

A man with short dark hair and a light beard, wearing dark blue hospital scrubs, stands in a hospital corridor. He is looking back over his right shoulder towards the camera. His hands are cuffed behind his back with thick, light-colored rope. The background is a blurred hospital hallway with blue curtains and bright lights.

# IN FUSION

2016  
JUNE

**IF YOU DON'T CARE,  
WE CAN'T CARE**

*Plus...*

Enterprise Bargaining  
in 2016

ANMF Member Story  
Connect with Cambodia



QUALITY EDUCATION  
FOR THE HEALTH PROFESSIONS

RTO 40736

HEALTH EDUCATION & RESEARCH CENTRE

## Administer and Monitor Intravenous Medication in the Nursing Environment (HLTEN519C)

Advance your current scope of practice to include administering and monitoring IV medication with this specialised short course designed specifically for Enrolled Nurses.

### HLTEN519C – Administer and Monitor Intravenous Medication in the Nursing Environment

#### Criteria:

- Must be an Enrolled Nurse and hold a Diploma of Nursing (Enrolled/Division 2 nursing) HLT51612 or equivalent;
- must be registered as an Enrolled Nurse with the Nursing and Midwifery Board of Australia.
- must have completed all pre-requisites as outlined in the Diploma of Nursing (Enrolled/Division 2 nursing) HLT51612 training package.

#### On successful completion of this unit of competency, students will have developed skills in:

- Procedures which minimise risk to patients during time of administration of intravenous medication;
- the professional preparation of intravenous medications for administration to a patient;
- the legal and procedural requirements associated with intravenous medication administration, as well as monitoring a patient's response to administered intravenous medication.

#### Cost of the course is \$1,350.

This includes three face to face workshops (in Hobart), online resources, pre-reading materials and a workbook (to be provided), all at self paced learning.

To register go to: [herc.tas.edu.au/ivmed](http://herc.tas.edu.au/ivmed)

Further information is available by phoning HERC on **03 6223 6777** or email: [info@herc.tas.edu.au](mailto:info@herc.tas.edu.au)

Applications close COB Friday 10 June, 2016.

*Develop new skills in intravenous medication.*



**Course Commences June 2016**



182 Macquarie Street, Hobart, TAS 7000  
03 6223 6777  
[info@herc.tas.edu.au](mailto:info@herc.tas.edu.au)  
[herc.tas.edu.au](http://herc.tas.edu.au)

# Branch Secretary Message

Neroli Ellis



## IF YOU DON'T CARE, WE CAN'T CARE

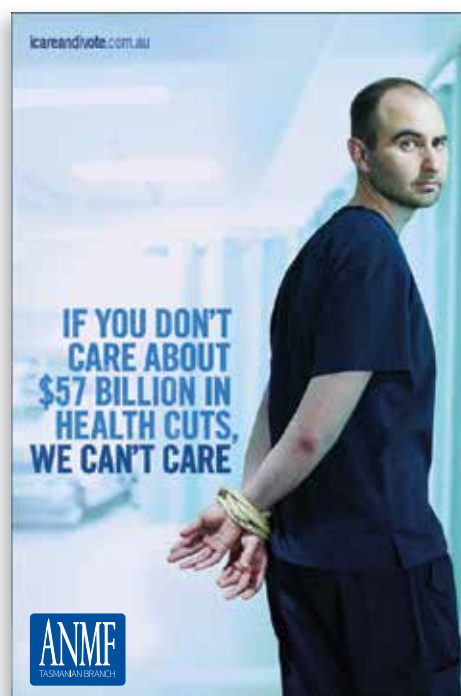
We are now closing in on a Federal Election and the Federal budget has left the Tasmanian health system in a perilous position. The recent COAG outcome of an additional \$18 million a year to replace the \$52 million a year promised under the previous National Reform Agreement, falls well below the mark. This is not a good outcome on top of the cessation of the \$325m Tasmanian Health Assistance Package (THAP) funding. Unfortunately there was no relief for the continuation of many of these services provided by THAP funding and they will cease once the funds have been used.

Palliative Care service is a good example, where the following positions have been funded for THS Palliative Care in the South over the last three years; one Nurse Practitioner, two CNEs- one for community and hospital, CNE, Occupational Therapist and Pharmacist and Music Therapist. These positions have no on going funding past 30 June and potentially will be lost despite the positive outcomes for our community. Hospice@Home continues on unspent funding but has no ongoing security once that money is utilised. This will be a major blow for Tasmanians. Funding for all the Commonwealth funded services will have to be found by the State Government from existing funding. 18 EMU beds, elective surgery and LGH purpose built Short Stay Unit staffing, primary health incentives and projects like the care coordination are all at risk.

ANMF (Tasmanian Branch) will be actively lobbying all candidates pre-election to ensure health funding, including Aged Care, is the number one priority. Our campaign will focus on the impacts on nurses, midwives and care staff work and we will be actively seeking member and community support.

If you don't care about \$57 billion health cuts/ aged care staffing levels/ penalty rates/Medicare cuts, We Cant Care!! The message is clear; we need a well funded and resourced health system to provide quality care. Get involved and be part of our campaign! For further information please read our focus pages 6-7.

