

2016
NOVEMBER
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FUSION

Public Sector EA Campaign

RATIOS SAVE LIVES



The Health of Australia's Men
and Boys - The Ten to Men Study

Plus...

Registered Nurse Delegation
to Medicating ECA's.



Supporting Movember 2016



Official Publication of the:

AUSTRALIAN NURSING & MIDWIFERY FEDERATION (TASMANIAN BRANCH)

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RATIOS SAVE LIVES



PROTECTING SAFE PATIENT CARE

Get on board by:

- wearing a Ratios Save Lives Badge
- putting a Ratios Save Lives bumper sticker on your car
- attending all EA meetings and having your say.

ratios.anmftas.org.au

Branch Secretary Message



Neroli Ellis

Retaining Nurses and Midwives in Tasmania

The public sector members have now unanimously endorsed a Log of Claim to form the basis of negotiations with Government, which includes a new workload tool, the Nurse: Patient Ratio model. The aim of negotiating a new Enterprise Agreement is to ensure the optimal conditions are mutually agreed to reward and respect nurses and midwives to retain them at the workplace. Additionally, in this competitive environment, the conditions need to be attractive to attract and recruit new nurses and midwives.

What is Enterprise Bargaining?

Enterprise bargaining is the process of negotiation generally between the employer, the ANMF with the goal of making an employment agreement to cover nurses and midwives working in the Public Sector. In Tasmania the Industrial Relations Act 1984 allows for the Tasmanian Industrial Commission to register an Agreement reached between the parties.

What is an Enterprise Agreement?

A registered enterprise agreement regulates the conditions of employment for any or all of the persons employed in an enterprise.

The Nurses and Midwives (Tasmanian Public Sector) Enterprise Agreement is simply a written agreement reached between the Government (Minister Administering the State Service Act (i.e. the Premier) and their employees: in this case nurses, midwives and AIN's.

The rules for the negotiation of agreements differs slightly across the private and public sectors, however the principles are similar.

An agreement must in writing and signed on behalf of each party involved. ANMF will only sign an Agreement, after seeking endorsement from ANMF members. The Agreement is registered in the Tasmanian Industrial Commission and is binding.

During the month of November, ANMF will be active in the workplaces supporting our members to achieve the goals to ensure a sustainable workforce for the future in the Tasmanian public sector.

"It is only through the collective strength of our members that an acceptable outcome will be achieved."

Four key themes are highlighted in the claim;

1. Building on the Career Structure,
2. Safe Patient Care- workloads and safety at work,
3. Improving Quality - Professional Development
4. Recruitment and Retention.

ANMF members will need to fight to secure Nurse: Patient Ratios to protect patient safety and we look forward to supporting an active campaign to ensure we achieve a good outcome which will enhance the value of nursing and midwifery in Tasmania.

Keep up to date with the new campaign section at the ANMF website: ratios.anmftas.org.au



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SOUTH

Using the formal grievance process to address workloads:

The ANMF has been involved in a number of workload grievances at the Royal Hobart Hospital (RHH). The grievance process is included in the Enterprise Agreement under the Nursing Hours Per Patient day (NHpPD) appendix. The grievance process allows nurses and ANMF to raise concerns about work and the effects of heavy workload on patient safety through a formal process. This process includes three steps:

Step One NHpPD Grievance - Raising Concerns with the Nurse Unit Manager

ANMF can support members through this step via a member meeting. When ANMF receive concerns from members in regards to workloads, we meet with members and discuss the impacts that workloads are having on service in the area. We then write to the Nurse Unit Manager (NUM) outlining the concerns and any solutions that members may put forward.

ANMF worked with the Assessment and Planning Unit (APU) at the RHH through a step one grievance. The Unit had ongoing issues with high turnover of patients leading to nursing hours allocated under the NHpPD being used to coordinate flow of patients adequately through the unit. The Unit has also seen increased acuity of patients who are transferred from the emergency department.

Through meetings with members on APU and working through the issues, the unit was experiencing, as well as putting concerns and a number of solutions to management, members were able to secure an extra 80 nursing hours per fortnight. This allowed the allocation of an extra nurse on the early shift Monday to Friday to assist with clinical care. This allowed the flow coordinator to facilitate patients coming to and being discharged on the unit.

Step Two NHpPD Grievance - Specialist Panel

If the outcomes of a step one grievance are unsatisfactory and do not address the workload issues on a unit after one week of a step one grievance being raised, ANMF members can progress the grievance to a specialist panel.

The specialist panel is formed with ANMF representation in the form of an ANMF Organiser and ANMF workplace representative, senior management including Director of Nursing (DON) and Assistant Director of Nursing (ADON), Nurse

Unit Manager (NUM) as well as a clinical nurse from the ward. The specialist panel looks to break down the issues put forward by members on the ward during the step one grievance and find solutions through a collaborative process.

