Midwives empowered through domestic violence training

Feature: Welcoming the future of nursing and midwifery
Courses are extremely popular and book out quickly. Avoid being disappointed.

GET YOUR ENROLMENT IN EARLY.

To enrol visit www.qnu.org.au or phone 3840 1431
FEATURE
Welcoming the future of nursing and midwifery

28 Election focus
30 Continuing professional development
32 Building better workplaces
33 Nursing and midwifery research
34 Midwifery

28 Feature
34 Profiling
36 Health and safety
39 Social
40 Library
41 Your super
42 Calendar
42 Advertising
Reducing alcohol-related violence: the time is now

Alcohol-fuelled violence in Australia is a major problem. 
The impact on individuals, families and communities is immeasurable—far beyond the number of deaths and injuries. 
Nurses and midwives are often at the frontline of dealing with patients or family members who are victims or perpetrators of alcohol-related incidents. 
The Royal Australasian College of Surgeons recently noted that for every death related to a ‘coward punch’ there are 15 other brain injured victims of alcohol-related harm in Queensland. 
Some remain affected permanently, requiring health services and support for the rest of their lives. 
Alcohol consumption is also a major risk factor contributing to the burden of disease in Australia. 
An estimated 3.8% of deaths globally and 4.6% of disability-adjusted life-years (DALYs) are attributable to alcohol use. 
Indigenous Australians experienced a much greater burden of alcohol-related harm, estimated in 2003 to be 6.2% of the total burden of disease in the Indigenous population. 
In 2004–05, the total net tangible cost of alcohol use (which included lost productivity, health care costs, road accident-related costs and crime-related costs) was $10.8 billion (Doran et al 2010). 
Still, Australian governments have had some success in the area of alcohol policy. 
For instance, the drink-driving countermeasures introduced in Australia progressively since the 1970s have transformed our attitudes and behaviours, and massively reduced the number of fatalities and injuries from road crashes. 
The key ingredients to this success have been a combination of legislative and policy reform, strict enforcement, and well-funded and sustained public education. 
But there is more work to do to change Australia’s drinking culture that fuels violence and produces long-term health consequences. 
In 2010, the National Preventative Health Taskforce recommended volumetric taxation, advertising bans, an increase in the minimum legal drinking age to 21 years, brief intervention by primary care practitioners, licensing controls, a drink-driving mass media campaign, and random breath testing. 
The Queensland Government recently tabled an amendment bill which follows work in other states that have successfully introduced changes. 
Amendments include: 
- Stopping the service of alcohol at 2am. 
- 3am liquor trading with a 1am lock-out in safe night precincts. 
- Prohibiting new extended trading approvals for takeaway liquor. 
- Banning the sale of high alcohol content and rapid consumption drinks after midnight. 
- Improving existing intervention and therapeutic program referral processes. 
- Creation of new offences. 
- Proof of age changes. 
- Ability for approved 3am safe night precincts to be declared or revoked by regulation.

The bill has been sent to the Queensland Legal Affairs and Community Safety Committee for consideration, and tabled its report on 8 February. 
Unfortunately the committee could not agree on many key elements. 
The QNU made a submission to the committee which is available on the QNU website. 
Queensland has an opportunity to significantly reduce alcohol-related harm. 
It is important that federal and state governments take this opportunity to reform alcohol policy. 
Nurses and midwives have a role to care for the people affected by alcohol and alcohol-related injury, but also—as trusted, leading health professionals—to lobby state and federal governments to implement legislation that improves the health and safety of the individuals, families and communities we serve. 

References 
This is the first time a nurse from a southern hemisphere country has held this important position, and Frances’ strong connections to New Zealand and Australia mean the issues confronting us “down under” will be front and centre at the global nursing peak body.

This important development invites us to reflect on global issues for nursing and midwifery, and how we can best ensure our voice is heard both globally and locally.

The QNU is a member of the ICN, the peak professional body for the world’s 16 million nurses.

The global peak professional association for midwives is the Hague-based International Confederation of Midwives (ICM) which represents 400,000 midwives.

Regionally, we are also active participants in the South Pacific Nurses Forum, a group formed in 1982.

The QNU is also one of the founding members of Global Nurses United, a federation of nursing and midwifery unions from all around the world.

As unions we know we are stronger when we work together to overcome challenges—locally, regionally, and globally.

The QNU has a voice in these global networks through our federal body, the Australian Nursing and Midwifery Federation, and I have been privileged to participate in international events and form strong bonds with other nursing and midwifery organisations and activists.

Modern technology makes it easier and more cost effective than ever to do this.

For example, last year I participated in a workshop in London to discuss global responses to the management of workloads—all the way from my office in Brisbane!

Around the world, the common challenge for nurses and midwives is our concern for patient safety and ensuring we are able to deliver the best possible nursing and midwifery.

We deliver nursing and midwifery 24/7. We work in inter-disciplinary teams, but always we are the constant presence, observing and intervening to keep those in our care, ourselves, and indeed the entire system, safe.

This responsibility unites nurses and midwives around the world, and makes proper workload management and skill mix the top global priority.

Whether we work in clinical care, management, research, education, or policy roles, our advocacy is critical to advancing safe patient care and strengthening our professions.

Our advocacy reaches across locales, states, nations, and the entire planet.

The multi-layered nature of our advocacy means we must be nimble and responsive to changing circumstances and opportunities.

By concentrating on what unites rather than divides us, we gain the discipline and focus essential to success.

Finding the courage to take a stand for patient safety and professional standards is easier when we do it together.

This starts in small ways, with one-on-one conversations and daily actions in our workplaces.

We cannot underestimate the importance of having a say at work, both at the unit and organisational levels.

That’s why refocusing local workplace consultative committees will be a priority for the QNU this year.

It’s in these consultative committees that we can make a huge difference together in our daily working lives.

Improving culture and patient safety starts with creating spaces to have safe conversations and identify and advance shared interests.

This is important work. At times it can be frustrating and difficult, too—working through competing interests and sharing power always is. It requires planning, skill and perseverance.

Although this work is never ending, we are united in our shared vision and values that aim to strengthen our professions and enhance the quality of patient care.

Around the world nurses and midwives are acting individually and collectively to achieve common goals.

This knowledge sustains us, and permits our local actions to have global consequences.

Think global, act local

Beth

Queensland’s Chief Nursing and Midwifery Officer Dr Frances Hughes has recently taken up a position as Chief Executive Officer at the International Council of Nurses (ICN) in Geneva.

www.qnu.org.au
On soaring aged care profits

Am not in the least bit surprised. Falls. Dehydration. UTIs. Depression. Lack of family input. Lack of social contact. Isolated in their rooms. Making patients wait to be assisted due to poor staffing. Bring on Staff patient ratios and experienced RNs and EENs on all shifts.

It is a total disgrace and try as we might, I feel like I am talking to a brick wall. They just nod and do nothing.

DA

On the Turnbull government’s cuts to pathology services

The stupidity of it. Prevention (and early detection and treatment) in primary care is best practice. Now, the much higher cost will be borne in expensive treatment at the tertiary level. Of course, hospital care is the responsibility of the states. Hopefully our state governments will push back before this happens.

JM

You will get a lot of people just not getting the tests done! They can’t afford it, then the government will get hit with a lot of people hospitalised for illnesses that could have been prevented.

APC

Then the government will be whinging when the cost of treating all the “treatable” conditions that these tests diagnose go through the roof, because ppl stop getting the tests due to having to pay for them I’m sure they don’t THINK!

RS

On changes to paid parental leave

It is NOT ‘double dipping’. The gov paid leave is for every working mother. Leave conditions paid to you by your employer are a part of your contract with that employer. That is how employers attract and keep employees.

NK

On violence in hospitals

Hi folks,

I just had to write this. As an oldie who has done many a stint in hospital and experienced your wonderful caring help, I was absolutely appalled to see on the ABC News website tonight, stories of how you suffer such abuse from people you are trying to help.

Be it ICE, alcohol or just bad temper, there is no excuse for it, and it annoyed me big time to see Mr McArdle playing the blame game and using this problem for a political football.

It is not a political issue, it is a social issue, and the judicial system ought be a tad more serious in dealing with these violent criminals.

However, little I can do at my age (77) but give you my support, from my experience you are a great bunch of carers, both in private and public hospitals, you have looked after me in both.

Best wishes and be assured 99.9% of us out here appreciate you and your work.

Bevan Wittwer, Beerwah

Please keep penalty rates applicable for all nurses.

RS

I’m working Christmas this year, yes I’ll miss the time with my family but so many people where I work have no family or loved ones so being there for them will make them so happy and grateful.

VAN

Nurses deserve their penalty rates, after all they miss spending time with their families to care for ours.

PM

On working over the holidays

26 years of night shift and my kids waited each year when they were young for me to come home Xmas morning but they knew I was looking after sick people who also needed special needs and caring.

Hesta Nursing Awards 2016

Nominations are now open for the 2016 Hesta Nursing Awards.

This is a great opportunity to do in a colleague who is doing an extra-specially superb job.

The awards recognise graduates, individuals, and teams for their professionalism, innovation, and care. So be sure to check out the details on page 41.

 Winners will be announced on Thursday 12 May, and share in a $30,000 prize pool.

Nominations are open until 11 March.

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
We sometimes take it for granted that everyone knows their entitlements. However, for new entrants to the nursing and midwifery workforce it is often difficult to understand the plethora of entitlements and payslips covering our profession. In fact, many nurses and midwives are uncertain about which allowances, loadings and penalties they are entitled to given the diversity of their work and working hours. The following questions are frequently asked of our QNU Connect call centre.

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

**Back to work in 2016 – Don’t forget your 10 hour break**

Many members have been contacting the QNU about the minimum rest break required between shifts. We thought it might be a good idea to revisit the issue particularly for new graduates commencing this year.

**In the public sector**, the *Queensland Health Nurses and Midwives Award – State 2012*, Clause 6.7 states that an employee must be granted a break of “not less than 10 hours between the termination of one shift and the commencement of another…”.

This may be reduced to eight hours but only if there is agreement between you and your employer in writing. If this break is not provided, work on the subsequent shift must be paid at double time.

**In the private sector**, if your workplace is covered by an enterprise agreement you should check it because some provide for a 10 hour break or similar to the public sector provision.

If there is no enterprise agreement in your workplace you will be covered by the *Nurses Award 2010* which provides that a minimum break of eight hours must be granted between shifts. However, the vast majority of QNU members in the private sector are covered by enterprise agreements.

This is an important condition because no matter how tempted we may feel to keep working, especially when it is busy, fatigue will catch up with you and may lead to mistakes which could be harmful to you or patients.

Without rest you may experience signs or symptoms such as memory loss, impaired judgement, reduced hand-eye coordination and dizziness.

In short, you become a health and safety risk!

**A shift handover is essential – but don’t donate your time!**

The QNU has received reports some members are regularly undertaking additional unpaid time to complete a shift handover.

This should not be the case but the alternative isn’t to cancel the shift handover.

The NMBA Professional Nursing standards outline that nurses must conduct a clinical handover.

In addition, the National Health Care standards state that:

“clinical handover ensures the professional responsibility and accountability for some or all aspects of care for a patient or group of patients to another person or professional group”.

Without a comprehensive handover, patient safety is at risk.

If a handover takes longer than the allocated time, you should speak to your supervisor to ensure the additional time worked is authorised and formally recorded on your timesheet.

It is unlawful for an employer to have an employee work for no pay.

If you have particular concerns about your local handovers—for example, the manner they are conducted—then you must talk to your supervisor.

The QNU has dealt with numerous issues where hours were not formally recorded and this has then detrimentally impacted a workers’ compensation case or an adverse incident because there was no record of the member being at work!

Without a formal record of the overtime, you cannot later claim it.

While 15 minutes here and there may seem trivial, over a month this equates to several hours of unpaid work.

Silence on the issue means you are consenting to perform part of your role for free.

The impacts of not claiming overtime are far reaching and affect all nurses and midwives. If no one claims overtime, this becomes the norm.

Some enterprise agreements contain a handover clause. If yours doesn’t, raise it during the next round of bargaining.

Alternatively you can raise it at staff meetings at your workplace to try to get shifts changed to take into account a formal handover period.
The QNU is proud to announce that for the third consecutive year our Brisbane office has achieved a five-star NABERS energy rating.

Even more pleasing is our six-star water rating which is very rare in any commercial building.

This outcome proves that with forward planning and professional consultation, the savings to be made on well-considered building work after the initial outlay can be considerable, and the impact on the environment significantly reduced.

Since the purchase and subsequent purpose-built, enviro-friendly refurbishment of the West End building, we have consistently saved a minimum of at least 10,000 kWh (the equivalent of 9 tonnes of CO₂) annually.

