



# Australian College of Neonatal Nurses Inc.

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

# Newsletter

June 2020

## 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](mailto:newsletter@acnn.org.au)

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**Next deadline: 1 August 2020**

## ACNN National Executive Committee 2019 – 2020

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## From the President

Hi everyone,

Well the months are rolling past at the rate of knots; it has been such a turbulent year. The last three months have seen me engaged in COVID-19 preparations and then further discussions about the easing of these preparations. I must say all our Branches and SIGS have still been busy progressing work and plans for the future.

The Conference Committee made the decision to delay our National Conference in Canberra until 8 – 10 September 2021. Instead, this year we will be holding a virtual conference on Thursday 3 September, so keep an eye out for details and the program as they are confirmed and advertised.

Don't forget the scholarships that are available to all our members. Check the web site for details as these applications are being received regularly throughout the year.

Lastly, everyone has had different experiences and pressures over the last three months so please take care of each other and your families.

Regards,

**Anndrea Flint**

## New South Wales Branch

### *Announcement – changes to NSW membership promotion*

ACNN NSW is holding a lucky draw for members to attend the ACNN Conference in Canberra, now to be held in September 2021. The prize includes full registration plus the conference dinner. A number of free registrations will be drawn for new members who have joined since January 2020, and for all members who renew by **30 September 2020**. All winners must be financial members for the 2020-2021 financial year by the closing date.

## Australian Capital Territory Branch

### *Family Centred Care in NICU and SCN during the COVID-19 pandemic*

**Jasmine Song and Margaret Broom**

The COVID-19 pandemic is currently impacting the entire health care system in Australia. There is little evidence demonstrating vertical transmission from mothers to babies, via breastfeeding or expressed breast milk, with relatively few reported cases in newborns. Despite this COVID-19 is still having an enormous impact on neonatal units. Due to the risk from admission of suspected or confirmed COVID-19 cases, recommendations such as social distancing and personal protective equipment usage have impacted on a variety of NICU practices that affect both staff and families. These include prioritising COVID-19 education for staff, policy and guideline development, reviewing environmental factors and broadening the current workforce, as well as developing processes to allow both parents to spend time with their baby and updating unit visiting policy regarding siblings and extended families.

In the Canberra NICU and SCN, extensive planning has been underway since the first case was identified in Australia. Based on the available evidence and status of the pandemic, local guidelines that align with Canberra Health Services were urgently developed in preparation for a possible admission, clinical care and discharge of a suspected or confirmed case. As part of workforce planning, a formal rapid orientation and training program was developed. Orientation and training were conducted in small groups for registered nurses currently employed in other areas of the Division of Women, Youth and Children.

We recognised the highly skilled and professional workforce in NICU and SCN is the most important resource during a pandemic. To protect staff and ensure sustainability during the pandemic, all staff are required to complete infection control and personal protective equipment training. Information delivery is also our priority. Staff receive regular updates regarding organisational and territory wide responses to the pandemic to help ease staff uncertainties and to ensure the continuous delivery of safe and quality services to babies and their families.

Negative pressure rooms and additional bed spaces in NICU and SCN were set up for suspected or confirmed COVID-19 admissions. Thanks to the two-cot room design in our NICU and SCN, the impact of preparation of physical spaces for COVID-19 admissions on current babies and their families is minimised.

Each year, up to 750 neonates are admitted to Canberra NICU and SCN. The unit provides tertiary services for complex neonatal care needs to Canberra and the surrounding regions. Approximately 30 per cent of babies admitted to the unit are from outside of ACT, from either NSW or Victoria. While the

Canberra NICU and SCN have not had any COVID-19 patients, families are affected by the hospital-wide visiting restrictions. The current parent access policy to NICU and SCN has been updated. During the COVID-19 restrictions period both parents are still able to visit but limited to one parent at a time. We acknowledge this is a difficult time, we are encouraging families in SCN to utilise the NICUCAM service to see their baby and share their experience with the baby's siblings and extended family.

The NICUCAM service was first introduced in 2009 to provide remote viewing of individual babies via a secure website, so that family members who are unable to be by the bedside can view live video images of their baby. The video stream is only available to parents who have signed an image transfer consent form and have been allocated a unique username and password. Once logged in, parents can view images of their own baby streaming live from the unit. Parents can "invite guests" to view their baby and post comments to each other. All fourteen bed spaces in our SCN are equipped with cameras. This April two mobile cameras were installed in NICU in COVID-19 rooms. This will enable parents to see their baby if they are suspected or COVID-19 positive and are in isolation.

