

2016
MAY

IN
FUSION

POLITICS IN HEALTH

Get ready for the
2016 Federal Election



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

- Budget Cuts
- Aged Care
- Medicare
- Penalty Rates





2016 Conference

AGED CARE: ARE WE READY?

Thank you to our sponsors



Date: Friday 13 May 2016

Time: 8:30am - 4:30pm

Venue: CCAMLR Research Institute
181 Macquarie St, Hobart

OVERVIEW:

- Hear about the current state of aged care services in Tasmania.
- Learn innovative ways of working and how to expand scope of practice and education to prepare for future clinical service models.

COST:

\$150 MEMBERS

\$180 NON MEMBERS

\$130 STUDENTS

Includes lunch & refreshments.



The program will feature presentations from:

- Alzheimer's Australia
- Diabetes Tasmania
- Aged Care Tasmania
- Plus many more.

Topics to be explored include:

- Weight Management in Community & Residential Care
- NDSS - Resources for Older People with Diabetes Program
- Early Onset Dementia
- Elder Abuse
- Depression & Delirium in the Elderly
- Guidelines for the Transfer of Care in Aged Care & Chronic Care
- Plus more presentations TBC.

View the program online at:
anmftas.org.au

Register online: anmftas.org.au or phone **03 6223 6777**

Branch Secretary Message



Neroli Ellis

CELEBRATING INTERNATIONAL NURSES AND MIDWIVES DAYS!

The month of May is an important month for all nurses and midwives to complete their annual registration with NMBA and to celebrate International Midwives and Nurses Day. Care staff, working in the various settings do not have registration requirements.

Online renewal is now open for nurses and midwives registered to practise in Australia and closes on 31 May 2016. If you do not renew your registration by 31 May, or within the following one month late period, your registration will lapse. Your name will be removed from the national Register of Nurses and Midwives and you will not be able to practise without making a new application for registration.

NMBA have published a revised registration standards and standards for practice which come into effect on 1 June 2016 or 1 January 2017 respectively, and they do not apply to renewals of registration due by 31 May 2016. The current registration standards are still in effect and these requirements must be met for registration to be renewed.

ANMF aim to provide all your registration requirements through your annual membership fees; twenty hours of free CPD online programs, professional conferences and journals and face to face CPD, professional portfolios and cover with all relevant insurances; personal Professional Indemnity and Public Liability Insurances and a Certificate of Currency can be sent to you on request to assist with your NMBA requirements and audits.

ANMF celebrates International Midwives Day on 5 May with the theme; Women and Newborns: The Heart of Midwifery and various activities will be shared with midwifery members across the state. The theme for International Nurses Day on 12 May is Nurses: A force for change. Improving Health Systems' Resilience which can never be more fitting as nurses and care staff advocate for patients and residents rights and our health system. ANMF looks forward to joining with many celebrations on this important day of the year.

Royal Hobart Hospital Graduate Nurses Association Perpetual Scholarship

On October 13, 2015 the Royal Hobart Hospital Graduate Nurses Association generously donated \$20,000.00, raised from the sale of goods and furniture, to Nurses Club to be used exclusively for perpetual scholarships via the ANMF (Tasmanian Branch). The donated funds will be preserved until reasonable interest is earned enabling adequate funding for scholarships to be offered to nurses and midwives.

Scholarship applicants will be at least three years post graduate nurses or midwives or Enrolled Nurses either undertaking or looking to undertake progression to Registered Nurse. Scholarships will be advertised in advance and the selection

panel will include a representative from the Royal Hobart Hospital Graduate Nurses Association.

ANMF (Tasmanian Branch) gives thanks to Lorraine Bailey and other members of the Royal Hobart Hospital Graduate Nurses Association for this kind and generous donation.

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

Politics in Health - Can We All Care?

