

Steady hands as CEO search begins

In April, after 17 years in the top role, RDNS CEO Dan Romanis announced his resignation.

Mr Romanis took over the reins at RDNS in 1994, and oversaw the organisation grow from \$40M to \$110M in revenue. Chairman Paul Montgomery acknowledged the strong leadership and service of Mr Romanis.

"The prominent position RDNS enjoys today as the leading provider of nursing-led homecare services in Australia is, without doubt, due to Dan's leadership," Mr Montgomery said.

"Dan leaves behind an organisation that has been greatly strengthened under his direction, with revenue almost tripling and the number of client care visits more than doubled - to 1.8 million in the last year."

Whilst Dan's departure after so long represents a major change, it is extremely important that RDNS moves forward in a way that continues to meet our commitment to clients, carers and other stakeholders, as well as ensuring the on-going unity and progress of the organisation.

A thorough and comprehensive search for a new CEO has begun. The RDNS Board anticipates that this search and subsequent appointment will take up to six months. For that reason - and the need to continue to head our organisation with steady direction and leadership - the Board has taken the step of appointing an Acting CEO.



Rosemary Hogan

The Acting CEO role is a shared one, with Rosemary Hogan, Executive General Manager - Service Delivery and Stelvio Vido, Executive General Manager - Projects and Business Development, equally assuming the role over the next six month period.

Rosemary Hogan began in the Acting CEO role in May 2011 and will continue until 31 July 2011, to be supported during that time by Stelvio Vido in the role of Interim Deputy CEO.

Stelvio Vido will assume the role of Acting CEO from 1 August 2011 to 30 October 2011, with Rosemary supporting him as Interim Deputy CEO.



Stelvio Vido

With both Rosemary and Stelvio having had extensive senior management experience, particularly at RDNS, and having undertaken a similar role while Dan Romanis was on leave in the past, the Board is confident that this arrangement will ensure the on-going leadership of the organisation, as well as allowing for the continued pursuit of our immediate goals and objectives.

Special event: The RDNS Industry Forum

Thursday 4th August 2011
Treetops at the Melbourne Museum
7.30am - 9.00am

Special guest speaker:
Susan Pieters-Hawke

Invitations will be sent to all recipients of 'Inside'.
Enquiries: (03) 9536 5268

Packaged to go

In Melbourne, RDNS offers individually planned and coordinated packages of care, such as Community Aged Care Packages (CACPs), EACH (Extended Aged Care at Home) and EACH-D (Extended Aged Care at Home – Dementia), which are tailored to help frail, older Australians remain living at home.

Packaged Care commenced in 1992 when the Australian Government provided individually tailored packages of community aged care services in the form of CACPs. Organisations applied for provider status to manage these packages of care for people in the community.

In 1998 the Government introduced EACH packages as a pilot program for frail, older people requiring a high level of in-home community care.

EACH-D developed as part of the 2004-2005 Australian Government Budget initiative, 'Helping Australians with dementia, and their carers', making dementia a national health policy.

The RDNS Packaged Care Program commenced in late 2009 after RDNS was successful in securing packages in the Western Metropolitan Region.

At that time, thirty nine packages were allocated to RDNS, consisting of 20 CACPs, 10 EACH and 9 EACH-D.

In April 2011 RDNS was again successful in the application process for provider status in the Eastern Region, securing 10 CACPs and 5 EACH packages.

A key feature of the CACPs, EACH and EACH-D programs is providing packages of care that are planned and managed by an approved provider. Although all three programs are targeted towards frail older people living in the community, each program targets a specific need:

- CACPs – is targeted towards those who require a coordinated package of services and who would otherwise be assessed as eligible for at least low level residential care.
- EACH – is specifically targeted towards those who would otherwise be eligible for high level residential aged care.
- EACH-D – is specifically targeted towards those who experience behaviours of concern and psychological symptoms associated with dementia which impact on the ability of the care recipient to live independently in the community.

The areas covered by RDNS' Packaged Care Program in the Western and Eastern Region include all LGA's as a priority. A focus on the culturally and linguistically diverse community is also a priority for clients across both regions. RDNS has memoranda of understanding with a range of culturally diverse organisations with the aim of supporting people in the community requiring culturally specific services.

The RDNS Packaged Care Program consists of a team of three Case Managers as well as a Program Administrator and Program Manager to support the program's objectives.

The Packaged Care Program is an exciting development for RDNS and is proving to be highly beneficial for clients who wish to remain in the community with supports, while leaving the complexities of service organisation and provision to their RDNS Case Manager.

Avatar comes to RDNS

The administration of medications forms a significant part of the care that RDNS staff provide and as such, RDNS is committed to providing high quality, safe medication management to our many clients.

