

# INFUSION

The Tasmanian nursing magazine for ANF Members

## Aged Care New Beginnings

also in this issue:  
Providing a Statement  
Poisons Guidelines Key Messages  
Journey Injury Insurance for Members

2010  
OCTOBER



# Your Public Sector EBA

## THE PUBLIC SECTOR NEGOTIATIONS CONTINUE THROUGH THE INTEREST BASED BARGAINING (IBB) PROCESS AND ONE OF THE MAJOR PIECES OF WORK IS THE CAREER STRUCTURE REVIEW.

There is a commitment from all parties to develop and implement a new career structure with new classification descriptors in the new EBA.

Some of the key concepts discussed include:

- 1. Assistants in Nursing:**  
Negotiations for the introduction of this role will include conditions around the implementation to assist nurses with tasks as delegated. ANF is strongly of the view that this role will be in the nursing team and not be included in direct hours. Further discussion is needed.
- 2. Enrolled Nurses:**  
Acknowledgement of advanced roles and inclusion of a post graduate/qualification allowance for Advanced Diploma or equivalent, eg NSW College Peri-operative Course.
- 3. Registered Nurses:**  
A new framework will encompass Formal Assessment points which include the ability to apply for advanced progression to an additional increment. The base grade RN will include two Grades and progression to the higher Grade will be based on an application to a Formal Assessment.

- 4. Community/FYCH nurse structure:**  
Discussions to include a pathway for those who wish to specialise in primary health through all Grades; but there have been concerns raised with the importance of maintaining and rewarding the independent practice and decision making levels.
- 5. Clinical Co-ordinator:**  
A new role combining a pathway to management with a strong focus on leading teams, predominantly nursing and maintenance of a high level clinical expertise.
- 6. CNC/CNE/NP candidate:**  
Incremental years for progression with the candidate moving into a funded Nurse Practitioner position upon endorsement.
- 7. NUM:**  
Divided into two Grades recognising different sizing in levels of responsibilities and roles.
- 8. Senior nurse management:**  
Two Grades with several levels with descriptors to differentiate differing levels of responsibilities.

It is agreed to undertake work value analysis from Grade 5 upwards, to ensure our nurses are equally valued with our health colleagues. The principle of no disadvantage is agreed. These concepts are still in discussion stages and once this work is finalised, ANF is keen to consult with members to build on this new proposed framework. ■

Development of a draft framework is underway and there will be a consultation strategy to ensure all members have input and clearly understand the career pathways for Tasmanian public sector nurses.

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*Advertising rates available on request. Publishing deadline is 1st of each month prior to publication.*

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## Aged Care

**THERE ARE 14 AGED CARE FACILITIES ACROSS THE NORTH WEST OF TASMANIA WITH A GROWING MEMBERSHIP.**

Support by ANF includes the monthly aged care teleconference as a forum for networking and information feedback across aged care facilities, as well as coordination of education and professional development for all staff in aged care. Some sites have also wanted to be included in the monthly rural and remote teleconference. Planning has begun for the Aged Care Conference to be held in March 2011 in Launceston.

### Where are your Aged Care nursing colleagues located geographically?

Tandara Lodge Community Care Inc is located and secluded in Sheffield with active membership wanting information and inclusion at all times.

Uniting Aged Care Strathdeven, Latrobe, is actively involved by ANF Rep Carrie Page in both the aged care teleconference and attendance at all ANF education sessions.

Devonport has four sites: Bapcare Karingal Community with active members Dianne McCracken and Shirley Shaw. Meercroft Care has Rosemary Burt supporting both RN's and PCA's. Melaleuca Home for the Aged is quiet in approach but involved in membership. Onecare Ltd Rubicon Grove, Port Sorell is always kept well informed with coordination of meetings and education by Maree Febey.



*NWRH Renal Unit - 100% ANF member density*

Ulverstone has two sites: Eliza Purton Limited at both Eliza Purton Home for the Aged, Ulverstone and Coroneagh Park Hostel, Penguin, with active Reps Jenny McGhie and Mandy Billings advocating and supporting fellow ANF staff members. Mt St Vincent Nursing Home and Therapy Centre (St Vincent de Paul Society) have very active Reps in Diane Smallbon and Jennifer Fabian. Always included in activities are Diane Dennis, Jill Draayers and Frances O'Brien.

Burnie has one aged care site with members at Onecare Ltd Umina Park where we welcome new DON Judith Warren.

IBIS care is based at Wynyard before travelling on to Emmerton Park Inc at Smithton where the bush is well represented by Rep Helen Busscher and DON Christina Hyde. Always a presence and involved for the rural and remote area supporting PCA involvement through Rep Margaret Emmett.

On the West Coast is Healthwest Queenstown West Coast District Hospital housing Lyell House with its twelve residential beds.

The never ending positive attitude and knowledge by those employed in aged care across the North West has a positive impact on residents and their families. These members make you stop and think about older people - what is ageing and what is caring for older people all about?

Jo-Ellen Reid took up the position of the NW Organiser to cover the period of Adele Kear's personal leave. Jo-Ellen has now been appointed as the ADON for Education (North West Regions) with the DHHS, and sadly Adele is not able to return to her position as Organiser. ANF will be advising members of the new NW Organiser appointee as soon as possible. Thank you to Adele Kear and Jo-Ellen Reid for their work and achievements in the North West, and we wish them well in their new challenges.