Australia became a Federation on the 1st January 1901 and at this time health service was considered a local rather than a national issue. While health was not a focus of the constitutional conventions and it makes no mention of political parties, how did politics come to play such a strong role in health and how did it become such a major political issue for debate?

Around the end of the First World War, the community began to realise there was a connection between poverty and poor health. Advances in medicine and technology gave rise to a community expectation that health services should be available to everybody, irrespective of their ability to pay.

The Menzies Government introduced Australia's first national health scheme in 1950. The backing and support of the medical and health profession was critical to the successful implementation of the scheme.

From 1972, the Commonwealth greatly increased its involvement in health care, partly in response to concerns regarding the efficiency and effectiveness of the national health scheme. Universal health insurance was introduced with the creation of Medibank in 1975. As part of Medibank, the Commonwealth agreed to pay the States and Territories 50 percent of the operating costs of public hospitals in return for services being provided to all Australians free of charge and without a means test.

A series of changes were made to Medibank from 1976 to 1981 to lower rapidly rising Commonwealth expenditure and ensure the sustainability of the scheme. A voluntary health insurance scheme replaced Medibank's universal coverage in 1981.

Medicare was born in 1984 as the need was clear that a universal health scheme was crucial for all Australians. The reintroduction was in part a response to concerns that some members of the community faced barriers in obtaining health insurance. The Commonwealth signed agreements with the States and Territories to provide funding for public hospitals on the condition that free inpatient accommodation and care was available to all.

Since 1984, successive Commonwealth governments have been committed to universal access to subsidies for medical services and pharmaceuticals. The Commonwealth and the States and Territories increased their focus to those parts of health where universal schemes do not address the needs of the entire population. This included the health of Indigenous Australians, mental health, rural health, preventive health, and immunisation.

Preventive health became a focus of governments in this period. The Commonwealth established the Better Health Commission in 1985 to change the direction of health policy from illness to prevention.

By 2007 health policy, and in particular public hospital funding, was frequently part of the national debate. The Commonwealth rationalised multiple health payments to the States and Territories into a single payment as part of wide ranging reforms to federal financial relations in 2009. Additional Commonwealth funding was provided to the States and Territories for public hospitals as part of this process.

Why do we need to focus on public health? Public health services are vital to the overall health status and wellbeing of the nation. Improving them can result in major economic social benefits as well as minimising future preventable demand on health services over time.

We do know that without a good universal health system, the poorer population will struggle, our indigenous population will suffer and we will have a higher morbidity rate as well as increase in disease, as people will not be able to afford treatment for preventative healthcare.

The Australian Institute of Health and Welfare (AIHW) reports that much of the growth in health expenditure can be attributed to non-demographic factors such as the development of new technologies, pharmaceuticals as well as diagnostic and treatment techniques, which enable a wider range of health conditions to be managed more effectively.

Some Australians continue to struggle to get timely access to affordable health care, especially in rural and remote areas. Many people with chronic health conditions receive fragmented care, largely because the delivery is in relative isolation from a range of public and private providers.

Medicare was designed in the 1960s and 1970s to meet the problems of that period. There has been no major review of the way it operates since then. What we have had is a series of patches, knee-jerk responses and band-aids rather than structural reform.

On Tuesday 9 February 2016, Annie Butler, ANMF Assisting Federal Secretary said, "Mounting volumes of evidence demonstrate that privatisation of public services, especially in health, leads to increased inefficiency. Yet the Government inexplicably persists on pursuing this path, describing it as 'innovative', 'agile' and 'responsive'. But ANMF members disagree; the best way to be responsive to Australia's health and ageing needs is to ensure fair and equal access to quality health and aged care for all not to outsource these responsibilities to



private, for-profit providers.

Outsourcing these activities not only threatens the efficiency of these services but much more concerning, the privacy of Australians, particularly our frail and vulnerable.”

