

# ADF NURSES INFORMATION

## NEWSLETTER - April 2006

The Directorate remains busy as always.

### **DDFN MOVEMENTS**

Asia Pacific Military Medicine Conference in New Deli, India 27 to 31  
March 06.

ACT Nursing and Midwifery Council Meetings with ACT Chief Nurse  
Adj Prof Jenny Beutel.

Presenting the Nurses Memorial to the public on several occasions during  
the past months.

ACHSE Presentations in the Canberra area.

ALTC May 06

### **ADF NURSING OFFICER CAREER STRUCTURE**

As previously stated there is now a single Service approach to the  
Nursing Officer Career Structure.

### ARMY

The following key points are included in the Employment Category  
Standing Orders (EC SO) for RAANC:

#### Streams

- General Clinician (nursing officers can also sub-stream into specialities such as emergency, aviation, education etc);
- Specialist Clinician (includes ICU and peri operative nurses); and
- Staff Clinician.

## Training

- All nursing officers are required to complete the SSO course, LOBC, Field Nursing Course and Grade 3 course for promotion from LT - CAPT.
- All nursing officers are required to complete the LOIC for promotion to MAJ. Officers selected for sub-unit comd should also complete the Grade 2 course.
- Nursing officers that staff stream will be required to complete the LOAC, Grade 2 course and will compete on merit for Command and Staff College. Nursing officers that staff steam will be considered for cc64 and cc69 appointments.

## Professional Development

- The allocation of \$2000.00 for continuing professional development is under consideration.

## Clinical Competency

- Nurses should expect to complete a minimum of 60 days per year within a clinical setting appropriate to their professional practice. This can be achieved in a combination of defence and civilian settings.

## Time-in-Rank

- LT - CAPT: 4 years (in-service applicants may be considered on merit for cohort advancement in recognition of previous experience and qualifications)
- CAPT - MAJ: 6 years
- MAJ - LTCOL: 5 years

## Long-Term Schooling

- Graduate Diploma /Certificate in Intensive Care
- Graduate Diploma /Certificate in Emergency Nursing
- Graduate Diploma /Certificate in Peri operative Nursing
- Graduate Diploma in Vocational Education and Training
- Masters of Health Administration

## Military Nurse Practitioner

- This concept is being progressed by DDFN staff. In time to come remuneration for qualifications will be pursued.

### Update

RAANC; DOCM-A has not signed off on the RAANC Career Structure for Nursing Officers as yet. Recent organisational change and staff availability has created delay in the processing pathway. The forthcoming RAANC Conference will undertake a workshop related to several matters outstanding in the Employment Category Standing Orders, (ECSOs). It is expected that within the next few weeks the Career Structure will be complete for DOCM-A to sign off.

## NAVY

a. Originally unsupported by Navy Health as no recruitment and retention problems are evident under the current workforce model. DGNPT has chosen to pick out parts of the NO Career pathway that may impact on health care delivery (eg, Military Nurse Practitioners). The PQ operational focus has shifted from MHQ to the Amphibious FEG. Naval workforce planning have requested the submission of a remediation plan against the current category management plan in order to address identified shortfalls in manning concept and skill set mix.

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## AIR FORCE

Below is a statement released from GPCAPT Smart (OCHSW)

On 1 Nov 05, DGPERS-AF chaired a meeting regarding the RAAF implementation of the proposed new Nursing Officer Career Structure which has been developed by DDFN staff in DHSD. Present at the meeting along with staff from both these organizations were GPCAPT Geoff Robinson, WGCDR Ross Wadsworth, WGCDR Molly Walker and myself.

DGPERS-AF re affirmed the fact that the RAAF is extremely committed to adopting a viable career structure for Nursing Officers. There was general agreement that the ADF needs to adopt a more formal Nursing Officer career structure to assist in the retention of Nursing Officers and become an employer of choice in a competitive market place, particularly given the projected nursing shortage over the next few years and consequent shrinking of our recruiting pool. However it was agreed by all that the RAAF Nursing Officer specialization is not yet at a crisis point, therefore while it is a priority to implement such a strategy, we can afford to take the time to properly consider our requirements to meet both the professional development of RAAF Nursing Officer and provide Air Force with the health capability required to meet its operational capability.

At present the opinion of the Air Force is that the business case prepared by DHSD needs more work. The current proposed structure is not clearly linked with RAAF operational capability and it is necessary for RAAF to more clearly articulate these requirements before any changes are approved. Aspects such as maintenance of specialist clinical skills (e.g. peri operative and critical care nursing) in the non-operational setting need to be addressed, as does the balance between what specialist skills are required in the PAF and what we require in the reserves.

