

VOL. 34 ■ NO. 4 ■ AUGUST 2015

tnq

THE
QUEENSLAND
NURSE



THE ROAD TO RATIOS



From conversation comes confidence.

They can be powerful things, conversations. And they can change your life for the better.

We're here to help you set yourself up for the lifestyle you want in the future.

- Talk to us about our range of information and tools.
- Create a simple super action plan that you can put in place now.

Spend a few minutes with us and see how much you could get out. Start the conversation today.



1300 360 750



[qsuper.qld.gov.au/
conversation](http://qsuper.qld.gov.au/conversation)

QSuper[®]
GROWING YOUR SUPER TOGETHER



The official journal of the Queensland Nurses' Union

106 Victoria Street,
West End Q 4101
(GPO Box 1289,
Brisbane Q 4001)
T 07 3840 1444
1800 177 273 (toll free)
F 07 3844 9387
E qnu@qnu.org.au
W www.qnu.org.au
ISSN 0815-936X
ABN No. 84 382 908 052

Editor
Beth Mohle, Secretary, QNU

Production
QNU Communications team

Published by
the Queensland Nurses' Union of Employees

Printed by
Fergies Print and Mail

REGIONAL OFFICES
Toowoomba
66 West St,
Toowoomba Q 4350
(PO Box 3598, Village Fair,
Toowoomba Q 4350)
T 07 4659 7200
F 07 4639 5052
E qnutwmba@qnu.org.au

Bundaberg
44 Maryborough St,
Bundaberg Q 4670
(PO Box 2949,
Bundaberg Q 4670)
T 07 4199 6101
F 07 4151 6066
E qnubberg@qnu.org.au

Rockhampton
Suite 1, Trade Union Centre
110 Campbell Street,
Rockhampton Q 4700
(PO Box 49,
Rockhampton Q 4700)
T 07 4922 5390
F 07 4922 3406
E qnurocky@qnu.org.au

Townsville
1 Oxford Street,
Hyde Park Q 4812
(PO Box 3389,
Hermit Park Q 4812)
T 07 4772 5411
F 07 4721 1820
E qnutsvl@qnu.org.au

Cairns
Suite 2, 320 Sheridan St,
North Cairns Q 4870
(PO Box 846N,
North Cairns Q 4870)
T 07 4031 4466
F 07 4051 6222
E qnucairns@qnu.org.au

DISCLAIMER
Statements expressed in articles in The Queensland Nurse are those of the contributor and do not necessarily reflect the policy of the Queensland Nurses' Union unless this is so stated. Copyright of articles remains with the contributor and may not be reproduced without permission. Statements of facts are believed to be true but no responsibility for inaccuracy can be accepted. Other material may be reproduced only by written arrangement with the Union. Although all accepted advertising material is expected to conform to the QNU's ethical standards, such acceptance does not imply endorsement.

PRIVACY STATEMENT
The QNU collects personal information from members in order to perform our role of representing their industrial and professional interests. We place great emphasis on maintaining and enhancing the privacy and security of your personal information. Personal information is protected under law and can only be released to someone else where the law requires or where you give permission. If you have concerns about your personal information please contact your nearest QNU office. If you are still not satisfied that your privacy is being maintained you can contact the Privacy Commissioner whose 1800 number is in the phone book.

26

FEATURE
The road to ratios



- 2** Your union
- 3** Editorial
- 4** Your say
- 5** Tea room
- 6** Queensland news
- 22** National news
- 23** International news
- 24** Campaign news
- 26** Feature
- 30** Midwifery
- 31** Nursing and midwifery research
- 32** Continuing professional development
- 35** Health and safety
- 36** Opinion
- 38** Social
- 39** Library
- 40** Calendar
- 41** Your super
- 42** Advertising

What a difference a year makes



SALLY-ANNE JONES
QNU PRESIDENT

I think that might have been the theme of this year’s conference—almost every speaker had the same reflections on our most recent past and what it meant to our members and our organisation.

However, the official conference theme this year was *Ratios Save Lives*—to celebrate the campaign that Beth speaks of in more detail in her column.

There was a fantastic line-up of guest speakers to share their research, experiences and strategies on the impact and implementation of ratios, both in Australia and across the globe.

One of the first speakers was Paul Gilbert, Assistant Secretary for the ANMF Victorian Branch, who shared with us their 11 year-and-continuing ratios campaign.

Their experience shows that while it is a tough road to have governments understand and agree to ratios, it is even tougher to maintain the required diligence, patience, fortitude and persistence.

Ratios are a long game.

This was another emerging conference theme.

Dr Matthew McHugh from the University of Pennsylvania recently completed a study evaluating the impact of ratios in California.

Dr McHugh said the business case for nurse staffing levels is being better supported by the evidence than the earlier study of 30 countries conducted by him and Dr Linda Aiken.

Dr McHugh explained how nurses add value to patient outcomes, including

reducing millions of dollars in bed-stay days, reduced hospital acquired infections, less re-admissions to hospitals, lower death rates post-surgery, and higher patient satisfaction—rather than simply how much we cost to employ.

He commented that it is fascinating that nurses take on the work left by others—taking them away from their core work—when budgets are reduced.

This never happens in other industries where experts hold the responsibility of people’s lives.

THE TAKE HOME MESSAGE THIS YEAR: RATIOS SAVE LIVES.

As Dr McHugh observed, no one ever sees the pilot of a commercial airliner delivering passenger meals after airline budget cuts.

Dr Frances Hughes, Queensland’s Chief Nursing and Midwifery Officer, told delegates we must seize the opportunity to add to the emerging body of global evidence about ratios and patient safety using proper research processes and rigour.

Dr Hughes is working with Beth and our new Director, Linda Lavarch, whose prior experience as Queensland Attorney-General (2005-2009) has meant that for the first time, the QNU can be directly

involved in the drafting of the legislation for ratios.

Linda shared with delegates how the logistics of writing a policy into legislative reality is very complicated, and must remain unambiguous and reduce misinterpretation in its application now and for the future.

We were also privileged to host the Honorable Quentin Bryce AD CVO, who lead the Taskforce into Domestic and Family Violence in Queensland.

She joined us to discuss the Taskforce report *Not Now, Not Ever* and how nurses and midwives in Queensland were pivotal in saving lives by monitoring, reporting and caring for women and children suffering family and domestic violence.

There were many other inspiring speakers—too many to cover here—but we are grateful to all of them.

The take home message this year: *Ratios Save Lives*.

The evidence is building across the world. We have had early success, but implementing ratios in all sectors is a long game.

We must be prepared, and research as we do it. ■

Sally-Anne



BETH MOHLE
SECRETARY

Historic commitment paves way for ratios

ONCE PASSED,
QUEENSLAND WILL BECOME
ONE OF A HANDFUL OF
JURISDICTIONS AROUND
THE WORLD TO HAVE
RATIOS IN LAW.

In the meantime, there are three simple things you can do to build hope and resilience and make our *Ratios Save Lives* campaign successful.

Firstly, you can register as a Patient or Resident Safety Advocate.

Of course, we are all safety advocates—this role is about publically highlighting the care we deliver every day by talking to others about it.

In this way, we make visible our inherent advocacy role.

Secondly, we must build hope and pride by reflecting upon the power of our work.

By communicating the value of what we do—as was recently the focus of our social media campaign—we highlight the importance and dignity of our work, making the unspoken heard.

Lastly, we must focus our local workplace consultative committees on workloads, patient safety and our *Ratios Save Lives* campaign if we are to grow power in our workplaces.

So we have some great opportunities right now and we all have a role to play.

The way for ratios in all sectors is being paved as we speak.

We must walk this road together—focused, prepared, disciplined, and united. ■

Beth

Commencing from 1 July 2016, minimum ratios of 1 to 4 on morning and evening shift and 1 to 7 on night shift will be phased in.

Such legislation will put the focus squarely where it should be: on patient safety.

Once passed, Queensland will become one of a handful of jurisdictions around the world to have ratios in law.

Given the magnitude of the job cuts across Queensland Health under the previous LNP government, the full implementation of ratios remains a long game.

The implementation will occur in stages—and the order of those stages will be critical. The QNU favours focusing on areas of greatest need first.

We have worked very hard to get to this point, but more is required.

The ratios legislation is currently being drafted, and the plan is to introduce it into parliament in the first quarter of 2016.

So what happens then? We've had plenty of questions about whether our ratios campaign will extend beyond Queensland Health facilities.

Just a few months ago I had a conversation with a QNU member named Ruth while shopping in my local supermarket. She was excited to hear about our ratios campaign, but was concerned about whether her workplace—a private hospital—would ever get ratios.

This conversation was a reminder that workloads and skill mix are the big ticket items for all nurses and midwives across all sectors.

As I told Ruth, our campaign certainly doesn't stop with public hospitals—they're just the starting point.

Once ratios are established in public facilities, it will be much harder for the private sector to resist our calls for them to follow suit.

Last month over 350 delegates, QNU officials and conference observers from around Queensland attended our QNU Annual Conference in Brisbane.

The vibe at this year's conference was something special.

After three years of attacks, fear and cuts, we've turned a corner.

Things are looking up.

This year's conference theme of *Ratios Save Lives* coincided with the launch of our public awareness campaign, which includes a television advertisement.

It is a unifying campaign for members across all sectors, no matter where care is being delivered.

Our plan for ratios is to establish the precedent in the public sector and then flow this on to the private sector and aged care.

Before Annual Conference, QNU activists and members joined the Premier and Health Minister at Princess Alexandra Hospital as they confirmed the budget would deliver on their major health commitments announced during the election.

The nursing and midwifery specific initiatives, which are worth over \$220 million, are outlined on page 27.

The government's commitment on 12 July to implement minimum nurse/midwife-to-patient ratios across Queensland public health facilities is historic.



Your say

Wow! What a huge response from nurses and midwives to the ratios announcement.

The QNU has been flooded with congratulations and many (many!) questions from members about where and how ratios will work.

We'll endeavour to answer all questions, but ask for understanding that it may take some time. Ratios are a complex policy to implement, and there are countless details to resolve.

We can't say often enough that the recent ratios announcement is just the first step.

The best advertisement for ratios in all sectors is ratios done right the

first time. Nurses and midwives in all sectors have made very clear ratios are needed in all sectors. That's the goal.

Below we've reproduced a small sample of the messages coming in. We haven't reproduced any of the questions as we'll be seeking to answer them elsewhere in coming months—but by all means, keep the questions coming!



This is brilliant news. Should decrease stress levels on the wards. Well done QNU.

WOOOOOOOOOOO
HOOOOOOOOOOOOOOO
FINALLY!!!!!!!!!!!!!!!!!!!!

YAY! Hallelujah! About bloom in' time!
We fought for this in the 80's in Victoria!

Well done Qld!!! Maybe we will finally get to care for pts the way we want to!

Excellent!!!! It's really worth paying the membership! Love you QNU

Finally, how long have we waited for this?

This is good. Very, very good!!!!!! ■

Have your say

tqn welcomes letters for publication.

- Letters should be no more than 200 words. Anonymous letters will not be published (we will consider withholding names, but do not accept unsigned letters).
- Photos may be colour or black and white.
- Send all material in the first instance to:

The Editor,
The Queensland Nurse,
GPO Box 1289,
Brisbane 4001

or by email to
dsmith@qnu.org.au

tqn also sources *Your Say* comments from the QNU's social media accounts in the public domain.

The views contained in the 'Your say' page do not necessarily reflect the views of the QNU.

For more information and guidance on writing and submitting a letter for inclusion in the 'Your Say' section refer to the QNU's *Letter to the Editor policy* at www.qnu.org.au/letters-policy



/qldnursesunion

Dear QNU,

Congratulations on winning the battle for patient ratios, your dedication and action will save lives, not just of patients but nurses too!

THANK YOU ☺

Great work. Not before time. This will be much safer and better for patients and staff.

Proud to be a QNU member- proud to be a Nurse. Well done everyone congratulations xxx

Well done, QNU! 1:4 on morning AND afternoon shifts! Way to go! Keep up the fight! This is SO important!

Thank you for all your hard work!!!!

Congratulations on your historic ratio win! Really inspiring for us over here in Aotearoa New Zealand.

I acknowledge the efforts and hard work of all the union team and thank you all. Perhaps we reasonably silent members don't say it enough.

Excellent! About time the government has taken us seriously and the important work we do needs to be safe ☺ Ratios are vital!

Thanks QNU for the great achievement! Now we have to talk it up with our patients and their families and friends so they start to wonder why their loved ones don't warrant guaranteed levels of nursing care.

Well done please bring it into qld soon as i am very concerned for patient welfare and burnt out nurses.....fantastic!!!!

This is brilliant news! At last we may have a chance to deliver what we have always strived for..optimal care not home brand bandaid care. Thank you QNU. Your hard diligent and persistant work is very appreciated.

Now the private hospitals need to also to support their staff and patients as well!!

Great stuff now the ongoing fight to ensure private and aged care get the same benefits of pt staff ratio. Well done the first step is done. This win will gear up QNU determination to ensure all nurses have safe workloads.

Well done to all QNU members and to Beth and the good staff at QNU.

Huge achievement for the Union, congratulations.

Now that we've secured a commitment to ratios, you've probably got plenty of questions regarding what this actually means.

Below are some specific questions we've received. Additionally, turn to the feature on page 29 for some more general Q&As to help you navigate all this ratios business!

Why do we have to wait another 12 months? Why can't we have ratios now?

The QNU has successfully negotiated for ratios to be put into law. That means there will be no ifs and buts about implementing them.

However, first the law has to be written. This process is now underway. After that, it must be submitted to state parliament as a bill, and voted on.

Once the bill becomes law, there is the job of implementing the ratios in the workplace. It's not a matter of flicking a switch—it requires careful planning and monitoring to ensure it is being done correctly.

Ratios are not an immediate fix—but by getting them right, we know they will be an effective fix.

In the meantime, use the BPF!

If 1:4 is the minimum, does that mean we will still see ratios such as 1:8?

No. The word 'minimum' doesn't refer to the number of patients in your care. It refers to the *minimum staffing required* on any given ward.

In other words, more staff may be required to meet patient demand, meaning the ratio could fall to 1:3, or even 1:1 using the BPF.

How do we work out ratios in ED and theatre?

Ratios should be based on the best evidence available to support the delivery of safe, high quality patient care, such as research studies.

If this is not available then local workload trends can be used to establish minimum ratios.

The Clinical Services Capability Framework also provides



recommendations on workforce requirements, and some professional colleges such as the Australian College of Operating Room Nurses also provide minimum staffing and skill mix recommendations.

How will ratios be implemented in the bush? With no agency and few casuals, by the time relief is found, activity has dropped.

Legislated ratios will be implemented in conjunction with the BPF, meaning workplaces can properly prepare for surges in activity.

The content of the staffing plans and how they will be implemented depends on the circumstances affecting the context of nursing/midwifery practice, such as the requirements for minimum safe staffing.

There is a need to urgently review minimum safe staffing requirements and models of care in rural areas given inconsistency in approach.

It is vital you participate in the development of service profiles to ensure the best plans are in place, and complete QNU workload management forms seeking action on any issues that might arise.

Will nurses working in the community sector get ratios?

No, legislated ratios will not apply in community health services at this time.