ANMF recently proceeded to a step two grievance with members on the Maternity Unit at the RHH. The specialist panel workloads on the ward were looked at in relation to benchmarking. Benchmarking of NHpPD had not taken place since 2012 on the unit; it was recognised by management that acuity had been increasing and this was not reflected in their current staffing numbers.

Maternity services across the state are currently waiting for the implementation of an acuity tool to take the place of NHpPD. The implementation of this tool is planned over the coming months. During the specialist panel it was agreed that extra hours would be allocated to the Maternity Unit as a three-month trial, while the acuity tool implementation is in progress. These hours were allocated as a 1330 to 2400 shift to ensure safe staffing across the afternoon shift and into night shift. This is another example of how the formal grievance process can be used by nurses, making sure they have adequate staffing to care for their patients.

Step Three Grievance - The Tasmanian Industrial Commission

If the outcomes of a specialist panel are not satisfactory to either party involved in the dispute the matter can be referred to the Tasmanian Industrial Commission for resolution. The Tasmanian Industrial Commission is an independent arbitrator who will hear the 'case' on its merits and make a ruling as to what is required to address the situation.

NORTH

For organisers walking around the public health sites, members are consistently saying the same things, overtime is increasing, double shifts are still occurring and the hospital is at capacity. They state that patient acuity is high and that patients are simply more unwell and require additional nursing care. This obviously impacts significantly on patient flow and in turn makes the jobs of the flow coordinators within the hospitals extremely difficult.

ANMF have had a strong presence across the Northern sites including the Launceston General Hospital (LGH) as we run our public sector Enterprise Agreement Campaign 'Ratios Save Lives'. This campaign sees organisers visiting members and talking about what the implementation of Nurse:Patient Ratios means.

RATIOS SAVE LIVES



PROTECTING SAFE PATIENT CARE

The primary health sites have been subject to change, with the Director of Nursing (DON) amalgamation at Beaconsfield and George Town. As a result of this the ANMF have been involved in a working group at George Town and Beaconsfield; over a 12 month period, closely monitoring the workloads at these sites.

The ANMF have been extensively involved up in Scottsdale with the James Scott Wing transfer over to May Shaw Health. We have been advocating strongly for our members to ensure that their entitlements are upheld as this transfer of business occurs between the public and private sector.

In the private sector, ANMF have been busy negotiating the Enterprise Agreement (EA) for our members at Calvary. Significant issues to our members are their workloads; ensuring safe staff patient ratios and also maintaining their current meal break entitlements. The ANMF is also about to commence negotiating the EA for our members at Southern Cross Care.

ANMF organisers are regularly visiting all areas of the Public, Private and Aged care settings in the north, talking to members and updating notice boards. If you see the ANMF team in your workplace please come up and have a chat to us.

NORTH WEST

With the Public Sector Nurses and Midwives Enterprise Agreement (EA) expiring in December, the ANMF Organising team has been busy across the North West. The focus of the ward to ward meetings was to discuss the Nurse:Patient Ratio component of the EA Log of Claims. Branch Secretary, Neroli Ellis, recently spent a few days in the North West meeting with Members, Workplace Reps, Nurse Unit Managers (NUM) and holding mass member meetings at the Mersey Community Hospital (MCH) and North West Regional Hospital (NWRH). We are hearing the same message time and time again, workload issues, overtime and double shifts, just to name a few. Bringing in Nurse:Patient Ratios will help to take the pressure off the nurses and alleviate pressure put on NUM's with nursing recruitment. Further to this we know that 'Ratios Save Lives'.



Pictured above: ANMF Tasmanian Branch Secretary, Neroli Ellis addresses members at the Royal Hobart Hospital about the 2016 EBA Draft Log of Claims.

The ANMF has continued to be involved in the North West Integrated Maternity Service (NWIMS) by way of one-on-one meetings with members and Human Resources (HR), discussing member options in the transfer of these services. The Joint Consultative Committee meetings continue and have been an important avenue for the ANMF to raise members concerns with the Transition Project Team. So far, the ANMF have secured a six month salary compensation package for our members transferring from shift work to day work, along with ensuring that the nursing career structure is maintained in the new proposed NWIMS structure.

Visitors to the NWRH in recent months will have seen the structure that is taking shape adjacent to the emergency department. This is to house the new bus transfer site and also the onsite Helipad. ANMF members have been raising concerns as to how some members of the community will be able to afford the initial fee of getting the bus from one hospital to the other for appointments, as compensation is only for a free return trip. The White Paper outlined a change in where some day surgery procedures will be performed, which means more movement across the state for many elective and non elective procedures. The ANMF will continue to raise members concerns with Tasmanian Health Service (THS) management over the cost and safety of their clients and patients having to use this new service.

