



Australian College of Neonatal Nurses Inc.

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www.acnn.org.au ABN 62 075 234 048

Newsletter

December 2019

About the newsletter

This newsletter is the official communication of the Australian College of Neonatal Nurses to its members, produced quarterly in March, June, September and December. It presents information on a range of professional issues and clinical topics of interest to neonatal nurses. Any member of ACNN may contribute.

Articles should be submitted by email as Word documents. Any images should be in jpg format. Referencing style should follow the Vancouver style. All content will be edited to newsletter standard.

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Please send correspondence to the newsletter team at newsletter@acnn.org.au

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Next deadline: 1 February 2020

ACNN National Executive Committee 2019 – 2020

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From the President

Hi everyone,

Just a short note to introduce myself as this is my first newsletter as President. I have worked in the speciality of neonates for the past 22 years. Before that I was a midwife. Currently I am a Neonatal Nurse Practitioner in a regional centre, and this role has enabled me to support families and work with them through their neonatal experience and transition to home.

These first few weeks have been busy. The day after the final event of the academic tour with Assoc. Prof Nancy Feeley in Sydney, we had an Executive face to face meeting, welcoming new and returning committee members to another exciting year. The group discussed plans for 2020, focussing on what we would do to support SIGS and branches, and discussed ideas on increasing membership. We meet again in March to further develop these ideas.

I am happy to discuss any ideas or concerns members may have via email president@acnn.org.au

I hope everyone has a Merry Christmas and Happy New Year and remains safe for the holiday period.

Anndrea Flint

Neonatal Nurse Practitioner

Maternity/Special Care Nursery, Redcliffe Hospital Qld

Clinical Fellow – School of Nursing QUT



The holiday season is just around the corner. The following link will take you to products most needed by ACNN teams visiting PNG to provide education and training to village health volunteers, nurses and doctors.

<https://www.acnn.org.au/products/categories/donating/>

South Australia Branch

ACNN SA branch hosted visiting Canadian Professor Nancy Feeley on 30 October this year. Professor Feeley was invited to speak at the Women's and Children's Hospital Grand Round at which she discussed 'What promotes parent-infant closeness during NICU hospitalisation.'

A tour of the neonatal nurseries followed before the ACNN twilight dinner meeting at the salubrious Mayfair hotel, which was attended by more than 30 members. Whilst enjoying South Australian fare, Professor Feeley discussed paternal experiences in the NICU.

Adelaide neonatal nurses enjoyed the informative and interesting presentation from Nancy and presented her with local produce including Haigh's chocolates, Penfold's red wine and Kangaroo Island body cream!



NSW Jessie Everson Checkley Education Grant

Conference report: Australian College of Nurse Practitioners

Kristen James Nunez

Neonatal Nurse Practitioner

Grace Centre for Newborn Intensive Care, The Sydney Children's Hospital Network (Westmead)

I would like to take this opportunity to thank the NSW branch of ACNN for awarding me the Jessie Everson Checkley education grant. This grant afforded me the opportunity to attend the Australian College of Nurse Practitioners' annual conference. This was held in Albert Park, Melbourne from 2 – 5 September, 2019. The ACNP Conference is a fantastic opportunity to bring together Nurse Practitioners, Advanced Practice Nurses and Health Professionals, with 250 attendees from all corners of Australia and New Zealand. The theme of this year's meeting was exploring Rural and Remote Health, Primary Health Care, Private Practice, and Specialty Practice, including Mental Health and Emergency.

My experience of the conference was one of absolute inspiration. The role of the Nurse Practitioner within Australia is so diverse, covering a number of specialties. I was in awe of some of the clinical accomplishments of Nurse

Practitioners in rural settings, with case study presentations of the impact of their specialist skills and knowledge has on patient management, treatment and long term outcome. I was also amazed by the impact of the Nurse Practitioner role in aged care, having implications for system change to benefit residents, families and healthcare workers.

I was fascinated by the work of key note speaker Dr Anne Alexandrov, a Professor and U.T. Mobile Stroke Unit Chief Nurse Practitioner from Memphis Tennessee, United States. She spoke about her role as Nurse Practitioner in the mobile stroke unit. A mobile unit is equipped with a CT scanner allowing accurate and precise treatment to begin once with the patient, during transfer to a specialist centre and directing ongoing clinical management. The program has reduced the severity of long term effect on stroke victims with positive implications for patient quality of life and ongoing health care

costs.

