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EPIC News

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Queensland Health Nursing & Midwifery EPIC News Issue 3, June 2008

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From the Chief Nurse's desk

There has been a lot of attention in the media recently regarding nursing shortages and interest has been generated in what Queensland Health is doing to increase nursing numbers. I have been involved in various media discussions including radio interviews that centre on the current and projected shortages for nursing in this state. It is clear to me that our community places a high importance on the value of nursing and so the subject of nursing shortages raises both concern and anxiety for the broader population.

While there are individual service areas with nursing positions that continue to be difficult to recruit and retain staff, it is important to note that our nursing workforce has increased substantially over the last 3 years. Since June 2005 we have employed 5,013 additional nurses which have made an enormous difference to the capacity of the nursing workforce. I recognise that there has also been increasing service demand and we do face significant shortages in the future as nurses retire and fewer people enter the nursing profession. We also have future hospitals planned that will require large numbers of suitably qualified and skilled nurses to ensure that the new hospitals open as promised.

We cannot pretend that the way we deliver nursing care in our current traditional models of care will be sustainable in the future. We are at a time of both crisis and opportunity and it is up to our profession to move forward and be leaders of contemporary nursing care into the future. We have the capacity to transform traditional service models into contemporary nursing models; responsive to community need and reflecting the full scope of nursing roles from assistant in nursing, enrolled nurse, registered nurse or midwife to nurse practitioner.

I am certain that our profession will continue to lead and champion innovative approaches to health care in this state and I challenge every one of you to promote the full breadth of nursing role in the delivery of services. I also look forward to seeing you at the 'Passionate about Practice' conference in June where we will see numerous presentations and discussions highlighting innovative clinical nursing practice in Queensland. *Pauline Ross*

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Nursing Rounds and the Influence on Nursing Work Satisfaction

Clinical nursing leaders are continuously seeking strategies to enhance nursing practice and nursing work satisfaction. The nursing leadership team in 9AS at the Royal Brisbane and Women's Hospital (RBWH) took an innovative approach to this and decided to introduce Nursing Grand Rounds in the ward. Their aim was to use this strategy to support evidence based practice and promote excellence in nursing practice development. Nursing Grand Rounds is a forum that can be held at the point of service delivery and involves nurses engaging in collaborative inquiry and care planning related to a specific patient issue.



Left to right- Sarah Stephen, Naomi Daly, Kaylene Woollett, Bronwyn Richardson, Prof. Glenn Gardner and Jenny Hall.

their application for a novice research grant in the Queensland Health Nursing Research Grants Scheme to fund a trial implementation and evaluation of this initiative.

This pilot project implemented and tested the effectiveness of Nursing Grand Rounds in this acute surgical ward, on nurses' satisfaction with their work life and their work environment. Individual nurses from the 9AS team presented each week and there were two additional innovative and unique aspects of this Nursing Grant Rounds.

Firstly the patient whose care was being discussed, or their carer, was present and contributed at the Grand Rounds and secondly a clinical librarian at-

With mentoring from the RBWH Professor of Clinical Nursing, this team was successful in

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Nurse Practitioner Roll Out

The Office of the Chief Nurse is pleased to be able to announce the appointment of Della Warren to the position of Nurse Director, Profession and Practice. Della comes to us from Bedfordshire England where she worked as a former clinical advisor in Primary and Community Care, leading clinical service reform in the East of England.

Della's first priority is to progress the Nurse Practitioner roll out. Already Queensland Health has seen an increase in Nurse Practitioner positions from 13 in February 2008 to 20 in June 2008. The new positions were established at Logan and Gold Coast Hospitals.

The State Government allocated \$35.8m over four years as part of the record \$8.352 billion

health budget announced in June. Collaboration between the Office of the Chief Nurse, Area Health Services and the Districts is underway to finalise the allocation of the additional nurse practitioner positions. Areas of priority will include remote and rural, mental health, aged care, chronic disease management and emergency departments.

A new nurse practitioner implementation framework and toolkit will be available on the Office of the Chief Nursing Officer website from July 2008.