ANMF Organiser, Marita Meadows has met with Registered Nurse (RN) members from Aged Care sites about recent proposed changes in working hours and a loss of a paid meal breaks. Historically such paid breaks have been provided when RN's are interrupted or are unable to leave the site for a break, as they are the only RN on shift. On these sites, workloads for nurses and care staff still remain a problem. With cuts to funding for aged care and residents with an increase in care requirements, this puts extra work expectation and strain on all staff working in aged care.

The ANMF is currently following up on these issues on behalf of our members in aged care. If you would like to meet with your Organiser about workload issues then please contact our office on **1800 001 241** to arrange a meeting time.

Mersey Community Hospital Win

The ANMF has secured a long awaited overtime pay claim for members working in the Mersey Community Hospital (MCH) Theatre. At the time of print MCH Theatre members were progressively receiving confirmation of their settlement payment of \$2400.

The dispute was originally notified to the Tasmanian Industrial Commission (TIC) on 12 March 2015. ANMF represented members at a number of TIC conferences including two mediation meetings that were held in an attempt to resolve the dispute. Following the meetings facilitated by the TIC in December of 2015, ANMF and representatives from the Tasmanian Health Service (THS) North West (NW), were able to reach agreement on a proposed settlement, which was then presented and endorsed by ANMF members in April this year.

Following the endorsement by members of the settlement amount, THS NW agreed to develop a process whereby members would be able to claim the agreed settlement amount of \$2400 and the dispute between the parties could be formally documented as resolved. The matter was to be settled with individual Deeds of Settlement and a settlement record of outcome via the TIC.

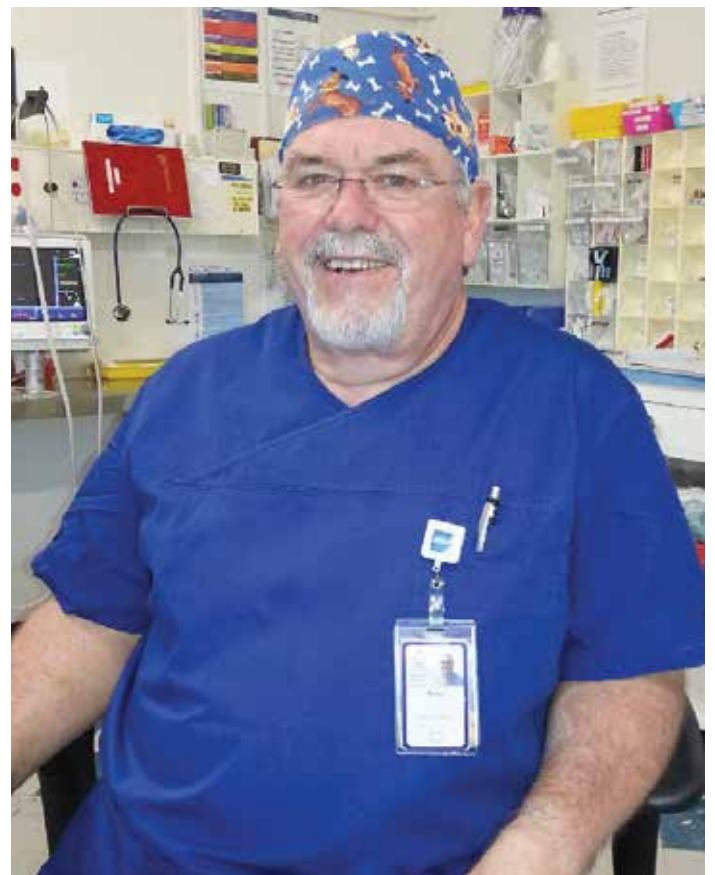
At this point the dispute in sight of an agreed outcome between both parties. However, in a turn of events ANMF was subsequently advised, that the State Service Management Office (SSMO) were reviewing the proposed draft Deed of Release and that legal advice regarding the agreed settlement process was being obtained from Crown Law. As a result at the report back hearing before the TIC on 15 July, it was confirmed by THS that their representatives did not have the necessary delegated authority to reach the agreed settlement and therefore the proposed principle arrangements for settlement would no longer be available.

Such a move by the THS was a disappointing outcome for members who had already provided a compromise in the interest of fairness and equity, in order to reach an agreed settlement outcome. As a result, with the support of the ANMF organising team, staff from the MCH Theatre held an urgent ANMF members meeting. At this meeting a resolution was unanimously passed giving notice to THS management that industrial campaign was to be initiated and would continue until the dispute was resolved.

