



DEPARTMENT OF HEALTH
**COMMUNIQUÉ FROM THE
 OFFICE OF THE CHIEF NURSE**

Welcome

Welcome to the second issue of the Communiqué. We have had a positive response to the first issue and as you can see, this edition has now doubled in size.

Thank you to those people who have provided the information to achieve this feat! We are continuing to seek information from Health Units or Departments that promote nursing and midwifery achievements for upcoming issues.

Since the last issue we have had the Nursing Excellence Awards Dinner. A great night and much positive feedback

about the dancing! A 'debrief' has been held and we will be working towards an even better night (if possible) next year.

I also attended the ceremony to recognise those who have completed the Clinical Leadership Program (CLP). This program is making a valuable contribution to not only the individual participants but also the profession as a whole. Congratulations to Awards winners and those completing the CLP.

I have been able to visit a number of the country regions and have had the opportunity to discuss with the Directors of

Nursing some of the issues they are facing in these areas. I have also been to a number of metropolitan sites and recently spent a really informative afternoon with the primary health nurses at Noarlunga. I look forward to meeting more of you as time progresses.

I hope you find the contents of this issue both interesting and informative.

Debra Thoms

Nursing Excellence Awards Winners

Nursing Excellence Awards were held at the Adelaide Entertainment Centre on 7 May 2004. The Awards recognise South Australia's Nurses and Midwives professional commitment and excellence and celebrates their achievements.

Congratulations to the following winners of the Excellence Awards:

- Clinical Practice Community Registered Nurse/Midwife — **Andrew Kelly**
- Clinical Practice Metropolitan Acute Care Registered Nurse/Midwife — **Christy Pirone**
- Clinical Practice Metropolitan Acute Care Enrolled Nurse — **Grant Nitschke**

- Clinical Practice Residential and Aged Care Registered Nurse/Midwife — **Ruth Roberts**
- Clinical Practice Rural and Remote Care Registered Nurse/Midwife — **Merridee Seiboth**
- Clinical Practice Rural and Remote Care Enrolled Nurse — **Tracey Stringer**
- Indigenous Nurse — **Teresa Branson**
- Nursing Leadership — **Megan Corlis**
- Nursing Education — **Pat Barkway**
- Nursing Research — **Meri King**
- Future Nursing Leader — **Cassandra Monaghan**
- Australian Defence Force Reservist — **Bronte Douglas**



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Special points of interest:

- Nursing Excellence Award Winners
- Premier Scholarship Recipients
- National Medication Collaborative



Department of Health

Ceduna's Midwifery Model of Care

An individualised midwifery model of care has been introduced in Ceduna and began operating on 1 April 2003. The model's philosophy is centred around continuity of care. This new service was developed following the closure of maternity services in December 2000.

The Model was implemented to provide a sustainable birthing service to women in Ceduna. It provides midwife led care as well as being a Midwife recruitment and retention strategy for the organisation.

When this model was first proposed it was envisioned that there would be approximately 20 births a year of low-risk multiparous women with no medical or obstetric complica-



tions. This certainly has been achieved with good outcomes. This model has also enabled us to focus on increasing access to services for indigenous women.

The current service involves the midwives providing antenatal, intrapartum and postnatal care within existing medical practices, in hospital as well as at home. Midwives also provide a 7 day/24 hours a day on-call service. Any annual leave or time off has been covered by the midwives working in this service.

The uniqueness of this rural midwifery model enables the hospital to employ midwives solely as midwives. It also has proven to be a successful recruitment strategy for midwives.

At this stage the model does have limitations in allowing only some women to birth in Ceduna, but since the recruitment of new midwives it is envisioned that this service will expand and continue to provide a quality service to all women of Ceduna and surrounding areas.

The model is currently being evaluated with the assistance of Professor Jan Pincombe, Professor of Midwifery, Uni SA.

For information regarding the Model please contact:

Wendy Hermel, Midwife
Ceduna District Health Service

☎ 86 262 110 or

✉ ceduna.midwives@sa.gov.sa.gov.au.