For more information contact:
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Mentoring Framework for Aspiring Nurse Leaders

Queensland Health, through the Office of the Chief Nurse is committed to fostering the development of aspiring nurse leaders and has commissioned a project to develop a *Mentoring Framework for Aspiring Nurse Leaders in Queensland*. The Association of Queensland Nurse Leaders Inc (AQLN) has recently received a grant from the Office of the Chief Nurse for the purpose of developing a Mentoring program for aspiring nurse leaders that is applicable for potential nurse leaders to those currently in leadership roles.

Effective nurse leadership is acknowledged as a crucial element for improving the quality of patient care, for overall staff development and for creating the vision needed to effect and sustain change within the nursing profession. Mentorship allows current and aspiring nurse leaders to learn, grow and develop with the guidance, inspiration and direction of those more experienced.

The project to develop the framework document and toolkit of resources along with the implementation guide is currently being completed and is due for launching at the AQLN conference in August. The project has been overseen by the AQLN through a steering committee that consisted of experienced nurse leaders and nurse leaders with an interest in mentoring.

The Association of Queensland Nurse Leaders is very proud to have played a major leadership role in developing this framework and toolkit for Aspiring Nurse Leaders and being an instrumental partner in laying the foundations for the future development of nursing leadership in Queensland.

For more information contact:

Kevin Clark

Project Officer AQLN Mentor Framework

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Rural and Remote Nursing Relief Program

The Queensland Health Rural and Remote Nursing Relief Program provide a pool of Relief Nurses for Queensland Health's Rural and Remote Facilities. This pool of relief nurses is used for the purposes of planned relief for periods of up to three months duration.

Registered or Enrolled Nurses with current Queensland Nursing Council registration and a minimum of twelve months experience are eligible to apply to join the program.

Once accepted on the program you are supported through ongoing professional development programs and annual mandatory training

refreshers. Relief Prep is a one week comprehensive training course that will provide and consolidate those skills required to be a functioning confident practitioner in the rural sector of Queensland Health.

Further professional development in Rural Nursing is highly encouraged and supported. Masters and Post Graduate degrees and diplomas in Rural and Isolated Practice Nurses are highly recommended.

Permanent and Casual positions are available in the Pool Rural and Remote Teams stationed at multiple regional centres including

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Rural and Remote Nursing Relief Program

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After recently joining the RRNRP Team, Kim Maizey and Paul Gunasehar have enjoyed relieving in facilities such as Bowen, Moranbah and Kowanyama.

Rockhampton, Toowoomba, Cairns. All travel and accommodation is covered by the receiving facility. Travel can be by private motor vehicle (an allowance is paid per kilometre) or by public transport (plane, train, bus).

For this great opportunity, please contact the Rural and Remote Nursing Relief Pool on the details below.

For more information contact:
Sandra Jarvis
Nurse Manager, RRNRP
Phone: (07) 4920 6824
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Bringing Nurses Back into the Workplace

On 15th January 2008, the Federal Government announced the Bringing Nurse Back into the Workplace (BNBW) Program, providing cash bonuses to both the nurse and to the facility. Matthew Schull has recently commenced with OCNO to lead a temporary project examining Nurse Refresher Programs in Queensland Health.

The overall aim of this project is to increase the available nursing workforce through increasing enrolments in Nurse Refresher Programs in Queensland. This project will include:

- Developing a marketing campaign to encourage nurses who are not currently working as nurses to return to the profession
- Developing systems (financial, HR and IT) to

support the project

- Identifying current capacity to deliver Nurse Refresher Programs, and working with stakeholders to increase this capacity where we can.



Matthew Schull
Project Officer, OCNO

This project will have close links with the Commonwealth Government's Bringing Nurses Back into the Workforce (BNBW) Program and there will be communication and consultation with stakeholders across the state about this project. It is expected this will commence once the marketing campaign and systems are more developed.