The QNU will continue to pursue ratios for nursing and midwifery services outside acute public facilities as outlined in our *Ratios Save Lives* claim document, which includes community health services. ■

If you have questions for our
Tea room column
email qnu@qnu.org.au

 **QNUCONNECT**
PH 30993210



34th

Annual QNU Conference

What a difference a year can make.

This time 12 months ago we were facing a hostile government hell-bent on slashing nursing and midwifery positions, closing health services, and attacking workers' rights and the union movement.

Ratios were barely on the agenda, and the idea that we would have a commitment to legislate minimum nurse/midwife-to-patient ratios in Queensland public health facilities in a year's time seemed a fantasy.

But ratios took centre stage at this year's Annual Conference, as nearly 400 delegates gathered in Brisbane to both celebrate what we've achieved in such a short period of time and also discuss the long road that lies ahead to reach our ultimate goal: legislated minimum ratios in *all* sectors.

With guest speakers this year including Dame Quentin Bryce, Dr Matthew McHugh from the University of Pennsylvania, and Premier Anastacia Palaszczuk herself, there was a lot on the agenda.

And besides the change in political landscape and the restoration of our union rights, there was plenty more to celebrate.

Since last year's conference, we've locked in 26 new enterprise agreements with improved wages and conditions across the private and aged care sectors, secured a 2.5% pay rise in the public sector, assisted over 19,000 members through QNU Connect, provided 79 training courses, and recovered more than \$4.5 million in unpaid wages for QNU members.

And all the while the QNU has continued to grow, with membership now more than 53,000 nurses and midwives.

Our ratios campaign will continue to be the focus of our agenda in the coming year.

As Assistant Secretary for the ANMF Victoria branch Paul Gilbert reminded us during his address at conference, getting the government's commitment is just the beginning of the journey.

After 15 years of campaigning for ratios, Victoria is only now about to legislate them—and that's following some serious setbacks along the way.

So while we can be proud of recent victories, it's time to knuckle down and do what nurses and midwives do best: get on with the job. ►



GUEST SPEAKERS

ANMF Victoria Assistant Secretary Paul Gilbert

spoke about the long haul undertaken in his state to achieve legislated ratios—which are only now about to be implemented.

Former Governor General Dame Quentin Bryce

spoke about the *Not Now, Not Ever* report on domestic violence, and the vital role nurses and midwives play in bringing this issue into the light. (See full coverage of Dame Bryce's speech on page 38.)

Premier Anastacia Palaszczuk

was warmly welcomed by delegates, as she reaffirmed her government's commitment to legislating minimum ratios in the public sector.

Dr Matthew McHugh from the University of Pennsylvania

detailed the scientific evidence that proves ratios save lives.

QNU Member Services Director Linda Lavarch

drew on her experience as Queensland Attorney General to provide insight into the complicated legal process behind making ratios a reality.

Professor Pauline Stanton from RMIT University

spoke about high performing work systems and how they can impact on job satisfaction and performance of nurses and midwives.

Jennifer Hurley from ANMF South Australia Branch

spoke about the Best Practice Spotlight Organisation program.

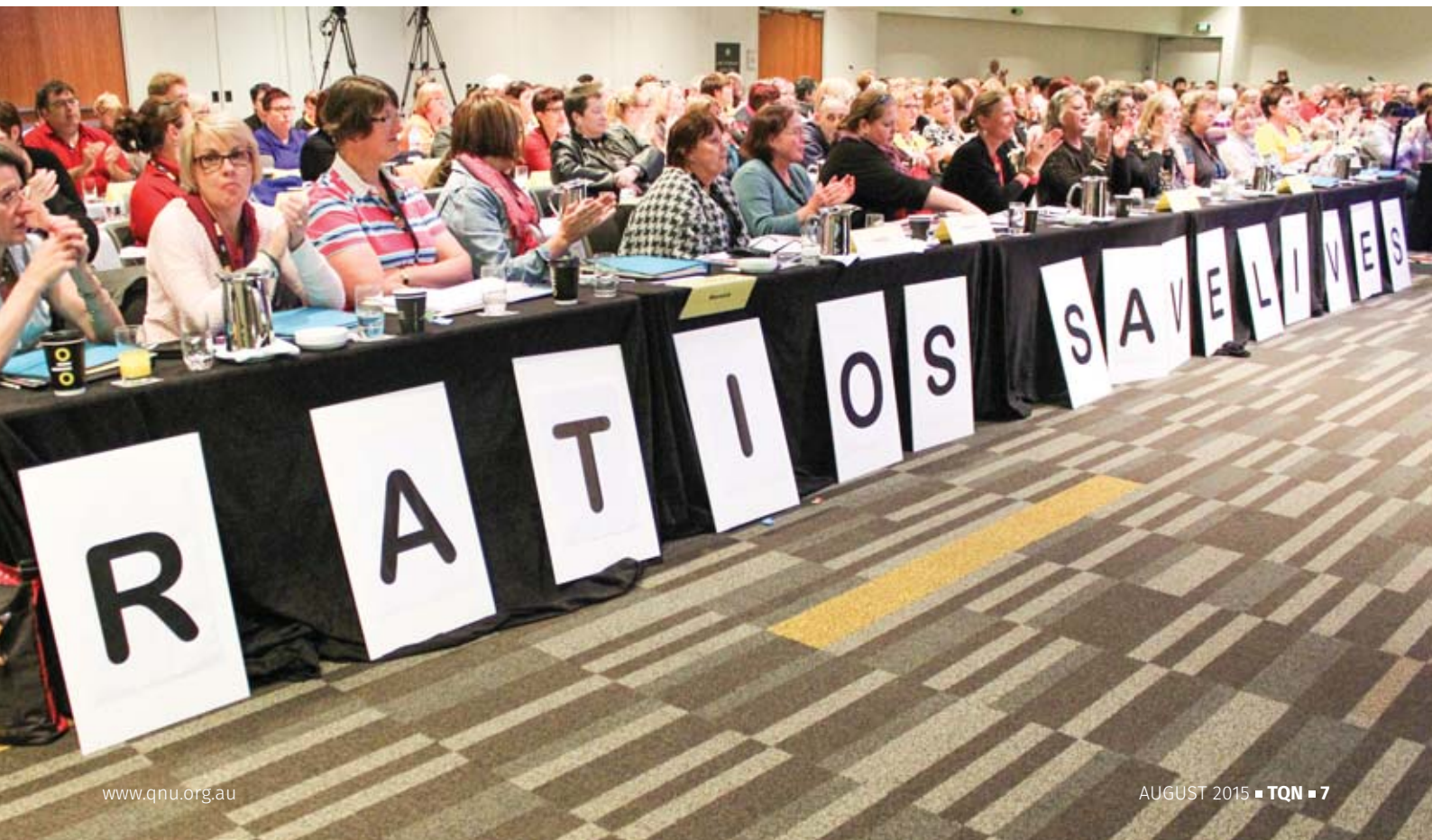
Honorary Professor Desley Hegney from USQ School of Nursing and Midwifery

shared results from various surveys and studies into staff resilience, morale and quality of care.

Lee Thomas and Annie Butler from the ANMF

spoke about 'A year in health and politics', including recent attacks from the federal government on the health system, penalty rates and paid parental leave.

Video of these presentations will be uploaded to the QNU YouTube account in coming weeks, so keep an eye on your email and your Facebook, or subscribe to www.youtube.com/qldnursesunion





CONGRATULATIONS TO OUR 2015 QNU SCHOLARSHIP AND BOOK BURSARY WINNERS!

Each year the QNU awards thousands of dollars in scholarships and bursaries to deserving nurses and midwives across all sectors.

This year two **\$1500 AIN Scholarships** were awarded to Natalia Jones and Delyth Herrington.

Two **\$1500 EN Scholarships** were awarded to Danylle Nguyen and Hollie McNamara.

Two **\$1500 Matron Grace Wilson Scholarships** for a Registered Nurse or Midwife were awarded to Madelaine Younger and Dallas Meyers.

Two **\$1500 Aboriginal and Torres Strait Islander Nurse/Midwife Scholarships** were awarded to Anthony Clayton and Colleen Howlett.

The **\$500 Pat Nicholls Scholarship** was awarded to Marie Sansotta-Allen.

The **\$300 Bauer-Wiles Book Bursary** was awarded to Jodie Pearson.

Student book bursaries worth \$500 each were awarded to Angela O'Neill, Lauren Picker, Kathryn Lyons, Bobby-Joe Kamp, Carolyn Farndon, Susan Kamau, Emma Kendall, and Karine Burton.

Five **Conference Observation Scholarships** were also awarded, giving recipients the opportunity to attend and observe Annual Conference. This year's winners were Jennifer Gardiner, Louise Cui, Erin Vonarx, Susan Kamau, and Danielle Rosenfeld-Lovell.

All QNU members are welcome to apply, including newly joined and international students, as well as nurses and midwives on working visas. ■



Conference Observation Scholarship recipients Danielle Rosenfeld-Lovell and Susan Kamau.



Power lies in local branches

BY SANDRA EALES,
QNU ASSISTANT SECRETARY

Power in an organisation means access to information, support, resources and opportunity to grow and learn.

Time and time again, this is achieved at the local level.

At this year's Annual Conference, four QNU local branches reported how their teams were using their power to make real change—and the common message from the branches couldn't be clearer: community, resilience and support.

When it comes to advocating for our patients and colleagues, nurses and midwives must act at the local level to identify issues early, and engage in productive process to resolve or escalate those matters.

Some of those changes happen very fast—but usually progress is painfully slow.

However, as the following four summaries show, local branches can and do progress real changes that go a long way to improving our working lives.

Gold Coast University Hospital

Since being formed in 2013, the GCUH local branch has grown from 1430 to over 1700 members. A GCUH Mental Health local branch has just celebrated its inaugural meeting.

Much has been achieved across the entire hospital, including negotiating a nurse-to-patient ratio of 1:10 down to 1:5—proof that there truly is power in numbers.

Through branch-led campaigning, management has also added two hours to the beginning and end of shifts for staff to complete online education and training.

And having achieved improved 12-hour rostering in the ICU, that local agreement has now spread to all units across the hospital with 12-hour shifts.

Mareeba Hospital

Midwives and nurses at Mareeba Hospital local branch had a mission to raise workplace morale amid anti-union and

public sector attacks during the Newman era.

And what better way to celebrate some union pride than with an awards night?

With consumer partners the event was also promoted as a fundraiser and \$7500 from the night was donated for maternity unit renovations.

Promoted as an “Op-shop formal”, the awards night—which included categories of ‘Earth angel’ and ‘nurse I would most like to have look after me’—was attended by 200 people from the local community and all streams of the hospital.

There was also a ‘passing of the lantern’ from older nurses to some upcoming student nurses—a great show of nursing and midwifery unity and encouragement.

Sunshine Coast Private Hospital

The Sunshine Coast Private Hospital local branch has come a long way in a short period.

Prior to the formation of the local branch, there were only three activists in the entire hospital. Staff had little input into EB negotiations, and few people were willing to speak out.

So the branch set an objective to have a representative in every area of the hospital—which they've now achieved!

The branch reports a great working relationship with HR, and their Local Consultative Forum meetings are far more productive, allowing nurses and midwives to have a voice where it matters.

Toowoomba Hospital

As one of the QNU's oldest local branches, the Toowoomba Hospital branch faced significant pressure under the LNP government.

But staying true to their social mission, local branch members focused on maintaining their circle of support through friendly hospitality and generosity.

Last year's annual trivia night was another successful fund-raising event for various charities, including APHEDA.

Among other activities, the branch continues to host a Professional Conference—this year's (27 October) will include topics on safe nursing and midwifery, and workloads and ratios. ■



Work underway to modernise your award

It's full steam ahead for modernising a number of awards, with the QNU working hard to ensure the entitlements of Queensland nurses and midwives are maintained.

There are five awards relevant to nurses and midwives that are currently being modernised:

- Queensland Health Framework Award
- Queensland Health Nurses and Midwives Award
- Health Practitioners and Dental Officers (Queensland Health) Award
- Queensland Local Government Industry Award
- Queensland Public Service Officers and other Employees Award

The first two awards listed are being modernised for the first time.

The final three awards were modernised under the former LNP government, so this modernisation process will ensure they reflect the amendments to the *Industrial Relations Act 1999* recently put in place by the Palaszczuk government.

Those changes reversed the former LNP government's amendments, which stripped hard-won clauses from awards by deeming them "prohibited content".

Some of the former government's changes included restricting unions from entering workplaces, making it easier to contract out government services, and ordering the Industrial Relations Commission to consider the government's 'fiscal strategy' through significant belt-tightening.

In a complete turnaround, this award modernisation process will reinstate and return important rights to awards made under the LNP government, including union encouragement, consultation and dispute resolution.

QNU working to tight deadlines

The Industrial Relations Commission has set tight deadlines for the award modernisation process to be completed.

For Queensland Health employees, it's necessary to meet these deadlines to avoid a clash with EB9.

Under the new process, the commission must invite all relevant parties, including the QNU, to provide a draft award, which must be considered when making the modern award.

The QNU is working with all relevant stakeholders to meet the commission's timetable.

Workers' compensation takes a leap forward

Work has also progressed to restore the workers' compensation scheme lost under the previous LNP government.

Legislation introduced into parliament in July aims to remove common law thresholds and an employer's right

to access an employee's workers' compensation history.

The minister also outlines a process to seek further compensation for workers who were impacted by the loss of common law rights.

Additionally, the bill outlines enhanced entitlements for firefighters affected by a number of prescribed diseases—a measure that is supported by both sides of politics.

More work to be done

The QNU supports all of these changes to workers' compensation and has provided a submission to the parliamentary committee considering the bill.

However, there is more work to be done, including removing the requirement for a worker to disclose their pre-existing injuries or illnesses to a prospective employer.

This requirement was introduced in late 2013, and since then we've already seen some questionable practices occurring as a result.

In particular, it leaves older workers—especially those working in the nursing and midwifery professions performing physical work—vulnerable to discrimination.

The QNU included this in its submission to the committee. ■



SACKED BY SMS

At midnight one evening earlier this month, 97 people received an SMS from their employer, Hutchison Ports, with a special message.

The message told them not to show up for work the next day.

The port workers—40 in Brisbane and 57 in Sydney—then received an email notifying them there would be no re-deployment opportunities, and any personal belongings would be couriered to them.

The community response was immediate. Rolling protests were set up in both Brisbane and Sydney.

Unions, including the QNU, and members of the community stood outside Hutchison Ports facilities all day and night, with a 'special message' of their own:

We won't cop this. We'll stay as long as we have to until the 97 port workers—people with families and mortgages—are treated with respect.

Solidarity wins again

Late on 13 August, a Federal Court judge granted an injunction preventing the workers from being sacked.

The judge ruled Hutchison appeared to have breached the enterprise agreement, and staff would continue to work pending a full hearing at the end of August.

While this initial battle has been won, the final result remains to be seen.

Unions will continue to defend workers' rights and stand up for a fair go.

And when 97 everyday workers win against a multi-billion dollar corporation, it shows what we can achieve when we stand together. ■

Protest day one at Hutchinson Port in support of the 97 sacked workers.



Cold nights, warm hearts on the picket line.



News just in – an injunction is granted preventing the workers from being sacked.



Supporters gather around the workers as they go back to their jobs.



Membership fee changes

To ensure the QNU continues to be a strong and collective voice for all Queensland nurses and midwives, membership fees have increased slightly.