(Submitted by Andrew Lane, Director of Nursing, Ceduna District Health Services)

Improving the Quality & Safety of Healthcare in South Australia using Information Technology

One of the key issues for South Australian hospitals is the need to facilitate clinical access to patient data in a seamless integrated manner, in real time and for it to be accessible by clinicians irrespective of where the patient presents. A solution is needed to improve access to patient information within a health system labelled as a series of "fragmented, separate silos in competition with each other" by John Menadue, Head of the Generational Health Review.

Since 1995, the Department of Human Services Oacis Programme has been developing and implementing a Clinical Information System (called Oacis), which is a government initiative aligned with State and National strategic objectives to raise the quality of healthcare in South Australia.

The Oacis system was initially piloted within one clinical specialty unit across 4 public hospitals and was so successful in overcoming institutional barriers and facilitating financial and operational efficiencies that the Government approved funding to expand the system across all units within the 8 metropolitan public hospitals.

The Oacis Programme currently encompasses the eight major metropolitan hospitals, which service 75% of the State's population of 1.5 million people, and is revolutionising the way information is collected, stored, distributed and accessed in the South Australian healthcare system. In the future it is anticipated that regional hospi-

tals and health services will have access to the Oacis system.

The unique goal of the Oacis Programme is the facilitation of an enterprise-wide healthcare information service that is fully integrated and consumer centric, creating an environment where health carers and providers are united as a network around the needs of the individual. Oacis gives the public hospital system up to date, accurate clinical information on patients which ensures they receive the best treatment in a timely, safe way.

The Oacis Programme benefits patients, clinicians and the Government by saving lives, time and money. Quality of care is improved, better outcomes are achieved, institutional barriers are broken down and the obstacle of distance is overcome.

Oacis modules implemented to date include Clinical Display, Clinical Order Management and Separation Summary. These applications allow clinicians to view patient data, manage orders at the point-of-care and can be tailored to support established clinical practice requirements and emerging models of clinical practice that make use of care pathways, clinical protocols.

There is currently development on an electronic ordering system for prescribing inpatient, outpatient and discharge medications utilising a standard format that will improve the accuracy of ordering and reduce medication delays and errors. This module is ex-

pected to be piloted within the metropolitan hospitals in the last quarter of 2004.

Currently over 6,500 nurses have been trained in the use of Oacis and plans for its on-going development will ensure that it becomes an essential tool in the provision of quality patient care.

Tiffany Whittington, Clinical Nurse Manager for the Satellite Dialysis Unit at the Noarlunga Health Service states that their unit relies heavily on Oacis in the communication of patient information. Oacis "cuts down on a lot of manual data entry and allows nurses more time for direct patient care."

If you would like more information on the Oacis Programme please contact Lesley Jeffers, Oacis Nursing Consultant email: Lesley.jeffers@dhs.sa.gov.au or visit the website at <http://www.health.sa.gov.au/oacisprogramme/DesktopDefault.aspx>

To read more on what Tiffany Whittington has to say about Oacis visit:

<http://www.health.sa.gov.au/oacisprogramme/DesktopDefault.aspx?tabid=108>

(Submitted by Lesley Jeffers, Oacis Nursing Consultant)

June Committee Update

Clinical Placements Advisory Committee

Clinical Placements Advisory Committee was established in July 2003 to address the recommendations of *The South Australian Nursing and Midwifery Recruitment and Retention Strategic Directions Plan 2002-2005* relating to undergraduate clinical placements. The Advisory Committee established two subcommittees to address the recommendations and provide outcomes. The Placement Coordination Subcommittee and the Clinical Placements Standards Subcommittee disbanded in April 2004 following the endorsement of their respective recommendations by the Advisory Committee. Recommendations include the development of two annual meetings aimed to enhance communication and provide an ongoing forum for discussion between the education and health care sectors to enhance the process of booking of clinical placements. To enhance the quality of clinical placements, principles aimed to extend partnerships between the health industry and the education sector have been developed. The Nursing Office will develop a policy document using the principles outlined by the subcommittee.