Another exciting presentation was by Catherine Fox, a Neonatal Nurse Practitioner (NNP) from The Royal Children's Hospital in Melbourne, who spoke of the role of the Nurse Practitioner in the retrieval service PIPER. She evaluated the role of the NNP compared with Neonatal Fellow in the effectiveness of neonatal retrieval, focusing particularly on key areas of clinical management and skill, communication and overall stakeholder experience. From this research she noted no significant difference between medical and nurse practitioner care, with positive feedback in the NNP role in providing continuity and consistency of service, high level of neonatal knowledge, nursing career progression and bridging the nursing-medical gap.

NSW Neonatal Breastfeeding Column

Allison McGrath

CNS/IBCLC RNSH NICU

Neonatal nursing is an exciting, challenging and unique career. It gives opportunities to change and learn every day, or night. I first stepped into neonatal nursing in 2002 and I have been an International Board Certified Lactation Consultant (IBCLC) for nearly 10 years. My days at work as a lactation specialist are spent working with amazing neonatal nurses in the NICU at Royal North Shore Hospital. We strive to empower families who are spending their days, nights, weeks or months in the NICU. Working as a neonatal nurse with IBCLC qualifications enables me to empower families as an integral part of my working day.

As a neonatal nurse already on your journey, have you considered studying human lactation a little more? NICU lactation specialists come from a neonatal nurse and/or midwife background and have specialist qualifications (IBCLC) in lactation. They work as a part of the NICU team in many NICU/special care units, supporting and working in partnership with families along their NICU journey.

Working as a lactation specialist in the NICU is also an amazing opportunity to support your colleagues by providing best evidenced based supportive care and strategies, to work on quality improvement projects and research into the fascinating benefits and challenges of lactation. NICU lactation specialists also collaborate with other services, speech pathologists, neurodevelopmental care teams and groups such as the ACT/NSW NICU Lactation Group to share, learn, undertake quality improvement projects and problem solve.

As neonatal nurses we understand that breastfeeding provides numerous benefits to both mothers and babies, but it can look very different in the NICU with its additional challenges. As neonatal nurses we understand what it means to offer ongoing support for a mother who has been expressing for weeks or months already to maintain her breastmilk supply.

My overall experience from the Australian College of Nurse Practitioner conference was one of inspiration. I see the role of NNP as one that is able to provide consistent, specialist service to newborn babies and their families. I would love to see more neonatal nurses join the College to ensure our neonatal voice can be heard.

The Australian College of Nurse Practitioners is celebrating the Nurse Practitioner role, particularly for next year, 2020 the Year of the Nurse.

Thank you to the NSW branch committee for funding me to attend this exciting and inspiring conference.

We also understand that some babies are born with vulnerabilities that place them at a higher risk of complications such as sepsis and necrotising enterocolitis (NEC.) This is especially evident in babies that are born prematurely. Neonatal nurses are great at reducing risks, seeking out ways to protect infants and their families, and it is widely recognised that breastmilk provides protection to infants in many ways including to protect against both sepsis and NEC.¹

By looking at the immense value of breastmilk in reducing risk you may see in your workplace strategies and provisions designed to improve infant and family outcomes through supporting breastfeeding. Examples may include having a lactation specialist on your team, immune supportive oral care (ISOC), work on early expressing, pasteurised donor human milk (PDHM) and much more.

The Australian National Breastfeeding Strategy 2019 and beyond specifically discusses how actions including providing breastfeeding and lactation support and maternal health care to families in exceptionally difficult circumstances are part of a broader plan to improve outcomes for families.² This includes keeping mothers and babies together as much as practicable, supporting the provision of full time dedicated lactation support in NICUs and special care nurseries, enabling babies to be held skin to skin care for the majority of the day and much more.²

This strategy also specifically discusses the risk marker of a NICU admission for preterm infants and how the provision of a full time dedicated NICU lactation support is associated with improved breastfeeding outcome measures.² NICU lactation support has also been found to be cost effective in supporting breastfeeding, and that by providing NICU lactation support there are wider implications for infection control, admission

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NSW Neonatal Breastfeeding Column (cont.)

times and mental health.²

How can you help reduce risks for families in your NICU or workplace? Read about, talk about, and write about lactation. Look for the evidence - breastmilk is so much more than just food.

Neonatal Nurse Practitioner SIG

Jane Langford

The Neonatal Nurse Practitioner SIG aims to organise, at a minimum, an annual workshop, based on the learning needs and topics of interest to the group. In August, the NNP SIG Metabolic Workshop was held and, as always, the invitation was extended beyond the group to the wider neonatal community. The event was held at the Royal Brisbane and Women's Hospital and the low cost of attendance did not reflect the high calibre of speakers. There was a good turn out with participants from across the state and country. A post workshop meeting saw us welcome some new candidates and others interested in the NNP role. The NNP SIG feels strongly about providing support and consistent information to those undertaking or interested in undertaking the NNP training.

