

ANMF

Tasmanian Branch

AUSTRALIAN NURSING & MIDWIFERY
FEDERATION (TASMANIAN BRANCH)

SUBMISSION

**2021-22 Tasmanian State
Budget Submission**

19 March 2021

Australian Nursing & Midwifery Federation (Tasmanian Branch)

Organisation Overview

The Australian Nursing and Midwifery Federation (ANMF) is both the largest nursing and midwifery union and the largest professional body for the nursing and midwifery teams in Tasmania. We operate as the State Branch of the federally registered Australian Nursing and Midwifery Federation. The Tasmanian Branch represents over 8000 members and in total the ANMF across Australia represents over 275,000 nurses, midwives and care staff. ANMF members are employed in a wide range of workplaces (private and public, urban and remote) such as health and community services, aged care facilities, universities, the armed forces, statutory authorities, local government, offshore territories and more.

The core business of the ANMF is the industrial and professional representation of nurses, midwives and the broader nursing team, through the activities of a national office and branches in every state and territory. The role of the ANMF is to provide a high standard of leadership, industrial, educational and professional representation and service to members. This includes concentrating on topics such as education, policy and practice, industrial issues such as wages and professional matters and broader issues which affect health such as policy, funding and care delivery. ANMF also actively advocates for the community where decisions and policy are perceived to be detrimental to good, safe patient care.

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Executive Summary

As part of the 2021-22 Tasmanian State Budget development process, ANMF (Tas Branch) submits that funding for health care services must increase to support the ongoing COVID-19 pandemic and adequately resource the State's existing health services in order to provide safe and quality health care. Nurses and Midwives have been pivotal in responding to and managing the COVID-19 pandemic and have worked incredibly hard across the health care system. It is therefore essential that through the budget, funding is delivered to assure safe staffing of health care services with retention and recruitment of staff considered a critical priority as well as resourcing and staffing existing health services in order to meet demand.

1. Funding of the Tasmanian Health System

- a. Provide funding to ensure that the commitments under the Ministerial Charter, Tasmania Health Service 2018 of ensuring transparency regarding governance, engagement with the community, support to managers to deal with budgets and embrace and support the workforce with education and training are met.
- b. That recurrent health funding is based on the actual activity along with increases to (at least) the national per-capita amount for all states and territories and takes into account the assessments by the Commonwealth Grants Commission of relative needs and directs these funds to the health accordingly. This is necessary to ensure Tasmanians have access to health care of a national standard.
- c. Allocate funding to re-establish a State-wide Executive Director of Nursing role to provide urgently required consistent State-wide Nursing and Midwifery leadership.
- d. Provide funding to establish a nursing and midwifery workforce unit to retain and recruit as well as enable consistency with regard to safe staffing and recruitment processes.
- e. Urgently fund the additional resources required to address access block at the Royal Hobart Hospital (RHH), Launceston General Hospital (LGH), North West Regional Hospital (NWRH). This must include funding for additional nursing staff required to meet the workload demands caused by access block. Specifically, at the LGH fund the additional 21.43FTE identified and agreed between ANMF and LGH management as required to address the workloads caused by access block.
- f. Fund all hospitals to open all available beds with permanent staffing. This includes all beds in ICU and NCCU at the Launceston General Hospital and all previous NWRH Rehabilitation beds as stroke/medical beds (with existing rehab budget). In addition, fund an additional rehabilitation/palliative care beds at the Mersey Community Hospital (MCH) by at least 10 beds to replace the reduction at the NWRH (in line with white paper commitments).
- g. Provide funding to establish additional negative pressure rooms and spaces (e.g. theatres) as well as capital works or renovation to establish education and training venues, multi-purpose spaces for multi-disciplinary meetings, handover, meal breaks and also locker and shower rooms in order to facilitate COVID-19 precautions such as social distancing.
- h. Explore and fund all available options for increasing in-patient bed numbers via renovation or extension (including urgent renovation of all RHH A block beds) of

all in-patient and out-patient areas across the State to meet demand, facilitate a reduction in elective surgery waiting times to meet national benchmarks within three years and enable an acceptable time period to transfer admitted patients from Emergency Departments into ward beds.