ANMF will be providing positions from all parties and candidates to enable you to have an informed position to take to the next Federal election ballot.



### BRANCH SECRETARY:

**Neroli Ellis:** Neroli.Ellis@anmftas.org.au

### MANAGER, INDUSTRIAL SERVICES:

**Jenny Thomas:** Jenny.Thomas@anmftas.org.au

### STATE NTH & NW ORGANISER CO-ORDINATOR:

**Shane Rickerby:** Shane.Rickerby@anmftas.org.au

### TEAM LEADER - SOUTHERN ORGANISER:

**Andrew Brakey:** Andrew.Brakey@anmftas.org.au

### SOUTH:

**Sue Darcey:** Sue.Darcey@anmftas.org.au

**Norm Blackburn:** Norman.Blackburn@anmftas.org.au

### NORTH AND NORTHWEST ORGANISERS:

**Phoebe Midson:** Phoebe.Midson@anmftas.org.au

**Marita Meadows:** Marita.Meadows@anmftas.org.au

### INFORMATION OFFICERS:

**info@anmftas.org.au**

### INDUSTRIAL CONSULTANT:

**Caroline Saint:** Caroline.Saint@anmftas.org.au

### SERVICE SUPPORT MANAGER:

**Claire O'Loughlin:** manager@anmftas.org.au

### MARKETING, MEDIA AND PUBLICATIONS:

**marketing@anmftas.org.au**

**HOBART:** 182 Macquarie Street, Hobart,

Tasmania, 7000

P 03 6223 6777 • 1800 001 241 (outside Hobart)

F 03 6224 0229

### LAUNCESTON:

P 03 6223 6777 • 1800 001 241 (outside Hobart)

### ULVERSTONE:

P 1800 001 241 (outside Hobart) • F 03 6425 1028

### ANMF BRANCH COUNCIL & EXECUTIVE:

#### Emily Shepherd

President  
LGH Ward 5D

#### James Lloyd

Vice President  
RHH Central  
Coordination Unit

#### Kim Ford

Executive  
RHH Specialist Clinics

#### Angela Manion

Executive  
MCH ICU/HDU

#### Andrew Ostler

Executive  
RHH Neurosurgical

#### Tania Battaglini-Smith

LGH,  
Northern Renal Unit

#### Deanna Butler

RHH DEM

#### Scott Butler

RHH Surgical

#### Kim Clarke

LGH WACS

#### Mandy Clark

Bupa

#### Helen Evans

NWPH OT

#### Sarah Hill

Mersey ED

#### Anna Hodgetts

RHH Ward 2D

#### Anne Sands

Midlands MPC

#### Natalie Walker

LGH AMU

#### Monica Werner

RHH Oncology 2A

#### Sancia West

UTAS

#### Joanne Crawford

The Eye Hospital

*Infusion is the official publication of ANMF (Tas Branch). Letters and articles are welcome. Advertising rates available on request by emailing marketing@anmftas.org.au. Publishing deadline is 1st of each month prior to publication. Statements/opinions in Infusion reflect views of the authors, they do not represent official policy of the ANMF unless stated. Material featured in Infusion is copyright and may be printed only by arrangement with the ANMF (Tas Branch).*

YOUR ANMF (TAS BRANCH) INFUSION MAGAZINE IS PROUDLY DESIGNED AND PRINTED IN TASMANIA



## Working with Purpose at ANMF

### 1. What it means to you working at ANMF:

From the time of becoming a student nurse the ANMF, RANF back then, had a very strong presence in the hospital environment. Young student nurses were encouraged by their senior colleagues to get involved with the union representing nurses and welcomed interested student nurses to their meetings held in the Nurses Home sitting room. (Vintage 1960) Great start to open the mind of a young enthusiastic nurse!

A career in nursing / health care teams opens opportunities to a wide range of experiences and diverse environments to work in and amazing leaders and colleagues to work alongside. No matter what area of health a nurse or health care team member chooses to work in, it would be almost impossible not to become aware of the importance of public health and ensuring that best practice standards and patient outcomes are maintained. Nurses / health care team members strive for this everyday in their working life and are at the forefront of knowing what is required to ensure this happens. Always putting their patients first and not necessarily thinking about who is caring for them. This is where the work of the ANMF begins.

Working for the ANMF is not necessarily a career move many nurses / health care team members would consider, but to some the pull can be very strong. Working with a team that is of the same mind set, strong willed and won't give up in the face of a tough battle to ensure nurses / health care team members have a voice and are listened to is not dissimilar to what all nurses / health care team members do as strong patient advocates.

For nurses / health care team members it is a great privilege to care for patients and share so many intimate and confidential moments during their care, both physical and emotional. While the work of an ANMF official / employee is so very different to the work of a clinical nurse / health care team member, it is very much similar. ANMF is as much about caring for nurses / health care team members as nurses / health care team members are about caring for their patients. As a nurse working at ANMF it is so easy to appreciate the issues members seek assistance and support with. At the end of the day we are all in it for the same reason; best possible outcomes for patients.

