



DEPARTMENT OF HEALTH COMMUNIQUÉ FROM THE OFFICE OF THE CHIEF NURSE

A Brief Word from the Chief Nurse ...

Welcome to the third edition of the Communiqué. In recent times a number of you will have heard Suzanne Gordon speak on the image of nursing. I recently attended an Oration by Professor Linda Kristjanson entitled "*Witches, Midwives and Nursing: Seeing Ourselves as we Want to be Seen*" who covered some similar themes. The views being expressed by these speakers and others is both timely and important.

The Nursing Office is currently updating the Nursing Website and other marketing material and are certainly looking at it with renewed interest in both the overt and more covert messages that

can be given through such media and material. We all need to consider what image we portray of nursing and midwifery to colleagues and the wider community. The language we use to describe our profession and the work we do influences greatly the image that others will hold of us. I would encourage you to pause for a moment and reflect on the image that you portray.

Sarah Mullally the former Chief Nurse of England has also spoken on this issue and I leave you with some of her thoughts:

"As individuals we define ourselves and are defined by others through images. Our

self-image defines the way we act, the confidence we have in ourselves and the way others behave to us and value us. The same is true of nursing. The image we have of ourselves as a profession defines the confidence we have in our ability and influences how we behave".

Mullaley S in Kristjanson L "Witches, Midwives and Nursing: Seeing Ourselves as We Want to be Seen: The College of Nursing, 52nd Annual Oration, October 2004.

Debra Thoms

Nurses Act 1999 Review ...

The Minister for Health, the Hon Lea Stevens has requested a review of the '*Nurses Act 1999*' and that the Nursing Office coordinate this review.

Currently consultation is occurring between the Department of Health and nursing and midwifery professional organization and bodies such as Australian College of Midwives, Australian and New Zealand College of Mental Health Nurses, Royal College of Nursing, Australia, Nurses

Board of South Australia and the Australian Nursing Federation - SA Branch.

Following the completion of these initial consultations, written feedback will be sought from both the general and nursing/midwifery community. This feedback will incorporate:

- changes/modifications that would like to be made to the existing Act;
- sections, clauses and sub-clauses that the changes

may/will affect;

- rationale as to why the changes are required; and
- if there are sections, clauses and sub-clauses to be added, where would these additions be placed in the new Act.

For any questions or queries regarding the review, please contact the Nursing Office on telephone (08) 8226 0749 or by e-mail to Nursing@health.sa.gov.au

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Special points of interest:

- *Nurses Act 1999 Review*
- *Midwifery Excellence Award*
- *Partnership in Nursing Education*
- *Program of Experience in the Palliative Approach*

Enrolled Nursing Cadets at Central Yorke Peninsula Hospital ...

Central Yorke Peninsula Hospital (CYPH), Maitland has, over the last 2 years, undertaken a number of initiatives to ensure the hospital is responsive to its local Narungga community.

One of the most significant initiatives has been the employment of Aboriginal staff to the hospital. An Aboriginal Liaison Officer was appointed 12 months ago and a recent evaluation has demonstrated that the position is highly valued by the local community and has recently been made a permanent position.

More recently CYPH has employed 3 Aboriginal enrolled nursing cadets. This has

been a wonderful experience for clients, residents and staff alike and has brought much pride to the local Narungga community.

Both Aboriginal and non Aboriginal clients and residents have responded very positively which has assisted in breaking down barriers in the wider community.

For staff, it has provided an opportunity to learn more about their local Narungga community. Each student has a preceptor, extra tuition is provided on a regular basis to the cadets from an enrolled nurse and cultural debriefing occurs with a local Narungga enrolled nurse on a monthly

basis.

It has been an absolute privilege having the cadets at Central Yorke Peninsula Hospital. The Aboriginal enrolled nursing cadets have demonstrated very clearly their commitment, enthusiasm and drive to become enrolled nurses. They constantly challenge all staff to provide an education program that supports them to develop into competent enrolled nurses.

