
Focus

Delegation to
Medicating ECA's

Focus Caring in Palliative Care

Feature Nurses and Midwives
as Leaders and Change Agents

My Benefits

Member offers



Have you been enjoying your new Member Benefits? Here are some of the great offers available for ANMF Tasmania members...

To access, redeem and explore all of the offers available visit my.anmftas.org.au

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



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Andrew Ostler	Executive – RHH Neurosurgical
Scott Butler	Executive – RHH – Surgical Theatre
Sarah Hill	Executive – Mersey – ED
Deanna Butler	RHH – DEM
Helen Evans	NWPH – Perioperative Theatre
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Branch Secretary Message



On behalf of the Australian Nursing and Midwifery Federation Tasmanian Branch, I would like to acknowledge and congratulate each individual midwife and nurse, along with the broader nursing teams who support them, as we celebrate and recognise International Midwives Day (5 May) and International Nurses Day (12 May).

The contribution that nurses and midwives make to their professions, their patients and their families, as well as to the wider community, can not be underestimated. Midwives and nurses are more often than not providing care and treatment to individuals when they are at their most vulnerable. Families of these individuals are also dealing with an incredibly challenging situation, and care for the individual frequently extends beyond the person who is labelled ‘patient’ or ‘resident’. The professional expertise of nurses and midwives spans across all sectors and in this issue of *Infusion* we hear about palliative care nursing and how instrumental quality nursing care is for patients and their families in this context.

Similarly, a key focus this month is on the role that nursing staff have along with their care worker colleagues, in ensuring safe and quality medication administration. Often, nurses and midwives are the last quality control mechanism in place to ensure the delivery of safe and quality patient care. It is often also the case that as a result midwives and nurses are instrumental in instigating positive change and leading the way in improving quality care and treatment for patients due to their intrinsic knowledge of health care provision and the effect of patient care and treatment.

As you reflect on your individual contribution to the nursing and midwifery professions and the Tasmanian community by providing quality health care to your patients on International Midwives and Nurses Day, take the time to celebrate your success and consider how you can use your voice to continue to lead the way and create positive change in the health environment. Perhaps like our ANMF Tasmanian Branch President, James Lloyd (article on page 3) you may decide to add your voice to ANMF Branch Council to join your nursing colleagues in supporting and guiding ANMF in achieving positive outcomes for all members across all sectors.

Finally, I would like to thank you all for your good will and personal sacrifices that I know you all make each time you turn up to your respective workplaces on International Midwives and Nurses Day and every day of the year. ANMF Tasmanian Branch continue to be incredibly proud to support and advocate for the wonderful work that all nurses and midwives and their teams do daily. We look forward to continuing to work with you to ensure that your voices are heard.

Emily Shepherd,
Branch Secretary

Feature

Leaders and change agents



On May 5 we recognise International Midwives Day and on May 12 (birthday of Florence Nightingale) we celebrate International Nurses Day. This year the theme for International Nurses Day is *'Nurses: A Voice to Lead – Health is a Human Right'*.

Regardless of where you might sit on the political spectrum, it was very exciting to see Ged Kearney – a proudly vocal nurse – elected to a Federal Parliamentary seat in Batman, Victoria.

Ged may be known to many of you. For years she authored the last page of the ANJ (as it was then called) and it was often a page to which subscribers turned first. Ged always had a funny story, or an astute observation to be made about nurses, nursing, and the delivery of patient care.

Ged trained in Victoria and became actively involved with the ANF (Vic) – now the ANMJ (Vic) – as a job representative. She was elected to the ANF branch council and later became the Victorian State President, and ultimately ANMF Assistant Federal Secretary. Over the years we have had the pleasure of welcoming Ged to Tasmania to talk with members and ANMF staff.

More recently she has been working with the Australian Council of the Trade Union (ACTU) and now has been elected to parliament.

At no stage has Ged forgotten that she is a nurse. It is good to know that a nurse, who really understands the pressures faced by the public health system, will be able to have their voice heard at the Federal level. Obviously

she is about more than just health, but health care is an important basic right and one that all nurses look to promote.