The refurbishment efforts coupled with the ongoing recycling projects of the staff and building management saw the QNU win the City Switch Green Office of the year State Award for 2014.

Additionally, we tender our electricity contract to ensure we are receiving the best possible market price for our power.

An upfront cost of just 2% to support green design can result, on average, in lifecycle savings of 20% of total construction costs—more than 10 times the initial investment.

**How did we do it?**

The main mechanical plant used to help achieve this result is a state-of-the-art Variable Refrigerant Flow heat recovery air-conditioning system.

This system removes the need for a cooling tower which would use a significant amount of water and have large ongoing maintenance costs.

A Building Management System controls the air-conditioning units and lighting. This also helps the building run at an optimal energy efficiency level.

All lights are long life LED and sensor activated.

Two 7000 litre rain water tanks have been installed to provide water to all toilets and our hydraulic systems are the most eco-friendly available.

As equipment is replaced, consideration is given to their green ratings.

The QNU has a business action plan to maintain and continue to improve the building in the future.

As a result, the QNU consumes approximately 20% less energy and generates 33% fewer greenhouse gases than the average comparable building that does not use green options.

It just goes to show that investing in a workplace to create eco-friendly and sustainable systems and practices has a huge benefit—both to the environment, and to your budget!
Our Queensland Health Nursing and Midwifery Consultative Forums (NaMCF) have been through some difficult years recently.

We have been working hard to get the forums working well once again. Having functioning NaMCFs is crucial if we're to address day-to-day issues within our facilities and ensure our voices are heard where it counts – and this effort to revitalise these forums will continue right through 2016.

What are NaMCFs?
NaMCFs are responsible for overseeing the implementation of the Nurses and Midwives (Queensland Health) Certified Agreement at the local/facility level.

The forums have both a strategic and operational focus. This includes developing and maintaining patient-focused nursing and midwifery services and models, and dealing promptly with emerging workplace issues.

Anything that impacts nursing and midwifery should be dealt with via the NaMCF. If the issue is significant (such as management proposing a major service change that will impact on staff), then a business case must be prepared and tabled for consideration at the next meeting.

How well your nursing or midwifery issues are being managed on the floor is a fairly good indicator of how well your NaMCF is functioning.

How do NaMCFs operate?
- The forums are made up equally of both QNU and QH management representatives, unless otherwise agreed.
- They are chaired by both the QNU and QH on a rotating roster.
- At least 10 meetings must be held every year.
- Minutes from the last meeting must be circulated and agenda items for the next meeting must be submitted seven days prior to the next NaMCF.
- Both parties must ensure appropriate consultation occurs, including exchanging information in a timely manner and considering the other parties’ views.

One of the purposes of NaMCFs is to resolve issues at the local level in a timely and co-operative manner.

However, if an issue cannot be resolved it must be dealt with via the Dispute Resolution Clause in EB8, or the Award.

Support available for QNU representatives
QNU members participating in a NaMCF are entitled to paid time for any preparations, meeting attendance, reporting back to members, and travelling to and from the meetings and training.

Members can also access facilities such as meeting rooms, storage facilities, word processing, photocopiers, telephones, email and postal systems.

If a QNU representative is absent, someone else is entitled to fill their role. This person has access to the same entitlements outlined above.

Nurses and midwives who are members of their NaMCF are also protected from any discrimination or disadvantage as a result of their involvement.

How is your NaMCF going?
NaMCFs are vital for nurses and midwives if we are to raise issues and ensure we're part of the consultation process before workplace changes occur. These forums are driven by member involvement. So the more engaged we are in the process the better the forums will work.

If you are interested in hearing more about your NaMCF please contact your QNU Organiser.

Members who are already attending their NaMCFs or who are interested in being involved can also attend the QNU training course QH – Consultative Committees – How to make them work on 22 June in Brisbane.

To find out more visit www.qnu.org.au, sign in, go to the Your Work tab, and click Education and CPD.
The Queensland government met with staff in December last year to announce plans for the new facility, saying there would be no job losses as a result of the changes.

The announcement comes after the previous LNP government closed the Moreton Bay Nursing Care Unit and reduced services at the current Wynnum Health Service, resulting in nursing job cuts.

With construction expected to commence mid-2016, plans include new specialist outpatient services, three additional oral health chairs, mental health services, and expanded breast screenings and chronic disease clinics.

The government also said the 24-hour Acute Primary Care Clinic would be reinstated following community feedback. The clinic will eventually move to its new location at the Integrated Health Care Centre once it is built.

The new facility, which will be built 3.8km away, will replace the existing centre. The old facility will eventually be decommissioned by the government.

Have your say on Wynnum Health Service revitalisation

Nurses and midwives at the Wynnum Health Service will be consulted during the development of a new Integrated Health Care Centre.

QNU will closely monitor transition

With the government assuring from the outset that no jobs will be lost and all existing health services maintained, the QNU will closely monitor the process to ensure this is the case.

The QNU will also work closely with nurses, midwives and management to ensure the transition to the new facility runs as smoothly as possible.

Staff are encouraged to provide feedback to the government on the proposed changes until 30 June 2016. You can email metrosouthreformteam@health.qld.gov.au or call 3176 2222.

You can also speak to your local QNU Organiser by calling 3840 1444.

Health Minister Cameron Dick (back row 2nd from left) and local MP Joan Pease met with QNU members at Wynnum Health Service to discuss plans for a new facility.
Come along to hear the latest from QNU Secretary Beth Mohle and Assistant Secretary Sandra Eales.

The calendar for the first round of annual Meetings of Delegates (MODs) has been released, with meetings in late February and throughout March to take place in Brisbane, Gold Coast, Cairns, Townsville, Rockhampton, Toowoomba, and Sunshine Coast.

Meetings will also occur in May in Bundaberg, Maryborough and Mackay. There’s certainly a lot on the agenda to discuss, including an update on our Ratios Save Lives campaign, public sector EB9 negotiations, staffing in aged care, and the upcoming federal election.

Our Ratios Save Lives claims will have significant impact on our members in all sectors, and we want to ensure everybody is up to date on exactly what we’re asking, how they will be implemented, and where the QNU is headed in the near future.

MODS DATES

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>29 February</td>
<td>Brisbane</td>
</tr>
<tr>
<td>2 March</td>
<td>Gold Coast</td>
</tr>
<tr>
<td>8 March 2016</td>
<td>Cairns</td>
</tr>
<tr>
<td>9 March 2016</td>
<td>Townsville</td>
</tr>
<tr>
<td>10 March 2016</td>
<td>Rockhampton</td>
</tr>
<tr>
<td>15 March</td>
<td>Toowoomba</td>
</tr>
<tr>
<td>17 March</td>
<td>Sunshine Coast</td>
</tr>
<tr>
<td>4 May</td>
<td>Bundaberg</td>
</tr>
<tr>
<td>5 May</td>
<td>Maryborough</td>
</tr>
<tr>
<td>10 May 2016</td>
<td>Mackay</td>
</tr>
</tbody>
</table>


Note: some of the MODs dates have changed from the 2015 calendar insert you received with the December 2015 edition of TQN.

Yet again women have been seriously under-represented in Australia Day honours, making up just 30.3% of recipients—and calls for change are getting louder.

The decision-making process for Australia Day honours is not publicly known. The Council for the Order of Australia, which chooses who receives the honours, is comprised of 14 men and just three women.

Since 1998, the percentage of women receiving honours has never risen above 36% (in 2003). The Council has stated it can only consider and make recommendations based on the number of nominations it receives.

The number of awards received by women (around 30%) closely matches the proportion of nominations (also around 30%).

But the lack of transparency around the awards process, along with the lack of leadership from the Council in publicly valuing the kind of work more likely to be done by women, means the calls for change will only get louder.

Two decades of data show the percentage of women being nominated is not rising, and Australians remain in the dark about what kind of person might be a suitable nominee.

Perhaps it’s time for the Australian of the Year to take a leadership role in changing this.
Connecting rural and remote services

Nurses and midwives working in rural and remote Queensland Health facilities are accessing professional support and education thanks to a new video teleconferencing program.

The Telehealth Emergency Management Support Unit (TEMSU) is based in Brisbane and gives nurses the opportunity to seek advice from senior nurses, all with clinical backgrounds either in ICU or ED. Launched in December 2013, the program is now operating in 116 sites—including hospitals and primary health care centres—throughout rural and regional Queensland.

Matt Barneveld, who is a Clinical Nurse Consultant at TEMSU, said rural and remote clinicians identified the need for better access to clinical support for low acuity patients.

“They ring a 1800 number and get linked up with a CN … we’re a 24 hour service, they know they’re not waking anyone up, they can ring and get a CN to do a video conference and help them,” Matt said.

“It’s very collegial-type support … obviously they’ve got existing supports like their DON on call, but this just offers them the opportunity to speak to a CN and have them involved in the patient assessment rather than ring someone and wake them up.”

Opportunity for ongoing education

Nurse Educator at TEMSU Lee Trenning said the program was about giving nurses and midwives another avenue of inquiry if they feel they need one.

“We stress to them that it’s about forming a relationship with people and making sure they know there are no silly questions,” Lee said.

“So if you’ve got a junior RN out in a rural site and they might have something they’ve never seen before, they can ring through and speak to a Clinical Nurse on video conference, and they can have a look at the patient with them just like one would do in a big tertiary ED.”

Lee said it was also another means of accessing ongoing education.

“Rural nurses do all have educators in rural areas, but because they’re traveling such great distances, they don’t see them often and sometimes not for a great period of time,” she said.

“We have started getting questions about if we can provide education to our rural colleagues on a routine basis.”

“So we’re now stepping into that realm of how we can do things better and make things more accessible.”

‘I wasn’t on my own’

Matt said feedback from nurses was positive.

“I remember one case … where it was a primary health care centre, and she had quite a sick patient with a really complex presentation.

“We linked her in with Bundaberg Hospital with the emergency specialist there. Her feedback was, ‘Although I was on my own, it was great to know I wasn’t on my own’.”

Lee said the service also provided staff with confidence by having someone to bounce ideas off.

“People are sometimes a bit reluctant to call the doctor in, so they might call us and get one of our staff to have a look at the patient.

“So when they do ring the doctor they’ve got all the information there because they’ve had that opportunity to talk to someone who can prompt them.”
Easy does it—transitioning to digital

Queensland hospitals are slowly making the transition to digital, with the Princess Alexandra Hospital recently becoming the first public hospital in the state to fully transition and ‘go live’. The shift to digital has been a state-run program for the past couple of years, with various digital functions now live or about to go live at PAH, Cairns, Townsville, Mackay, Gold Coast University Hospital, Lady Cilento and the Royal Brisbane & Women’s Hospital.

Nurse Unit Manager at PAH David Lewis said while the hospital staff were still making the transition to digital, the process had been an overall positive experience. “It’s required a change of mindset for staff, going from a hand-written process to digital, and it requires some changes to nursing workflow,” said David, who also facilitated support and training of nursing staff in his work area as part of the preparation for the ‘go live’. “But people are now acknowledging the importance and progression of digital hospitals, and realising it’s the way we need to head in modern health care.”

What does ‘digital’ mean for nurses and midwives?

In theory, the purpose of ‘going digital’ is to provide hospital staff with more time at the bedside with patients. A fully integrated digital hospital means clinical and non-clinical aspects of the hospital are conducted through digital—not written—form. Every aspect of the hospital is linked through a single software system, which, for example, records patients’ vital signs into a medical record. “The initial value of the digital system is that the information is immediate—we can see results and documents live anywhere in the hospital,” said David. “You can get documented reports from a patient who has gone to an outpatient service, and you can see what’s happening to them.” And with the system automatically alerting staff to any changes in patients’ vital signs, the technology has the potential to improve patient care.

Prioritising support for nurses and midwives

Like any new development in the workplace, nurses and midwives will require proper training and support to realise the full benefits of this new technology as it is rolled out. Clinical Director at eHealth Metro South Renea Collins said the rollout of the new digital system at PAH focused heavily on supporting staff through the transition. “It was multi-faceted. There’s a lot that needs to be put in place to support the staff during this kind of major clinical transformation,” she said. Approximately 5000 staff received training over an eight-week period, which included simulation device labs led by Nurse Educators, workflow rehearsals, and a responsive Command Centre to assist with around-the-clock queries.

