



A Brief Word from the Chief Nurse ...

This is the last Communiqué for 2005 and once again includes a range of items from across the system. Throughout the year the diversity of work and expertise has been demonstrated in the range of items submitted for inclusion in the Communiqué. This is one of the exciting aspects of nursing – the variety of roles that can be undertaken by nurses and the range of settings in which they work. At times we hear people describe nursing as illness centred but this ignores the roles of nurses in many areas that in particular are not acute care focussed. It is important also to remember that nurses are not all working directly in clinical areas but provide valuable support in education and management roles. All of which makes for a profession with many options for those who choose to take the path.

This edition includes several articles on mental health nursing

demonstrating a range of options for nurses working in this field. In some respects this variety represents the ability of nursing to grow and reshape itself in line with changing demands over time. This will continue to be the case as we look forward to the future. At the same time it is important not to lose some of the valuable lessons from the past.

A recent article in the British Medical Journal⁽¹⁾ discusses the key role nursing has played over many years in the efficient running and operation of hospitals and the importance of the involvement of nursing for the future. The author highlights nursing as 'central to the running of hospitals'. To do this we must be well educated and demonstrate good leadership. These same features enable nursing to respond to the changing demands in delivering health care to the community.

We need to reflect on the past and learn from it not merely seek to replicate it nor wish for its continuance unchanged but as well look to the future.

I am sure during the next 12 months there will be plenty of opportunity for nurses and midwives to contribute to look to the future and in the words of Martin Luther King Jr "*The great challenge is to prepare ourselves to enter these doors of opportunity.*"

I hope you all have a safe and peaceful Christmas and wish you the best for 2006.

Debra Thoms

(1) Black N, Rise and demise of the hospital: a reappraisal of nursing, *British Medical Journal*,

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- Why nominate a nurse or midwife for a Nursing and Midwifery Excellence Award?
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Mental Health Liaison Project at Aberfoyle Park District Centre ...

Children, Youth & Family Services at the Aberfoyle Park District Centre have been granted funding for the Mental Health Liaison Project, which has enabled them to employ a mental health nurse.

It is the first time in South Australia that a mental health nurse has been employed by our child protection service and perhaps a first in Australia. This project seeks to trial a multi-disciplinary approach that will provide assessment and a 'fast track' referral pathway for parents experiencing mental health difficulties, with the aim of assisting them to continue to care safely for their children. The position is a secondment from Flinders Medical Centre to Aberfoyle Park CYFS and is funded by Innovations Funding from CYFS.

Clinical Nurse Consultant, Ruth Lange, offers mental health assessments for parents referred to the Intake and Assessment Team

at Aberfoyle Park and links them to mental health services and community resources, with the goal of reducing the impact of the parent's mental illness on the family and hopefully increasing the number of families who remain intact.

The families who come to the attention of child protection services tend to have a range of complex needs. These usually include at least some of the following: domestic violence, substance misuse, mental illness, low income, poor parenting and living in a disadvantaged neighbourhood. The complexity of families' situations can make engagement and assessment of the family difficult.

It is estimated that one-third to three-quarters of parents whose children are known to child protection services experience mental health problems. Having a Mental Health Nurse as part of the Intake and Assessment Team enables the Team to offer a mental health

assessment early in the intake process, to help clarify the issues for the family and without the barrier of a formal referral process to another agency. Ruth also works with the Intake Team and the family to develop closer partnerships between mental health services and CYFS, in the on-going management of parents who have a mental illness and child protection issues.

The project fits within the aims of the South Australian Government which has identified the need for collaborative interagency work practices to be developed to improve outcomes for families.

The project commenced in April and at this stage will continue until March 2006. It is being evaluated externally by The Australian Centre for Child Protection, UniSA.

Submitted by Ruth Lange, CNC, Mental Health, Aberfoyle Park CYFS

Why Nominate Nurses and Midwives for a Nursing and Midwifery Excellence Award ...