**ANF 100% density  
CONGRATULATIONS TO THE  
NWRH BURNIE RENAL UNIT ON  
ACHIEVING 100% ANF MEMBERSHIP  
ON THEIR WARD. ■**

## anftas.org - offering you more

**ANF HAS LAUNCHED OUR NEW LOOK WEBSITE - OFFERING YOU MORE:**

- Use the events calendar to find professional development courses and special events
- Register and pay for ANF education sessions
- Access Continuing Professional Education (CPE) Online training courses
- More news on nursing issues
- Additional information in the members only access
- Comments areas and online forms - have your say
- Pay your membership invoices
- Join ANF and make your first payment
- Secure payment gateway: Paypal - Safer. Simpler. Smarter. ■



A VISIT IN AUGUST TO THE CAMPBELL TOWN HEALTH AND COMMUNITY SERVICES CENTRE WAS WELCOMED BY STAFF, WITH A GROUP MEETING TO HEAR ABOUT CURRENT INFORMATION ON NATIONAL REGISTRATION, PUBLIC INDEMNITY INSURANCE, PUBLIC HOLIDAY NEGOTIATIONS AND THE DHHS NURSES EBA. IT WAS GREAT TO SEE CARE STAFF MEMBERS PRESENT AND INTERESTED IN WHAT ANF HAS TO OFFER THEM.

There is a dynamic team at Campbell Town and in general staff believe that it is a great place to work. Management and GP changes, while potentially unsettling, have been smoothly transitioned thus far and issues with hot water supply have caused some frustration in recent times.



LGH Reps- Dee Douglas, Pam Hesketh, Sharon Philpot

## LGH

While building works are underway, car parking for LGH members has proven to be very difficult. ANF reps have met with the CEO in relation to the conversion of 51 staff permit parking bays to pay and display. The late shift nurses, particularly, were very concerned about safety and having to park their cars a considerable distance from the hospital and then walking back to their cars in the dark after their shift had finished. Alternatively, nurses had been leaving the wards during the shift, before dark, one at a time to move their cars back onto the hospital grounds.

One solution tabled and agreed to by the CEO was that the new pay and display area would be converted back to staff car parking after 4 pm to allow nurses to continue to move their cars. The CEO also agreed to allow afternoon staff fifteen minutes each to leave the hospital and move their cars. The free Tiger bus was also offered as a possible solution for afternoon staff, this bus runs from 10 am through to 3.40pm daily, free of charge, by the council, from Inveresk car park where all day parking costs \$3. The CEO agreed that if afternoon staff parked their cars at Inveresk and caught the Tiger bus to work, the hospital would investigate the option of providing taxis and/or a shuttle bus back to Inveresk at the completion of late shifts. The LGH has met with the Council and has

determined that Inveresk is adequately lit and there have not been any significant issues with vandalism. The lighting is better at the entrance to the QVMAG than at the northern end of the car park. At the time of writing ANF is awaiting confirmation that the LGH will provide taxis and/or a shuttle bus for nurses finishing late shifts and returning to the site. The CEO also agreed to further discussions if the above solutions do not alleviate the car parking problems.

## 4D

A NHpPD grievance was lodged on 19 July around activity, acuity and occupancy. Management have confirmed that specialist renal care/ procedures for patients outside of 4D will be managed by the renal unit; the four DEM overflow beds situated on 4D will be managed by the 4D NUM and until 4D is benchmarked; and the ward will be staffed safely and to acuity. Members are happy with this outcome, however, the need for benchmarking remains.

## DPU

A letter has been written to management, by ANF on behalf of the DPU members about the requirement to input real time data into PAS. Members feel this is a competing priority to that of patient care. At the time of writing ANF is awaiting a response.

## ECAT

The development of the ECAT role is continuing. MHS North have committed to undertake regular meetings with CAT to continue discussions around the roster and to guarantee that the model of care that is developed will clearly outline the role and function of ECAT.

## Aged care

Staff at Presbyterian Care Legana, also welcomed a visit from ANF, and were very interested in current issues. A meeting with the Director of Care Services and the recently appointed Educator raised the possibility of establishing education networks between aged care facilities. ANF has been asked to be involved in a Joint Consultative Committee to discuss the opening of their new residential wing and look forward to this process. ■

## ANF Audited Financial Statements

THE AUDITED FINANCIAL STATEMENTS FOR THE FINANCIAL YEAR 2009/10 ARE NOW ON THE ANF WEBSITE. INTERESTED MEMBERS CAN VIEW THESE STATEMENTS FOR THE MONTH OF OCTOBER.

## DPU

There have been issues in DPU in regards to performing non clinical duties – i.e. entering of data into PAS, and also in regards to change in rostering.

The nurses wrote and signed a letter to management and have now received admin support to assist them with this role. The rostering remains a concern which is being addressed within the unit.

## Primary Health

The last week of August saw the recommencement of the State Wide Rural and Remote Tele/Video conferences. It was good to see some of the familiar faces from previous tele/video conferences. The consensus of the attendees was that it is a good forum that enables representatives from around the state to network and raise non urgent issues with the Primary Health ANF Organisers in each region. ANF would like to indicate that any urgent matter should still be raised directly through Info Line for attention. A big thank you is extended to Sue Robertson who gave a very informative overview of the Interest Based Bargaining process which has been

undertaken with this year's Public Sector Nurses Enterprise Agreement.

The teleconferences will be planned on a bi-monthly basis with the option to call them more frequently if required.

## Mental Health

It is a very challenging time for mental health nurses working hard to meet the increasing demand on the service they provide both in the community and in-patient facilities.

Available resources are not meeting the growing demand on the service. The impact of insufficient qualified mental health nurses in the community is resulting in an increased acuity and length of stay for the in-patient services. The system is at breaking point. ANF values the opportunity to work with members in the speciality to put forward recommendations to ensure a sustainable service for the community.

## Work Safe Tasmania Week 2010

From 24 - 30 October a packed program of seminars will be delivered across the State. You are encouraged to take advantage of this opportunity to attend



sessions covering topics relevant to your workplace. Topics include a broad range of issues from health and well being, injury management and stress; body and mind.