With the backing of a member resolution for industrial action the ANMF industrial team made further submissions on behalf of members to the CEO of THS. As a result ANMF was advised that THS and the Government representatives would agree to the payment of \$2400 facilitating settlement of this



long running dispute. The ANMF thanks its members for their commitment to taking industrial action which ultimately brought about resolution to this long running matter.



Pictured above: ANMF Workplace Representative from Mersey Theatre, Philip Daniell helped rally members to attend meetings regarding the long running dispute.

Tasmanian Men's Health Clinic

Supporting Men's Health



Tasmania's first dedicated Men's health clinic has opened its doors in Hobart. What started off as a prostate cancer clinic has now evolved and broadened to treat and manage a wide range of health problems unique to men.

The clinic is the brain child of Dr. Raj Gogia, the director of surgery at Urology Hobart at the Hobart Private Hospital, who says "There is no doubt men have very gender specific health needs which need to be addressed accordingly."

"Men have traditionally been poor advocates for their own health but with the advent of dedicated men's health campaigns including Movember, Blue September and the series of Big Aussie BBQ's held around the country this is thankfully changing."

Dr. Gogia, who has trained extensively in the field of prostate health is a passionate men's health advocate bringing with him a wealth of clinical and surgical expertise to his chosen field.

"Our model of care is very unique and also a very efficient one. We are able to assess, diagnose and treat men both with and without private health insurance in a very short space of time. This really means men do not get lost in the system and this in itself minimises anxiety and ensures continuity of care which we feel is vitally important".

The clinic deals with men's health issues throughout the age spectrum including younger men with issues such as testicular cancer, vasectomy, infertility and sexual health concerns. Slightly older men with issues related to difficulties with urination, prostate cancer concerns and erectile dysfunction are also very common.

"We hope that by having a specific clinic dedicated to improving the health of men we will start to see an improvement in both the clinical and statistical indicators which currently point to the health of Tasmanian men being consistently around the lowest in the country."

The Tasmanian Men's Health Clinic is a proud supporter of football in Tasmania and has recently partnered with the Tasmanian Men's Health and Wellbeing Association, better known as TasMen. The TasMen organisation is a self-funded volunteer group dedicated to the emotional and physical wellbeing of Tasmanian men and the founders of the new TasMen Outreach program.

"We are incredibly excited about our partnership with the TasMen group and feel together we are well placed to make a strong positive impact on the health of men in Tasmania for many years to come".

More information regarding the Tasmanian Men's Health Clinic can be found at www.tasmenshealthclinic.com.au

The Health of Australia's Men and Boys - The Ten to Men Study

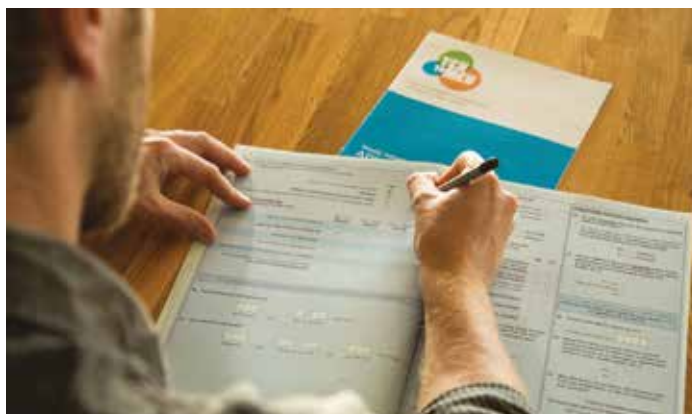


The Australian Longitudinal Study on Male Health

Ten to Men, otherwise known as The Australian Longitudinal Study on Male Health, was established in 2011 to investigate the health and wellbeing of Australian boys and men. The Commonwealth Department of Health provided funding for study as part of the 2010 National Policy on Male Health and engaged the University of Melbourne to develop and run the study. In 2013/14 recruiters went out across Australia and approximately 16,000 Australian boys and men into the study - making it the largest national cohort study of boys and men in the world. Participants completed a questionnaire, or an interview if they were younger than 15, about their health and lifestyle as well as information on a range of social and environmental factors such as income, housing and employment.

Men and boys from every state and mainland territory in Australia joined the study, 59% of participants lived in major cities, 22% in inner regional areas and 19% in outer regional areas. While older males were more likely to join the study, there is good representation in younger age groups; 2716 participants were 10-19 years when they joined, 2784 were 20-29, 3661 were 30-39, 4246 were 40-49, and 2455 were 50-55. Among the adult men, 67% were married or in a de facto relationship, 64% were fathers, and 86% were employed.