Ged has shown, as have many of our Workplace Representatives, that it is possible to stand up for your own rights, protect your colleagues, as well as promote the wellbeing and safety of your patients. Often, it is quite clear, that the two issues are inextricably intertwined.

If you are interested in standing up for your colleagues then consider signing up as a Workplace Representative or even nominating as a member of Branch Council. The ANMF can help and support you to develop skills which you can use in nursing, management or even politics.

References: <http://www.icn.ch/publications/2018-nurses-a-voice-to-lead-health-is-a-human-right/>

Are you interested in becoming a leader?

If you are interested in nominating as a workplace representative, or if you know someone who might make a good representative, please speak with your local organiser or contact our Member Support Team via email membersupport@anmftas.org.au or via phone (03) 6223 6777 or 1800 001 241 (if calling outside the Hobart area).



— Introducing James Lloyd a leader to aspire to

Some of our members may already be familiar with James Lloyd, he has been an active member of the ANMF for many years – attending campaigns, speaking with media and more recently representing members as the ANMF Tasmanian Branch President.

James has been a member of the ANMF since starting his basic nursing training in 1989. In the past he worked in neurosciences and intensive care fields before commencing his current position as an After Hours Nurse Unit Manager (AHNUM) at the Royal Hobart Hospital in 2010. For James, one of the most commonly asked questions in his role as a AHNUM is how can he perform this role while also being the President of the Tasmanian ANMF Branch? Isn't there a conflict of interest in being in both positions? His answer is always the same: no, there is no conflict of interest. But how can that be?

Every decision that James makes has one major qualifier – how will this decision directly or indirectly affect the patients under my care? If his decision positively affects patient care, then he precedes. If his decision results in unsafe patient care, then he won't. "It really it is that simple" says James.

"Of course there are other guidelines that I use when I manage the hospital, for example the 2016 Enterprise Agreement, the Nurses Award, OH&S, Poisons Act, Nurses Act etc. But ultimately, every decision I make somehow, and eventually, affects patients. So asking the question, 'is this decision safe?' is always in the forefront of my mind."

"One my passions as a nurse and a Union member is providing advocacy and giving people a voice. I thrive on helping people stand tall, having a voice and representing

and fulfilling their visions. Nurses are in the ideal position to be advocates for their patients and as well as colleagues that surround them. No other profession in the care industry, sees staff spend as much time at the bedside then nurses, midwives and care workers. As part of the nursing team, collectively we have the power to affect change. One of my goals as a Union member, Branch President and AHNUM is to encourage this voice and have it heard," said James.

This 12 May marks International Nurses Day. We encourage all of our members to consider the theme of 'Nurses: A Voice to Lead – Health is a Human Right' and ask themselves how they, like James, can make a difference in the future of nursing and the broader health industry. Perhaps you are a natural leader seeking to advocate for your colleagues. If so, we encourage you to contact us and enquire about becoming a Workplace Representative or even Branch Councillor.



Branch President, James Lloyd won the ANMF Representative of the Year Award 2017.

Leadership Opportunity

Tasmanian Branch Council

The Australian Nursing and Midwifery Federation Tasmania Branch (ANMF) are seeking expressions of interest from those interested in joining our highest decision making body – Branch Council.

WHY JOIN?

Leadership opportunities:

oversee a statewide, member led, non-profit organisation that is a prominent advocate for nurses, midwives and care staff across Tasmania

Professional and personal development:

enrich your professional development in areas such as financial management, advocacy, industrial relations, leadership, public relations and strategic planning

Networking: develop relationships with other health professionals and colleagues from around the state

Represent your industry:

be an advocate for your industry and the issues that affect your colleagues, patients/clients and wider community

Secure longevity of the

organisation: shape the direction of ANMF to ensure a positive future for the organisation and its members

WHAT IS INVOLVED?

- Contributing and actively participating in robust discussions on strategies to address ANMF member needs
- Reviewing meeting documentation in advance
- Attend monthly meetings alternating between Launceston and Hobart (travel coordinated by ANMF)
- Complete Union Governance training within 6 months (arranged by ANMF)
- Comply with the principles of good governance and act ethically and responsibly and in the best interests of ANMF (Tas)
- Comply with the laws and regulations that apply to ANMF (Tas) and its operations

WHAT ARE THE PREREQUISITES?