We wish them the very best and hope the cadetships are a mere stepping stone to bigger and better things in the future.

Submitted by Julie Johnston, Executive Officer/ Director of Nursing

Gawler Health Service Receives Midwifery Excellence Awards ...

Midwifery Excellence Awards were presented to Gawler Health Service (GHS) staff on International Midwives Day, 5 May 2004, at the annual midwifery celebration dinner. GHS were nominated by Dr Don Cave (obstetrician), Jane Yocopetti (Chair GHS Board) and Ms Kylie Peal (consumer of the midwifery service). Gawler Health Service were nominated for their improvement to the midwifery service offered to the community and for their commitment to increasing and encouraging continuum of care being offered. The Gawler Health Service midwives accoucheur 95.8% of all the normal vaginal deliveries.

The GHS midwives undertake a range of activities that include working in collaboration with the two obstetricians in the consulting rooms. They also attend to the booking-in appointments, are involved with

childbirth education classes, antenatal, intrapartum and postnatal periods in both the hospital and community. The GHS midwives attend monthly coffee mornings with the women.

Sonia Angus (Clinical Nurse Manager) and Lisa Frahm (Clinical Nurse) were nominated and won this award together. They are pleased and excited to offer the women of their community this improved continuum of care with outcomes that are pleasing to all involved.

On the morning of the awards, Sonia and Lisa assisted a woman birth her baby on all fours, with no pain relief, with an intact perineum and a great healthy outcome. What could top that!

Although Sonia and Lisa were thrilled at receiving a nomination and were enjoying

the night they were surprised and shocked to have received the award for what they both love doing in their everyday work.



Sonia Angus (Clinical Nurse Manager) and Lisa Frahm (Clinical Nurse) at Gawler 6 May 2004

Submitted by Sonia Angus (Clinical Nurse Manager of midwifery at Gawler)

Indigenous Palliative Care Education and Training Resources ..

The *Jurisdictional Review and Evaluation of the Indigenous Palliative Care Education and Training Resources* project has been funded by the Australian Government Department of Health and Ageing as a National Palliative Care Program (NPCP) initiative. The project will run from September 2004 to March 2005.

The project will review the Resource Kit developed by Wodonga TAFE as part of the *Indigenous Palliative Care Practice Principles and Education Resource Project* (also funded by the NPCP). Targeted toward mainstream palliative care health services, the Resource Kit comprises:

1. *Practice Principles in providing culturally appropriate Palliative Care to Indigenous Australians;*
2. *A supportive educational resource containing details on how to provide culturally appropriate palliative care to Indigenous Australians;*
3. *A course outline containing key competencies to be included in an Indigenous palliative care course. It can be incorporated into an existing course or as a stand-alone topic on the palliative care needs of Indigenous Australians; and*
4. *A discussion paper outlining a literature review on Indigenous cultural traditions*

around death and dying.

The *Jurisdictional Review and Evaluation of the Indigenous Palliative Care Education and Training Resources* project will review the Resource Kit from a South Australian perspective, identify any jurisdictional adaptation needs and develop an implementation plan for utilising the Resource Kit in SA. Focus groups will be undertaken with key groups to meet the above needs.

More information on the project can be obtained from Josie Owens, Project Manager on 8226 6322 or via email to josie.owens@health.sa.gov.au

September/October Committee Update ...

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. Recent work endorsed by the Advisory Committee includes:

- ProAct Corporate Business Process Reference Guide;
- ExcelCare Corporate Education Framework;
- ExcelCare Corporate User Manual;
- Nursing Information System Product Management Funds Guidelines; and
- Nursing Information Systems Corporate Information Manual.

The Committee's role as a reference group for the trialing of e-Care (Clinical Nursing Information System) was ceased with the termination of the e-Care trial in September 2004.