When participants were asked how they rated their current health 91% of them rated their health as good, very good or excellent. With respect to lifestyle, in some areas men were doing better at looking after their health than in others. For example, fewer than 20% were current smokers and 65% were meeting government recommendations for physical activity (150 mins of moderate activity per week). However, 65% were overweight or obese, one third were drinking at unhealthy levels and almost all (98%) were not eating the recommended daily serves of fruit and vegetables. Encouragingly, participants did care about their health, with 95.3% of adult participants saying their health was important to them and 68.3% that they actively look after their health.



Ten to Men was designed to be a longitudinal study - which involves going back to participants every 2-3 years for updated information. This is a key strength of the study as it will allow researchers to move beyond just describing the current health status of Australian males to investigating the pathways to poor and good health outcomes - beginning early in life and through key transition in men's lives such as finishing education, entering the workforce, establishing relationships, fatherhood, and retirement. Uncovering those pathways for Australian men at different ages and in different social and environmental contexts will help with developing targeted health promotion programs and services to both build on the strengths that promote wellbeing and address the factors that make men and boys vulnerable to poor health. The first follow-up survey (Wave 2) has just been completed.



Researchers at the University of Melbourne and elsewhere are busy analysing the data and results can be found on the 'Publications' page of the Ten to Men website www.tentomen.org.au.

Ten to Men was established as a public resource and data are available for research projects on male health. Requests for Ten to Men data can be made through the Australian Data Archives at <https://www.ada.edu.au/ada/01311>.

Registered Nurse Delegation to Medicating ECA's



The ANMF Information Centre staff often receives calls from concerned Registered and Enrolled Nurses about their responsibilities and scope of practice issues. Sometimes these calls are referred to external agencies such as the Chief Pharmacist; however, our skilled, trained and qualified nursing staff are able to answer many of these queries. One issue that has recently emerged is the responsibilities of the Registered Nurse when working with and delegating to medication endorsed Care Workers.

All staff registered with the Nursing and Midwifery Board of Australia need to comply with registration standards, professional codes and guidelines, and act within their scope of practice when delegation occurs within their work place.

The Aged Care sector has been undergoing a profound shift surrounding Care Worker capabilities and roles. Many challenges will occur as these changes come into practice. One of the changes that are occurring is the increasing use of non regulated medicating Care Workers some of whom can administer medications.

Information from the relevant Pharmaceutical Board or Council, Department of Health and Human Services (DHHS) and the Nursing and Midwifery Board of Australia should be used when determining if delegation is safe and within your scope of practice at your workplace.

In Tasmania, the Poisons Act 1971, in conjunction with the Poisons Regulations 2008 govern and regulate the sale, use, possession, supply and administration of medications. Regulation 95EA of the Poisons Regulations 2008 enables aged-care workers in residential care services, in certain circumstances and on certain conditions, to administer medicinal poisons (schedule 2), potent substances (schedule 3), restricted substances (Schedule 4) and a specified narcotic substance (Schedule 8) to persons who are being provided with residential aged care.

Continued over page >>

Registered Nurse Delegation to Medicating ECA's

95EA. Administration of certain substances by aged-care workers in residential care services

(1) In this regulation –

aged care service has the same meaning as in the Aged Care Act 1997 of the Commonwealth;

residential care has the same meaning as in the Aged Care Act 1997 of the Commonwealth;

residential care service has the same meaning as in the Aged Care Act 1997 of the Commonwealth;

specified narcotic substance means buprenorphine in patches for transdermal delivery.

(2) A person who is not a nurse may administer, or make available for self-administration, to another person who is being provided with residential care by a residential care service, a medicinal poison, potent substance, restricted substance or the specified narcotic substance if –

(a) the person administering or making available the poison or substance –

(i) is employed by an aged care service that provides a residential care service and is acting with the authority of the person in charge of that service; and

(ii) is acting under the general supervision or direction of a registered nurse; and

(iii) has met the requirements of relevant nationally accredited training modules relating to the administration and storage of medication and maintains any competency requirements of those modules; and

(iv) is acting in accordance with guidelines approved by the Secretary; and

(b) the other person is incapable of safely administering the poison or substance to himself or herself or needs assistance with self-administration; and

The medication needs to be lawfully prescribed (see subsections (c)-(f)).

Registered Nurses working in aged care are responsible for ensuring medication management complies with professional standards. In Tasmania, medications may only be administered by a Care Worker if done in accordance with guidelines

(Guidelines for the Administration of certain substances by aged-care workers in residential aged care services) approved by the Secretary of DHHS.

Under these Guidelines, Enrolled Nurses cannot delegate medication administration to Care Workers.

