

District Nursing Week – celebrating diversity

District Nursing Week, which took place in August, recognised the essential nursing care provided by district nurses to thousands of people in their homes every day.

RDNS' CEO, Dan Romanis, said that this year District Nursing Week provided a good opportunity to celebrate the huge diversity in district nursing. "A quick snapshot of RDNS shows a world that is full of diversity. By that I mean the diversity of our nurses, the diversity of our clients, the diversity of the medical conditions we treat and the diversity of the environments in which we care for people," he said.

"Our nurses come from all sorts of professional and personal backgrounds and range in age from young university graduates to those who have worked at RDNS for over 30 years. Our clients range from the very old and frail through to the very young. In addition, last year we cared for clients who originated from 147 different countries, who spoke 103 languages," Mr Romanis explained.

"We treat all manner of disease and illness, from providing simple insulin injections for diabetics to providing complex post-operative care. On any given day, our nurses will deliver care to people living in vastly different living conditions: from those living in old stately homes through to people living in high-rise apartments and others battling homelessness."

Mr Romanis highlighted the lush tapestry that awaits RDNS' nurses as they set off to work each day. "The world in which our nurses work is rich and hugely diverse and takes in the full spectrum of human and nursing experience. There are literally thousands of remarkable stories taking place each day in district nursing," he said.

Summing up, Mr Romanis paid tribute to the on-going passion and commitment of RDNS' staff: "In the midst of it all, one constant remains:

the commitment of our nurses to provide people with the best possible nursing care and helping them to achieve greater independence, more control and improved health," he said. "District Nursing Week is a perfect time to reflect on, and celebrate the work of, a remarkable group of nurses who are able to adapt and respond to the incredible diversity they face each day, whilst at the same time providing the best nursing care available."



New light on wound pain

RDNS has achieved much in the pursuit of best practice in wound care, however, a challenge remains regarding the management of pain resulting from chronic wounds. The majority of people suffering from chronic wound pain are elderly, and many see relief as being almost impossible.

Recently, RDNS started a new research project that will evaluate the effect of using Low Intensity Laser Therapy (LILT) to manage chronic wound pain. LILT is a compressed laser light that is beamed over a specific area of the body and makes its way through the surface of the skin with no heating effect or damage to the skin. The laser light directs the light energy to help promote natural healing and pain relief. The present study aims to examine the potential of LILT as a means of reducing pain experienced by clients who have not had relief of their symptoms from standard pain management over at least two weeks.

The use of LILT as an adjunct therapy in the management of chronic wound pain may provide an alternative to drug-based interventions for aged people who already need a lot of medication and who are not tolerant of other drug options. Five RDNS wound nurses have been trained at the Australian Institute of Laser Therapy to deliver LILT in the treatment of chronic wounds. The first treatment program, which will last five months, will be at our Care and Assessment Centre in Box Hill. It is planned that after the five month period, the project will move to our Care and Assessment Centre at RDNS Rosebud for another five months.

The LILT project will be managed by the Research Department of the RDNS Helen Macpherson Smith Institute of Community Health and has received generous funding from the William Buckland Foundation.

Service and loyalty

Sixty-seven staff members of RDNS were recently acknowledged for long service at a special awards function. Staff members who have worked at RDNS for 10, 15, 20, 25 and in two cases, 30 years, were presented with their long service badges and commemorative pens by RDNS' Chairman, Jillian Pappas.

Prior to formal presentations, CEO Dan Romanis paid special tribute to the qualities of such long-serving staff members.

"As is the case every year, I often wonder what it is that sees so many staff staying at our organisation for such

long periods of time, for certainly it is true that such acts of longevity are not necessarily in vogue these days," Mr Romanis told the gathering.

"Perhaps it is the fact that staff feel that they can evolve and grow and advance their skills at RDNS. Maybe it is the fact that there exists the opportunity for new experiences on a regular basis. Perhaps it is the level of guidance and support that many of us gain from mentors and managers. Perhaps it is the fact that we develop close and rewarding relationships with our colleagues. Maybe it is because that no day is the same and that each situation calls for our best. Or perhaps it is simply the fact

that we know that what we do makes a difference and that we can see the outcomes of our efforts," he said.

Mr Romanis acknowledged these long-serving staff members as respected 'elders' of the organisation: "You are the heart of our strong and stable workforce and we are immensely proud of you. We are also immensely grateful: thank you for all your hard work, dedication, passion and loyalty over the years."

New website up and running

We are pleased to announce that the new and improved RDNS website is now live and on-line. Apart from looking more dynamic and contemporary, the new website has improved functionality, is easier to navigate, and will ensure that visitors to the site find information with greater efficiency. Importantly, our new website has the potential to be developed further to provide more interactive features for clients, carers and referrers.

An enormous amount of work went into producing the new site. Both functionality and design were important considerations in its redevelopment, and we are proud to have a site that entails the many features that site visitors expect. Visit our new website at www.rdns.com.au

The screenshot shows the homepage of the Royal District Nursing Service (RDNS) website. The header features the RDNS logo and the tagline "Bringing healthcare to you™". Below the header is a navigation menu with links for Home, Careers, Contact Us, and Locations. A secondary menu includes About Us, What We Do, Accessing Services, Research and Innovation, Media and Resources, and How You Can Help RDNS. The main content area is titled "Welcome to RDNS" and includes a brief description of the organization. Below this are four main sections: "For Health Professionals" with a "How to refer" link; "For Clients and General Enquiries" with links for "What we do", "How to access our services", and "Frequently asked questions"; "1300 NURSING" with the phone number 1300 33 44 55; and "Careers at RDNS" with a link to learn more about career opportunities. The footer contains the text "Promoting excellence in community health through education, research, and clinical practice" and "Tailored nursing on a fee-for-service basis for organisations looking to provide care for their clients."