Clinical Standards Subcommittee

The Clinical Standards Subcommittee was established in May 2002 by NISAC. The Subcommittee is currently in the process of developing additional groups of Corporate UOC's. Some of the 'groups' of Corporate UOC's that were developed and consequently endorsed by the Directors of Nursing include:

- Hygiene;
- Observations (e.g. Vital Signs, Neurological, Neurovascular);
- Mental Health;
- Intravenous Cannula (Insertion, maintenance and removal);

- Indwelling Catheter (Insertion, maintenance and removal); and
- Oxygen Therapy (including Oximetry).

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. The review of the up skilling program is complete and it is planned to go to print shortly. Consideration of how recognition for completion of units within the Program will be managed is occurring

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 will have another full day workshop in December and will be discussing topics such as Practice Development Nurse roles, model and strategy for imple-

mentation of clinical supervision and the potential roles and implementation of MH Nurse Practitioners.

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 guidelines for Transition to Practice have been distributed with the annual information re the Nurse Teaching Grant. A paper outlining potential options for the Nurse Teaching Grant under the population funding model has been forwarded to the Population Funding Group and we await feedback on the paper. The paper was written incorporating the work done by the Funding Models subgroup. Discussion will be held with the DONs Forum as to a similar group continuing to enable educators to share and work on issues together.

SA First Aboriginal Midwife Graduates ...

Congratulations to Kirsty Williamson who has undertaken undergraduate midwifery as a first entry qualification and will graduate at the end of this year as South Australia's first Aboriginal Midwife.

Kirsty has gained a position at Lyell McEwin Health Service and will be an asset to the hospital given the numbers of Aboriginal clients and the lack of Aboriginal Midwives.

We are proud of your achievements. Congratulations.

Submitted by Aboriginal Health Division, Department of Health

Inquiry into the Nurses' Board of South Australia ...

The Statutory Authorities Review Committee (SARC), Parliament of South Australia, has advertised that it is currently undertaking an inquiry into the Nurses' Board of South Australia (NBSA). This Inquiry is part of the routine work of SARC and investigate matters relating the role, performance and continuing relevance of state instrumentalities and independent public bodies. In particular:

1. The effectiveness and efficiency of the Nurse's Board of South Australia in its functions and powers.
2. The role and effectiveness of the Nurses' Board of South Australia in ensuring its statutory functions and powers are carried out diligently and responsibly.
3. Whether the Nurses' Board of South

Australia is adequately resourced and funded to deal with complaints and their subsequent investigation.

4. Any other relevant matter.

For additional information on the committee and its review of the NBSA, visit the SARC website at <http://www.parliament.sa.gov.au/committees/committee.asp?doCmd=show&intID=46>.

Partnership in Nursing Education ...

Although the nursing profession has moved away from hospital to university based training, developing partnerships between Universities and health institutions is fundamental to nursing education and practice. Partnerships between universities and health institutions in nursing allow for a collaborative approach in identification of nursing education problems and solutions, this is especially true for rural nursing. With reference to rural nursing, one of the many challenges for nursing academics is ensuring that nursing programs are accessible to rural nurses and identifying teaching strategies that incorporate a clinical support interface within the flexible mode of delivery.

To respond to these concerns and challenges, the University of Adelaide, Department of Clinical Nursing and Port Pirie Regional Health Service Inc in partnership created the position of a Rural Nurse Lecturer. This position is the first of its kind in South Australia created mainly to support effective clinical education of undergraduate and graduate nursing students within the Mid-north Region as well as to develop a graduate diploma program designed specifically for rural nurses.

The position of nurse lecturer/clinical facilitator is funded equally by The Adelaide University, Department of General Practice - Spencer Gulf Rural Health School and Port Pirie Regional Health Services Inc, with the incumbent of the position stationed in Port Pirie. This position enables the provision of educational and clinical support to rural nurses studying by flexible mode thus making nursing education ac-

cessible for rural nurses both by traditional and virtual means.