Last year, 7,000 clients received medication support involving nearly 600,000 home visits by RDNS nurses, which represents 58% of all care activities undertaken by our nurses. The key responsibilities of RDNS nurses for medication management include:

- assessing a client's and their carer's ability to manage their medications independently;
- working with clients and carers to ensure the right equipment, systems and strategies are in place to be able to safely manage their medicines as independently as possible or;
- if independence is not possible, providing ongoing safe and effective medication support visits to enable clients to remain in their chosen place of living.

Given the high proportion of care involving medications and the significant responsibility that comes with it, RDNS nurses need to continuously develop and update their knowledge about medication management.

The RDNS Helen Macpherson Smith Institute of Community Health's Clinical Development team is supporting staff to achieve this through the development of a new computer-based eLearning Medication Management program. The program is designed to help staff provide the best possible medication management to clients by teaching the



eLearning will help RDNS nurses with medication management

latest approaches and sharing the most up-to-date knowledge and technologies.

The eLearning program includes a variety of interactive learning activities such as animations, and the use of innovative 'avatar' characters - an RDNS nurse and a client - to enable nurses to develop and apply assessment and problem solving skills to simulated care scenarios.

When launched, staff will be able to access the eLearning program from their mobile computers or from any of RDNS' support sites, and can be completed at a time that best suits staff.

To ensure that all nurses are well supported to integrate an Active Service Model approach into the provision of safe medication care, a 'Train the

Trainer' model will be used, whereby all staff will meet with a senior site-based nurse to discuss their recorded responses to the case scenarios.

The program is scheduled to be implemented in August 2011.

New insights into self-management

Community nurses, such as those at RDNS, assume a wide range of roles in relation to medication management, with a key responsibility being assessment of a client's ability to self-medicate.

Where clients have been identified as experiencing problems with this task, the likely outcome is that they will have their medicines administered by a community nurse. However, it has been unclear what parameters are used by individual nurses when assessing medicine self-management abilities and planning care for clients.

Approaches to care for older people and those with dementia in the community are undergoing a shift in focus: working closely with clients in ways that are person-centred and goal-oriented in order to achieve greater independence is now the objective. This is best articulated by the Active Service Model in Victoria, a model already actively engaged at RDNS.

A recent research project facilitated by the RDNS Helen Macpherson Smith Institute of Community Health aimed to better understand and inform nursing practices that support safe and independent medicine management by older people and people with dementia living in the community.

The report - "Self-Management of Medicines by Older People in the Community: A Person-Centred Guide to Assessment" - explores thoughts and perceptions of older people, people with dementia, family carers and health professionals regarding management of medicines in the community.

The findings have been used to develop a tool to assess a person's capacity to self-manage their medicines. The key finding of the project was that medicine management is a journey and has four distinct stages:

- **Self-management** - described how motivations and incentives, a person's values and beliefs, their relationship with their health professional and the strategies they used to adapt to age related changes supported their independence with medication management;
- **'Something changes'** - identified factors that contributed to the transition from self-management to needing more help. These included functional and cognitive decline and disruption to medicine routines. The increased potential for adverse drug events precipitated the family member to move into the carer role, or the community nurse replicated this role when the person lived alone and had no carer;
- **Family member advocacy and the carer role** - identified the impact of the caring role as under-recognised by health professionals. Family carers utilise a range of strategies to enable them to undertake medication management for another person;
- **Locus of control and the medication team** - described current assessment practices, barriers to team work, and changes needed to enable development of collaborative relationships.

The outcomes of the study indicate that:

- A person-centred and strengths-based approach to assessment should be undertaken;
- More consideration should be given to the family carer's role;
- Interpreters and translated medicines information should be made available when working with non-English speaking people;
- The person's motivations and incentives to take medicines and their attitudes towards their information needs should be explored;
- Strategies to sustain prescription management should be offered to older people;
- Medicine management requires on-going monitoring.

Future research is required to test the tool for validity and reliability in the clinical setting.

In pursuit of the well-healed



Wound management comprises a significant component of the work RDNS nurses undertake. The ageing population combined with the impact of chronic disease assures that the need for wound management expertise will not reduce over the coming decades.

Whilst the impact of wounds is well known at RDNS, the scope of the problem is not as well known in the wider

community. Up to 270,000 Australians may be affected by a chronic wound and the impact on a person's quality of life can be significant.

RDNS recently supported the Australian Wound Management Association's annual 'Wound Awareness Week', to raise public and professional awareness of best practice, contemporary approaches to wound management, the role of dressing technologies and where the public can go to receive help.

Each year RDNS' Wound Management Clinical Leadership Group (CLG) supports the annual campaign by assisting with the coordination of activities at all RDNS sites. This year the CLG used the opportunity to highlight a current issue - the impact of medication use on wound healing.

It is a challenge for our nurses to remain abreast of evidence and best practice and the most appropriate ways to incorporate clinical guidelines into their day-to-day practice. The RDNS Wound

Management Clinical Leadership Group is charged with promoting evidence-based practice at RDNS and undertakes a range of activities targeted at making decision making easier for our nurses.