In 2001 the then Department of Human Services initiated the inaugural Nursing Excellence Awards and presentation dinner. The event was driven by nursing and midwifery leaders and members of the industry who indicated a desire to work with the Department to strengthen the morale of the nursing and midwifery profession by recognising excellence, thus encouraging the recruitment and retention of nurses and midwives to the profession.

The Nursing and Midwifery Excellence Awards are presented in conjunction with the celebrations of International Midwives Day (5 May) and International Nurses Day (12 May).

Why should you nominate a nurse or midwife?

Nomination of a nurse or midwife for a Nursing and Midwifery Excellence Award recognises nurses and midwives who have demonstrated outstanding qualities in their chosen area of practice and commitment to their profession.

Who nominates a nurse or midwife?

Nominations for the Nursing and Midwifery Excellence Awards are received from the general public, healthcare units/services (public and private), nursing and midwifery peers or by self-nomination.

How do you nominate a nurse or midwife?

You must complete a nomination form in which you outline the reasons why you have nominated the nurse or midwife. The nomination form will be available in the middle of January from the Nursing Office or from www.nursingsa.com.

The **nomination criteria** is as follows:

- the application of a philosophy of caring within their practice;
- an ability to be an advocate;
- an ability to instigate, develop, coordinate and/or participate in projects/programs that have positive outcome for the health and welfare of the community;
- active participation in professional and/or community organisations that foster and advance the health and welfare of the community;
- a willingness to share their personal philosophy of nursing/midwifery;
- a vision for nursing/midwifery;
- a commitment to safety and quality;
- their ability to act as a professional role model; and
- a personal commitment to continuing education.

The categories of Defence Forces Nursing Reservist, Education, Research, Future Leader and Leadership have additional criteria that must be met. The additional criteria are

available on the nomination form.

What happens if you are nominated?

Once a nurse or midwife has been nominated they will receive a letter and application form which they are requested to complete and submit to the Nursing and Midwifery Excellence Awards Coordinator. The application will be reviewed by an selection panel who are made up of experts in the category for which the nurse or midwife has been nominated.

What is the function of the Selection Panel?

The selection panel is responsible to ensure the integrity of the selection process, including maintenance of strict confidentiality and the application of natural justice. Panel membership will not comprise of a greater than 50% representation from one organization. If a Panel member has a conflict of interest, then this must be declared to the chairperson.

The Selection Panel use a ranking system to consider what would normally be expected of the applicant within their role and what has been the applicant's contribution beyond that.

For further information please contact the Nursing and Midwifery Excellence Awards Coordinator at the Nursing Office on 8226 0749.



Rehabilitation Information Skills Exchange (RISE) SA ...

The workforce education workshops in rehabilitation for health workers have commenced with three very successful workshops:

- Whyalla for the North and Far west and Eyre regions,
- Pt Pirie for the Mid North Region, and
- Mt Gambier for the South East Region, attended by 62 nursing, allied health, and paraprofessional staff. One is being held for a further 22 participants at Tailem Bend for the Hills and Mallee South region on November 24 and 25.

Topics covered include rehabilitation practice, and stroke, acquired brain injury, spinal cord injury and muscular-skeletal rehabilitation. The workshops provided much new learning, sharing of information, new contacts, and an update. The work these country units are doing was impressive, particularly in the compassion, commitment and flexibility in providing excellent patient care in difficult circumstance.

Participants are planning to incorporate into their work:

- Improved team work, including synergistic team work
- Improved goal setting and more focussed direction to their work
- Work being more client centred
- Improved client assessment, utilising assessment tools, improved discharge planning
- Greater use of evidence base and guidelines such as the Australian Stroke Rehabilitation Guidelines
- Improved networks and contacts within their region, and with specialist rehabilitation providers

Further workshops are planned for next year:

- Wakefield Region- Balaklava on March 23/24
- Northern and Central Region on March 30/31
- Southern Adelaide Region on May 25/

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Hosted clinical placements for two weeks in rehabilitation units for practitioners wishing to increase their rehabilitation clinical skills commenced this week.

