2018 Annual Conference

Launceston, Tasmania

Delegate information

Registration

The registration desk is located at the conference venue in the lobby area.

Opening hours

Wednesday – 12 to 5.30pm; Thursday and Friday – 7am to 5pm.

Venue

All conference and pre-conference meetings will be held at the Hotel Grand Chancellor, Launceston.

Social program

The Welcome Reception will be held at the conference venue, on Wednesday 29 August, commencing at 6pm.

The Conference Dinner will be at the Penny Royal on Thursday 30 August, commencing at 6.30pm.

Delegates are invited to stay for farewell drinks following the AGM on Friday.

Exhibitors

The trade exhibitors will be located in the conference venue exhibition space, near the plenary room. Please visit the exhibits as trade sponsorship forms an important part of the conference. For your chance to **win an iPad 6th Generation**, visit each of the exhibitors, collect a stamp or signature and put your 'exhibitor passport' into the competition box.

Program

The speakers, topics and times as shown are correct at time of printing. In the event of unforeseen circumstances the organisers reserve the right to alter the program or substitute speakers.

Catering

Morning and afternoon teas and lunch are included in the registration.

Liability

The ACNN 2018 Annual Conference does not include provisions for the insurance of participants against personal injuries, sickness, theft, and property damage. Neither the ACNN Conference Committee, nor its sponsors, assumes any responsibility for loss, theft, injury or damage to persons or belongings.

Conference Secretariat

Nikki Abercrombie CEM from Abercrombie Management. M: 0418 283 397

Welcome

On behalf of the Australian College of Neonatal Nurses and the organizing committee for the 26th National conference, *Quality neonatal care: innovation and inspiration*, it gives me great pleasure to welcome you all to Launceston, here in Tasmania. I would encourage you to take the opportunity to explore this lovely city to see what it has on offer with many historical, geographical, and cultural and art attractions in close proximity to our conference venue.

We have developed the conference program to encourage the engagement of professional dialogue while enjoying the full program here in Launceston. We have included breakfast sessions, plenary presentations and concurrent special interest streams along with social events to experience local hospitality. This is an opportune time to renew your professional contacts and discuss topics of mutual interest; we have included networking time into the program to allow for this. It is rewarding to note the conference agenda provides for a wide range of interests for nursing: research, education, leadership and quality, and innovative nursing practices. We also welcome experienced and novice oral presenters, researchers and poster platform presenters.

The attendance and participation of leaders, researchers and presenters gathered here for the next few days, to disseminate their message is fundamental to strengthening the neonatal nursing profession and to the efforts in giving neonatal care parity within health care systems.

I would also like to take this opportunity to thank the members of the conference committee, Abercrombie Management, for their assistance in convening the conference, all of the trade exhibitors for their attendance and sponsorship as well as the invited speakers for their contribution to the program. Most of all, I thank every one of the attendees for coming together to work towards better quality neonatal care, including innovation and inspiration in care we deliver. I wish you all a meaningful, productive conference.

Jane Roxburgh

ACNN Conference committee chairperson

On behalf of the national committee, our branches and special interest groups committees, I am delighted to welcome everyone to the beautiful city of Launceston, for the 26th annual congress of the Australian College of Neonatal Nurses. Once again we are on an island, perhaps a little chillier than last year's venue of Fraser Island, but we have just as exciting a program. I am delighted to welcome our international speaker, Professor Carole Kenner, President and CEO of the Council of International Neonatal Nurses (COINN). I have the privilege of being Vice-President of COINN and working closely with Carole and am pleased that she has been able to attend our conference, especially relevant as the COINN conference will be held in New Zealand next year. We have also invited excellent speakers from Australia, from nursing, allied health, medicine and cardiac surgery and we were delighted with the very high quality abstracts which were submitted. Our program covers all aspects of neonatal care, and for the first time, we are partnering with Miracle Babies to hold a breakfast session where Melinda Cruz and Kylie Pussell will be on a panel with clinicians and parents are invited to attend.

Enjoy the opportunity to learn here in Tasmania, meet with old friends and network with new. Visit our trade supporters and learn about new technologies. Meet the committee members of ACNN, let us know what your college can do for you and perhaps consider joining a committee.

Most of all, have fun,

With warm wishes,

A/Prof Karen Walker

ACNN President

Programme

Programme correct at the time of publishing on 6 August 2018. ACNN reserves the right to change the program if required.

Wednesday 29 August **Registration from 2pm**	
1600 - 1610	Welcome address and acknowledgement to country *Associate Professor Karen Walker,* ACNN President
1610 - 1630	Awards ceremony: Excellence Awards, Scholarships and Awards *Dr Linda Ng*
1630 - 1710	Inspiring neonatal nurses globally *Professor Carole Kenner and Kate Weston*
1710 - 1730	Strong leadership for health equity *Ms Janine Mohamed*
1730 - 1800	#hellomynameis… *Ms Diane Webb*
1800	**Welcome Reception - 'A Market Place'**

Posters

P = Poster; PP = Poster Platform (poster on display + 5-minute overview of poster within the program)

- A systematic review of pregnancy and neonatal outcomes associated with prescribed opioid exposure: preliminary findings - *April Miller (PP)*
- High psychological distress is common in women of reproductive age living with pain - *April Miller (P)*
- Implementation of a Web-Camera system in the neonatal intensive care unit - *Natalie Butchard (PP)*
- Snapshots of injury beds: consecutive images and assessments of neonatal skin injuries - *Deanne August (PP)*
- Stressors of fathers - the 'other' parent in a surgical NICU - *Priya Govindaswamy (P)*
- The PG Cert NIC Capability Wheel - *Patricia Bromley (P)*
- Vancomycin resistant enterococcus in the neonatal intensive care and special care nursery - *Dr Margaret Broom (PP)*

Social Program

Wednesday 29 August – Welcome reception

It may not be the Salamanca Markets – but it will be nearly as good!
Join us at 'The Welcome Reception Market Place'… local providores of all things Tassie will showcase their wares…
Included in full registration

Thursday 30 August – Conference dinner (ticketed event)

*Join us for the conference dinner at the **Penny Royal** and experience local culinary delights, an experience that is completely unique to Tasmania*

Programme

Thursday 30 August Registration from 0700

	Chancellor 3	Chancellor 4	Chancellor 5
0715 – 0815	**Breakfast Session 1*** Chair: Dr Jennifer Dawson 'Impact of early life nutrition on growth and gut immune development through microbiota shaping' *Dr Lieke van den Elsen*	**Breakfast Session 2** Chair and moderator: A/Prof Karen Walker Partnering with parents in clinical care and research – *Ms Melinda Cruz, Ms Kylie Pussell, Professor Carole Kenner, Priya Govindaswamy*	**Breakfast Session 3*** Chairs: Deanne August and Angela Casey Neonatal skin, the first line of defence. Do your skincare practices protect & promote neonates' skin? *Ms Liz Leins, Paediatric Eczema Nurse Practitioner, RCH, Melbourne*

Session 1:	**Chancellor 2: Plenary**
0830 – 1000	**Chairs:** Samantha Lannan and Stephanie Webster
0830 - 0900	Australian Infant Feeding Guidelines: compliance and conflict - *Professor Jane Scott*
0900 - 0915	An Australian survey of current practices for intra-gastric tube confirmation of placement in neonatal unit - *Dr Sheeja Perumbil Pathrose*
0915 - 0935	Innovation with collaboration: lactation services in a neonatal unit - *Heather Taylor*
0935 - 1000	Oral feeding infants receiving non-invasive respiratory support? - *Dr Jennifer Dawson*
1000 – 1030	**Morning tea, trade exhibit and poster display**
Session 2:	**Concurrent 1 – Chancellor 3: Neurodevelopmental care stream**
1030 – 1215	**Chair:** Ursula Haak, Committee member, Neurodevelopmental Care SIG
1030 - 1100	Exploring neurodevelopmental care research priorities in Australia - *Dr Sharon Laing*
1100 - 1130	Speciality neonatal nurse perceptions of neurodevelopmental care - *Nadine Griffiths*
1130 - 1215	**NDC SIG Annual Meeting**
Session 2:	**Concurrent 2 – Chancellor 5: Education stream**
1030 – 1225	**Chair:** Tonya Gibbs, Chair, Education SIG and Dr Linda Ng, Professional Officer
1030 - 1045	X-Rays in NICU – what's really happening? - *Justine Parsons*
1045 - 1100	Purple Butterfly Initiative – a visual aid to acknowledge the loss of a twin/triplet - *Natalie Butchard*
1100 - 1115	Fitting a tiny square peg into a big round hole: Using simulation to test systems and processes before moving critical care neonates to a unit purpose built for adults - *Alison Michael*
1115 - 1130	A new model – development of a neonatal education support team (NEST) - *Colette McIntyre*
1130 - 1145	Recognising and nurturing capability in the postgraduate neonatal intensive care nurse – *Patricia Bromley*
1145 - 1225	**Education SIG Annual Meeting**
Session 2:	**Concurrent 3 – Chancellor 6: Neonatal Nurse Practitioner stream**
1030 – 1215	**Chair:** Amy Forbes-Coe, Chair, NNP SIG
1030 -1130	Neonatal sepsis: diagnostic dilemmas - *Dr Naomi Spotswood*
1130 - 1215	Retrieval NNPs and management what's new: case study - *Dr Naomi Spotswood & Jo Scott*
1215 – 1310	**Lunch, trade exhibit and poster display**