This small increase is necessary for us to maintain the necessary resources required to provide current and future services to uphold and defend workplace rights as well as campaign for better conditions.

QNU Council has endorsed a 2.0% fee rise, which was effective from 1 July 2015. This is in addition to the \$1 a week (or less depending on your registration level) to keep funding the Nurse Power Fund, which supports industrial and professional campaigning, such as our *Ratios Save Lives* campaign.

As well as access to a wide range of professional and industrial support, your QNU membership includes professional indemnity insurance cover, which is a legal requirement for registration.

Some members in private and aged care sectors, as well as Mater public and private, are still paying fees via fortnightly payroll deductions.

If you are one of them, please cross check your fees as they appear on your fortnightly payslip to ensure they are correct.

And don't forget—your union fees are fully tax deductible when tax time rolls around.

If you have any queries please contact QNU Membership on (07) 3840 1440 or toll-free outside Brisbane on 1800 177 273.



CLASSIFICATION	QNU Code	Yearly \$	Monthly Direct Debit \$	Fortnightly Direct Debit \$
Registered Nurse/Midwife: over 24 hrs per week	R1/M1	650.40	54.20	25.02
Registered Nurse/Midwife: up to 24 hrs per week	R2/M2	487.80	40.65	18.76
Enrolled Nurse: over 24 hours per week	E1	527.90	43.99	20.30
Enrolled Nurse: up to 24 hrs per week	E2	395.90	33.00	15.23
Asst-in-Nursing: over 24 hours per week	A1	460.90	38.41	17.73
Asst-in-Nursing: up to 24 hrs per week	A2	345.60	28.80	13.29
Inactive members (non practising nurses only)	V_	126.40	10.53	4.86
Nurses covered industrially by other unions	PU	178.00	14.83	6.85
Unpaid supervised practice/refresher courses	PS	178.00	14.83	6.85
Tertiary student: working up to 16 hours per week as an AIN or PC	PT	178.00	14.83	6.85
Fulltime University/TAFE students	UT	63.70	5.30	n/a
Levies		Nil		Nil
Fines				Nil

CORRECT FEE: Paying an incorrect fee can affect your industrial and professional coverage. Please ensure you are paying the correct membership fee.



2015 QNU Professional Practice and Ethics Conference

FUTURE PROOFING nursing and midwifery

Brisbane Convention and Exhibition Centre

4 SEPTEMBER 2015



The QNU is proud to present our exclusive professional conference for 2015. Don't miss this opportunity to learn about the cutting edge of nursing and midwifery and your place in the future of our profession.

SPEAKERS:

- **Richard Royle**, Executive Director, UnitingCare Health – *The Digital Hospital Experience*
- **Amanda Wynne**, Barrister, R.J. Howells – *Poor Staffing and Your Legal Culpability*
- **Prof. Jenny Gamble**, School of Nursing and Midwifery, Griffith University – *Preparing a Midwifery Workforce in Queensland for the Future*
- **Karyn Bentley**, James Cook University – *Splitting the Difference: Midwifery and Nursing in the Top End*

REGISTRATION:

- Member \$225
- Non-member \$280
- Student \$75

**Registrations close
31 August 2015**

*Places are limited,
so enrol now to secure
your place!*

To register visit www.qnu.org.au/ppec15



PSST... check this out!

Here is a sneak peek of the QNU's new website which should be winging its way to your web browser soon.

What you are seeing is a snippet of the draft public page—it still needs some tweaking and some content added, but we are so excited about the new look we just couldn't wait to give you a taste.

The member version has loads more information and a direct link to your member profile.

It's all light, clean and easy to navigate and we think you will love it!

It's also been built in responsive design which means it should reshape itself to fit smartphone and tablet screens.

The new website is just a small part of the QNU's huge IT system overhaul—an essential operation given we'd well and truly outgrown our old one.

We don't have a set launch date for the website as yet, but the plan is to go live when the new IT system has been thoroughly tested and is ready to roll. ■



COURSE	Date	Area
SEPTEMBER		
Being a QNU Contact in the workplace	8 Sep	Brisbane
QH 2015 - Ratios Save Lives	9 Sep	Brisbane
Building teams to grow our voice (Peter Twist)	10 Sep	Brisbane
QH - Ratios Save Lives	16 Sep	Gold Coast
Private Sector - Ratios Save Lives	17 Sep	Gold Coast
Aged Care - Building power in your workplace	15 Sep	Brisbane
Handling grievances in the workplace	16 Sep	Brisbane
Assertiveness Skills	17 Sep	Brisbane
OCTOBER		
Private Sector – Tactics to overcome hostility	7 Oct	Townsville
Building teams to grow our voice (Peter Twist)	8 Oct	Townsville
QH - Ratios Save Lives	9 Oct	Townsville
Being a QNU Contact in the workplace	7 Oct	Bundaberg
QH - Ratios Save Lives	8 Oct	Bundaberg
Private Sector - When bargaining goes wrong!	13 Oct	Brisbane
QH - Ratios Save Lives	14 Oct	Brisbane
Conflict Management Skills	15 Oct	Brisbane
Knowing your entitlements and understanding the award!	20-21 Oct	Toowoomba
Private Sector – Tactics to overcome hostility	22 Oct	Toowoomba
Someone should do something about that!	21-22 Oct	Brisbane
Private Sector - Scope, practice and workloads	23 Oct	Brisbane

TO ENROL IN THESE COURSES—

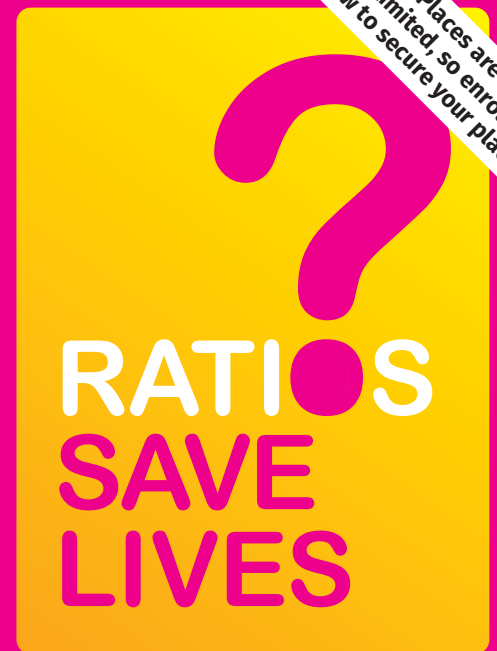
- visit the QNU website at www.qnu.org.au/qnu-training OR
- contact your local QNU office and ask them to send you a form OR
- ring the training unit in Brisbane on 3840 1431 or toll free 1800 177 273



LEARN HOW TO MAKE RATIOS WORK

It is absolutely vital public sector nurses and midwives understand how ratios will work, as well as the health and safety implications.

The QNU has more than 20 training courses coming up in the second half of 2015. Here's a few we know will be popular.



RATIOS SAVE LIVES – PUBLIC AND PRIVATE SECTORS

Queensland for the first time has a government committed to legislating minimum nurse-to-patient ratios in QH facilities. This was a key QNU claim in our 2015 state election campaign.

Come along and find out about the ratios commitment.

Public sector members

- 9 September (Brisbane)
- 16 September (Gold Coast)
- 8 October (Bundaberg)
- 9 October (Townsville)
- 14 October (Brisbane)
- 18 November (Mackay)

We will discuss how it will work with our current workloads tool and how it will benefit you, your colleagues and those in your care.

The work we do now will determine how easily we transition to ratios in every work area.

Private sector members

- 17 September (Gold Coast)
- 19 November (Brisbane)

We will look at what the ratios commitment means for private sector nurses in Queensland, as well as the here and now regarding workloads management. Do you know how to use the process in your workplace?

HEALTH AND SAFETY REPRESENTATIVE TRAINING

(Approved Training for H&S Reps Facilitated by SafeWork College)

- 23-27 November 2015 –
Brisbane (QNU building)

This 5-day course is employer paid training and leave for elected Health and Safety Representatives (HSRs).

This course supplies the knowledge and skills needed by HSRs and Deputy HSRs to exercise their powers and entitlements as specified in the *Work Health and Safety Act 2011*.

HSRs will gain an understanding of

- the objectives of the legislation
- knowledge of their role under the legislation
- skills in representing workers
- the role of health and safety agreements, compensation and rehabilitation
- skills in identifying workplace health hazards
- the processes by which hazards can be controlled and
- practical skills in undertaking workplace inspections.

To enrol, visit www.qnu.org.au/qnu-training

Pirates descend on QNU for Biggest Morning Tea

Australia's Biggest Morning Tea saw the QNU Brisbane office decked out pirate style in early June.

Arguably rivaling last year's Mad Hatter Tea Party theme, this year QNU staff brought in a delicious selection of home-baked cakes, pies and slices surrounded by palm trees, a pirate ship and a beach backdrop.

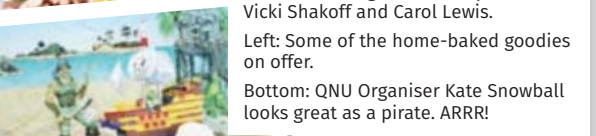
A total of \$1100 was raised through donations and a cake auction.

All money will be donated to the Cancer Council for the prevention, early detection and treatment of cancer.

Special thanks to QNU Organisers for putting in such an amazing effort with the decorations, music and costumes—it'll be interesting to see what next year brings! ■



Above: QNU Organisers Vicky Stewart, Vicki Shakoff and Carol Lewis.



Left: Some of the home-baked goodies on offer.



Bottom: QNU Organiser Kate Snowball looks great as a pirate. AARRR!

QNU and Queensland Community Alliance win big for Logan kids

In early July more than 300 people came together for a common purpose: to build people power and use it to make Logan safer.

At the Logan Assembly of the Queensland Community Alliance, state government MPs, including Minister for Communities Shannon Fentiman, confirmed \$510,000 in funding for health initiatives for children in Logan.

In response to Alliance members' prompting, Ms Fentiman also added \$75,000 this financial year to really get it moving.

The *Logan Together* initiative aims to close the gap so that, by age eight, Logan children will be as healthy as any other group of Australian children and reach agreed health, education, and social milestones.

Currently, 33% of Logan children are missing at least one child development milestone by age 5, and 19% are missing two or more.

Attendees also approved the formation of an historic working party of MPs, City Councillors and Queensland Community Alliance as Chair to find innovative local public transport solutions. They must report back by March 2016.

Logan City Council and the Queensland Police Service announced with Queensland Community Alliance as a key stakeholder in the Safe Haven public safety program, while more than 20 organisations pledged to get active in the *Logan Together* initiative.

The QNU is a proud founding member of the Queensland Community Alliance.

You can get involved in your local alliance by contacting Bob Parker at the QNU on 07 3840 1426 or bparker@qnu.org.au

You can also like the Queensland Community Alliance at www.facebook.com/qldcommunityalliance ■

Biala weathers the storm

One of the bellwethers of the former LNP government's attack on health services, Biala Sexual Health Clinic, has had services restored in the Palaszczuk government's first budget.

The LNP government cut services and slashed 16 nursing positions in February 2013, drawing a powerful community backlash.

More than 250 people attended a protest outside the Brisbane-based clinic, and more than 3000 signed the online petition.

At the time, Biala was treating 11,000 people, including 700 HIV patients.

In August 2013, the Gillard government stepped in with \$3.5 million in federal funding to keep Biala running for another 12 months.

Now in the June state budget, the Palaszczuk government has committed to providing an additional \$13.2 million over four years to the clinic, with a continued allocation of \$3.4 million per year.

QNU Secretary Beth Mohle said restoration of funding for Biala was the right decision, and services should never have been cut in the first place.

"This specialised service is an important part of Queensland's infectious disease management, and it is good news for the people of Queensland that it will now be re-funded," Beth said.

"Biala has saved and improved thousands of lives over the years, and saved hundreds of millions of dollars through surveillance and rapid intervention.

"The LNP government's decision to cut services at Biala was just another attempt to cost-shift, and blow the consequences for the people of Queensland.

"The Palaszczuk government has made the right decision here—Biala is too important to lose." ■



BLACKCARD

Workplaces benefit from Aboriginal culture awareness

With so many Aboriginal and Torres Strait Islander members, the QNU has been carefully putting together plans to foster greater understanding and engagement.

Some of those plans are already underway, with three QNU officials graduating from the two-day intensive BlackCard course.

The officials were sent by the QNU to participate in the workshop, which aims to educate organisations on Aboriginal culture.

The program, which was started by local Brisbane elder Aunty Lilla Watson and her niece Mundanara Bayles, is about providing a look into the world of their people.

“For the very first time in our whole history, Aboriginal people are having to describe themselves to others, and we’ve never had to do that before, we’ve just lived here,” said Managing Director Mundanara Bayles.

“We’re not hunters and gatherers, we’re not nomadic, we’re not savages, all the things that anthropologists have described us.

“We’re taking over the power of definition, and we’re defining ourselves, and it’s very powerful.”

Ms Bayles said the response from workplaces that had completed the program was positive.

“For example, we have an eight-page recommended reading list, and one participant started putting books in their tea room.

“People started having conversations about the books they were reading, so she was able to Aboriginalise the workplace by introducing all this

material that people would never have had access to.”

Annie Cowling from the QNU said learning directly from Australia’s first Peoples, rather than through the eyes of Western culture, gave her a greater appreciation of Aboriginal culture and history.

“Too often we re-interpret what’s being said or taught to suit our own Western ways, but this course is about taking a few steps into another world for a couple of days and learning about over 60,000 years of Aboriginal experience and survival.”

“This involves the co-operation and collaboration which have been integral to Aboriginal lives, and contain many critical lessons for the QNU.”

The BlackCard program, which runs workshops predominantly from Brisbane,



BlackCard®

Working with people
Not for people®

also runs in Cairns, as well as Sydney and Melbourne.

BlackCard also has plans to create an e-learning platform, which will allow more people living outside the Brisbane metro area to complete the program. ■

The QNU is finalising the launch of its first ever Aboriginal and Torres Strait Islander reference group.

If you are an Aboriginal or Torres Strait Islander member of the QNU and you would like to help guide the reference group, please email qnu@qnu.org.au

New targets set during NAIDOC Week

NAIDOC Week was also held around the country in early July to celebrate Indigenous Australians.

Together with the council of Woorabinda and the Australian Red Cross, the central Queensland Aboriginal community launched an initiative to target unemployment, violence and health issues.

The five-year plan includes expanding the Gumbi Gunyah Women’s and Children’s Centre, which provides short-term accommodation for vulnerable women. ■



**Woorabinda
Aspirational Plan
2015 - 2020**



State budget delivers nursing and midwifery jobs

The Palaszczuk government's first budget has locked in more than 4000 new jobs for nurses and midwives.

With funding of \$212.3 million over the next four years, the government has committed to employing:

- 4000 new nursing and midwifery graduates
- 400 'Nurse Navigators' to assist patients with chronic conditions and complex care needs and
- 20 nurses to be employed in pre-schools and primary schools.

A further \$2.3 billion will be injected into frontline health services, bringing the health budget to a record \$14.2 billion.

\$73.3 million will be spent on preventative health, including the re-opening of the Biala Sexual Health Clinic.

\$385.3 million will go towards hospitals and health facilities, including upgrades to Caloundra Hospital Service, Roma Hospital, Hervey Bay ED and Gladstone ED.