The day started with Anita Inwood, the first and only Metabolic Nurse Practitioner in Australia, reminding us that inborn errors of metabolism are inherited disorders disrupting normal metabolic function, being the chemical process by which complex substances are synthesised and broken down whilst maintaining growth and energy production. Metabolic disorders are rare but collectively common (1:5000 births), are usually inherited in an autosomal recessive pattern and are commonly related to enzyme deficiency. With the added difficulty of identifying metabolic disorders due to vastly different clinical presentations, she noted that management of the initial presentation is critical to good long-term outcomes. Anita gave us tips on potential identification through clues in the history, such as consanguinity, neonatal death or stillbirth, miscarriage, male deaths on the maternal side, collapse on postnatal day two to five, a diet including protein, fructose and galactose or acute fatty liver in pregnancy. Clinical signs such as anorexia, vomiting, lethargy, coma, hyper or hypotonia, respiratory distress, apnoea, hypertension and cerebral oedema also add weight to this information. Switching off catabolism by making the neonate NBM and utilising 10% glucose/saline and sending an ammonia to the laboratory are her top recommendations for initial management, with the specialist team in Brisbane being available 24 hours a day.

Next we had the pleasure of hearing Dr Jim McGill, the Director of the Department of Medicine at the RBWH among

References

1. Kantorowska A, Wei JC, Cohen RS, Lawrence RA, Gould JB, Lee HC (2016). Impact of donor milk availability on breast milk use and necrotizing enterocolitis rates. *Pediatrics* <https://pediatrics.aappublications.org/content/137/3/e20153123> DOI: 10.1542/peds.2015-3123
2. COAG Health Council (2019). The Australian National Breastfeeding Strategy: 2019 and Beyond. Canberra: Department of Health.

other qualifications, reiterate the importance of the Newborn Screen. Screening effectiveness depends on the quality of the sample collection, the age of the neonate at collection, the time to reach the laboratory, the laboratory detection methods, the relationship between the disease and the marker being tested and the neonate's gestational age, diet and medical treatment prior to collection. To ensure the results are as reliable as can be collection must occur within 48 to 72 hours from birth, the sample should dry for a minimum of three to four hours and be received by the laboratory within three days of collection. Repeat screening should occur at two weeks when neonates weight 1000-1500 grams or at four weeks if <1000 grams. This is required due to the immaturity of the hypothalamic-pituitary axis for hypothyroidism and for neonates receiving total parenteral nutrition (TPN) at more than 24 hours after TPN ceased, to cover galactosaemia. Monochorionic births have an increased risk of false negative for hypothyroidism due to fetal blood mixing and should have a repeat screen two weeks after birth. Neonates undergoing exchange transfusions should have a screen collected prior to the transfusion and another more than 48 hours after the transfusion with the card marked that neonate had an exchange transfusion.

Professor David Coman, Paediatrician, Metabolic Physician and Clinical Geneticist at the Queensland Children's Hospital, kindly dialled in from Sydney to thoroughly impress us on topics such as mitochondrial disorders and fatty acid oxidation defects. Dr Coman discussed clinical signs relevant in the neonatal period of a variety of conditions and included his vast knowledge around genetic components of these. His passion around the Krebs cycle was evident even over teleconference!

Aoife Elliott, Dietitian Clinical Leader, also at the Queensland Children's Hospital, shared her experience around the nutritional management of inborn errors of metabolism in the neonatal period. Aoife reminded us that early and aggressive enteral/parenteral nutrition is important in the neonatal period to reduce nutritional deficits and has been demonstrated to improve short and long term outcomes. Nutritional management of inborn errors of metabolism

depends on the disorder and the pathway affected and may depend on whether the neonate is well and/or anabolic (stable) or unwell and/or catabolic (unstable). If the neonate is unwell or catabolic this can be a critical time for a new diagnosis as the neonate can be left with long standing or permanent deficits if treatment is delayed or incorrectly provided. Treatment must be started immediately and usually before a diagnosis is known. As Anita Inwood noted, initial treatment is non-specific and a safe regimen may include an infusion of glucose and electrolytes and cessation of intake of any potentially toxic compound (e.g. proteins, fats, galactose, fructose). Overhydration is not usually a problem as most metabolic crises are accompanied by a degree of dehydration. Once a diagnosis is made treatment can be intensified and often diet is the most important part of the treatment, for example in galactosaemia.