Programme

Thursday 30 August (continued)	
1215 – 1310	**Lunch, trade exhibit and poster display**
Session 3:	**Concurrent 4 – Chancellor 3 Leadership stream**
1310 – 1440	**Chair:** Wendy Carlish
1310 - 1340	Innovating neonatal nursing and care - *Professor Carol Kenner*
1340 - 1440	'Three steps to kind communication' - *Rosalie Martin*
Session 3:	**Concurrent 5 – Chancellor 5 'Improving clinical practice through research' stream**
1310 – 1440	**Chairs:** Kaye Spence AM and Dr Margaret Broom
1310 - 1340	Working with clinicians in turning a clinical question into a research study - *Dr Sharon Laing*
1340 - 1410	Barriers and facilitators to translating research into practice - *Dr Kim Psaila and Dr Jann Foster*
1410 - 1425	Home and away: the effects of a neonatal early discharge program – a matched case controlled study - *Dr Trudi Mannix*
1425 - 1440	Impact of the lactation consultant role in the NICU: a quality improvement project - *Dr Margaret Broom*
Session 3:	**Concurrent 6 – Chancellor 6 Neonatal skin**
1310 – 1440	**Chairs:** Lyn Chapple and Karen Hose
1310 - 1325	Neonatal scalp skin injuries: innocuous or nasty? - *Anndrea Flint*
1325 - 1340	'Moisture' blisters – unravelling the cause! - *Colette McIntyre*
1340 - 1355	Medical adhesives and removal techniques – producing education resources to reduce neonatal MARSI - *Anndrea Flint and Deanne August*
1355 - 1410	Do neonatal nurses have a role in atopic eczema education? - *Dr Karen New*
1410 - 1425	Colour brings clarity to skin injuries: development and pilot of the metric graduated colour tool - *Deanne August*
1425 - 1430	Snapshots of injury beds: consecutive images and assessments of neonatal skin injuries - *Deanne August (PP)*
1440 – 1510	**Afternoon tea, trade exhibit and poster display**
Session 4:	**Chancellor 2: Plenary**
1510 – 1640	**Chairs:** Jane Roxburgh and Vicki Carson
1510 - 1525	Collaborative nursing reducing health disparities of Indigenous Australians through a preterm renal study - *Helena McInnes*
1525 - 1555	Nasal high-flow for early respiratory support of newborn infants in Australian non-tertiary special care nurseries: The HUNTER Trial - *Dr Brett Manley*
1555 - 1625	An innovative trial to find a treatment to prevent BPD? - *Dr Jennifer Dawson*
1625 - 1640	The use of overnight oximetry in neonates: a literature review - *Anndrea Flint*
1830	**Conference Dinner:** Black and white theme (ticketed event)

Programme

Friday 31 August	**Registration from 0730**
Session 1:	**Chancellor 2: Plenary**
0800 – 0930	**Chair:** Cassandra Prezioso and Jennifer Dawson
0800 - 0830	Advances in neonatal cardiac surgery - *Dr Yishay Orr*
0830 - 0845	Gender differences in outcomes on the Movement Assessment Battery (2nd edition) in children who have undergone early major cardiac and non-cardiac surgery - *Natalie Fairbairn*
0845 - 0930	'It takes a village to support a cardiac baby' - *Glenda Fleming*
0930 – 1000	**Morning tea, trade exhibit and poster display**
Session 2:	**Concurrent 7 – Chancellor 3 Neonatal Nurse Practitioner stream**
0945 – 1145	**Chair:** Anndrea Flint, Secretary, NNP SIG
0945 - 1045	Interpreting respiratory X-rays - *Dr Brett Manley*
1045 - 1115	Developing a sustainable NNP model of education - *Miriam Long*
1115 - 1145	**NNP SIG Annual Meeting**
Session 2:	**Concurrent 8 – Chancellor 5 'Exploring practice through research' stream**
0945 – 1145	**Chairs:** Jann Foster and Sheeja Perumbil Pathrose
0945 - 1000	Improving provision of skin-to-skin care in preterm neonates - *Jennifer Ormsby*
1000 -1015	Transcutaneous bilirubin meter usage, is it safe? - *Donna Hovey*
1015 -1030	Lessons learned in conducting The HUNTER trial: a research staff perspective - *Amy Tagliante Saracino*
1030 - 1045	A need for improved study design and reporting in research on opioid-exposed infants - *April Miller*
1045 - 1100	Implementation of a Web-Camera system in the neonatal intensive care unit - *Natalie Butchard (PP)*
1100 - 1105	A systematic review of pregnancy and neonatal outcomes associated with prescribed opioid exposure: preliminary findings - *April Miller (PP)*
1105 - 1110	Vancomycin resistant enterococcus in the neonatal intensive care and special care nursery - *Dr Margaret Broom (PP)*
1110 - 1145	**Research SIG Annual Meeting**
Session 2:	**Concurrent 9 – Chancellor 6 Neurodevelopmental care stream**
0945 – 1110	**Chair:** Nadine Griffiths, Chair, Neurodevelopmental Care SIG
0945 - 1020	Implementation of a foundational neonatal neuro-developmental education program - *Nadine Griffiths*
1020 - 1035	Getting 'Family Friendly' - *Shelley Reid*
1035 - 1040	Parental Integration in the Pain-Management of Routine Capillary Heel Sticks in the Low Dependency Unit - *Ursula Haak*
1040 - 1110	Implementation guidelines for developmental neuroprotective care in the NICU - *Associate Professor Karen Walker*
1145 – 1230	**Lunch, trade exhibit and poster display**

Programme

Friday 31 August (continued)	
1145 – 1230	**Lunch, trade exhibit and poster display**
Session 3: **1230 – 1345** 1230 - 1330 1330 - 1345	**Concurrent 10 – Chancellor 3 Leadership stream** **Chair:** Angela Casey, Chair, Leadership SIG 'Three steps to kind communication' - *Rosalie Martin* **Leadership SIG Annual Meeting**
Session 3: **1230 – 1345** 1230 - 1255 1255 - 1315 1315 - 1345	**Concurrent 11 – Chancellor 5 Low resource countries stream** **Chair:** Donna Hovey, LRC SIG Chair Humanitarian outreach cardiac surgery - *Dr Yishay Orr* 'More than just HBB' - *Gill Mibus and Anndrea Flint* **LRC Sig Annual Meeting**
Session 3: **1230 – 1330**	**Concurrent 12 – Chancellor 6** **Chair:** Margaret Broom, Research SIG Chair Workshop: Writing an abstract; designing a poster; scholarship and grant application basics!
1345 - 1410	**Afternoon tea, trade exhibit and poster display**
Session 4: **1410 – 1535** 1410 - 1420 1420 - 1450 1450 - 1515 1515 - 1535	**Chancellor 2: Plenary** **Chairs:** Karen Walker and Karen New Awards and Prizes Innovative technology engaging fathers in early parenting - *Professor Jane Scott* "Health Literacy Matters" - *Dr Shandell Elmer* Collaborating for impact - *Melinda Cruz*
1535	Closing address - *Associate Professor Karen Walker*
1545 - 1645	**AGM and farewell drinks**

Thank you to our exhibiters

Opening Plenary, Wednesday

Invited speaker

Dr Carole Kenner

Dr Carole Kenner is the Carol Kuser Loser Dean/Professor of the School of Nursing, Health, and Exercise Science at The College of New Jersey. Dr Kenner received a Bachelor's of Science in Nursing from the University of Cincinnati and her master's and doctorate in nursing from Indiana University. She specialized in neonatal/perinatal nursing for her master's and obtained a minor in higher education for her doctorate.

Her career is dedicated to nursing education and to the health of neonates and their families, as well as educational and professional development of healthcare practices in neonatology. She helped develop the End of Life Nursing Education Consortium (ELNEC) Neonatal/Pediatric modules. She serves on the Consensus Committee of Neonatal Intensive Care Design Standards, which sets recommendations for Neonatal Intensive Care Unit designs and serves on the March of Dimes Nursing Advisory Committee. She is a fellow of the American Academy of Nursing (FAAN), a fellow in the National Academies of Practice, a Fellow in the Academy of Nursing Education, past president of the National Association of Neonatal Nurses (NANN) and founding President of the Council of International Neonatal Nurses (COINN), the first international organization representing neonatal nursing-setting standards globally. She is the 2011 recipient of the Audrey Hepburn Award for Contributions to the Health and Welfare of Children internationally.

Invited speaker

Janine Mohamed

I am a Kaurna/Narrunga woman from South Australia, and have deep expertise and experience in how to improve healthcare and health outcomes for Aboriginal and Torres Strait Islander people. As a nurse and CEO of CATSINaM, I am an advocate for the unique and powerful roles that Aboriginal and Torres Strait Islander nurses have in the health system and their communities, as agents of change. My leadership and work is informed by principles of health equity and justice, and I have a passionate commitment to working towards health systems that are culturally safe for Aboriginal and Torres Strait Islander patients, health professionals and employees. I am a graduate of the University of South Australia, where I now teach, and have extensive clinical experience, as well as in research, policy and project leadership. I have also worked in senior positions for the NACCHO, contributed to the establishment of the Close the Gap campaign, and was a member of an Indigenous peoples' delegation that participated in the United Nations Permanent Forum on Indigenous Issues in 2011 and 2012. I am a strong advocate for self-determination and the community controlled health sector, which offers the best model of health care for all Australia. I am married to Justin Mohamed, who also has a longstanding career in Aboriginal health, and together we have five children. Having an autoimmune disease, I have a keen appreciation for the importance of empowering people to manage their health.

Invited speaker

Diane Webb

Hello my name is Diane Webb. I'm the health literacy officer with Public Health in Tasmania. I have a clinical (nursing), service and project management back ground and work in private practice as a Credentialed Diabetes Educator. I am responsible for the health literacy action plan for the state and work with people, services, organisations and communities to make it easier for people to find, understand and use information and services but also create supportive environments to improve the health literacy of all Tasmanians.