Registered Nurses may delegate medication administration to Care Workers, but only if:

- the aged-care worker has met the education requirements (set out in 3.5) and is deemed competent to administer medications (set out in 3.6),
- the registered nurse on site has established that the resident's health status is stable,
- a registered nurse on site has assigned the administration of the medication to the aged-care worker,
- the aged-care worker accepts the assignment, and
- the administration is permissible under the residential aged care facility's medication policy,
- the aged-care worker at all times practices under the direct or indirect supervision of the registered nurse,
- the registered nurse must be on site and accessible at all times,
- medication is not stock or imprest medication,
- the medication is oral or topical.

RNs in aged care must comply with these standards. However, the care worker remains accountable for the delivery of any medications to a resident.

Not following these standards could result in notification to AHPRA and disciplinary action by the Nursing and Midwifery Board of Australia (NMBA).

Federal regulation of medication management

The Aged Care Act 1997 requires sufficient skilled nursing staff to provide health care, including medication management.

The Quality of Care Principles 2014 requires providers to

Registered Nurse Delegation to Medicating ECA's

comply with all relevant legislation, regulatory requirements, and professional standards and guidelines to ensure residents' medication is managed safely and correctly.

If your facility fails to comply with professional nursing standards, you should raise the matter at your Quality Improvement meetings. If no action is taken to apply the professional standard, you should raise a concern with the Aged Care Complaints Scheme (you can do so anonymously) by calling **1800 550 552** or online at **agedcarecomplaints.gov.au**. You can also contact DHHS Pharmaceutical Services on **03 6166 0400**.

What does the aged care regulator say?

The Department of Social Services refers nurses to the ***Nursing Guidelines for Medication Management in Aged Care*** as their professional resource for medication management. This document can be accessed at: **<http://anmf.org.au/pages/nursing-guidelines-for-the-management-of-medicines-in-aged-care>**.

While facility managers may argue that they are only guidelines, the document clearly states they are minimum standards for the profession.

NMBA's codes and guidelines

The NMBA – the regulator for nursing and midwifery - define what a professional standard is, and makes it clear that breaching a professional standard may be unprofessional conduct.

Failure to comply with the above guidelines could be considered by the NMBA as unprofessional conduct or professional misconduct, for which disciplinary action can be taken. The NMBA states that unprofessional conduct is conduct that breaches a professional standard.

The Health Practitioner Regulation National Law also defines unprofessional conduct as “influencing, or attempting to influence, the conduct of another registered health practitioner in a way that may compromise patient care”.

Therefore, a manager who attempts to influence a RN to delegate

medication administration or assists a care worker in a way that does not comply with the professional standard could also be engaging in unprofessional conduct and so risk disciplinary action.

What amounts to an offence under the National Law?

Under the Health Practitioner Regulation National Law, it is an offence for any person or company to direct or encourage a nurse to engage in unprofessional conduct – an offence that is punishable by substantial fines.

Remember, you as a Registered Nurse will be held accountable - not your managers - for the care you provide to your residents.

Past inquiries into Registered Nurse conduct surrounding medication management in aged care have proven that managers keep their jobs while Registered Nurses risk losing their registration.

What RN members are advised to do:

1. Protect your registration by complying with the professional nursing standard, relevant legislation and guidelines for the management of medicines in aged care.
2. Take collective action with other RNs and exercise your authority as the persons with the right to direct care activities to carers.
3. Engage in collaborative discussions with the manager or employer regarding the professional standard, relevant legislation and guidelines.
4. If necessary, remind employers and managers that it is an offence under the Health Practitioner Regulation National Law to encourage an RN or EN to engage in unprofessional conduct.
5. If the outcome of discussions is unsatisfactory, seek professional advice and assistance from the ANMF Information Centre to escalate the matter further, by contacting **(03) 6223 6777 or 1800 001 241** (outside Hobart area) or via email at: **info@anmftas.org.au**

ANMF Member Story - by Ken Harriss

Ken the Volunteering King



Pictured (L-R): Narissa Brown and Ken Harriss at the Orange day event.

I am quite proud to say that I am rapidly approaching 50 and have been nursing since 1987, an ANMF member since then as well.

In the past 27 years I have been working across many sectors of healthcare obtaining post graduate qualifications in Critical Care (Cardiac Sciences) to a Graduate Diploma in Aged Care and it was in aged care I eventually found my 'home' in 2012. This was a significant year for me as not only had I found my work home I was also diagnosed with Stage 3 Malignant Melanoma and under went major surgery for the disease that had spread to my parotid gland.

In 2013 I was blessed with a grandchild and the unfortunate reoccurrence of Stage 4 metastatic melanoma. I was told that my disease could not be cured and it was life limiting in fact it was labeled a terminal disease now.