Southern Tasmanian Area Health Service is very fortunate to have Marly Flynn as their OH&S Advisor, and ANF is very pleased to have the opportunity to be joining her in promoting Work Safe Tasmania Week on Tuesday 26 October at RHH with a display in the main foyer.

ANF also fully supports the initiative of DHHS to decentralise Occupational Health and Safety, with each region having its own dedicated team. ■

## Private Sector EBA Updates

*EBA updates are current at the time of writing*

### Emmert Park

Nursing agreement – Ballot has been successful and the employer will be lodging the agreement with Fair Work Australia within 14 days for assessment of the Better Off Overall Test.

Non-nursing Agreement - the first meeting is schedule for 16/9/10.

### Mt St Vincent Nursing Home, Ulverstone

LOC endorsed by members for a new agreement. ANF will be forwarding the necessary correspondence to the employer regarding commencement of the bargaining process.

### Meercroft Care, Devonport

Management want to have a single collective Agreement for Nurses and Non-Nurses. ANF will be discussing with the Employer regarding the bargaining process. The Nurses Agreement is due to expire in December 2010.

### Aged Care Services Group (ACSAG), Launceston

ANF will be meeting with Management representatives on 24/9/10 to progress the Nurses Agreement.

### Salvation Army – Barrington Lodge

ANF will be meeting with management representatives in mid October to progress the Nurses Agreement.

### Calvary Health Care Tasmania – Northern Campuses

An initial meeting for the Nurses Agreement is scheduled for 24/9/10. Members will be updated regarding the progress and agreed outcomes.

### Calvary Health Care Tasmania – Southern Campuses

The EBA is currently with FWA. There have been some discussions with ANF in regards to several 'typos' which is being addressed.

### Healthscope

Negotiations with Healthscope have now stalled, with Healthscope changing their 'endorsed' offer to members. They have removed the Long Service Leave offer of 13 weeks at 10 years, as they believe that it will cost in excess of \$2 million. Members are outraged at this, as this offer and a 9.25% pay rise over 3 years was all that had been offered to staff in the new agreement.

ANF and HACSU had held membership meetings and had passed a resolution endorsing the unions to apply to Fair Work Australia to hold a ballot for protected Industrial Action. Watch this space for more news. ■

# KEY MESSAGES - POISONS GUIDELINES

## THE DHHS GUIDELINES FOR THE 'ADMINISTRATION OF CERTAIN SUBSTANCES BY AGED-CARE WORKERS IN RESIDENTIAL AGED CARE SERVICES' CAME INTO EFFECT ON 1 SEPTEMBER 2010.

All residential aged care Approved Providers and employees are legally and ethically obliged to comply with these Guidelines.

It is important that all staff involved in medication administration in residential aged care facilities are aware of the following requirements in relation to medication administration:

- The DHHS Guidelines are the minimum requirement. Policies and procedures of the aged care facility, in

relation to medication administration, may be over and above these.

- All policies and procedures, in relation to medication administration, must be transparent and accessible to all staff involved in medication administration.
- Comprehensive staff education around policies and procedures should have occurred prior to the implementation of changes affecting staff roles and resident care, in relation to medication administration.
- All staff involved in medication administration should be aware of the roles and responsibilities of each level of worker, including exactly who is allowed to administer medications at their facility.

- All staff involved in medication administration must have easy access to their facility's policy and procedures in relation to medication administration and the DHHS Guidelines and the APAC Guidelines.
- Systems to report incidents, including near-misses must be transparent and accessible to all staff involved in medication administration.
- All reported incidents must be reviewed by a Medical Advisory Committee (MAC) that has broad stakeholder representation, and staff who are involved in medication administration should be aware of the implementation of continuous improvement outcomes, to prevent future adverse medication incidents.

## FAQS

### Q) Does there have to be a Registered Nurse (RN) on site when an aged care worker is administering medications?

A) A RN must be onsite and accessible at all times.

### Q) Should a nurse be onsite at all times?

A) According to the DHHS Guidelines, which are referred to in Regulation 95EA, residents must have access to PRN medication. PRN medication can only be initiated by a registered or medication endorsed Enrolled Nurse (EN). To be compliant with the Guidelines and the relevant legislation, **a nurse should be onsite, or 'readily available', at all aged care facilities at all times to enable a clinical assessment and judgement to be made by a nurse as to whether a PRN medication is required by a resident.**

### Q) Does it have to be a RN on site, 'readily available' at all times, or can it be an EN?

A) Depending on organisational policy, a RN can be on call/offsite and indirectly supervising an EN on duty. It is now within EN scope of practice to initiate an assessment on a resident, for the purposes of assessing whether a resident may need an ordered PRN. The EN must consult with the on call/

offsite RN (as the EN works under the general supervision of the RN). The RN must make the judgement based on the information received from the EN whether the resident requires the ordered PRN medication. The on call/off site RN is also responsible for evaluating the effectiveness of the PRN medication given to that particular resident.

The DHHS Guidelines are intended to ensure that there is consistency in the quality of care provided to all nursing home residents and that safe medication management systems are maintained. The State Government has committed to an independent review process of Regulation 95EA, to be conducted within the next 3 years, to enable all reported issues associated with the implementation of this regulation to be considered.

In accordance with their professional and ethical responsibilities for quality of care to residents, all staff involved in medication administration must report any concerns they have to their immediate supervisor, in the first instance.