Plenary 1, Thursday

Invited speaker

Jane Scott

Australian Infant Feeding Guidelines: compliance and conflict

Jane Scott is Professor of Public Health Nutrition Research at Curtin University. Her research interests are in the area of public health nutrition and early feeding practices. She is recognised internationally for her research into the determinants of infant feeding practices and was an expert technical writer on the 2012 NHMRC Infant Feeding. She is Chief Investigator on the Parent Infant Feeding Initiative (PIFI) which targeted fathers as breastfeeding supporters and trialled Milk Man, the first breastfeeding app developed specifically for fathers.

Abstract

An Australian survey of current practices for intra-gastric tube confirmation of placement in neonatal care units

Perumbil Pathrose S[1], Foster J[1], Schmied V[1], Hannah D[1], Spence K[1,2],Psaila K[1], Taylor C[1], Badawi N[2], Morris S[3], Peters K[3], Gregory K[4]

[1]School of Nursing and Midwifery, Western Sydney University; [2]The Sydney Children's Hospitals Network –Westmead; [3]Life's Little Treasures Foundation; [4]Brigham and Women's Hospital, Boston

Email: S.Pathrose@westernsydney.edu.au

Background: Confirmation of intragastric tube placement is vital to prevent serious morbidity in preterm neonates. Although there are evidence-based guidelines available, anecdotal evidence suggested a lack of uniformity in practice. Thus, the aim of this study was to explore practice for intra-gastric tube confirmation in Australian neonatal care units.
Method: Cross sectional data were collected using an online survey and was distributed through email by ACNN and ANZNN to neonatal nursing and medical clinicians.
Results: 129 neonatal clinicians completed the survey. The results were compared with the NSW Health Guideline. The recommended practices of confirmation of gastric tube placement is by use of pH strip for pH testing and external measurement of the intra-gastric tube was reportedly used by 10.9% of the clinicians. Although litmus paper to assess the pH, and the auscultation method are not recommended practices for tube confirmation, 33.6% and 10.1% respectively reported using these methods. In contrast to the recommendation to use a 2.5 cc size syringe to aspirate gastric fluid, 66.4% of the clinicians reported using larger bore syringes.
Conclusions: Further research on the reasons why some clinicians' practice is not in accordance with evidence-based guidelines on confirmation of tube placement is required.

Abstract

Innovation with collaboration: lactation services in a neonatal unit

Taylor H, Laidler A
RPAH, Sydney, Australia

heather.taylor@health.nsw.gov.au

Background: In the 1980s, Royal Prince Alfred Hospital introduced a comprehensive lactation service across all maternity and neonatal services, based on evidence. In 1989 a dedicated lactation service for Newborn Care was implemented that consists of neonatal nurses or midwives certified as lactation consultants. This service provides lactation support to all mothers whose baby is admitted to the neonatal unit.
Method: Use of breastmilk is promoted and used exclusively for the extremely preterm infant. In 2007, RPA Newborn Care commenced an in-house pasteurised human donor milk (PHDM) program to maintain breastmilk supply to infants at risk of NEC. In 2012 the neonatal lactation consultants at RPA joined with their peers in neonatal units in NSW who came together as a group to meet regularly, discuss new research and plan innovations to lactation practice.
Results: The RPA Newborn Care dedicated lactation service providing 7-day cover has resulted in exclusive breastmilk feeding for preterm, at risk infants with a very low rate of NEC. RPAH is certified as BFHI and the neonatal service aims to fulfil criteria for Neo-BFHI. The NSW Lactation Group has overseen the introduction of a modified latch assessment tool, immuno-supportive oral care (ISOC) and scent pads in all units.
Conclusions: Dedicated lactation services in neonatal units improve outcomes. Collaborating with peers in other units enables sharing of knowledge and expertise with opportunities for undertaking research or other special projects. Care is consistent for inter-hospital transfer of infants in NSW.

Invited speaker

Dr Jennifer Dawson RN, PhD

Nurse Researcher | Deputy Director Newborn Research Centre
Clinical Trial Co-ordinator The Trial pluss@thewomens.org.au

Oral feeding infants receiving non-invasive respiratory support?

Jennifer Dawson is a post doc nurse researcher with the Newborn Research Centre at The Royal Women's Hospital Melbourne. She is currently Clinical Trial Coordinator for the multicentre, multi-national PLUSS trial. PLUSS is a randomised controlled trial of surfactant plus budesonide to improve survival free of bronchopulmonary dysplasia in extremely preterm infants.

Her research focus has been on clinical trials in the delivery room and neonatal intensive care.

Concurrent 1: Neurodevelopmental stream

Invited speaker

Exploring developmental care research priorities in Australia

Dr Sharon Laing

Sharon studied science before becoming a registered nurse and midwife. For many years she worked as a Clinical Nurse Specialist in Neonatal Intensive Care at Royal Alexandra Hospital for Children, Sydney, and as their first Neonatal Audit Officer relocated with the hospital to Westmead. She holds a BA(Hons) and PhD in psychology. Her doctoral research on mother-toddler interaction and developmental outcomes following major surgery in the neonatal period combined her interests in newborn care, infant mental health and the relationship context of development and well-being across the life-span. She teaches psychology at university, facilitates a community-based counselling team, and is an academic and clinical supervisor. She also provides consultancy services in research, statistics, counselling, psychotherapy, and life coaching.

Abstract

Speciality neonatal nurse perceptions of neurodevelopmental care

Griffiths N[1], Galea C[1,2], Psaila K[1,3]

[1]Grace Centre for Newborn Care, The Sydney Children's Hospital Network, Westmead, Australia; [2]Cerebral Palsy Alliance, Allambie, Australia; [3]Western Sydney University, Parramatta, Australia

Email: nadine.griffiths@health.nsw.gov.au

Background: The value of developmental care to support neurodevelopmental outcomes by reducing stress and noxious stimuli in the NICU has been established in the literature over the past 20 years. Developmental care and its application is reported as being inconsistent, yet there is no literature exploring neonatal nurse's perceptions of developmental care and its application within the Australian setting.

Method: One-hundred and seventy three (n=173) members of ACNN completed an electronic survey exploring their personal perceptions and beliefs of family centred care, developmental care and skin to skin. Results: Analysis of respondent group differences demonstrated statistically significant results for: Place of employment (SCN versus combined unit) with combined units associated with open visiting hours (p=0.023), support for skin to skin (p=0.009), supportive positioning/handling (p=0.026) and influence of the NICU layout (p=0.055). Whilst education levels (post graduate) is associated with increased recognition of the influence of the NICU environment (p=0.025). Lower levels of agreement were seen in all groups relating to parental involvement in care, support of peers and the multidisciplinary team to facilitate skin to skin (not statistically significant).

Conclusions: Respondents demonstrated high levels of support for the concept of neurodevelopmental care (NDC). In the context of this survey, location, place of employment and level of education were identified as influencing the application of NDC components. Strategies to support consistency in application within the Australian clinical setting should focus on addressing the above findings.

Concurrent 2: Education stream

Abstract

X-Rays in NICU – what's really happening?

Parsons J, Wagner M
John Hunter Children's Hospital, Newcastle, Australia

Email: justine.parsons@hnehealth.nsw.gov.au

Background: Literature has established that the NICU patient has the highest risk of all populations for radiation induced malignancies, likely due to the sheer number of x-rays required for patients who are experiencing a state of rapid cell division. (Toossi et al, 2012) Where possible, steps need to be taken to reduce the risk of radiation over-exposure in this population.
Method: Data was collected prior to commencement of the project. The number of x-rays per patient stay, reasons for x-ray as well as the quality of each x-ray according to specific criteria was reviewed by a multidisciplinary team that included Radiographers, Neonatal Nurse Practitioners and Neonatal Nurse Educators. Results were collated and interventions planned, which consisted of interdisciplinary education regarding appropriate collimation and technique (Yu, 2010), use of gonadal shields and development of x-ray checklists for clinician use at the patient bedside.
Results: Prior to beginning the project, approximately 55% of all x-ray studies conducted in the NICU included areas of the body not required for the examination. These type of x-rays are often referred to as 'babygrams' in the literature. The rate of 'babygram' x-rays was found to be much higher in babies born at <28 weeks gestation. The dose of radiation is increased unnecessarily.
Following implementation of a quality improvement program that utilised the skills of all disciplines, a significant reduction in inappropriate 'babygrams' was achieved.

Abstract

Purple Butterfly Initiative – a visual aid to acknowledge the loss of a twin/triplet

Butchard N
Neonatal Intensive Care, JHCH, Newcastle, Australia

Email: Natalie.butchard@hnehealth.nsw.gov.au

Background: The death of an infant is devastating to parents. This grief is compounded when the parents are grieving the loss of a multiple, whilst still caring for a surviving baby in NICU. One couples experience in the UK led them to the development of 'The Skye High Foundation' and the purple butterfly initiative to signify the loss of one or more infant from a multiple pregnancy.
Method: An extensive literature review was undertaken into the experience of parents who experienced the death of a baby from a multiple pregnancy, and contact made with the Australian Multiple Birth Association, who is working with the 'Skye High Foundation'. The purple butterfly initiative is a visual aid to remind staff, visitors and other families that this family has experienced a loss from a twin or higher order pregnancy. An appropriate product was sought, that met the goal of the initiative but also local hospital Infection and prevention control requirements. Parent information, staff education and visitor information was developed prior to the implementation of this initiative.
Results: Since the introduction of this initiative into the NICU at JHCH, the purple butterflies have been used on three families. Feedback is currently being sort from these families.
Conclusions: Research has shown that the acknowledgement of the loss of one baby from a multiple pregnancy is important for families, and the use of a purple butterfly at the surviving baby's' bed is a visual reminder for staff in the NICU, which will assist in this acknowledgment for families.