Low Resource Countries SIG

IMPACT Conference and site visit to Wewak

Karen New

Representing the LRC SIG, Donna and I had the opportunity to attend and present at the IMPACT conference in Port Moresby from 3 – 4 December. This conference showcases research being undertaken throughout PNG and the work



of students from many disciplines, as part of a collaboration between the University of PNG and James Cook University. Along with plenary sessions which discussed conceptualising research impact, the role of PNG Research Medical Institute and supporting higher education and research capacity in PNG, the conference had five topic streams: health and society, education in practice, development in PNG, social science and livelihoods, and natural and physical sciences. It was great to sit in and hear about other initiatives including women in agriculture, prevention of insect-borne diseases in PNG through local repellent production from essential oils, ethical attitudes towards free roaming dog populations in Port Moresby, and school children's awareness of sexual health, HIV and TB. There were a lot of papers around nursing but few on midwifery and neonates. Donna and I presented four papers on behalf of the Goroka nurses, midwives and Touching The Untouchables (TTU). These included GDM and

To finish off we were also fortunate to have Isabelle Fassbind, a Pharmacist from the RBWH, provide some pharmacological aspects of treating the metabolic patient. Most interestingly, she discussed the provision of cofactors, such as biotin for potential carboxylase deficiency, carnitine for potential organic acidemias, fatty acid oxidation disorders and primary or secondary carnitine deficiency, folic acid and vitamin B6 for seizures, and vitamin B12 for metabolic acidosis in potential methylmalonic acidemia, that may be administered pending a diagnosis.

Overall, the day was extremely thought-provoking and we are thankful for all the speakers' time and, in particular, Karen Hose for the organisation.

findings from an audit of births in Goroka; the role of neonatal nurses and education opportunities for PNG nurses; low-dose, high-frequency training program in the Eastern Highlands; and nutrition and childhood development and paucity of reported data in PNG. The conference was also great for networking with others who are working with local groups to address the many health issues in PNG.

After this we headed north-west to visit Wewak, a small coastal town. Wewak is a lovely town with beautiful beaches although crocodiles lurk about the place. While we did not see any and plenty of children were swimming, we only dipped our toes! Additionally, while buying food from a little street shop, we were invited by three lovely young ladies, who have recently formed a Soroptimist group, to join them on a walk against violence along the ocean front. The walk took about



an hour and not only females walked but a group of male youth bike riders joined, pushing their bikes along, and their mentor – Preston, a local dentist. Preston as it turns out knows one of our colleagues who has been on a trip to Goroka. He is also keen to continue the weekly walks as a way of increasing awareness of NCDs and to get locals to think about their health.

But back to our reason for going to Wewak. Several of the nurse educators we had partnered with in Goroka are now in Wewak having re-opened the school of nursing (SON) at the beginning of this year. The LRC SIG in partnership with books4PNGkids <https://www.books4pngkids.org/> sent up 48 boxes of medical and nursing textbooks for the SON library. It

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was through this collaboration that we were invited to visit. The SON is well set up and the library space great, although they are waiting on IT support to get the computers up and running ... and have been for some time. We also took the



opportunity to discuss our work in Goroka with the Nursing Director for rural and remote outreach. We were saddened to hear of the number of maternal and neonatal deaths occurring in the region with only 6 of 296 rural health aide posts operating. We are looking forward to the opportunity to be able to establish a partnership and provide education and skills training over the coming years.



Group photo after an impromptu teaching session with the 1st year nursing students



Receiving thank you gifts from the School

Light it Purple 2019



Melbourne Town Hall

Neonatal Nursing Education SIG

Conference report

Priya Govindaswamy

I was fortunate to attend and present at the Caring for Hawaiian Neonates Conference at Hawaii, 24 -25 October 2019 and it's a pleasure to write this report in which I can highlight how amazing the conference was in Hawaii. I would like to thank ACNN for supporting me to attend this amazing conference. The conference was brilliant and I really enjoyed the conference meeting neonatal nurses and midwives from Hawaii and networking with them was amazing. The variety of presenters from various fields made an inspiring program where I learnt new, useful information for advancing my knowledge and practice as a neonatal nurse. My favourite part of the conference was discussions and networking with others. I also enjoyed presenting my data from my PhD research on Needs and Stressors of Parents of Infants undergoing neonatal surgery for major Congenital Anomalies has aided my professional development. All the committee and attendees were so friendly and warmly welcoming. I once again thank you for your valuable sponsorship for the conference and hope that you keep sponsoring such events in the near future as well. I would like to extend my thanks to the Grace Centre for Newborn Intensive care Unit for their support.