In addition to accessibility, this position affords nurses the opportunity to inquire about study options, nursing courses and programs, and issues related to education and skilling. The availability of a nurse lecturer within the institution has contributed to motivating rural nurses at Port Pirie Regional Hospital to undertake graduate studies. Furthermore, this position has contributed to enhancing positive working relationships between the Department of Clinical Nursing and Port Pirie Regional Health Service thereby offering new opportunities for collaborative efforts in nursing education. This position has facilitated the following:

- Development of rural graduate program developed in the context of rural nursing practice
- Offers and extends provision of educational support to nurses of various cadres inclusive of undergraduate and graduate nursing students
- Offers support to graduate nurses undertaking the Graduate Nurse Transition Program (GNTP)
- Provide guidance and information to nurses on various educational issues
- Works hand in hand with the nurse educator to promote educational and career opportunities at Port Pirie Regional Health Services, and the GNTP
- Enhances accessibility of formal education programs offered via flexible mode

The exciting challenge of this position is conceptualising and contextualising rural nursing practice from both perspectives, as an academic and clinical facilitator. Clearly the benefits of such a position helps to expand partnerships between educational and clinical institutions in which both parties contribute to and benefit from educational and service opportunities.

There is a need for ongoing partnerships between institutes of learning and hospitals to support the accessibility of nursing education programs particularly in rural areas. These partnerships are seen as a valuable tool that underpin a more practical approach to nursing education and practice, and seek to bring about a fundamental change in nursing education from a university-driven to a collaborative nursing approach, thereby constructing a better-fitting image in keeping with the pro-



fessional challenges of today.

The assistance of the Spencer Gulf Rural Health School in the creation and partial funding of this position is acknowledged and appreciated.

Submitted by Christine. Chisengantambu, Lecturer, Port Pirie Regional Health Services Inc

Nurses Working in Partnership with Police...

The Arrest Referral Project is a twelve month pilot project which is jointly auspiced by the Drug and Alcohol Services Council (DASC) and South Australian Police (SAPOL) following recommendations identified at the Drug Summit (2002). The appointment of two DASC Clinical Nurse Consultants comprise the first nursing services to be established for Police holding cells in South Australia. This provides a new frontier of challenges for contemporary practice in a non clinical custodial environment.

Primarily the project aimed to provide people in custody experiencing drug and alcohol related problems with appropriate assessment and intervention services to reduce the risk of identified harm associated with custody. A referral is made to relevant treatment and support services on release

when appropriate. It became clear that the actual needs of the prisoners, the SAPOL officers and the skill levels of the nursing staff were redefining the parameters initially set for the project. This has provided project outcomes in excess of those anticipated by the project Steering Committee.

The nursing role has developed to include assessment and management of prisoners experiencing drug and alcohol, mental health and physical health related problems and their associated risks. It involves triage and management of complex clinical issues in a non clinical environment where there is no immediate access to medical support.

This has required creative problem solving and advanced clinical decision making which is quite unique to this environment.

Nursing staff advises SAPOL of the need for medical, hospital or emergency services and liaises with these services. The project has developed standard operating procedures and guidelines to assist SAPOL in the management of the health and welfare of prisoners.

The nurses have recognised the need to promote the project at a local level to the City Community services, youth groups, homeless groups, sobering up services, pharmacies, hospitals and medical practitioners. Strengthening of links and liaison between agencies has resulted in more opportunities for intervention and referral. Consultancy provides the opportunity to focus on primary health care in this group of people with complex needs.

Submitted by Jennifer Nicholson CNC DASC and Patricia Gibbs CNC DASC

Neonatal Nurse Practitioners: An Evolution in our Midst ...

The Australian Nursing and Midwifery Council has undertaken a review of the Nurse Practitioner (NP) standards for Australia and New Zealand and the report is due for release in the near future.