Concurrent 2: Education stream (continued)

Abstract

Fitting a tiny square peg into a big round hole: Using simulation to test systems and processes before moving critical care neonates to a unit purpose built for adults

Michaels A[1], Lyon P[1], Burt S[2], Houghton R[2], Elliott L[2]

[1]Mater Education, Mater Misericordiae Limited, Brisbane, Australia; [2]Mater Mothers' Hospitals, Mater Misericordiae Limited, Brisbane, Australia

Email: alison.michaels@mater.org.au

Background: Refurbishment of a Tertiary (level 6) Neonatal Critical Care Unit (NCCU) required the relocation of a small cohort (n=16) of Special Care Nursery (SCN) babies from a purpose built NCCU to a satellite SCN in a co-located purpose built adult hospital ward. Experienced neonatal staff raised significant concerns regarding the risk associated with the transfer and location of these babies to an environment not built with the needs of a sick or preterm baby in mind and the satellite location being distant from the NCCU.
Method: An interprofessional team developed and conducted a three phase systems and process testing simulation, investigating: 1) processes of transfer to and from the satellite location; 2) emergency responses to the satellite location and 3) emergency evacuation processes. The testing assessed the appropriateness of and identified modifications required to utilise an adult ward environment for critical care babies.
Results: 21 key recommendations were put forward to the operational teams for action prior to the transfer of critical care babies to the satellite SCN area. Significant latent safety threats were identified and rectified to mitigate these threats to consumer safety or experience. The planned cohort of babies were safely transferred and cared for in the satellite SCN for a 16-week period whilst refurbishment works took place. Conclusions: Simulation proved to be an effective quality improvement tool to observe and refine organisational practices, test equipment, and to identify process inefficiencies and failures prior to moving critical care babies to the satellite SCN.

Abstract

A new model – development of a neonatal education support team (NEST)

McIntyre C, Lawrence H, Kropp M, Curtis M, Colledge M, Hovey D, Hose K, Argyros S

Grantley Stable Neonatal Unit, Royal Brisbane & Women's Hospital, Brisbane, Australia

Email: colette.mcintyre@health.qld.gov.au

Background: The Grantley Stable Neonatal Unit (GSNU) has undertaken significant activities to develop a neonatal nursing workforce. While clinical learning is fostered by a preceptor model, education requires both theoretical and clinical assessment to ensure consistently high clinical standards to achieve optimal outcomes for staff and patients/families.
Method: A needs analysis was undertaken in line with a review of clinical practices to identify strengths and weaknesses of the current model of training and mentoring nurses and midwives, from novice to advanced practitioners through the Queensland Health Transition Support Program – Neonatal Nursing (TSPNN).
Results: The analysis and review identified a need for consistent clinical education and assessment, consistent clinical support and increased communication and transparency of support for clinical staff. This resulted in the development of the NEST model using the knowledge and skills of 16 advanced neonatal nurses. While post implementation evaluation is ongoing, short term outcomes include timely progress of participants through TSPNN, ongoing education for staff post TSPNN and succession planning for the Nurse Educator role. In addition there has been anecdotal feedback from NEST members reporting improvement in professional culture, improved professional and personal satisfaction with individual and collective growth in knowledge and skills.
Conclusions: The NEST model is dynamic and will develop in response to changes and service need. Ongoing review to ensure its benefits and efficiency continue as GSNU continues to nurture knowledgeable and skilled neonatal nurses to provide safe, effective, efficient and high quality patient centred care.

Concurrent 2: Education stream (continued)

Abstract

Recognising and nurturing Capability in the postgraduate neonatal intensive care nurse

Bromley P
University of Tasmania, Hobart, Australia

Email: patricia.bromley@utas.edu.au

Background: This presentation will discuss the conclusions drawn from research conducted in Australia between 2013 and 2017 exploring Capability in Registered Nurses undertaking a Postgraduate Certificate in Neonatal Intensive Care (PG Cert NIC) in Australia.
Method: The research project was undertaken in three stages using a mixed method approach.
Results: The outcomes of the research include a clear Definition of the Capable Neonatal Nurse, a Capability Framework (PG Cert NIC) and the Capability Wheel (PG Cert NIC).
Conclusions: The presentation will discuss the potential applications for these outcomes; essentially, how the PG Cert NIC Capability Framework and Capability Wheel can support both student and mentor in the neonatal context in recognising and nurturing Capability, and supporting neonatal education through a Capability-driven neonatal curriculum. It will conclude with recommendations for further research.

Concurrent 3: Neonatal Nurse Practitioner stream

Invited speaker

Dr Naomi Spotswood

Neonatal sepsis: diagnostic dilemmas

Naomi is a Neonatologist at the Royal Hobart Hospital. Her interests include global health research and medical education. She has recently commenced a PhD evaluating current diagnostic practices for neonatal sepsis, and exploring how these can be improved.

Retrieval NNPs and management of what's new: case study

Presented by Dr Naomi Spotswood and Jo Scott

Concurrent 4: Leadership stream

Invited speaker

Professor Carole Kenner

Innovating neonatal nursing and care

Dr Carole Kenner is the Carol Kuser Loser Dean/Professor of the School of Nursing, Health, and Exercise Science at The College of New Jersey. Dr Kenner received a Bachelor's of Science in Nursing from the University of Cincinnati and her master's and doctorate in nursing from Indiana University. She specialized in neonatal/perinatal nursing for her master's and obtained a minor in higher education for her doctorate.

Invited speaker

Rosalie (Rosie) Martin

Rosalie is a criminologist, an accredited facilitator with the Center for Courage & Renewal, and a clinical speech pathologist with more than 30 years' experience. In 2013 Rosalie founded a charity, Chatter Matters Tasmania, to bring literacy and parent-child attachment programs to Tasmania's Risdon Prison. She was awarded 2017 Tasmanian Australian of the Year for the work she began at the prison. She is grateful for the platform this recognition has afforded her to promote the value of kind communication in evidence-based service delivery. And she is ever-grateful to all family, friends and colleagues. Nothing that is worth doing is ever done alone.

Three steps to kind communication

Kindness can be a source of enormous strength, comfort and transformation.
The 'how' within communication matters. Relationship skill and communication skill are intertwined with each other and grow together in every relationship. In the very real and often overwhelming pressures of work and life the promises of kindness can seem too simple to stand up to the barrage. Yet outward, intentional kindness in our communication can reflect back to become a mindful awareness which builds groundedness, calm and inner strength for all contexts – personal, workplace and community interactions.

In this workshop, Rosie will safely and kindly walk you through an opportunity to examine the features of kindness, your relationship with them, the three steps to kind communication, and the operationalisation of these steps within the busyness of daily life.

The workshop assures the dignity and personal privacy of all participants. It is gentle and respectful but very powerful in its methods for stimulating transformative insights. You will not be embarrassed or asked to do or say anything against your preferences.

Concurrent 5: 'Improving clinical practice through research' stream

Invited speaker

Dr Sharon Laing

Working with clinicians in turning a clinical question into a research study

Barriers and facilitators to translating to translating research into practice

Presented by Dr Kim Psaila and Dr Jann Foster

Abstract

***Home and Away*: the effects of a neonatal early discharge program – a matched case controlled study**

Mannix T[1], Sweet L[1], Morris S[2], Marshall P[2]

[1]Flinders University, Adelaide, South Australia; [2]Flinders Medical Centre, Adelaide, South Australia

Email: Trudi.mannix@flinders.edu.au

Background: In 2015, a Neonatal Early Discharge (NED) program commenced for stable infants weighing >2kgs from the Neonatal Unit (NNU), Flinders Medical Centre (FMC). Babies were sent home tube fed with the support of a home visiting team. The standard practice in the NNU before the introduction of the NED program was to delay discharge until breast feeding and/or bottle feeding was established and tube feeds were not required.

Method: Over 2016/17, a prospective matched case controlled study was undertaken, comparing 30 NED families to 30 case matched families with hospitalised infants. Parents in both groups completed questionnaires at discharge from hospital, discharge from NED (or equivalent for the matched cases) and at 3 months post discharge from hospital. We also interviewed 10 parents from each group.

Results: We found insignificant differences in weight gain, breastfeeding rates, rates of rehospitalisation, and duration to full suck feeds. There were significant differences in maternal confidence, bonding and the use of family support between the two groups.

Conclusions: NED is a successful program supporting the transition to home for preterm infants whose parents are able to manage tube feeds. While there are cost savings to this intervention to shorten duration of stay for these babies, nuanced changes to the program can improve the experience for families.

Concurrent 5: 'Improving clinical practice through research' stream (continued)

Abstract

Impact of the lactation consultant role in the NICU: a quality improvement project

Broom M[1,2], Smith J[1], Youseman ME[1], Ehrlich L[1], Kent A[1,3]

[1]Centenary Hospital for Women and Children, Department of Neonatology ACT, Australia; [2] Australian Catholic University, Canberra, ACT, Australia; [3] Australian National University Medical School, Canberra, ACT, Australia

Email: Margaret.Broom@act.gov.au

Background: Supporting mothers to establish and maintain lactation during their baby/s admission to the neonatal intensive care unit (NICU) is a complex issue. To increase breastfeeding rates, provide lactation support for mothers and standardise breastfeeding (BF) education, many neonatal units have a permanent lactation consultant (LC) on staff.
Aims: To assess the impact of the introduction of a LC on 1) education and lactation support for mothers and staff, and 2) provision of breast milk for neonates.
Method: A mixed methods study which included a retrospective chart audit and pre/post staff surveys was completed. Data collected included: first expressed breast milk (EBM), and episodes of lactation education and support. Survey questions aimed to gain staff feedback regarding; education, access to support and meeting maternal needs. Data analysis included descriptive statistics and Pearson Chi-Square tests.
Results: 91 staff surveys were returned; pre=36, post=56. Post LC there were significant increases in staff confidence in providing BF education to mothers (25% vs 46%; p= 0.013) and improved access to a LC appointments (5% vs 89%; p<0.01). 161 neonates were audited: 82 pre-and 79 post LC. Post LC service there was a significant increase in maternal access to LC appointments (12/82, 63/79, p< 0.01) as well as breast pump education (53/82, 64/79, p<0.01). There was an increase in EBM provision at 12 hours postnatal (38/82, 48/79, p<0.01).
Conclusion: Introduction of the LC service has improved maternal and staff access to LC support with resultant improvement in early EBM provision to preterm neonates.