Neurodevelopmental Care SIG

“A person is a person no matter how small” - Dr Seuss

Ursula Haack

Chair, NDC SIG

World Prematurity Day is officially on 17 November each year. Many countries around the world acknowledge this day through initiatives such as the ‘Light up purple’ campaign. According to the World Health Organisation, 15 million babies are born prematurely each year (see <https://www.who.int/news-room/fact-sheets/detail/preterm-birth>). Most of these infants will require admission to a neonatal intensive care unit (NICU) or special care nursery (SCN), in order to receive specialised care helping with survival. The infants will experience the first weeks and sometimes months of their lives outside the protected environment of the womb. In many parts of the world separation from parents after premature birth is common, and painful events and procedures are a reality for the infants in the NICU. The sensory environment they are exposed to can be overwhelming. Infants are confronted with this at a time of accelerated brain growth and development. It is known that the experiences infants are exposed to in the first three years of life have a profound impact on how their neural connections are formed. This is most true for premature born infants confronted with the NICU environment, and the interventions needed in order for the infants to survive. Today we want to emphasise the infant’s ability to thrive and have the best chance in life, both during and after their time in the NICU. To quote Prof Heideliese Als, *“All NICU care is brain care”*. I think this quote sums up the implications of neuroprotective and neuro promotive strategies when caring for the NICU patients and their families. There is a need for neuroprotective family integrated care to be embedded in the NICU practice at a consistent and sustainable level.

On 15 November, the Neuroprotective Developmental Care Special Interest Group (NDC SIG) of the Australian College of Neonatal Nursing (ACNN) conducted a morning seminar at Royal North Shore Hospital (RNSH) in Sydney. The seminar was in anticipation of the upcoming World Prematurity Day. There were 31 delegates at the seminar, with the majority of participants coming from external localities. The three topics of the morning were presented by five speakers. Dr Jenny Bowen, Clinical Associate Professor at the University of Sydney, has been a Senior Neonatologist and Director of the Neonatal Follow-up Program at RNSH for almost 30 years.

Her particular interests are the understanding of neonatal neurological development and improving neonatal outcomes for extremely preterm neonates and supporting the development of these children after discharge from the NICU. Dr Bowen took the lead with her presentation, *“The amazing neonatal brain”*, showcasing the importance of consistent neuroprotective developmental care strategies, amongst

other interventions. She was able to capture the audience by demonstrating the incredible vast numbers of neuro connections establishing in premature infants, during the time in the NICU. She also emphasised the importance of timely sequence of cell proliferation and cell development influencing neurodevelopmental processes.



Nadine Griffiths, Jayne Stanton, Ursula Haack and Jenny Bowen

The second presentation was conducted by Jayne Stanton, Amanda Maunder and Kate Gailbraith, who are all members of the NDC team at RNSH as well as members of the Allied Health team/RNSH. Jayne is a senior physiotherapist, Amanda is a senior paediatric occupational therapist and Kate is a social worker at the NCC RNSH. The team is very passionate in the support of infants’ best possible neurodevelopmental outcomes, inclusive of family integration. Jayne and Amanda both undertook the FINE 1 training in the past. The title of the team’s presentation was *“A hand to hold: a family integrated approach to developmental care”*. Jayne, Amanda and Kate took turns in displaying the evidence-based background and the establishment of the Neurodevelopmental Care round at the NCC/RNSH. The presentation included items which are discussed at the round and feedback from parents who have participated in the round. The Neurodevelopmental Care round is a once-a-week scheduled event that has been practised now for almost two years. Parental feedback on the round has been overwhelmingly positive.

The last presentation of the morning was conducted by Nadine Griffiths from the Grace Centre for Newborn Care at Children’s Hospital at Westmead. Nadine is currently facilitating the FINE 1 and 2 training in Australia. She also is a NIDCAP professional

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and NIDCAP trainer. Nadine is a strong advocate for the implementation of neuroprotective family integrated care in Australian NICUs. She has presented at many national and international conferences and is currently undertaking her PhD. Nadine's topic was "*Neurodevelopmentally supportive feeding for preterm infants*". A hot topic, as feeding is one of the most important milestones for preterm infants to achieve before discharge home, but is in need of recognition for its complexity in order to become a success. In her presentation Nadine was able to engage the audience by demonstrating the need for infant-led feeding in comparison to volume targeted feeding. Nadine emphasised the importance of the recognition

of infant feeding readiness cues and disengagement cues to facilitate the infant and the family at an individual level.

I would like to express my personal gratitude to all participants, speakers, organisers and the ACNN who supported this seminar. The presentations were very well received by the audience, as shown by the evaluation feedback and the ongoing discussions throughout the day. I think there was a great deal of enjoyment experienced in the communication with likeminded colleagues over a cup of coffee and some nice food.

Thank you all.

Planned Low Resource Countries SIG trips to Goroka, PNG in 2020

May 9 - 17

HBB teaching to village health workers and education to hospital staff. Will include celebrating International Nurse's day at Goroka Hospital.

One night stay in Port Moresby on return home with visit to street art markets.



September 12 - 20

HBB teaching to village health workers and education to hospital staff.

Includes a visit to the amazing Goroka Cultural show.