If you would like to attend a future workshop, or be considered for a hosted clinical placement, do not hesitate to gain further information and details from:

Judy Harvey
RISE SA Project Manager
Telephone: (08) 8226 6218
Fax: (08) 8226 6235
Email: judith.harvey@health.sa.gov.au

The photo is of participants at the South East Workshop

Submitted by Judy Harvey, RISE SA Program Manager

South Australian Mental Health Care Improvement Initiative ...

The South Australian Mental Health Care Improvement Initiative (MHCII) is about innovation, the involvement of key people in exploring solutions, and focusing on improved service and consumer outcomes.

If we were a business and planning to improve our service we'd do a number of things, but top of the list would be to focus on taking on board customer or consumer views and needs to improve our service, we'd seek feedback from staff about what changes they think are required, and we'd provide training to help our staff implement the changes.

Simply, this is the approach that is being taken with the MHCII. We are in the business of providing the best Mental Health services we can. Through the MHCII, instead of applying the same existing systems and processes, we are shifting our view to look at what does this mean for the consumer, what could we do differently to improve their experience of the system, what do consumers and frontline staff already know might work,

and how do we ensure the right action is taken?

To start the process, the MHCII will train up to 90 front line staff, doctors, nurses, allied health workers – to analyse and plan improved ways of working with the focus clearly on the consumer. Over the next 7 months we will support these 90 Care Improvement Facilitators across health care regions in 3 main areas:

- developing the knowledge and skills for undertaking process mapping of the systems of care
- applying methods to identify, measure and analyse problems with care delivery
- implement action based on that information to improve both the individual and the systemic aspects of care delivery.

Identification of issues that cross boundaries or are identified as system-wide will be addressed using a collaborative methodology already successfully utilised in a number of areas within health i.e. Emergency Department Collaborative, National

Medication Collaborative.

It is expected that with the systematic approach to improving the processes of care, effective interventions will result in greater consumer and staff satisfaction, improved client outcomes and increased staff retention and recruitment.

Further information relating to the MHCII can be viewed in the latest newsletter from the Mental Health Unit at the following:

Internet: <http://www.dh.sa.gov.au/mental-health-unit/publications.asp>;

DH Intranet: <http://in.health.sa.gov.au/dhs-documents-v2.asp>; or by

Contacting members of the Project team from the Mental Health Unit, Department of Health

Annette Ferris—telephone 8226 6282
or
Donna Mayhew—telephone 8226 0743.

Submitted by Annette Ferris, Mental Health Unit, Department of Health

Nurse Practitioner Receives NICS Fellowship ...

A nurse practitioner from Flinders Medical Centre has been recognised as one of South Australia's most promising clinical leaders, becoming the first health professional from the nursing discipline to receive a National Institute of Clinical Studies (NICS) Fellowship.

Ms Cheryl Kimber received the inaugural National Institute of Clinical Studies-South Australian Department of Health Fellowship, which will see her undertake an evidence implementation project to improve the identification and management of osteoporosis in patients presenting to hospital with a low trauma wrist fracture.

According to Professor Chris Baggoley, Chief Medical Officer of the South Australian Department of Health and Chair of the National Institute of Clinical Studies, the NICS-SA Department of Health Fellowships aim to identify and support potential leaders in evidence-based practice in South Australia and build a community of practitioners with the expertise to support other health professionals overcome the barriers to applying evidence.

"We are delighted to announce the first nursing Fellowship for evidence uptake. This was a highly competitive Fellowship – the South Australian health system has a number of potential national leaders in health care," Professor Baggoley said.

"Ms Kimber was an excellent candidate with a project that has potential for improving care state-wide," he said.

The National Institute of Clinical Studies' Evidence-Practice Gaps Report, Volume 2, highlights that in 2001 there were approximately 176,800 fractures in Australians aged 55 and over. In people aged over 60, one in two women and one in three men will have a fracture due to osteoporosis during their lifetime.

Understanding that people with a previous fracture, caused by minimal trauma, are likely to have osteoporosis and are at high risk of future fracture, Ms Kimber will implement strategies to ensure people who come to the Orthopaedic Outpatient Department with a wrist fracture are investigated for underlying osteoporosis and receive appropriate ongoing

treatment.