Continuing Education Advisory Committee

The Continuing Education Advisory Committee was established in July 2003 to address the recommendations of *The South Australian Nursing and Midwifery Recruitment and Retention Strategic Directions Plan 2002-2005* relating to continuing education. The Advisory Committee established three subcommittees to address the recommendations and provide outcomes. The Funding Model Subcommittee, the

Transition to Professional Practice Subcommittee and the Continuing Education Standards Subcommittee disbanded in April 2004 following endorsement of their respective recommendations. The recommendations include the consideration of identified principles to guide funding for continuing education for future funding models, the implementation of a framework for transition to professional practice, and the implementation of principles for the delivery and modes of delivery of continuing education.

Nursing Information Systems Advisory Committee (NISAC)

NISAC provides a corporate and strategic direction and support in the use, maintenance and evaluation of the nursing clinical information systems and its databases as applied to nursing practice. The Committee has agreed on a consistent methodology and reporting process for nursing indicators. The Committee is a reference group for the trialing of e-Care (Clinical Nursing Information System).

Clinical Standards Subcommittee

The Clinical Standards Subcommittee was established in May 2002 by NISAC. The Subcommittee is in the process of expanding the set of Corporate UOC's and has commenced review of Corporate UOC Categories.

Midwifery Advisory Committee (MAC)

The Midwifery Advisory Committee (MAC) was established to address recommendations from the *SA Nursing and Midwifery Recruitment and Retention Plan*

2002-2005 relating to midwifery professional issues. The Advisory Committee has begun to review and prioritise strategies from relevant midwifery 'Reports' that are related to the role of the midwife and to explore different models of care that support the maintenance of maternity services in rural and regional areas. The Committee has agreed to use Tasmania's Up-skilling Program in South Australia. This program is seen by the committee as a useful tool for continuing education for midwives in both rural and metropolitan areas.

Mental Health Nurses Advisory Group (MHNAG)

The Mental Health Nurses Advisory Group (MHNAG) meets on a bimonthly basis to provide leadership to Mental Health Nurses within South Australia and bring together key stakeholders to provide a forum for discussion, planning and formulating recommendations that improve the mental health of the South Australian community. The MHNAG supports the Mental Health reform agenda and key strategic directions of Mental Health Services in South Australia. Four working groups of the Advisory are currently working toward implementing identified recommendations including the Labourforce Implementation Working Group, JBI Review Working Group, Clinical Practice Guidelines (Restraint) Working Group and the Mental Health UOC Working Group. Interim reports from each of the Working Groups are due in August 2004, with the aim being for each of the working groups to complete their activity by the end of the year.

Naracoorte Health Services Participates in the National Medication Safety Breakthrough Collaborative

Naracoorte Health Service is one of a total of fifty (50) hospitals involved in the National Medication Safety Breakthrough Collaborative, a project run by the Safety and Quality Council and directed from the Victorian Department of Human Services.

The project runs over a 12 month time frame and Naracoorte has chosen to run the collaborative in both the acute and aged care areas of the organisation. Learning sessions are conducted every three months and this has resulted in an atmosphere of sharing of information amongst participants.

One area that Naracoorte has had great success in has been the reduction of omission

rates. Initial data revealed an omission rate of approximately 7.5% (this is close to the recognised national average). After focussing on this area, introducing omission codes, increasing consumer input and advising consumers of what to do if a medication has been omitted the rate is now close to 2.5% and has been maintained at this level for over two months.

Staff and Medical Officers have been very supportive of the project and have attended "Lavish Medication Management Breakfasts" to discuss issues and provide suggestions for improving patient

outcomes.

In the next few months there is a plan to trial self medication in the maternity area and focus on improving pain management for post surgery care.