ANMF is so proud to be the advocate for our members and to represent their voice as a collective.

### 2. What we do – the constant battles and fights for workers rights:

ANMF, like all unions works for the rights of workers, and in our current political and budget driven environment our members are facing the force of employers to reduce and in some cases remove the conditions that members have fought very hard for.

Every day members report that they are having a reduction in nursing and care hours, the inability to provide the patient care required and being expected to do more with less.

ANMF members across the country are expressing serious concerns for the future of health and the expectations of our political leaders as they continue to slash health care budgets for every state. ANMF members in every state and territory will be participating in campaigns leading up to the federal election - **If you don't care, we can't care!** We ask that Tasmanian members come on board and help us campaign for a health system in Tasmania that is rightly funded.

The campaign is not in support of any political party. ANMF believe that politics should be taken out of health so this campaign is apolitical. We want what is right for all Australian's, a fair and equitable public health system with appropriate staffing levels and working conditions, including keeping penalty rates!

## Your rewarding career starts right here!



**HERC offers training in Aged Care and Home & Community Care.**

**NEXT  
COURSE  
STARTING IN  
JULY  
2016**

\*Subsidised places available now.

For further information about our courses (including subsidies) visit us online at:

**[herc.tas.edu.au](http://herc.tas.edu.au)  
or ph. 6223 6777**

**HERC**

HEALTH EDUCATION & RESEARCH CENTRE

**QUALITY EDUCATION  
FOR THE HEALTH PROFESSIONS**

RTO 40736

182 Macquarie Street, Hobart

p. (03) 6223 6777

f. (03) 6224 0229

e. [info@herc.tas.edu.au](mailto:info@herc.tas.edu.au)

## Advocating for Patient Safety 2B Surgery

The General Surgery ward at the Royal Hobart Hospital (RHH) has been recognised as a clinically demanding ward. The ward has had previous workload grievances which resulted in an increase in nursing hours that allowed for an extra nurse being allocated to the afternoon shift on a Tuesday and Thursday when the Surgical High Observation Unit is open. In March 2016, workplace representatives from the General Surgical Ward approached ANMF with concerns about current sustained workloads causing patient safety concerns. The concerns that were brought to ANMF included;

- a) A reduction in support services at the RHH has led to registered nurses being required to carry out the duties such as answering phones and updating patient flow software during after hours and weekend periods.
- b) Patient acuity on the ward has been increased due to bed block in the ICU criteria. This was leaving acutely unwell patients the ward.
- c) Afternoon shifts were becoming unsafe, with the requirement for the pm shift coordinator to take a patient load, facilitate patient flow, carry out ward clerk duties, support inexperienced and junior pool staff and oversee all care on the ward.
- d) Members reported that they are doing regular unpaid overtime and missing meal breaks to finish the allocated work for their afternoon shifts.

ANMF met with members on 2B surgery to discuss these issues and ascertain what solutions could be put in place to ensure

patient safety on the ward. Members put forward at this meeting that an additional nurse on the afternoon shift would allow for appropriate resourcing of the ward.

In early April 2016 ANMF and workplace representative Megan Twaits met with management to discuss ANMF members' concerns. It was recognised by management that 2B Surgical was a clinically acute ward, and due to bed block in the ICU, acuity on the ward had raised. It was put forward by Megan Twaits that the pressure this situation was placing on the ward could be relieved with an extra nursing staff member on the afternoon shift. This would allow more efficient patient flow after hours, better oversight of junior and inexperienced staff and better planning for the next days activity. This was agreed by management and it was negotiated that, on a trial basis, a nurse coordinator would be put place on Wednesdays and Fridays.

This example proves what can be achieved when ANMF members come together as a collective and advocate for what is required to provide safe and complete patient care. It's also evidence of how a strong workplace representative, who will advocate for their colleagues, can influence outcomes in workload disputes. These types of outcomes could not be achieved without workplace representatives and members who are willing to come forward and speak about the issues in their workplaces, as well as advocate for their colleagues and patients' rights in the health care system.

This is what we are all about at ANMF. We are working together to advocate for change in all areas of health, for all of our members. We are much stronger and more successful when we work together.



HERC celebrated the Diploma of Nursing (HLT51612) Group 1 students 1st Birthday on April 15 with morning tea, and some delicious and beautifully decorated cupcakes.

Well done to all students, who are half way to gaining their qualification. Fantastic effort!



## CAMPAIGN THEME: IF YOU DON'T CARE, WE CAN'T CARE

Hopefully by now you have come across some of our campaigning materials for the looming Federal Election on July 2, including our social media sites, website and television. With any luck, you have even seen us out and about on our campaign trail! ANMF, members and the community need this campaign to be heard and be strong in the message as our public health system and funding is shifting in a way that is not holistic or equitable.

There is no doubt that the government is heading towards the reshaping of Australia's health system, creating an increasingly privatised service model; we suspect the co-payment concept—a fee for the most basic medical assistance—was designed to normalise the idea of user pays, paving the way for an increased scheduled fees for hospital and health services currently funded by taxpayer dollars.