**ANF is holding an information session on Poisons Guidelines 95AE in Hobart on 18 October - refer to the Professional Development page for details. ■**





# Anna Stewart - An Inspiring Project

2010 Anna Stewart Program Participants in Parliament House - ANF's Juanita Mayne front left

**Juanita Mayne, RN - WACS, RHH**  
**ANF Workplace Representative, Branch Councillor**

## THE ANNA STEWART MEMORIAL PROJECT IS AN INSPIRING 8 DAY PROGRAM FOR WOMEN ACTIVISTS WHO ARE UNION MEMBERS.

This year myself and four other women, an English language teacher, a teacher's assistant, a parliamentary dining room manager and call centre supervisor came together under the guidance of Unions Tasmania. Our mission was to be educated and exposed to unions, politics and the community. Our directive; to launch the pay equity campaign by making a commercial, DVD and flyer!

As you can imagine the program was fast, educational, fun and really gives an accurate picture of how health and the ANF fit into our community. Time spent at other corporate unions allowed me to understand current issues regarding Polytechnic, the State Library, recruitment, grievances and campaigns such as Safe Asbestos Free Schools. Other learning areas included International Aid, Industrial Relations legislation, financial help and of course reading and deciphering our own Awards and EBAs! Excursions to the Anti Discrimination Commission, Fair Work Australia and Parliament House reinforced this understanding.

One of my favourite sessions was women in politics. Fran Bladel and Margaret Reynolds gave us insight and appreciation to the history and struggles faced by pioneering women politicians. A bit of gossip kept the conversations

spicy as well! All five of us came away with the confidence to think maybe we do have the ability to enter politics, whether it is local, federal or perhaps become the next female Prime Minister!

To begin making our DVD and advertisement we first needed to get a sense of exactly what pay equity means. We were given research on current pay injustices, many females and those in female dominated roles are paid 18 - 42% less than other workers! Next up was advice and tips for interview techniques. We then began our visits to community workplaces such as Colony 47, Community Based South and Cosmos. A trusting rapport was quickly needed between us and the interviewees, to find out why their job is important and what it would mean for a pay rise. The most popular responses were respect and increased funding for community programs. Being on the frontline in my own job, I don't often have the opportunity to fully appreciate all the people helping behind the scenes, supporting the elderly, the homeless, new apprentices, the admin staff - the list is enormous!

Who knew nursing and midwifery would lead to an introduction to media, reporting, producing and launching campaigns! I thoroughly recommend this program to anyone wanting change but needing the skills to make it happen. I am also proud and grateful to have taken part in this nationwide program. A quote by one of my team mates Kate sums up the experience, 'this program reawakens your social conscience'.



A huge thanks to all involved, my team mates, Emma Gill (past participant now coordinator), the many wonderful speakers, Unions Tas, ANF and all the other unions. ■



ANF President Julie Driver, Harmina Koolhof and Agnes Stanislaus-Large

## 43 Years ANF Membership

**HARMINA (MIENEKE) KOOLHOF HAS RECENTLY RETIRED FROM NURSING, AND WAS ACKNOWLEDGED AT A BRANCH COUNCIL MEETING FOR HER 43 YEARS OF ANF MEMBERSHIP.**

Mieneke trained at the RHH, and then worked in Melbourne, London and back in Hobart. She tells us her retirement will be full of golfing, swimming, walking and lunch with friends.

ANF wishes Mieneke an enjoyable retirement. ■

## because we care

Quality care for older Australians



THE BECAUSE WE CARE CAMPAIGN WAS LAUNCHED NATIONALLY ON 17 MARCH 2009 AND HAS NOW BEEN RUNNING FOR OVER 18 MONTHS.

Over this period:

- ANF has undertaken 140 visits to aged care facilities across the state - nearly eight visits each month.
- Over 250 members have joined ANF from the aged care sector

Recent ANF aged care site visits have highlighted ongoing support for the Because We Care campaign, as well as the ongoing concerns relating to safe staffing levels and skill mix in the sector and within many facilities. It is hoped that Productivity Commission outcomes

will improve this situation. Members working within Aged Care can be assured that the ANF is continuing the fight for improvements in Aged Care.

### Get Involved

Join the Because We Care Facebook group to get information and share stories with other people who are working or have family in aged care.

### Seniors Week

Seniors week is always a high point for the first week in October. ANF is holding events for our members aged over 55 years. More information is on the website. ■

## Aged Care - A Major Issue



Di Smallbon  
Mount St Vincents  
Nursing Home

### AGED CARE WAS A MAJOR ISSUE IN THIS FEDERAL ELECTION.

With this in mind the DON and the Registered Nurses at Mount St Vincent Nursing Home in the

North West challenged their Federal Member for Braddon, Sid Sidebottom MP, to come and work in our facility for the morning - and he accepted.

The morning started well with Sid spending some time in the laundry. It was found within a short space of time that he talked too much, and thus was moved on to the floor.

Alongside the care staff he made beds and helped with appropriate resident care, but again he was found to talk too much. Despite this, residents and staff thoroughly enjoyed his company.

The staff thanked Sid for taking up the challenge and hopefully he gained a greater understanding of the daily challenges staff face in Aged Care.

With 'The Grand Plan' as the focus the DON, Yvonne Krompkamp invited the Federal Shadow Minister for Health and Ageing to visit. There was discussion and then open question time regarding the need for more appropriate funding for the existing Aged Care beds.

We thank Yvonne for her unrelenting and passionate support for the improvement of Aged Care. Mount St Vincent staff constantly strive to maintain an excellent standard of care for our residents ...Because We Care. ■



## A fulfilling experience

Joanna Sun  
EN Vaucluse Gardens

I CAME TO TASMANIA A FEW YEARS AGO TO BE WITH MY NOW FIANCÉ AND I DECIDED TO TAKE UP THE CERT IV ENROLLED NURSING COURSE IN TAFE TASMANIA. I HAD GRADUATED A YEAR BEFORE WITH A PSYCHOLOGY DEGREE (BSC) FROM THE UNIVERSITY OF SOUTHERN QUEENSLAND.