Digital the way of the future—but not a ‘silver bullet’

While this new technology presents exciting opportunities for how nurses and midwives deliver care in the future, it is important to realise that this is not a ‘silver bullet’ to fixing workload issues. Although technology advancements can certainly assist with improving efficiency, no amount of technology can replace the one-on-one care delivered by nurses and midwives. “This doesn’t replace the nurses’ jobs, it supplements our work,” said David. “Initially there were concerns that everyone would be stuck in front of a computer and not seeing their patients, but that’s not an issue anymore. “There was simply a change of understanding in that it’s a way of documentation that complements our ability to provide quality, patient centred care.”
Domestic violence leave introduced for public sector

Nurses and midwives working in the public sector now have access to a minimum of 10 days domestic and family violence leave.

This new leave entitlement took effect from 25 November 2015.

The additional leave is intended to help people attend legal, medical and counselling services, and arrange alternative accommodation and child care.

According to the draft directive, which has been extended to Queensland Health employees, individual employees will not be required to indicate their leave is for domestic violence purposes.

Nor will employees be required to provide any supporting documentation to their leave application.

QNU Assistant Secretary Sandra Eales said the additional leave would assist in tackling domestic and family violence, and it was hoped other jurisdictions would follow the Queensland government’s example.

“All employers need to ensure there are proper support systems in place for workers who may be affected by domestic or family violence,” said Sandra.

“The QNU will be seeking similar leave entitlements for nurses and midwives working in the private and aged care sectors when it comes time to negotiating new workplace agreements.”

The Public Service Commission has also set up a website, which includes the Domestic and Family Violence leave directive, as well as some useful resources. Visit http://bit.ly/1XerL3 to access the website.

New role for minister

MP Shannon Fentiman, who is the Minister for Communities, Women and Youth and Child Safety, has also had her portfolio expanded to include Minister for the Prevention of Domestic and Family Violence.

While Ms Fentiman had previously overseen matters relating to domestic and family violence, the December cabinet reshuffle resulted in this area being officially recognised.

On 28 February 2015, Dame Quentin Bryce’s landmark Not Now, Not Ever: Putting an End to Domestic and Family Violence in Queensland Taskforce report was provided to the Premier of Queensland.

The Queensland Government has committed to implementing all 140 recommendations from the report and have been doing this in consultation with stakeholders.

Record calls to DV Connect

The move comes as a record number of calls were made to Queensland’s domestic violence helpline, DV Connect.

In the first four days of 2016, the service received an unprecedented 2022 calls from people experiencing domestic and family violence.

Anyone requiring help can call 1800 811 811 (women’s line) or 1800 600 636 (men’s line) for confidential advice and support.
Congratulations, Grace Grace!
The QNU congratulates MP Grace Grace for her promotion to the Queensland government Cabinet.
Grace previously worked for three years as the Director for Member Services at the QNU, working tirelessly to deliver fair results and unpaid wages for thousands of Queensland nurses and midwives.
Having been re-elected to the seat of Brisbane at the 2015 election, Grace will now take on the role of Minister for Industrial Relations, Employment, Racing and Multicultural Affairs.
QNU Secretary Beth Mohle congratulated Grace and said she would bring a wealth of experience to her new portfolio, having worked extensively with businesses and unions.
“Grace has worked closely with both employers and workers through her involvement in the union movement, which will be a tremendous asset in her new role,” said Beth.
On behalf of Queensland’s nurses and midwives, we wish Grace all the best.

2016 SCHOLARSHIPS

QNU members have an opportunity to be awarded financial support packages thanks to the QNU’s 2016 scholarships and book bursaries program.
The QNU’s scholarship program is currently under review—we’ll be announcing more scholarships and exciting opportunities later in the year, so stay tuned.
All QNU members are welcome to apply—this includes international students and nurses and midwives on working visas.

Scholarships available now:
University and TAFE Student Book Bursaries (Eight at $500 each)
Applicants must be university or TAFE students who are QNU members and must provide proof of enrolment.

QNU Annual Conference Observers
Five scholarships are available to pre-enrolment/pre-registration students in nursing and midwifery to attend the QNU Annual Conference (13-15 July 2016) as observers. These scholarships cover travel and accommodation where necessary, conference registration and the conference dinner.

Application forms:
Go to www.qnu.org.au to download application forms.
You can also obtain application forms by contacting QNU Connect on 07 3099 3210 or toll free on 1800 177 273.

APPLICATIONS CLOSE
WEDNESDAY 23 MARCH 2016

Grace Grace (left) with QNU President Sally-Ann Jones
Addressing workplace bullying

Workplace bullying is a sad reality for many employees, including nurses and midwives.

The QNU is aware of a number of workplaces experiencing low staff morale and, in many instances, workplace bullying.

Workplace bullying refers to repeated and unreasonable behaviour directed towards a worker or a group of workers that creates a risk to health and safety.

While there is no excuse for bullying, there are certain situations that nurses and midwives are placed in every day—such as unmanageable workloads leading to stress and fatigue—which may provoke or intensify a culture of bullying.

With the right support and co-operation from employers, employees and the QNU, work can be done to address the problem.

Two recent cases show progress can be made to overcome bullying and change workplace cultures for the better.

Case study 1:

Nurses and midwives at one workplace were suffering from unmanageable workloads, poor skill mix, and an increase in overtime and call in. Staff also found it difficult to access meal breaks, recreation leave and training.

As a result, job satisfaction and staff morale were extremely low.

The QNU and management determined that these poor conditions were contributing to some staff verbally taking their frustrations out on colleagues.

Parties work together to enact change

Nurses and midwives submitted numerous workload reporting forms and requested QNU involvement. An action group was set up with all parties involved to address the situation.

The action group decided regular visits to the ward by the QNU and management would help stakeholders gain a better understanding of the problems.

The action group then agreed HR would conduct training with staff to remind employees of their professional obligations.

Management assured staff this training was not disciplinary action, but simply a step in the process to improving morale.

Some improvement, but still a way to go

Though it has only been a few months, staff have reported an improvement in morale.

What’s more, management implemented a number of significant changes to address workload concerns.

A number of post-graduate staff have been employed, and some higher skilled staff have been redeployed to the unit to address the workload and skill mix issues.

Staff also now have access to a training room on the ward, and management are currently conducting mandatory training for all staff.

Case study 2:

At another health facility, the QNU held discussions with a Director of Nursing and Executive Officer about a number of issues, including bullying and harassment involving nurses and midwives.

The QNU informed management that, as a professional organisation, the union could facilitate training sessions for staff that would be in line with NMBA and AHPRA requirements.

With agreement from management, the QNU then conducted professional training with approximately 30 nurses and midwives.

This was a great example of the QNU and management working together to improve the well-being of nurses and midwives.

Feedback suggests the training went a long way to improving staff morale.

These case studies demonstrate just how important it is for nurses and midwives to take ownership of their workplace.

Workplace bullying happens, but it’s up to individual nurses and midwives to work together to solve the problem and ensure it’s not tolerated.

And the first step is asking for help.

QNU Connect is always on hand to dispense advice about how you can access training and other assistance. Just call 07 3099 3210.
In the August 2015 edition of tqn, the QNU commended GCUH staff for rapidly responding to workload concerns and poor skill mix. After submitting numerous workload reporting forms, management held a high-level meeting and later presented an action plan to address workload concerns.

The QNU and ICU nurse activists met regularly with management over the following months to work through the action plan.

Concerns included issues around shift patterns and rostering, professional development and education, taking leave, low staff morale and poor job satisfaction.

Finding solutions
For the past six months, staff and management have worked together to implement a number of long term strategies have been put in place to address concerns.

Staff are now working a 10 or 12 hour roster—a change requested by nurses and managed through ongoing training and education.

Management also developed a pool of 15 casual staff, acknowledging there should be no more than five agency staff rostered on any shift.

Part-time or senior staff will also be called to fill the roster if a sick leave shortfall occurs.

This is a significant improvement, and will go a long way to maintaining patient safety through continuity of care and staff familiarity with the unit.

The hospital also conducted research into the benefits of having more Registered Nurses on shift.

In September an update from the Australian College of Critical Care Nurses found that facilities with at least 80% of single rooms needed a ratio of one access nurse to every four patients.

More nurses have now been employed to meet this ratio, including an extra RN on night shifts.

Concerns around lack of access to annual leave have also been addressed, with requests now being assessed in a more timely manner.

Communication within the ICU has also improved with the use of simple tools—a white board and a staff suggestion box allowing staff to convey issues to management easily.

A new ‘staff recognition’ standing agenda item at each staff meeting permits nurses to recognise the good work of their colleagues.

Morale improves, job satisfaction on the up
Feedback from QNU members indicates staff morale at GCUH has improved dramatically as a result of these changes.

Nurses say they are satisfied with management’s response and feel the mood has changed for the better in the ICU.

Significantly, the QNU has not received a single workload reporting form since these issues were addressed.

The QNU thanks GCUH management for their engagement over the past six months.

We also want to congratulate nurses in the ICU for recognising and rapidly responding to these issues—without this proactive response, none of this great work would have been achieved.

This is a great example of how positive change can be achieved if a genuine effort is made to listen to and work with staff on the ground.

How can we help?

The QNU assists hundreds of nurses and midwives every week.

Our team—consisting of Servicing, Industrial, Occupational Health and Safety, Professional and QNU Connect staff—is here to help you when you have a workplace issue or need advice.
Over the past two decades, there have been several attempts to establish a way of determining safe staffing levels and skills mix in the aged care sector.

During 2011-2012, more than 200 aged care services participated in a national research project—funded by the Australian government and undertaken by the Australian Nursing and Midwifery Federation (ANMF)—with the goal of finding a solution to this issue.

However, a funding shortfall meant we were unable to finish this important work.

While a final report provided a broad picture of staffing and skill mix in the aged care sector, it did not address the adequacy of current staffing arrangements.

Recognising the importance of completing this project, the ANMF Federal Executive determined to fund the completion of the project to its original scope.

In partnership with Flinders University and the University of South Australia, the ANMF has developed a collaborative research plan for the next year:

- Establish indicative nursing and personal care interventions for aged care residents.
- Establish expert focus groups to explore these interventions.
- Conduct a national missed care survey to gather information on problems related to incomplete or missed care.
- Test and verify results.

The ANMF anticipates the overall outcomes of the research will help establish evidence-based tools that will inform staffing and skill mix requirements in the aged care industry.

What progress has been made?

In November more than 190 volunteers, including Care Managers, Nurse Practitioners, RNs, ENs and AINs/PCAs from a variety of aged care settings, took part in a series of focus groups across Australia.

The groups analysed a number of different 24-hour care plans for residents of different genders, ages and cultural backgrounds and with varying diagnoses and co-morbidities.

Two further focus groups occurred via teleconference on 15 December 2015.

These two groups included volunteers who are based in regional, rural and remote areas and a selection of those unable to attend the face to face session.

Next step: National Missed Care Survey

The project team at Flinders University has recently concluded a national survey on the type and frequency of aged care interventions that are incomplete or missed and the reasons why.

This data will provide a snapshot of the adequacy of current staffing levels and skill mix in aged care, and build an evidence-based case for a consistent aged care staffing and skill mix model in Australia.

The data collection phase of the research project was completed in January. Analysis and verification of results will occur over coming months.

It is anticipated a final report will be provided to ANMF Federal Office in June 2016.

For more information about this project, you can visit the website at www.safestaffinginagedcare.com.

Demand dignity for residents in aged care

Key decision makers in Canberra are currently looking into our aged care system, including the future needs of our aging population.

The Senate Community Affairs Committee has called for submissions on aged care workforce issues.

The QNU is preparing a submission, but we’re also seeking letters or submissions from members to tell their own stories and experiences of working in the aged care sector.

Your submission can remain completely confidential if you choose. Visit http://bit.ly/1Q623iL to make your submission through the ANMF website. The ANMF has also provided some tips and points to keep in mind when sharing your story.

Submissions close 4 March.
The Clinical Services Capability Framework

The Clinical Services Capability Framework is designed to safeguard patient safety and facilitate clinical risk management in public and private health facilities.

It informs health service planning and delivery by providing a set of minimum patient safety criteria by each clinical service area's capability level.

A new version of the framework was released in 2014.

The CSCF does not replace or amend requirements relating to:

- established mandatory standards
- accreditation processes
- credentialing
- defined scope of practice
- developing and organising workforce capability and capacity
- defining models of service
- clinical judgement
- managing health facility business practices
- developing risk management processes
- determining building requirements
- prescribing service networks and service delivery processes.

Within the CSCF, a ‘service’ is a clinical service provided by an organisation or a facility. It is not prevention, screening, or early detection services.

The CSCF categorises clinical services into six levels.

Each level builds on the previous level, with Level 1 managing the least complex patients to Level 6 managing the highest level of patient complexity.

The Licence to Operate must be prominently displayed in a public area at your facility, along with the service area capability level, bed numbers, and room designations.