We have seen the signs.

Australia already has high levels of out-of-pocket health expenses for individuals. There is clear evidence asking patients to pay out of pocket costs for health care leads some people to delay seeking medical treatment - even in systems which have safety nets in place to protect low income earners. The current removal of \$650 million cuts to bulk billing with pathology incentives for diagnostic imaging and pathology services that has continued to be implemented on July 1, even though we are in election mode, is a good example of the possibility of things to come.

This is wholly unacceptable.

ANMF want Tasmania's health system to be appropriately funded, staffed correctly and the Tasmanian community to be properly cared for. Tasmania has an aging population with around 34% of Tasmanians being welfare recipients. We must have sufficient health services.

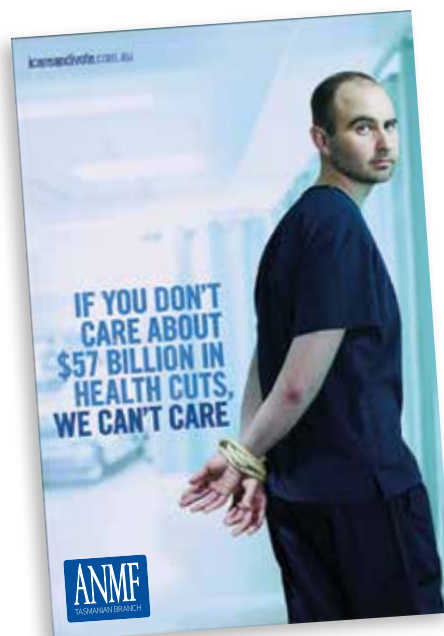
ANMF have just had a great outcome for the Psychiatric Emergency Nurse (PEN) positions where Commonwealth funding was ending on June 30 2016. This crucial role is a much needed specialist service in the Emergency Department (ED) at the Royal Hobart Hospital (RHH). Through advocating both Federal and State governments, we secured State funding on 27 April 2016. The six staff within these positions are now secured with ongoing employment.

ANMF Tasmanian Branch is following our Federal Branch with our four campaigns for the Federal Election; Health Cuts, Aged Care, Medicare and Penalty Rates. We hear about the big picture, the economy, fiscal policy and budget restraints as

well as what is being taken away from Australians, but what does this mean for Tasmanians and Tasmania in general?

### Health Cuts

In 2014 the government tore up the National Health Reform Agreement of 2011, in which the Commonwealth, from July 2017 had agreed to fund 50% of growth in state government health and hospital costs. Instead the Commonwealth was to limit any increase in its contribution to Consumer Price Index (CPI) (which has little to do with health costs) and population growth.



The Parliamentary Budget Office (PBO) calculated that over the eight years from 2017-8 to 2024-25 Tasmania would lose \$1.151 billion under these arrangements. The PBO applied national figures for a projected increase in inpatient demand in Tasmania (~3.5% annually) when in fact demand for inpatient care in Tasmania is growing at ~8% - over twice the national average!

Applying this correction to the PBO figure gives a deficit in Commonwealth funding for Tasmania of \$2.72 billion over the same eight-year period.

The recent COAG agreement gave States and Territories an extra \$2.9 billion from the Commonwealth for health expenditure over the three years from 2017 – 2020. Tasmania's share is \$54 million. Commonwealth grants are historically allocated on the basis of population. Tasmania has 2.2% of Australia's population, so our share should be \$64 million!

What has happened to the additional \$10 million?



The \$54 million will be insufficient to cope with increasing demand on the public health system. ANMF will be pursuing funding certainty for the increasing demand and needs within our public health sector and for all nurses, midwives and carers.

### Aged Care

It's scandalous that on any given night at nursing homes across the country, a single care worker can be looking after 30-50 frail, vulnerable patients with complex, chronic conditions, many with dementia. We have even heard incidents of having one care worker looking after 100 patients! Not acceptable at all!

We are lobbying to have Registered Nurses on site in residential care 24 hours a day, 7 days a week.

Some of the reasons RNs are essential in aged care around the clock is to:

- Oversee medications, including assessing side effects;
- Undertaking nursing procedures, including urinary catheters, naso-gastric tubes, wound care;
- Minimising unnecessary transfers to Emergency Departments;
- Providing palliative care at the nursing home;
- Providing support and supervision to ENs and ECAs.



### Medicare

The government plans to cut and limit bulk billing incentive payments for pathology and diagnostic imaging services. The government has recommended a total of 23 MBS items be removed. These include MRIs, x-rays, blood and urine tests, ultrasounds and pap-smears and other diagnostic imaging and pathology services.

These cuts reveal incredibly short-term thinking. Increased costs will lead to decreased screening, resulting in more illness, death and increased costs to the health system further down the line.



### Penalty Rates

The McKell Institute reported in 2015 that nurses and midwives would stand to lose more than \$1900 a year from their pay, while all nurses, midwives and carers working in acute and aged care would be collectively \$359 million a year worse off if their Sunday penalty rates were reduced to Saturday rates, the report has found.