I had an interest in nursing because the skills and knowledge that one develops in this field is highly applicable in everyday living. To me these basic nursing skills are relevant as a woman, partner and daughter. There have been and will be many situations throughout my life where the knowledge and skills acquired in nursing could be utilised - be it care for self or others.

I have worked as a personal care assistant for almost a year, and now an EN. It has certainly been an enlightening experience to work in the areas of ageing and dementia. It is one thing to read about it or observe in placement, but being up close to residents doing their hygiene, and assisting them in their daily activities, provides a clear representation of what it means to age.

Working in aged care has provided me with an insight into the physical and cognitive barriers and losses that older adults face when transitioning into a residential care home, and the many things in life that I, as an inexperienced adult, take for granted. Working with older adults has been and continues to be a fulfilling experience for me, as they share their life stories, knowledge, and wisdom. ■

# Aged Care Network

From little things...

IN AUGUST THE FIRST STATEWIDE ANF AGED CARE TELECONFERENCE WAS HELD AND FROM SMALL BEGINNINGS ANF FEELS VERY HOPEFUL THAT BIG THINGS WILL GROW.

While members in Aged Care facilities were keen to be involved there appeared to be many barriers precluding people from attendance. However, the members who did attend were an inspiration with their contribution.

It is clear that aged care nurses and care workers face huge challenges in their daily attempts to provide high quality care to a very valued although vulnerable group within our society. For many nurses and care workers this challenge is having enormous impacts in regard to their ability to continue in the sector.

What was inspiring to hear at the teleconference was that many members continue to have the energy and passion to ensure that positive changes are discussed and implemented to support colleagues in continuing to provide quality aged care. Staff who work very hard for long hours and often with limited resources are still happy and committed to being involved in making changes that ensure residents and their families continue to receive the best care possible.

Participants in the teleconference voiced positive feelings about networking, supporting each other, sharing ideas and assisting ANF to lobby for changes in the aged care sector.

Outcomes of the teleconference include support for an ANF aged care study day to be held in March 2011, development of ANF Aged Care Excellence in Practice Awards for nurses and care workers, and information sharing in relation to the new Poisons Regulations and the Because We Care Campaign.

ANF Organisers have since reflected on the Teleconference with a feeling that positive change in aged care is possible and have an ongoing determination to support the nursing team in aged care to achieve this.

For further information on up coming teleconferences please contact ANF or your ANF workplace representative. ■

...big things grow

# the beat

On the heart beat for October -  
What's the first thing you would do to improve aged care?



Di Smallbon - Mount St Vincent

I feel very positive about working in aged care and I would like for everybody to feel that way because we are an aging population. Within another 20 years the instances of dementia will be doubled so I would like to think that there were positive nurses and care staff to look after me when I reach that age. Unfortunately the issue of pay parity is still a problem that we have to solve. I think all nurses should get paid for what they do - 1 nurse, 1 wage.



Christine Dolliver - Queen Victoria Nursing Home

I'd like to be able to improve the quality of life for residents while they're in aged care. They are being neglected by government and you can only push nurses and carers so far. We need to increase the funding for aged care. Residents' time in nursing homes should be quality time. I'd like the government to provide more funding and understanding.



Elizabeth Saunders - Vacluse Gardens

Pay rates need improving. I think if the pay was equivalent to the public sector we would attract more staff. Pay rates for carers also needs addressing as the pay rate is low for the amount of work that they do; especially as their work load is increasing.



Joanna Sun - Vacluse Gardens

I think one of the biggest problems right now is staffing issues. The baby boomer generation are now starting to move into aged care facilities and this is a very large population group. They will most likely be more demanding than our current aged care residents in terms of the expectation in quality of service, staffing levels and nursing care. More has to be done in terms of funding and supporting this area.



Jolene Green - Vacluse Gardens

Aged care needs more funding for information technology resources and more computer skills training for people working in aged care. This would help ENs and RNs better implement systems in the workplace.



Lee Lennard - Queen Victoria Nursing Home

We need more funding and more staff to get the staff to patient ratio more appropriate. This would help provide more incentive for people to work in aged care - because at the moment there's not a great deal of incentive. Aged care is a great place to work. It's very undervalued and it doesn't necessarily need to be this way.

# Yaraandoo

Jacqui Marden  
Yaraandoo

**YARAANDOO IS A PART OF SOUTHERN CROSS CARE TAS (INC), WITH SEVEN AGED CARE FACILITIES AND NINE VILLA UNIT COMPLEXES; AND IS THE INDIGENOUS NAME FOR THE SOUTHERN CROSS CONSTELLATION. THE 81 ROOM FACILITY HAS TWO RESPITE PLACES, AND IS SITUATED HIGH ON THE HILL AT SOMERSET OVERLOOKING THE OCEAN AND TABLE CAPE - SOMETIMES IT IS HARD TO BELIEVE THE WAVES ARE SO FAR AWAY. THERE ARE ALSO SIX 2 BEDROOM VILLA UNITS AT SOMERSET WITHIN WALKING DISTANCE TO THE LOCAL SHOPS.**

The high and low care sections enable accommodation for couples with different needs on the same site. The rooms are tastefully furnished and residents are encouraged to personalise their rooms. Nearby cosy sitting rooms are available with a large

lounge and verandah overlooking Bass Strait for those wishing to entertain family and friends.