Concurrent 6: Neonatal skin

Abstract

Neonatal scalp skin injuries: Innocuous or nasty?

Flint A, August D, Burt S, Chapple L, Dawbney A, Elliot L, Houghton R, Hovey D, Jones B, McKeown L, Macey J, New K, Ng L, Webster S: The Queensland Neonatal Skin Forum

Email: neonatalskinforum@gmail.com

Background: While the use of Ventouse cups, foetal scalp electrodes and foetal lactate measurements play a role in intrapartum foetal management, they are not without complications such as neonatal scalp injuries. These injuries can vary from skin breaks, degloving injuries and abscesses. In one US study, 22% (n=37,492) had foetal scalp electrodes applied with an 1.2% neonatal scalp injury. While the absolute risk is low, injuries may require return visits to the hospital and/or surgical intervention. Close assessment prior to discharge and parent education is required to minimise the risk to the newborn.
Clinical Problem: A term infant born via spontaneous vaginal delivery with Apgar scores of 9 and 9 had a foetal scalp electrode in situ during labour. The parents presented to the emergency department on day five of life with concerns over swelling with erythema over the right parietal area. The size of the haematoma had increased over the past two days. The confirmed diagnoses was a small focal subperiosteal haematoma over the right parietal bone and required surgery for evacuation of this area.
Challenges: Neonatal scalp injury can cause complications, but little is known about associated morbidities. Clinicians are in the ideal position to support and educate families on possible risks and when to present to hospital if required.
Recommendations: Routine assessment and documentation of neonatal scalp injuries should be integral in neonatal care. The development of guidelines around the management of neonatal scalp skin injuries are necessary to optimise outcomes. Parent education leaflets are also required.

Abstract

‘Moisture’ blisters – unravelling the cause!

McIntyre C, New K
Royal Brisbane and Women’s Hospital, Brisbane, Australia

Email: colette.mcintyre@health.qld.gov.au

Background: In early 2018, a notable increase in ‘moisture’ blisters were seen in neck creases and/or behind ears of preterm infants. The moisture blisters did not occur in both areas for all infants. No practice changes had occurred that could be attributed to this ‘spike’.
Method: Using the action research cycle, a quality improvement (QI) project was undertaken. Neonate data collected included gestation, weight, care frequency, bath frequency and mode of respiratory support. A survey was developed and administered to NICU nursing staff to gain insight into the most common nursing care practices. The literature was reviewed for similar case series/studies.
Results: Mean (SD) birth gestational age 27.6 (±2.3) weeks; corrected age at time of blister presentation 33.5 (±2.7) weeks; birth weight 874 (±266) gms and weight at presentation 1343 (±548) gms. Average time to blister presentation: neck creases 32 (±23) days; ears 22 (±19) days. Commonality – all on snorkel CPAP, ½ with Canberra hats, ½ F&P hats. No swabs grew organisms. Survey responses received from 57% (n=63) of nursing staff. Maximum time between cares was 6 to 8 hrs dependent on weight. 71.4% indicated ears should be cleaned only when soiled & 28.6% with every cares. No reported case series or studies were found in the literature or their causative factors in neonates.
Conclusions: The QI project increased awareness of the moisture blisters which resulted in a decrease but not complete elimination. Data continues to be collected for further review and action.

Concurrent 6: Neonatal skin (continued)

Abstract

Medical adhesives and removal techniques – producing education resources to reduce neonatal MARSI

Flint A, August D, Burt S, Chapple L, Elliott L, Houghton R, Hovey D, Jones B, McKeown L, Macey J, New K, Ng L, Rigney M, Webster S: The Queensland Neonatal Nurses Skin Forum, Queensland, Australia

Email: neonatalskinforum@gmail.com

Background: Neonatal skin injury will occur for 9-43% of neonates and this includes Medical Adhesive Related Skin Injury (MARSI)/epidermal stripping but the proportion is unknown. Despite improved recognition, preventing MARSI remains challenging. This is made more difficult because of the vast number of products, adhesive varieties and removal techniques performed for different adhesive types.
Method: In May 2017 members of the Queensland Neonatal Nurses Skin Forum (QNNSF) collated current adhesives and removers used in each of their neonatal units, along with application purpose and removal techniques.
Companies were contacted and the literature searched for best practice recommendations for adhesive removal.
Results: Seven neonatal units use 23 different adhesive products and seven removal techniques. Removal techniques differed for the same product. Six articles, two reviews, two primary research studies, one discussion paper and a guideline were identified from the literature. None of the literature specifically investigated adhesive removal techniques for neonates. From this limited evidence a reference poster outlining adhesive base tapes and best removal techniques was produced. A number of videos were also produced demonstrating removal techniques.
Conclusions: Best practice for neonatal skin care lacks evidence with many products modified/scaled down from the adult and paediatric populations. To minimise MARSI, it is important for neonatal clinicians to have an understanding of adhesive base types and this informs removal techniques. A reference poster and videos may assist in improving knowledge of neonatal clinicians related to adhesives and removal techniques.

Abstract

Do neonatal nurses have a role in atopic eczema education?

New K on behalf of the Queensland Neonatal Nurses Skin Forum Group
The University of Queensland, Brisbane, Australia

Email: k.new@uq.edu.au

Background: Atopic eczema is one of the most common inflammatory skin diseases globally. Onset typically occurs in infancy, with reported rates of 60-85% in the first year of life. Assessment of family history and maintaining skin barrier function are important in the prevention of atopic eczema (AE).
Method: A systematic search of electronic databases for primary research and systematic reviews published 2012 onwards. Search terms included ‘atopic eczema’; ‘atopic dermatitis’; ‘emollient’; ‘infant*’; ‘neonate*’.
Results: Research indicates the development of AE is caused by a combination of inherited genetic and environmental factors. Compromised skin barrier function allows irritants to penetrate into the upper layers of the skin and sensitisation begins. Providing a physical barrier to skin disruption reduces micro-organism invasion, thus reduces hospital acquired infections; reduces TEWL, conserves heat and energy to promote growth. To promote skin barrier function, emollients should be applied on signs of skin dryness and daily after a bath. However, not all emollients are the same – some contain fragrance, allergens and potentially harmful chemicals. Information needs to be provided to parents on what to look for and what to avoid in bathing and moisturising products including the use of ‘natural’ oils.
Conclusions: skin barrier protection should start from birth. Neonatal nurses are best placed to provide education and information to parents on neonatal and infant skin care. This is important for all families as the incidence of Atopic and Non-atopic Eczema is on the rise, but especially important to families with a history of eczema, asthma, hay fever.

Concurrent 6: Neonatal skin (continued)

Abstract

Colour brings clarity to neonatal skin injuries: development and pilot of the metric graduated colour tool

August D[1,2], Kandasamy Y[1,2], Ray R[2], Hitchcock I[1], New K[3]

[1]The Townsville Based Hospital, Townsville; [2]James Cook University, Townsville; [3]The University of Queensland, Brisbane, Australia

Email: dlaugust1@gmail.com

Background: Clinical images and reference tools for assessing neonatal skin injuries are limited. Skin colour is an indicator for skin integrity in older populations, similarly this is assumed for neonates. However, in the first weeks of life normal neonatal physiology changes could bias skin colour assessment. This paper discusses the development of a metric graduated colour (MGC) tool for objective assessment of neonatal skin injuries.
Method: Wound photography and skin assessment reference colour literature informed the development of the metric graduated colour tool. Neonatal skin fragility, tone, colour changes, injury size, and injury bed tone were deliberated upon in its' design. Clinical image colour and sharpness were deemed important when testing the tool within injury fields using digital cameras.
Results: A metric graduated colour tool, 8 cm in length, featuring 15 colours, was produced on a water resistant material with a mild adhesive backing. Evaluating the tool in 35 digital images showed promising results: (i) it provided a reliable metric and a colour comparison for injury bed assessment; (2) it offered a discernible reference for cameras resulting in enhanced images with clear wound edges; (3) it allowed for colour correction of images taken in poor light. Additionally the MGC tool was inexpensive to produce.
Conclusions: In this small sample, the MGC tool allowed for objective assessment of injury size, colour, staging and healing. The MGC tool is currently in use in a number of neonatal studies that will validate its use in the neonatal population.

Abstract - platform poster

Snapshots of injury beds: consecutive images and assessments of neonatal skin injuries

August D[1,2], Tangney J[3], Kandasamy Y[1,2], Edmonds L[3,4], Ray R[2], New K[5]

[1]The Townsville Hospital and Health Service, Townsville, Australia; [2]James Cook University, Townsville, Australia; [3]Dunedin Hospital, Southern Dunedin Health Board, Dunedin, New Zealand; [4]University of Otago, Dunedin, New Zealand; [5]The University of Queensland, Brisbane, Australia

Email: dlaugust1@gmail.com

Background: The equipment used to facilitate neonatal care is a risk factor for skin injury. Diligent observation and care practices are important to protecting skin integrity. However, little is understood about the assessments and progression of skin injuries towards either healing or worsening of such injuries.
Method: A case series of participants in the Neonatal Skin Injury and Pressure Injury Assessment (NIPIRA) Study the Dunedin Neonatal Unit between January–October 2017, were tracked over 24-120 hour timeframes. Injuries were assessed according to respective guidelines for intact or broken skin, pressure injury stages or infiltration stages.
Results: Three neonates were identified with skin injuries that included epidermal stripping to the abdomen, extravasation injury in the limb, and pressure related injury to the bridge of the nose. For all cases skin integrity was re-achieved within 3 weeks. Examination of injury aetiology revealed best practice recommendations were followed.
Conclusions: Skin injuries in the neonatal population can occur despite best practice recommendations. Additional research is needed to understand aetiology, duration and progression. This small case series provides some evidence that consecutive digital images will assist with assessment of injury progression. Clinical practice should embrace the assistance that digital images have on the objectivity for injury assessment to improve future findings.