A call for expressions of interest will be posted early 2020



Coalition of National Nursing & Midwifery Organisations

Representing the national interests of nurses and midwives in all sectors of the health profession

COMMUNIQUE

CoNNMO Member Meeting – Friday 4 October 2019

Office of the Commonwealth Chief Nursing and Midwifery Officer

Liza Edwards, Principal Nursing and Midwifery Adviser, provided an update. The Chief Nurse and Midwifery Officer (CNMO) position is still vacant. The Independent Review of Nursing Education - Educating the Nurse of the Future report was finalised in September and the report submitted to the Federal Health Minister. The plan is for the four literature reviews, commissioned by the Department of Health and undertaken by the University of Wollongong, on work readiness; clinical skill acquisition; factors influencing nursing as a career choice; and factors influencing the future of health care delivery, to be published alongside the report. The report will be considered by Government prior to public release. Review the website for progress. The MBS review nurse practitioners and midwives reference groups work has drawn to a close with final reports submitted to the taskforce. The Taskforce will be aligning the recommendations for primary care before submitting them to the Federal Health Minister by the end of the year. The CNMO is working on a national strategy for nursing titled Toward 2030 which will be released for public consultation. The National Strategic Approach to Maternity Services will go to AHMAC for approval in November. Australia's Long Term National Health Plan has been released in August 2019. The four pillars of this national plan include: guaranteeing Medicare and improving access to PBS; supporting hospitals and private insurance; prioritising mental and preventative health; and investing in health and medical research. The Chief Nurse and Midwifery Office's presentation is available on the CoNNMO website.

Nursing and Midwifery Board of Australia

Petrina Halloran, Policy Manager, provided an update. The revised Decision Making Framework has been finalised and will be released in November 2019, to take effect from 3 February 2020. The Board will be reviewing the Recency of practice registration standard, early next year. The NMBA, in partnership with four other Boards, is consulting on Guidelines for registered health practitioners and students in relation to blood-borne viruses. At the next renewal the NMBA will be required to ask nurses and midwives if they perform exposure prone procedures and, if they do, whether they know their blood borne virus status. Earlier this year, at the direction of Health Ministers, there were some changes passed to National Law in relation to mandatory reporting. The revised Guidelines for mandatory notifications are currently out for consultation. AHPRA is also currently consulting on the draft proposed Supervised practice framework and the revised Guidelines for advertising a regulated health service. The NMBA is preparing

a regulatory impact statement for the Office of Best Practice Regulation in relation to the proposed Registration standard for designated registered nurse prescribing. A Fact sheet has been developed for those that hold dual registration as a registered nurse and paramedic. The new model of outcomes based assessment for Internationally Qualified Nurses and Midwives (IQNMs) will be commencing in January next year. Pilots for the behavioural component, the OSCE, are being conducted this week. The NMBA will be providing further communication about the new model over coming months. Please visit the NMBA website for further information: www.nursingmidwiferyboard.gov.au

Australian Nursing and Midwifery Accreditation Council

Margaret Gatling, Director Accreditation Services, provided an update. There are over 100 education providers offering just over 200 programs in Australia that are accredited by ANMAC and approved by the NMBA. Currently finalising the review of the ANMAC Registered Nurse Accreditation Standards. Have moved to a five standard format instead of nine to reduce duplication and for consistency with other accreditation councils. An evidence guide has been developed to provide assistance to education providers on the minimum evidence required when seeking accreditation. The second round of stakeholder consultation for the review of ANMAC Midwife Accreditation Standards will commence mid-October. ANMAC encouraged CoNNMO organisations to promote the on-line survey and the opportunity to complete a written submission to their members. The ANMAC Re-entry to practice for enrolled nurse standards have been updated and are awaiting approval by the NMBA. The ANMAC Assessor Training Program, consisting of on-line modules, is in development. There is a shortage of clinicians applying to undertake the assessor role. CoNNMO members were encouraged to apply for these volunteer positions if they're interested. ANMAC is moving to an on-line portal for accreditation document submission. They also now have Facebook, Twitter and LinkedIn. Please visit the ANMAC website for further information: www.anmac.org.au

Nursing Now Campaign

Annie Butler, Federal Secretary of the Australian Nursing and Midwifery Federation (ANMF) gave an update on the Aged Care Royal Commission and the Nursing Now Campaign. In September 2018, the Prime Minister announced a Royal Commission into aged care quality and safety. ANMF have been campaigning on aged care for many years. Commissioners were appointed in December 2018. The Commission commenced formally in January this year with

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CoNNMO Communique (cont.)