My special areas of interest are resident focused care, change management including culture in the aged care environment ensuring that residents and staff live and work in a vibrant healthy environment. Other interests I have include palliative and dementia approaches with innovative models of care. I recently moved to the North West Coast after working with Uniting Aged Care Ningana Home in the south of Tasmania achieving accreditation with a Best Practice Award in 2008. In June 2010, I became the Facility Manager at Yaraandoo.

Clinical Care Coordinator Alison Matthews commenced her role in March 2010 and is leading the care team in developing a clinical excellence team to provide best practice care with residents and the community at this unique time in older people's lives.

The committed and dedicated staff, many of whom have worked at

Yaraandoo for many years, truly have compassion and care. This extends to all employees and areas of the facility, to anyone entering this facility there is certain warmth and atmosphere which is very alive.

On 3 December, Yaraandoo will celebrate 20 years in the industry. Currently the facility has reviewed its directions and models of care to ensure a person centred approach for those residents living with the symptoms of dementia. Staff and families together with the Executive and Board of Management are reviewing their approach to dementia care, creating a home like environment to trigger familiar memories. Yaraandoo has developed an on site Men's Shed Program, as there is a large group of older men who still enjoy their shed time.

Yaraandoo faces the challenges that the industry brings, such as workforce planning retention and recruitment. Our vision is to be recognised as the leading provider in aged care services in Tasmania and the employer of choice in that sector. ■

# Tandara Lodge

Pam Von Stieglitz  
Tandara Lodge

**ESTABLISHED IN 1978 TANDARA LODGE COMMUNITY CARE INC. IS BASED IN SHEFFIELD IN NORTH WEST TASMANIA. TANDARA PROVIDES RESIDENTIAL AGED CARE (41 HIGH AND LOW CARE BEDS), RESPITE CARE, COMMUNITY AGED CARE PACKAGES AS WELL AS MEALS ON WHEELS FOR THE SHEFFIELD AREA.**

It also operates 41 independent living units, a HACC funded rural health clinic (providing various allied health services), community health programmes, a HACC funded activities centre and community transport. The Tandara resident mix includes a number of younger adults and their integration in Tandara is successful.

Tandara employs 73 dedicated staff, mostly drawn from the local area. The Tandara Board have sponsored several staff to assist them to undertake EN or RN qualifications. As is common to aged care and particularly rural areas we find it difficult to recruit Registered Nurses.

Tandara management promotes an autonomous environment. With a lot of input from staff and residents it ensures that the atmosphere at Tandara is as home like as possible and has a happy and friendly working and living environment.

Our residents enjoy weekly bus outings, a wide range of diversional activities, physiotherapy, alternative therapies and music therapy. The well equipped gymnasium is used by Tandara residents and staff and is also utilised for community rehabilitation. The specialised equipment enables those with physical disabilities to participate in a physiotherapy program. Residents are always extremely keen to utilise the equipment and the improvement in residents' physical abilities and over all fitness has been a positive benefit.

Since the introduction of music therapy, which is enjoyed by all, the residents have produced a CD and DVD and are due to go back into the recording studio at the local high school again this week for CD number two



*Resident Laurie Wootton "works out" under the watchful eye of physio assistant Mandy Brazendale*

with sessions ranging from Bach to Bon Jovi. The proactive residents have also recently released a book "Making the Very Best of the Last Lap" which is a reflection of their past life and their experience in aged care with a few pearls of wisdom thrown in as well.

Tandara as an organisation firmly based in the local community, enjoys high levels of community support and participates in community events and activities. ■

## UTAS Open Day

**DURING AUGUST THE UNIVERSITY OF TASMANIA CONDUCTED OPEN DAYS AT HOBART, LAUNCESTON AND BURNIE CAMPUSES. RUSTICA AND ANF WORKED TOGETHER TO RAISE AWARENESS OF THEIR ORGANISATIONS AND WHAT THEY HAVE TO OFFER STUDENTS.**

RUSTICA is the University of Tasmania's rural health club. Formed in 1996, it is aimed at developing a national rural network and a multidisciplinary approach to the unique challenges this area of practice faces. By subscribing to RUSTICA these students have expressed a desire to undertake extracurricular activities to enhance their knowledge of what it is to be a health care professional within remote/rural context.

The School of Nursing and Midwifery (SNM) and UTAS welcomed the

involvement of ANF and RUSTICA, as both organisations offer services that complement what the university has to offer. As well as offering social interaction, ANF and RUSTICA offer students extra learning opportunities via publications, conferences and training sessions. Students attending these extracurricular activities are not only benefiting from the instruction provided but from interacting with nurses and educators who are specialist in their field, passionate and understanding of the importance of evidence based learning. This offers students role models and inspiration in regards to developing their own practice.

To provide relief from information overload visitors got the chance to win a cow by whacking one with a gumboot, a RUSTICA competition that proved very popular with all ages.



*UTAS Open Day - Students Mengying Su (second year) and Katherine Kru (first year)*

The stand was a favourite not only with future students but with SNM staff as well. Both the second year coordinator Mrs Sarah Chong and the deputy head of school Dr Rosalind Bull took time to congratulate students who assisted on the day, not only for their professionalism and conduct but on their practice when demonstrating skills. ■

## Thanks for making the impossible, a possible dream

Susan Mogga

**EARLIER THIS YEAR, I WAS FORTUNATE TO WIN THE FIRST PRIZE IN THE HESTA/ ANF STUDENT AWARD. I WOULD LIKE TO LET EVERYONE KNOW HOW MUCH I APPRECIATED THE PRIZE MONEY AND A FEW WORDS ABOUT HOW I AM PROGRESSING IN THE COURSE.**



I was present at the recent Annual Delegates Conference, held in Hobart at Wrest Point. It took me by surprise when they announced that I was the winner which made me extremely happy. I would like to thank the ANF and HESTA very much for awarding me this prize as it means so much to me.