Another \$361.2 million will be spent to reduce the number of people waiting longer than clinically recommended to receive treatment. ■



QNU trials regional structures

The QNU/ANMF Branch Council endorsed the establishment for a two year trial period of three geographically-based regional structures as anticipated under rule 83 of the Queensland Nurses' Union of Employees rules.

These regions will be formed by dividing the state into three regions—Northern, Central and Southern.

Each region would be entitled to elect up to nine delegates who are not attached to a Local Branch, consistent with the Delegate entitlement for Local Branches as outlined in rule 26.

The first election for the regional structure will be conducted in conjunction with the 2015 Local Branch election and in accordance with the arrangements for the conduct of these elections.

The trial of the regional structures will be evaluated in advance of the 2017 branch elections and Council will determine whether to continue with the regional structure arrangements at its first meeting following the 2017 QNU Annual Conference. ■



QNU Local Branch and Region Elections

Elections are to be conducted for the positions of Delegate and Alternate Delegate for the QNU's Local Branches and Regions.

Any member of the QNU who has been continuously financial for at least six (6) months may nominate in their Local Branch, or if not attached to a Local Branch, to their Region for the position of Delegate or the position of Alternate Delegate.

Nominations will open on Monday 28 September, 2015 and are to:

- be in the form located at www.qnu.org.au
- indicate the position being nominated for

and must be returned by 4.30pm on Wednesday 28 October, 2015.

The number of positions to be filled for a Local Branch are set out at www.qnu.org.au

In the event that the number of nominations received are equal to or less than the positions to be filled in a Local Branch or Region I will declare the members who have nominated, elected.

If there are more nominations received than there are positions to be filled, then I will conduct an election for that Local Branch or Region in accordance with the QNU's administrative regulation which can be viewed at www.qnu.org.au

If you are not able to access a nomination form on line, please request a copy from the Office Manager, QNU by phoning 3840 1430 or e-mailing jgett@qnu.org.au

Returning Officer



Nurses leading nurses



Rapid response to workloads benefits everyone at GCUH

The QNU commends staff at Gold Coast University Hospital (GCUH) for recognising and rapidly responding to workloads concerns in the Intensive Care Unit.

In June, nurses in the ICU identified a number of extreme concerns relating to excessive workloads and poor skill mix. Nurses submitted a number of workload reporting forms, which the QNU escalated. The response from GCUH management was very encouraging.

A high-level meeting was called for the earliest opportunity, and GCUH management presented an action plan to manage the workload concerns.

The QNU and ICU nurse activists reviewed the plan and were satisfied GCUH management had taken immediate steps to remedy the workload situation, as well as medium and longer term plans to ensure these matters did not occur again.

As a new hospital with high demand, some teething problems are to be

expected. It is very encouraging to see how quickly GCUH prioritised and responded to serious concerns in the ICU.

Some of the key outcomes in the action plan included 9 FTE new recruits commencing in July, 8.5 FTE temporary staff offered permanent positions, and relief staff flown in from Melbourne and Sydney over August.

This is a wonderful example of the great outcomes which can be achieved when nurses stand up for patient safety, and management listen and respond appropriately. ■



Allamanda nurses create reporting forms

In a different kind of workload win, nurses at two separate private hospitals have received support and encouragement from management to submit workload reporting forms.

Staff at Allamanda Private Hospital were experiencing workload issues, including lack of staff, poor skill mix, high patient acuity and too much paperwork.

It was decided at a Local Consultative Committee (LCC) meeting that the best way to get management's attention was to regularly submit QNU Professional Workload Reporting Forms.

Although management agreed to support the use of these forms, it became

apparent that some staff were either not aware of the forms or they didn't feel supported or encouraged to complete them.

To address these concerns, the LCC agreed to work together to develop a single form that would be used by all staff at the hospital, including a flow chart explaining the workload reporting process.

Nurses, management and the QNU are currently working together to develop these materials, with management being very supportive during this process.

The forms will be considered and reviewed at the next LCC meeting in September.

Currumbin nurses train up on workload reporting

Meanwhile at the Currumbin Clinic, staff had also been submitting Professional Workload Reporting Forms, but

management indicated the process of reporting was not being properly followed and was inconsistent among staff.

To address the problem, the LCC agreed to invite the QNU to hold an information session on the use of workload reporting forms, as well as to help develop a reporting flow chart for staff.

All nurses at the hospital were invited to a QNU-run session in July.

The feedback from this session was positive, and more information sessions are being considered.

High workloads are still a concern at both workplaces, but it's great to see steps being taken to address the problems, including recruiting more staff, part-time staff being offered more hours, and casual staff becoming permanent. ■



Six-month review to determine Eventide's future

A strong community-led campaign, supported by the QNU, has finally started seeing results, with nurses at Brighton Health Campus (formerly called Eventide) being told the facilities will continue to provide aged care services.

A six-month review will determine which services continue. No further jobs will be cut during this time.

Staff and residents have been in a state of limbo since Metro North HHS, with the support of the former LNP government, decided it did not wish to continue operations at Eventide.

The process of voluntary redundancies and moving staff elsewhere was deeply flawed and caused frustration and stress.

The new Palaszczuk government committed to keeping beds open and job security.

However, the facility then found itself overstaffed—Gannet House was staffed for 28 residents, but only 19 remain.



Walk for Eventide. In November 2012 members of the local community joined QNU members and officials to form a 400+ contingent in support of Eventide residents and their families.

Management tried to make seven FTE AINs 'surplus', and provided conflicting and confusing information that left the future of these positions uncertain.

QNU hopeful for Brighton's future

A six-month review will now be conducted into the future of the campus.

The seven AINs have been guaranteed employment at Gannet House while the facility carries out the review.

This review process will include consultation with the community, residents, families, staff and the QNU, and will determine to what extent the

facilities will remain operational beyond the current 19 beds.

Nurses and AINs have met with the project management and it's great to see an open dialogue take place—Mr Meehen has already asked the QNU to write to him on behalf of staff outlining the ongoing issues, which include rostering, deployment and models of care.

The QNU is very hopeful that Gannet House will eventually be reopened to its full capacity, and that this new era of consultation will finally end the appalling mismanagement that dogged residents and nurses under the LNP government. ■

Aged Care reporting website to encourage transparency

A new website similar to My School has launched for the aged care sector.

The *Aged Care Report Card*, which is privately funded and run by an independent organisation, provides reviews and ratings of residential aged care facilities across Australia.

Nurses who work in aged care facilities, as well as residents and their loved ones, can rate their facility.

Criteria include whether nurses have a strong presence in the facility, as well as the quality of care.

The new website will help residents and their families get information that can't be gained by simply walking

around a facility and talking to representatives.

Be careful when reporting

Nurses should only report information that is honest, accurate and professional.

Be careful to never publish information that could be defamatory or reveal personal information about residents.

Visit the website at www.agedcarereportcard.com.au ■

Decision in Blue Care case – QNU launches appeal

The decision on the QNU's long running case against Blue Care has been released.

Unfortunately the decision went against us.

The QNU argued two QNU members who are classified as personal carers (PCs) were doing identical work as

AINs, and therefore should be classified as AINs on the *Blue Care/Wesley Mission Brisbane Nursing Employees Enterprise Agreement 2013*.

The Fair Work Commission deemed their PC classification to be correct.

The QNU believes the commission did not consider all the relevant matters, and has lodged an appeal.

One of the reasons is because the commission failed to take into account all previous decisions on similar matters over the past 20 years or more, which all found in favour of the QNU's position.

That is, if an employee is employed principally to assist an RN or EN to perform nursing work, even though they also perform some domestic duties, they should still be classified as an AIN.

The appeal will be heard in Brisbane on 27 August. The QNU will be represented by Senior Counsel and are determined to have this decision overturned. ■



UnitingCare Health nurses and midwives lock in new agreement

UnitingCare Health nurses and midwives have secured a new enterprise agreement with wage rises and improved conditions.

More than 90% of UCH nurses and midwives who voted approved the new agreement.

Key achievements include:

- Wage increases totalling 7% over the three-year agreement.
- Dumping the outdated Option A and Option B annual leave arrangements in favour of the much improved annual leave provisions in the *Nurses Award 2010*.
- Minimum 5 weeks annual leave for all permanent nurses and midwives.
- 6 weeks annual leave for shift workers.
- All work performed on a public holiday paid at double time.
- All overtime performed on a public holiday paid at double time and a half.
- Improvement to pay arrangements for AINs and ENs.
- Increase to flat dollar allowances and new allowance for x-ray and radium.
- Afternoon shift penalties to apply to shifts that commence before midday

but where the majority of hours are worked after 3pm.

- Paid parental leave increased from 8 to 9 weeks.
- Safe car parking at all sites, including paid time to move cars on afternoon shifts.

There were a number of other improvements, and full details have been sent to UCH members.

Workplace representatives put in a huge effort during the campaign and the members who supported them should be proud of the improvements they've achieved in the new enterprise agreement.

UCH is the second largest private hospital provider in Queensland, with over 2000 nurses and midwives working across four facilities, the largest being the Wesley Hospital in Auchenflower.

This is the kind of improvement that comes when nurses and midwives stand together with their union for a better deal.

Congratulations UCH nurses and midwives! ■

Healthscope nurses and midwives consider industrial action

Healthscope nurses and midwives have some work to do before securing their own new and improved enterprise agreement.

Healthscope's initial proposal was for a four-year agreement and included cutting annual leave from five weeks to four and no action to address heavy workloads.

This proposal was strongly rejected by staff and Healthscope is currently preparing a revised offer.

Staff considering protected action

Nurses and midwives are in talks to determine whether they want to take protected industrial action. Although Healthscope is yet to present its alternative offer, staff need to be prepared.

The law gives members the right to take protected industrial action while bargaining and nurses and midwives are always careful to put patient safety first while taking responsible action.

Some possible actions that have already been discussed include wearing t-shirts at work, informing patients and the public about the campaign and signing petitions.

Other follow-up action may include banning low priority work, such as billing documentation, and enforcing safe nurse-to-patient ratios.

These actions are just preliminary options—all nurses and midwives will be fully consulted before any final decisions are made.

One thing is certain though—by standing together, nurses and midwives are in a stronger position to get a fair deal. ■

UnitingCare Health bargaining representatives





QNU lends support at nation-wide rallies

Nation-wide strikes were held in June to protest the federal government's attacks on job security, conditions and wages.

In a show of solidarity, the QNU joined other unions in Brisbane, Townsville and Cairns to rally against the Abbott government's attacks on the public sector, including the slashing of more than 17,000 jobs.

There was a strong turnout in Brisbane—numbers exceeded crowds in Sydney—with people everywhere showing their support for the thousands of public sector workers who took protected industrial action by stopping work for half a day.

The campaign is still ongoing—up to a million flyers are currently being distributed to the public at places such as international airports to spread the message far and wide.

QNU Secretary Beth Mohle wrote the following statement, which was delivered at the Brisbane rally.

On behalf of the 52,000 members of the Queensland Nurses' Union, we send our solidarity to CPSU members in Queensland and across Australia currently taking part in unprecedented industrial action.

Nurses and midwives support your fight to maintain strong public services for the Australian community.

We know only too well from first-hand recent experience the devastating impact of cuts to services, jobs and conditions given the attacks by the Newman LNP government.

We stand with you in your fight to defend and extend high quality services to the Australian community, be these provided by the federal or state governments.

You are not alone and never will be. ■

Don't increase the GST – introduce the Robin Hood Tax!

The QNU has told the federal government tax reform should fund public health and aged care services properly.

In recent years the tax burden has increasingly fallen on families while corporate and financial taxes have been reduced for reasons of 'efficiency' and 'job creation'.

This narrowing of the tax base has created a significant squeeze on government revenues.

It has also increased the cost of living with "user pays" charges for basic public services, and a drive to keep wages low in health, aged care and community services.

This could be fixed with a financial transactions tax or 'Robin Hood Tax', a modest levy of up to 0.05% (\$0.05 in every \$100) on the trading of specific financial instruments such as stocks, bonds, derivatives, futures, options and credit default swaps.

These trades sometimes occur at the rate of thousands per second.

High-volume trading, trades in collateral debt obligations, and other risky financial instruments were key contributors to the global financial crisis in 2007.

Instead of increasing the GST, it is time the federal government redistributed a larger share from those involved in the billions of dollars in financial transactions.

You can view the full submission at www.qnu.org.au ■





Marriage equality triumphs in Ireland and US

Marriage equality advocates across the world have made significant progress in the last few months, with both Ireland and the United States allowing same-sex couples to marry.

On 24 May, Ireland—a largely Catholic country—voted in favour of marriage equality following a historic referendum. All but one of Ireland’s 43 constituencies voted ‘yes’, with final figures showing 62 per cent of the population supported the change.

A month later, the United States Supreme Court ruled 5-4 that individual states could not ban same-sex marriage due to the Constitution’s guarantee of equal protection under the law.

The ruling effectively means gay marriage will become legal in all 50 states.

US President Barack Obama, who is the first sitting president to support gay marriage, said the ruling was a “victory for America”.

“Today we can say, in no uncertain terms, that we’ve made our union a little more perfect,” he said.

Worldwide, same-sex marriage is now legal in 21 countries.

International results continue pressure on Australian debate

There has been increasing pressure on Australian politicians to legalise same-sex marriage following the outcomes in Ireland and the United States.

However, Prime Minister Tony Abbott has once again denied his party a conscience vote, and the international results also caused a temporary split within the Labor Party.

Despite a push to bind the Labor Party to support marriage equality, Labor delegates voted at their conference in July to maintain a conscience vote, meaning MPs are free to vote how they choose.

Opposition Leader Bill Shorten did, however, pledge to move to legalise same-sex marriage within 100 days of winning government.

QNU supports marriage equality

QNU Secretary Beth Mohle said research showed lesbian, gay, bisexual, transgender and intersex people suffered poorer health than the heterosexual population due to discrimination and other external factors.



Photo: scrolleitorial [Flickr]

Supporters react outside Dublin Castle following the announcement of the result of the same-sex marriage referendum in Dublin

“LGBTI people don’t exist in isolation—they are QNU members, family, friends, workmates and neighbours,” Beth said.

“We support the push for marriage to be redefined as a legal union between two consenting adults regardless of their gender, sexual orientation or gender identity.” ■

Australian health loses under Trans-Pacific Partnership

Countries looking to sign up to the Trans-Pacific Partnership (TPP) agreement have failed to sign a final deal, with pharmaceutical trading a key sticking point for Australia.

The TPP is essentially a free trade agreement between 12 countries around the Pacific Rim, including Australia and the United States, which in theory aims to boost investment opportunities and lower trade barriers.

But critics warn the TPP could have unwanted consequences, including raising the cost of medicines.

Ministers at talks in Hawaii could not agree on how long to protect data used to develop pharmaceuticals—the United

States wanted 12 years, Australia wanted five.

Currently, the Pharmaceutical Benefits Scheme (PBS) subsidises medicines to ensure Australians can access the medicines they need.

But under the failed proposal, Australia would have had to wait much longer for those drugs to enter the local market, which could potentially increase prices.

Earlier reports also suggest local companies could become caught up in “additional disciplines”, with the agreement forcing government-owned corporations to act “on the basis of commercial considerations”.