Plenary 2, Thursday

Abstract

Collaborative nursing reducing health disparities of Indigenous Australians through a preterm renal study

McInnes H, Bowron J, Drapper N, Kandasamy Y
Department of Neonatology, The Townsville Hospital,QLD; Hunter Medical Research Institute, The University of Newcastle, NSW

Background: Queensland, Australia, has the second largest population of Aboriginal and Torres Strait Islander (ATSI) residents and approximately 40% reside in North QLD. In this National Health Medical Research Council (NHMRC) funded Preterm Kidney Study, the Townsville Health District Service in collaboration with the University of Newcastle, was involved in developing the Indigenous Health and Medical Research Nurse's role.
Method: This abstract reflects on the experience of two neonatal nurses (Indigenous and non-Indigenous) who worked in this role. Experiences and development of this role which includes working in partnership and capacity building with job share roles is shared.
Results: Out of 129 participants, 115 babies remained recruited and active within the continuing four (4) year study (34% ATSI compared to 66% non-ATSI). Nursing partnerships strengthen cultural competency, which assist in recruitment and retention of participants and their families within a longitudinal research study. Common challenges faced were: institutionalised workforce racism and attitudes, role comparison expectations, communication factors and the need to identify improvements, approach and flexibility when delivering quality health care to participants and families.
Conclusions: Working within a culturally safe, family centred and diverse nursing partnership has proven to maintain retention of participants, superseding expectations of investigators and the wider research community.

Invited speaker

Brett Manley

Nasal high-flow for early respiratory support of newborn infants in Australian non-tertiary special care nurseries: The HUNTER Trial

Brett is a consultant neonatologist at The Royal Women's Hospital, Melbourne, and a Senior Lecturer in the Department of Obstetrics and Gynaecology at The University of Melbourne. For his PhD, Brett studied the use of nasal high-flow as post-extubation respiratory support for very preterm infants. Supported by an NHMRC Early Career Fellowship, he has gone on to lead or supervise randomised trials of nasal high-flow as early (primary) support for newborn infants in both tertiary NICUs and Australian non-tertiary hospitals.

Invited speaker

Dr Jennifer Dawson RN, PhD

Nurse Researcher | Deputy Director Newborn Research Centre
Clinical Trial Co-ordinator The Trial pluss@thewomens.org.au

An innovative trial to find a treatment to prevent BPD?

Abstract

The use of overnight oximetry in neonates: a literature review

Flint A[1,2], Davies M[3,4]

[1]Redcliffe Hospital, Redcliffe, Australia; [2]Queensland University of Technology, Brisbane, Australia; [3]Royal Brisbane & Women's Hospital, Brisbane, Australia; [4]Queensland University, Brisbane, Australia.

Email: Anndrea.Flint@health.qld.gov.au

Background: There is much debate between neonatologist and paediatricians about appropriate oxygen saturation targets for babies with chronic neonatal lung disease (CNLD). Overnight oximetry is used to guide the fraction of inspired oxygen to use. A literature review was undertaken to examine the current literature on the use of overnight oximetry in term infants, preterm infants and babies with CNLD.
Method: We reviewed the literature from January 1980 to October 2017 by searching the following databases: Cochrane CENTRAL, The Joanna Briggs Institute, CINAHL, MEDLINE, Scopus, EMBASE, ProQuest, and Science Direct.
Results: Sixteen articles were included in the review. Seven articles contained data on term infants, a further seven contained preterm infants and two included data about infants with CNLD. The literature available on overnight oximetry in neonates is limited and it is not contemporary, it reports studies that did not use appropriate oximeters with modern software for data collection and analysis.
Conclusions: It is imperative that reference ranges be defined for overnight oximetry parameters so that babies are not inadvertently administered inappropriate amounts of oxygen. Data for the establishment of such reference ranges should be collected from populations of normal healthy term infants, and preterm infants without CNLD at term corrected age.

Our partners in care

Plenary 3, Friday

Invited speaker

Dr Yishay Orr MBBS BSc (Med) Hon FRACS PhD

Advances in neonatal cardiac surgery

I am currently working as a Visiting Medical Officer at the Children's Hospital at Westmead, Sydney Children's Hospital, Westmead Hospital, The Sydney Adventist Hospital and Westmead Private Hospital. My main clinical focus is the surgical treatment of adult and paediatric congenital heart disease, particularly neonates and complex congenital heart disease. My other current active clinical interests include adult cardiothoracic surgery, management of extracorporeal membrane oxygenation (ECMO), active involvement in paediatric cardiac intensive care and planning for the establishment of a paediatric heart and lung transplant and mechanical circulatory assist program. I am actively involved with humanitarian work, traveling with a non-profit organisation Open Heart International to various underprivileged countries to train local teams to perform cardiac surgery in addition to performing some more complex cases ourselves.

Abstract

Gender differences in outcomes on the Movement Assessment Battery (2nd edition) in children who have undergone early major cardiac and non-cardiac surgery

Fairbairn N[1,2], Galea C[1,3], Loughran-Fowlds A[1,2], Hodge A[1,2], Badawi N[1,2,3], Walker K[1,2,3]

[1] Children's Hospital at Westmead, Sydney, Australia; [2]University of Sydney, Sydney, Australia; [3]Cerebral Palsy Alliance, Sydney, Australia

Email: natalie.fairbairn@health.nsw.gov.au

Background: With increasing survival rates of neonates who undergo early major surgery, there is an increasing focus on the longer-term outcomes of these infants. Infants who have neonatal cardiac and non- cardiac surgery are known to be at increased risk of developmental delay, however there is little data regarding differences in outcomes between boys and girls.
Method: Eight and nine year old children who were part of the Development After Infant Surgery (DAISy) study were followed up using the Movement Assessment Battery for Children (2nd edition) M ABC 2. The scaled scores for all 3 subtests and the total score for children who had complete assessments were analysed.
Results: 192 children had complete assessments, including 54 who had cardiac surgery, 67 who had non- cardiac surgery, and 71 controls. There was a statistically significant difference between boys and girls for total scaled scores with girls scoring higher than boys by a mean of 1.28 ($p=0.019$). There was a statistically significant difference for manual dexterity scores with girls scoring higher than boys ($p<0.001$), and for balance scores with girls scoring higher than boys by 1.10 ($p=0.041$). There were no statistically significant differences in aiming and catching.
Conclusions: There were gender differences in outcomes at 8/9 years for total scores, manual dexterity and balance scores on M ABC 2. Children who had early major surgery perform poorer than children who did not have surgery in manual dexterity, balance and total scores.

Invited speaker

Glenda Fleming

'It takes a village to support a cardiac baby'

Glenda Fleming has more than 20 years' experience working with children with congenital heart disease. She has provided an education and training role in the specialities of paediatric and neonatal ECMO as well as all aspect of neonatal and paediatric cardiac intensive care.

Glenda's current position is the Cardiothoracic Nurse Practitioner at the Children's Hospital at Westmead in Sydney. Her primary role is to provide continuity of care and case management for children with congenital heart disease undergoing cardiac surgery. This involves integrated management of children during the antenatal, neonatal and paediatric phases of their condition. Congenital cardiac disease is a lifelong condition and requires close relationships to develop between clinicians, child and their family. Glenda has seen many changes in the management of this patient group with a strong growth in the nursing influence in the outcomes for such children.

Concurrent 7: Neonatal Nurse Practitioner stream

Invited speaker

Brett Manley

Interpreting respiratory X-rays

Brett is a consultant neonatologist at The Royal Women's Hospital, Melbourne, and a Senior Lecturer in the Department of Obstetrics and Gynaecology at The University of Melbourne. For his PhD, Brett studied the use of nasal high-flow as post-extubation respiratory support for very preterm infants. Supported by an NHMRC Early Career Fellowship, he has gone on to lead or supervise randomised trials of nasal high-flow as early (primary) support for newborn infants in both tertiary NICUs and Australian non-tertiary hospitals.

Developing a sustainable NNP model of education

Presented by Miriam Long

Concurrent 8: 'Improving clinical practice through research' stream

Abstract

Improving provision of skin-to-skin care in preterm neonates

Ormsby J[1], Parsons J[1], Travadi J[1,2]

[1]John Hunter Children's Hospital, Newcastle, NSW, Australia; [2]Faculty of Health & Medicine, University of Newcastle, Newcastle, Australia

Email: Jennifer.Ormsby@hnehealth.nsw.gov.au

Background: Kangaroo Care is a method of holding a baby that involves skin-to-skin contact for up to 60 minutes. Research has shown that Kangaroo Care can stabilise vital signs as well as promote growth and brain development. It has been evident from data that babies born before 29 weeks often did not receive Kangaroo Care until late into their first week of life. A survey of JHCH NICU staff and parents in March 2017 showed that parents often felt helpless to support their sick baby. There was an overwhelming willingness by staff and families to change practice and offer Kangaroo Care to babies born before 29 weeks.
Method: A quality improvement project was started in 2017 and the project team identified barriers to Kangaroo Care, and then discussed ways to educate staff and address parental fears that would facilitate provision of Kangaroo Care to preterm infants. To assist in changing the culture, intensive education sessions occurred, the Kangaroo Care guideline was updated and a parent fact sheet developed.
Results: The proportion of babies born at less than 29 weeks who received Kangaroo Care within 72 hours increased from 19 per cent in January 2017, to 86 per cent by December 2017. Also, the median time for first Kangaroo Care reduced from 5.7 days in January 2017 to 1.9 days in December 2017.
Conclusions: The project aim has been achieved and maintained for eight months and is now a routine standard of care, with ongoing surveillance of practice.