I would also like to extend my appreciation to the nurses who were touched by my story and donated \$300 to further assist me. These prizes meant a lot to me as it enabled me to buy the essential books I need for this year's nursing course, which otherwise would have been impossible to afford.

When I first started, I never realized that the course was going to be so costly over and above the course fees. Thanks for making the impossible, a possible dream. The course is proving to be a real challenge because of my non-English speaking background and the amount of work required but I believe I'm coping and that it's all coming together. And as I said in my original article, I believe that my inspiration and my determination to become a nurse will drive me forwards and help me to succeed. ■

## Fun & Fundraising

**RUSTICA, ANF AND THE AUSTRALIAN MARITIME COLLEGE (AMC) RECENTLY HELD THE INAUGURAL SAILORS AND NURSES PARTY AT THE INVERESK HOTEL. OVER \$1300 WAS RAISED, WHICH WILL BE DONATED TO THE LAUNCESTON GENERAL HOSPITAL (LGH) AND TASMANIAN'S COASTAL PATROL.**

Organisers thank the Inveresk Hotel (major sponsor), ANF, Co-op Book Shop, UTAS Marketing, Fernwood, House of Anvers, ZAP fitness, QVMAG and a number of other businesses who provided services and products to use as luck door prizes and raffles. ■

### Newly Elected Reps

**Matt Tyson** - UTAS SNM  
**Beth Cooke** - NW Renal Unit  
**Paula Jordan** - Tandara Lodge  
**Angela Manganas** - Esperance Multi Purpose Health Centre

# So you've been asked to provide a statement ...

NURSES OFTEN FIND THEMSELVES IN A SITUATION OF BEING ASKED TO PROVIDE A STATEMENT. NURSES ARE GENERALLY VERY HAPPY TO DO SO AND WILL GO AHEAD WITHOUT SEEKING ADVICE. HOWEVER, DEPENDING ON THE CIRCUMSTANCE THIS MIGHT NOT BE SENSIBLE.

If you are asked to provide a statement to the police or another person immediately after an event it may be that you are very distressed and unable to think clearly. As a consequence it is very easy to provide information which can be misinterpreted or be confusing. It is sensible to politely decline to provide any statement in those circumstances and to make a later appointment for that purpose. You are obliged to provide the police with your name and contact details.

So having been asked to provide a statement you would then be advised to take further advice from either your own personal lawyer (if it is not a work related incident) or from ANF. If there is a possibility of you being legally charged in relation to a work incident ANF are able to refer you to our legal advisors. You should also advise ANF as a matter of priority if you believe that you may be involved in a coronial inquest or if legal consequences are likely to arise from an event: this will allow ANF to refer the matter to our insurers. In the event of a coronial enquiry legal representation is not usually available to witnesses but this does not mean you cannot have advice when preparing your statement.

When you are considering what information should go into a statement it is important to be clear; factual and objective. Generally a statement will commence with your name/address and a brief summary of your relevant qualifications and work experience.

Dealing with an incident in a chronological way is usually the easiest. It can be important to explain matters which, to a nurse, appear self evident: break it down. "I bagged the patient" could be deconstructed, inserting as much detail as you can, into: "I took the laerdal bag from the box, and



connected the tubing to an oxygen supply which I turned onto full flow. After suctioning the patient's mouth I inserted a size 3 airway. I then placed a size 4 face mask over the mouth and nose of the patient. Pulling the chin upward I was able to easily hand ventilate the patient at a rate of around 14 - 18 breaths a minute. I noted that the

colour of the patient improved during the period of hand ventilation. Upon arrival of the anaesthetist (Dr X) I handed responsibility for ventilation to her."

Any statement you give, even if not signed, can be used in future proceedings. It is therefore sensible to get advice before putting pen to paper. ■

## ANF EDUCATION GRANTS

**Interested in education relevant to your nursing practice?  
Apply for an ANF grant of up to \$200.**

### Eligibility:

- Have two years of financial membership with the ANF
- Have not received an ANF grant in the previous three years
- Use the grant for seminars relevant to your nursing practice, patient care or ANF organisationally (excludes formal academic studies)
- Demonstrate that all other relevant avenues for funding have been considered
- Complete an ANF proforma application

Successful applicants must submit a written report to the ANF which may be printed in Infusion.

If you have any further enquiries or would like an application form, please contact the ANF office or visit the website.

# ALERT conference - July 2010

Liam Cox, ORS, LGH

ON 1ST AND 2ND OF JULY, I WAS FORTUNATE ENOUGH TO BE ABLE TO ATTEND THE "ACUTE LIFE-THREATENING EMERGENCIES, RECOGNITION AND TREATMENT" CONFERENCE WHICH WAS HELD IN NEWCASTLE, NSW.

The course covered various conditions, which if not recognised and treated promptly could potentially result in either death or significant morbidity for the patient. Following are some of the topics that were included within the course program:

- Respiratory problems – including hypoxemia, hypercarbia and tension pneumothorax
- Shock – including hypovolaemic, cardiogenic and septic shock
- Chest pain – including acute coronary syndromes, angina and acute myocardial infarctions
- Diabetic emergencies – including hypo and hyperglycaemia and ketoacidosis
- Acute pulmonary oedema and the use of CPAP and BiPAP
- Neurological emergencies – including cerebral vascular attack, and trauma.

The lecturer (Ken Hambrecht) has an excellent amount of knowledge within these areas, and his teaching methods were of such a high standard that I anticipate I will be attending another course in the near future.

I currently work in the operating room suite at the Launceston General Hospital as an enrolled nurse, and I am



also a student paramedic through the Charles Sturt University. I believe that this course was extremely useful as it is directed at both pre-hospital and intra-hospital levels.