- One (1) year financial ANMF membership immediately preceding the date of nomination
- Current membership of the ANMF Tasmanian Branch

WHAT ARE THE DESIRED QUALITIES FOR THE ROLE?

- Understanding of our membership and their needs
- A passion for working towards our vision
- A team player who works well in a group
- Someone who is thoughtful in considering issues and willing to contribute
- Ability to think strategically to assist with guiding ANMF operations

JOINING BRANCH COUNCIL

- Casual vacancies outside of the formal election process can be filled via resolution of the Branch Council
- New Council members will be assigned a mentor and undertake an orientation period
- Union leave to attend meetings may be claimed from your employer pursuant to your relevant Enterprise Agreement

If you require further information about the role or wish to express your interest in filling a casual vacancy on Branch Council please contact ANMF (Tas) Governance and Strategy Officer, Jessica Baldwin on **(03) 6223 6777** or email Jessica.Baldwin@anmftas.org.au.

Focus

Caring in Palliative Care



Article by Kate Yates
Registered Nurse – Gibson Unit,
Calvary St Johns Hospital

Over the past 40 years my career as a Registered Nurse has encompassed a variety of positions in the private, public and community sectors.

Palliative care has been the area I have been drawn to and enjoyed the most. It's not easy to say why this is, but I feel it comes down to the fulfilment of providing excellent care even when the focus is no longer curative.

Aspiring to help achieve the best possible quality of life for the patient and their loved ones for their final days, weeks or months together is so important to me. I always feel proud to be a part of a team that works together to create this.

The awareness that everyone's needs and expectations are unique requires me to adapt my approach and be present with the patient, offering kindness and compassion, never judgement.

This isn't always easy as there can sometimes be conflicting opinions within the healthcare team, or with the patient and family as to whether further treatment options should be pursued.

**National
Palliative
Care Week**
20–26 May
2018

*What
matters
most?*

My role can only be one of supporting honest communication and helping to empower the patient to live their final days according to their wishes.

Being entrusted to care for patients at one of the most difficult times of their lives has always been an honour for me. This privileged role has guided me in my personal life to realise what really matters in the end.

How grateful I feel to have made so many rich connections and memories in this amazing profession.

ANMF would like to acknowledge and thank all of our valued members working in palliative care. The work you do is compassionate and inspiring. Thank you.



— Focus

Delegation to Medicating ECA's

The ANMF Member Support Team has recently seen an increase in calls relating to medication management and distribution. These calls come from concerned Registered and Enrolled Nurses about their responsibilities and scope of practice issues, or from care workers concerned that they may be asked to do something outside of their medicating role.

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.

All health professionals 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 is undergoing a profound shift surrounding care worker capabilities and roles. One of the changes that are occurring is the increasing use of non-regulated medicating care workers, some of whom can administer medication, in certain circumstances.

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 permits the Poisons Regulations 2008, which combined govern and regulate the sale, use, possession, supply, prescription and administration of medications.

It is also the responsibility of Registered Nurses to ensure that any interstate visiting staff are aware that the Poisons Act and associated Regulations and guidelines in Tasmania may differ from that in other states. Visiting or newly arrived staff should be professionally reminded of these differences should they arise in practice.

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.





Regulations 95EA of the Poisons Regulation Act – 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 the administration is assigned by the registered nurse on site 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 of the Guideline) and is deemed competent to administer medications (set out in 3.6 of the Guideline)
- 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
- 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



Registered nurses in aged care must comply with these standards. However, the care worker remains accountable to their employer for the performance of any medications administrations 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), in addition to that by an employer.

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 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, Office of the Chief Pharmacist on 03 6166 0400.

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 Act 2009 (the 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 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 members are advised to do...

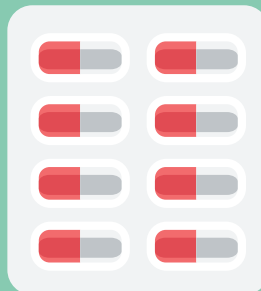
1



Nurses need to protect your registration by complying with the professional nursing standard, relevant legislation and guidelines for the management of medicines in aged care.