For more information contact:
Matthew Schull
Project Officer, OCNO
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Mental Health Update

Recruitment looms large in our sights as the mental health plan gains larger silhouette on the horizon. Recruitment teams are off to the UK soon where around 100 interviews have already been planned. There is also a planned follow up visit for later on this year.

Barb Bowler has commenced the Clinical Supervision project and is working with Leon Slattery (Queensland Centre for Mental Health Learning) in developing a cohesive Policy framework for clinical supervision for mental health nurses and practice supervision for Allied health. What is becoming clear through this work is the differing professional needs for different types of 'supervision'. This project is due to finish in

June by which time we will have a plan for implementation.

Scholarship applications for this year have hit a peak with 136 applications, showing an increase of 236% over the mean for the past 6 years. It is very pleasing to see the increased interest particularly the interest in nurses seeking endorsement. We are currently seeking additional funding to assist as many nurses as we can for this year.

For more information contact:
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Midwifery Update

The government is committed to enhancing Queensland's maternity services to progress evidenced based, sustainable strategies to expand choices for women, wherever they live, without compromising safety. Re-Birthing, Report of the Review of Maternity Services in QLD 2005 helped provide the strategic direction to move forward.

OCNO has developed a Guide for the Implementation of a Midwifery Model of Care. This guide will assist midwives, managers and area health services in implementation, clinical governance and evaluation of midwifery models of care as part a primary maternity service network. The Guide will be available soon on our website and hard copies will be circulated.

The Minister endorsed a review of the Health (Drugs and Poisons) Regulation 1996 to allow midwives to initiate and administer medications according to a drug therapy protocol. This resulted in legislative change in June 2007. Members of the Midwifery Drug Therapy Protocol (DTP) working group have just finalised the Drug Therapy Protocol and it will soon be available. This office is also developing state wide health

management protocols which are required to be used with the DTP and an education program for midwives. Next on the list is progressing with pathology and ultrasound access for midwives.

Copies of 2006 QH Midwifery Development Program (Midwifery refresher) are available from the office in a CD format. Hopefully the program will be available soon to download from the website as well. This program can be used for midwives who have maintained midwifery endorsement, but require refreshing before working in maternity areas again.

If you have topics you wish to send in to be examined by the Midwifery Advisory Committee please do so. This is a statewide advisory committee so the topics need to be things that would affect midwives across all of Queensland. I look forward to hearing from you.

For more information contact:
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Nursing Rounds and the Influence on Nursing Work Satisfaction

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tended, contributed to the discussion and assisted with searching and retrieval of relevant literature.

The findings from this pilot study showed some improvements in nurses work satisfaction as a result of participating in Nursing Grand Rounds, particularly with perceptions of autonomy, professional status and interaction. There was also some indication that there was improvement in perceptions of the quality of care.

Whilst the scope of this pilot study was not sufficient to show statistically significant findings, it provided the basis for further research and refine-

ment of the intervention. Moreover, the trial of practice was a success at the local level. Nurse Grand Rounds was received with enthusiasm by the clinicians and involvement at the study site and adjacent wards was consistently high. Consequently Nursing Grand Rounds is now a permanent feature of the intellectual life and clinical learning program for the nurses on 9AS at RBWH.

For more information contact:

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Media Release

Attention: news, health, industrial relations, politics

At last: a Chief Nurse for Australia

The Australian Nursing Federation today warmly welcomed the Rudd Government's announcement they were establishing the position of Chief Nursing and Midwifery Officer.

"The establishment of the position of Chief Nursing and Midwifery Officer was a Rudd Government pre-election commitment and another one they have now delivered on", Jill Iliffe, ANF federal secretary said. "Nursing plays a role in so many of the Government's programs such as: health, aged care, education, mental health, Indigenous health, rural health and the MBS and PBS; it is vital they have a representative at a senior level in government to provide nursing input and link all the programs together.

"It is also important for Australia to be officially represented in international nursing forums by their Chief Nursing and Midwifery Officer," Ms Iliffe said.

Ms Iliffe said the role will raise the status of nurses and midwives within government.