Ms Kimber said, "Osteoporosis is one of the most common diseases in the ageing population. While there have been considerable advances in the detection, prevention and management of osteoporosis, numerous studies have found that a majority of patients with osteoporosis-related fractures do not receive the evaluation and/or treatment for osteoporosis called for by clinical guidelines."

Ms Kimber has worked in the area of orthopaedics for 20 years, nine years in the position of Clinical Nurse Consultant Orthopaedics and the last three years working as an Extended Practice Nurse - Orthopaedics, whilst working towards her authorisation as nurse practitioner. In July 2005, she was authorised as the first Orthopaedic Nurse Practitioner in Australia.

For further information regarding NICS please visit www.nicssl.com.au.

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Mental Health Liaison/Intake Worker at Port Pirie Regional Health Service ...

In August 2002 the new position of Mental Health Liaison/Intake Worker became a reality at Port Pirie Regional Health Service. The worker and the DASC (now DASSA) worker found that they had a natural rapport and similar work practices and values.

As time went by, the two workers found themselves working with more and more mutual clients. They started to see some of those clients together. The clients liked it, the two workers liked it as did GPs and other health workers, in particular hospital nursing staff.

No more was it a question of DASC will see the client when the mental health issue is dealt with and mental health will see the client when their substance misuse problem is dealt with. It is widely accepted that comorbidity is highly prevalent. Tackling both at the same time and treating the client as a whole person made sense to them.

The two workers now find that working together with mutual clients is time efficient and improves communication for all parties concerned. They also find that they are able

to tailor the sessions specifically for those adults who are parents and have their child (ren) present during the session. The child is included in the session and the important role of the adult as a parent is considered. The children see first hand that receiving help can be a very positive experience through the care given to their parent and they also develop relationships with the service providers and so are able to seek assistance themselves if needed at a later date.

The co-working is especially useful for clients with a borderline personality disorder through presenting a united, consistent, therapeutic approach. The client benefits from the particular expertise of the individual worker plus the gestalt effect of the two working together. Clients may not always be able to see both workers at the same time so are able to see one or the other. If the mental health issue is dominating, the mental health worker may be more involved and vice versa. This provision of a dual worker safety net is of profound importance to clients dealing with dual diagnosis issues and when they are struggling to make significant changes in their lives.

The workers view the adult as a person with important life roles rather than someone with a collection of separate 'issues' to be dealt with. This tackling of a variety of factors at the same time speeds up the 'treatment' process.

Port Pirie Regional Health Service is fortunate to have as their Chief Pharmacist, Ms Liz Bice who has an understanding of and empathy with some of our most disenfranchised community members. Her efforts have been vital in the methadone program, for instance.

Port Pirie Regional Health Service is very supportive of this work and there is a possibility of obtaining funding to develop the model further. The two workers involved in this initiative are:

Rosanna Cassin-Axford, DASSA; and
Vanessa Pardoe-Matthews, Mental Health Liaison

Submitted by Helen Hucks, Principal Clinician/Team Leader, Mid North Regional Mental Health Service, Port Pirie

December 2005 Committee Update ...

Mental Health Nurses Advisory Group (MHNAG)

The MHNAG have been instrumental in overseeing the development and implementation of three Practice Development Mental Health Nurses' regional positions. This role is a positive strategy for the development and capacity of the mental health nursing workforce. These clinicians have undertaken various projects in the regions as part of the initial 3-month pilot project. The pilot continues until June 2006.

The pilot project has undergone a formal evaluation conducted by A/Prof Nicolas Proctor, University of South Australia. The evaluation has endeavoured to capture both the processes involved, innovations made during the development and implementation phase and also the outcomes achieved from

such a role. The report will be available shortly.