The release of the final report on the Productivity Commission Inquiry into the Workplace Relations Framework, recommended that Sunday penalty rates for hospitality, entertainment, retailing, restaurants and cafes be aligned with those on Saturday.

The Productivity Commission recommendations quarantined essential services from its recommended changes to penalty rates, ANMF believe that penalty rate cuts would slowly move across all sectors.

One Member states: "Do they think that without penalty rates there will be staff working public holidays, weekends, Christmas, Easter, night duty and any other anti social hours?"



## ENTERPRISE BARGAINING IN 2016

ANMF will negotiate new enterprise agreements for the majority of ANMF members in 2016.

The following enterprise agreements will soon expire:

- Calvary – North and South
- Healthscope
- Healthe Care Burnie
- Hobart Clinic
- Royal District Nurses
- South Eastern Community Care Nurses
- Toosey
- Salvation Army – Barrington Lodge Nurses
- Medea Park Nurses
- The Gardens carers.

ANMF has surveyed members covered by these agreements, and is preparing draft logs of claims for members to endorse.

The following agreements will also expire in 2016:

- Public sector carers
- Public sector nurses
- Mary's Grange nurses
- Mary's Grange carers
- Southern Cross
- Corumbene carers.

ANMF will soon begin the bargaining process for these agreements and survey affected members.



Negotiating a new agreement is an opportunity for ANMF members to improve wages and conditions of employment. Member involvement is the key to successful enterprise agreement negotiations. ANMF wants to work with your employer to quickly negotiate an agreement that will give nurses and carers a fair deal. This will only happen if members are on board. ANMF needs all members to:

- Ensure that ANMF has your current contact details, including your email address
- Read flyers and respond to surveys
- Participate in membership meetings
- Suggest possible solutions for workplace issues
- Talk to your workplace representative or organiser to keep ANMF up to date with current issues
- Encourage colleagues to join ANMF.

It is vital that we have employee representation at the bargaining table. ANMF representatives and enterprise agreement contacts will receive all the training and support they need to effectively represent ANMF members. If you would like to attend the enterprise agreement negotiations, please contact your ANMF organiser.







# THE *heart* BEAT

## On the HEARTBEAT for JUNE: “What is important to you in EBA”



**MANDY CLARK**  
**BUPA**

“To be able to discuss work place issues with members and this in turn then ensures fairness in the workplace for all employee’s.

The EA process is also important as it protects employees rights.”



**RACHEL JONES**  
**EN Meercroft Care Inc**

“Recognising that all staff have an input into care and are recognised as equals.”



**MATT VAN DER MOLEN**  
**RN & ANMF Workplace Representative at John L Grove**

“To make sure that we don’t bargain anything away, ensuring that we keep all of our existing entitlements.”



**PETER FRASER**  
**ANMF Workplace Representative at Older Persons Mental Health Community Team – SOUTH**

“A realistic wage increase in line with increases

in basic commodities, equity in wages with allied health colleagues and the current Multi Disciplinary Allowance to be calculated exclusive of all other entitlements.”



**SARAH LANHAM**  
**RN & ANMF Workplace Representative at Beaconsfield District Health Centre**

“Ensuring safe staffing levels are obtained particularly in the primary health sites in the rural settings, through the nursing

framework and bench marking tools.”

## Tell us your stories, experiences and successes.

WE WANT TO  
HEAR FROM YOU



Infusion and eNews is for our members and about our members.

We want to hear from you to include your professional and personal stories. Tell us about a new innovative process in your workplace, or a story about a patient; a holiday or restaurant review - anything at all that you think would be of interest to others.

Just send in your brief/notes and we will do the rest or if you are keen to put yourself out there, we would love for you to write something yourself. We are happy to write it for you at your request. Photos are also welcomed. Of course there may be limitations to some content and/or length of article but we will discuss this with each individual.

Send your stories along with any photos via email to:  
**marketing@anmftas.org.au** or phone us on **03 6223 6777**.

## Penalty Rates – 24 hour care SHOULD be paid what is fair.

Nurses, midwives and carers around the country are working tirelessly to provide quality care to the Australian public. The provision of 24/7 care comes at a significant personal cost, not just to the wear and tear on our own health, but also the cost to our personal lives as we miss out on time with family and friends.

Whilst the first line of cuts to penalty rates proposed by the Productivity Commission focuses on businesses outside of the healthcare sector, with the Productivity Commission also proposing changes to the Fair Work Act an eventual flow-on effect to the healthcare sector could follow.