2

Care workers need to ensure they meet the required guideline, and only take medication assignments under the guideline.



3



Take collective action with other registered nurses and exercise your authority as the persons with the right to direct care activities to carers, to ensure the safety of medication administration.

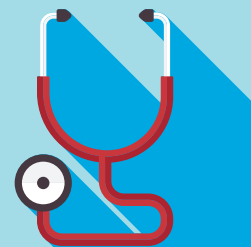
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Engage in collaborative discussions with the manager or employer regarding the professional standard, relevant legislation and guidelines.

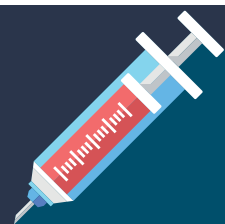
5

If necessary, remind employers and managers that it is an offence under the Health Practitioner Regulation National Law Act 2009 to encourage an RN or EN to engage in unprofessional conduct.



6

If the outcome of discussions is unsatisfactory or you would like professional advice and assistance, please contact the **ANMF Member Support Team** to escalate the matter further, by contacting **(03) 6223 6777** or **1800 001 241** (outside Hobart area) or via email on **membersupport@anmftas.org.au**



Regional Roundup

South

RHH – Department of Psychiatry

ANMF recently met with members working in the Department of Psychiatry (DoP) to discuss the trial Medication Nurse role that was introduced to address medication errors that were occurring. Members in DoP raised concerns about the need for the Medication Nurse to administer every medication on the units, and the length of time that this will take. ANMF have asked that the trial is ceased and consultation with members occur to determine some immediate and long term strategies to address the medication concerns.

RHH – Ambulatory Care Centre

ANMF, on behalf of members, have continued to raise concerns with senior management that the staff in the Ambulatory Care Centre (ACC) are requesting the implementation of an Associate Nurse Unit Manager (ANUM) into their unit. ANMF have lobbied for the introduction of the role through the Enterprise Bargaining Agreement Implementation Committee, and drew attention to the fact that there was an in-charge on the late shift, which qualified ACC to receive an ANUM. Senior nursing management at the RHH have agreed that this meets the criteria for implementation. Recruitment to the position will commence shortly through an internal expression of interest.

ANMF Workplace Representative Training

ANMF recently held a Workplace Representative Training Day for new delegates. It was a great day for all involved, and our new Workplace Reps are now skilled with tools and resources to enable them to be active and informed in their workplace. If you are interested in becoming an ANMF Workplace Rep, or attending a training day, contact Southern Organiser, Tristan Streefland via email Tristan.streefland@anmf.org.au.

Wilfred Lopes Centre

ANMF met with members following reports of unsafe staffing. Members expressed their extreme disappointment that fatigue continues to be a major concern. It was reported that double shifts are being booked in advance. Members also questioned the accuracy of the recent recruitment success and the reported vacancies. Formal correspondence has been forwarded to senior management and HR outlining member concerns and at the time of print, a report back meeting was being scheduled to discuss the response with members.

Primary Health Services – Communicable Disease Prevention Unit (CDPU)

ANMF attended a CDPU staff meeting in March where the CEO, Siobhan Harper presented a change proposal advising of a process to consult on the proposed restructure of the management level of CPDU. The process would include the establishment of new statements of duty (SoDs) for the manager and Clinical Director.

It is stated in the change proposal that the CPDU manager SoD be changed and re-classified from HASA Band 8 to an AHP 6. ANMF sought clarification regarding the changed classification and why a nursing classification was not considered. The CEO and HR advised that the position would also be advertised as a nursing position with the intention that the role be for a clinician.

Members have provided feedback on the change proposal which will inform the ANMF will feedback to the CEO.

The Hobart Clinic

ANMF members have endorsed their Log of Claims for negotiations of the 2018 Enterprise Agreement. Regular updates and member meetings will be scheduled to keep members informed and to seek their advice during the negotiations.