All parties agreed that a special project was required to examine these issues from a RAAF point of view. This project will be run out of DGPERS-AF but will consult widely with DHSD, AFHQ and HSW. It is proposed that a RAAF reserve Nursing Officer is employed on RSG days to undertake this project. Issues to be addressed over the projected six month duration of the project include:

- What specialist nursing skills do we need in the RAAF (including potential roles of Nurse Practitioners)?
- What balance do we need in terms of PAF and reserve with respect to these specialties? In particular, what are the maximum and minimum viable numbers of these specialties that we can afford to keep in the PAF?
- How do we train these individuals in the PAF?
- How do we maintain their skills? (This includes looking at how we can provide a viable career/posting structure for specialist nurses (especially OT Nursing Officers) which does not involve them spending their entire careers at 3CSH)
- What training courses are required at what stage in a Nursing Officer career development?
- What balance do we need between clinical nurses and those in managerial roles, and can there be movement between both streams?

As you can see, Air Force is very much committed to making this happen as there is a strong understanding of the important role Nursing Officers play, not just within health services but in overall AF capability. The agreement to undertake a project is a good start however it will take some months to come to fruition. I therefore ask you to have a degree of patience with the process as the long term benefits are obvious.

### Update

RAAF. DP AF agrees in principle to the Nursing Officer Career Structure (NOCS) and HSW in conjunction with DHPP at AFHQ have been tasked to develop an implementation strategy that meets both individual and organisational requirements to satisfy operational capabilities. Before further endorsement occurs Air Force wants to establish the PAF training liability against each post graduate degree

offered in the NOCS. This is based on the principle that Air Force generates and sustains specialist capability from a PAF/ Health Reserve workforce. In the interim the post graduate degrees identified in the NOCS have been identified in the revised RAAF Nursing Officer Occupational specification and are available to RAAF Nursing Officers under the civil schooling scheme. Given the current operational climate and the fact that there are other health specialities that require immediate revitalization to ensure the maintenance of capability, the NOCS is unlikely to progress any further in the short to medium term. The current Career structure proposal is currently at DPAF and the OCSPEC will be examined against competency lines. The HSW is still contemplating the future capability drive of permanent versus reserve elements and the eventual restructure is likely to be liability driven. The DPAF agree with the proposed Nursing Officer Career Structure in principle however, they are yet to identify a progress ahead. WGCDR Wadsworth stated that "the new restructure is looking complimentary to health professionals and that training, which is individual, initiated, will be funded by RAAF so that personnel will progress through the required training and exposure for career progression."

## **MENTORING PROJECT**

The ADF Nursing Officer Mentoring Project has been supported by the three Services and it is expected that this Mentoring program will be trialed in the second half of 2006 and instigated in 2007.

## **DEPLOYED ADF NURSING OFFICERS**



We continue to keep our friends and colleagues who are currently serving overseas in our thoughts.



## **HEALTH DIRECTIVES**

Health Directives 500, 508 and 514 have been updated in the last couple of months and have been posted onto the defence system.

## **QUALITY ISSUES**

DDFN was surveyed during the recent ISO 9001:2000 Audit and SAI Global recommended that Defence Health Services Division Certification be extended.

It was demonstrated to Auditors that DDFN practices reflected those of ADF Nursing Officers at the coalface and were impressed with the Credentialing Database, Conference and training provided to both Permanent and Reserve ADF Nursing Officers. All proposals that were recommended have been actioned, for example the GENSA guidelines for Operating Theatre practices pertaining to scopes have been included in Health Directive 514 which was updated last month.

## **ADF NURSING OFFICER CREDENTIALLING DATABASE**

The Credentialing Database still requires your assistance to be complete and update. Utilisation of the database for core and corps business has been proven when looking for suitably qualified and experienced Nursing Officers to be deployed on Operational Deployments.

Operational commands regularly approach DDFN for a current list of Specialist Nursing Officers ready to deploy and as most of us have experienced, deployments are usually reactive with a couple of days notice to move. Please help DDFN keep this database up to date as the information on the database is only as good as the information you give us.

## **JOANNA BRIGGS NURSING MANUAL**

The responsibility for the promulgation and use of the Joanna Briggs Nursing Manual has been transferred to the DDFN Directorate from JHSA. This project has been successfully implemented and the Manual is now accessible in printed hard copy, CD and electronically on the DEFWEB. A link has been established on the ADF Nursing Officer Web Page and is available to all Nursing Officers, both civilian and military, for ADF business.

LEUT Robin Barrett and LEUT Meg Frugtriet will manage the Joanna Briggs Manual contract and assist ADF nursing personnel access and use of all forms of the manual. Please contact LEUT Robin Barrett on [robin.barrett@defence.gov.au](mailto:robin.barrett@defence.gov.au) or LEUT Meg Frugtriet on [meg.frugtriet@defence.gov.au](mailto:meg.frugtriet@defence.gov.au) and (02) 6266 4001 with any queries you have regarding the use of this manual.