Participants in the project are encouraged to trial a national medication chart, and Naracoorte is going to be one of the trial sites for this chart, providing feedback on the issues and needs from a rural health perspective.

(Submitted by Pam Schubert, Director of Nursing, Naracoorte Health Service)



Advanced Community Care Association

Advanced Community Care Association Contact Centre is available 24 hours a day, 7 days a week for any of the following programs on telephone 1300 550 654.

Advanced Care in Residential Living (ACRL) Service

ACRL aims to reduce the need for frail elderly people to be taken out of residential aged care homes and admitted to an acute hospital for conditions (such as infections, cellulitis and wound care) that can be safely treated in the community with care lead by the general practitioner.

Unnecessary hospitalisation is disruptive and highly stressful to elderly people, as they will almost certainly be taken to a hospital emergency department by ambulance.

Early intervention with advanced nursing care in their place of residence, combined with GP led medical care, will often produce a faster return to stable health than a hospital admission.

There are currently 35 active participant sites using ACRL in the Adelaide metropolitan area.

Metro Home Link

Metro Home Link has been operating in

the east and north of Adelaide for six years as GP Home Link. Other programs such as Interface and ETHOS and have been delivering similar services in other regions of Adelaide. The programs have been amalgamated to provide services to the whole metropolitan area from October 2003.

MHL provides hospital substitution services for people visiting their general practitioner or an Emergency Departments of a Public Hospital.

Metro Home Link services operate under the following eligibility criteria :

- Adults who live in the metropolitan area and the person, their GP and carers/relatives will accept home care.
- Have been identified by referrer as being at risk of hospital admission but do not need hospital based acute medical intervention.
- Do not require services only available in a hospital, but require a level of care that can be provided within their own home.
- Medically assessed as being at low risk of rapid deterioration.
- Prefer to remain at home rather than be admitted to hospital and lack the resources of support to enable them to

manage a short-term health situation.

- May have been admitted to hospital for less than 24 hours. Alternative programs are available for persons who have been admitted to hospital for more than 24 hours.

Additional program information is available at www.accasa.org.au.

A second feature is the unique database which operates across both programs and delivers real time information to service providers, and in the future we hope to be able to link referrers to the system. The database operates across three organisations with very different interfaces with the community and is successfully providing information for funders and the Board.



(Submitted by Susan Golley, Consultant, Advanced Community Care Association)

Lyell McEwin Health Service Introduces Emergency Department Nurse Practitioner

Lyell McEwin Health Service leads the way with the introduction of a Nurse Practitioner role to assist in reducing the waiting times for patients with minor injuries and illnesses in the Emergency Department.

Luke Christofis is the first **Emergency Department** Nurse Practitioner to be approved by the Nurses Board of South Australia and is the first in South Australia. Luke is able to perform a range of duties beyond those of other registered nurses. He is able to diagnose, treat and discharge a specific group of patients without them having to see a doctor.

The Nurse Practitioner role is recognised as a major development for Nursing Practice. The role is well established overseas and has been found to be successful in the United Kingdom and United States of America.

Luke Christofis is an experienced registered nurse with additional specialist education that enables him to provide expert care to individuals and families, within the Emergency Department.

The scope of practice includes, but is not limited to:

- Minor trauma to the arm, legs and knee (not including dislocations)
- Minor lacerations
- Puncture wounds
- Burns less than 10%
- Plaster checks
- Abrasions
- Minor fractures

The role allows medical staff and other nursing staff to concentrate on the more acutely ill patients.

The Nurse Practitioner is also an educator,

mentor, manager and researcher. Also the role includes the following components:

- initiating diagnostic imaging
- laboratory testing
- referring to medical specialists
- admitting and discharging clients

Within a few months, it is expected that the Nurses Board will also be able to grant Nurse Practitioners the right to prescribe a limited number of medications that are related to their area of practice.

Luke will be researching the impact he has on the Emergency Department waiting times to provide evidence that the Emergency Nurse Practitioner role is the way for the future.

