



Queensland Health  
Office of the Chief Nursing Officer  
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# EPIC News

Evidence · Practice · Innovation · Capacity Evidence · Practice · Innovation · Capacity Evidence · Practice · Innovation · Capacity

## Queensland Health Nursing and Midwifery EPIC News Issue 6, March 2009

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# EPIC

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## thinknursing

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Queensland  
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### From the Chief Nurse's desk

GFC – the Global Financial Crisis - conjures up many pessimistic thoughts of downturns, high unemployment, retrenchments and uncertain times. Times like these lead me to reflect on the security and other advantages that working for Queensland Health offers.

Queensland Health nurses can access:

- Generous superannuation options (see your QSuper contact - <http://qsuper.qld.gov.au/default.aspx>);
- Salary sacrificing options (see [http://qhpeps.health.qld.gov.au/hrbranch/salary\\_sacrifice/salary\\_sacrifice.htm](http://qhpeps.health.qld.gov.au/hrbranch/salary_sacrifice/salary_sacrifice.htm) and <http://www.remserv.com.au/> to find out what may be available to you). After you have discussed this with your Financial Planner, you may find that salary sacrificing could be worth as much as \$9,000 per year to you;
- Nurses/midwives who work all shifts are entitled to six weeks annual leave per year, and a non shift working nurse/midwife has access to five weeks annual leave per year;
- In addition, leave may be taken at half pay to give you double the period on leave. Leave may also be 'purchased' by adjusting proportionate salary to enable you to access a further six weeks leave each year;
- Long Service Leave can be accessed after 7 years, and as little as one week may be taken at a time;
- Up to 12 weeks maternity and adoption leave is available to Queensland Health nurses/midwives; and
- Permanent nurses and midwives are able to access up to three days paid professional development leave and between \$1500 and \$2500 per annum towards the costs of professional development.

Queensland Health recognised the daily challenges faced by nurses/midwives working in remote areas and have a number of compensation packages designed to assist with the recruitment and retention of nurses in Rural and Remote facilities (see <http://www.health.qld.gov.au/nursing/benefits.asp> for detailed information).

I sincerely hope that in the coming months the GFC does not impact on your family or friends, however, I am confident that Queensland Health will continue to offer nurses/midwives job security, assisting to tide you over the GFC.

*Pauline Ross*

## Evidence Practice Innovation Capacity

### Do non-scrubbed theatre staff need to wear face masks to prevent wound infection?

This question has been investigated in two recent studies, which were both funded by Queensland Health Nursing Research Grants. The first trial focused on women undergoing caesarean section, gynaecology surgery or breast surgery at the Royal Brisbane and Women's Hospital (n = 416). The second involved general surgical cases and included men and women (n = 402) at the same hospital. In both trials, the operating theatres were randomly allocated to be 'mask' or 'no mask' theatres and all non-scrubbed personnel were asked to follow the allocation instructions for that session.

At baseline, patients in both groups were well matched for risk factors for wound infection (such as age, weight, co-morbidities and the surgical classification), all other procedures in the theatres remained unchanged. Patients were followed up for at least 6 weeks post operatively, to make sure that all infections were recorded.

Results in both studies showed no difference in infection rates between groups.

Although theatre staff had initial concerns, they quickly embraced the study and were pleased when they were allocated to a theatre where they did not need to wear a mask. Another important outcome of the study was an estimated 2/3rds reduction in the cost of masks worn by theatre staff.

Our results match those found in an earlier, large trial of mask wearing versus no-mask wearing in operating rooms. The combined results suggest that it is safe for non-scrubbed staff to remain un-masked in operating theatres.

For more information contact:  
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## Evidence Practice Innovation Capacity

### Nurse Unit Manager Project - Phase 2

In September 2008 the 'Review of the Nurse Unit Manager (NUM) Role' final report was released which identified ten key recommendations to further strengthen and develop the NUM position. These recommendations detail the measures to be undertaken to assist NUMs. They were developed by the Office of the Chief Nursing Officer after extensive feedback from many of Queensland Health's Nurse Unit Managers. The recommendations of the report are focused around:

- developing a NUM role description that refocuses the NUM role on clinical responsibilities and reduces the administrative load of the NUMs;
- identifying different work levels within the NUM role;
- ensuring succession planning for the NUM role;

- and ensuring NUMs have adequate access to resources, training, orientation and mentor support to effectively undertake the NUM role.