hearings beginning in February. Annie gave evidence in the first week of hearings in Adelaide. The ANMFs key issue is mandated staffing levels and skills mix for aged care. The Commission has conducted a series of hearings/chapters with each one focussing on a specific topic – aged care in the home, community care, dementia in residential care, Indigenous people and access to care, person-centred care, advance care planning and palliative care services, younger people in residential aged care, and diversity in aged care. Aged care workforce hearings are coming up in October. The Commission is also holding public community forums around the country. The Royal Commission has been extended for a further six months due to the complexity so the interim report is now not due until next year. The ANMF and the Australian Medical Association have a joint statement/agreement calling for legislated staff ratios in aged care. Nursing Now is a global health campaign run in collaboration with the World Health Organisation (WHO) and the International Council of Nurses (ICN). The campaign's aim is to improve the status and profile of nursing worldwide, thereby improving the status of women and health outcomes for all. This three-year campaign is due to conclude in May 2020, with May 12 being the 200th anniversary of Florence Nightingale's birth. The campaign focuses on five core areas: ensuring nurses have a more prominent voice in health policy-making; encouraging greater investment in the nursing workforce; recruiting more nurses into leadership positions; conducting research that helps determine where nurses can have greatest impact; and sharing of best nursing practice. The Nursing Now campaign is based on the findings of the Triple Impact Report which identifies three major benefits of investing in nursing and empowering nurses: improved health globally; increased gender equality (as most nurses are women); and stronger economies. One of the problems in Australia is that there is no political commitment and investment in nursing currently. CoNNMO's first objective as per the strategic plan is to 'promote recognition of nursing and midwifery as essential to the health and wellbeing of the Australian Community'. CoNNMO provides a perfect forum to conduct some Nursing Now activities. Next year is the International year of the nurse and midwife. Annie proposed to CoNNMO members that their next meeting be held at Parliament House in Canberra, May 2020, with invitations to politicians to attend. This will create an opportunity to influence policy and address the aims of the Nursing Now campaign. This proposal was supported by CoNNMO member organisation representatives present at the meeting. CoNNMO Council agreed to discuss the details and commence planning. Please visit the website for further information www.nursingnow.org

Nursing Informatics and digitalisation in health

Dr Jen Bichel-Findlay from the University of Technology, Sydney and Chair of Nursing Informatics Australia presented on nursing informatics and the roles of Nursing Informatics

Australia (NIA) and Health Informatics Society of Australia (HISA). The Nursing Informatics International Congress, NI2020, will be held in Brisbane 27-29 July 2020. Jen Bichel-Findlay's presentation is available on the CoNNMO website.

Medicare Review

Associate Professor Tom Buckley from the University of Sydney and Chair of the Medicare Benefits Schedule (MBS) Review Taskforce, provided an overview of the Medicare review process and the recommendations of the Medicare Review Nurse Practitioner Reference Group (NPRG). The Taskforce focused on affordable universal access, best practice health services, value for the individual patient and value for the health system. The Taskforce also reviewed over 7,000 MBS items. When established in 2018, the NPRG was given three months to review the in-scope items and to make long term recommendations. The NPRG recommendations were grouped into four overarching themes: support for comprehensive and coordinated care for people with long term health conditions (in particular Aboriginal and Torres Strait Islander peoples); enabling NP care for all Australians; addressing system inefficiencies caused by the current MBS arrangements; and improving patient access to telehealth services. Following the public consultation, the NPRG reconvened in 2019 to discuss the feedback. As Chair of the NPRG, Tom presented to the Taskforce in July 2019. There was a lot of discussion about NP scope of practice which was not under review. NPRG recommendations highlighted to the Taskforce: that patients will benefit; the focus is on long term primary health care management and the location and duration of care; NPs will have access to MBS item numbers that already exist; there will be reduced duplication and fragmentation of care that will be cost neutral; there is enough evidence that collaborative arrangements are anything but collaborative; NP telehealth services are restrictive and don't include the GP; and there will be accurate representation of the NP scope of practice in the MBS. The recommendations are focused heavily on the consumer. The Taskforce is in the process of consolidating all the Primary Care Reference Groups reports and recommendations before making final recommendations to the Federal Health Minister.

Review of National Prescribing Competencies Framework

Steve Morris, CEO of NPS MedicineWise, gave an overview of their work which included their education programs, the resources available to nurses, and the review of the National Prescribing Competencies Framework. NPS MedicineWise is a not-for-profit organisation that has been operating for 20 years, largely funded by the Commonwealth. Their aim is to enhance and improve quality use of medicines by supporting health care professionals and consumers directly. Nurses are the largest user group of their education programs. Resources include webinars and online courses. The medicines line

answers up to 12,000 calls a year. The National Prescribing Competencies Framework was first published by NPS in 2012 to provide for consistent, safe and effective prescribing. This framework consists of seven standards and describes the required knowledge, skills and behaviours for prescribing. Five standards focus on prescribing function and two on professional practice and communication. Further consultation on the review of the National Prescribing Competencies Framework will occur in the New Year. Steve Morris's presentation is available on the CoNNMO website. Please visit the NPS website for further information: <https://www.nps.org.au/>

