

ANMF HERC Training Room  
182 Macquarie Street, Hobart

### Cost

#### Members & INN

\$120.00

#### Non-Members

\$200.00

# Wound Care Workshop

This workshop is aimed at all enrolled nurses, registered nurses and midwives who care for patients with wounds across all healthcare settings. The workshop will refresh knowledge on the up to date evidence and best practices for wound cleansing and dressing. Wound dressing options and products will also be explored to assist with product selection.

## AM Morning session

This session will explore the anatomy and physiology of wounds and their healing processes. Hear from a clinical expert on complex wound issues on how best to manage them and best practice standards on wound dressing techniques.

## PM Afternoon session

This session will explore a variety of wound care products and the clinical information needed to use them in the practice setting. This session will allow participants to ask questions and seek helpful hints about specific wound care products.

## Location and date

### Hobart

**Wednesday 22 November**

AM: 9.30–12.00

PM: 13.00–15.30

ANMF HERC Training Room

182 Macquarie Street, Hobart

## Cost

### Members

AM: \$80.00

PM: \$80.00

Full day: \$120.00

### Non-Members

AM: \$110.00

PM: \$110.00

Full day: \$200.00

# Basic Life Support

This workshop provides an opportunity to update your knowledge on the latest evidence and recommendations for basic life support. It will also provide an opportunity to refresh the practical application of CPR, along with an assessment.

## AM Morning session

The Australian Resuscitation Council's guidelines for basic life support will be reviewed and discussed. Participants will have the opportunity to apply basic life support skills before being assessed in a simulated scenario.

## Location and date

### North West

**Tuesday 5 December**

AM: 9.30–12.00

Rural Clinical School (RCS),

Brickport Road, Burnie

### Launceston

**Tuesday 5 December**

AM: 13.00–15.30

ANMF HERC Training Room

19 Brisbane Street, Launceston

### Hobart

**Wednesday 6 December**

AM: 9.30–12.00

ANMF HERC Training Room

182 Macquarie Street, Hobart

## Cost

### Members

\$80.00

### Non-Members

\$110.00



## Session format

### FD - Full day training day

(Catered Event)

### FD with AM and PM sessions

You may attend the AM or PM session or both (Catered Event if attending both sessions)

## Bulk discounts

Groups of 5 or more = 10% discount

Groups of 10 or more = 20% discount

Bulk discounts are only available when booking via phone (not available on online) please phone 6223 6777

## Policies

You must preregister to attend workshops; payment must be made at the time of registration.

In the event that you need to cancel a booked CPD workshop, the following refund policy applies if cancellation occurs:

**30 days or more:** 100% money back

**Less than 30 days but more than 7 days:** A credit for the full amount will be issued

**Less than 7 days:** No refund or credit will be offered

**In the event ANMF/HERC cancels a workshop any fees paid will be refunded.**

## How to book

**Online** [anmftas.org.au/cpd](http://anmftas.org.au/cpd)

**Phone** (03) 6223 6777

# Regional Roundup

## Southern Roundup

### Royal Hobart Hospital mass membership meeting

ANMF met with members at the Royal Hobart Hospital (RHH) to discuss the current issues surrounding bed block. In the mass membership meeting, solutions were sought on ways to increase patient flow and help to alleviate bed block. A list of solutions has been presented to the senior management team at the RHH for consideration. The solutions have also been passed on to the Minister of Health. ANMF commends the hard work that its members, both on the floor and in management, are doing to ensure maintenance of the high level of patient care, that is synonymous with the RHH.

### Ambulatory Care Centre

ANMF is working with members in the Ambulatory Care Centre (ACC) around the utilisation of their beds on a weekend. Traditionally the ACC has been a weekday service, however with current bed demands management requested weekend beds be opened to facilitate patient flow within the hospital. ACC members and ANMF are working with management to ensure that the day-to-day service of the ACC are not impacted by this initiative.

### ED and Department of Psychiatry (DoP) Joint Meeting

ANMF, on behalf of its members, facilitated a meeting with RHH management. The meeting was to discuss bed block impacting on psychiatric patients. The meeting was productive, with a draft plan around increasing patient flow released for consultation. A regular communications meeting has been set up between the departments and a formal procedure will be developed for the Psychiatric Emergency Nurses to request additional support in periods of increased activity and acuity.

