

Facilitating improvements in the work–life balance of Directors of Nursing

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Queensland Health operates 20 Hospital Based Ambulances (HBA) at small Health Centres, throughout the state with the majority of these HBA being operated by sole practitioners at Primary Health Clinics in isolated communities. Richmond Health Service is one of only four HBA in the state that operate out of 10 bed facility including Quilpie, Alpha, and Augathella.

The Richmond Health Service is located in the township of Richmond on the Flinders Highway, 498 kilometres west of Townsville and 406 kilometres east of Mount Isa. The local population is approximately 1000 with population increases during the winter months due to tourist activity.

The Richmond Health Service is a 10 bed facility that provides an accident and emergency service, general medical/surgical ward, long-stay elder care and daily outpatient session. The health service is in charge of the operation of a Hospital based ambulance (HBA), with the support of Queensland Ambulance Service (QAS). The Ambulance is supplied by QAS and the nursing staff at the hospital act in the role of first responder for the community. The Richmond Health Service currently employs two local residents to assist in maintaining a driving position. Their roster is rotated weekly, being on call 24/7 during that week.

The Richmond Health Service has a Memorandum of Understanding with QAS. It was established in 2006 to assist to improvement of service delivered by the HBA. This memorandum to the first responders saw the introduction of an agreed training schedule, provision of Uniforms and PPE, the QAS heart start monitor being replaced with a life pack 12 and supply of a Tuff book to record and upload cases reports.

The past

For many years the Ambulance was the sole responsibility of the Director of Nursing/Facility Manager. Here is Louise to inform you about her experience as the DON between Oct 2001 and Nov 2005.

"Hi, I'm Louise and I was the Director of Nursing and Facility Manager at Richmond Health Centre for 4 years. During this time, I worked Monday to Friday at the Hospital and was on-call 24 hours a day, 7 days a week for 25 out of 28 days each roster. This was to cover call for the Hospital as well as any ambulance call outs.

Being on call 24/7 meant being tied to the hospital, whether you were meant to be there or not, and not venturing too far for a drive or a walk, and always having the ability to drop everything and run when required. I remember once having to run from the 3rd hole on the golf course, all the way back to the club house to go on an ambulance call, and was nearly needing the ambulance myself by the time I got there!

I was single and child free at the time, so my work was basically my life. I had scheduled relief for 1 long weekend each month. If I wanted any other time off around this, I would need to organise relief by a suitably qualified and available RN, who had Pre-Hospital Trauma Life Support as a minimum qualification. I had to ensure that we recruited, trained and retained these staff members for my own sanity. This was my definition of a "work/life balance".

I really enjoyed what I did, for the time I did it, and experienced so much that can never be taken away from me. I've even developed this great ability to be awake and with it just seconds before the phone rang for a call out! But this life really does wear you down over time. I now have a husband who is on-call frequently with his job and 2 small children, so this type of job for me now would be completely unsustainable. Something would have to give, and it's a risk I'm not willing to take."

One of the DON's that followed Louise, Lisa who was at the facility from 2009 to 2012, did have a young Family and a very understanding husband.....AND the on call did wear her down. When she found that her work life balance was out of balance and she instigated changes to the on call system to facilitate improvements in her work life balance.

Lisa succeeded in getting the on call roster changed by having a Business Planning Framework proposal, that recommended employing more Clinical Nurses to assist with the on call, approved by management. The implementation of this framework lead to increase the number of Clinical Nurses at the Health facility. Their job description included being on call for the HBA.

As the DON is on a salary the implementation of the proposal did cost the facility. The funds for the proposal were found with in the individual service group Budget negotiation. The saving that was made by employing QLD Health CN's instead of agency nurses helped to off set the cost of implementing the on call roster. The actual cost of the on call roster is between 0.6% and 0.33% of the nursing staff budget and the cost to the actual over time related to the HBA call outs is between 1.9% and 3.4% of the nursing budget.

The present

The on call roster has evolved to include not just the Clinical Nurses, but also Registered Nurses and Enrolled Nurses. The most appropriate nurse to attend an ambulance call out may actually be on shift and therefore another nurse was needed to cover the ward. Some nurses are qualified to be first responders but don't wish to go out in the ambulance due to prior experiences. These nurses are still able to help out the staff, who do wish to go out into the community and work in a pre-hospital environment by being on ward call.