This essentially means companies from TPP-covered countries could sue Australian governments for introducing

policies that work unfavourably against their own business interests—similar to tobacco company Phillip Morris suing the Australian government for introducing plain cigarette packaging.

Australia has asked for certain services, including Medicare and the PBS, to be exempt from these disciplines—a measure that doesn’t provide much confidence for the TPP in the first place.

What’s more concerning is that the full text of the TPP hasn’t yet been publicly released for proper scrutiny.

Until this changes, unions, including the QNU, oppose Australia signing up to the TPP and reject any provisions that might negatively affect the PBS and our health system. ■



Federal government adds insult to injury on Paid Parental Leave

After a stunning backflip on paid parental leave, the Abbott government has now tabled a new bill in parliament stopping parents who access an employer-paid parental leave scheme from also accessing the government scheme.

Social Services Minister Scott Morrison continues to mislead the public when discussing paid parental leave, claiming the *Fairer Paid Parental Leave Bill 2015* was introduced to stop 'double-dipping'.

Mr Morrison again failed to acknowledge employer-paid parental leave was only ever intended as a supplement to the government scheme.

If passed, the new law will affect around 20,000 working parents each year who receive their full paid parental leave entitlements from both the government as well as their employer.

Under the bill, where an employer scheme provides less than the maximum entitlement under the government scheme, the employee would be eligible for a top-up.



Shadow Treasurer Chris Bowen has described the government's action as an 'illusory saving' because employers will inevitably seek to remove their own schemes and leave their employees with access to the government scheme only.

The Greens have also indicated they will not support the bill so its progress will be

up to the independents and minor parties in the Senate.

The University of Sydney's Professor of Employment Relations Marian Baird argued the two payments were intended to be complementary, and described the government's actions as 'double-crossing'.

Her colleague Associate Professor Rae Cooper agrees. According to Professor Cooper, paid parental leave was designed as a national minimum to be topped up by employers. This was the Productivity Commission's intention.

QNU Assistant Secretary Sandra Eales said the government's behaviour devalued mothers everywhere.

"Paid parental leave is recognition of a mother's work to nourish and nurture the next generation," she said.

"After all the chest-beating over the PM's promised paid parental leave scheme, this incredible backflip, as well as targeting new parents who access both schemes as somehow acting unfairly, is nothing short of a disgrace."

The ANMF will be making a comprehensive evidence-based submission on behalf of all state branches opposing the bill. ■

Ratios on the mind at Mater

Nurse/midwife-to-patient ratios are under consideration in the Mater Brisbane negotiations.

The QNU introduced ratios to the log of claims, with safe care and workload management to be discussed further in future meetings.

The QNU also requested the inclusion of domestic violence leave in the new enterprise agreement.

Thanks to a motion from your delegates at this year's QNU Annual Conference, domestic violence leave will be a standard feature of all QNU logs of claim.

Other matters under discussion have included a claim by Mater that nurses and midwives supply a

medical certificate after **two or more** consecutive days of sick leave as per the current Mater Private agreement, not **three or more** days as per the current Mater Public agreement.

Public holiday pay has also been a hot topic, with the QNU proposing a minimum 200% loading for all work performed on public holidays, as per the *Nurses Award 2010*.

Currently, Mater nurses and midwives receive 150% for eight public holidays, and 250% for the remaining three.

Mater had proposed 150% for nine public holidays, and 250% for the remaining two.

Negotiations continue. ■



Protecting penalty rates for all

The slippery slope to nurses and midwives losing their penalty rates has begun, with the Productivity Commission report recommending cutting penalties for non-frontline workers.

The commission proposes a “two-tiered system”: workers in retail and hospitality would not receive penalty rates for working Sundays and public holidays, but nurses, midwives, police, firefighters, and ambulance workers would.

QNU Secretary Beth Mohle said the proposal targeted the most vulnerable workers on the lowest wages, and was completely at odds with the concept of a fair go.

“The commission is basically saying there are going to be two classes of people—those who are deserving of penalty rates and those who are not,” said Beth.

“That is flat-out wrong. Penalty rates are compensation for working unsociable hours, which has significant negative health and social impacts for people who work those hours.”

Report a political document

The commission’s report is not restricted to penalty rates. Other recommendations include more individual contracts, watering down the ‘better off overall test’ used to ensure new agreements do not disadvantage workers, and cutting minimum wages for some workers.

Beth said nurses and midwives won’t stand by while the government tries to divide and conquer workers.

“This report has nothing to do with productivity and is all about targeting workers who will find it most difficult

to organise and speak up about the unfairness being thrust upon them,” she said.

“Nurses and midwives know only too well they will go after the weakest first and come for the rest later.”

Federal election looming

Penalty rates are not the only problem confronting Prime Minister Tony Abbott’s re-election plans.

With the possibility of Mr Abbott calling an early election, there are plenty of issues to think about before it’s time to vote.

Aged care

It’s an issue that isn’t on the political agenda—which is exactly why nurses and midwives are so concerned.

Aged care facilities are suffering from inferior nurse-to-patient ratios and skill mix levels, with basic care often not being delivered due to staffing and cost cuts.

With an ageing population and the system only getting worse, getting aged care back on the agenda is a matter of urgency.

Medicare

The federal government has a long history of attempting to change our Medicare system—including three separate efforts to introduce a GP co-payment.

All of these attempts unfairly targeted those who can least afford it, and with \$57 billion being ripped from the health budget, there is genuine concern over the ‘Americanisation’ of our health system.

Paid parental leave

Perhaps the government’s biggest backflip was the announcement that new parents (or so-called “double dippers”) won’t be able to claim PPL from the government if their employer offers a more generous scheme.

The current PPL policy is designed to complement an employer scheme, not replace it, in order for new parents to access closer to 26 weeks’ leave—the period recommended by the World Health Organisation.

Taxation

The federal government has flagged a major reform of the taxation system, either through raising or broadening the GST.

An overhaul of the tax system is necessary to ensure governments can continue to do their job of providing essential public services, but the burden of reform shouldn’t be shouldered by those who can least afford it.

The QNU has made a submission, urging the government to consider alternative methods of raising revenue, such as the Robin Hood Tax. ■



Feature



THE ROAD TO RATIOS

Ratios in the public sector, graduate positions, more full-time nursing and midwifery jobs, and more school nurses.

These commitments are a massive win for Queensland nurses and midwives, and we have much to celebrate.

While we've known since the January election that these nursing and midwifery policies were on the government's agenda, they're now in the budget—in writing, fully costed and with a plan to roll them out.

To quote Premier Anastacia Palaszczuk herself: "International research shows that nurses have the biggest impact on patient safety and better health care outcomes for patients."

Nurses and midwives already knew this, but it is nice to finally hear the words come from those in office.



Budget announcements

So what exactly have we achieved?

- The Queensland government has committed to legislate nurse/midwife-to-patient ratios in Queensland public health facilities. Ratios will be phased in from 1 July 2016 starting in acute wards.
- 400 new 'Nurse Navigators' will be employed across the state. These positions will assist patients with chronic conditions or complex care needs by ensuring they receive the best care possible and don't get lost in the system. They'll be distributed based on patient need.
- 4000 new graduates will be employed over four years. While these new nurses and midwives will only be guaranteed a 12-month contract, there will be various incentives for hospitals to retain those jobs after each year. There will also be 16 new Nurse Educators employed to support these graduates.
- 20 nurses will be employed in pre-schools and primary schools to address cuts made under the previous LNP government.

All of these commitments will be funded to the tune of \$212.3 million over four years.

Historic achievement

The commitment to legislated minimum nurse-to-patient ratios is particularly significant—Queensland is set to become

one of only a handful of places in the world to have ratios in law.

California is currently the only place in the world where minimum ratios are legislated, and the results documented since the laws were passed in 2004 speak for themselves.

However, the US state could soon be joined by Wales in the UK, and Victoria in Australia (and Queensland, of course!).

"How many nurses are on this ward?"—Ad blitz ramps up campaign

Yes, we've got the commitment for minimum nurse-to-patient ratios in public hospitals.

But our work has just begun.

Our *Ratios Save Lives* campaign has officially moved into the next stage, and it's all about ensuring the broader community knows what we're talking about when we say 'safe ratios'.

You may have seen the ads on TV, noticed some advertising on social media, or even seen a billboard or two.

So far the ad has appeared on commercial television stations in primetime spots, and has also drawn more than 100,000 views on YouTube.

The QNU has also created a brand new website where members of the public can go to get more information and find

out what they can do to support the campaign.

Visit www.ratiossavelives.com

The challenge of getting our message out there

But the advertising blitz alone isn't enough to ensure the community understands what ratios are and why we urgently need them.

The QNU is asking nurses and midwives everywhere to speak out about workloads and ratios, and to tell their patients, families and friends that current staffing conditions are putting lives at risk.

This is what the newly created role of Patient/Resident Safety Advocate is all about—to highlight to the public the important work nurses and midwives do every day to uphold safety standards.

We can't assume the public appreciates the urgent need for safe ratios.

All nurses and midwives are by definition advocates for patient and resident safety, but this is about taking the message to the public.

If you haven't yet signed up to the role, you can do so by visiting the QNU website.

Click on the *Ratios Save Lives* banner and follow the "Sign up to become a Patient or Resident Safety Advocate" link. ▶



Feature

Simba Samuriwo



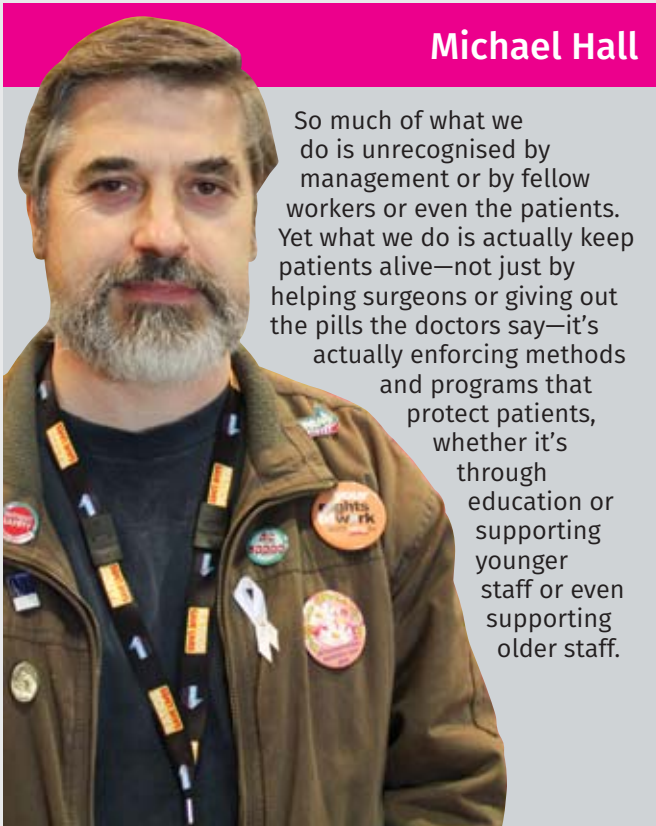
Patients need to feel they have a voice, and as nurses it's our role to support them. Some patients—such as those in mental health—may not fully understand their rights and may be exploited as a result. So I'm being an advocate for those people.

Sharon Eaton



Patients have a lot of questions, and as an advocate I want to be able to give them the answers that they need. And I want other nurses to be able to come to me and ask questions, and I want to be able to provide that support and encouragement.

Michael Hall



So much of what we do is unrecognised by management or by fellow workers or even the patients. Yet what we do is actually keep patients alive—not just by helping surgeons or giving out the pills the doctors say—it's actually enforcing methods and programs that protect patients, whether it's through education or supporting younger staff or even supporting older staff.

Marion Baker



I fully support the ratio scheme which is now being introduced. But getting those ratios is going to be a difficult thing because one RN to however many patients isn't going to happen overnight. I think they need people like us to motivate, implement and even police it.

Ratios explained

FAQ

What will the ratios be?

For morning and afternoon shifts, the ratio will be 1:4, and 1:7 on night shifts. It's important to remember these are *minimum* ratios—they can be better in areas where patients have higher acuity.

Why the 12-month wait?

Workloads are a major concern right now, but implementing ratios is a massive job and we need to get it right. The government has promised to introduce new laws for ratios, but the laws haven't passed through parliament yet.

What about private hospitals and aged care facilities?

True, the government's announcement doesn't include private hospitals and aged care facilities. But this is a long-term campaign, and getting the commitment for ratios in the public sector was just the first step.

Remember, our end game is to have ratios in *all* sectors across Queensland. No matter where Queenslanders are being cared for, we think they have the right to expect the same high quality nursing and midwifery care.

Why public sector first? Workloads are even worse in private hospitals and aged care.

It will be much harder for private and aged care employers to resist ratios once they are established in the public sector.

In the US, private hospitals have soon learned the best way to get a competitive edge is to have better health and financial outcomes than rival hospitals.

Research shows that ratios produce better health *and* better financial outcomes—once conditions start improving in public hospitals thanks to safe ratios, the private sector will have to match it.

What about midwives? Will we get ratios?

Midwives working in the public sector will get ratios. A lot of the official statements only speak of 'nurses', but in public health facilities this will include midwives.

Details are still being negotiated on how ratios can work in conjunction with continuity of care models.

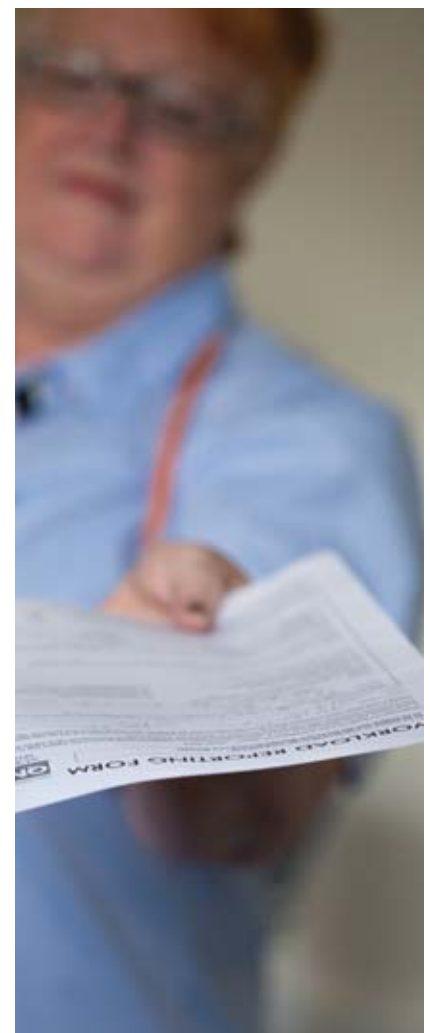
Which areas in the public sector will have ratios?

A phased implementation of nurse-to-patient ratios will occur starting in acute wards in Queensland public health facilities.

Until we get ratios, what can I do?

The most important thing you can do right now is download workload reporting forms from www.qnu.org.au and submit them whenever you have a workload problem.

The more information we have about workload problems, the faster we can establish effective ratios.



Will the ratios include nurses who don't have a patient load (eg. NUMs)?

Details of the ratios are still being negotiated.

The QNU's view is ratios should apply to nurses and midwives who provide direct care to patients. ■

QNU Midwifery Reference Group

For more than ten years, the QNU Midwifery Reference Group has provided expert advice to the QNU on strategic and professional midwifery issues in Queensland.