A healing feeling

In 2005, RDNS embarked on a significant wound care initiative which became known as "The Angior Initiative" (the project's principal funding being generously provided by the Angior Family Foundation). The initiative aimed to establish and share what is best practice in lower leg ulcer management and to improve the care provided to, and outcomes for, people living with a leg ulcer.

Managed by the RDNS Helen Macpherson Smith Institute of Community Health, the Angior Initiative involved the development of a best practice wound education program that was rolled out and evaluated across RDNS. This was a qualitative study exploring the enablers and barriers to the use of compression therapy, and a randomised controlled trial comparing two commonly used dressings to treat badly infected leg ulcers. The project was an organisation-wide venture and would not have been possible without the commitment of nurses and managers across RDNS.

Already with three published articles, a fourth submitted for publication, and eight national and international conference presentations, RDNS has received considerable attention for our work in this important project. The final report for this study will be completed in late 2008, though its subsequent publications will continue to be developed into 2009.

Most importantly, the clinical benefits of this endeavour are now being realised. It has improved the wound education provided to our nurses by our Education Department, and the program that was developed has since been delivered to other community nursing services in Victoria. The findings relating to the use of compression therapy are to be incorporated into Australia's first national guidelines on the management of venous leg ulcers. The Randomised Controlled Trial results found that while one type of dressing (a silver impregnated dressing) generates swifter healing after its initial application, there are no differences between it and another type of dressing (cadexomer iodine) after a 12 week period. Thus, in general, clinicians can select either without disadvantaging clients. There were, however, some sub-groups of clients who will benefit from a silver impregnated dressing and the details of this are still being teased out in the final analysis.

Largely because of the Angior Initiative, many new research ideas have received funding and we are delighted that our Wound Research Program is flourishing. We also gratefully acknowledge our trial partner, Silver Chain Nursing Association in Western Australia and thank the Angior Family Foundation, the Department of Human Services, and the RDNS Foundation for the funding support that has enabled this initiative to be realised.



Wholesome healthcare

Poor nutrition is an issue facing Australians at large; a matter of discussion in the media as well as in political and, increasingly, in healthcare circles. At RDNS, we believe that the risk of poor nutrition is a real issue for our elderly clients and, if not detected, may adversely influence health, healing and general quality of life. It is an unfortunate reality that the frail aged and socially isolated can have real difficulty obtaining and transporting food and their restricted incomes can dramatically limit the choice and quality of food they can purchase.

However, acquiring food may not be the only problem faced by elderly frail people whose health status and isolation may also impact on their ability to maintain good nutritional standards. A lack of exercise, poor dental health, changes in taste and other physiological

problems that may accompany ageing, all can reduce appetite and motivation, while the lack of somebody to dine with may make sitting down to enjoy a meal far less enticing. Together, all of these factors conspire to make malnutrition an ever-present danger for the elderly in the community and current literature tells us that this affects thousands every year.

RDNS has been aware of this problem for some time but has not had the resources needed to study the issue and develop the diagnostic tools and interventions needed to make a real difference. Now, through the generosity of the H & L Hecht Trust, the Morris Family Trust and Perpetual Trustees, this work can commence at the RDNS Helen Macpherson Smith Institute of Community Health. We can now start to address the specific issue of malnutrition in our elderly clients and

improve their health and quality of life.

The 'Wholesome Healthcare' project will see a dietician work with us for a year, developing a program to address malnutrition amongst elderly clients. In essence, the project will develop a practical model of nutritional care for home nursing services. This will include education and awareness-raising for staff and clients; screening, assessment, referral and interventions that will be effective in this environment; and a defined set of outcome measures to enable on-going monitoring. Once we have piloted this new program, we hope to demonstrate the positive outcomes that would ensue for our clients through this new intervention in the area of nutrition, thus establishing a case for ongoing funding.



On active service

The Home and Community Care (HACC) Program provides services to frail older people, people with disabilities and caregivers. Government policy supports the desire of such people to remain living as independently as possible in their own homes, which therefore impacts on the demand for home and community care services, such as those provided by RDNS.

The HACC Active Service Model initiative is a service enhancement strategy which aims to increase the effectiveness of the Victorian HACC Program. It has a particular focus on the development of more person-centred and capacity building approaches to service delivery aimed at restoring clients' independence and ability to leave the constraints and isolation that their condition imposes.

A series of active service model pilot projects are being implemented in Victoria to assist in exploring whether the adoption of a more active and restorative approach to service delivery will result in improvements to client health, and therefore reduce reliance on HACC services in the longer term.

The first Caring for Continence project was completed earlier this year by our sites in Heidelberg and Diamond

Valley in conjunction with Banyule City Council. The purpose of the pilot project was for staff from these agencies to collaboratively implement active service model principles, designed to increase client independence and to address continence issues experienced by HACC clients. The project involved client identification and referral from Banyule HACC staff to RDNS for continence specific screening, assessment and intervention.

Overall, the project was successful in achieving its objectives and demonstrated improved continence outcomes for clients; reduced incontinence severity; reduced negative impact; and improved client motivation and confidence to undertake activities of daily living. Trained council personal care workers provided a key role in client identification and referral.

The evaluation from the 2007 pilot was presented at the Victorian HACC Active Service Model forum and at the Aged Care Services Australia national conference earlier this year. Due to the success of this pilot project, the Department of Human Services has provided funding to RDNS to replicate the project within the larger and more culturally-diverse City of Brimbank.