As Warwick Smith, (a research Fellow at progressive think tank Per Capita) wrote:

“They can’t dismantle Medicare because it’s too popular. Instead they have tried to incrementally erode its universality and effectiveness through the creation of incentives to take up private health cover, the tightening of bulk-billing criteria and the proposed introduction of GP co-payments to name just a few. This proposal could be a continuation of that long-standing death by a thousand cuts approach to Medicare reform, or it could be a genuine attempt to improve service and efficiency. History would tell us the former is more likely. Meanwhile, let’s see if the future governments can deliver on real efficiency and service improvements like increased focus on preventative medicine. There’s not only billions to be saved there, but also a lot of political mileage for any government that can make genuine improvements.”

How much more can our health system take? How much more can we take overall as health care professionals when we are constantly restricted in doing our job of improving individuals quality of life and caring for them when they are in need of specialist care?

In the lead-up to the Budget, changes to Medicare must be ruled out, including privatisation and outsourcing of payments, for the protection of all Australians.



Australian Nursing & Midwifery Federation (Tasmanian Branch)
ANNUAL DELEGATES’ CONFERENCE 2016

LAUNCESTON

23rd & 24th June 2016

ANMF Workplace Reps can look forward to the 2016 Annual Delegates’ Conference being held at Best Western Plus in Launceston.

Registrations are now open and Reps can register to attend by visiting anmftas.org.au



Proudly sponsored by



We are looking for an ANMF (Tasmanian Branch) Workplace Representative who shows excellence in their role.

ARE THEY AT YOUR WORKPLACE?

If they are, we want you to nominate them for the **Faye Hoppitt Rep of the Year Award.**

To nominate your favourite Rep download a form at anmftas.org.au/repoftheyear/ or **phone 6223 6777** and we will send a form to you.

The award will be presented on 23 June at the ADC dinner.

HURRY
Nominations close
13 May 2016

Tasmanian Workplace Story

Northern Child Health and Parenting Service (CHaPS) Nurses' Seek ANMF Help for Workload Issues.

On 6 January 2016 the Australian Nursing and Midwifery Federation (ANMF) met with Northern CHaPS members regarding unmanageable workloads. At this meeting the following issues were raised:

- Nursing FTE was down by 5 nurses in the North of the State.
- In July 2015 an arbitrary decision to consolidate administration support has resulted in a decrease of administration support for the service.
- The ad-hoc administration support increased nursing workloads. It is estimated that nurses are now completing over an hour a day on tasks that were previously completed by administration staff. This time equates to equivalent of needing an extra 3.5 FTE of nurses on top of the already short 5 FTE.
- Maternity leave, annual leave and long term sick leave are not being back filled, this having a flow on effect for the nursing staff.
- Assessment times are being reduced while client needs are increasing.

As a result of the above, members resolved to commence a 'Step One' grievance in line with appendix E of the Nurses and Midwives (Tasmanian State Service) Agreement 2014 sighting unreasonable workloads as the trigger. As a result, on 28 January 2016 ANMF secured a meeting with the Northern CHaPS NUMs and Director of Nursing, Susan Price, to discuss the grievance. At this meeting ANMF was shown preliminary data around a 'Resource Allocation System' which would assist in forming the benchmarking model for baseline nursing hours with in CHaPS. This has resulted in an agreement to reconvene the state-wide working party group to discuss a model of care for the service. However with regards to the issue of the ad-hoc administration support, this matter was unable to be resolved by the parties represented at the 'Step One Grievance level'. It was negotiated that this matter be escalated to a 'Step Two grievance'.