Recently, the MRG has focused on reviewing state and commonwealth submissions on midwifery in Queensland and advocating for continuity of care models of midwifery and providing recommendations to the QNU.

ANMF positions

The Australian Nursing and Midwifery Federation (ANMF) policy, position statements and guidelines are reviewed in consultation with all state and territory affiliated nursing and midwifery unions, including the QNU.

The MRG has recently been involved in this review process, particularly international recruitment of nurses and midwives, promotion of breastfeeding, and delegation by Registered Nurses and midwives.

The ANMF's documentation is available at www.anmf.org.au

NMBA and AHPRA submissions

MRG members provided feedback to the QNU submission for the Nursing and Midwifery Board of Australia (NMBA) and the Australian Health Practitioner Regulation Agency (AHPRA) nurses and midwives health impairment review.

Links to this information can be found on the NMBA website www.nursingmidwiferyboard.gov.au and AHPRA www.ahpra.gov.au

ANMAC submissions

The MRG also provided feedback and advice on the QNU's contribution to the ANMF submission for the Australian Nursing and Midwifery Accreditation Council (ANMAC) *Re-entry to the Register Midwife Accreditation Standards* first draft, and the *Standards for Programs Leading to Endorsement for Scheduled Medicines for Midwives and Standards for Midwifery Practice Review* second consultation.

The information related to this review can be accessed through the ANMF website and the ANMAC website www.anmac.org.au

Ratios Save Lives

MRG members have also had input into the QNU's *Ratios Save Lives* campaign, the Queensland domestic violence report *Not Now, Not Ever*, Local Agreements required for salaried caseload midwives under the *Queensland Health Nurses and Midwives Award – State 2012* and the extension of Private Indemnity Insurance for private practising midwives until 31 December 2016.

It's been a busy time, with plenty more to come.

Join the QNU's Midwifery Reference Group!

You too can help guide the QNU to improve the working lives of midwives in Queensland.

Simply submit your expression of interest to qnu@qnu.org.au, marked "attention Professional Officers".

The group is convened by a QNU Professional Officer, and QNU Assistant Secretary Sandra Eales is an active participant.

The MRG meets via teleconference quarterly and discusses midwifery issues by email throughout the year.

Joining the MRG is a very positive and active way midwives can become more involved in strategic issues. For more information on becoming a MRG member contact the QNU. ■





Blood sampling in critical care – every drop counts!

BY SAMANTHA KEOGH & AMANDA ULLMAN,
NHMRC CENTRE OF RESEARCH EXCELLENCE IN
NURSING (NCREN), GRIFFITH UNIVERSITY

Arterial Catheters (ACs) are vital medical devices used in anaesthesia and critical care areas for invasive monitoring of the cardiovascular system and frequent blood sampling (ANZICS 2014, Gowardman et al 2010).

To facilitate this, pressurised administration sets are applied to maintain patency with a low rate infusion and facilitate continuous monitoring.

However, blood sampling via these systems can result in contamination and blood wastage, which can lead to systemic infection and iatrogenic anaemia.

As part of a program of research investigating this issue (Ullman et al 2015), researchers from NCREN's vascular access group (AVATAR) conducted a National Survey of nurses' blood sampling practice and use of blood conservation strategies.

Members of leading Australian critical care associations were invited to participate in a short online survey.

The final respondent sample was 646. The population was predominantly adult critical care nurses working full time in a metropolitan public hospital, delivering direct patient care.

However, overall we managed to achieve proportional representation from paediatric and neonatal settings.

The most salient results were the data on line clearance method and volume.

Nurses in the adult setting discarded the line clearance with reinfusion of the line clearance being primarily employed by nurses in the paediatric and neonatal settings.

Also of note was the variation in the volume of line clearance.

In the adult sector alone volumes ranged from 1-10mls.

This variation may impact on the accuracy and reliability of the related



test and/or accumulatively contribute to iatrogenic anemia.

The use of a closed loop system was reported but minimally.

Correspondingly the variation in the haemoglobin threshold for transfusion also varied.

Less so in the adult setting where the majority reported tolerating a low threshold of 7g/l before a transfusion was ordered.

While blood testing to inform clinical decision making is vital, strategies have been developed to minimise unnecessary sampling and associated infection risk and iatrogenic blood loss.

However, research suggests they are not widely practiced in all adult, paediatric and neonatal ICUs (Shaffer 2007, Harber et al 2006, Barie 2004, Fowler & Berenson 2003).

Moving forward, quality trial research is planned to evaluate impact of blood conservation strategies, including use of a closed loop system on (a) infection outcomes, (b) blood sample losses, and (c) health care costs.

For more information about NCREN's vascular access research visit www.avatargroup.org.au ■

References

- Australian and New Zealand Intensive Care Society (2014) *Centre for Outcome and Resource Evaluation Annual Report 2012-2013*.
- Barie PS (2004) "Phlebotomy in the intensive care unit: strategies for blood conservation", *Critical Care* 8(Suppl 2), S34-6.
- Fowler RA, Berenson M (2003) "Blood conservation in the intensive care unit", *Critical Care Medicine* 31(12 (Suppl.)), S715-20.
- Gowardman JR, Lipman J, Rickard CM (2010), "Assessment of peripheral arterial catheters as a source of sepsis in the critically ill: a narrative review", *The Journal of hospital infection* 75(1), 12-18.
- Harber CR, Sosnowski KJ, Hegde RM (2006) "Highly conservative phlebotomy in adult intensive care - a prospective randomized controlled trial", *Anaesthesia and Intensive Care* 34(4), 434-7.
- Shaffer C (2007) "Diagnostic blood loss in mechanically ventilated patients", *Heart and Lung* 36(3), 217-22.
- Ullman A, Keogh S, Coyer F et al (2015) "'True Blood' The Critical Care Story: An audit of blood sampling practice across adult, paediatric and neonatal intensive care settings", *Australian Critical Care* (early access online June 2015).



Can—and should—what you do on social media cost you your career?

BY GIRI SIVARAMAN AND NITA GREEN, MAURICE BLACKBURN LAWYERS

Are you responsible only for what you do in your professional role, or does an employer have the right to suspend or sack you for what you do outside of work on social media?

As the barriers between work and private life break down, our online activities provide countless opportunities for private information to become public knowledge.

We now live in a world where Google can track our whereabouts at any time of the day and smartphone applications can often only be used if we consent to the disclosure of our exact locations and our internet browsing history.

An individual's private domain narrows every day as the government, employers and organisations discover new ways to monitor our lives.

Cases where social media has cost a career

The cases we have been involved with deal with three types of areas where employers have sought to regulate personal behaviour on social media.

Firstly, cases where employees express their frustrations with work on social media.

Then there are cases where employees post questionable photos during and after work hours.

Finally, there are cases where an employee has been dismissed for excessive use of social media during work hours.

An employer's increased ability to access our private lives can have dire ramifications on our employment status.

The key deciding factor in cases involving out-of-work conduct is whether the misconduct in question has a relevant connection to a person's employment.

This deciding factor is broad, and determining whether a connection exists will depend on the individual case at hand.

A quick look at two cases against Telstra in recent years starkly highlights this point.

In the case of *Rose v Telstra*, a brawl in a hotel room between employees while on a work trip did not have a negative impact on Telstra's reputation.

However, in the 2007 case of *Streeter v Telstra*, an employee who had sexual relations in a hotel room while her colleagues were trying to sleep next door, was dismissed because Telstra thought her conduct was incompatible with her duties to her employer.

It seems the curtain that once was suspended between an employee's personal life and their employment is in many instances now merely a cobweb.

Technological advances provide more ways for private conduct to slide into the awareness of employers.

Employers are also relying on social media policies to discipline or dismiss employees based on a breach of behavior on social media.

In 2014, the case of *Pearson v Linfox Australia Pty Ltd* reinforced that employers can insist workers comply with social media policies that regulate conduct outside the workplace.

In that case, an employee was dismissed for repeatedly disregarding the company's social media policies and refusing to sign an acknowledgement that he had undergone social media training.

Commissioner Gregory of the Fair Work Commission said that establishing a social media policy was a "...legitimate exercise in acting to protect the reputation and security of a business."

Obligations for nurses and midwives when using social media

This is particularly a concern for employees engaged in the health profession who hold

professional registration and are bound by the guidelines set by the Australian Health Practitioner Regulation Agency (AHPRA) and the Nursing and Midwifery Board of Australia (NMBA).

In the health profession a patient's privacy is paramount. Nurses and midwives have ethical and legal obligations to protect the privacy of patients.

Nurses and midwives also have an obligation to maintain and build on the community's trust and confidence in nursing and midwifery.

That obligation extends to considering "the ethical interests of the nursing profession and the community when exercising their right to freedom of speech and participating in public, political and academic debate, including publication".

Those obligations extend to the use of social media.

In addition to the Code of Ethics and the Code of Professional Conduct for nurses and midwives, AHPRA has a social media policy that applies to all registered health practitioners.

The policy sets out the professional obligations on nurses and midwives to comply with the Codes of Professional Conduct when using social media and to maintain patient privacy and confidentiality.

For example, the policy states that posting unauthorised photographs of patients in any medium is a breach of the patient's privacy and confidentiality.

Prudent employees should use privacy settings to restrict employer access and keep a low profile wherever possible.

We must also continue to challenge employers and governments who test the boundaries by peering too far into private lives, and oppose overly intrusive measures that could stifle public debate and limit freedom of speech.




From the QNU: How you can use social media

While it pays to be cautious in use of social media, nurses and midwives should not be afraid to embrace it as a means of talking about nursing and midwifery issues, as well as union issues.

You should 'like', 'share', and 'retweet' articles and information you find interesting, and you think your friends and colleagues may find interesting too. Remember to exercise the usual caution around offensive and discriminatory material.

Feel free to use information put out by the QNU on social media. It is intended for you to share and discuss.

If you haven't already, come join the QNU's digital community:

 www.facebook.com/qldnursesunion

 www.twitter.com/qldnursesunion

Tips for nurses and midwives using social media:

1. Treat each post as public and permanent. If you wouldn't put it on a notice board at work, don't put it on social media.
2. Update your privacy settings—beware of and change your privacy setting on social media so you only share the information you want to share, with the people you want to share it with. You can limit the audience of posts and remove some information attached to your post, such as location.
3. Know your code—read your employer's code of conduct and social media policy carefully and consider how the policy applies to you.
4. Read and take advice from the ANMF policy on the use of social media and online networking, which can be found on the QNU website at www.qnu.org.au/policy-sheets ■



Reflective exercise for
case study over page





Completing this reflective exercise will contribute to your Continuing Professional Development (CPD) hours.

The Nursing and Midwifery Board of Australia requires all nurses and midwives to complete a minimum of 20 hours CPD per registration year for each respective profession for which the individual holds current registration.

For example, an individual who is a Registered Nurse and a midwife must complete 40 hours of CPD.

Please refer to www.nursingmidwiferyboard.gov.au/Registration-Standards.aspx for full details.

Effective learning is not simply reading a journal article—it requires you to reflect on your readings and integrate new information where it is relevant to improve your practice.

It should include:

- looking for learning points/objectives within the content on which you reflect
- considering how you might apply these in other situations to enhance your performance
- changing or modifying your practice in response to the learning undertaken. ■

Reflective exercise: Social media

The following questions are offered as a guide to assist you in identifying your learning from reading and analysing the content of the article. Explain and analyse the following questions:

1. What does the NMBA's Social Media Policy say about breaching confidentiality online, even if privacy settings are set at their highest level?
2. The NMBA's Codes of Professional Conduct includes statements about maintaining public trust and confidence in the nursing and midwifery profession. How can your conduct as a private person affect the profession's good standing?
3. Many employers now have a social media policy. What does your employer's policy say about your use of social media? If your employer doesn't have such a policy, what should you do about that?
4. Some smartphone apps will upload photos to the 'cloud'. Does your worksite have a policy about when a smartphone can be used to take a photo of a patient's presentation for inclusion in an electronic file or specialist referral? What ethical, legal and professional considerations should be included in such a policy?
5. What is the best course of action if you see a colleague commenting on social media in a way which may be deemed inappropriate under your employer's social media policy?

6. How can social media be an empowering tool for nurses and midwives? How have you seen nurses and midwives use social media for constructive work purposes? ■

Remember, the QNU provides extensive professional advice for all work sectors through our information sheets.

These can be accessed on the members-only section of our website, or by calling QNU Connect.

Following reflection, consider how you will retain and share your understanding of social media.

What influence will this understanding have on your professional practice?

To meet the NMBA CPD standard it is important that you can produce a record of CPD hours, if requested to do so, by the board on audit.

The time spent reading this article, reviewing the referenced material and then reflecting upon how to incorporate the information into your practice will contribute to your CPD hours.

Please keep a record of time spent doing each activity in your CPD record. ■

THE FOLLOWING IS AN EXAMPLE ONLY OF A RECORD OF CPD HOURS

(based on the ANMF continuing education packages):

Date	Topic	Description	Learning Need OR Objective	Outcome	CPD hours
27-03-14	Coroner's matter – workloads	Understanding the implications of the Coroner's recommendations for the establishment of effective workload management strategies	To increase my knowledge about the consequences of workloads demands and skill mix deficits on patient safety	I have achieved a greater awareness of....	2.5 hrs



Restoring workplace health and safety laws

The QNU will be able to enter a workplace as soon as we become aware of a workplace hazard under a new law introduced to state parliament by the Palaszczuk government.

This longstanding power was removed from unions by the previous LNP government, who instead made unions give 24 hours' notice before entering a workplace.

The QNU was only too aware certain employers used that 24 hours to temporarily rectify a workplace hazard to evade scrutiny, only to return to the previous situation as soon as the union left. The QNU made a written submission to the parliamentary committee responsible for inquiring into the bill and appeared at the public hearing.

We provided detailed evidence to support our claim that nurses and midwives must

be able to call on their union immediately when they become aware of hazards or potential hazards.

Nurses and midwives are increasingly dealing with workplace violence and aggression, and the QNU provided case studies that clearly demonstrated the need for us to enter premises to inspect unsafe workplaces.

These were serious accounts of hazardous workplace situations that had occurred through oversight, neglect or by accident.

The LNP has indicated it will not support passage of the bill through the parliament without major changes.

The QNU will continue to monitor the progress of this legislation to ensure we have the ability to respond immediately when nurses and midwives are faced with dangerous working conditions.

Your livelihood must never be put at risk for the sake of employer convenience. ■

NURSES AND MIDWIVES
ARE INCREASINGLY
DEALING WITH
WORKPLACE VIOLENCE
AND AGGRESSION...



Health and Safety Handbook

Your guide to keeping safe at work



The QNU has published its 2015 *Health and Safety Handbook*—a practical reference tool for nurses and midwives in all sectors.

This year's new-look book contains up-to-date information on workplace health and safety legislation, professional guidelines and mechanisms designed to keep nurses and midwives safe at work.

As a practising nurse or midwife, you may have a reasonable understanding of health and safety as it relates to your work. But you may not know what to do or who to contact when you suspect a breach or identify a problem.

As part of the QNU's commitment to supporting nurses and midwives and their professions, the book also includes handy worksheets and a CPD reflective exercise to help meet CPD obligations for registration.