This determines the minimum service and workforce requirements, risk considerations and support services required for public and licensed private health facility services.

Workforce requirements

The CSCF workforce requirements are described for each service capability level including minimum numbers and types of clinical staff, qualification, training and accessibility required.

The workforce requirements should be considered as a guide for staffing requirements.

The CSCF does not set staffing ratios, absolute skill mix, or clerical and administration workforce requirements—this is best determined locally using the local workforce management tools.

When should you use the CSCF?

Use the CSCF when discussing workload management issues with your line manager to identify the minimum standards for your work area.

If it’s not prominently displayed in a public area or you have trouble determining what the minimum standards should be, you can also discuss this with your line manager or your QNU Organiser.

Who monitors the CSCF?

Under the Private Health Facilities Act 1999, the Chief Health Officer is responsible for monitoring private health facility compliance with the CSCF.

The Private Health Regulations Unit is also responsible for managing the state-wide compliance to ensure the protection and wellbeing of patients receiving care at private health facilities.

If you have any concerns about your workplace’s compliance with the CSCF, contact your QNU Organiser to discuss the issue.

For more information on the Clinical Services Capability Framework, visit http://bit.ly/1WIR6TI

Reference


USE THE CSCF WHEN DISCUSSING WORKLOAD MANAGEMENT ISSUES WITH YOUR LINE MANAGER...

CPD exercise

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:

Question 1.

How does the CSCF safeguard patient safety and facilitate clinical risk management in public and private health facilities?

Question 2.

Why is the CSCF not able to be used to set staffing ratios, absolute skill mix, or clerical and administration workforce requirements in your workplace?

Record your hours

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

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.

Remember to keep a record of time spent doing each activity in your CPD record.
Paid parental leave – they still don’t get it

In a move which will surprise and shock many, the Turnbull government is set to scale back the nation-wide paid parental leave scheme.

Under the current system, new parents may access both employer and government PPL schemes. The government scheme is 18 weeks on minimum wage, and may be accessed in addition to the employer scheme. The new proposal will prevent new parents from fully accessing both schemes. Instead, new parents who are covered by an employer scheme will be permitted to access the government scheme only as a ‘top-up’, so the total amount of leave received is 18 weeks.

This means a new mother with 12 weeks paid parental leave from her employer will only be able to access another six weeks from the government. The World Health Organisation recommends a minimum of 26 weeks paid parental leave to promote breastfeeding and bonding with new babies.

Significantly worse than the current system

Last year, workers around the country breathed a sigh of relief when Mr Turnbull dropped former Prime Minister Tony Abbott’s plans to prevent employees from accessing both employer-paid and Commonwealth paid parental leave. However, this new proposal is significantly worse than the current system, and will reduce the opportunities for women to spend appropriate time with newborns, as well as to re-enter the workforce.

Research conducted by the University of Sydney’s Women and Work Research Group found new parents stand to lose thousands of dollars under Turnbull’s new scheme, particularly those in low-paid jobs.

Women working in healthcare, teaching and retail could lose up to $10,500 under the ‘compromise’ policy.

Paid parental leave not a gift

QNU Assistant Secretary Sandra Eales said paid parental leave was a societal recognition of the value of a mother’s work to nourish and nurture the next generation.

“If parents are forced onto the minimum wage, they will be forced to return to work early and miss valuable time with their newborn babies,” said Sandra.

“We should be looking at ways to permit mothers to spend more time with newborns, not less, and to enable them to return to their preferred work at a time which meets the baby’s needs.”

Paid parental leave is not a gift bestowed by employers and the government, to be gratefully accepted by new parents. It is a condition of employment, hard-won by employees and their unions, who negotiated paid parental leave. And with so much back-flipping over its PPL policy, the government has created uncertainty for expecting and would-be parents—as well as employers—about how much leave they will be able to access.

The QNU will continue to campaign for a strong paid parental leave scheme that gives appropriate recognition to child-rearing, rightly supports parents, and assists with a healthy transition back to work.
Just days before Christmas, the Productivity Commission handed down its final report into penalty rates—and its findings came as no surprise.

The report recommends introducing a two-tiered system in which hospitality and retail workers would have their penalty rates reduced.

The recommendation did not extend to frontline workers such as nurses and midwives. But it would mark the beginning of a slippery slope.

Once the government scraps penalty rates for one group of workers, nurses and midwives could be next.

What’s more, a two-tiered system of pay has no place in Australia.

Granting penalty rates to one group of workers and taking them away from another group is effectively saying some people deserve to be compensated while others don’t.

That’s why we’re calling on the government to ensure no worker will have their weekend, evening, or public holiday rates cut. Penalty rates still mean something in Australia.

Everyone who has to work weekends and during other unsociable times sacrifices important time with their family and friends. Australian workers should be compensated for working nights, early mornings and weekends—no matter what their job is.

Any change would be a pay cut they can’t afford and don’t deserve.

QNU member writes to PM

Feeling concerned for the protection of her own penalty rates, Registered Nurse and QNU member Tracey Hutley decided to write to the Prime Minister’s office.

“My letter to the Prime Minister mentioned all the family functions and sports days my children and I have missed out on while I worked to provide a valuable community service,” said Ms Hutley.

The QNU is hearing comments similar to this from nurses and midwives wherever we go.

Late last year we conducted a number of stalls in various public hospitals and other public locations to talk to nurses, midwives and members of the public about our campaign to protect penalty rates.

Now we’re continuing these activities in the private and aged care sectors, where nurses and midwives are likely to be targeted first if the government decides to scrap penalty rates.

Keep an eye out for details of upcoming events.

Sign our petition and get involved

The QNU has recently been calling members who have indicated penalty rates is one of the most important issues for them heading into the next election.

The government set up the Productivity Commission report to review penalty rates, and it’s the government who ultimately determines whether they will keep penalty rates for all workers or scrap them piece-by-piece.

That’s why we’ll continue to campaign until the government promises to protect our penalty rates.

If you haven't done so already, please sign our Change.org petition by visiting [http://chn.ge/1QwKtme](http://chn.ge/1QwKtme) and add your name to the list of those who support penalty rates.

Save our weekend.

Protect penalty rates

www.qnu.org.au
Climate summit reaches historic agreement

An historic agreement between 195 nations on global warming reduction targets was finally reached in December 2015 at the United Nations Paris climate summit.

The agreement aims to slow the pace of global warming to well below 2 degrees Celsius, and relies on individual countries' domestic efforts to cut emissions.

Developed countries will provide billions of dollars to help developing nations transition to a renewable economy.

Report suggests Australia unprepared for health impacts

While the debate continues over how to best cut emissions, the health implications of climate change are often forgotten.

A survey by the World Federation of Public Health Associations measured the preparedness of 35 nations to tackle health impacts.

More than half of those countries were found to have no plan, including Australia, the US, New Zealand, China and Russia.

According to the report, some of the health implications of climate change may include the outbreak of infectious diseases such as malaria, dengue and cholera.

Bringing health into the conversation

A healthy environment leads to improved health outcomes for the population.

QNU Secretary Beth Mohle said climate change was fundamentally a health issue, with the potential for it to impact billions of people around the world.

“It’s vital Australian governments at all levels realise and acknowledge the significant impacts climate change will have on people’s health and our health system,” she said.


Strikes in UK to protect NHS

Thousands of doctors in the United Kingdom are striking against government austerity measures being imposed on the country’s public National Health Service (NHS) as part of their enterprise bargaining negotiations.

It is the first strike of its kind in 40 years. Of the nearly 28,000 junior doctors from the British Medical Association who cast their vote, 98% voted in favour of the strikes.

The strikes are in response to contracts being implemented, which will cut the number of weekend and night shifts in which doctors receive penalty rates.

To compensate, the government has offered an 11% wage increase on regular shifts, but doctors say they will still lose out, and patient safety will be affected.

The British Medical Association says the new contracts will lead to longer working hours, putting staff and patients at risk.

Strikes a reminder of struggles back home

QNU Assistant Secretary Sandra Eales said the UK strikes were a reminder the attacks on public health services are not confined to Australia.

“Around the world, governments are undermining the health of their own citizens while continuing to give tax cuts to big business,” she said.

“In Australia, we see a similar threat to our own penalty rates being scrapped under the false claim it will create more jobs and a more ‘flexible’ workplace.

“And with the federal government continuing to pursue its agenda of ripping hundreds of millions of dollars out of services, our own treasured universal healthcare system is also at risk.”
Better work. Better Life.
After extensive consultation with members working in QH, it became clear what the key priorities for EB9 would be: better work which enables a better life.
That’s why the focus of these negotiations so far has been on workloads, rostering, workforce planning, the career and classification structure, NUMs and MUMs, and midwifery scope of practice.
It’s about creating a positive, pro-active, and professional workplace.

On the home stretch
A lot of work has already been accomplished through joint meetings between the QNU and Queensland Health using an Interest-Based Problem Solving approach. As a result, we’ve now started drafting the agreement.
This busy time really is the ‘bricks and mortar’ of the enterprise bargaining process. It is vital every member has the opportunity to have their say on any offer made.
The QNU is currently organising branch meetings so nurses and midwives can provide feedback on an ‘in-principle’ agreement and determine if it is suitable to go to a ballot of all nurses and midwives.

Keep an eye out for an email providing information on when and where your branch meeting will be held.
It’s a huge task co-ordinating feedback from nurses and midwives in the far-flung reaches of our state, and many face-to-face, video and telephone conferences have been scheduled for the occasion.

Information for members
You should have received an email in early February which included a flowchart of how EB9 could proceed from here.
We’ve also added an EB9 campaign page to our website which includes links to the flowchart, the QNU’s items of interest, and a new EB9 blog giving updates on the negotiations and developments.
Keep checking the blog regularly, as we’ll be updating it on a weekly basis.
You can access the page at www.qnu.org.au

Before a ballot commences, the QNU will produce a comprehensive information booklet which details the offer, wage tables, and wage comparison graphs.
This booklet will be emailed to all members, so you can analyse the detail at your own pace.

As tqn hits the mailboxes, QNU members working in Queensland Health will be gearing up to meet and discuss an ‘in-principle’ agreement for EB9.

Be sure your current email address is up to date on the QNU database.
You can check by logging in at www.qnu.org.au, or by phoning 3840 1444.
Members who do not have an email address in the system will receive a hardcopy in the mail.
This is a very busy time, and things can move very quickly at short notice.
Remember, the best thing you can do is be informed. Keep your eyes open for information from the QNU, keep checking the blog and your email, make sure your colleagues have all the information they need, and discuss as much as possible.
In December 2015, the government introduced the Hospital and Health Boards (Safe Nurse-To-Patient and Midwife-To-Patient Ratios) Amendment Bill 2015 into the Queensland parliament.

A parliamentary inquiry is now taking place to hear directly from key stakeholders—including nurses and midwives—about the importance of ratios and the evidence to back up our claims. Submissions and evidence will be presented to an independent committee, which will review the ratios bill and make recommendations based on stakeholder feedback.

The QNU’s submission was delivered on 12 February.

Valuable feedback from nurses and midwives

As part of our submission, we asked all QNU members to tell us why ratios are important to nurses and midwives and their patients and residents, and what happens in workplaces with unmanageable workloads.

We received more than 700 submissions from members from all sectors telling us what’s currently going on, how patient and resident safety is being compromised, and the difference ratios would make if implemented.

All comments have been compiled online, which you can read on our website at www.qnu.org.au

The QNU’s ratios submission was also accompanied by a sample of these comments.

This feedback was an invaluable addition to our submission.

At the end of the day, it will be much harder for politicians to ignore the voices of hundreds of nurses and midwives all saying the same thing: that legislated ratios will reduce stress, improve workloads and increase patient safety.

Hearings scheduled for March

The next step is for the committee to hear from stakeholders via a number of hearings.

This will involve nurses, midwives and academics speaking at the hearings and giving evidence to support the ratios legislation.

If you would like to attend the hearings and witness the evidence being presented to the committee, please contact Genevieve Siddle on gsiddle@qnu.org.au so we can co-ordinate numbers.

The Brisbane hearing is set for 16 March. Stay tuned for the dates of hearings in regional locations around Queensland.

We hope to have as many nurses and midwives attend as possible—we want to ensure the committee understands the importance of this bill and the level of interest it is attracting.
What you said about ratios and workloads

“They think it’s ok if we look after up to 13 women and babies per midwife. “It’s not ok! It’s unsafe. It’s stressful. “I can’t give the great care I want and the mums and babies can’t get the great care they deserve (and pay for). “It left me feeling unsatisfied as a midwife.”