- i. Fund hospitals to run as seven-day-a-week services including medical staff, after-hours diagnostics, pharmacy service, allied health, discharge lounges after hours ward clerks and hospital aides to support the delivery of safe patient care. Importantly, funding sufficient medical coverage 24/7 to enable patient discharges must be a priority.
- j. Fund and implement hospital avoidance programs to reduce the over reliance on acute health care services. The preferred option for ANMF is to fully resource existing community services as well as models that have been trialled and proven effective in order to assist with hospital avoidance. Including:
 - i. Increase funding to Community Rapid Response teams including specific resources for residential aged care residents to allow greater scope of patients being captured and preventing acute ED admissions.
 - ii. Increase funding to recruit additional mental health nursing staff to Community Adult and Adolescent Teams to allow the back log of referrals to be addressed and hopefully prevent an acute admission.
 - iii. Reinstate funding to after hours palliative care services across the State funding to allow wrap around care to palliative care patients in the community, including 24/7 care and treatment in the terminal phase.
 - iv. Re-establish Hospital in the Home across the State which facilitates early discharge of selected patients who can receive treatment and care in the home for extended treatments such as intravenous antibiotics.
 - v. Increase community nursing staff numbers and also child health and parenting nursing/midwifery staff numbers to enable appropriate follow up support post discharge and also to aid in prevention of acute care service requirements.
 - vi. Fund community accommodation support options particularly for mental health patients who have no discharge destination.
 - vii. Fund community led Nurse Practitioner clinics with multi-disciplinary teams to assist with hospital avoidance and preventative health measures and education commencing in lower socio-economic communities.
- k. Provide funding to establish a State-wide Nursing Hours per Patient Day Unit to oversee the benchmarking process and provide consistent and objective analysis of safe staffing needs in order to facilitate an expediated process for benchmarking approval, in order to maintain safe patient care.
 - i. Fund relief factor attached to the nursing and midwifery workload models to include all required leave including: professional development, on-call leave, public holiday leave, mandatory training, maternity leave, Long Service Leave and for Grade 4 one indirect portfolio day/month. Currently this leave only includes personal leave and annual leave and the non-inclusion of the other leave relief requirements leads to rostered shortfalls, overtime, double shifts and perpetuates sick leave.

- ii. Provide funding to enable all Associate Nurse Unit Managers to be considered outside of direct care and be without a patient load. The ANUM role is a pivotal role which is able to improve patient flow, offer consistent senior leadership (in conjunction with the NUM) and improve overall ward/unit and patient outcomes. For this role to be effective and reach its full potential the role must not carry a patient load. Some wards and units based upon the current benchmarked hours cannot enable this and therefore are at a significant disadvantage. Enabling this role without a patient load is instrumental to improving patient flow and implementation of criteria led discharge.
 - iii. Provide funding for the ANUM role to be implemented across community nursing services to assist with the coordination and patient flow of community nursing clients.
 - iv. Provide funding to include nursing sensitive indicators in the NHPPD model to more effectively assess and benchmark nursing staff requirements during the agreed annual re-benchmarking process.
- l. Fund an additional 40 permanent FTE of Registered Nurses/Midwives to be included into current RHH and LGH staffing pool and establish a permanent staffing pool across the Mersey Community Hospital and the North West Regional Hospital to assist with reducing double shifts, overtime and wards and units regularly working with insufficient staffing numbers to provide safe and quality care.
 - m. Fund Psychiatric Emergency Nurses (PEN) in the Launceston General Hospital and North West Regional Hospital Emergency Departments to enable one PEN per shift to be rostered at a minimum. The LGH and NWRH have similar mental health patient presentations and the subsequent specialised patient care and treatment requirements however do not have the specialised nursing support to assist with these patients.
 - n. Provide funding to reinstate at the RHH two PEN nurses in the Emergency Department on every shift to assess, care and treat mental health patients in conjunction with psychiatric support. The recent Coroner's report involving the death of a mental health patient in the RHH ED waiting room, highlights how important this role is in providing acute mental health care in ED.
 - o. Provide funding for a child and adolescent mental health unit at or near the Royal Hobart Hospital and North West Regional Hospital along with funding to staff the child and adolescent unit at the LGH with mental health trained staff.
 - p. Fund dedicated transitional rooms for adolescent young adult in inpatient areas across the State.
 - q. Fund at least ten (10) designated perinatal mental health beds across the State and adequate FTE per shift of inpatient perinatal mental health trained midwives (Grade 4 and above) to support appropriate prolonged inpatient care. This should include funding scholarships for training in perinatal mental health.
 - r. Fund an integrated mental health and midwifery education model that allows for perinatal mental health to form part of a Graduate Diploma of Midwifery rather than a stand-alone unit qualification (via funding assistance for tertiary course offered in the State or via distance education).