2015 finds the Richmond Health Service fortunate to be employing a dual qualified RN/paramedic. Megan commenced work at the facility as a Post Graduate Nurse in February with two years experience as a qualified Advanced Care Paramedic (2). She is enjoying operating the HBA. There has been some teething problems with our ambulance layout and supplies being different to the QAS. The differences in policies and procedures between QAS and QLD Health have a significant gap with independent practicing on the HBA. Megan participates as a member of the staff in the HBA on call roster. Megan is a great source of knowledge for the RN first responders and plans to commence weekly education sessions.

It is great to have a paramedic on staff but our on call roster is still not ideal with all staff needing time off and training and therefore days away from the facility and the DON still picking up any extra on call that is needed. We are still seeking another model to cover the on call for the HBA so the DON is able to have an optimum work life balance.

Here is our current DON – Joanne and her vision for the future.

“At present I am not on call 24hrs a day 7 days a week like previous DONs. However, due to certain circumstances, such as staffing deficits, I do often cover extra call than what was initially rostered. Despite not being on call 24/7 Fatigue is still an issue. The current job description of the DON covers nursing management, clinical management, operational management and financial management including the overall management of the Health Service and meeting the National Health Standards.

At times it has been impossible to take a break away from the health service when I have been called out over night and then have to meet managerial deadlines the next day.

In the future my vision for the HBA on call roster would be to include a paramedic solely, on call for at least 4 days a fortnight to give all staff time off the oncall roster. This proposal would need to be supported by out nearest QAS station at Hughenden (113km east of Richmond). I envisage that Richmond could be part of the QAS geographical coverage. Enabling a officer to be rotated between Hughenden and Richmond to cover HBA call outs. This would allow the nursing staff to be on call just as a clinical support role for the health service. Currently a business planning frame work is in draft form.”

Another perspective from a sole practitioner operating a HBA

A previous DON from Richmond, Alan, now working in a single post Health Centre/HBA also presents with issues of fatigue. The area that Alan services encompasses a population of 400 residents with fluctuations during the winter months due to tourism and seasonal workers. In the event of an emergency – “000 call” - the ambulance is despatched to the scene. Treatment and management of

the patient is made through consultation with RFDS. Then a decision is made to retrieve the patient back to the health centre by ambulance or have the patient aero-medically evacuated to a larger facility from primary point of care.

“Having the desired skills is considered the most important issue facing the facility staff and nursing staff including relieving staff are required to keep practised in the use of ambulance equipment and communications. Advanced Life Support certification is essential and Pre Hospital Trauma Life Support is highly desirable. Training has recently been funded by the community for local driver volunteers to complete a Certificate 4 in Ambulance Care to assist the Remote Area Nurse on scene.”

Fatigue is managed by having the nursing position as a job-share arrangement with two permanent nurses rotating every three weeks. Therefore the Nurse is on-call, 24/7, for the full three week period and the volunteer drivers share a roster. At the end of the three week rotation for the Remote Area Nurse fatigue levels are often high and relief by having time off is welcomed. Alan highlights that the feelings of being ‘Burnt out’ was a significant issue with a sole nurse practicing and feels that the job share arrangement is very practical.

Recommendations

We would encourage other health services to identify any role within the service group that has a poor work life balance to approach management with ideas and innovations to improve the balance and prevent fatigue.

As the saying goes all work and no play is not good for anyone.

Presenter

Judith Brown is a Rural and Isolated Practise Endorsed Registered Nurse and Child Health Nurse with over 20 years of experience working in Rural Queensland. She is currently working as a Clinical Nurse in the acute area 0.8FTE and 0.2FTE as a Child Health Nurse at the Richmond Health Centre in North West Queensland. She enjoys working in rural environments as she feels part of the community and is able to establish rewarding relationships with her clients. When not working, Judith resides on a cattle station 100km from Richmond. On the station Judith enjoys helping her husband and working in her large vegetable patch. She was also heavily involved and passionate about educating her two children through Mt Isa School of the Air.