(RM, Logan Hospital)

“Our ability to respond appropriately with additional staffing in cases where patients deteriorate or escalate in behaviour is almost non-existent... We are not robots, we do not have an inbuilt Turbo mode! Please, for the sake of all nurses and patients, I beg you to listen to our pleas!”

(RN, Mackay Base Hospital)

“I can’t tell you how many patients have said to me they feel guilty for taking up time by having a chat or feel that we are too busy to attend to their needs. “They often apologise for being an inconvenience as they see how busy we are rushing around all the time.”

(EEN, Greenslopes Private Hospital)

“Legislated minimum ratios are necessary to maintain the long term morale and job satisfaction for staff. “If this is eroded, staff will vote with their feet causing significant loss of skilled, experienced midwives. “Childbirth and parenting a new baby are significant life challenges and as such, our patients deserve to have staff caring for them who have the opportunity to educate them as fully as possible in the short time they are inpatients.”

(RN/RM, Redland Hospital)

“Hospitals are not factories where people come in, are processed, and then discharged in as short a time as possible. “Quality care should be a priority and patients should not feel “guilty” or “bad” for pressing the nurse call buzzer when they have a legitimate concern. “Something needs to change and now is the time to implement ratios so that healthcare is something that people speak positively about.”

(RN/RM, Private Medical Centre)

“Staff become very stressed and fatigued. Sick leave escalates as nurses become too tired to cope. Morale plummets and patient safety comes second to just getting through the day.”

(RN, GCUH)

“When workloads are unreasonable, patients get left in toilets and showers because staff cannot get back to them in a reasonable timeframe. “These are often the patients who shouldn’t be left alone, and they try to get up by themselves, which increases the number of preventable falls.”

(RN/RM, Queensland Health)

“There is a mentality among the nursing management team of the ‘just one more’. “One more patient isn’t going to hurt you. One then becomes two and so on until even a seasoned veteran in this field such as myself, with a strong knowledge base and great time management skills, can’t provide the level of care QLD patients deserve... “It breaks my heart when I walk away from work feeling all my time was dedicated to running from one fire to another rather than optimising my patients’ outcomes and preparing them for discharge.”

(CN, Queen Elizabeth II)

“In the area of maternity I feel we are sending women home without the skills necessary to feel confident with early parenting because we can’t spend the time with them as we barely have time to do basic cares... Legislated ratios will help to ensure an appropriate standard of care that will benefit patients and communities.”

(RN/RM, Redland Hospital)

“Legislated minimum ratios are necessary to maintain the long term morale and job satisfaction for staff. “If this is eroded, staff will vote with their feet causing significant loss of skilled, experienced midwives. “Childbirth and parenting a new baby are significant life challenges and as such, our patients deserve to have staff caring for them who have the opportunity to educate them as fully as possible in the short time they are inpatients.”

(RN/RM, Redland Hospital)

“Hospitals are not factories where people come in, are processed, and then discharged in as short a time as possible. “Quality care should be a priority and patients should not feel “guilty” or “bad” for pressing the nurse call buzzer when they have a legitimate concern. “Something needs to change and now is the time to implement ratios so that healthcare is something that people speak positively about.”

(RN/RM, Private Medical Centre)

“Staff become very stressed and fatigued. Sick leave escalates as nurses become too tired to cope. Morale plummets and patient safety comes second to just getting through the day.”

(RN, GCUH)

“When workloads are unreasonable, patients get left in toilets and showers because staff cannot get back to them in a reasonable timeframe. “These are often the patients who shouldn’t be left alone, and they try to get up by themselves, which increases the number of preventable falls.”

(RN/RM, Queensland Health)

“There is a mentality among the nursing management team of the ‘just one more’. “One more patient isn’t going to hurt you. One then becomes two and so on until even a seasoned veteran in this field such as myself, with a strong knowledge base and great time management skills, can’t provide the level of care QLD patients deserve... “It breaks my heart when I walk away from work feeling all my time was dedicated to running from one fire to another rather than optimising my patients’ outcomes and preparing them for discharge.”

(CN, Queen Elizabeth II)

“In the area of maternity I feel we are sending women home without the skills necessary to feel confident with early parenting because we can’t spend the time with them as we barely have time to do basic cares... Legislated ratios will help to ensure an appropriate standard of care that will benefit patients and communities.”

(RN/RM, Private Medical Centre)
Welcoming the future of nursing and midwifery
Graduating as a new nurse or midwife can be one of the most daunting times in your career.

The nature of nursing means the learning doesn’t stop at university—it continues throughout the job, and requires nurses to be open to learning new skills during each and every shift.

For graduates, simply getting a job is the first hurdle to overcome.

In recent years, there has been little opportunity for graduate nurses to secure a job out of university.

This has been the case across Australia, but particularly in Queensland.

Fortunately, we’re now entering an exciting new era for nursing graduates, with Queensland Health offering 1000 positions each year for the next four years.

This show of confidence is already making a huge difference.

This year’s figures released by the Queensland Tertiary Admissions Centre showed an 18.9% increase in the number of students applying for nursing degrees, making nursing the most sought-after degree in Queensland.

While this is definitely welcome news for graduates and the broader profession, it’s vital that we support these new grads and help them with their transition from university life to the reality of full-time nursing.

The QNU spoke with five recent nursing graduates, all working in the Emergency Department at the Royal Brisbane and Women’s Hospital, to find out their experiences of entering the nursing workforce.
Beginning the journey

What draws each student to the nursing profession obviously differs for each individual.

But based on the very nature of nursing, it would be difficult to find a nurse who wasn’t passionate about helping others.

“Before I started nursing, I was a veterinary nurse—so very different, obviously,” said Helen Kremastos, who has now worked at RBWH for two years as an RN.

“But it was very much the nurturing side that was similar, the wanting to care and help those who can’t necessarily advocate for themselves.”

Helen started as an Enrolled Nurse, but like many in her position, found it difficult to progress to the next stage of her career.

“I finished my enrolled nursing and went, ‘I don’t know where to go from here.’

“There was no new grad network for ENs, so it was a matter of ‘Thank you, you’re on your own now’.

“I was lucky to get a job in a GP clinic, and from there I thought I needed something with a bit more flexibility.”

For Antonella Yupanqui, who has worked as an RN for six months, it was the sheer variety of nursing that attracted her to the profession.

“It was a bit scary at first, I didn’t know what to expect,” said Antonella.

“When you do your pracs, you get a pretty good idea what to expect, but it’s different when you’re by yourself.”

Playing the ‘waiting game’

Like most graduates, Antonella experienced the dreaded ‘waiting game’ prior to being informed of her starting date.

“I would call up every couple of months and ask them, ‘Do you know when I’m going to be starting?’

“And they’d say it can be anywhere between now and September.”

With very few jobs being offered to new graduates at the time, Ben Horner—who has been working as a RN for six weeks at the time of writing—said he spent much of his time at university wondering if he would be able to find employment.

“I was working at an aged care place when I applied… I guess I was worried about not getting a job in a hospital and not getting that experience,” said Ben.

“I was prepared to move interstate if I had to.

“If I hadn’t eventually got this job in emergency I might’ve got work elsewhere, but as time went on I probably would’ve moved in the direction of emergency.”

The importance of proper support

New graduates need proper support and ongoing education to ensure they are coping with the transition.

But with such a significant increase in the number of positions now being offered, these support mechanisms are particularly vital.

Having entered a workplace that encourages learning and support, all five graduates from the RBWH said their experience was a smooth transition.

“I think it’s helpful having a transition program where you can understand how the particular sections work,” said Rhys Higgo, a Registered Nurse of six months.

QNU officials have been busy visiting hospitals welcoming new graduates during their orientations.
“New things are going to come through every single day, you’re exposed to so much, and then you have to consolidate it all at the end.”

For many new nurses, being supported by more experienced colleagues can mean the difference between asking a question and making a mistake.

Having now worked as an RN for 10 months, Zoe Giffin said it was natural for all nurses to fear making mistakes. “I think you’re always afraid of making mistakes because of what they can cost you in nursing,” said Zoe. “But there are a lot of things in place here and you get taught how to think in a certain way... you have checks in place, or you make sure you ask someone before you do something you’re not sure about.”

Zoe knew the importance of having a network of support at the workplace, having been exposed during her prac to an environment that did not have similar structures in place. “It wasn’t as supportive an environment as RBWH and they didn’t have the learning packages or the opportunities to learn as much.”

What they don’t tell you at university

Studying nursing in a lecture theatre is one thing. Working on a ward during prac is another.

But as all nurses know, entering the profession as a fully qualified nurse and taking ownership of the role is something completely different altogether.

“When you’re at uni they don’t really tell you you’re going to have so much more learning once you start,” said Zoe. “You obviously spend all your prac learning, but it didn’t really click that that’s what every single day is going to be like as a new grad and even after that.”

Zoe said there was only so much students could learn and absorb during the time set aside for prac. “It’s a very practical career and you only get a certain number of weeks doing prac,” she said. “So you have to then be prepared to not only learn a whole heap of information but also reinforce what you’ve already learned.”

For Antonella, this ongoing learning has been the biggest challenge for the past two years.

“I’m in acute and I’ve got to finish all the acute stuff before moving on to resus, and it’s just making sure I know everything in that area first. “That’s probably the most challenging bit, but it’s all about doing your homework.”

The learning process can—understandably—be overwhelming for many graduates. “I’ve had moments where I doubted myself, but I don’t have any doubt that this was the right place for me,” said Helen. “Particularly after a hectic shift, there are days where you go home and think, ‘Well we’ll just start again tomorrow’. But I’ve never felt like I’m not cut out for it.”

Empowering grads for the future

As we welcome these new graduates into our profession, those more experienced among us can reflect on what it was like when we first started.

We must encourage our new colleagues to ask questions and be inquisitive—remember: there’s no such thing as a stupid question.

Our graduates are the future of our profession, and each of us has a role to play in supporting them to ensure nursing and midwifery continues to go from strength to strength.
Unsurprisingly, universal access to our public health care system is a topic that continually crops up. And with the federal government having recently announced more cuts to vital health services, it’s easy to see why this is an important issue for all Australians. That’s why this federal election nurses and midwives across Australia will be championing the core principle that underpins our health care system:

Access to quality health care must be based on need, not capacity to pay.

Healthcare based on need

Our Medicare system is built on the belief that everyone should have access to world-class health care, no matter where they come from or what their financial position is. It’s also built on the principle that governments have a role to play in providing health services for citizens. It is why we pay our taxes, and we expect our money to be prioritised appropriately.

In elections and in polling, Australians have shown time and again they are not prepared to see Medicare watered down, services cut, and access diminished.

The undesirable alternative: user pays

Unfortunately, the current federal government has a very different vision for health care. It’s a vision based on the user-pays principle. The US health care system is based on this principle, and it could hardly be worse.

Currently, more than half of all personal bankruptcy filings in the US are due to disastrous medical bills. Without private health insurance the average person in the US can face a bill of more than $2000 just for something as simple as nonsurgical treatment for a broken leg.* We do not want to see this in Australia. Yet as of 2013, Australia’s out-of-pocket medical expenses—the money paid by individuals from their own wallets, even if they have private health insurance—was 20% of total health expenditure (OECD 2015).

That’s more than twice what Australians pay in private health insurance (9%). It’s also much more than out of pocket costs in Canada (14%), Japan (14%), Germany (13%), New Zealand (13%), and the United Kingdom (10%). Countries with high out-of-pocket medical expenses include Italy (22%), Portugal (27%), Greece (31%), and Mexico (45%).

The road to a user-pays system

Recent cuts announced by the federal government signal Prime Minister Malcolm Turnbull is intent on continuing down this path. In December last year, the government quietly announced a raft of cuts to public health services. The government has proposed that $650 million will be slashed from bulk-billing incentives for diagnostic imaging and pathology services.

This puts immense pressure on service providers to increase their fees. Higher fees means fewer Australian will access the services. These cuts will have a deep impact on the majority of Australians, who will now be forced to pay higher fees for vital health services—and higher fees means the number of Australians able to access the services is reduced.

An end to preventative medicine?

It also discourages Australians from acting on one of the most important principles of minimising health expenditure: preventative medicine.

For example, Australian women now face increased fees for critical preventative cancer checks like PAP smears. The Australian Nursing and Midwifery Federation has already come out with a public warning that these cuts will cause patients to defer or decline essential life-saving tests. The ANMF has also publicly challenged Health Minister Sussan Ley to come clean on exactly what these cuts will mean for women requiring PAP smear screenings.

What does this mean for nurses and midwives?

Nurses and midwives working in all sectors have a key role in advocating for universal health care. In caring for patients, clients or residents on a daily basis, nurses and midwives act as advocates for those in their care, helping them navigate the often complex and confusing health and aged care systems.