## **MILITARY NURSE PRACTITIONER**

LTCOL Beth Mahar (USAF) is the current Military Nurse Practitioner (MNP) project manager and is available for assistance for any ADF Nursing Officer wishing to pursue this career option. As new developments occur LT Col Mahar and DDFN will keep you informed.

## **RESEARCH PROJECTS**

The CEO of the Australian Nursing and Midwifery Council has requested your assistance and input into the review of the Code of Ethics and Code of Conduct for Nurses and Midwives throughout Australia. An online questionnaire is attached through the James Cook University web link for your information. [www.jcu.edu.au/school/ns/ethicsreview/index.html](http://www.jcu.edu.au/school/ns/ethicsreview/index.html)

Smith & Nephew has the latest wound treatments and dressings regimes accessed through their web site attached.

[www.smith-nephew.com.au/healthcare](http://www.smith-nephew.com.au/healthcare)

## CONFERENCES

### ASIA PACIFIC MILITARY MEDICINE CONFERENCE NEW DELI

COL Wright and LEUT Barrett presented at the 16<sup>th</sup> Asia Pacific Military Medicine Conference in New Deli 26-31 March 2006. The theme was 'Professionalism in Military Medicine, Striving for Excellence. A copy of the papers presented is enclosed;

AUGMENTED PATIENT CARE AT SEA, LEUT ROBIN BARRETT RAN  
ASIA PACIFIC MILITARY MEDICINE CONFERENCE  
NEW DELI, INDIA MARCH 2006

### SCOPE

This Paper will talk about,

- The Concept and origins of the Primary Casualty Receiving Facility, (PCRF) on board HMAS KANIMBLA;
- Setting up the Facility;
- The disciplines involved in design and set up of the facility;
- Testing and Commissioning, and
- How the PCRF has proved to be fundamental in both warlike and humanitarian deployments.

### NEW BEGININGS

USS Saginaw was purchased by the Australian Government and commissioned HMAS KANIMBLA Landing Platform Amphibious L51 29 August 1994. After a brief period the ship entered Newcastle dockyard to undertake a refit that would see HMAS KANIMBLA capable of undertaking additional and vital new capabilities.



The quote from Shakespeare's Julius Caesar, Act 3 - Scene 1, "and Caesars spirit ranging for revenge, with ate by his side, come hot from hell, Shall in these confines, with a monarchs voice, **Cry Havoc! And let slip the dogs of war**". Was adopted as its maxim.

### THE MISSION

The Mission of the PCRF is to provide high quality level 2 and 3 Health Care Services afloat in order to conserve the fighting force and maintain morale.

## THE SETTING UP

In setting up, the ship was to incorporate a level 3 Medical Facility capable of performing surgery and nursing ventilated patients at sea. RAN Nursing Officers played a key role in managing the installation of specialist medical equipment onto the platform and, sourcing of equipment and stores to complete the facility.



Nursing Officer advice was often sought by engineers when integrating these specialist medical devices into the ship's existing systems and as a result, two RAN Nursing Officers were posted onto HMA Ships KANIMBLA (L51) and MANOORA (L52) to finish the task and ensure that the end product was a facility that was ergonomically functional and capable of delivery of an international standard of health care, irrespective of the surrounding environment or events at any given time.

In other words, to "MAKE THE THING WORK".

It was the first time RAN Nursing Officers had been posted to an Australian Warship as part of the ship's company and, I was one of them.

Some of the challenges that were faced included,

- High dependency beds had to be secured to the deck with a capability to be rapidly moved as required.
- Having to fit an office, laboratory, clean preparation area, operating theatre, recovery room, intensive care unit, patient receiving area and routine outpatient and inpatient observation area into the area the size of a one bedroom apartment.
- Working in such confined space presents a challenge maintaining clean and sterile work areas. The installation of a hospital grade pan flusher and surgical



instrument sterilizer effectively resolved many of the issues regarding the disposal of biohazard waste.

- The storage of sterile stock, pharmaceuticals, medical gases and delicate instruments such as the microscope in the laboratory, against excessive movement, damage from confined space and of course humidity and salinity.
- The resuscitation, medication and operating theatre storage trolleys needed to be secure in both senses of the word, so trolleys used by the engineers and aviators were adapted to accomplish this very successfully as seen in these photos.
- One of the biggest challenges was not the creation of a workable level 3 health facility within the confined spaces of a warship but, the need to strap everything down or "securing it for sea within a combat environment" had its difficulties, and the swapping of ideas throughout the ship evolved into a whole ship effort in the establishment of the facility and the entire ship's company took part in its creation.