Abstract

Transcutaneous bilirubin meter usage, is it safe?

Hovey DP

Royal Brisbane and Women's Hospital, Brisbane, Australia

Email: dhovey01@optusnet.com.au

Background: Transcutaneous Bilirubin (TcB) meters are widely available and routinely used for neonatal jaundice screening. TcBs are portable, painless and have no ongoing laboratory costs. Although TcB technology continues to improve, manufacturers identify a average margin of error +/- 26 umol/L compared with serum.
Aim: To determine whether the expected TcB margin of error impacts safe clinical practice.
Method: Three convenience samples of neonates having serum bilirubin levels in the Grantley Stable Neonatal Unit simultaneously had a TcB recorded. Devices were the Natus Bilicare (Nov-Dec 2016), Drager JM-105 (Dec 2016 - March 2017) and M&B MBJ20 (May - Aug 2017). Exclusion criteria was current phototherapy treatment or ceased within 24 hours.
Results: Ninety-one measurements were compared; Natus Bilicare n31, Drager JM-105 n31 and M&B MBJ20 n29. Gestations 30 to 41.5 weeks (35); birth weights 1165 to 4739 grams (2330); sample times 15 to 549 hours (118). TcB recordings ranged from 125 umol/L below to 73 umol/L above serum levels, 49 (54%) were outside the expected TcB margin of error. In 10 cases the Natus and M&B meters incorrectly recommended phototherapy. In 6 cases phototherapy was required and would not have been initiated using TcB alone, this occurred for all three meters.
Conclusions: Using TcB meters alone has the potential to impact safe clinical practice and the wellbeing of neonates.

Abstract

Lessons learned in conducting The HUNTER Trial: A research staff perspective

Tagliante Saracino AV[1], Mills B[1], Wardle J[2], Davis PG[1,3,4], Buckmaster A[2], Manley BJ[1,3,4]

[1]Newborn Research Centre, The Royal Women's Hospital, Melbourne, Australia; [2]Gosford Hospital, Gosford, Australia; [3]Department of Obstetrics and Gynaecology, The University of Melbourne; [4]Murdoch Children's Research Institute, Melbourne, Australia

Email: Hunter@thewomens.org.au

Background: Most late preterm and term infants with respiratory distress after birth are cared for in non-tertiary special care nurseries (SCNs). This presentation explores the complex challenges faced, and lessons learned, when conducting the HUNTER trial, the largest randomised trial of respiratory support for newborn infants ever undertaken in an Australian non-tertiary setting. During the trial, there were many challenges faced by local researchers and trial coordinators, including with research education, formulation of research questions, formatting of trial documents, availability of trial leadership staff, electronic database access, and maintaining research data integrity.
Study design: The NHMRC-funded HUNTER trial enrolled over 750 infants from 9 SCNs in New South Wales and Victoria between 2015-2018. At completion of the trial, a short online survey was distributed to the 13 research nurses and 7 site investigators at the participating hospitals via Survey Monkey. Information sought included:

- Site researcher demographics
- Individual's experience with initiating the trial
- Barriers and enablers to recruitment
- Individual's experience with the randomisation process
- Individual's experience with adherence to the study protocol

Participants were able to rate their overall experience of participating in the HUNTER trial, what they had learned from the experience and what they would do differently in a future trial. Results of the survey will be available for presentation at ACNN, Launceston Aug 2018. These will inform clinicians and researchers, facilitating future randomised trials in Australian non-tertiary settings.

Abstract

A need for improved study design and reporting in research on opioid-exposed infants

Miller A[1], Bruno R[3], Dargaville PA[1,4], Sanderson K[1,2], Venn A[1], Neil A[1]

[1]Menzies Institute for Medical Research, University of Tasmania, Hobart, Australia; [2]School of Health Sciences, University of East Anglia, Norwich, UK; [3]School of Medicine, University of Tasmania, Hobart, Australia; [4]Neonatal and Paediatric Intensive Care Unit, Royal Hobart Hospital, Hobart, Australia

Email: Amanda.Neil@utas.edu.au

Background: In literature pertaining to prescribed opioid use in pregnancy, which is mostly observational, numerous non-specific terms such as 'maternal opioid addiction' and 'opioid misuse in pregnancy' are used to define maternal and infant exposure to opioids during pregnancy. Given the potential for confounding by indication and other common limitations in observational studies reporting medication exposure-related outcomes, this is problematic. This lack of consistency leads to confusion when interpreting study results, rendering data comparison and synthesis across multiple studies difficult, or even impossible. This study aims to develop a 'gold standard' reporting structure for use in future research.
Method: Our multidisciplinary team, including clinicians and researchers, worked to develop an effective framework for classifying opioid use in pregnancy. In developing the classification, we sought to use a combination of preferred (though infrequently used) definitions related to opioid use developed by Larance and colleagues (2012), along with potential types of opioid exposure in pregnancy identified by Jones and colleagues (2014).
Results: A method for reporting opioid exposure in pregnancy was successfully developed. This method can be used in research to increase consistency when reporting opioid exposure in pregnant women or exposed infants. Two overarching groups (medical or non-medical opioid use), and four sub-groups which identified opioid exposure types (adherent analgesia, adherent maintenance, non-adherent use and illegal use) were defined.
Conclusions: A comprehensive method for classifying opioid use in pregnancy is now available. Use of this classification system should improve consistency in reporting within this field of research.

Concurrent 8: 'Improving clinical practice through research' stream (continued)

Abstract

Implementation of a Web-Camera system in the neonatal intensive care unit

Butchard N[1], Craven P[1,2], Travadi J[1,2]

[1]NICU John Hunter Children's Hospital, Newcastle Australia; [2]Faculty of Health & Medicine, University of Newcastle, Newcastle, Australia

Email: Natalie.butchard@hnehealth.nsw.gov.au

Background: A prolonged NICU stay can present many challenges and stressors for parents, as they attempt to support their newborn and continue family life. Family involvement within the NICU environment is essential in the development of attachment between families and newborns, and to enhance the infants' physical, cognitive and socioemotional development. The NICVIEW® camera system was installed at JHCH with the goal of bridging the gap of separation by video link, allowing parents and family members to see their baby when they are unable to attend the NICU.
Method: The project was funded through a grant to JHCH Kids Club from Newcastle Permanent Charitable Foundation, to provide a camera at each bedside in the NICU. This was backed by strong executive support and consumer engagement. A robust governance structure was put in place to ensure all legislative and policy requirements around privacy were met.
Results: The NICVIEW® camera system was launched in September 2017, with participating families receiving a unique login and password for their infant. Over the initial 6 month period, 225 families have used the camera system with viewers from 18 countries. The cameras have been accessed at an average rate of 1642 times per week. Parents have access to the camera 24x7 with links to a survey on their experience and satisfaction with using the system.
Conclusions: The NICVIEW® system allows families, relatives and friends to view the newborn and helps alleviate anxiety and improve parental bonding in the future.

Abstract - platform poster

High psychological distress is common in women of reproductive age living with pain

Miller A[1], Judd F[1,2], Dargaville PA[1,3], Neil A[1]

[1]Menzies Institute for Medical Research, University of Tasmania, Hobart, Australia; [2]Perinatal and Infant Mental Health Team, CAMHS South, Tasmania; [3]Neonatal and Paediatric Intensive Care Unit, Royal Hobart Hospital, Hobart, Australia

Email: Amanda.Neil@utas.edu.au

Background: Chronic and acute pain both impact upon psychological wellbeing. In pregnant and postnatal women psychological distress may negatively affect the mother-infant relationship and lead to adverse infant development. Yet, co-occurrence of pain with psychological distress in Australian women of reproductive age has not been investigated.
Method: Data for women aged 18-49 years were obtained from the 2011-12 Australian Bureau of Statistics National Health Survey. Sample data were weighted to give population estimates. Prevalence of recent pain severity, self-assessed health and psychological distress were determined for pregnant (n=165, N=191,856), breastfeeding (n=210, N=234,601) and non-pregnant/non-breastfeeding (NP/NBF) women (n=4005, N=4,607,140).
Results: Moderate-to-very severe pain was reported by 17.6% of pregnant, 25.9% of breastfeeding and 23.9% of NP/NBF women. Psychological distress was associated with pain in NP/NBF women ($p<0.001$). High-to-very high distress was seen in 26.4% (95% CI, 23.2-29.6) of NP/NBF, 8.1% (95% CI, 0-17.2) of breastfeeding and 7.3% (95% CI, 0-18.0) of pregnant women with moderate-to-very severe pain.
Conclusion: The NHS pregnant and breastfeeding subgroups were underpowered to detect associations between psychological distress and pain. However, given the strong association between psychological distress and pain in NP/NBF women, and the common status of moderate-to-very severe pain in both pregnant and breastfeeding women, assessment of psychological distress in all women of reproductive age who report moderate-to-very severe pain is recommended.