The below table gives an indication of some of the employers in Tasmania and the penalty rates currently paid:



| DHHS                         | Day Shift  | Late Shift<br>15% Loading   | Night Shift<br>27.5% Loading | Saturday<br>50% Loading | Sunday<br>75% Loading  | Public Holiday<br>150% Loading |
|------------------------------|------------|-----------------------------|------------------------------|-------------------------|------------------------|--------------------------------|
| Grade 3<br>Year 8            | \$38.44/hr | \$44.21/hr                  | \$49.01/hr                   | \$57.66/hr              | \$67.27/hr             | \$96.10/hr                     |
| Calvary Health<br>Care South | Day shift  | Late shift<br>15% Loading   | Night shift<br>25% Loading   | Saturday<br>50% Loading | Sunday<br>75% Loading  | Public Holiday<br>150% Loading |
| RN Level 1,<br>Year 7        | \$38.83/hr | \$44.66/hr                  | \$48.54/hr                   | \$58.25/hr              | \$67.96/hr             | \$97.09/hr                     |
| OneCare Ltd                  | Day Shift  | Late shift<br>14.5% Loading | Night shift<br>17.5% Loading | Saturday<br>50% Loading | Sunday<br>100% Loading | Public Holiday<br>100% Loading |
| RN Level 1,<br>Year 8        | \$35.17/hr | \$40.27/hr                  | \$41.32/hr                   | \$52.76/hr              | \$70.34/h              | \$70.34/hr                     |

The ANMF Federally recently surveyed members about the impacts of shift work on their personal lives – not only were member's lives significantly affected, but 93% of the 13,101 respondents stated that they would be prepared to take industrial action to protect penalty rates.

The ANMF Tasmanian Branch strongly supports our member's right to penalty rates and recognise that a loss of penalty rates would:

- Significantly reduce nurses, midwives and carers "take home" pay,
- Fail to recognise, value and compensate the sacrifice nurses, midwives and carers make in providing 24/7 care,
- Potentially lead to refusals to work rotational shift work, and
- On average reduce weekly pay by 22%.

Whilst the Productivity Commission recommended a "two-tier" penalty rate system, which would introduce cuts to penalty rates for those in hospitality, entertainment and retail, there

is uncertainty as to whether carers and private sector nurses' penalty rates would also be vulnerable.

If weekend penalty rates begin to erode, so to does the concept of a weekend, which would lead to the eventual destruction of penalty rates for all. Further information on the importance of penalty rates to the health workforce can be found in "The Mckell Institute" paper [www.anmf.org.au/documents/submission/McKell\\_Penalty\\_Rates\\_Nurses.pdf](http://www.anmf.org.au/documents/submission/McKell_Penalty_Rates_Nurses.pdf)

**Keep an eye on the ANMF (Tasmanian Branch) and ANMF (Federal Office) websites and Facebook pages to stay up-to-date with campaign strategies and how you can participate to protect our penalty rates.**

Additionally, if you are concerned about the current payment of your penalty rates please don't hesitate to call the ANMF Information Centre on (03) 6223 6777 or 1800 001 241 (outside Hobart area).

# Fairer Super For All



is at the forefront of the current political debate, examining why women retire with less than men.

We are strongly advocating on behalf of our members at the Senate inquiry into the economic security of women in retirement. This inquiry is examining why women retire with significantly less super than men and what changes could be made to improve the system.

HESTA's submission stresses that the wage gap between men and women remains the biggest factor in women retiring with less than men.

"The gap in super savings that women experience is not due to the choices they make – the main causes are the gender pay gap that sees women earning less than their male counterparts and unpaid time out of the workforce" says HESTA CEO, Debby Blakey.

The vast majority of HESTA's more than 800,000 members are women working in health and community services, where the gender pay gap is 27.7%, according to figures from the Workplace Gender Equality Agency.

"Super is there for every Australian and the conversation needs to start including low-income earners and women", adds Debby.

Closing the pay gap is clearly vital and must be tackled through structural and societal changes. In the meantime, the super system can also evolve.

**Here are three important recommendations that underpin HESTA's Senate inquiry submission:**

## 1. Remove the \$450 monthly super threshold

The successful introduction of SuperStream, which simplifies and removes the admin burden on businesses, means employers can now make contributions more easily.

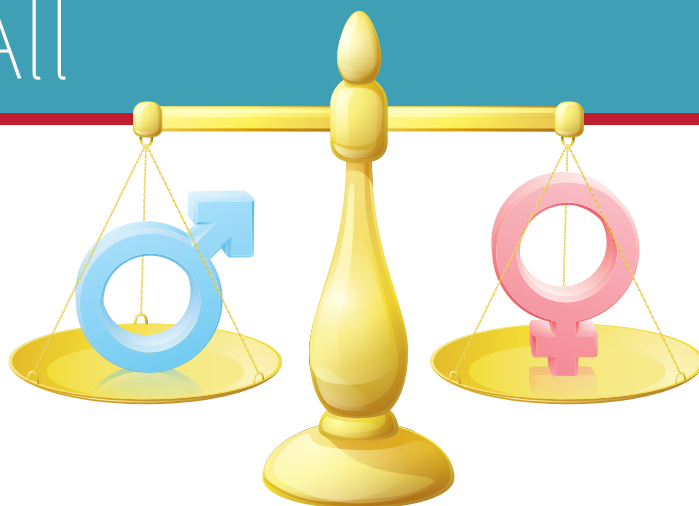
That barrier is removed, so all employees should be eligible for guaranteed super contributions, including those who earn less than \$450 a month.

This is particularly vital for nurses or other people in care-giving professions, who may work shift work across multiple employers.

For instance, consider a nurse who returns to work following the birth of a child and takes irregular shift work across three health providers.