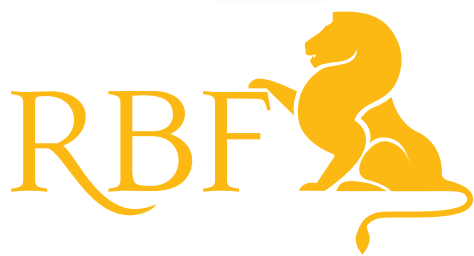
On 12 February 2016 ANMF held a meeting with the Deputy Secretary of Health, Children and Youth Services (CYS) to discuss the 'Step Two Grievance'. At this meeting ANMF was successful in over turning the July 2015 arbitrary decision to consolidate administration support. As a result it was agreed to re-locate the CHaPS administration back to the CHaPS service centres, while a 'Business Administration Requirements Review' took place and proper change consultation process occurred in line with the Midwives (Tasmanian State Service) Award 2015 Part VIII 1. However on 29 February 2016 HACSU implemented work bans whereby their members would not undertake tasks such as, 1) Monitoring nursing staff on home visit via the previously established outlook calendar process,



2) Providing a reception point of contact when the NUM is not available, i.e on another call or with a client or staff member, 3) Under the direction of the NUM, provide for cancelling and re-scheduling of client appointments when nursing staff call in sick, 4) Referring clinical interface queries to the appropriate CHaPS staff member. For nurses, these work bans would result in a negative impact on workloads creating an untenable situation.

As a result CHaPS nurses' at an ANMF meeting on 1 March 2016 reluctantly passed a resolution to implement work bans calling CYS management to ensure administration support for nurses and resolve the long standing staffing shortage. On Thursday 3 March a conference between the HACSU and CYS management in the Tasmania industrial Commission (TIC) was held. ANMF was not privy to all of the outcomes of the TIC hearing. However ANMF was contacted by CYS management and invited to a 'Local Working Group' in order for the current ad hoc administration arrangements could be discussed and solutions found. On behalf of members ANMF was able to secure interim administration support while this working group proceeded. Two meetings of the local working group have been held and there have largely been no concrete outcomes that will secure the required administration support needed for nurses to run the Child Health and Parenting Service. What is clear is that the lack of consultation back in July 2015 regarding the consolidation of administration service has lead to a chaotic mess.

To resolve this mess, at the time of print, ANMF CHaPS nurses had a 1 April 2016 deadline for the management of CYS to convene the state-wide working party to discuss and agree to a benchmarking and a nursing workload management tool to safely staff the service. Given that workload modelling across other jurisdictions involves a loading for administration support (that is in the absence of administration support nursing hours are increased) ANMF is hopeful that the benchmarking process will find the right balance for nurses to be supported in their day to day clinical activities.



RBF Enrolled Nurse Career Development Program

The aim of this program is to offer enrolled nurses who are both members of RBF and ANMF, a scholarship to gain further experience by completing:
HLTEN519C – Administer and Monitor Intravenous Medication in the Nursing Environment.

**WE ARE OFFERING 10x
\$1,000 SCHOLARSHIPS**

for eligible members

Criteria:

- Must be a RBF and ANMF Member;
- 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.

Full cost of the course is \$1,350.

Successful applicants for the RBF scholarship are required to pay a learner contribution of \$350.

Selection criteria and application form can be downloaded via: herc.tas.edu.au/rbfprogram/

Further information about this RBF Scholarship is available by phoning HERC on **03 6223 6777** or email: hercreception@anmftas.org.au

Applications close COB Friday 13 May, 2016.

Successful applicants will be notified by Friday 20 May, 2016.

Develop new skills in intravenous medication.



Course Commences June 2016

Non ANMF and RBF members are welcome to register for this course. Full cost of the course is \$1,350.

Long term affects of budget cuts to the Health Care System

The 2011 Cuts to Health resulted in closures of Surgical and Medical beds, closures of vital services and cuts to frontline nursing positions. Statistics show the wait time in the Emergency Departments of our major hospitals for admitted patients waiting for a ward bed continues to grow; meanwhile there is a potential of a 32-bed ward, which is instead being utilised as a decanting area for other areas being refurbished at the Launceston General Hospital (LGH). This area was partially reopened as part of the LGH Support plan in September 2015 to early 2016, which eased the pressure of the Emergency Department. Now that those 8-12 beds have reclosed, we are seeing the same pattern of patients waiting longer in the Emergency Department for a bed.