Calvary Lenah Valley Operating Theatres

ANMF have formally raised the concerns of members working in theatres at Calvary Lenah Valley campus to the CEO. While additional staff were recruited in anticipation of the increased workload associated with the opening of the new theatres – overtime and inappropriate on-call continue to be a concern, with fatigue identified as a major work health and safety issue. Member feedback will be provided following a response from the CEO.

North

District Hospitals Working Group

ANMF recently attended a second meeting for the District Hospitals Working Group. This working group was convened under appendix E of the Nurses and Midwives Agreement of 2014 to identify and trial an alternative NHpPD model for safe staffing in our district hospitals. During this meeting the ANMF was presented with a preliminary data report that detailed occupancy rates, acute and aged care length of stay, emergency time of arrival and length of stay, and ward attender (patient presenting from GP's to have dressings etc. done) arrival times and length of stay. It was acknowledged at the

Regional Roundup



ANMF Branch Secretary, Emily Shepherd addresses the media with staff at LGH.

meeting by the Tasmanian Health Service (THS) that the data presented did have gaps and that the missing information would be worked through and presented at the next working group meeting in April. Despite the missing data, a picture of the type of workloads, acuity and autonomy facing our district hospital nurses is becoming clear. The working group agreed that the missing data needed to be provided and verified by the group, along with further information such as establishment FTE, allied health and administrative support, and bed break down between acute and aged care. Following the April meeting ANMF will schedule member meetings at the district hospitals to discuss in detail with members the data presented and progress of the working group.

Calvary

In further developments at Cavalry North, ANMF met with members in March in order to understand the impact of the newly introduced Nursing Staff Enterprise Agreement of 2017 and unpaid meal breaks. The main issues have centred around payroll not applying the paid meal breaks in line with paid meal break provisions retained in the Agreement for night duty staff, level 3A's, midwives, those directed to work through meal breaks, and those unable to leave the facility overnight. ANMF will be raising

these matters with management at the next Workload Management Consultative Committee. In the interim, ANMF advise members that if they have a payroll query/ discrepancy they should email payroll and also include their clinical nurse manager, director of nursing and the ANMF in the email. Previously this approach resulted in payroll rectifying the issue in the next pay. Alternatively, members may like to contact our ANMF Member Support Team for further advice.

LGH Bring your Own Bed Campaign

ANMF members at the Launceston General Hospital (LGH) Emergency Department (ED) have reached breaking point with consistent bed block and ambulance ramping issues. The situation places nurses under considerable strain and workload pressure, and is directly related to an inadequate number of acute inpatient beds – with the current bed numbers not meeting the demands of the patients presenting to the ED. The ANMF have consistently raised these concerns with THS, however with little outcome. As a result, in March members committed to commencing industrial action by way of handing out postcards to patients and their families who have been waiting excessive lengths of time in the ED for a hospital admission. These postcards will be sent to the Minister for Health. This action will be continuing until the ANMF receive a commitment for the following outcomes as identified by members in their resolution to highlight the current bed block crisis.

- Funding, staffing and opening up all beds on ward 4D at the LGH to its full capacity.
- Funding, staffing and opening up all beds on 4K at the LGH to its full capacity.
- Funding, staffing and opening up currently closed beds in the Intensive Critical Care Unit to be used as a High Dependency Unit.
- An action plan for respiratory isolation.
- Funding to staff permanent assistants in nursing (AINs) as sitters on the medical wards, to alleviate nursing staff from undertaking double shifts.
- A long term commitment to fund and open additional medical and geriatric beds at the LGH.
- Permanent funding for the Emergency Medical Unit within the ED.
- Funding to staff after hours allied health positions within the ED.
- More telemetry units purchased as often patients are waiting in the ED for a unit to become available on the wards.

Regional Roundup

- Implementation of a Psychiatric Emergency Nurses seven days (and evenings) a week, to de-escalate and support all challenging presentations. That this position is funded from additional resources.

At the time of print the ANMF were waiting on a response from the Health Minister to implementation of the above-mentioned outcomes.