One of the retention strategies identified by the Mental Health Nurse Advisory Group at the December 2004 workshop is the implementation of Clinical Supervision into the workplace for mental health nurses. Following from the workshops work is progressing on a framework and policy guidelines around Clinical Supervision. Discussions have been held with NCETA (National Centre for Education and Training on Addiction) regarding a comprehensive education package that has been developed and the potential for this to be made available for mental health services.

The Nursing Office has appointed Wendy Scott as the Project Nurse for Mental Health to support further work with the

MHNAG in areas such as describing a framework and professional practice for mental health nurses, as well as other activities to support the recruitment and retention of mental health nurses.

For further information on the MHNAG contact Marcia Hakendorf in the Nursing Office.

Combined Directors of Nursing Workshop

At the most recent workshop the Directors of Nursing heard from researchers at UniSA about the impact of sleep on work, an update from Robyn Parkes on the Career Structure Review and an introduction from Trish Brown regarding her work on Clinical Placements.

South Australian Nurse Wins Risk Manager of the Year ...

Anne Maddock, South Australian Royal District Nursing Service (RDNS) Director, Quality Systems, is the 2005 RMIA Risk Manager of the Year.

The award is presented annually by the Risk Management Institution of Australasia Ltd (RMIA), the peak body for professional risk management practitioners.

The award was announced during the RMIA annual conference in Adelaide last week. The recipient must submit evidence justifying their nomination and the selection is made by a judging panel headed by former RMIA risk manager of the year

and Adelaide-based RMIA director Peter Brass.

Ms Maddock is currently seconded to the SA Health Department, where she is senior project officer for the development of safety and quality programs across the state. She has had 170 consultations so far, and that will increase to 250. "They're all saying we must work together on interfaces to reduce risk," she said.

One of her key goals is to see a better interface between health service providers for best possible outcomes for consumers.

Ms Maddock has worked with RDNS's board, executive team and staff to create a risk management strategy. "A risk manager is only as good as the committed staff they work with," she said. Key achievements include creating business sustainability by having contingencies in place to respond to significant events and ensuring a safe environment for staff and clients.

Ms Maddock says health care is "a risky business" and risk management is essential to make it safer.

The RDNS has 466 staff working in multiple locations, including nursing centres and clients' homes. They travel 3.7 million km a

Mental Health Nurse Practitioner Positions ...

Following on from recent industrial action involving ANF and CNAHS Mental health Services a range of strategies have been agreed between the ANF and the government. These include

the appointment of ten (10) Mental Health Nurse practitioners in metropolitan areas.

A number of positions are being advanced in each region and are in areas such as

emergency, older people, ACIS and child and adolescent.

Baby Friendly Hospital & Community Initiative ...

Baby Friendly Hospital and Community Initiative makes breastfeeding easy.

Child and Youth Health, as part of the Children, Youth & Women's Health Service (CYWHS) are working towards becoming the first Community Health Service in Australia to become accredited as 'Baby Friendly'.

The Baby Friendly Initiative is a global initiative of UNICEF, the United Nations Children's Fund and the World Health Organisation. It accredits organisations that have adopted a plan to support successful breastfeeding.

The Baby Friendly Community Initiative (BFICI) is an extension of the Baby Friendly Hospital Initiative (BFHI- 'The 10 Successful Steps to Breastfeeding') in hospitals, and is reported to increase initiation breastfeeding rates.

Nan Davies from Child & Youth Health (CYH) explains that it is important to establish breastfeeding as the cultural norm and make it easier for mothers to choose and continue breastfeeding.

"Australian research shows that although over 90 per cent of mothers start breastfeeding, of the women who come to CYH clinics only about half of them are still breastfeeding at six months, says Ms Davies.

"Through BFHI accreditation and their Universal Home Visiting Scheme, the CYWHS aim to turn this trend around and support and encourage more women to exclusively breastfeed for the first six months and to continue breastfeeding until 12 months or longer."

Ms Davies says investment in breastfeeding promotion is among the most cost-effective health interventions available.

"The benefits of breastfeeding in promoting babies' health and protecting them against infections and illness are uncontested, together with many health and social benefits for mothers, says Ms Davies.