## CERTIFICATION

Once the PCRFB had been set up, it needed to be evaluated, as did all other departments within the ship.

Individual departments and the ship as a whole participated on fleet sanctioned and ship generated exercises for the next six months in between spells alongside completing installations, carrying out repairs, training and storing ship. During these certification exercises the ship's personnel not only had a vested interest in the PCRFB being a success, they also had a sense of pride in their own creation and certification, while not easy, was achieved jointly by the entire crew.

Once HMAS KANIMBLA and the PCRFB had been certified, the ship rarely completed a trip without some form of diversion.



## DEPLOYMENTS

HMAS KANIMBLA has deployed to many areas to support and assist ADF personnel and civilians in danger.

- In Vanuatu the ship provided clean drinking water after an erupting volcano contaminated one island's only drinkable water supply. During that time the PCRf was on standby to provide any additional support if required.
- The ship deployed to the MEAO 22nd October 2001 for 7 months and again the following year for another 7 months.
- In 2005, not only did the ship's company assist with cleaning up and the distribution of food and aid, the ship also provided valuable respite to ADF health personnel based at the ANZAC Hospital in Banda Aceh and contributed to medical care to indigenes in Banda Aceh and Nias.

## CONCLUSION

Fully manned the PCRf employs 70 Health Professionals including regular and reserve Army, Navy and Air Force personnel to provide 24 hour care for;

- 6 Advanced resuscitation beds
- 2 ventilated patient beds
- 6 high dependency beds
- 35 low to medium dependency beds
- Initial wound & trauma surgery
- Plain x-ray & basic sonography
- Comprehensive pathology & blood banking, and
- Advanced Medical evacuation within the AO



The PCRf is the most flexible and easily transported level 3 Health Facility in use within the Royal Australian Navy. The facility exists identically in the two sister ships HMA Ships KANIMBLA and MANOORA and, it has created a cultural change in that Nursing Officers now have a role within fleet units which also brings definitive patient care closer to the AO

## THE DEFENCE HEALTH SYMPOSIUM BRISBANE

This year Head Defence Health Services Division, HDHSD has asked that the ADF Nursing Officer Conference be rolled into the above conference which will be held 18-22 Oct 06 at the Brisbane Convention Centre. To maintain the integrity of our annual ADF NO Conference we will have 2 days for our Nursing Conference & this will be conducted as breakout sessions following plenary sessions. I understand that both our Dental & Psychology colleagues are planning to do the same.

The conference is expected to attract 500 plus delegates a number of who will be from overseas so you will also have the opportunity to listen & to participate in a much larger conference. Again this year there will be CNE points provided as is the case with our annual conference & for those who present, participation in this conference will look good on your CV. To that end I'm asking that you support this conference & again provide your creative & challenging presentations.

As a conference coordinator has been employed to run this conference our involvement in managing this conference is somewhat different as to how we generally prepare for our annual conference. You will see from the information provided that for 'the call for papers' all abstracts will be processed through the AMMA website which has been included onto the ADF Nursing Officer web site in the intranet and internet.

DDFN is on the Scientific Committee for the conference and will be looking at all of the nursing paper abstracts presented & making the decision about what, where, when & how these nursing papers will be presented. & I urge you all to come along to the 5<sup>th</sup> ADF Nursing Officer Conference which will be embedded into the wider Australian Military Medicine Association/Defence Health Conference in Oct.

The theme for the conference is 'Military Health-The Challenge'. A particularly broad theme which provides wide latitude for you to write about. From a nursing perspective we are keen to incorporate as we did last year, sessions on Iraq & Pakistan. LTCOL David Collins & MAJ Kim Sullivan will have oversight of the Iraq presentations & Cpl Brett Londregan will be assisting in the Pakistan presentations.

The Iraq presentations last year set the scene for us all so this year those who are keen to present on Iraq, essentially from the 2<sup>nd</sup> & 3<sup>rd</sup> rotations, will provide an opportunity to move forward from "this is where we were & this is what we did".

Should you require any further information please contact LEUT Robin Barrett (02) 62664001, [robin.barrett@defence.gov.au](mailto:robin.barrett@defence.gov.au) or LEUT Meg Frugtriet [meg.frugtriet@defence.gov.au](mailto:meg.frugtriet@defence.gov.au) who will assist you. The AMMA web site is accessed through [www.amma.asn.au](http://www.amma.asn.au) . Thank you for your ongoing support & may I encourage you all to come along to this conference where you will be able to share your thoughts with the wider health community & enjoy yet again the camaraderie of our colleagues.