I would sincerely like to thank the private patient planning fund for the financial support that they offered, as I strongly believe that this course has greatly improved my knowledge on the above mentioned conditions. I highly recommend this course to anyone that wishes to improve their skills and knowledge within their working environment. I also believe that "critical care education services" also run other courses which I hope to attend in the near future. ■

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9th National Enrolled Nurse Association of Australia Conference  
Hotel Grand Chancellor Hobart - October 18 & 19, 2010

## Australian College of Midwives - Tasmania Branch

### MIDWIFERY THROUGH THE AGES

15/16 October 2010, 8:30am - 4:30pm  
Aspect Tamar Valley Resort, Grindelwald

Guest speaker at the dinner is Mary Rose MacColl, author of *The Birth Wars*

Registrations and further information via [www.midwives.org.au](http://www.midwives.org.au) or Luke Sanders, Australian College of Midwives 1300 360 480, [members@midwives.org.au](mailto:members@midwives.org.au)

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# MOVIE MADNESS

DISCOUNT\* MOVIE TICKETS ARE AVAILABLE FOR ALL ANF MEMBERS.

**Village** movie tickets can be purchased through the ANF offices in Hobart and Launceston - \$9.50 adults, \$7.50 children, extra fees may apply for 3D films

**Village Gold Class** tickets are available from the Hobart office - \$29.00. Bookings with Village are essential.

**CMAX** tickets can be purchased from Jenny Cole, Devonport Community Health Centre - \$11.50 adults, \$8.50 children

**Metro** tickets can be purchased from Helen Long, Day Surgery NWPB - \$11.50 adults, \$8.00 children

**State Cinema** tickets are available through the Hobart office - \$11.00, cannot be used after 5pm on Saturdays

\*Ticket prices are subject to change without notice



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# Professional Development



[WWW.ANFTAS.ORG](http://WWW.ANFTAS.ORG) YOU CAN NOW REGISTER AND PAY FOR EDUCATION SESSIONS ON THE ANF WEBSITE. PAYMENTS ARE THROUGH PAYPAL. SAFER. SIMPLER. SMARTER.

## DIABETES

### Updates in Management and Care of the Diabetic Client.

#### Launceston

Wednesday 20 October, 5:00pm - 7:00pm

Venue: Hotel Grand Chancellor,  
29 Cameron Street, Launceston

Presenter: Fiona Swinton - CDE

#### Burnie

Tuesday 19 October, 5:30pm - 7:30pm

Venue: Burnie Civic Centre, Wilmot Street, Burnie

Presenter: Maria Smith - CDE

## FOOT CARE & MANAGEMENT

### Working with the High Risk Foot - Assessment and Management for nurses.

#### Launceston

Thursday 21 October, 6:00pm - 8:00pm

Venue: Hotel Grand Chancellor,  
29 Cameron Street, Launceston

Presenter: Joe Rogers - Podiatrist

## AGED CARE

### Geriatric Syndromes - including Falls, Gait Disorders and Loss of Functional Independence for nurses and care workers.

#### Hobart

Thursday 14 October, 6:00pm - 8:00pm

Venue: Rydges, Argyle Street (cnr Lewis Street) Hobart

Presenter: Hazel Ryan - NP; Jane Davis - NP

## POISONS REGULATION 95EA

### Legislative changes allowing the administration of medications by care workers in residential aged care facilities, for nurses and care workers.

#### Hobart

Monday 18 October, 6:00pm - 7:30pm

Venue: Mercure Hotel, 158 Bathurst Street Hobart

Presenter: Kim Gabriel ADON Policy and Practice DHHS

## FINANCIAL LITERACY

### How to make the most of your finances - the importance of budgeting, financial goal setting, insurance, superannuation and the value of seeking financial advice.

Free to ANF members

#### Devonport

Tuesday 5 October 6:00pm - 7:00pm - ANF Office

#### Hobart

Wednesday 13 October 6:00pm - 7:00pm - RBF Office

#### Launceston

Thursday 14 October 6:00pm - 7:00pm - RBF Office

Presenter: Louise Pybus, RBF and the Public Trustee

## Cost

\$25 ANF Members

\$15 ANF Student Members

\$50 Non Members\*

\$30 Student Non Members\*

\*If positions available

## COMPUTING TRAINING

### Hobart

ANF Office, 182 Macquarie Street, Hobart TAS 7000

Presenter: Earl (Marty) Martin - RN

Sessions: 5 sessions - dates available by contacting the office

Cost: 5 session package for \$150 (members only)\*

\*Particular care must be observed when enrolling in that if you inadvertently miss a session, a subsequent catch up might be many weeks away. The conduction of courses will be dependent upon a minimum number of participants.

**For dates, registrations or more information please visit [www.anftas.org](http://www.anftas.org), contact the ANF Office on 6223 6777, 1800 001 241 (outside Hobart area) or [educationassist@anftas.org](mailto:educationassist@anftas.org).**



## Continuing Professional Education Online

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\$7.70 per topic for ANF members

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# Journey Injury Insurance

ANF is pleased to announce Journey Insurance Cover is now part of your membership\*



**join now**

ANF Tas Branch's Journey Injury Insurance Policy provides cover for members injured while travelling to or from their place of work who are not entitled to benefits from the MAIB. Workers' compensation does not provide cover while travelling to and from work.

The ANF Journey Injury Insurance policy provides:

- Payment after the fifth day of injury and up to two years
- Payment so that income does not fall below 80% of pre-injury income (capped at a max of \$1000 per week).
- In the event of accidental death or permanent, total disablement of a member, a benefit of \$50,000 is payable

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\* Excludes Non Working Students and Associate Memberships