The CLG contributes to and supports guideline implementation; reviews journal literature; ensures policies and procedures are up to date and investigates and responds to queries regarding complex wound management issues.

The group also advises on appropriate product selection via an online product register which promotes clinically effective and cost effective wound dressings. The result is an environment which supports best practice in wound management at RDNS and therefore an environment which is most conducive to positive client outcomes.

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Nursing at its finest

When RDNS nurse Judy Frecker was awarded the inaugural 'RDNS Nurse of the Year – Client's Choice Award' in 2010, she was both humbled and delighted. Judy was nominated by one of her clients for the profound and significant impact she had made on her life in a time of dire medical and emotional need.

Diagnosed with HIV/AIDS, the client battled her own illness as well as supporting her husband in his fight with the virus until he passed away. It was a time of huge struggle for the client, who drew on the support and strength of Judy at every turn.

Care and support was extended to the client's family as well and as a result of

Judy's determination, professionalism and compassion, the client is enjoying a quality of life – both physically and mentally - that she believed had disappeared forever.

These are the stories at the heart of RDNS – and at the centre of the 'HESTA Australian Nursing Awards' - which recognise the achievements of nurses in the delivery of outstanding patient care. Not only was Judy's care recognised by the RDNS community – she was recently listed as a finalist in the 'Nurse of the Year' category of the prestigious HESTA awards scheme.

Although she didn't come away with the winner's trophy, we proudly



RDNS nurse Judy Frecker - an outstanding example of nursing

congratulate Judy for epitomising what nursing at RDNS and nursing in general is about.

A trip through time

Wound management services provided by RDNS are essential to the successful care of people living in the community with wounds. Our service is valuable because we provide the regular technical care required to prevent hospital admissions; we commonly deliver the majority of the technical care required by a client (which other providers may not have the resources to do); as well as providing assistance to clients who cannot heal and require maintenance of their condition and prevention of wound deterioration.

Wound management is a dynamic field which is continually evolving with respect to investigation of the molecular aspects of healing, new technologies and treatments, new models of care and new ways of interacting with clients.

RDNS' rich, colourful and often deeply moving 125 year history has been brought to life in a dynamic, new online museum.

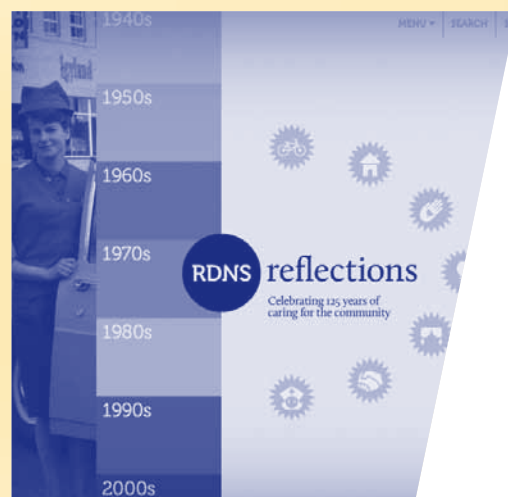
'RDNS Reflections' chronicles the story of RDNS, honouring and remembering the thousands of nurses, along with our clients, their families, friends and descendents who have helped write the incredible story of RDNS since 1885.

Current and past staff have participated openly and willingly in interviews that form the basis of 'RDNS Reflections' and in the overall development of this project.

A book which highlights these stories has also been developed.

The research and recordings of staff stories was generously funded by the Helen Macpherson Smith Trust and the invaluable support of the Danks Trust, Lava Web Creations and the Public Records Office Victoria enabled us to develop the virtual museum and book.

Please explore our comprehensive online museum at www.rdnsreflections.com.au



'RDNS Reflections' - celebrating our rich history

Annual report lauded

We recently received news that our 2010 Annual Report has won the silver award for graphic design in an international awards program.

Over the last few years our annual reports have been designed by the Educational Resource Centre (ERC) at the Royal Children's Hospital. As a member of the American-based HeSCA (Health and Science Communications Association), ERC entered the 2010 RDNS Annual Report into HeSCA's annual awards program.

The program provides an international forum for health sciences media with the goal of showcasing and recognising individuals and organisations whose work represents the very best in health sciences media production.

The HeSCA awards is judged by leading biocommunication professionals. The criteria used in evaluating entries are technical quality, production values and techniques, educational design, technological innovation, creativity, and craftsmanship of the media product.

We are delighted that in such a prestigious awards scheme and against so many international entries, graphic designer Jacqui Glenister, who designed the 2010 RDNS Annual Report, has been awarded the silver medal. We heartily congratulate Jacqui for extending on her success at the HeSCA awards, where her design of the 2007 RDNS Annual Report was awarded the Gold medal.