A second phase of the project has now commenced which seeks to answer how these recommendations might be practically undertaken. A key part of this second phase is the review of similar work that has been done in other States and Territories and the review of existing frameworks and training that might be utilised within Queensland Health. In addition, this phase involves understanding the differences in the NUM role across the State which might impact on the implementation of the recommendations. Tracey Gray and Michelle Stirling from the Workforce Design and Liaison Unit are managing this sec-

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## Evidence Practice Innovation Capacity

### Nursing portal for Queensland Health nurses

The e-Nursing Committee identified the development of a Nursing Portal as a key strategy to support Professional Practice. The Chief Nursing Officer supported this and invited nurses from Canada to present the Nurse One Portal at the Passionate about Practice Conference in July 2008. The Canadian presentation was very well received by the conference participants.

Work has progressed on planning a Nursing Portal for Queensland Health Nurses. What is a portal? It is a website that provides links to resources rather than a service developing all of the information on the site. The Queensland Nursing Portal development will occur in two phases. Phase 1 will provide links to all resources currently available such as career de-

velopment opportunities, continuing education, professional links and library resources. Phase 2 will provide links to resources we may currently not have a licence to, but will need to be purchased, such as extra nursing resources for CKN. The site will be accessible outside of the Queensland Health network via a process similar to CKN access.

This is an exciting development for nurses in Queensland Health. Watch this space.

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## Evidence Practice Innovation Capacity

### 'I get paid more than my mates.....what am I?'

Nursing and midwifery careers (prior to 2008) have not been marketed to school leavers and young people (14-19 year olds) as careers of choice in Queensland. Certainly, this is a perception amongst young people that nursing careers involve dirty work, receive poor remuneration and have little choice for career opportunity. This perception is promulgated by some teachers, careers advisers and guidance counsellors who, through lack of current information, provide incorrect or misleading information to young people and school leavers.

In 2008, the Office of the Chief Nursing Officer (OCNO) created and implemented the "What am I? I'm a nurse" media campaign, investing just over \$0.5 million in advertising, resource kits and promotional materials about nursing and midwifery careers.

At the start of the 2009 academic calendar, the

Queensland Tertiary Admissions Centre (QTAC) advised Queensland Health that first preferences for nursing and midwifery undergraduate courses at Queensland universities had seen an increase of just over 13.3% compared to the same period in the previous year. The anecdotal success of the "What am I?" campaign in 2008 shows that perceptions can be changed, that the market is hungry for information about nursing and midwifery careers, and that advertising and marketing these careers can have an impact on course selection at the university undergraduate level.

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## Building capacity of nursing and midwifery through best practice in clinical education. – The building blocks of life long learning.

Building capacity of Nursing and Midwifery through best practice in clinical education. – The building blocks of life long learning. 2008 was a busy year of planning, developing, and evidencing the way forward for Clinical Education and Training for nurses and midwives for Queensland.

The major body of work undertaken was the consultation through Phillips KPA in the Formulation of a Best Practice Model for Clinical Education and Training for Nursing and Midwifery in Queensland and this consultation process is now complete.

Many nurses, midwives and health professionals from universities, TAFE's, public and private health service providers and professional bodies were included in the development of this model and we thank you for your valuable contribution.

This has been about building on the great work that has occurred in the past and setting a new direction for the future. The evolution on nursing and midwifery has many milestones and the introduction of the best practice model will be another for Queensland nurses and midwives. As a result, recommendations from the report have been made available to key stakeholders for inclusion in their strategic discussions around clinical education and training. An implementation plan is currently being developed and also a synopsis of the recommendations which will be available on the Office of The Chief Nursing Officer website shortly.

2009/2010 priority areas will include:

- Development of a clinical placement management system and processes aimed at building placement capacity.
- Building alliances with all education and training partners.
- Development of an education pathway of life long learning for nurses and midwives.
- Modernising the Queensland Health Nursing and Midwifery Staff

Development Framework.

- Enhancement of the Transition to Practice Nurse Education Program (TPNEP) in keeping with the National Specialisation Framework for Nursing and Midwifery (part of the N3ET) with progression to “on line” learning with clinical education support.
- Development of a dedicated Nursing Portal to provide a single entry point to available electronic nursing resources and decision support tools.
- Reviewing the nursing education infrastructure to support the best practice model.
- Explore all opportunities through simulation and the Skill Development Centre for nursing and midwifery .

All of these processes are aimed at maximising the availability of and access to resources to support the ongoing professional development and continuing education and training of nurses and midwives in the provision of best practice in patient care for the population of Queensland.

We will be inviting active participation in the development of these exciting opportunities through the formation of workgroups and project teams and we encourage your involvement.

In closing, the team invites you to reflect on the following quotation...