"Breastfeeding provides an infant with all the energy and nutrients needed for the first 6 months of life and continues to contribute a significant proportion of nutritional needs until around two years of age."

The Baby Friendly Hospital Initiative, which aims to create health care environments where breastfeeding is the norm, has been around for over a decade. But the move to community health care settings is relatively new to Australia.

Accredited community health services have a comprehensive approach to breastfeeding promotion and need to demonstrate this by:

- Having a written breastfeeding policy that is routinely communicated to all staff and volunteers
- Training all health care providers in the knowledge and skills necessary to implement the breastfeeding policy
- Informing women and their families about breastfeeding being the biological way to feed a baby and identify the risks of not breastfeeding
- Inform women and their families about the management of breastfeeding and support them to establish and

maintain exclusive breastfeeding to six months

- Encourage sustained breastfeeding up to two years and beyond with recommended introduction of solid foods at six months of age (NHMRC Guidelines, 2003)
- Providing a welcoming atmosphere for breastfeeding families
- Promoting collaboration between health care providers, breastfeeding support groups and the local community. (draft Australian Baby Friendly Initiative 7 Point Plan for the Protection, promotion and Support of Breastfeeding in Community Health Services, 2005)

Most recently, the CYWHS has implemented their E-learning Breastfeeding Education Program as part of their BFHI accreditation. The program educates health workers about breastfeeding, so that they can pass their knowledge on to mothers.

The Baby Friendly Initiative is inclusive of all babies regardless of how they are fed. If a mother makes an informed decision not to breastfeed then the health care providers will support her in that decision.



'Mental Health at the Centre' Conference ...

Australian and New Zealand College of Mental Health Nurses 32nd Annual International Conference will be held at Alice Springs Convention Centre, Northern Territory, Australia on 2—6 October 2006.

Mental health nurses from across Australia and around the world will come together in Australia's red centre to share information, reflect upon practice, confront contemporary issues and make new professional contacts and friends while

enjoying this unique environment. The theme for this conference, 'Mental Health at the Centre', illustrates the significant landmark location of the 2006 conference and is intended to reflect the current status of the mental health arena in the twenty-first century.

Mental health nursing and mental health services have often been perceived as marginal in health service delivery. The theme challenges this perception and invites presenters to address related key topics.

Mental health issues and the mental health arena will grow in importance to governments, communities and individuals in the years and decades to come and the mental health nursing profession will be a key player in this expanded sphere.

For more information including abstracts please visit <http://www.icms.com.au/anzcmhn2006/>.

Congratulations to Karen Parish ...

Congratulations to Karen Parish, Executive Director of Nursing & Patient Services, Repatriation General Hospital who was successful in her application to participate in the Leaders Institute of South Australia, the Governor's Leadership Foundation.

The Governor's Leadership Foundation is the premier leadership development program in SA, renowned for its diverse network of graduates, who have a positive influence across society. The Governor's

Leadership Foundation Program (GLFP) is also unique in South Australia. The GLFP is consciously an experiential development program focused on issues and designed to broaden, enhance and accelerate leadership capability and provide high-end development for key people in organisations throughout SA. The Program originated in 2000, as an initiative of South Australian Business Vision 2010 in order to help facilitate the achievement of its Vision by developing our State's leaders.

Its mission is to broaden, enhance and accelerate leadership capability in South Australia, through a widely recognised and highly regarded experiential leadership development program and a committed and dynamic network of graduates.

NURSING OFFICE ROLES AND RESPONSIBILITIES

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

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

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

Deb Pratt Principal Nursing Adviser	Workforce Budget Recruitment and Retention N3ET
Heather Osborne Principal Project Nurse	Information Systems Communications/Marketing Midwifery
Robyn Parkes Principal Project Nurse	Career Structure Review
Marcia Hakendorf Project Nurse	Nurse Practitioner Education Mental Health Aged Care
Trish Brown Project Nurse	Clinical Placements Project Co-ordinator
Wendy Scott Project Nurse	Mental Health

- Aboriginal Services Division
- Country Health Division
- Safety & Quality

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