LGH Workload Grievances

The ANMF Northern team have been busy at the Launceston General Hospital (LGH) with other workloads grievances due to increased patient acuity, occupancy and base full time equivalent (FTE) shortages. The current outstanding workload issues are; LGH Operating Room Suite, LGH ward 4D, LGH ward 6D, LGH 40/4B and Acute Mental Health Services Northside.

Statewide

Public Sector EA Consultations

ANMF will be continuing to visit worksites in the state to discuss and consult in relation to the 2018 Public Sector Enterprise Bargaining Agreement. ANMF encourage members to keep up to date with the various correspondence that may be coming to them via email or text. Now is a great time to contact us if your information has changed, you can update your details online or by contacting ANMF reception on (03) 6223 6777 or email enquiries@anmftas.org.au.



ANMF Branch Secretary, Emily Shepherd addresses staff about the public sector EA at the LGH mass member meeting held in March.

Aged Care

State Wide: Aged Care Campaign

ANMF Organiser, Mandy Clark has been holding morning and afternoon teas at aged care facilities in the South to meet with potential and current members to discuss workplace issues and member concerns. Over April, Mandy visited a number of sites to discuss the national ANMF Ratios for Aged Care Campaign. As part of this campaign, branches across Australia are fighting for legislated ratios in aged care. The national day of action is on 12 May (International Nurses Day) where ANMF members, community and aged care advocates will be coming together in support of the campaign. In the mean time we encourage members to pledge their commitment to the campaign by signing up at MoreStaffForAgedCare.com.au.

State Wide: Southern Cross Care Tasmania

After an extensive campaign from members working at Southern Cross Care Tasmania (SCCT) sites across the state, an improved offer (that includes back pay) was put to ballot and a yes vote was returned. This is a substantial win for ANMF members working at these sites in securing positive wages and conditions under the agreement. ANMF would like to thank all of the Workplace Representatives and members for their valuable input into the bargaining process and taking a stand through rallies and stop work meetings. It is their hard work that made the most considerable contribution to the positive outcome received.

Aged Care in the North

March and April were busy months for aged care in the North. ANMF commenced enterprise bargaining agreement processes at Toosey, Eskleigh Homes and ACSAG. Log of Claims endorsement meetings were held at each of these facilities.

In a disappointing move, the CEO of Aged Care Deloraine recently presented ANMF with last-minute changes to the Aged Care Deloraine draft enterprise agreement. Unfortunately, these changes occurred during the final process of bargaining and agreement drafting, and appear to be a 'receding horizon bargaining' approach by the employer withdrawing matters already agreed. At the time of print ANMF are considering options for resolution of this matter which might include bringing a dispute before the Fair Work Commission.

Do you know someone considering a career in nursing?

Next HERC course starts
14 June 2018

(HLT54115)

Diploma of Nursing 2018 intake now open

Studying nursing opens the door to a broad range of career opportunities, allowing graduates to work in a variety of exciting and challenging areas including hospitals, community health centres and aged care.

Is someone you know looking for a career change, or are they a school leaver seeking an exciting career opportunity? HERC's nationally accredited (HLT54115) Diploma of Nursing provides students with the skills and knowledge needed to kickstart their careers.


Talk to us about whether you are eligible for State Government training subsidies

HERC info sessions:

- 19 April (Thursday) 2pm – 4pm
- 20 April (Friday) 10am – 12pm
- 23 April (Monday) 5.30pm – 7.30pm (evening session)
- 26 April (Thursday) 2pm – 4pm

To learn more and register for an info session visit herc.tas.edu.au or phone (03) 6223 6777

12 MAY IS OUR NATIONAL DAY OF ACTION. **SIGN UP TO LEARN MORE.**



“I BELIEVE
THE LACK
OF STAFF
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TO ABUSE.

THE CARE SIMPLY
CANNOT BE DELIVERED.”

Margaret, Widow

Chronic understaffing in Aged Care homes is leaving thousands of elderly Australians unfed, unwashed or even in soiled pads for hours because there's simply not enough staff. The Federal Government must act now to make staff ratios law for Aged Care. Find out more at

MoreStaffForAgedCare.com.au

ANMF

Australian
Nursing &
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**RATIOS FOR AGED CARE
MAKE THEM LAW **NOW****