*“Learn avidly. Question repeatedly what you have learned. Analyse it carefully. Then put what you have learned into practice intelligently.” Confucius*

We would love to hear of your ideas.  
The Clinical Education OCNO team contacts:

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Glenda\_Chadwich@health.qld.gov.au

## Introducing....

### Debra Nizette, Nursing Policy Officer - Mental Health

The position of Nursing Policy Officer - Mental Health aims to work with mental health nurses across Queensland to promote and develop mental health nursing practice. In January this year Deb Nizette was appointed in this role. The position is located within the Office of the Chief Nurse and is informed by state, national and global nursing issues impacting on the mental health nursing profession. The position collaborates with Mental Health Branch, to support mental health service initiatives. The ultimate purpose of the role is to collaborate with mental health professionals to improve care for consumers.

Deb completed her initial nursing qualifications at the Royal Prince Alfred Hospital (Sydney), followed by a period of surgical nursing before commencing Midwifery at Paddington Women's Hospital, graduating in 1979. Overseas in the 1980's Deb worked in neurosurgery at the Hospital for Nervous Diseases in London, returning to Australia to study Psychiatric Nursing at Wolston Park Hospital (The Park). After working as Nurse-in-Charge at Rosemount acute mental health inpatient unit Deb transferred to the School of Nursing RBH as an Educator. Deb later moved to Toowoomba holding nursing, educator, and research and quality manager positions at Baillie Henderson Health Services and working as a lecturer in mental health nursing at USQ.

In 1995 Deb returned to Brisbane as a lecturer

*...Continued from page 2*

and phase. We would like to thank all the NUMs and DDONs who have assisted us in collecting data on the reporting structures and accountabilities of each NUM across the State.

at Australian Catholic University, undertaking research, writing, and course coordination; developing the profile of units Indigenous Culture and Health and Mental Health Nursing (shamelessly promoting mental health nursing as a career path).



Deb is a contributor and co-editor of the Australian mental health nursing text 'Psychiatric and Mental Health Nursing' a project developed with Katie Evans (QH) and Ruth Elder (QUT).

As a Fellow of the Australian College of Mental Health Nurses, Deb has over many years, contributed to the profession in various roles within the College, including College Vice President, Chair of the Board of Censors, and

Branch Education Officer. Membership has also provided invaluable networking and professional development opportunities while providing up to date information on professional and consumer issues. Deb is a management committee member of ARAFMI (Mental Health Carers Australia), and a member of the Nursing Tribunal.

Deb looks forward to working with mental health nurses and associated mental health stakeholders across Queensland. Maintaining communication networks will be a priority to ensure a coordinated and collaborative approach when responding to mental health issues, initiating and developing policy and creating strategies for the future of mental health nursing.

For more information contact:

Tracey\_Gray@health.qld.gov.au or

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Access the report at:

[www.health.qld.gov.au/ocno/documents/numreport.pdf](http://www.health.qld.gov.au/ocno/documents/numreport.pdf).

## The Labour Force Survey

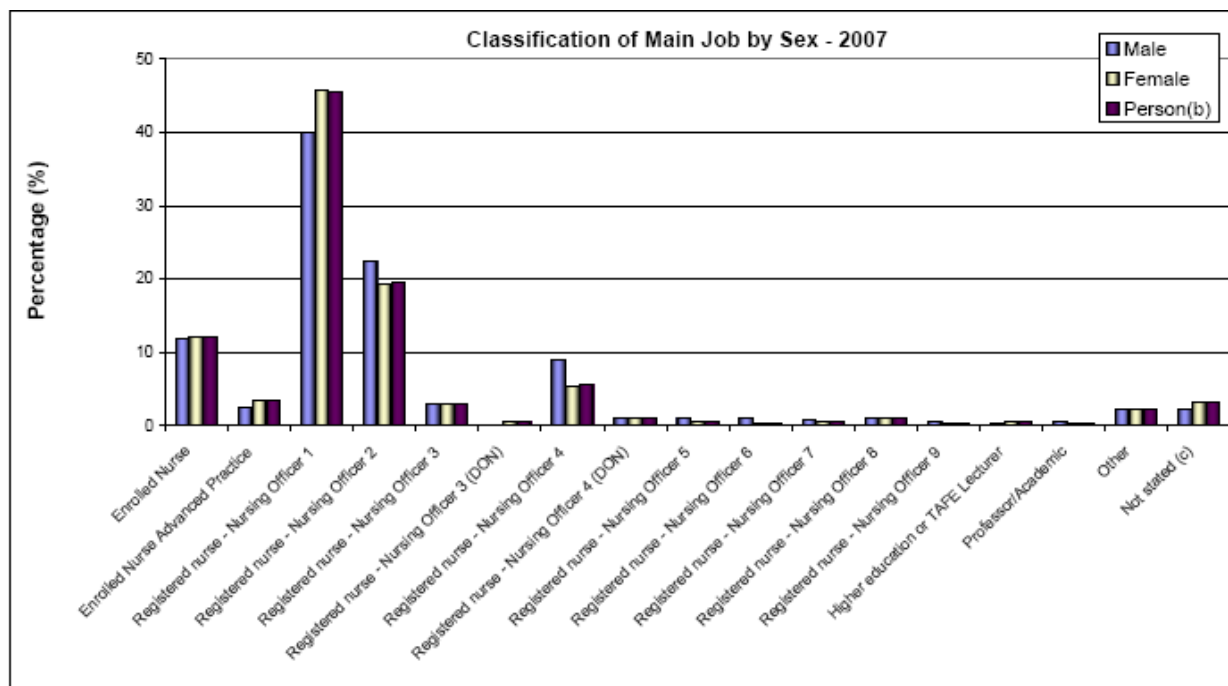
The Labour Force Survey is distributed to every nurse in Queensland as part of the annual registration and enrolment process.