We aim to optimise health and personal well-being, including financial well-being.
Invest now, save later

We are seeing positive progress being made at the state level through the rollout of new positions like the 400 Nurse Navigators who started in January this year.

These positions are a great example of how nurses and midwives can play a fundamental role in reframing broader understanding of health care from a disconnected series of services to a holistic ‘whole of journey’ approach to health.

This is the sort of approach we want to see at the federal level as well.

We need to make our politicians realise that there are alternative ways to making the health system more efficient than simply cutting services.

By investing in nursing and midwifery, establishing better continuity of care models, and providing the necessary resources to maintain safe workloads and skill mix, our health care system will thrive.

And this will ultimately result in a more cost-effective health system.

In this year’s federal election, we don’t want to hear more about ‘budget emergencies’ which demand the closure of health services, and even more out-of-pocket costs for Australians.

We want to hear more innovative ideas from parties about how we can create a sustainable, holistic public health care system with guaranteed universal access.

References


* http://health.costhelper.com/broken-leg.html
Natural justice in the public sector

The legislative requirement

The Public Service Act 2008 (Qld) requires that employees of the Department of Health and of all Hospital and Health Services be afforded natural justice in a disciplinary process.

Natural justice requires:

- **The hearing rule**: the person affected by the action must be given the opportunity to present their case and have material considered before any decision is made.
- **The rule against bias**: the decision-maker should have no personal interest in matters to be decided, have no bias as to the outcome, and act in good faith throughout the process.

The requirement to afford natural justice is also contained within the Department of Health Human Resources Policy E10 – Discipline.

What does natural justice mean in practice?

Providing full details of the allegation

The employee must be provided with the full detail of the concerns held by their employer.

For example, an allegation that merely states “You are always late” does not contain the specific information required (who, what, where and when).

A properly particularised allegation would be:

“You were 10 minutes late last Monday (29/01/16) arriving at 0710 hours for a shift commencing at 0700 hours, and 30 minutes late on Tuesday (30/01/16) arriving at 1500 hours for a shift commencing at 1430 hours.”

Providing the evidence pertaining to the allegation

At the time of putting the allegation to the employee, the manager must also provide the employee with the evidence being relied upon in determining the allegation.

In some cases, there may be concerns about providing the employee with certain items of evidence being relied upon. If this is the case, a summary of the evidence must be provided.

Providing an opportunity to respond

After an allegation has been put to an employee, the employee must be afforded an appropriate timeframe in which to respond.

The time must be reasonable, and the employee (if represented by the QNU in the matter) must be given access to facilities to obtain advice from the QNU.

Making a decision

No decision can be made prior to putting the allegation to the employee.

QNU members in management must keep an open mind and avoid forming any preliminary views, as full and genuine consideration must be given to the employee’s response before any decision is made.

The decision cannot be made by any employee involved in raising the concerns, or who has a personal interest in the matter.

As the decision may only be made by an employee with the delegated authority, all QNU members in management positions involved in disciplinary process should ensure they have a working knowledge of their workplace’s Human Resources Delegations Manual.

Outside the public sector

Members in management are required to comply with the common law requirement of “procedural fairness”, which also requires that an employee receives:

- the full detail of the allegation against them
- the full detail of the evidence relied upon
- an opportunity to respond within a reasonable time frame
- genuine consideration of their response
- and a decision being made by a decision-maker who is free from bias.

Further reading/resources


Your workplace’s Human Resources Delegations Manual. Please contact your local Human Resources area to obtain a copy.
Reflective exercise:
Natural justice in the public sector

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.

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.

The NMBA states that continuing professional development includes activities that develop your personal as well as professional qualities.

Reading and reflecting upon this article can assist you in both your private life and in the professional arena.
Disciplinary processes are an unavoidable part of employment, even though most nurses and midwives will never become involved in such a process.
For those who do, it is important to know natural justice is a legislative or common law requirement in the disciplinary process.
It is equally important for both managers and employees to have a working knowledge of how natural justice must be applied.

1. Why is natural justice an important component of any complaint process?
2. Managers dealing with complaints must adhere to two rules. What are they?
3. As an employee, what are your rights when it comes to natural justice and procedural fairness?
4. If you make a complaint against another employee, what is the process that will be followed by management?

5. Should it make any difference if the complaint is from a co-worker or a member of the public? Why? Why not?
6. If you work in the private sector, do you know what your employer’s policies are for dealing with complaints against employees? Why is it important to be familiar with these policies?
7. Members should always seek advice from QNU whenever a complaint is lodged against them. What do you then think would be an appropriate timeframe to respond to a complaint? Why is the timeframe important?

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):

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>Description</th>
<th>Learning Need OR Objective</th>
<th>Outcome</th>
<th>CPD hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>27-03-14</td>
<td>Coroner’s matter – workloads</td>
<td>Understanding the implications of the Coroner’s recommendations for the establishment of effective workload management strategies</td>
<td>To increase my knowledge about the consequences of workloads demands and skill mix deficits on patient safety</td>
<td>I have achieved a greater awareness of...</td>
<td>2.5 hrs</td>
</tr>
</tbody>
</table>
Making nurses and midwives part of the decision-making process

International studies of nurses and midwives have found their lack of control over factors that affect practice standards generated dissatisfaction, frustration and demoralisation. Consistent findings in both nursing and midwifery literature have shown a strong relationship between job satisfaction and the ability to provide high quality care. Empowered workers get better results This underscores the importance of creating empowering work environments that promote greater engagement in work. Control over our own professional practice is a participatory process enabled by what Kramer et al have termed “a visible, organised, viable structure,” through which nurses and midwives have input and engage in decision-making about practice policies and issues as well as personnel issues affecting them (Kramer et al 2004).

In her seminal study, Rosabeth Kanter studies work empowerment structures as access to information, support, resources, formal and informal power (aka social capital), and opportunity (Kanter 1993).

Empowerment structures that encourage collegial relationships and build the social capital, which empowers nurses and midwives in the workplace, include peer support and review processes, formal and informal mentoring, intra- and inter-professional networking, and shared learning space and time.

Nurses and midwives know what’s wrong... Nurses and midwives know when the system is unsafe. When we get together, we talk about it and identify the failings—but if these discussions never get beyond venting in the tea room then both patients and nurses and midwives pay the price. All too often, nurses and midwives tell me they feel powerless to make the changes they know are needed to make their practice safe. They feel their voice is not heard in the system. The research clearly tells us that control over practice is an essential element of the work environment, which affects not only job satisfaction and burnout but safety of patients.

Consultative forums For nurses and midwives, empowerment is simply the ability to have a positive impact through having control over factors that affect everyday nursing and midwifery practice and the power to influence important decisions. The QNU has recently focused on (re)establishing functional nursing and midwifery consultative forums as one enabling structure that may give nurses and midwives some access and influence in the workplace.

Other enablers However there are many processes and structures that might empower and engage midwives and nurses. Other forms that encourage collegial relationships and build the social capital, which empowers nurses and midwives in the workplace, include peer support and review processes, formal and informal mentoring, intra- and inter-professional networking, and shared learning space and time.

Nurses and midwives must be part of the governance and decision-making to keep hospitals safe for patients and staff. ...but must be given a real opportunity to fix it Nurses and midwives must have the opportunity to raise issues to influence decision-making within the organisation. That means being given time in the working day to participate in such opportunities. Our input must be actively sought because our knowledge is valued, rather than as token gestures to tick a “consultation” box. For example, nurses or midwives won’t take the “opportunity” to participate in formulating practice guidelines when the only place to engage is via an email, which sits unopened along with 300 others in their inbox.

If they are already struggling to find time to attend essential direct care, write up inpatient progress notes, or complete mountainous admission paperwork, then chances are they are unlikely to stay back to read and provide feedback on a practice guideline that has a predetermined outcome anyway!

We must have structures and processes in the workplace which actively encourage nurses and midwives to influence and have control over the way they work in the interests of patients.

NCREN was Australia’s first Centre of Research Excellence in Nursing funded by the National Health and Medical Research Council (NHMRC). The centre was funded for six years (2010-16) and charged with providing evidence to improve the care of hospitalised patients who experience pain and anxiety, or those who have compromised skin integrity from surgical wounds, pressure injury or vascular access devices.

As the centre comes to the end of its time, it can count many successful outcomes, including knowledge generation and synthesis through trials and systematic reviews, publications and presentations, and the development of research themes and researchers.

Vascular access use in Australia

Modern medicine is unimaginable without vascular access devices. They are used across disciplines, specialties, and age groups to deliver essential fluids and drugs and facilitate vital monitoring and sampling.

It is estimated that just under 30 million vascular access devices are used annually in Australia. The vast majority are peripheral intravascular catheters (AIHW 2014).

However, despite their widespread use they are not without risks or complications.

Infections can vary from 0.01%-26% and failure ranges from 15-66% (Maki et al. 2006, Baskin et al. 2009, Bausone-Gazda et al. 2010, Rickard et al. 2012).

These complications are all associated with significant morbidity, costs and mortality (Maki et al. 2006).

However, many are preventable with the right practice and products.

NCREN researchers have strived to eliminate ineffective practices and replace them with innovative solutions, thereby providing a better healthcare experience, and saving hundreds of millions of dollars.

The group is currently seeking funding for a dedicated Centre of Research in Vascular Access.

For more information visit

www.avatargroup.org.au

Australian Vascular Access Society

NCREN’s outcomes have contributed to the establishment of Australia’s first dedicated Vascular Access Society (AVAS).

AVAS was officially founded in August 2010 to promote the emerging vascular access specialty.

It is a multidisciplinary membership that seeks to shape practice and enhance patient outcomes, and partner with the device manufacturing community to bring about evidence-based innovations in vascular access.

For more information visit

www.avas.org.au

Coming in April: first ever Vascular Access Scientific Meeting

Later this year, Brisbane will host Australia’s first dedicated Scientific Meeting for vascular access, to be held at the Brisbane Convention Centre, 29-30 April 2016.

This meeting will provide a thought-provoking and challenging program, delivered by local and international speakers.

The program will include presentations by experts and leaders, as well as pre-meeting workshops and poster sessions.

This is an opportunity no health care professional working in the field should miss!

For further information visit

www.avatargroup.org.au

References


Midwives empowered through domestic violence training

The QNU recently spoke with Dr Kathleen Baird, who is leading a new domestic violence training program for Queensland Health midwives at Gold Coast University Hospital (GCUH).

While universal screening of antenatal women who may be victims of domestic violence was introduced in 2000, the initial education program for midwives was not continued.

Research indicates about 30% of women experiencing abuse for the first time are pregnant, while pregnant women who have already experienced abuse will be at increased risk of being abused again.

The GCUH program, which began training midwives in August 2015, helps midwives identify whether a pregnant woman has been abused, and how to respond.

Midwifery Champions Lucy Purcell (Redland Hospital) and Sam Jorna (Logan Hospital).
Confidence through practice

Dr Baird said one of the key principles behind the program was that the execution of skills required confidence and practice.

“Midwives have always been encouraged to ask about DV, but a nation-wide survey early last year showed a lack of confidence and education about DV, and what to do with victims of DV,” Dr Baird said.

“We’ve carried out a pre- and post-survey measuring knowledge, attitudes, and confidence levels and we’re just analysing that data now, however, early results are already showing increased levels of confidence in midwives.”

The program focuses on developing knowledge and confidence in asking questions and responding appropriately, and referring victims on to specialist agencies.

Midwives are in an ideal position to support women who are experiencing domestic violence because of the unique relationship they develop with women during their pregnancy. Midwives can now make a direct referral into the Gold Coast Domestic Violence Prevention Centre.

“Some women may not want to leave their partner because it is not safe, but they might like to know their options and work with agencies to prepare to leave,” said Dr Baird.

“A big part of the education program is midwives knowing exactly what services are available, and how agencies work with women—this is where education is so important.”

So far 80 midwives have undertaken the training program. Dr Baird hopes to roll-out the GCUH training program to all midwives at the hospital.

Logan and Redland midwives also receive training

The program has also been extended to Logan and Redland hospitals.

“We’re really fortunate that Logan and Metro South are supportive of this program,” said Dr Baird.

“Metro South raised funds for us to conduct the training. Lucy Purcell is one of those midwives who has participated in the training. She is the team leader at the antenatal clinic at Redland Hospital, and spoke positively about the training.

“It’s absolutely fantastic, and really informative,” she said.

“It’s an all-day education session which covers off rates of domestic violence, what women who visit the clinic may be going through, how to ask questions that elicit informative responses.”