The ANF anticipates the national Chief Nursing and Midwifery Officer will be a part of the National Health and Hospitals Reform Commission.

"Nurses have been lobbying strongly for health reform for many years," Ms Iliffe said. "Nurses comprise over 50% of the health workforce in Australia working across all sectors; the community, hospitals and aged care, so it is essential they are represented at a national level. Nurses have a major contribution to make to the health reform process."

The ANF, which currently represents over 160,000 nurses, says nurses are pleased that the Rudd government is acknowledging the importance of nurses to the health system and to the Australian community by the establishment of this position.

Media inquiries

Jill Iliffe, ANF Federal Secretary, 0419 576 590

Libby Muir, ANF Communications Officer, 0413 834 979

Introducing....

Odette Best, Indigenous Nursing Advisor

Odette Best is a Boonthamurra, Goreng/Goreng woman who was born and raised in Brisbane. She has been nursing for 19 years having trained at the Princess Alexandra Hospital. On graduating from her General Certificate in nursing, Odette has worked primarily in the area of Aboriginal Health which included seven years at the Brisbane Aboriginal and Islander Community Health Service as Sexual Health Coordinator for at risk, Indigenous young woman.



Odette Best
Indigenous Nursing Advisor

In March 2007 Odette joined the Office of the Chief Nurse team as the Inaugural Indigenous Nurse Advisor. Within this position, Odette is responsible for the development of the Aboriginal and Torres Strait Islander Nursing and Midwifery Strategy. It is anticipated that this will be completed by May 2008.

Odette is also responsible for engaging with the tertiary sector and enabling processes for greater recruitment but also importantly retention issues for Indigenous nurses across Queensland.

Odette has also worked within the Queensland Women's prison system. Most recently, Odette has worked in the tertiary sector and has been lecturing in Indigenous Health and Primary Health Care at both the University of Queensland and also the University of Southern Queensland over the past nine years.

For more information contact:
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www.iamevents.com.au/qh/clinicalnurseleaders

Back Chat

email: chiefnurse-office@health.qld.gov.au
please state if you wish to remain anonymous

Last Issues Topic

Does Nursing Have an image problem?

Why is nursing a great career for school leavers and others?

What it means to be a nurse working in a diverse range of settings in the 21st century?

Image, Leadership, Concept

I think this debate is fuelled by a number of myths coupled with a long-standing problem for nursing which originated well before the introduction of university education for nurses.

Myth No. 1 - University education will provide better nurses.

Myth No. 2 - Hospital based education produces better nurses.

Problem No. 1 - The socio-historical situation of nursing.

Problem No. 2 - Leadership in nursing - the absence of.

Problem No. 3 - Nursing Theory/Model/Framework - lack of.

Both the above myths are false. University education may, or hopefully produces better educated nurse graduates. Nurses are then socialised and trained into the workplace by current nursing organisations. We all know how powerful the work culture is. The problems I list can form the basis of libraries, however:

Problem 1. How often have we heard "I'm only a nurse"? How often do we hear males addressed as "Doctor", females as "Nurse" regardless of dress, name tag etc? We could discuss nursing work/industrial conditions and the problems we have had with them over years and compare them to those of other workgroups.

Problem 2. Name a nurse leader in Queensland. That is someone who leads, exemplifies, promotes and defends and is visible to a large number of nurses. Name a nurse leader in Australia.

Problem 3. Can any Queensland Health hospital or nursing service name the framework they reference to direct their service? Or at least provide a structured and comprehensive description of it?

In short, we lack image, leadership and concept (intellectual understanding). Universities should provide good education, nursing (we - the profession) will provide good nurses. Don't blame anybody else.

James Mitchell RN
Patient Safety & Quality Unit, Ipswich Hospital

Hospital Experience a Must?

I am a hospital trained nurse (1973 to 1976) and I am very supportive of the university training of nurses. I have worked most of the years since I trained, and in recent years I have preceptored some nurses. I have had comments from the trainees themselves who have felt unprepared for the practical aspect of their work. I have also worked with nurses who have been completely lost when they began in their new roles.