It was this and a desire to be able to say "damn look at what I've been able to do in my life" that prompted me to be proactive in fundraising and supporting things that I am passionate about. I was asked recently, "What fundraising have you been involved in?" This question prompted some reflection on my behalf of the past 12 months.

Well, I thought there was organising the Rise and Shine Bike Show, in support of Melanoma Tasmania last October and I'm currently organising the Royal Hobart Show for this October, this was followed by participating in the MS Mud Dash and the Raw Challenge.

In the early part of the year I participated in the Black Dog Ride one day event for suicide prevention; the ANZAC day poker run for the Veterans Memorial centre; and I shouldn't forget the 7km walk event of this years City to Casino.

'Give me 5 for kids' is always a good cause so I signed up and took part in the motorbike ride to raise funds for that cause.

It's starting to get cold so I arranged a 'Blanket Run' with the Military Brotherhood Motorcycle club and my work to raise

money for Louis Van and we were able to give 45 blankets to the Hobart City Mission for distribution to the homeless.

Recently, I also heard about the Orange Sky Laundry for the homeless starting in Hobart so I organised an Orange Day with an orange themed afternoon tea to raise funds for them.

I also recalled the volunteering for Melanoma Tasmania that I had been doing over the past 12 months at events that were for increasing the awareness of melanoma in Tasmania. Not many people seem to realise that Tasmania has the 4th highest melanoma rate in Australia.

Then I was asked, "What are you doing for Movember?" This made me think about the Distinguished Gentleman's Motorcycle Ride. This ride was started in Sydney in 2012 to support the Movember foundation in regards to prostate Cancer and Suicide prevention. Since that time it has become a global phenomenon with rides occurring in 410 countries and over 50,000 riders all dressed in their finest attire. To date, the ride has raised over \$3US million dollars.

On Sunday 25 September 2016, I braved the cold, (the bike Gods were smiling) as it turned out to be a lovely day, in my finest attire which was black bow tie, kilt and jacket astride my Triumph Bonneville to participate in the ride.

The ride started at the Cole River Farm and then meandered through Richmond over Grass Tree Hill and across the Bowen Bridge, along the Brooker Highway, through to Salamanca Place with a coffee stop halfway in New Town.

There were approximately 30 to 40 riders, including fellow ANMF member Graeme Boughton who was resplendent on his Moto Guzzi. It was a truly great day.

The past 12 months has been a lot of fun and I hope the next will be just as great. I also know that the past 12 months would not have been as great without a wonderful workplace, friends and colleagues that have supported my ideas for fundraising and a great person in the founder of Melanoma Tasmania who has supported my volunteering for them.



Pictured: Ken Harriss ready for the Distiguished Gentlemans Ride.

Enterprise Agreements Update

Tandara Lodge Community Care Inc Nurses Enterprise Agreement 2015

- 3 year agreement, with a nominal expiry date of 30 June 2018
- Wage increases:
 - 2% from the first full pay period in July 2015
 - 2.5% from the first full pay periods in July 2016 and July 2017
- Allowances to increase in line with 2016 and 2017 wage increases
- For shift workers, where a public holiday falls on a rostered day off, an additional day will be paid at the base rate of pay in the pay period in which the public holiday falls – no day will be banked to be taken at a later time
- Time off instead of payment for overtime provision deleted – all overtime to be paid
- New family violence clause providing support to employees experiencing family violence.

The Eye Hospital Nurses Enterprise Agreement 2016

- 3 year agreement
- Wage increases:
 - 5% in the first year of the agreement
 - 3% in the second and third years of the agreement
- Allowances increased by 5% per year
- Pay point progression on the completion of 1786 hours of experience
- Paid conference leave
- 4 study shifts for graduate nurses in their first year of employee
- Launceston Cup Day holiday now beginning at 11am (not 1 pm)
- Workload management clause

Melaleuca Home for the Aged Inc RN & EN Enterprise Agreement 2016

- 3 year agreement, with a nominal expiry date of 30 June 2019
- Wage increases
 - 1.9% from the first full pay period on or after 1 July 2016
 - 2.1% from the first full pay period on or after 1 July 2017
 - 2.5% from the first full pay period on or after 1 July 2018.
- In charge allowance increased to \$25 per shift



- Afternoon shift loading increased to 15%
- Night shift loading increased to 17.5%
- All overtime to be paid at double time
- Access to accrued personal leave for persons experiencing family violence
- Paid meal breaks extended to all nurses.