“For many years, midwives have asked pregnant women if they have experienced domestic violence, but we’ve never really had any education around that—it was more of a routine thing.

“Making it a proactive inquiry is more challenging for many midwives, some of whom may be experiencing domestic violence themselves.

“Other midwives may have been confident to ask the question, but not known what to do once disclosure of domestic violence was made.

“This training gives midwives the confidence and support to know how important it is to make eye contact, to pick up the signs that something may be wrong.

“It also gives midwives training in how to politely but firmly ask partners to leave the room so questions about domestic violence can be asked in a safe, private environment.”

Lucy said the training was intense and challenging at times, as it exposes midwives to the daily lives of women and children experiencing domestic violence and how it makes them feel and behave.

“It can be hard to go through, but it is always at the front of your mind how essential this training is.” But it’s not just training in how to ask questions that’s important. For many midwives, ongoing peer support and having resources after a disclosure is just as vital, if not more so.

Midwives working in communities with high levels of domestic violence often struggle emotionally and professionally in the absence of infrastructure and support mechanisms.

Midwifery Champions

A key element of the training is Midwifery Champions—midwives who have not only received the training, but who also support and advise other midwives.

“Our Midwifery Champions are the ‘go-to’ people for support and help,” said Dr Baird.

“Their role is to ensure the training is followed through and put to use, and that midwives continue to receive support to train and become educated.

“This training is like anything else—you don’t practise, you lose the skills and confidence and disclosures rates will drop off.

“The midwifery champions are about ensuring processes are set up to make the skills and knowledge sustainable.”

Antenatal Co-ordinator and Midwifery Champion at Logan Hospital Sam Jorna said she was probably nominated as a Midwifery Champion because she strived to be down-to-earth and approachable to all her colleagues.

“I just try to be as helpful as possible during the training, and make sure the passion for helping pregnant women experiencing DV continues afterwards,” said Sam.

“On the day, I welcome the midwives, help out with PowerPoints, organise guest speakers, help with quizzes.

“We do some roleplay, and due to the sensitive nature of the subject matter, this can require some care.”

After the training, Sam provides support for the midwives by helping to manage stressful events.

“I’m always thinking of ways we can do things differently to increase the chances of a positive disclosure,” said Sam.

“It can be very intense for the midwife as well as the woman, so I’m always happy to talk it over, and I can attend meetings and help to link women up with services.

“We’ve had some positive outcomes already,” said Sam. “In one circumstance, a regulation visit revealed the woman was fearful to return home, so we immediately connected her with support services.”

The support worked both ways, according to Sam, who said she felt very supported in her managerial team.

“My NUM is extremely supportive of my role, as is the Director of Women and Children’s Health. If I ever feel things are becoming too intense, I can talk to them.”

*Dr Kathleen Baird has a joint appointment with the School of Nursing and Midwifery, Griffith University and the Gold Coast University Hospital as Director of Midwifery & Nursing Education, Women’s & Newborns Services. She also holds an academic appointment as Visiting Midwifery Scholar at Logan and Redland Hospital.

www.qnu.org.au
A lot can happen in three years...

Doctor Frances Hughes

Appointed Queensland’s Chief Nurse in March 2012 shortly after the LNP was elected to government, Dr Hughes’ goal was to ensure the professional profile of nursing and midwifery was front and centre of her work.

“We’ve been through reform (and) we’ve managed to advocate and ensure nursing and midwifery is profiled at quite a high level, and I’m proud of that,” Dr Hughes said.

She said being Chief Nursing and Midwifery Officer requires an in-depth understanding of public policy and is “not for the faint hearted”.

During her tenure, Dr Hughes has sought to demonstrate the contribution of nurses and midwives to patient safety and as solutions to HHS inefficiencies. Key achievements include:

- developing the first Australian nursing performance score card
- developing sustainable pathways and education for nurse endoscopy
- producing papers on nurse-led clinics
- rural and remote nursing and midwifery programs
- supporting services to develop new models of care
- developing the RN recognition program
- reducing red tape around Nurse Practitioners.

“Queensland is leading the way with nursing and midwifery, and a lot of that has to do with the amount of work we’ve done in tackling and challenging red tape and barriers, and bringing evidence to bear,” she said.

“And this has been at a very challenging time … we’ve been building the bus and driving the bus as we’ve been going.”

The importance of nursing leadership

Taking on the Chief Nurse post during a time of great upheaval in Queensland Health, Dr Hughes said strengthening the role of nurses and midwives underpinned everything she did.

She said working with nursing and midwifery networks, like the QNU, was critical to success because it meant harnessing a wealth of strength and

Having spent the past three years as Queensland’s Chief Nursing and Midwifery Officer, Doctor Frances Hughes is taking her skills and knowledge to the world stage.

Dr Hughes is moving to Geneva in Switzerland, where she will take on the role of CEO of the International Council of Nurses.

Before making the move to her overseas post, Dr Hughes spoke with the QNU about her time as the Chief Nurse and what we need to do to keep strengthening nursing and midwifery.
knowledge to “represent and advocate for the issues of nurses and midwives on the floor, right up the system.”

It was important, she said, for nurses to hold firm to their nursing and midwifery values.

“Bureaucracy is insidious, it creeps in. “We gain traction through being an endurance runner, not a sprinter. But at times we do need to be both.

“Nursing leadership has to be on top of their game and vigilant at all times, and we have to galvanise to support each other.

“Honestly, leadership is shown in times of adversity and not during times when everything is comfortable—that’s when we need to stand up.”

Being prepared for inevitable change

Having worked in her Queensland position for three years, as well as with 16 Pacific Island governments for the World Health Organisation and as New Zealand’s Chief Nurse for eight years, Dr Hughes has worked under governments from all political sides.

But no matter who is in power, she insists there are always opportunities to be found for nurses and midwives if they know how to organise.

“It’s about bringing our evidence and perspective to bear on health care issues in a timely manner and not being afraid to offer up alternatives.

“Nurses have to roll with the punches in regards to governments coming and going… whatever side of politics the government is on, this is the reality of being in a democratic society.

“We must cherish this right that our forebears fought for and use it.

“Having worked in non-democratic societies I know the difference.

“In a female-dominated profession it is even more important.”

Dr Hughes said nurses and midwives need to constantly tackle red tape and the bureaucracy that stops our practice, and to work with patient groups and researchers.

“Most of the opposition to our work is not evidence-based—it’s to do with organised groups, lobbying, funding and money.

“There’s always someone who’s got a great idea about writing another policy or procedure that actually doesn’t add any value to patients.

“Nurses need to make sure that nursing leadership is challenging, in a very articulate way, the system that constantly wants to put more hoops around nursing.”

A core challenge

Dr Hughes leaves behind a Queensland nursing and midwifery workforce that is very different to the one she inherited as the Chief Nurse.

With nurse-to-patient ratios being legislated in the public sector this year, employment opportunities being made available for new graduates, and the creation of Nurse Navigators, things are changing rapidly.

But this change, according to Dr Hughes, is one of the core challenges for nurses and midwives.

“The issue is having to work in an environment where everything is constantly changing,” said Dr Hughes.

“As a mental health nurse and having studied resilience in my Fulbright Fellowship, our own personal coping skills are important to work on.

“Change is a reality, but we can learn how to make it work for us and keep healthy. This could be achieved, said Dr Hughes, by keeping the workforce confident, courageous, articulate and practising at a high level of education.

“Nursing is the most comprehensively regulated health workforce in any country.

“Be proud, claim the ground and stand tall.”

Dr Hughes said the challenge of empowering nurses and midwives will always be ongoing—there will always be the need for more information, data and evidence.

“The public have a great deal of confidence in nursing, and we need to keep true to that confidence,” she said.

“Patient safety and keeping patients in the middle is what nurses are good at, and we can’t ever lose it.”

What is the International Council of Nurses?

Dr Frances Hughes has been appointed the new CEO of the International Council of Nurses (ICN), an organisation representing over 16 million nurses worldwide.

The organisation, which was established over 100 years ago, represents 130 countries and nursing associations—including Australia through the ANMF and the Australian College of Nurses.

The ICN is operated by nurses and aims to strengthen nursing and health globally by promoting the investment of nursing in health care around the world.

The ICN delivers numerous programs run by nurses, such as HIV and tuberculosis programs, which are underpinned by the organisation’s social and health agendas.

Visit www.icn.ch for more information.
You may have noticed recent media attention on violence against nurses and other health workers in the workplace.

Much of this coverage related to a Freedom of Information request for records detailing occupational violence incidents and Workers’ Compensation Claims for four Queensland hospitals between 1 July 2012 and 1 July 2015. Information revealed a total of 2695 incidents of verbal and physical assaults. 251 of these resulted in a Workers’ Compensation Claim.

The majority of incidents and Work Cover Claims came from nurses. Injuries suffered included both physical and psychological conditions.

The most serious of these injuries included fractured skulls, as well as a significant number of health workers being deliberately exposed to bodily fluids by the person who assaulted them.

Incidents were reported from all clinical areas during all times of the 24-hour cycle.

**Reported incidents just tip of the iceberg**

From member feedback, the QNU is aware that in many cases only those incidents relating to the most serious threats, language or violence are reported. Many members have claimed that were they to report all abuse, they would spend excessive time doing so.

It’s reasonable to claim, then, that under-reporting of occupational violence is commonplace and we believe the number of aggressive incidents is much higher than those figures released.

The QNU has focused on this problem for some time and we again urge members to report all assaults.

**QNU continues calls for strategic focus**

Health Minister Cameron Dick recently said the government would investigate a QNU proposal that a more strategic focus was needed to address the violence experienced by nurses and midwives and other health workers.

As part of this commitment, the Queensland Health corporate Safety and Wellbeing Unit has engaged with Griffith University to conduct research around occupational violence management in healthcare to provide the basis for an evidence-based response.

A working party—which includes the QNU—has been convened to provide recommendations to both the Health Minister and the Director General of Health regarding a strategic response.

Additionally, a forum will be held to bring together all HHSs and the ambulance and police services to discuss how they interact with one another.

The QNU sought a similar approach with the previous government on a number of occasions.

In fact, we drew their attention to a Victorian Auditor General report, which indicated the need for more central oversight to tackle violence in healthcare.

Unfortunately, both the previous health minister and director general did not agree, stating individual HHSs should be solely responsible for how they dealt with violence.

One measure the previous government did implement was in relation to a potential 14-year jail sentence for perpetrators of violence against nurses and health workers.

This cannot be the sole response to managing violence in healthcare as most perpetrators are suffering dementia, mental illness or under the influence of illegal substances or alcohol and are unlikely to be dissuaded by the harsher sentencing.
Donations bring joy to children this Christmas

Last December the Brisbane Aboriginal Sovereign Embassy Community Food Program held its annual Christmas party, with more than 1000 people attending. The program delivers food parcels to more than 250 families each week. Last year the QNU donated $1000 to the Christmas party, which went towards providing food and gifts for Aboriginal children and their families.

Reactivating Ipswich with the QCA

Could an idea that started in Newcastle revitalise Ipswich City centre, and help fill the 50 vacant shopfronts with a new start-up maker?

This is the purpose of Reactivate Ipswich, a project co-ordinated by the Queensland Community Alliance in which the QNU is a partner. A public forum discussing the project was held in late January. The idea has strong support from the QCA Ipswich research action team and community leaders, who believe it could also address a range of other community concerns focused around the city centre along the way.

QCA Ipswich is partnering with Marcus Westbury, who founded ReNew Newcastle, the project that transformed the central NSW city of Newcastle from a place of high unemployment and a barren business district into one of Lonely Planet’s top 10 cities in the world to visit! ReNew Newcastle went a long way to revitalise the city and encourage economic and cultural growth.

QCA has high hopes the same can be done for Ipswich.

Logan public transport

In July last year, QCA won commitments from local councillors and MPs to work with us to fix public transport problems in Logan. The path to better public transport in Logan will be long, but with Council elections scheduled for March we have a real opportunity to build some momentum.

It is particularly important that candidates understand the wider Logan community considers improved public transport a priority.

Visit www.connectingourcommunity.org.au to see how you can support this important campaign.

QNU establishes Aboriginal and Torres Strait Islander reference group

The QNU is pleased to be establishing an Aboriginal and Torres Strait Islander members’ reference group.

The group will provide culturally appropriate and accountable leadership, support and advice to the QNU about indigenous issues and strategies that affect the lives of Aboriginal and Torres Strait Islander peoples.

The first meeting, scheduled for 23 February, will consider the group’s primary focus, which may include how the QNU can provide better representation on indigenous health and wellbeing issues.

In late January, a group of Aboriginal and Torres Strait Islander QNU members met at the Brisbane office and via teleconference to finalise details on how the group will operate.