If you would like a hardcopy of the handbook, email comms@qnu.org.au. Copies are limited, but an online version is also available at www.qnu.org.au



INCAPACITATED by bureaucracy

A mental health nurse's perspective on the Australian mental health care crisis

BY CHRIS DAWBER,
CLINICAL NURSE CONSULTANT,
SOUTH EAST QUEENSLAND

The release of the 2015 *National Mental Health Review* has highlighted concerns about the state of mental health care in Australia.

On the same day the report was released, Dr Lesley Russell from the Menzies Centre for Health Policy observed “There is no ‘mental health system’ but a collection of services and programs with little evidence of value and with no clarity of roles and responsibilities” (Russell 2015).

The review was scathing of “ongoing cycles of avoidable treatment and medications, including avoidable involuntary seclusion and restraint” (National Mental Health Review 2015), and made the key recommendation that \$1 billion be redirected from hospital growth to community health programs. Reform is definitely needed, but it makes most sense that this reform initially addresses efficiency, culture and clinical practice within the existing mental health system.

Mental health nurses currently working in this system can provide valuable

insights into its flaws and should be consulted and involved in any reform process.

The growing burden of bureaucracy

It is now 10 years since the damning Forster report:

“saw evidence of disempowered clinical teams and clinicians frustrated with slow formal decision-making processes and constrained by overly prescriptive and at times conflicting policies and procedures.

In many cases, these policies and procedures were written in a manner designed to hinder rather than encourage or enable.

The traditional bureaucratic style of leading and managing which relies upon such formal authority and regulation has permeated the organisation and inadvertently suppressed initiative” (Queensland government 2005).

Ask any mental health nurse and they will tell you that little has changed over

these 10 years. If anything the culture of bureaucracy has grown stronger.

As a nurse with over 30 years’ clinical practice and extensive involvement in developing nursing supervision and support programs, I know most nurses, whatever their clinical area, identify two major problems preventing the effective delivery of health care: decreasing staff-patient ratios and increasing administrative tasks.

The plethora of checklists, online reporting programs, data collection and documentation requirements—originally introduced to promote consistency and accountability—have ironically accumulated to the extent they now inhibit our ability to care for patients.

A common theme in nursing forums is concern about a lack of opportunity for ‘quality time’ with patients.

The interpersonal aspects of nursing are not always easy to quantify but nurses and patients recognise their value and growing evidence supports the role of the relationship in patient outcomes.



NURSES DON'T WANT TO BE SPENDING SO MUCH TIME ACCOUNTING FOR WHAT THEY ARE DOING THAT THEY ARE UNABLE TO DO IT.

The current environment of heavy workloads and excessive administrative duties inhibits our capacity to pro-actively plan and attend to patient needs and to maintain a holistic view of patient care.

This excerpt from a recent patient letter eloquently illustrates this point:

“Doctors seem to hold sway over decisions regarding care. Nurses deliver it and it follows that they are the front line. Therefore they are what patients remember on into their recovery and life thereafter.

The most notable constant was the never ending smiles. That act alone helped me feel “welcome” and what I needed as part of my care was why they were there. Even when I was grumpy a few smiles from the staff melted away my resistance to my situation...

The chatter and concern expressed is always appreciated... even when some nurses were having “a bad day” their touch never varied...

To me this indicated dedication and caring and was actively reassuring” (used with patient permission—details withheld for confidentiality reasons).

While nurses continue to express concern about having to do more with less, their protests have too often been ignored.

In mental health nursing the impact of this growing burden of bureaucracy is especially concerning.

Therapeutic interaction is key

Peplau (1992) defined mental health nursing as involving therapeutic interaction between nurse and patient.

Research shows that therapeutic alliance and installation of hope are key factors influencing positive patient outcomes (Lambert & Barley 2001).

Skilled mental health nurses employ complex interpersonal skills, along with compassion and empathy to achieve this alliance—all things that require time and effort.

Unfortunately, a focus on performance targets, accountability, corporate risk management, and data collection has become the driving force in mental health care.

This is not to say that these things are not important, just that they should not be at the expense of clinical and interpersonal elements of mental health nursing.

Nurses don't want to be spending so much time accounting for what they are doing that they are unable to do it.

Anecdotally, many public sector mental health nurses now spend well less than 50% of their working day engaged in meaningful therapeutic interaction with patients.

This problem is particularly apparent in inpatient settings where the more senior and experienced a nurse is, the greater the administrative requirements with a corresponding reduction in time available to spend with patients and to mentor junior staff.

We don't want to mirror the UK where most inpatients feel mental health nurses spend insufficient time with them (Bee et al 2008).

In one study, 82% of patients reported less than 15 minutes of interaction with nurses per day (Barker 2000).

Appropriate funding for non-government organisations providing peer, clinical and disability support is important, but so is the need to ensure acute care services which are adequate, accessible, and therapeutic.

We need to start looking at what can be done to reform clinical practice in our existing system through a client-

focused, clinically-driven perspective rather than by increasing governance and accountability measures that ultimately add to the growing non-clinical burden placed on nurses.

The QNU has been working with the state government to achieve adequate patient ratios.

In mental health nursing, ratios should reflect the importance of the interpersonal elements of therapeutic clinical practice.

Services need to streamline administrative requirements that prevent us from caring for our patients.

As a group, mental health nurses need to find voice and support our union in trying to achieve ratios that allow us to provide quality mental health nursing care. ■

References

- Barker S (2000) *Environmentally friendly: patients' views of conditions on psychiatric wards*, MIND, London.
- Bee P, Playle J, Lovell K, Barnes P, Gray R, Keeley P (2008) “Service user views and expectations of UK-registered mental health nurses: a systematic review of empirical research” *International Journal of Nursing Studies* 45 (3), 442–457.
- Lambert MJ, Barley DE (2001) “Research summary on the therapeutic relationship and psychotherapy outcome”, *Psychotherapy: Theory, Research, Practice, Training* 38 (4), 357–361.
- National Mental Health Commission (2015) *National Review of Mental of Mental Health Programmes and Services*, Australian Government, 16 April.
- Peplau H (1992) “Interpersonal relations: a theoretical framework for application in nursing practice”, *Nursing Science Quarterly* 5 (1), 13–18.
- Queensland Government (2005) *Queensland Health Systems Review: Final Report*, September.
- Russell L (2015) “Mental health – a crisis-driven system in crisis”, *The Age*, 16 April.

If you would like to join the QNU's Mental Health Nurses reference group, please submit your expression of interest to qnu@qnu.org.au, attention Professional Officers.

‘Not Now, Not Ever’ report highlights bleak reality

The disturbing findings of the *Not Now, Not Ever* report into domestic violence in Queensland have only steeled the determination of nurses and midwives to take on and defeat this social epidemic.

There were more than 66,000 occurrences of domestic violence in 2013-14—and they were just the incidents reported to Queensland police.

In Aboriginal and Torres Strait Islander communities, the situation is much bleaker, with violence and abuse to women and children reported as being even more prevalent.

The state government has committed to implement all of the report’s recommendations, with \$31.3 million being spent to:

- establish two 72-hour crisis shelters for women in Brisbane and Townsville
- deliver services to improve outcomes for those affected by violence in rural, remote and urban areas
- launch a national campaign to reduce violence against women and children and
- identify gaps in the system that may contribute to domestic violence related deaths.

Dame Quentin Bryce addresses nurses and midwives

Speaking at Annual Conference, former Governor-General Dame Quentin Bryce—who chaired the report committee—spoke about the role nurses and midwives must play in tackling the problem.

“Our consultation and research demonstrated loudly and clearly that our health services, in particular our nurses and midwives, want to be a part of the solution,” she said.

“We know that women are at extreme risk of violence during pregnancy ... the flow-



Dame Quentin Bryce (middle) with QNU Secretary Beth Mohle (left) and QNU President Sally-Anne Jones (right) at the 2015 QNU Annual Conference.

on effects to the health and safety of the mother and baby are enormous.”

Nurses and midwives will take a stronger role

“So often, fantastic service providers look outwards to the community to make a difference,” Dame Quentin said.

“But nursing and midwifery are large professions, making up the largest proportion of employed health professionals ... they are also professions dominated by women.”

Nurses and midwives currently work to identify cases of domestic violence and naturally do all they can to intervene in a fragmented system often with few support and referral options.

The report aims to ensure training with core skills to be embedded in undergraduate and basic education and training of nurses and midwives “to help build confidence to step into a domestic violence situation”.

Many of the recommendations are aimed at building an integrated service response which is essential for getting help when domestic violence has been identified. ■

QNU supports ‘Never Alone’ campaign

Through the Australian Nursing and Midwifery Federation, the QNU is proudly supporting the Luke Batty Foundation—which was established by Australian of the Year Rosie Batty—as a founding partner of the *Never Alone* campaign against domestic violence.

QNU Secretary Beth Mohle said nurses and midwives played a significant role in Australia’s fight against family and domestic violence.

“Working on the frontline and dealing with women from the community every day, we as nurses and midwives are uniquely placed to play our part in tackling this horrific problem,” said Beth.

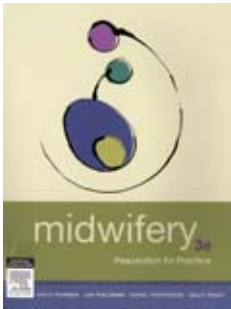
Visit www.neveralone.com.au and sign up for more information on the *Never Alone* campaign. ■





QNU Library: recent library acquisitions

The following recent acquisitions are curriculum books for most Australian university nursing and midwifery courses. QNU members may borrow them by contacting the QNU library by email library@qnu.org.au or phone 3840 1480.



Midwifery – Preparation for Practice 3e

Sally Pairman, Jan Pincombe, Carol Thorogood, Sally Tracy

Midwifery: Preparation for Practice 3e is the definitive midwifery text for Australian and New Zealand midwifery students. The highly regarded editors bring together a team of midwives who are leaders in their field to share their knowledge and expertise in midwifery practice, education, research and regulation in Australia and New Zealand.

The third edition continues to reinforce the established principles of midwifery philosophy and practice – that of working in partnership with women and midwifery autonomy in practice – and from this

perspective presents the midwife as a primary healthcare practitioner. It carefully examines the very different maternity care systems in Australia and New Zealand, exploring both autonomous and collaborative practice, and importantly documents the recent reforms in Australian midwifery practice.



Lewis's medical-surgical nursing – Assessment and Management of Clinical Problems Fourth edition

Di Brown, Helen Edwards, Lesley Seaton, Thomas Buckley

Lewis's Medical-Surgical Nursing: Assessment and Management of Clinical Problems 4e is the most comprehensive go-to reference for essential information about all aspects of professional nursing care of patients.

Using the nursing process as a framework for practice, the fourth edition has been extensively revised to reflect the rapidly changing nature of nursing practice and the increasing focus on key nursing care priorities, including management of chronic diseases,

multidisciplinary care, culturally competent care, nutrition community and home-based care, and nursing research, patient education and gerontological advice.

Building on the strengths of the third Australian and New Zealand edition and incorporating relevant global nursing research and practice from the prominent US title *Medical-Surgical Nursing 9e*, this market-leading reference is an essential resource for Australian and New Zealand nursing students seeking to understand the role of the professional nurse in the contemporary health environment.



Nursing Care Plans – Diagnoses, Interventions, and Outcomes

Meg Gulanick, Judith L. Myers

Learn to think like a nurse with this leading reference!

The bestselling book on nursing care planning *Nursing Care Plans: Diagnoses, Interventions, and Outcomes* covers the most common medical-surgical nursing diagnoses and clinical problems seen in adults. It includes 217 care plans – 13 are new to this edition – each reflecting the latest evidence and best practice guidelines.

NORMAL LIBRARY HOURS

Monday - Friday

9am–3pm

(closed 1pm–2pm)

T 07 3840 1480

E library@qnu.org.au

W www.qnu.org.au/library

Small groups can book the library for study sessions. Contact the library for details.



Calendar

AUGUST

25th Meeting of the International Society for Neurochemistry

23-27 August, Cairns
www.neurochemistry.org/biennial-meeting.html

Endocrine Nurses Society of Australasia Symposium

24 August, Adelaide
www.ensa.org.au/ensa-2015/

6th Annual Correctional Services Healthcare Summit

24-25 August, Melbourne
<http://www.informa.com.au/conferences/health-care-conference/correctional-services-healthcare-summit>

The MHS Conference

Translating Best Practice into Reality
25-28 August, Canberra
www.themhs.org

3rd Annual National Forensic Nursing Forum

26 August, Melbourne
www.informa.com.au/conferences/health-care-conference/national-forensic-nursing-conference

National Forensic Nursing Conference

26 August, Melbourne
www.informa.com.au/conferences/health-care-conference/national-forensic-nursing-conference

4th Annual International Emergency Care Conference

26-28 August, Melbourne
<http://alfredetc-professional-development.cvent.com/events/international-emergency-care-conference-2015/event-summary-dbde3298352b47ffac653eab18bad52e.aspx>

Australian Diabetes Educators Association Annual Scientific Meeting

26-28 August, Adelaide
<http://www.adea.com.au/>

Hyperbaric Technicians and Nurses Association 23rd Annual Scientific Meeting

27-29 August, Melbourne
<http://htna.com.au/>

SEPTEMBER

Indigenous Literacy Day

2 September
<http://matsiti.edu.au/events/indigenous/>

5th International Conference on Health, Wellness and Society

3-4 September, Madrid, Spain
<http://healthandsociety.com/the-conference>

2015 QNU Professional Practice and Ethics Seminar

4 September, Brisbane

10th Conference of The Australian College of Nurse Practitioners

Celebrating the past and embracing the future
6-8 September, Melbourne
www.dconferences.com.au/acnp2015/

6th Australian Emergency Nurse Practitioner Symposium

Celebrating the past and embracing the future
9-10 September, Melbourne
www.dconferences.com.au/acnp2015/

Australian Disease Management Association 11th Annual Conference

Count me in: who cares about chronic care?
9-11 September, Brisbane
www.adma.org.au

Australian Nurses and Midwives Conference

10-11 September, Melbourne
www.tiny.cc/2015abstracts

Australian College of Neonatal Nurses Inc 10th Annual Conference and Skin Care and Skin Injury Symposium

10-12 September, Sydney
www.acnn.org.au/news-and-events/acnn-national-conference/

Brisbane Practice Nurse Clinical Education

12-13 September, Brisbane
www.pnce.com.au

United Nations Declaration on the Rights of Indigenous Peoples

13 September
<http://matsiti.edu.au/events/indigenous/>

World STI & AIDS Congress

13-16 September, Brisbane
www.worldsti2015.com

Lung Health Promotion Centre at The Alfred

16-18 September, Respiratory Course (Module A)
Ph: (03) 9076 2382
Email: lunghealth@alfred.org.au

AHHA Think Tank on Sustainable Funding of Public Hospitals

15 September, Brisbane
<https://ahha.asn.au/events/think-tank-sustainable-funding-public-hospitals>

Australasian HIV&AIDS Conference

16-18 September, Brisbane
www.hivaidsconference.com.au
(to be launched soon)

QNU Meeting of Delegates

7 September, Brisbane
9 September, Gold Coast
16 September, Sunshine Coast
17 September, Toowoomba
22 September, Rockhampton
29 September, Townsville
30 September, Cairns
www.qnu.org.au/mods