The NP Role is rapidly evolving across Australia. Initially the role was trialled in NSW in the early 1990s and has since spread to all other states and territories with authorised NPs in NSW, SA, WA and Vic, and pilots either in process or in the planing stage in the other states and territories. While the role of the NP was initially seen as primarily filling a much publicised health service gap in the bush, in fact many of the implemented and developing roles have been in metropolitan health services. This is in part because metropolitan nurses and health services may find it easier to access support for student learning and implementing the role. Here in South Australia there are currently 5 authorised NPs working in the areas of heart failure, ophthalmology, diabetes, emergency and neonatal intensive care.

The nurse practitioner neonatal intensive care role is unique to the state, and perhaps in Australia, as it demonstrates the collaboration of two tertiary hospitals, Women's and Children's Hospital and Flinders Medical Centre, and Flinders University School of Nursing and Midwifery, working together to develop and implement a new provider role. The NP role was seen as providing an additional and unique resource to meet identified gaps in health service delivery to neonates and their families.

A Neonatal Steering Committee was established to plan and implement the educational preparation of potential neonatal nurse practitioners and support the implementation of the NP role in WCH and FMC Neonatal Intensive Care Units (NICUs). Membership includes Clinical Nurse Consultants, Divisional Directors of Nursing and neonatologists from both hospitals, university educators plus ad hoc representation from students working towards NP authorisation. Central to achieving the parallel but distinct aims of education and implementation have been supporting and building collaborative relationships among students, medical colleagues, health service managers, and educators.

The students all have a minimum of 10

years specialist NICU experience and hold a post-basic neonatal ICU qualification. In addition they are all completing a MN (NP) at Flinders University. Their Masters course has incorporated theoretical studies in evidence-based practice, professional leadership, pharmacotherapeutics and clinical audit with topics in specialist advanced and extended clinical knowledge and skills. Students, academics and the clinical venues have facilitated the development of mentoring and collaborative relationships between individual students and appropriately skilled and qualified medical practitioners who foster and guide the student's clinical skill acquisition through extensive formal and informal teaching. Learning contracts are initiated by the student and developed in partnership with the student, their medical mentor, and the responsible nurse academic, thus ensuring learning opportunities are created in the workplace for students to move from their existing expert nursing practice roles into the professional authority of the NP scope of practice.

Five neonatal nurses are currently working in extended practice roles (EPN) as they prepare to apply to the Nurses Board of South Australia for authorisation as NPs. These five extended practice nurses, three in WCH and two in FMC, work across the NICU and step-down units providing expert nursing care and advanced assessment, therapy and care coordination to their tiny charges and their families. On any one shift the EPNs many find themselves leading the multidisciplinary team managing the neonate during a high risk delivery, retrieving a critically ill infant from an outlying hospital, running a resuscitation for a neonate in crisis or conducting ward rounds. The EPNs work 12 hour rotating rosters, and work in partnership with the on-call neonatologists, referring cases beyond the EPN scope of practice. As senior nurses, they collaborate with their nursing colleagues developing nursing care plans and goals, providing family education and health promotion and role modelling expert nursing care. The EPNs also offer formal and informal education for nurses and other members of the health care team, review unit procedures, and work with relevant groups to revise hospital policies unnecessarily limiting the care

EPNs and NPs are able to provide to their clients.

The path has not been easy for the neonatal extended practice nurses, and they recognise the journey is not over. Even after completing their MN (NP) and receiving authorisation as NPs, these committed nurses know they will truly be on a path of life-long learning in their advanced and extended nursing roles. As one EPN said, they have all been expert neonatal nurses for years, confidently and competently handling the babes and their families, supporting nursing and medical colleagues, coordinating the care environment, but now they have the authority and the responsibility to 'autonomously assess a patient, order and interpret investigations and initiate treatment in discussion with the neonatologist where appropriate, also providing information and explanations to the parents of condition and management strategies'. Each of them has moved into a new level of autonomy bringing with it new challenges, new demands and new opportunities. The nurse practitioner role offers exciting possibilities for nurses, but more importantly it offers new resources and better care for some of the health care system's smallest and most vulnerable patients: neonates and their families.