In one month she earns:

- \$360 from a pathology lab drawing blood samples
- \$420 from a casual night shift at a hospital
- \$445 teaching first aid at a GP practice



Gross pay (monthly) = \$1,225

Mandated super guarantee contribution = \$0

SuperStream makes it easy for employers to make contributions, so there is no reason why anyone working, no matter what they earn, shouldn't be eligible for super.

## 2. The low income super contribution

We are continuing our campaign of pressuring the government to abolish plans to discontinue the low income superannuation contribution (LISC) in 2017.

Why?

Because if it's removed, 3.6million Australians, including more than 2.1million women, will pay the same, or in some cases, a higher tax rate on their super contributions than they pay on their wages.

HESTA believes the LISC must remain in place in its current form. Since 2014, HESTA has been a leader in the campaign to retain the LISC, in cooperation with the wider super industry.

## 3. Value unpaid caring roles

We think Australia can learn from the many overseas examples where unpaid caring roles are recognised and remunerated.

Many European and South American countries have systems that ensure women receive a pension voucher or benefit for time taken off work to raise children or care for the elderly.

HESTA's submission to the inquiry points to the success of Chile and we believe a similar system could be adopted here in Australia.

These recommendations would help ensure all Australians can afford a dignified retirement.

## Want to learn more?

To read more visit [hesta.com.au](http://hesta.com.au)

**With more than 25 years of experience and \$33 billion in assets, more people in health and community services choose HESTA for their super.**

Issued by H.E.S.T Australia Ltd ABN 66 006 818 695 AFSL No. 235249, the Trustee of Health Employees Superannuation Trust Australia (HESTA) ABN 64 971 749 321.



# ANMF Member Story - *by Gabby Game*



My name is Gabby Game; I am a Registered Nurse at the Royal Hobart Hospital Surgical Specialties unit. I am also a member of a charity called Connect with Cambodia, and each year I am part of a team of people that go over to Cambodia to run pop up medical clinics. We go to some of the very poorest areas in the city of Phnom Penh, as well as out in very rural and remote areas.

Each year the team is made up of nurses and doctors from around Australia. We are a team dedicated to improving the quality of life for Cambodians who are living in severe poverty. We aim to provide health education and promotion, as well as practical help to improve the welfare and well being for Cambodian families.

In association with the Charity 'Helping Cambodians Help Themselves' (HCHT), our goal is to raise \$30,000 so we can run extensive medical clinics, participate in delousing days, provide education on women's hygiene and dental care, and provide sleeping mats, water filters and mosquito nets to prevent water and mosquito borne diseases. We also visit several orphanages, providing toiletries, as well as providing health checks to the orphans.

We are all self funded in our flights and accommodation, and we rely on donations for everything we do. Every cent and every donation we are given goes directly to the medications



and medical supplies needed for the medical clinics, which go directly to the Cambodian people.

Many rural Cambodian people work in rice fields, and the sun's reflection off the water, causes damage to their eyes. We are currently collecting spectacles and sunglasses, which we will take over and distribute to those who have poor vision, and to help prevent pterygiums.

Currently most of the children we see already have teeth rotting right to the gum. Many of these teeth are the children's adult teeth. Pain and infection often results. Not to mention, when these children are adults, they will be missing many teeth.

For this reason, providing dental hygiene supplies and education to children on how to clean their teeth is very important to Connect with Cambodia. We are currently collecting toothbrushes and toothpaste, which we hope to distribute to every child in the villages we visit.



On our last trip in March 2015, we saw over 3000 people in 10 clinics, treating wounds, burns, broken bones, ear infections, coughs and colds, aches and pains, gastrointestinal upsets, and many more. We also support the ongoing medication for a few children who require antiepileptic medications, and a child with chronic asthma. So even when we are not in Cambodia, we are continuing to support these children with these medical conditions that are not going to be fixed in our short trip.

Our next trip is in July 2016, and we still have not met our donation target. As we are a new charity, we are still finding our feet, and finding donations is tricky. As I am the only member in Tasmania, fundraising is even harder. We are going to hold a quiz night in June, but details are still being organised, so more information on that event to come.

*“We aim to provide health education and promotion, as well as practical help to improve the welfare and well being for Cambodian families.”*

As well as collecting donations of glasses/sunglasses, and toothbrushes and toothpastes, we are also asking for donations that can be used for auction items, lucky door prizes or raffles items, to be used at fundraising events, such as the upcoming quiz night. If you are able to donate a service or raffle item, or collect glasses, toothbrushes or toothpaste, we would be greatly appreciative.

For more information please phone Gabby (ANMF Tasmanian Branch member) on **0407 272 156** or email: **[connectwithcambodia@gmail.com](mailto:connectwithcambodia@gmail.com)**



If you are an ANMF member who has a story you would like to share please send it to us along with any photos via email to **[marketing@anmf.org.au](mailto:marketing@anmf.org.au)** or phone us on **03 6223 6777**.





## WHY DO WE FORGET?

We all do it; fail to meet someone at an agreed time, misplace our car keys, or walk into a room and then forget why we are there...