Information from the survey is used to inform nursing workforce planning into the future. The information on the number, characteristics and employment trends of nurses and midwives in Australia and the geographical regions and overall supply information is vital for government planning to help shape nursing and midwifery into the future.

It is not compulsory to complete the survey as part of the re-registration or enrolment process. However, the information feeds into information collected by the Australian Institute of Health and Welfare, <http://www.aihw.gov.au/>. A search for 'nursing' on this site will bring up many publications and tables illustrating the status of our profession.

The Queensland Nursing and Midwifery Labour force survey results for 2008 will be available on the web very shortly. In the meantime, The Queensland Nursing and Midwifery Labour force survey results for 2007 are available via [http://qheps.health.qld.gov.au/waru/content/labour\\_force.htm](http://qheps.health.qld.gov.au/waru/content/labour_force.htm). An example of one graph is below. Visit the page for more interesting statistics.

This is your opportunity to contribute to valuable statistics which shape the workforce of the future.



## Rural and Remote Nursing Orientation Toolkit Launch

The Rural and Remote Nursing Orientation Toolkit was officially launched by the then Minister for Health, Stephen Roberston on the 9<sup>th</sup> March 2009 at Proserpine Hospital. The release is the first three modules in a series of more than fifty modules totally 100 hours of learning time of an orientation package specifically for rural and remote area nurses and midwives.

The package utilises an e-learning

methodology and is hosted on Queensland Health's "Clinician Development Education Service" (CDES), meaning that it is available within QH facilities but additionally at home or outside the organisation to the state's 27,000 nurses and midwives.

Implementation of the package across the state will reduce duplication of resources, ensure consistency in education preparation of new staff, encourage retention of staff and ensure that nurses and midwives are adequately

prepared pro practice in rural and remote context.

The first 40 hours of orientation education will be online and live by 30 June 2009. The

remaining 60 hours of orientation education will be live by 31 August 2009.

These orientation toolkit modules complement and align closely with the clinical education and training reform for all health professionals



L to R – Then Minister for Health Stephen Roberston, Gayle Hall, Danielle Hornsby, Lisa Milne, Julie Rampton

currently underway within the department.

This project has been undertaken in collaboration and with active participation of other health care organisations and partners - Council of Remote Area Nurses of Australia (CRANA), Royal Flying Doctor Service (RFDS), James Cook University (JCU), Australian Rural Nurses and Midwives (ARNM) and the Royal College of Nursing Australia (RCNA).

## Midwifery Update

### Goondiwindi and the Midwifery Models of Care

The Goondiwindi Midwifery Group Practice celebrate their first birthday in June this year. What was once deemed a 'critically ill maternity service' is now hailed as "a shining beacon' (Australian Rural Doctors, March 2009) for rural maternity services. This exciting midwifery-led model of care is collaborative and successful in offering continuity of antenatal and postnatal care, and low risk birthing services to the local community, one third of whom are Indigenous women. Dramatically improved breastfeeding rates are resulting and birthing locally is rising. Healthier and happier mothers, babies, families and midwives are a consequence of this well planned, constructed and responsive collaborative model of health care in this small community.

For more information contact Midwifery Advisor:  
Belinda\_Maier@health.qld.gov.au

*A date for your diary...*



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