CATSINaM - National Professional Development Forum

The only way is up
22-24 September, Darwin
www.catsinam.org.au

Nurses Christian Fellowship Australia - Victoria and Tasmania

25-26 September, Melbourne
E: ncfavictoria@gmail.com or
M: 0412 328 672

World Gastroenterology Organisation (WGO) and the Gastroenterological Society of Australia (GESA) International Congress

28 September-2 October, Brisbane
www.gastro2015.com/

OCTOBER

Lung Health Promotion Centre at The Alfred

5-6 October 2015, Spirometry Principles & Practice
14-15 October 2015, Respiratory Course (Module B)
22-23 October 2015, Managing COPD
Ph: (03) 9076 2382
Email: lunghealth@alfred.org.au

40th National Conference of the Australian Association of Stomal Therapy Nurses

Proactive and Innovative Strategies in Stomal Therapy Nursing
5-7 October 2015, Melbourne
www.stomaltherapy.com/conferences.php

Australian College of Midwives 19th Biennial Conference

Super midwives - making a difference
5-8 October, Gold Coast
www.acm2015.com/

International Indigenous Women's Convention

Our families, our communities: nothing about us without us
6-9 October 2015, Sydney
<http://dreamtimepr.com/save-the-date-international-indigenous-womens-convention-sydney-october-2015/>

QNU Meeting of Delegates

7 October, Bundaberg
8 October, Hervey Bay
www.qnu.org.au/mods

ACMHN's 41st International Mental Health Nursing Conference

Mental health nurses: shifting culture, leading change
7-9 October 2015, Brisbane
www.acmhn2015.com

13th International Conference for Emergency Nursing

Emergency Care: Accept the Challenge, Lead the Change
7-9 October 2015, Brisbane
www.icen.com.au/2015/

Anti Poverty Week

11-17 October
www.antipovertyweek.org.au

Perioperative Nurses Week

12-19 October
www.acorn.org.au/events/perioperative-nurses-week/

Australian College of Nursing National Nursing Forum

Advancing nurse leadership
14-16 October 2015, Brisbane
http://acn.edu.au/forum_2015

International Day of Rural Women

15 October 2015
www.timeanddate.com/holidays/un/rural-women-day

2nd Australian Nursing and Midwifery Conference

Aspiration, inspiration and imagination: nursing and midwifery quality, research and education
15-16 October, Newcastle
www.nursingmidwiferyconference.com.au

RIPRN Forum

Rural. Remote. Resilient
15 - 16 October 2015, Cairns
<http://www.health.qld.gov.au/cunninghamcentre/html/riprn-forum.asp>

CRANaplus 33rd Annual Conference

Telling tales - The power of the narrative
15-17 October, Alice Springs
<https://crana.org.au/about/conference/2015-conference/>

Long Women's Lunch

16 October.
www.thelongwalk.com.au/

Australian Day Surgery Nurses Association Conference

Surfing the waves of day surgery
17-18 October 2015, Gold Coast
<http://adsna.info/conference/>

12th Biennial National Enrolled Nurse Association of Australia (ANMF SIG) Conference

21 October, Adelaide
www.nena.org.au/2015NENAConference.html

7th Australian Rural & Remote Mental Health Symposium

Closing the gap: Innovation and opportunity
26-28 October, Creswick, Victoria
<http://anzmh.asn.au/rrmh/index.html>

NOVEMBER

Australian Diabetes Educators Association (ADEA) Inaugural Thought Leadership Program on Emotion, Behaviour and Applied Psychology in Diabetes Education

6 November, The University of Qld - The psychological side of diabetes: What healthcare professional need to know
10 November, Deakin University, Melbourne - Understanding depression and diabetes burnout
11 November, University of Technology, Sydney - Engaging the disengaged: Behavioural strategies for promoting successful diabetes self-management
www.adea.com.au/?p=12359144

Lung Health Promotion Centre at The Alfred

11-13 November 2015, Asthma Educator's Course
19-20 November 2015, Smoking Cessation Facilitator's Course
Ph: (03) 9076 2382
Email: lunghealth@alfred.org.au

Hospital In The Home Society, 8th Scientific Meeting

HITH at 21: Maturity, Responsibility and Quality
11-13 November, Sydney
<http://conference.hithsociety.org.au/>

If you would like to see your conference or reunion on this page, let us know by emailing your details to dsmith@qnu.org.au



How is your super invested?

Your super may seem like something you have no control over until you retire, but nothing could be further from the truth. You may not be able to access your super whenever you want, but chances are you can choose how it is invested within your fund.

Whether you're a new or experienced investor, HESTA makes it easy to make an investment choice that can help fund the retirement lifestyle you want.

Depending on how involved in your investment choice you want to be, you can leave your money in the Core Pool (our default option), choose one of our ready-made investment pools, design your own choice portfolio or mix and match from the above.

The key to making your investment choice is deciding how much risk you're comfortable taking, balanced against what level of investment return you want. Each HESTA investment option has its own objective, strategy and level of expected risk and return. The option(s) you choose should be shaped by your own needs and goals.

We understand that no matter what stage of life you're at, making the right investment choice to suit your retirement needs can be confusing. However, personal advice on your super is available to HESTA members through your Superannuation Adviser, at no extra cost.

For more information on the investment choices available through HESTA, request a Member investment choice presentation at your workplace, visit hesta.com.au for a copy of our Investment Choices guide or call 1800 813 327 to arrange a consultation with a HESTA Superannuation Adviser.

With more than 25 years of experience and \$32 billion in assets, more people in health and community services choose HESTA for their super.

This material is issued by H.E.S.T. Australia Ltd ABN 66 006 818 695 AFSL No. 235249, the Trustee of Health Employees Superannuation Trust Australia (HESTA) ABN 64 971 749 321. Information provided is of a general nature. It does not take into account your objectives, financial situation or specific needs. You should look at your own financial position and requirements before making a decision and may wish to consult an adviser when doing this. This information contains H.E.S.T. Australia Ltd's interpretation of the law but should not be relied upon as advice. For more information, call 1800 813 327 or visit hesta.com.au for a copy of a Product Disclosure Statement which should be considered when making a decision about HESTA products.



Get a financial health check!

Over the last few years there has been an increased focus on people improving their health, but physical health isn't the only area where many people need to take stock. Your financial health is almost as important!

So, how would you rate your financial fitness?

- A) All bills paid on time, credit cards paid out each month, a solid budget in place along with a financial plan for the future and a comfortable amount of spending money left at the end of each pay.
- B) Most bills paid on time, have a budget that you stick to most of the time and a loose idea of where you are headed financially.
- C) Bills are paid late, use credit cards to get through until the next pay, did a budget a few years ago but no real financial plan for the future.
- D) What's a budget?

If you answered B, C or D your financial health might be in need of some help.

Here are some things to get you on the right track:

Start a savings plan. Saving is just like exercise, do it on a regular basis and you will start seeing results. Simple tools like the savings calculators on the QSuper website www.qsuper.qld.gov.au can show you how dedicating a set amount each pay to a savings account will really add up.

Budget is not a dirty word! You wouldn't start any type of exercise without a rough idea of what you need to do and the same goes with budgeting. Setting a realistic budget and sticking to it could be one of the best ways to improve your financial health. There are many websites that have budget planners, including QSuper's www.qsuper.qld.gov.au and the Australian Securities and Investments Commission consumer website, www.moneysmart.gov.au

Get a personal trainer. Speaking with a financial adviser could be one way to make sure you are on the right track. QSuper members can access financial advice from QInvest, one of Queensland's largest financial planning organisations. QInvest offers a fee-for-service payment structure so you only pay for the advice you receive and all advisers are paid by salary. Also, depending on the type of advice you receive QSuper may contribute to the cost of advice you receive about your superannuation¹. You can make an appointment with QInvest by visiting their website www.qinvest.com.au or call 1800 643 893.

1. Members pay a co-payment for advice relating to their QSuper benefit. QInvest also provides advice about investments outside of your QSuper benefit and this may incur an additional fee. QInvest Limited (ABN 35 063 511 580, AFSL and Australian Credit Licence number 238274) (QInvest) is ultimately owned by the QSuper Board (ABN 32 125 059 006) as trustee for the QSuper Fund (ABN 60 905 115 063), and is a separate legal entity which is responsible for the financial services and credit services it provides. This information has been prepared for general purposes only without taking into account your objectives, financial situation, or needs. As a result, you should consider the appropriateness of the information for your circumstances and read the product disclosure statement (PDS) before making a decision. © QInvest Limited 2015

Online Nurse Shop



Colour | Quality | Low Prices



Could your career in public health use a booster shot?

There's no better way to invigorate your career in public health than postgraduate study at QUT. The Master of Public Health offers five majors: Epidemiology; Health Promotion; Health Management; Health, Safety and Environment and Emergency and Disaster Management. The course meets the competencies for Master of Public Health graduates in Australia and internationally.

For more information search QUT postgrad health.



a university for the **real** world®

bcm:quh1078 CRICOS No. 00213J

3  BEDS
 2  BATHS
 1  HOLIDAY

get the house. keep the life.

Create the loan you need to suit your lifestyle. Call one of our mobile bankers and they'll come to you for a chat about customising a flexible home Loan with low rates and minimal fees, so holidays don't need to be a sweet memory.

get in touch and we'll come to you.
mebank.com.au/homeloans

make the most of 

Terms, conditions, fees and charges apply. Applications are subject to credit approval. Members Equity Bank Limited ABN 56 070 887 679 Australian Credit Licence 229500. 21568/0515

Union Shopper Motor Market The better way to buy a car!



We help members, and their families and friends, find their perfect vehicle at the best possible price!



Let Union Shopper Motor Market take the hassle out of buying. We will negotiate the best price for your new car from our extensive network of dealerships throughout Australia!

Give us a call today to discuss your new vehicle requirements!

PROUDLY 100% union-owned!



1300 368 117
unionmotormarket.com.au

Health Ed Professionals®
2015 Seminars with Australasian presenter Anne Evans-Murray

Respiratory & Cardiac Nursing Skills
Brisbane – 4 & 5 September – Hotel Jen, 159 Roma St

This two day seminar will be suitable for nurses in any clinical area; complex conditions presented by Anne Evans-Murray, author of "ECGs Simply" and "Chest X-rays Simply"

Full: \$450.00
One day: \$230.00

Cardiac Arrhythmias – Basic to Complex
Brisbane – 30 & 31 October – Hotel Jen, 159 Roma St

Suitable for nurses in any clinical area; complex conditions presented by Anne Evans-Murray, author of "ECGs Simply"

Full: \$450.00
One day: \$230.00

These seminars are held at a great venue and include full catering, seminar notes and attendance certificates issued.

Information available from Health Ed Professionals Pty Ltd
Ph: (07) 5563 3054 Email: info@healtheducation.com.au
Details & secure registration: www.healtheducation.com.au

Health Ed Professionals® & OSCA Health Education®
Course lecturers Heather James & Anne Evans-Murray

Acute Cardiac Care Course
Gold Coast: Monday 7 to Saturday 12 December 2015
Caboolture: Monday 1 to Saturday 6 February 2016

Acute Complex Care Course
Caboolture: Monday 23 to Saturday 28 November 2015
Gold Coast: Monday 30 November to Saturday 5 December 2015

For Registered & Enrolled Nurses, Ambulance Officers, Students.
Recognised for credit articulation at Griffith & QUT Universities as one elective subject for:

- Pre-Registration B. Nursing,
- Post Graduate Certificate courses
- Post Graduate Masters courses.

These courses are presented in intensive mode (9.00 – 5.00) over 6 days plus assessments, and are equivalent to a one semester university course in teaching and study time. The Complex Care course includes adult ALS certification.

Endorsed by RCNA for award of 45 CNE points.

Undergraduate students (Residents) \$775.00 Gold Coast - \$800.00 Caboolture
RN's /EN's, AO's \$1,500.00/\$1,525.00, O/S students: \$1,600.00

Adult Advanced Life Support Level 2 – 2 days
7-8 September 2015, 17-18 November, 14-15 December 2015
Course cost: RN/EEN \$625.00 Undergrad students \$425.00 Doctors \$895.00
ACN, RACGP & ACRRM Accredited

Adult Advanced Life Support Recertification
16 December 2015 – Check the website for 2016 dates
Course cost: RN/EEN \$350.00 Undergrad students \$210.00 Doctors \$450.00

More course information available from: info@healtheducation.com.au
Heather James: 0407 135 332 or Anne Evans-Murray: (07) 5563 3054
All details & secure registration: www.healtheducation.com.au

 **Health Far West Local Health District**

For more information about a career in the Far West, please visit our Careers Lifestyle Website at www.farwesthealthjobs.com.au

MENTAL HEALTH

Broken Hill

Registered Nurse – Mental Health Unit

PFT, Salary: \$56,723–\$79,655 pa, Recruitment No: 264860, Enquiries: Marissa Zaknich, (08) 8080 1456 or Marissa.Zaknich@health.nsw.gov.au
Close: 12/09/15.

For an Application Kit or to apply online please go to <http://nswhealth.erecruit.com.au>

We are committed to Equal Employment Opportunity Ethical Practices, the principles of Cultural Diversity and promote a smoke-free environment. Appropriate criminal record and child protection checks conducted for all positions. All employees (except casuals) are eligible to Salary Package.

connect with us





/qldnursesunion

SHORT RESPONSES SELECTION CRITERIA RÉSUMÉS

“The Short Response and Résumé scored 100%!” TW, RN / A/CN
All levels and specialties
Exceptional results since 1991
– see Testimonials at www.brisbane-resumes.com.au
Personal consultation and on-line services

KENT TRUSSELL
07 3281 8075

Brisbane Résumé Services
nurse@jobytes.com

Package a new car and save on tax

Your own dedicated
**Salary Packaging
specialist**

Save with
exclusive
**National Fleet
Discounts**

Pay **NO GST***
on your new car
purchase or its
running costs

Your Package
Includes Finance,
Fuel, Insurance,
Servicing, Tyres &
Registration

Flexible
Trade-in options



Bonus!

Mention this advert prior to completing your contract and get a bonus **Fitbit Charge HR** or an **iPad Mini** when your new vehicle is delivered!



Did you know that as a nurse, you have priority access to salary packaging your next car?

Let the team at Fleet Network show you how to save thousands when buying your next new car. It's all about getting the most out of your salary and paying less in tax.

It's worth a call – it's your salary, after all.

Call us for an obligation free quote **NOW**

1300 738 601

www.fleetnetwork.com.au/bonus

FleetNetwork
Lease > Package > Save

Fleet Network Pty Ltd. To qualify for this offer you must mention this advertisement to Fleet Network prior to the completion of your initial contract. Vehicle must be new and supplied by Fleet Network. Not valid in conjunction with any other current Fleet Network offers. Employees should consult their employer's salary packaging policy before entering into a contract. *Subject to Employer policy. Vehicle for illustration purposes only.



2014 winners, left to right: Outstanding Graduate: Zoe Sabri, Nurse of the Year: Stephen Brown, and Team Innovation: Prof Jeanine Young representing the Pepi-pod® Program.

Join your colleagues and celebrate at the HESTA Australian Nursing Awards

Thursday 15 October 2015 at 6.30pm
Brisbane Convention and Exhibition Centre

Tickets on sale now at hestaawards.com.au
Discounted price for group bookings.

\$30,000
in prizes to be won!*

Follow us:

 @HESTANurseAwards

 /HESTAAustralianNursingAwards

*Proudly sponsored by:



Proudly presented by:



hestaawards.com.au