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The Role of the Enrolled Nurse in Western Australia, Phillip Della, Western Australian Government - Department of Health - Office of the Chief Nursing Officer, 2007, 0980412927, 9780980412925, . . .

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This should be read in conjunction with Nurses Act 1992, Poisons Act 1964, Poisons Regulations 1965, Nurses Code of Practice, Medication Administration Guidelines (Nurses Board of Western Australia, 2001), Scope of Nursing Practice Decision-Making Framework (Nurses Board of Western Australia 2004) and policies governing practice in the specific health care agency.

Department of Health Principal Nursing Adviser Phillip Della said that in response to interest by the enrolled nurses in returning to the industry, the State Government had established a metropolitan-based free re-entry program where participants also received financial assistance while completing their course.

In recent years, with the advances in technology and an ageing population, demand for health services has increased in Western Australia. To this end, a health reform agenda has evolved in response to escalating costs and a vision to improve and protect the health of Western Australians by providing a safe, high-quality, accountable and sustainable healthcare system.²

The state of Western Australia occupies approximately one-third of the Australian continent landmass. It covers an area of 2.5 million sq km (roughly equivalent to continental Europe) and has a population of approximately two million people, of which less than half a million live outside the capital, Perth.³ Delivering nursing and midwifery services across such a vast area, particularly to rural and remote communities, has numerous unique challenges requiring a systematic, innovative and creative approach to health service delivery.⁴

In Australia, healthcare delivery is subject to both national and individual state or territory funding. The Australian central government funds general practitioners and private specialists (through the Medicare Benefits Schedule), pharmaceuticals dispensed by community-based pharmacists (through the Pharmaceutical Benefits Scheme), residential aged care and shares funding with the state government.²

The Western Australian health system is a complex network with a budget of more than \$2.4 billion (approximately 25% of the State budget), enabling public health services to be provided. The Department of Health Western Australia and related agencies are part of the State Government of Western Australia, but work in partnership with Australian Government-funded services, private and not-for-profit sectors, local government and a wide range of organisations in the community.

The State government appointed the Health Reform Committee in March 2003 to develop a vision for the health system and ensure the sustainability of health budget growth.⁷ This committee published its final report in 2004, A Healthy Future for Western Australia, with 86 recommendations

to fundamentally reconfigure the Western Australian health system.

Following on from this, the Health Implementation Taskforce developed a set of strategic directions to meet the state's current health needs and respond to future needs with a systematic, integrated and coordinated approach. The six strategic directions (2005–2010) are: healthy workforce, healthy hospitals, healthy partnerships, healthy communities, healthy resources and healthy leadership.⁸

Health system policy and planning should be population and consumer-focused, linked to broader healthcare and health system planning, and informed by the best available evidence. Currently, health service reform ideology advocates that care should be allocated on the basis of need and that the efficiency of resources used be improved by explicit measurement of costs and outcomes.

The literature suggests that the relative power of nursing and midwifery, in policy terms, has always been in inverse proportion to its size as an occupational group.⁵ Therefore, the profession must systematically demonstrate that qualified nurses and midwives make a positive difference to patient outcomes through policy and practice. The challenge for nurses and midwives is to demonstrate that they bring particular expertise which makes a tangible, measurable difference to the care of patients.⁹

The Western Australian government has recognised that if nursing and midwifery practice is to proactively develop to meet patients' health needs and also influence the changing healthcare context, its involvement in health policy decision-making is essential. The State government has demonstrated its commitment to this concept by engaging the profession through the Office of the Chief Nursing Officer to influence the policy process, and by providing substantial funding for numerous education, practice, leadership and workforce policy initiatives.¹⁰

The Office of the Chief Nursing Officer is a directorate within the Office of the Chief Clinical Advisers in the Department of Health Western Australia. Adjunct Prof Dr Phillip Della, the chief nursing officer, is the government's most senior nursing and midwifery adviser and provides evidence-based nursing and midwifery perspectives on a wide range of policy issues. The Office provides strategic nursing and midwifery leadership that is based on vision and innovation. Some of the functions of the Office include:

Scholarships and fellowships: Processing, managing and allocating funds for postgraduate clinical specialisation, leadership, mental health, midwifery, enrolled nurse and undergraduate nursing scholarships (including payment for clinical component of some programmes) and awarding research midwifery and clinical practice fellowships

Nursing and midwifery consumes a comparatively large proportion of health service budget and delivers the highest proportion of direct patient care. Therefore, the profession undoubtedly exerts considerable influence over whether the change advocated by health policy makers is actually achieved in clinical practice.

In order to influence and drive policy to improve patient outcomes and clinical practice at all levels, nurses and midwives need to translate the nature of caring into the language of the market, while at the same time maintaining nursing and midwifery's essential value and belief system. This requires an understanding of health policy and the reform agenda combined with a holistic nursing and midwifery practice perspective and an ability to translate between the two.