(Submitted by Di Rogowski, Executive Director Nursing and Patient Care Services Executive, Lyell McEwin Health Service)

News from Child and Youth Health

The State Government's plan to have every new baby born in South Australia seen by a Child and Youth Health nurse in the first few weeks of its life is successfully up and running.

Announced in November last year, the early contact program is now employing nurses who are visiting almost all newborn South Australians and their families in the family home or at a nearby clinic. As part of the Rann Government's *Every Chance for Every Child* initiative, Universal Home Contact starts at hospitals soon after birth, where an appointment is made with the family for a home or clinic visit. The visit is then conducted within 2-4 weeks by a Child and Youth Health nurse, who conducts a health check, weighs and measures the baby, and answers any questions new parents may have. For the first time, en-

rolment rates with CYH are now almost 100%.

The program is part of the Government's commitment to getting in early and detecting or preventing health problems before they become major. It has already resulted in early detection of problems not only in newborns, but also in some of their older brothers and sisters (for example, visiting nurses have detected hearing problems in toddlers within a newborn's family).

Since April 2004, CYH has also started rolling out the Family Home Visiting component of the *Every Chance for Every Child* initiative. Family Home Visiting provides extra support for those families and situations where parents would benefit from additional help, and involves the

Child and Youth Health nurse continuing to visit the family at home for two years. These nurses and families are supported by psychologists, social workers, brokers and Indigenous Cultural Consultants. Family Home Visiting has commenced in selected suburbs in the northern and southern metropolitan regions of Adelaide, the Riverland and Port Augusta/Whyalla.

For more information regarding the initiative, please contact Nan Davies on (08) 8303 1503.

(Submitted by Nan Davies, Director Nursing Plan & Development, Child and Youth Health)

2004/2005 SA Premier's Nursing Scholarship Recipients

The Premier's Nursing Scholarships are provided annually to South Australian nurses and midwives for the study of contemporary nursing and midwifery practice within Australasia and overseas. 6 Overseas Scholarships to the value of \$12,000 each and 2 Australasian Scholarships valued at \$5,000 each were offered.

The scholarships were presented by the Minister for Health, the Hon Lea Stevens, at the Nursing Excellence Awards dinner that was held on 7 May.

The overseas recipients for 2004/2005 are:

- **Annie McHugh** — Palliative Outreach Nurse, Southern Adelaide Palliative Services
Purpose of the Tour is to visit major centres in the United Kingdom where Nurse-Led Dyspnoea clinics have been established as a best practice model in the management of dyspnoea for patients with terminal cancer.
- **Julie Harding** — Rehabilitation Coordinator, Repatriation General Hospital
Purpose of the Tour is to visit rehabilitation day hospitals in order to explore how nurses contribute to primary health care within this setting.
- **Susan Mann** — Director, Clinical

Leadership Programme, Royal Adelaide Hospital
Purpose of the Tour is to visit all countries currently participating in the Royal College of Nursing (UK) Clinical Leadership Programme. An opportunity exists for representatives of each country to meet together to evaluate and further develop the Clinical Leadership Programme and to participate in international research regarding nursing and midwifery leadership.

- **Robyn Parkes** — Director, Staff Development, Royal Adelaide Hospital
Purpose of the Tour is to explore, reflect on and apply knowledge of recent United Kingdom National Health Service education and workforce changes which have the potential to effect nursing, and in particular, the personal and professional development of nurses within the South Australia context.

The Australasian recipients for 2004/2005 are:

- **Josie Owens** — Aboriginal Health Nurse, Royal Adelaide Hospital
Purpose of the Tour is to improve nursing knowledge regarding discharge planning from an acute setting for Aboriginal patients from rural and remote areas by improving linkages with Aboriginal Health Services in rural and remote areas in South Australia and central Australia.
- **Tracy Semmler-Booth** — Mental Health Midwife, Lyell McEwin Health Service
Purpose of the Tour is to observe the current practices and role of the Mental Health Nurse Practitioners (MHNP) in Australia.