### Pharmacist Certificates for Personal Leave

Following consultation with David Twyford, Healthscope Workplace Relations General Manager, Hobart Private Hospital will accept sick leave certificates from Pharmacists in accordance with The Pharmacy Guild of Australia Guidelines.

### Calvary Health Care - Payroll Changes

Members advise there are plans to change the current payroll processes to facilitate the transition of all payroll services to the national centre. Members are concerned this may impact on timely management of payroll disputes and on the NUM workload. ANMF will meet with members to discuss their concerns.

### Adult Community Mental Health Service - Southern Team Redevelopment

ANMF attended a redevelopment meeting to discuss plans for a new site at Kingston. It was great to see all staff having the opportunity to contribute to the planning stage, unfortunately this does not resolve current concerns of safety at the Clive Hamilton Building. While there are discussions and plans being developed to improve the building, progress is very slow.

### Statewide Mental Health Services (SMHS) - Industrial Consultative Forum

Adie Gibbons, Clinical Executive Director SMHS attended the June meeting and advised that the forum (which occurs only in the South) will be extended statewide. This change is welcomed by ANMF and will assist with communication between all SMHS.

### Roy Fagan Centre

ANMF enjoyed hosting a morning tea with staff as a celebration of the opening of the 10 bed Jasmine Unit and welcoming new staff. Members have reported that patient admissions are being well managed and they are pleased that this will provide some relief to the bed block concerns at the RHH.

## Northern Roundup

### Northern Mental Health Services

Northern Mental health has been in crisis which has brought to light many concerns regarding security and safety. These concerns, raised by the ANMF on behalf of members, were the reason for a 6.5% allowance being granted to nurses working in the High Dependency Unit in recognition of the extra workload and disruptive environment. Whilst we understand that this situation has been rectified we will continue to advocate for our members regarding workloads and in particular the workplace health and safety of our members and their clients.

In addition to the above, the northern community mental health teams, in particular the Crisis Assessment and Triage Teams (CATT) have significant workloads. This has been difficult to demonstrate, given the data is not reflective of the current practice. In addition the THS put forward a proposal to implement a Psychiatric Emergency Nurse (PEN), using the existing CATT members for this service. This effectively depleted an already exhausted and resource poor service. While supporting the Introduction of PEN nurses, ANMF strongly advocated on behalf of our CATT members

# Regional Roundup

insisting that this proposal be put on hold until the appropriate data can be collected, in order for all involved to gain a clear understanding of the resources required to effectively run the CATT service.

In addition, ANMF have been supporting our Northern public sector members with multiple workload grievances. These workloads are clearly indicative of the increase in acuity and the lack of changes to nursing hours. We understand how hard our members work. We will continue to advocate to ensure members have a safe working environment that allows for the provision of optimum patient care.

## North-West Roundup

### Mersey Medical Ward

ANMF have raised a workload grievance due to the non implementation of an extra 5.97 FTE as identified in the recent re-benchmarking process. ANMF have been advised that the business case for the additional FTE is with the Group Director for sign off. ANMF will be attending meetings with management to progress this matter.

### Mersey Satellite Rehabilitation Service

ANMF received a change proposal for the Mersey Satellite Rehabilitation Service. ANMF consulted with members who raised a number of key concerns. Most notably was the suggestion that the Rehabilitation Coordinator be an Allied Health Professional rather than a Clinical Nurse Consultant (CNC). ANMF received confirmation that this role will be advertised permanently as a CNC.

### Mersey Community Hospital ED

Following a recent re-benchmarking the ED members endorsed a proposal that would see an increase in nursing hours being used to introduce a Clinical Initiatives Nurse. ANMF has written to the Mersey ED Manager to endorse the increased nursing hours and Clinical Initiatives Nurse role.

### North West Private Hospital Bass Ward

Following a Joint Consultative Committee Meeting and discussions with members, ANMF has attended a members meeting on Bass Ward at the NWPB to further explore concerns regarding staffing. ANMF have written to the NWPB CEO seeking a review and resolution to members concerns.

## Aged Care Roundup

### Enterprise Agreement meetings

Current market pressures in the aged care sector means that bargaining has been intense. ANMF are working hard to ensure members rights are well represented in Agreements. Workloads in the aged care sector remain high and ANMF are working constantly with members and management to ensure the workplace, and more importantly aged care residents, enjoy a safe place to live and work. If members are experiencing workload issues at their site, contact the Information Centre who will arrange an organiser workplace visit.