Abstract - platform poster

Vancomycin resistant enterococcus in the neonatal intensive care and special care nursery

Broom M[1], 2 , Rosin M[1], McEwan J[1], Carlisle H[1,2]

[1]Centenary Hospital for Women and Children, Department of Neonatology ACT, Australia; [2]Australian National University Medical School, Canberra, ACT, Australia; [3]Australian Catholic University, Canberra, ACT, Australia

Introduction: The prevalence of Vancomycin-resistant enterococci (VRE) colonisation is increasing in Neonatal Intensive Care Units (NICU). VRE is most commonly reported in NICUs in infants who's clinical specimens have shown a colonisation of VRE, the precursor to a potentially life threatening infection. In March 2017 the Canberra NICU were alerted an infant was colonised for VRE on screening after transfer to a stepdown unit. Screening of all infants identified a 20% colonisation rate.
Methods: A VRE working group (VWG) was established, including: medical, nursing, infection control and biomedical staff. The VWG undertook a systematic review of NICU infection control policies, protocols and current practice. The review included: weekly screening of neonates and NICU environment, occupancy rates, internal bed transfers, education program, cleaning protocols and hand hygiene practices.
Results: Cleaning responsibilities, product misuse, adherence to standard precautions and hand hygiene education were identified as risk factors. The review noted high occupancy rates causing increased internal bed transfers. No environmental sources of VRE were identified. The VWG developed a comprehensive package of interventions, including: weekly surveillance, update of cleaning protocols, education program and new cleaning products. During the 10 week review 14/91(15%) infants were colonised with VRE with no clinical infections. Eight weeks POST event there were no positive swabs.
Conclusion: Infants colonised with VRE are at risk of developing systemic infection emphasising the importance of surveillance, education, maintenance of cleaning standards and hand hygiene practices. The program eradicated the VRE colonisation. Six monthly VRE screening is include in infection prevention protocol.

Concurrent 9: Neurodevelopmental stream

Abstract

Implementing a foundational neonatal neurodevelopmental education program

Griffiths N, Spence K

Grace Centre for Newborn Care, The Sydney Children's Hospital Network, Westmead, Australia
Email: nadine.griffiths@health.nsw.gov.au

Background: Foundational education is recognised as a core component supporting the provision of care, yet clinicians frequently do not receive adequate training to differentiate the nuances of infant behavioural communication nor implement practice change associated with neuroprotective care. A gap continues to exist between high level specialist neurodevelopmental care (NDC) training and the capacity for this training to be offered in all neonatal settings.
Method: In 2017 an Australian surgical NICU implemented a one and a half day foundational NDC education program designed and delivered by NIDCAP Certified Professionals.
Results: One hundred and sixty-eight health care professionals completed the training in a 12-month period. Program attendees were surveyed and asked to identify their level of confidence in delivering NDC on a five-point Likert scale prior to and immediately post the completion of training. Nurses indicated the overall lowest level of confidence in delivering NDC prior to the program 3.5/5 (average confidence level). Fifty-two (52%) per cent of respondents indicated a one point increase in confidence after completing the program, with twelve (12%) per cent identifying a two point confidence increase and thirty-three (33%) per cent not identifying an effect on their confidence levels. Ninety-one (91) per cent of respondents indicated they were very likely or likely to implement components from the program in their clinical setting.
Conclusions: Foundational training programs offer an opportunity to train a broad population and establish a framework for NDC specialisation. The implementation of a robust foundational NDC education program was found in this cohort to reinvigorate staff interest in developmentally supportive practice, dispel myths and link evidence to clinical care.

Concurrent 9: Neurodevelopmental stream (continued)

Abstract

Getting 'Family Friendly'

Reid S[1,2], Davey J[1]

[1]Royal Prince Alfred Hospital, Sydney, Australia; [2]University of Sydney, Sydney, Australia

Email: shelley.reid@health.nsw.gov.au

Background: Family centred care (FCC) was introduced as early as the 1950s yet is still reported to be not always well understood or implemented. RPA Newborn Care has seen significant changes in resources, staff and skill mix in recent years, prompting an evaluation of how FCC is delivered with the aim of making improvements where required.
Method: A modified version of the Bliss Family Friendly Accreditation Scheme Self-Assessment Tool was used by permission for baseline evaluation of FCC. An assessment was completed by staff and separately by parents of recently discharged infants. Grading used a simple traffic light colouring for assessing seven standards of FCC containing a total of 27 criteria to indicate performance in all aspects. A second assessment is planned after 12 months to measure progress.
Results: Parent assessment is still underway but will be included in the presentation. Staff assessment indicated that 40.2% of criteria aspects were delivered fully (green). Another 52.3% showed delivery of some or most criteria aspects, but not all (amber) and 7.5% of criteria rated as delivering none or very few aspects (red). These results formed the basis for projects to be carried out in the next year to address deficiencies.
Conclusions: This assessment process has confirmed areas of excellence, raised some areas of concern (red) and shown that about half of the less than desirable results (orange) will require moderate effort to achieve improvement. A key feature of this assessment is incorporating our parents' experience of FCC.

Abstract - platform poster

Parental integration in the pain management of routine heel sticks in the low dependency unit

Haack U, Gillet K, Clark J

Royal North Shore Hospital, St Leonards, Sydney NSW
ursula.haack@health.nsw.gov.au

Background: The aim of this project was to integrate parents in the pain-management of their infants during routine capillary blood sampling in the Low Dependency Unit. Routine capillary blood sampling occurs frequently in our unit and has been performed throughout the night when parents are absent. Research suggests the importance and effectiveness of parental participation during painful procedures by providing strategies such as breast feeding, skin to skin care or parental presence.
Method: A change of practice in regards to the above was developed and approved by nursing and medical staff. The proposal stated inclusion and exclusion criteria and the form of documentation to be used. Posters were placed on walls in the clinical areas. Parental involvement was entirely voluntary.
Results: Data collection occurred between December 2016 and September 2017. A total of 158 samples were recorded, 46% of the samples were obtained during breast feeding, 6.9% of samples were taken during skin to skin holding, and 36% using alternate pain - management strategies. Further, 6.9% of all samples were taken during the night, 63% of those involved parental presence. In order to in-corporate parental presence as a pain-management strategy routine capillary blood sampling is no longer performed throughout the night.
Conclusions: The majority of parents embraced the change of practice reporting a sense of empowerment in supporting their infant. Missed sample documentation, and flow of communication can be seen as limitation of the project. A follow up period is in the planning stage.

Implementation guidelines for developing neuroprotective care in the NICU

Presented by Associate Professor Karen Walker[1,2,3]

[1]Children's Hospital at Westmead, Sydney, Australia; [2]University of Sydney, Sydney, Australia; [3]Cerebral Palsy Alliance, Sydney, Australia

Concurrent 10: Leadership stream

Invited speaker (repeat session)

Rosalie (Rosie) Martin

Rosalie is a criminologist, an accredited facilitator with the Center for Courage & Renewal, and a clinical speech pathologist with more than 30 years' experience. In 2013 Rosalie founded a charity, Chatter Matters Tasmania, to bring literacy and parent-child attachment programs to Tasmania's Risdon Prison. She was awarded 2017 Tasmanian Australian of the Year for the work she began at the prison. She is grateful for the platform this recognition has afforded her to promote the value of kind communication in evidence-based service delivery. And she is ever-grateful to all family, friends and colleagues. Nothing that is worth doing is ever done alone.

Three steps to kind communication

Kindness can be a source of enormous strength, comfort and transformation. The 'how' within communication matters. Relationship skill and communication skill are intertwined with each other and grow together in every relationship. In the very real and often overwhelming pressures of work and life the promises of kindness can seem too simple to stand up to the barrage. Yet outward, intentional kindness in our communication can reflect back to become a mindful awareness which builds groundedness, calm and inner strength for all contexts – personal, workplace and community interactions.

In this workshop, Rosie will safely and kindly walk you through an opportunity to examine the features of kindness, your relationship with them, the three steps to kind communication, and the operationalisation of these steps within the busyness of daily life.

The workshop assures the dignity and personal privacy of all participants. It is gentle and respectful but very powerful in its methods for stimulating transformative insights. You will not be embarrassed or asked to do or say anything against your preferences.

Concurrent 11: Low Resource Countries stream

Invited speaker

Dr Yishay Orr MBBS BSc (Med) Hon FRACS PhD

Humanitarian outreach neonatal cardiac surgery

I am currently working as a Visiting Medical Officer at the Children's Hospital at Westmead, Sydney Children's Hospital, Westmead Hospital, The Sydney Adventist Hospital and Westmead Private Hospital. My main clinical focus is the surgical treatment of adult and paediatric congenital heart disease, particularly neonates and complex congenital heart disease. My other current active clinical interests include adult cardiothoracic surgery, management of extracorporeal membrane oxygenation (ECMO), active involvement in paediatric cardiac intensive care and planning for the establishment of a paediatric heart and lung transplant and mechanical circulatory assist program. I am actively involved with humanitarian work, traveling with a non-profit organisation Open Heart International to various underprivileged countries to train local teams to perform cardiac surgery in addition to performing some more complex cases ourselves.

More than just HBB

Presented by Gill Mibus and Anndrea Flint

Concurrent 12: ‘Improving clinical practice through research’ stream

Workshop: Writing an abstract, designing a poster, scholarship and grant application basics

Facilitated by Dr Margaret Broom

Plenary 4, Friday

Invited speaker

Jane Scott

innovative technology engaging fathers in early parenting

Jane Scott is Professor of Public Health Nutrition Research at Curtin University. Her research interests are in the area of public health nutrition and early feeding practices. She is recognised internationally for her research into the determinants of infant feeding practices and was an expert technical writer on the 2012 NHMRC Infant Feeding. She is Chief Investigator on the Parent Infant Feeding Initiative (PIFI) which targeted fathers as breastfeeding supporters and trialled Milk Man, the first breastfeeding app developed specifically for fathers.

Invited speaker

Dr Shandell Elmer

Health literacy matters

Dr Elmer has a diverse work history in the academic, health care and community sectors. Shandell draws upon her work in a variety of settings including community nursing, health promotion, and general practice to inform the design of her research and curriculum.

Dr Elmer has also worked within the health and community sector on a variety of projects with a focus on quality improvement and health service design.

Dr Elmer has a keen interest in fostering the development of community-based health services in accordance with primary health care principles. A strong advocate for primary health care, Shandell's work focuses on health literacy to improve the way that health service providers identify and respond to health literacy needs.

Collaborating for impact

Presented by Melinda Cruz