New Course for Nurses and a New Innovative Style of Teaching is Launched in South Australia

A new course for nurses and a new and innovative style of teaching is launched in South Australia. The Graduate Diploma in Burns at the University of Adelaide is the first course of its type in Australia. This course is currently available for nurses across Australia who are involved in the delivery of burns care.

The Graduate Diploma of Burns is conducted by teaching method of a Virtual Classroom. This course has been developed and facilitated by Sarah McRae (WCH) and Sheila Kavanagh (RAH) and overseen by Dr Helen McCutcheon (Senior Lecturer, Department of Clinical Nursing, University of Adelaide).

HOW THE VIRTUAL CLASSROOM MEETS THE TEACHING NEEDS OF NURSES IN BURNS MANAGEMENT

The identified problem:

Registered Nurses working in both adult and paediatric burns units around Australia with no 'burns specific' postgraduate programs available to them. This was compounded by relatively small numbers of nurses at each location. The only sustainable solution was to look at a nationally based program.

Teaching the theory side of burns nursing by distance education did not pose any great difficulties. Distance education and external studies are not new and the process is well established for theoretical courses. But nursing is more than theory and it is the clinical practice component that presented the challenge for us when developing the Graduate Diploma in Nursing Science (Burns Nursing)

How do we teach practical skills to students who are hundreds or thousands of kilometres away? Well, how do we teach them currently? In all areas of nursing expert clinicians teach the practice of nursing to novice nurses. This system works well and most nurses would relate to the situation that every hospital views 'its way' as the right way. So do we need

to teach the student the actual practice or rather, the science on which practice should be based? This of course needs to be supplemented with practical help in relation to choices and alternatives for practice.

The solution:

Bring students and expert clinicians together in a real-time (synchronous) virtual classroom. This allows areas of clinical practice to be discussed using real life experiences from both the students and expert clinicians in a supportive environment. Students are able to work through both professional and practical issues. The virtual classroom is an exciting, highly interactive environment for learning. The system works on a 56K modem so that students can work from home. The requirements are a PC, multimedia headset (\$15) and Internet access.

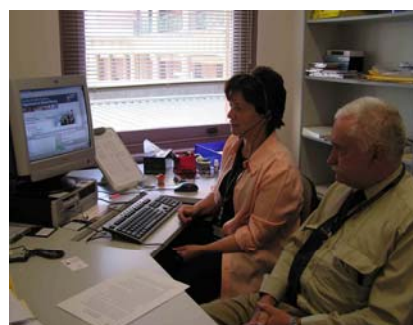
The clinical lecturer uses PowerPoint presentations to provide visual engagement for the student. Photographs of students, lecturers and guest speakers are onscreen and changed to match the person speaking at the time. This adds to the group's sense of community. Classroom etiquette is simple to learn and students interact both by audio and text. Interaction via text provides a record of the discussions and questions, this will assist us when reviewing and evaluating the modules.

The student's screen is 'locked' into the lecturers and students are taken en masse to visit applicable websites. Everyone views the same screen and active discussions take place about the item being viewed. This is a great way to look at cutting edge technology. Although the system does not support video (as this would make it too slow for the home modem) students download video clips from the University site prior to the tutorial, so that during the tutorial the group can all view the same footage independently and discuss what is being viewed. This has proved to be a great learning tool in areas such as burn depth assessment where vis-

ual input is essential.

Currently we have students in Adelaide, Brisbane, Perth, Hobart and Sydney. They come from both adult and paediatric burns units. This broad cross section of nursing interaction is something that previously has only been available to nurses able to attend a national conference. The ability to discuss similarities and differences in practice across the country provides a unique dimension to knowledge acquisition for both students and clinicians. The systems also enables our guest speakers to be 'off site' either interstate or overseas. There are no boundaries to accessing expert clinicians from a wide range of backgrounds.