I am not sure how one addresses this, but think that there must be a larger component of practical training which could perhaps work like an apprenticeship. As I am now a Community Health nurse, I don't work

quite as closely with the new girls, but I am still hearing these comments.

I had the misfortune a few years ago to work in the community setting with a nurse who proudly boasted that she had never worked in a hospital. I do think that ward work is a great grounding for a nursing future in whatever field. (and it was not a good experience as she was not a nurse able to relate the theory to the practise!)

Helen Blanch
Community & Health Promotion Nurse
Millmerran Health Service

The views expressed in 'Back Chat' are those of our audience and are not necessarily supported by OCNO

...A possibility?...

Referring to the opening article in the March 2008 issue of EPIC News about public expectations of nurses and 'work readiness' or otherwise of newly graduated nurses. As the co-ordinator of the graduate transition at a large Queensland Hospital, I would like to put forward some thoughts about the preparation of registered nurses and to consider the need for increasing numbers of nurses in the not so distant future.

Increasing the amount of clinical experience added to the need to increase the number of students of nursing is unlikely to do more than result in ineffectual experience because there are still a limited number of experienced nurses to oversee the students' clinical practice episodes. Removal of the experienced nurses from direct patient care to overseeing students leads to a reduction of hands on expert nursing care for patients particularly in the timeliness of care as students are focused on 'getting it right' no matter how long it takes (slight exaggeration).

Increasing the time and number of nursing students in nursing units removes the expert experienced nurse more and more from patient care resulting in less and less job satisfaction for them, so they leave the hospital/nursing. Increasing the clinical experience for students must reduce the theoretical content of nursing courses, relating to semester timing. Nursing knowledge is becoming more extensive and detailed and a reduction in time to impart knowledge and teach critical thinking and clinical judgement basics is a backward step.

Do I have a solution? I don't know, but it is worth thinking about.

Medicine requires two degrees for a provisional registration PLUS a one year postgraduate internship (called pre-vocational training) before gaining full Medical Registration. Solicitors required a degree in Law PLUS a Practical Legal Training course, or a traineeship. Social work is a four year course.

Looking at the potential for direct lethal danger to clients, only medicine and nursing can tick that box. One requires two degrees and a year of practice before registration, the other requires a single three year degree, full stop!

Why can't we require the successful students to undertake a full year of practice without the full responsibilities of a Registered Nurse but with the chance to practice them under the aegis of a Registered Nurse? Why can't we pay them at a little less than re-entry rate?

Why can't we use what are currently called "Graduate Nurse Programs" as the basis for their internship? What are the benefits?

They are paid a little less, so we can afford a few more of them leading to decreased pressure of work on the existing experienced, expert nurses. This also has the potential to lead a cultural change more to team work in nursing.

The assessment and PAD process is required to gain unrestricted registration so the new nurses themselves will be the driving force to have those processes completed. The expectations of the existing workforce will be reduced and the pressure on the newly graduated nurses to perform 'as a registered nurse' will decrease. Hopefully, that will mean that less of them will leave nursing after their first year of practice.

Some problems!

The assessment tool and process need to be uniform for all nurses seeking unrestricted registration. There needs to be an accurate record kept of shifts and assessments. This was already done years ago when student nurses were processed through the Schools of Nursing in the hospitals, before they were allowed to nominate for state registration examinations, so what's different? Some students may never pass the assessments, so, how much easier to deal with these people before they gain unrestricted registration.

It may look like a backward step to the so-called 'staff nurse' position but with a degree added and the change in technological and human responsibility for the Registered Nurse in today's health care it seems to me that intermediate step is needed even more today than it was so many years ago.

Colleen Bell, Nurse Educator
Gold Coast Hospital

Next Issues Topic

What is the best thing about working in your environment?

Please email your comments to chiefnurse-office@health.qld.gov.au and it will be published in the next Queensland Health Nursing & Midwifery EPIC Newsletter.

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