Although one promise at the last state election was to re-implement the Hospital in the Home service which was closed in the 2011 cuts, this has not eventuated. These clients now have to attend the service as inpatients, which, with their already low immune systems, may put them at greater risk of further health complications. Alternatively if space permits they can attend hospital based same day patient settings or in some areas, Community Nurses have also had to broaden their scope of practice to deal with the increased capacity of clients requiring these services.

The 2011 cuts to frontline fixed term nursing positions and ongoing cuts to health by the state and federal governments saw experienced Registered Nurses moving to mainland Australia to secure permanent employment. This has now lead towards having a skill mix heavily weighted with junior staff, who fear speaking out as they feel this may lead to prejudice against them in gaining permanent employment. The fear of speaking out is common; no one wants to get their managers in to trouble.

After the release of the White Paper in 2015, the The 'One State, One Health System, Better Outcomes' reforms was released. These are starting to be implemented across the state with no consultation. For members at the Mersey Community



Hospital there is a lot of uncertainty for what services will remain with the proposed Clinical Services Profile changes. We already know that maternity and neonatal services are to be consolidated for the North West Region to Burnie. This change alone leaves midwives and support services for the Women's Health Unit questioning what these changes mean for them, their clients, and the community.

In March it was reported in the Mercury that "Tasmania's Public Hospitals stand to lose \$20 million next year and \$1.1 billion [over eight years] of Federal funding at a time when we should be looking at a growth in services". It is not known how this will affect hospitals and other services which are still suffering from previous budget cuts. It has not yet been announced where cuts will be made to make up the \$20 Million.

The ANMF will continue to lobby the state and federal governments on behalf of members to safeguard funding for Health Care and to ensure correct consultation procedures are followed. The ANMF advocates on behalf of members in all sectors of health care by way of regular Joint Consultative Committee meetings, discussions with the Minister and Tasmania Health Service officials and workplace member meetings.

Pictured: 2011 Rally in Burnie (above) and 2011 Rally in Launceston (below).



Member Focus

As an Enrolled Nurse working at John L Grove Rehabilitation Unit in Launceston, Jodie knows just what a big part politics can play in health care.

John L Grove was initially opened with Federal funding under the National Partnerships Agreement, with the Tasmania State Government expected to continue funding the unit beyond June 2015. Due to a lack of State Government funding the unit was earmarked to close after only 18 months of operation.

The proposed closure took its toll on staff who had to deal with the stress of the facility shutting down. Clients were affected as well and feared being sent home prematurely. The staff had to put aside their own fears of closure and while at work consistently reassure clients.

The members of the ANMF campaigned hard to keep John L Grove open. Through industrial action, petitions and lobbying of the government they put pressure on the government for answers on behalf of all of the health care staff working there. As a result of this action the Federal Government committed to a further two years of funding taking them through until 2017. With the future of John L Grove looking much brighter, staff can get on with what they do best; caring for their clients.

Jodie loves working at John L Grove. Being a part of the client's rehabilitation journey to better health and returning home is very rewarding. Jodie states that "Working at John L Grove as a Nurse you feel that by working together with the care staff,

you can make a difference to someone's life, both physically and mentally."

She mentions that sometimes clients feel defeated and lose hope of returning home or improving. Once they spend time with the team at John L Grove they are inspired to improve their health. It is this motivation and hard work that enables them to get home. The team devote time building up the clients confidence. The clients often feel part of an extended family and remain in contact with the team even once they leave. Jodie states "The time that clients spend at John L Grove can be a rewarding. Seeing their improvement and knowing that we have helped make a difference makes it all worthwhile"

Jodie loves being a part of the wonderful team at John L Grove which takes on a multidisciplinary approach with Nurses, Hospital assistants, Allied Health, Medical professionals and administration staff.