### Southern Cross Care Tasmania (Rosary Gardens)

ANMF have met with management at Rosary Gardens about workload concerns. SCCT management acknowledged that the roster system needs to be reviewed to cover the back filling of shifts. SCCT will hold meetings to discuss options available to ensure members do not have to work short staffed. Management is putting measures in place to ensure that rosters are fully populated for all shifts.

### One Care Barossa Park

ANMF represented members at meetings at Barossa Park to ensure their industrial rights were protected during changes to the rostering practices at the facility.

### Queen Victoria Care

ANMF, in conjunction with members, raised concerns about workloads due to a change in the model of care. ANMF wrote to Queen Victoria Care outlining concerns with the new model. Queen Victoria Care has now consulted with nurses and the model of care has been reviewed. Management advise the model will be changed reducing the number of residents each nurse is responsible for and an additional EN will be employed. A trial of the amended model of care is in place and ANMF will hold further meetings to discuss its effectiveness. Congratulations to members on the professional way they handled the workload grievance which has resulted in a positive outcome.

### Presbyterian Care

There has been a lot of change occurring in aged care, one of the most significant changes was the take over from Presbyterian Care Tasmania by Regis aged care. These changes are causing unsettling times for our members who work at these sites. The ANMF have held numerous meetings at these sites to provide members

# Regional Roundup

with industrial and professional advice. The ANMF Federal Industrial Representative attended the Fair Work Commission proceedings on behalf of our members. As a result Regis Aged Care has agreed to maintain the current PCT EA until October (or until replaced by agreement).

## North West Aged Care

Enterprise Bargaining meetings have occurred at a number of sites including Aged Care Deloraine, Southern Cross Care Yarandoo, Tandara Lodge

Sheffield, Island Care Eliza Purton and Coroneagh. Of note Meercroft Care enterprise bargaining saw members endorsing a management offer that results in several key improvements to conditions for carers and nurses. Including: a 2.5% annual wage increase for a three year agreement including the same percentage increase for allowances, nauseous linen allowance for all staff, the ability to cash out 2 weeks of annual leave, 14 weeks' paid parental leave to include ECAs and access to family violence leave.

# Assistant Secretary's Message



**Emily Shepherd**  
*ANMF Tasmanian Branch  
Assistant Secretary*

After a recent acting period as the Acting Branch Secretary, I am very excited to be commencing in the role of Assistant Secretary of the ANMF

Tasmania. There are a number of key priorities that I will continue to focus on in the role of Assistant Secretary. A core focus will be member industrial issues and I look forward to meeting with members across the State.

Similarly, I will continue to represent members at the Public Sector EBA Implementation Committee and drive the Associate Nurse Unit Manager (ANUM) Implementation and the Nursing Hour per Patient Day review and development of the hybrid ratio model as agreed in the 2016 Public Sector Nurses and Midwives Agreement.

Representing Midwives on the Birthrate Plus Implementation Committee will also be another key focus. I look forward to working with the Midwives who have nominated as representatives to sit on this committee alongside ANMF, to be the voice of members.

While the public sector industrial matters are critical due to the timeframes associated with the Agreement, another important and equally critical priority will also be the ANMF Aged Care Campaign. The ANMF (Tas Branch) in conjunction with the ANMF Federal Branch will be running an Aged Care Campaign in the lead up to the next Federal Election

to ensure that improving Aged Care for the elderly and staff is an election commitment from all political parties.

The Senate Enquiry into Future of Australia's Aged Care Sector Workforce Report which was handed down in June 2017, highlights a number of key recommendations that must be enacted as a matter of urgency for the aged care workforce. Some of these recommendations echo the requests that ANMF have been demanding for aged care for years. These include; mandated minimum staffing levels, poor remuneration and working conditions, and consistent workplace regulation.

One of the key findings out the Senate Report and South Australian 2017 Oakden Report, focussed on the regulation of aged care facilities. The Australian Government's Department of Health are now conducting a review of aged care regulatory processes. The key aim is to determine how Commonwealth Regulatory Processes would increase the likelihood of immediate detections, and swift remediation by providers, of failures of care.

ANMF Tasmanian Branch will be preparing a submission on behalf of members and will be holding member consultation forums to inform this submission. However, individual members, family members and aged care consumers are also encouraged to complete the on-line survey.

The survey can be found on the Australian Governments Ageing and Aged Care website and can be accessed via: <https://agedcare.health.gov.au/quality/review-of-national-aged-care-quality-regulatory-processes>

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