- s. Fund capital works to develop infrastructure to increase current and future capacity in the Tasmanian acute health system including stage 4 or the RHH Master Plan, Stage 1 of the LGH Master Plan and Stage 1 of the North West Masterplan.
- t. Fund capital works to establish increased single room options that can be used flexibly to meet specialised care requirements:
 - i. Capital works to establish additional isolation rooms is needed to accommodate patients with respiratory symptoms, Vancomycin Resistance Enterococci or Methicillin Resistant Staphylococcus Aureus.
 - ii. The needs of bariatric patients are significant and include ceiling hoists, bariatric chairs, larger bathrooms and additional space to accommodate additional staff number required to deliver care.
- u. Overall presentations to the Emergency Department are increasing every year, in-patient services and capacity needs to also be increasing to match the demand:
 - i. Capital works and renovation at the Launceston General Hospital must commence immediately to facilitate the transfer of the current ante-natal clinic to below the 4k re-development to allow the current ante-clinic space to be renovated to re-create ward 3D to assist with lack of capacity of in-patient beds and wait times in the Emergency Department.
 - ii. Works and funding to establish additional capacity for the Northern Cardiac Care Unit with renovation and capital works to extend the current unit as well as allow for a purpose specific environment for the Angiography Unit which has outgrown the current environment which is jeopardising the work health and safety of staff and quality of care to patients.

2. Primary Health Care

- a. Urgently fund a comprehensive approach to increasing primary health care by funding the recommendations of the 2016 Joint Select Committee Inquiry into Preventative Health to begin the process of disease prevention and reduce the over reliance on acute health care services and Emergency Department presentations.
- b. Increase funding to ensure community mental health services are available through coordinating, mapping and implementing integrated IT and record systems to meet community demand and reduce unnecessary hospital admissions.
- c. Fund the agreed district hospitals workload model permanently so district hospitals are better resourced with nursing staff and care workers as well as with physical resources (ceiling hoists and other equipment) to accept transfers from acute care as well as able to accept Emergency Department presentations at the facilities with this service currently provided. Allied health support of these clinics would also ensure comprehensive care.
- d. Fund 15 additional Nurse Practitioner positions across the State with a priority in the North West with:

- iii. 1 Dementia Care Nurse Practitioner
- iv. 1 Wound Care Nurse Practitioner
- v. 1 Continence and Spinal Nurse Practitioner
- vi. 1 Respiratory Nurse Practitioner

Where existing and newly funded Nurses Practitioner positions are implemented, Clinical Nurse Consultant positions must be funded and implemented to support the Nurse Practitioner role, appropriate referral pathways and succession planning for the Nurse Practitioner role.

- e. Fund additional School Nurses in every school, but particularly those in lower socio-economic areas to support preventative health care.
- f. Fund Correctional Primary Health Service to alleviate the pressures on the system caused by ever increasing patient numbers, increased acuity and an ageing population of inmates. Additional space with a purpose-built clinical environment to allow the care and treatment of any potential new inmates with a wide range of clinical conditions is required. This would need to allow for patients that require bariatric equipment, paraplegics and quadriplegics as well as those with mental health conditions. Additional staffing requirements also need to be considered in the context of the inmate population health care needs and the amount of time that nursing staff have access to the inmates.

3. Promotion, Retention and Recruitment of Nurse and Midwifery Professionals

- a. Provide funding for the provision of permanent positions for all Registered Nurses and Midwives engaged with the Tasmanian Health Service in order to build the professions for the future.
- b. Fund an additional 600 nursing graduate positions in Tasmania via Transition to Practice Program, to address the current nursing and midwifery vacancy rate as well as the predicted increased retirement rate in the future.
- c. Fund retention and recruitment incentives of \$500 per new recruit and to those who secure a new employee to match the private sector.
- d. Fund a minimum of one (1) FTE Nurse Educator and Clinical Coach per each 30 FTE of nurses and midwives in all wards/units that have 30% or above of their permanent establishment with 3 years of less experience. This is essential to build the future nursing and midwifery professions.
- e. Fund the pivotal Nurse Unit Manager positions to attend leadership and management programs with appropriate back fill (see 1(k)(i) re leave relief) in order to also support Associate Nurse Unit Managers with succession planning.
- f. Fund administrative and business support for Nurse Unit Managers across the State.
- g. Fund dedicated recruitment units in each region dedicated to recruiting additional nurses and midwives and assisting with implementation of the recommendations

of the health Workforce Plan once complete and to enable efficient recruitment processes and reduced non-clinical workloads of Nurse Unit Managers.

- h. Fund scholarships to complete identified Post Graduate courses to meet workforce shortages in speciality nursing and midwifery skills and knowledge both actual and predicted e.g. Theatres, Emergency Nursing and Intensive Care.
- i. Provide funding for rural and remote areas like Queenstown and Roseberry to renovate or build accommodation for nurses and midwives who currently have to share accommodation including bathrooms and does not provide opportunities for families to move permanently to the area.

- End -

Document Information	
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