Australian Digital Health Agency

Angela Ryan, Chief Clinical Information Officer presented on promoting awareness and understanding of the National

Digital Health Workforce and Education Roadmap and associated goals. Angela provided an overview of the Roadmap findings to date and an overview of the National Digital Health Nursing and Midwifery Capability Framework. There will be opportunities for CoNNMO member organisation's to participate in consultations on both the Roadmap and the Capability Framework over coming months as these documents develop. Angela Ryan's presentation is available on the CoNNMO website. Please visit the ADHA website for further information: www.digitalhealth.gov.au

Council report by the CoNNMO Chair and Secretariat is available on the CoNNMO website www.connmo.org.au

Member reports and speaker presentations are available on the CoNNMO website www.connmo.org.au

RN Grad to Neonatal Nurse in 6 Months

Graduates' perspectives on the accelerated RN Graduate Program in Logan Special Care Nursery

Bridget Exner and Chelsea Martin

Throughout our nursing studies we both had experienced the privilege of a paediatric nursing placement, reiterating a desire to commence a career in that nursing field. We completed our graduate applications with a preference for paediatrics, and only ever considered a career working with neonates after we received the offer from Logan SCN. As Bachelor of Nursing students, working with neonates was only something we perceived and associated with midwives, as it is not an area that is readily explored among nursing stream students. We touched on the basics of CPR for infants within paediatric life support training, and would hear anecdotal stories or feedback from parents of premature children in the context of studying family centred care – anything mentioned was all at surface level. The main focus of our courses was on adult nursing and medical care, only transitioning into paediatrics once we had secured placements in those areas, but rarely ever exploring the world of neonates.

When we commenced within the nursery in February, we were going in blind. We were starting our first job as new graduate nurses in an area that we were completely unfamiliar with. We had only very limited experience with nasogastric tubes, had never bottle fed a baby that required extra support, did not know that caffeine was administered as a medication, and were nervous and unpractised in basic things such as nappy changes, baths, and swaddling infants – but we learned very quickly. Through the program, we were expected to complete up to Phase 1 of the EPIQ Transition to Neonatal Nursing, as well as create a quality initiative through the Logan INSIGHT Program. While it was challenging at times due to the amount of information required to learn, it was through supported and independent study days that we were able to complete the Introduction and Phase 1, as well as commence Phase 2 of

the TSP – all while being supported and provided in learning opportunities to assess and cement our knowledge.

Throughout the time, and particularly within the initial orientation/supernumerary period, the support we had from both our Educator and Clinical Facilitator, as well as other staff on the floor, was absolutely phenomenal. They were patient, understanding, and truly wanted us to understand neonatal nursing with the aim for us to succeed in everything that we did. We caught on very quickly, and were able to witness and learn so much more than we had imagined, always being supported by those on shift. We completed our Advanced NeoResus training, and were quickly able to assist the nursery in a new way through attending or assisting in MET calls, Code Blues, and neonatal retrievals. Initially we felt overwhelmed, and still find ourselves unfamiliar with terms or procedures that are second nature to the senior staff, but that has not stopped us from falling in love with the world of neonatal nursing very quickly.

Since beginning in the nursery, we have expanded our skill set and knowledge throughout our nursing practice, and have gained a deeper understanding and respect for the importance that family and patient centered care has – particularly since our patients cannot advocate for themselves, and it is the nurses and family members who speak up for the best care.

It has been a tough and short program, but more rewarding than we could have ever imagined. We have gained a new love and respect for a field of nursing that is not always well known or understood, and have found our place and passion for nursing in a unit that we had not initially considered for graduate placement. We believe that it was truly a work of fate and luck that we were placed within the nursery, and

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could not be more grateful. The whole Logan SCN team, from Administration all the way through to our Line Manager, were so incredibly accommodating, understanding, and all wanted to see us succeed and do our best. Without a team as supportive and encouraging, the program and journey we embarked on would not have been as positive or smooth running as it was.

We have learned that neonates are not just small children – that they are their own enormous specialty, with so much in-depth understanding required to appropriately care for

the smallest and often most fragile patients that there are. We could not be more proud and honoured to have had the privilege to start our careers as Registered Nurses within the field of neonatal nursing, and cannot even begin to imagine how much we will learn and grow when we look back on how far we have already come in five months.

A very big thank you goes out to the Logan Special Care team too, for whom none of this would have been possible or achieved without the time, dedication, support, and trust that they put into two brand new nurses.



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