We’re now seeking members to nominate to join.

If you’re interested in attending the first meeting either in person or via teleconference, please contact Annie Cowling on acowling@qnu.org.au or by phone on 3840 1444.
QNU members have access to thousands of medical and nursing texts through the union’s very own library. Based in Brisbane but servicing members all over the state, the library is a great resource and just one of the many benefits of being a QNU member.

Loans from the QNU collection
Books and videos are available for loan to all QNU members at no charge. Books can be ordered online, by phone, by fax, or by visiting the library. There is a maximum of 4 items per request.
- Postage to members is paid for by the QNU with return postage being the responsibility of the member.
- Periodicals are not available for loan but articles may be photocopied in the library.

Interlibrary Loans
The QNU Library belongs to a network of health libraries (GRATISNET). Requests for photocopies of journal articles or books should be submitted on copyright request forms giving full citations. If requested, books can be supplied outside the GRATISNET network as an interlibrary loan. A fee of $6 may apply.

Samples of the citation required:
- Journal articles
  NURSING MANAGEMENT Vol. 30 (9) Sep. 1999: pp. 16-17 KEELING, Bett. How to allocate the right staff mix across shifts.
- Books

Access to CINAHL Plus with full text
Members are welcome to visit the library to access CINAHL, a database which indexes more than 4000 journals from nursing and allied health subject areas. Many but not all are full text. Until the beginning of October 2015, we are conducting an online trial of this database. During this time members will have remote online access to CINAHL and are urged to make use of this not only as a source of information but also as a way of developing online searching skills.

Visit www.qnu.org.au/library to access CINAHL (members only).

Literature searches
Charges for literature searches no longer apply. We encourage members to hone their library search skills, but if you have trouble finding relevant articles for assignments or accessing nursing information generally, the QNU librarian can conduct searches to find suitable citations.

Location:
Level 1, 106 Victoria Street
West End, QLD, 4101
Phone: 3840 1480 / 3840 1443
Nominate Australia’s top nurses for national honours

If you know an outstanding nurse or midwife who deserves to be honoured, now is the time to nominate them for the 10th annual HESTA Australian Nursing Awards.

The annual Awards recognise graduates, individuals and teams for their professionalism, innovation and care, across a range of health settings.

Nominations are being sought from colleagues, patients and employers and are open until 11 March 2016.

HESTA CEO, Debby Blakey, said the Awards shine a spotlight on the vital work carried out by nursing professionals, often in difficult circumstances.

“Every year I’m inspired by the nominations we receive that detail the amazing work of nursing professionals that are making a difference to the lives of so many Australians,” Ms Blakey said.

“The Awards are a way of acknowledging individuals and teams who provide exceptional care, and are also an opportunity to highlight innovations that lead to improvements in clinical practice and improved patient care.”

ME are a longstanding Awards-supporter, with the bank generously providing the $30,000 prize pool, to be divided among the winners in three award categories — Nurse of the Year, Outstanding Graduate and Team Excellence.

Winners will receive $10,000 in a ME Everyday Transaction account towards further education or team development. The Team Excellence Award winner will receive a $10,000 development grant to take their program or initiative to the next level.

The 2016 finalists will be announced in April and interstate finalists will be flown to Melbourne for the Awards dinner on 12 May — International Nurses’ Day. Make a nomination or learn more at hestaawards.com.au

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

Issued by H.E.S.T Australia Ltd ABN 66 006 818 695 AFSL No. 235249 Trustee of Health Employees Superannuation Trust Australia (HESTA) ABN 64 971 749 321. Terms and conditions apply. See hestaaustralian.com for details.

Money Map: A fresh approach to managing your finances

If your financial landscape includes a mortgage, credit cards, loans, and savings accounts with different financial institutions, you’ll know how time consuming it can be to stay on top of it all. We’ve introduced Money Map to help.

Money Map brings your bank accounts, investments and super together in a secure online dashboard, giving you a complete picture of your finances so you can take greater control of your money today. And put away more for the future.

Keep your spending in check

We don’t always have control over how much money we bring in each week and managing our finances around shift work, parental leave and working part-time can be especially challenging. But one area you can have more sway is your spending.

By linking all your accounts in Money Map, you can see expenses from all of your accounts at once, giving you a much clearer picture of where your money is going.

Transactions are grouped into meaningful categories and presented as an easy to read pie chart. You can even set limits for your expense categories and check in any time to see how much you have left.

Look beyond your bank account

Once you have everything you own and owe in one place, and the value of your accounts and investments updated in real time, you can instantly assess your financial position and decide if you’d like to make any changes to your investment arrangements. No matter how volatile the markets get, you’ll always know how you’re faring.

Big plans for the future

Money Map is really simple to use and features state of the art security so you can be confident your personal information is fully protected.

It has been created purely to help you take control of your finances today, so you can invest more for tomorrow.

You can even enter the financial goals that are important to you and track your progress at any time. It’s like having a financial partner on call to keep you on track.

Get started today

Visit qsuper.qld.gov.au/moneymap or call 1300 360 750 to find out more.

The Money Map software is provided for members’ use by the QSuper Board (ABN 32 125 059 006) as trustee of the QSuper Fund (ABN 60 905 115 063). We need to let you know that this information is provided by QInvest Limited (ABN 35 063 511 800, AFSL and Australian Credit Licence Number 238274) which is ultimately owned by the QSuper Board (ABN 32 125 059 006) as trustee for the QSuper Fund (ABN 60 905 115 063). All QSuper products are issued by the QSuper Board as trustee for the QSuper Fund. When we say “QSuper”, we’re talking about the QSuper Board, the QSuper Fund, QSuper Limited or QInvest Limited, unless the context we’re using it in suggests otherwise. We’ve put this information together as general information only so keep in mind that it doesn’t take into account your personal objectives, financial situation, or needs, shouldn’t be relied on as legal or taxation advice, and doesn’t take the place of this type of advice. Before you make any decision to acquire a product, or to keep hold of one you already have you should consider the PDS, which you can download at qsuper.qld.gov.au, or call us on 1300 360 750 for a copy. © QSuper Board of Trustees 2015. 8894 08/15
MARCH

QNU Union Training
1 March - QH - How to make the BPF work for nurses and midwives (Brisbane)
2 March - QH EB9: Better work. Better life (Gold Coast)
8 March - QH EB9: Better work. Better life. (Toowoomba)
8 March - QH EB9: Better work. Better life (Cairns)
9 March - QH - How to make the BPF work for nurses and midwives (Toowoomba)
10 March - QH EB9: Better work. Better life (Townsville)
11 March - Assertiveness Skills (Townsville)
17 March - Creating a safe workplace (Sunshine Coast)
22 March - Private Sector – Tactics to overcome hostility (Sunshine Coast)
23 March - QH - How to make the BPF work for nurses and midwives (Sunshine Coast)
23 March - Handling grievances in the workplace (Brisbane)

Australasian Cardiovascular Nursing College Conference
4-5 March 2016, Melbourne
www.acnc.net.au/

Lung Health Promotion Centre at The Alfred
4-6 March 2016 - Asthma Educator’s Course
19-20 March 2016 - Smoking Cessation Course
P: (03) 9076 2382
E: lunghealth@alfred.org.au

Australian Dermatology Nurses’ Association Minor Skin Surgery
5-6 March 2016, Gold Coast, Qld

ADMA Evidence-based Primary & Secondary Prevention of Chronic Disease Seminar
11 March 2016, Melbourne
www.adma.org.au

3rd Commonwealth Nurses and Midwives Conference
12-13 March 2016, London UK
www.commonwealthnurses.org/conference2016/

Australian Pain Society 36th Annual Scientific Meeting
13-16 March 2016, Perth

21st World Council of Enterostomal Therapists Biennial Congress
13-16 March 2016, Cape Town, South Africa
www.wcet2016.com/

6th Florence Nightingale Foundation Annual Conference
17-18 March 2016, London
www.florence-nightingale-foundation.org.uk/

National Close the Gap Day
17 March 2016

Earth Hour
19 March 2016

17th Ottawa Conference and the ANZAHPE Conference
19-23 March 2016, Perth
http://ottawa2016.com/

World Down Syndrome Day
21 March 2016

APRIL

The Digital Health Show Conference
1-3 April 2016, Sydney

World Autism Awareness Day
2 April 2016
www.un.org/en/events/autismday/

NETNEP 2016: The 6th International Nurse Education Conference
3-6 April 2016, Brisbane
The NETNEP series of conferences are designed to facilitate the sharing of knowledge and experience of nursing, midwifery and healthcare workforce education worldwide.
www.netnep-conference.elsevier.com/

World Health Day
7 April 2016
www.who.int/campaigns/world-health-day/

7th Annual CUGH Conference
Bridging to a Sustainable Future in Global Health
9-11 April 2016, San Francisco USA
http://cugh.org/

9th World of Disabled People’s International
11-13 April 2016
www.disabledpeoplesinternational.org

QNU Union Training
12 April - QH – How to make the BPF work for nurses and midwives (Mackay)
12 April - QH EB9: Better work. Better life. (Hervey Bay)
13 April - Assertiveness Skills (Mackay)
13 April - Building teams to grow our voice (Hervey Bay)
15 April - QH EB9: Better work. Better life. (Rockhampton)
19-20 April - Branch Development 1 (Brisbane)
21 April - Branch Development 2 (Brisbane)
27 April - Professional Culpability- Where do I stand? (Brisbane)
28 April - Being a QNU Contact in the workplace (Brisbane)

World Indigenous Cancer Conference
12-14 April 2016, Brisbane
www.menzies.edu.au/

WIN an 8 night holiday to Phuket worth $5000!

This amazing prize includes:
- Return airfares from your nearest Australian capital city for 2 people
- 8 nights at Le Coral Hideaway Resort & Spa, Phuket
- 1 x 1 hour Thai massage per person
- 2 x Thai set dinners for 2 people
- daily breakfast
- and lots more...

Entering is easy!
Sign up (or update your details) to receive Union Shopper’s regular email offers at www.unionshopper.com.au/win2016 and you will automatically be entered into the competition.

Competition closes 30 June 2016
Just remember, before rolling your super over, you should check what fees your other super fund charges and if you will lose any benefits such as insurance or pension options.

SuperRatings does not issue, sell, guarantee or underwrite this product. Past performance is not a reliable indicator of future performance. Go to www.superratings.com.au for details of its ratings criteria. This product is issued by the QSuper Board (ABN 32 125 059 006) as trustee for the QSuper Fund (ABN 60 905 115 063) so please consider how appropriate it is for you.

You can do this by downloading a copy of the PDS from our website or calling us on 1300 360 750. © QSuper Board of Trustees 2016. 9120 01/16.

At ME, we’re working hard to stay agile, reinvent and give Australians more relevant ways to get ahead financially. Part of that is Members Get More, a program full of extras from ME, for Union members.

**More on home loans** – save more with our already low rates.

**More on everyday accounts** – enjoy bonus offers to make your money go further.

**More on our credit card** – save with our competitive low rate.

Terms, conditions, fees and charges apply. Applications for credit are subject to approval. This is general information only and you should consider if these products are right for you. Members Equity Bank Ltd ABN 56 070 887 679 Australian Credit Licence 229500.

By rolling your super from other funds into one account, you could avoid paying multiple fees for things like admin and insurance. That means you could have more to invest, and more to enjoy, in your future. And it can all be done in a few minutes.

**Consolidating can help you get your super sorted.**

**Start the conversation today.**
"BECAUSE IT MAKES FINANCIAL SENSE"

ESTHER, CLINICAL NURSE EDUCATOR

THAT’S WHY I BELONG

1300 73 66 62
remserv.com.au/belong

Important Information: This general information doesn’t take your personal circumstances into account. Please consider whether this information is right for you before making a decision and seek professional independent tax or financial advice. Conditions and fees apply, along with credit assessment criteria for lease and loan products. The availability of benefits is subject to your employer’s approval. RemServ may receive commissions in connection with its services. Remuneration Services (Qld) Pty Ltd ABN 46 093 173 089 Authorised Representative (No. 295158) of McMillan Shakespeare Limited (AFSL 298804).

“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

ADVERTISING ENQUIRIES:

Denielle Smith
(07) 3840 1444 dsmith@qnu.org.au

REACHING OVER 48,000 NURSES AND MIDWIVES THROUGHOUT QUEENSLAND!

connect with us

www.qnu.org.au
Sarah believes everybody deserves respect, including the homeless.

She fights for their rights to quality health care.

She becomes a familiar face for those that need help.

Do you know someone like Sarah?

Nominate them for the 2016 HESTA Australian Nursing Awards

hestaawards.com.au
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

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.