What about remote area nursery safety?

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In 2016 the death of remote area nurse (RAN) Gayle Woodford triggered a united voice from the profession that nurses and midwives working remotely are entitled to be, and feel, safe. Unlike other emergency responders such as police and ambulance officers who respond in pairs, the expectation that nurses work as lone responders in remote communities has been common practice over many years. The loss of the Aboriginal and Torres Strait Islander Health Practitioner (ATSIHP) workforce over recent times has exacerbated this practice. The death of Gayle Woodford changed that expectation for many RANs and their employers. RANs and nurse leaders have been very vocal through social and mainstream media that change is essential. Nurses are now demanding support from a second person when responding to emergencies after hours and are exercising their right not to work in an environment where staff safety is not well supported. They are also demanding the elimination of single nurse posts across the country. In response to these events the NT Health Department initiated a review into safety policies and practice across NT Health services. This paper will discuss the process followed and the recommendations of this important review.

In April 2016 a project management team and steering group was established within the Department of Health (DoH) to oversee and direct the review process. External consultants were engaged to work collaboratively with the project team to conduct interviews with NT Health service staff employed in all 51 remote PHC services across the NT.

Four key questions guided the review:

- Is the current policy framework relating to staff safety and security in remote health facilities operated within NT Health effective, contemporary and appropriate to provide safe working environments as far as practicable?

- Are remote PHC managers and staff compliant with the policy framework and are there identified barriers to compliance?

- Are the current governance structures for work health and safety effective, including policy development and implementation?

- What security and safety infrastructure and equipment measures are in place and if deemed necessary what are the options for enhancement?

The external consultants conducted the staff interviews in order to maintain the integrity and confidentiality of responses. In addition, the internal project team reviewed documentation available in regards to Work Health and Safety policies, callout practices, orientation/induction and equipment safety and quality checks. The review built on previous research and findings in the literature and considered contributors to staff safety such as cultural awareness and preparation for clinical practice in the remote environment, with particular consideration of orientation and induction procedures in the context of high levels of staff turnover. Other major considerations in regard to staff security relate to clinical governance and policy development, safety equipment available and infrastructure issues.

The review provided 14 recommendations to government which have all been accepted.
An abbreviated version of the recommendations follows:

1. A Mandated Second Responder Policy for all callouts day or night—where possible a respected community member employed and paid by the health service;

2. Review of standardised NT wide Governance and Policy processes including On-Call Safety, Risk Assessment and Management;

3. Re-establish a pool of senior RANs to provide clinical support and annual leave relief;

4. Provide standardised on-line orientation and induction programs that include safety, de-escalation and aggression management procedures;

5. Reduce Nurse Agency use and incentivise recruitment and retention through post-graduate education pathways, scholarships and education support;

6. Review and upgrade communications equipment as required and ensure that back-up systems are in place;

7. Undertake a comprehensive review of safety equipment, and infrastructure repairs and maintenance;

8. Improved community engagement approaches including optimal employment and training opportunities for local Aboriginal community members within the health service;

9. Provision if internet access in all nursing staff government accommodation;

10. Improved inter-agency partnerships and collaborations in particular with police regarding safety practices and procedures;

11. Investigate and increase opportunities for personal skills development to optimise resilience and team work capacity;

12. Access to client records in on-call staff accommodation to optimise callout decision making;

13. Implementation of GPS monitoring systems;

14. Establish WHS Advisors in both health services and review Infrastructure Coordinator positions and work processes.

Implementation progress as at the time of this presentation

• All 51 NTG communities have implemented a second responder many of whom are local community members.

• Updated safety policy guidelines are under final review by the Best Practice Policy Group.

• Approvals given and Job Analysis completed to re-establish the RAN Relief Pool.

• Job descriptions finalised for Second Responders and RAN Relief Pool, recruitment under way.

• Position reviews in process for Infrastructure and WHS positions.
• Orientation, induction and essential training guide now updated and available online.
• Draft Transition to Remote Practice Education Policy completed.
• Infrastructure survey completed and report under consideration.
• Infrastructure trials for upgraded sat phones, personal GPS systems and two way radios are in process.
• Proposal completed for internet access in all RAN houses and with the executive for funding consideration.

What happens next
• Endorse revised safety policies;
• Establish new positions;
• Consider findings of Infrastructure Survey;
• Upgrade communications systems;
• Partner with Corporate Services Bureau in procurement of recommended upgrades;
• Finalise a single orientation portal;
• Establish education policy;
• Partner with services to review Atlas Governance and processes.

Further reports will be provided through presentations at conferences and journal publications as the project progresses.

Presenter
Heather Keighley is currently the Acting Chief Nursing and Midwifery Officer for the Northern Territory Department of Health. Heather brings to this role over forty years of experience in nursing and midwifery, mainly in the NT with an emphasis on primary health care, clinical education, clinical governance, and quality improvement. She is an inductee of the Golden Key International Honour Society, Australian College of Midwives, Australian College of Nursing and the Australian College of Nursing delegate on the National Rural Health Alliance. She brings a passion for ensuring people living in rural and remote communities receive the highest quality health care possible, and that the nurses and midwives delivering this care are educationally and organisationally well prepared for the challenges of the role. Heather’s most recent work has highlighted the challenges of delivering health care in remote Indigenous communities of the Northern Territory. In the wake of the tragic death of Gayle Woodford in South Australia, Heather has coordinated the review of safety and security of remote area nurses working in the 51 government primary health care centres spread across the Northern Territory. The final report was released in November 2016, with the NT Government accepting all 14 of the recommendations for implementation.