Pictured: Jodie, Enrolled Nurse at John L Grove Rehabilitation Centre in Launceston.

Celebrates

5th May, 2016 #IDM2016

International Day of the Midwife 2016

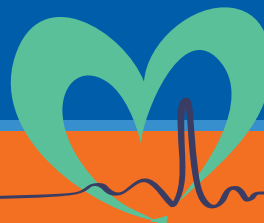
Women and Newborns: The Heart of Midwifery

International Council of Nurses
NURSES: A force for change

IMPROVING HEALTH SYSTEMS' RESILIENCE

12 MAY 2016
INTERNATIONAL NURSES DAY
#IND2016

ANMF Tas Branch event details available online at: anmftas.org.au



THE *heart* BEAT

On the HEARTBEAT for MAY:

“What role should Politics play in Health?”

ANMF Aged Care Submission: The Future of Australia’s Aged Care Workforce

As Australia’s aged population continues to grow, demand for aged care and related services will also continue to grow. Australians are living longer and generally remaining healthier. As a consequence, increased health and personal care needs of individuals will require the preparation and provision of a sufficient and suitably qualified and skilled workforce.

A Senate Committee is holding an inquiry into the future of Australia’s aged care sector workforce. ANMF has made a submission to this inquiry. The full text of the submission is available at: <http://anmf.org.au/pages/anmf-submissions>.

In its submission to the Senate Committee, ANMF noted that the number of full time equivalent registered nurses in residential aged care decreased by almost 14.3% between 2003 and 2012. This shift away from the employment of RNs coincides with an increasing number of residents with high care needs.

As the elderly cannot receive proper care unless there is an appropriate number and mix of skilled and experienced nursing and care staff, ANMF has recommended that the Australian Government funds and implements mandated minimum staffing levels and skill mix requirements for registered nurses, enrolled nurses and carers in the aged care sector.

Work performed by employees in the aged care sector continues to be undervalued and underpaid. The pay for nurses and carers in the aged care sector does not reflect the nature of the work and the level of responsibility required, nor does it value the importance of providing the best care possible to Australia’s frail elderly.

In its submission to the Senate Committee, ANMF has recommended that the Australian Government provides dedicated funding to close the wages gap between working in aged care and working in public hospitals for nurses and carers.



NURSES FROM JOHN L GROVE REHABILITATION CENTRE Launceston

“It should play no role. Health should be apolitical in order to provide consistency of funding and service provision to the community.”



KYLIE BENNETT Southern Cross Care Tasmania

“The role of politics in health is in relation to the creation of legislation and policies for the protection of the community. This will involve facilitating financial backing to ensure there is adequately resourced provision of care, research, innovation and be constantly reviewed as communities needs change into the future.

Whether this happens in Australian politics is another question..”



ANNA HODGETTS Royal Hobart Hospital

“Politics affects health in not only the obvious ways of the governing party, in particular the health minister, making policy decisions and allocating health budgets, but in fundamental things such as education and workers rights or refugees in detention. We are reliant on good political leaders being accurately informed and making the best decisions based on the needs of the community. Voters ultimately determine their own health system.”

The role of the support person



There may be times when you are required to attend a meeting that investigates matters relating to your employment. These may include answering to a complaint or allegation against you, making a formal complaint, or a disciplinary process. If you are required to attend a meeting, ANMF recommends that you take a support person with you.

Role of the support person

The support person is to provide moral and emotional support to you as well as to assist you during the meeting. They will observe the meeting and ensure due process and procedural fairness occurs. During the meeting it is important that responses come from you and not your support person.

Your support person can actively engage in discussions on your behalf and ask questions, seek clarification and intervene if questions are perceived to be irrelevant or unfair. They may rephrase your answers if they feel you are being unclear. Your support person should take detailed notes during the meeting. It is important to know that your support person can request a short break for you during the meeting. You can use this time to refocus or to seek advice. It is important that your support person does not provide personal opinions during the meeting as this is outside their role.