Emmerton Park Incorporated Staff Agreement 2015

- 3 year agreement
- Wage increases:
 - 3.4% from the first full pay period on or after 1 July 2014
 - 2.85% from the first full pay period on or after 1 July 2015
 - 2.85% from the first full pay period on or after 1 July 2016
 - 2.85% from the first full pay period on or after 1 July 2017.
- In charge allowance increased to \$24
- Preceptor allowance increased to \$2.50 per hour
- Mentor allowance of \$1.20 per hour
- Overtime meal, on call and uniform allowances to increase by 2.85% per year
- Qualification allowances extended to enrolled nurses and carers
- Night shift allowance increased to 18.5% in first year of the agreement and then to 20% from the second year of the agreement
- Personal leave for nurses reduced to 15 days per year
- Personal leave for carers increased to 15 days per year
- 5 days of non-cumulative personal leave per year for illnesses which could reasonably have been attained in the course of employment
- Expanded definition of shift worker for the purposes of the additional week of annual leave.

HERC Graduation

Health Education & Research Centre Celebrate Health Students Graduation

Recently, we celebrated the graduation of students from our Health, Education and Research Centre (HERC). A total of 46 students successfully finished their vocational education and training from 3 qualifications (Certificate III in Aged Care/Home and Community Care and Enrolled Nurse Diploma and Advanced Diploma).

Many of the students were eligible for State Government funding through the Department of State Growth (Skills Tasmania). This funding supported the students to gain the skills to work within the health industry.

There were 28 students who graduated with Certificate III Aged Care / Certificate III Home and Community Care (Dual Qualification); 3 students with Certificate III Aged Care; 12 Students who graduated with Advanced Diploma of Nursing (Enrolled/Division 2 nursing); and 3 students who completed Diploma of Nursing (Enrolled/Division 2 nursing).

The results of a HERC student outcome survey showed that 89% of those that responded have been employed in the health industry as a direct result of the training they completed at HERC, with a majority of the students gaining employment from their student placements and with very positive feedback from their employers.

Students were given the opportunity to study in HERC's state-of-the-art training facilities, which included a fully functionally simulation lab that offers hands-on experience in hospital, aged care and acute settings.

HERC currently delivers the Certificate III in Individual Support. This is the latest qualification that is designed for the aged and community care sectors. This training will support the aged and community care sectors need for 5000 new workers by 2025 (Aged Care Services Tasmania) that has been recently reported.

HERC's fully qualified nurse educators have experience in acute and aged care settings. This ensures that students get a greater understanding of what it means to work in the industry and with small class sizes, HERC can assist and educate to each individual's style and progress.

State government subsidies are available for eligible applicants for this next course starting on **15 November 2016**.

Further information about this course can be found at: www.herc.tas.edu.au

We are so very proud of our HERC graduates and wish them all the best for the future.



HERC Award Winners



Pictured above (L-R): ANMF Tasmanian Branch Secretary, Neroli Ellis and HERC Certificate III in Aged Care graduate, Deborah Manson with her award: 'Recognition for Commitment to Health Education Award'.



Pictured above (L-R): ANMF Tasmanian Branch Secretary, Neroli Ellis and HERC Advanced Diploma of Nursing (Enrolled/Division 2 nursing) graduate, Jane Reece with her award: 'Recognition for Commitment to Health Education Award'.

THE *heart* BEAT

On the HEARTBEAT for NOVEMBER:

“How do you look after your health & wellbeing?”



ANDREW JONES
RN AT UNITING AGEWELL

“I fence epee, I run moderate distances, I occasionally do yoga. And then I eat too much and have to do it all over again, but faster.”



SCOTT BUTLER
EN (THEATRE)
ROYAL HOBART HOSPITAL

“To maintain a healthy balance in life I joined a gym and I like to go on motorbike rides to relax and take time out for myself. I also enjoy spending time with my family going camping and fishing trips.”



ANDREW OSTLER
RN (NEUROSURGERY)
ROYAL HOBART HOSPITAL

“I like to go bush and prospect for shiny stones. It’s great to get out of phone contact, sleep rough and eat food thrown in a fire.”

Your rewarding career starts right here!



Health Education and Research Centre (HERC) is now taking enrolments in

CHC33015 Certificate III in Individual Support (Ageing and Home & Community)

(the latest qualification designed for the aged and community care sectors).

The CHC33015 Certificate III in Individual Support qualification is designed for school leavers and adult learners wishing to enter the aged and community sectors or those already working in the aged care industry and seeking to upskill.

Information sessions will be held at HERC training rooms at 182 Macquarie Street, Hobart.

Come along and find out about:

- Course delivery and duration
- What you will learn in the course
- Cost and eligibility for State Government subsidies
- What you need to do to undertake the course
- Why study at HERC

Find out more information online at:

herc.tas.edu.au/findout

or phone HERC on 03 6223 6777

**NEXT COURSE STARTING IN
HOBART
15 NOVEMBER 2016**



HERC is the training division of the Australian Nursing and Midwifery Federation
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