The feedback to date from students and clinicians has been extremely positive. We are looking at ways of expanding this medium to incorporate online scenario based learning.



Sheila Kavanagh and David McGowan (Fire Coordinator at the RAH)

(Submitted By Sheila Kavanagh, Department of Clinical Nursing, University of Adelaide University, CNC, Burns Unit Royal Adelaide Hospital and Sarah McRae, Lecturer Grad Dip in Nursing Science (Burns Nursing), Department of Clinical Nursing, University of Adelaide University, Burns Coordinator (CNC), Women's and Children's Hospital)

Contributions and Distribution of the Communiqué

If you would like to contribute to the *Communiqué from the Chief Nurse* or to receive a copy by e-mail, please contact

Heather Osborne on:

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Pressure Ulcer Prediction, Prevention & Management Project

The South Australian Safety & Quality Council has provided funding for a project to identify/develop and source “Best Practice” solutions, processes, tools and resources which fits the South Australian context and future service and technological directions.

The goals of the project is two-fold:

1. The development of Best Practice Guidelines across the continuum of care which have been endorsed by the SA Safety & Quality Council and will be accessible to all on the Department of Human Services safety & quality web-site.; and
2. The development of four collaboratives in the areas listed below. These collaboratives will provide opportunities for organisations and health care settings to explore and refine current practices using the information and resources developed and collated by working parties.

Areas under examination include:

- pressure ulcer monitoring and surveillance;
- risk assessment;
- preventative practices and
- pressure ulcer management.

This project aims to support organisations

within South Australia implement and evaluate a comprehensive pressure ulcer prevention framework. This objective will be achieved by:

1. The formation of five expert working parties to review and recommend best practice solutions in the areas of pressure prediction, prevention and management which suit the South Australian context and provide opportunity for benchmarking.
2. Development and dissemination of state-wide resources to support clinicians and consumers in all health care settings; and
3. Foster the development of a South Australian collaboratives examining pressure prediction and prevention practices within organisations.

Working parties have been formed and are working to review and identify best practice solutions in the realms of monitoring & surveillance; risk assessment; prevention practices and management of pressure ulcers. Principles of care supporting a preventative practice framework have been developed and are under operation review. Groups are also working to identify information, resources and tools to populate the SA Safety & Quality web-site. It is also envisaged that this informa-

tion will be available in hard copy to support those organisations with limited information technology.

Key nursing indicators in the realm of pressure ulcer assessment on admission and development of ulcer during the hospital are also being developed and it is envisaged that these will form the basis for the pressure ulcer nursing sensitive clinical indicators planned for implementation within South Australian health institutions.

Sixteen organisations across South Australia, including organisations from public, private and residential health care settings and the community have joined the collaborative. The first meeting is planned for 29 – 30 July. The goal of the collaborative is not only to support individual organisation’s efforts but also to identify opportunity for collaboration in improvement efforts across organisation types and across the continuum of care.

Further information may be obtained from Beth McErlean or Lesley Thomas on

☎ 0402 813 537 or by
✉ beth.mcerlean@rgh.sa.gov.au or
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(Submitted by Beth McErlean)



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NURSING OFFICE ROLES AND RESPONSIBILITIES

Adj Professor Debra Thoms, Chief Nursing Officer
Erminia Morizzi, Administrative Assistant

The following portfolios within the Nursing Office have been allocated as listed:

Deb Pratt Principal Nursing Adviser	Workforce Budget Recruitment and Retention
Naomi Heinrich Principal Project Nurse	Education Nurse Practitioner
Heather Osborne Principal Project Nurse	Information Systems Communications/Marketing Midwifery

The Nursing Office works closely with a number of DHS Divisions which include:

Marcia Hakendorf Senior Planning Officer, Nursing Workforce	Country Division
Marg Mibus Careers Advisor, Workforce Support & Development	Aboriginal Services Division
Des Graham Principal Nurse Advisor — Mental Health	Mental Health Services
Christy Pirone A/Principal Consultant	Safety & Quality