Acknowledgements:

The Office of the Chief Nurse for its vision and support in establishing the neonatal nurse practitioner role.

The neonatologists who so willingly gave of their time, knowledge and patience in making this role a reality.

WCH and FMC nursing administration who fought for the role, determined that this time it was going to happen.

Nurses from FMC and WCH NICUs who took on the extra burden while the students were learning and continue to support them during the hard times.

For further information contact:

Prof Sandra V. Dunn

Chair in Nursing Practice

Flinders University/Flinders Medical Centre

Ph: 8204 4227

Email: sandra.dunn@flinders.edu.au

Nursing Office Staff Changes ...

Jane Gregurke commences a six month secondment from 8 November 2004. Jane will take on a number of the portfolios originally managed by Naomi Heinrich.

Marcia Hakendorf commences a secondment from 1 November. Marcia will initially be part time on Nurse Practitioner and part time in the role of Research Offi-

cer to the Select Committee of Nurse Education and Training.

**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
Heather Osborne Principal Project Nurse	Information Systems Communications/Marketing Midwifery
Project Nurse To Be Appointed	

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

Marcia Hakendorf Senior Planning Officer, Nursing Workforce	Country Division
Sonia Waters Manager, Workforce Support & Development	Aboriginal Services Division
Christy Pirone A/Principal Consultant	Safety & Quality

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The Program of Experience in the Palliative Approach ...

The Program of Experience in the Palliative Approach (PEPA) program is a national project funded under the National Palliative Care Program as a workforce development initiative. The PEPA program is providing primary health care providers with an opportunity to develop skills in the palliative approach by undertaking a workforce placement with a palliative care specialist metropolitan or larger regional palliative care service.

The Palliative Approach is caring for people who are diagnosed with a life-limiting illness. A person receiving this care will have an active, progressive and far advanced illness, with little or no prospect of cure.

The program commenced in 2003 and will complete in early 2006 and has three key elements:

- Clinical placements to allow clinicians the opportunity to gain hands on experience of palliative care.
- A post-placement support program to enable clinicians that have undertaken placements to assimilate new palliative care skills and knowledge into work practices.
- An Allied Health education/support program.

Of the 65 applications submitted to 30 September 2004, all met the criteria to undertake a clinical placement. Of this there was equal interest from both rural and metropolitan areas. The enthusiasm of the participants, in addition to the support and encouragement from the mentors and endorsement from employers has meant that the clinical placements to date have been very rewarding.

To be eligible for PEPA you need to be employed within a health agency and not in a designated palliative care position, have support from your employer and able to implement the learning back into the workplace that adds to the community capacity in relation to the palliative approach.

More information regarding the PEPA program can be obtained from Marlene Anderson the PEPA Program Manager on 8226 6428 or via email to marlene.anderson@health.sa.gov.au.



Magnet Hospital Characteristics ...

In the 1980s the American Academy of Nursing (AAN) conducted a study of US hospitals to identify the organisational attributes that were successful in recruiting and retaining nurses during a national nursing shortage.

The top hospitals shared certain measurable characteristics, each of which was predicated on recognition of nurses' contribution

to patient care and the environment of the facility. These characteristics were:

- Effective and supportive leadership;
- Nursing staff involvement in hospital decision making;
- Commitment to professional clinical nurse qualities;
- Participatory management;
- Autonomy and accountability; and

- A supportive environment. (Buchan, 1999)

The hospitals, which consistently sustained these characteristics, not only had significantly higher retention rates than other similar hospitals, they also demonstrated significantly lower medical mortality rates (Aiken et al, 1994) and significantly improved patient outcomes (Aiken et al, 1997, Aiken, 2002).