Contrary to the popular notion, memories are not stored in our brains like books on library shelves, but must be actively reconstructed from elements scattered throughout various areas of the brain by the encoding process. Memory storage is therefore an ongoing process of reclassification resulting from continuous changes in our neural pathways.

Sometimes, we just don't store the information we take in, or fail to store it to long-term memory. Our short-term memory can only recall about seven things in the span of about 30 seconds, and after that, it becomes more difficult.

Multitasking can play a huge part in memory failure. Switching back and forth between tasks, whether it is by choice or because of interruptions, can severely impair our ability to focus. Although you might think switching between several tasks is more productive, the sad truth is that it forces your brain to 'reset' each time you switch tasks. That can actually increase the time needed to complete each task.

There are a number of factors you may not have considered that might be contributing to your memory loss.

The following are some common causes of memory loss:

### 1. Medication

Prescription medication often comes with a whole slew of unwanted side effects. They can range from nausea and diarrhoea to dizziness, depression and even memory loss.

### 2. Vitamin B12 Deficiency

Vitamin B12 is especially important for maintaining healthy nerve cells and it aids in the production of both DNA and RNA. It maintains healthy brain function and keeps the protective coating around the nerves intact. Low levels of Vitamin B12 in the body can cause a range of symptoms, including memory loss.

### 3. Sleep Apnoea

Sleep apnoea is a common disorder that causes one or more pauses in breathing while sleeping. Breathing pauses can last from a few seconds to a few minutes, and may occur 30 or more times within an hour.

### 4. Strokes

You might know that having a major stroke can greatly impact memory, but what many don't know is that even a minor stroke, often referred to as a "silent stroke," can cause memory loss. Silent strokes are far more common than strokes with obvious symptoms.

### 5. Depression and Anxiety

Depression is not just mental. It can cause very real physical symptoms, including fatigue and memory loss. Researchers believe that depression impairs the brain's ability to create long-term memories. Someone who is depressed may be too inattentive and unfocused to file events in their short-term memory. It isn't so much that they have forgotten; it's more likely that the memory was never stored in the first place.

Although the occasional memory loss is probably inevitable, there are ways we can reduce the number of "blank out" moments in our lives.

Try using some of the below to improve your memory:

#### 1. Pay attention

Give the item you know you will need to remember your full, undivided attention when you first input it into your brain. For example, listen to the introduction being given to you instead of worrying about what you need to say after, or take some time to think about everything you need to buy before you leave your home.

#### 2. Repeat it

With everything you need to remember, use a minute or two to repeat it over and over in your mind. This works for locations, people, inanimate objects, exam notes...anything you want to stick and stay in your brain.



### 3. Use your senses

When you forget something, use all of your senses to try to remember it. For example, if you forget where your first date with your significant other was, try to think about the things you touched, tasted, felt, smelled, saw, etc. It is very likely one of these sensory cues will help you remember.

### 4. Associate it

Use random associations that make sense to you when you need to remember something.

- Rhymes: The new guy at work called Stan goes to the beach a lot = Tan Stan.
- Mnemonics: I need to buy Beef, Ricotta cheese, Apples, Nuts, Donuts from the grocery store today = B.R.A.N.D.
- Personal links: I always leave my keys on the table below the family portrait = name your keys "Family Keys."

### 5. Create a routine

If you need to remember something on a continuous basis,

create a schedule and do the task at the exact same time in the exact same way every time you need to do it.

### 6. Take a break

Sometimes you need to rest your brain a little before you put it to work again.

### 7. Write it down

When you have too many things to remember at once, just write it down! The easiest way to "remember" is to make a note to remember.

### 8. Continue to learn

Brainteaser games, a new language, or a musical instrument. These help stimulate the brain and keeps the muscle active in memory.



# Transitioning to the Nursing Workforce Student Nurse Workshop

The ANMF is pleased to provide this workshop free to student nurses who are aiming to apply for graduate nurse positions.

The workshop will include speakers outlining:

- Getting a graduate position – the application process
- Interviews and Resumes
- Letters of application
- Registration process with AHPRA
- Superannuation
- **Post Graduate Options**
- **Wages & Conditions**

**FREE**  
to Graduate  
& Student  
Nurses

**Date:** Thursday 7 July 2016

**Location:** HERC Hobart - Level 5

**Time:** 1000 to 1530hrs (includes light lunch)

**Date:** Friday 8 July 2016

**Location:** Launceston UTAS Lecture Room 6,  
Commerce Building, Newnham

**Time:** 1000 to 1530hrs (includes light lunch)

**Registration:** You must register to attend this session.

Register online at: **[anmftas.org.au/cpd](http://anmftas.org.au/cpd)**

Phone **(03) 6223 6777** or

Email: **[info@herc.tas.edu.au](mailto:info@herc.tas.edu.au)**



**5 CPD HOURS**

Register online at: **[anmftas.org.au/cpd](http://anmftas.org.au/cpd)**

## Workshop Locations

### Hobart

HERC Training Room  
182 Macquarie St  
Hobart

### Launceston

UTAS Lecture Room 6,  
Commerce Building, Newnham  
Launceston