Who can be a support person?

Your support person can be an ANMF representative or someone else such as a trusted friend, colleague or family member. A support person who is not an ANMF representative may not have the same knowledge and expertise to represent you at the meeting.

An advantage of your ANMF membership is access to industrial advice, representation and review of your draft statement or response prior to submission. ANMF information officers and organisers have considerable experience with investigative meetings and understanding of your rights and responsibilities.

If you require ANMF representation we encourage you to contact the ANMF Information Centre as soon as possible after you have been advised of the meeting with your employer or other investigator. It is important that prior to the meeting you brief ANMF about all issues likely to arise. ANMF require that you send a copy of documents from your employer and your response to any allegations to info@anmftas.org.au.

It is important that you inform your employer prior to the meeting that you are exercising your right to bring a support person. You should also advise them if the support person is an ANMF representative.

The support person

You may be an appropriate support person if you:

- Understand the role of the support person.
- Have the confidence of the member.
- Are able to maintain confidentiality.
- Are willing and able to maintain neutral/positive verbal and body language.

You may not be an appropriate support person if:

- You are involved in the issue.
- Are likely to become emotional about, or emotionally involved in the issue.
- If there is any potential for conflict of interest.

You should not be the support person:

- If you are likely to interrupt or interfere in the meeting
- Answer questions or make comment on behalf of the member

Responsibility of the support person

- To take notes during the meeting.
- Provide assurance and encouragement to the member prior to and during the meeting.
- Provide ongoing support and advice after the meeting.
- Request a break or adjournment of the meeting as necessary.

Employee Assistance Program

ANMF appreciate that this may be a difficult time and encourage members to access their workplace Employee Assistance Program or alternatively seek support through their GP.

If you would like to discuss your issue or require further information, please contact the Information Centre by phoning (03) 6223 6777 or 1800 001 241 (outside Hobart area) during office hours, or email: info@anmftas.org.au.

Health and Wellbeing

10 Tips to Stay Healthy & Take Control of Stress

1

Reduce caffeine intake. Caffeine can increase levels of stress hormones.



2

Eat healthy food. Don't suffer the consequences of missed meals and fast food binges.



3

Don't 'treat' stress symptoms. Alcohol, sedatives, stimulants, nicotine or other substances will only worsen the stress symptoms in the long run.



4

Evaluate dietary supplements carefully. Not everyone needs vitamins. Ask your doctor first.



5

Eat breakfast. Even if you're late for your first meeting, grab a bite to eat. Stress amplifies our need for adequate fuel.



6

Drink water. It gives you something to do when nervous and might help you resist the urge for caffeine or junk food.



7

Don't skimp on sleep. Sleep provides essential rejuvenation time. Make it a priority.



8

Detect and diagnose problems early when they are treatable.



9

Walk somewhere each day. You might not have time for a workout, but you can walk. Just 10-15 minutes can clear your head and improve your mood.



10

Schedule medical and dental appointments. Regular check-ups and screenings are a must. Make appointments in advance and plan your schedule around them.



Member Information

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.

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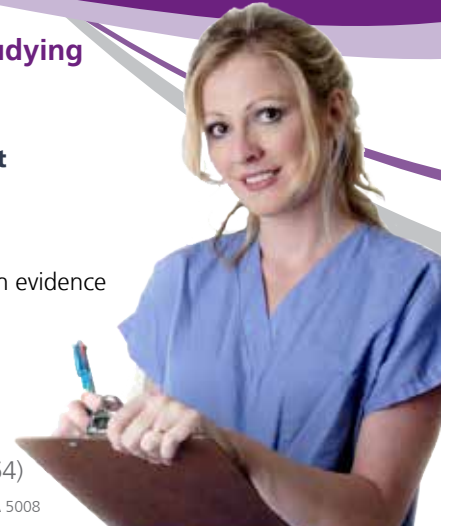
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