COVID-19 has brought many new challenges to maintain family centred care in neonatal units. We look forward to sharing our experience and learning from other units as we move forward into the future.



*Canberra NICU and SCN NICUCAM logo*

## Queensland Branch

### *The Neonatal Nurse Navigator – an overview*

#### **Julie Heath**

Neonatal Nurse Navigator, Logan Hospital  
Logan-Beaudesert, Queensland

In 2018, the Logan Neonatal Service submitted a successful proposal for Round 2 of the roll-out of the Queensland state-wide nurse navigator program, and the role commenced in late 2019. Logan has a longstanding and successful Early Discharge Service, and it was considered that the addition of a nurse navigator for neonates to the team would be hugely beneficial. The nurse navigator identifies neonates with complex medical needs requiring follow up with recommended post discharge care across the acute and community settings. The role would strengthen the continuity of care to assist these families beyond the immediate discharge period, while providing support to parents to navigate the complex and often 'silo-ed' health system.

Since 2017, Logan-Beaudesert has had one nurse navigator undertaking a combined role for both neonates and paediatrics. It was considered timely to engage a neonatal navigator to decrease the combined caseload and provide neonatal-specific support, thus empowering parents to manage and meet their complex care goals from their infants' birth.

Nurse navigation is an initiative of the Queensland Office of the Chief Nursing and Midwifery Officer, for clients with complex health conditions across the state, to be supported with coordination of their health care needs.<sup>1</sup> Nurse navigators:

- use a multi-disciplinary approach to monitor high needs patients, identify actions required to manage their health care and direct patients to the right service, at the right time and in the right place
- provide a central point of communication and engagement to ensure optimal care and coordination of services along a patient's entire health care journey
- educate and help patients and carers to better understand their health conditions and enable them to self-manage, participate in decisions about their health care and improve their own health outcomes

Nurse navigators support and work across system boundaries and in close partnership with multiple health specialists and health service stakeholders to ensure patients receive the appropriate and timely care needed. In defining the role for neonates, and collaborating with local health stakeholders, the following are encompassed within the role:

- Coordinating care and liaising with service providers, and family, with consent
- Planning goals and establishing a care plan with the family that encompasses their needs and stated objectives

- Determining and working towards health literacy
- Supporting families to establish independent coordination of their child's health needs
- Acting as the point of contact for parents and stakeholders in healthcare
- Being flexible and patient centred - Can include home visiting, contact in outpatient department, contact at tertiary hospital, telephone contact, email contact, inpatient contact
- Using a model based on a standard continuum, from initial intensive support, through to transitioning to discharge from the service.

Eligibility criteria for neonatal nurse navigation are identified chronicity, complexity, fragility, and intensity of care, with three or more of the following:

- Complex or chronic health condition
- A condition that is expected to last 6 months or longer
- Involvement of or anticipated need for multiple health services
- Accessing health care in two or more hospitals and health interventions delivered in multiple locations
- Fragility increased by culturally and linguistically diverse background
- Child Protection concerns
- Gestation < 28 weeks
- Risk of multiple 'failure to attend' appointments
- At risk of representing to hospital due to challenges in adherence to interventions/treatment
- Prolonged dependence on device-based support, e.g. NGT feeding, suction
- Risk of life-threatening deterioration
- Demonstration of risk of issues including fragmented care, multiple health needs, multiple services and providers and/or high family vulnerability risk in relation to psychosocial issues, alcohol/drug issues, behavioural issues, or unstable housing
- May have family and /or carer demonstrating low health literacy which is affecting patient's condition management, care and/or decision-making ability

I commenced in the position of nurse navigator, neonates, in November 2019. A Model of Care had been completed prior to my appointment, so establishing realistic key performance indicators (KPIs) was my initial focus. The navigation model

*Cont. on page 4*

QLD Branch Report (cont.)

emphasises a ‘hospital avoidance’ focus but given that our neonatal population doesn’t have a history, comparisons of pre- and post- navigation presentations are not feasible. For this reason, one of the more relevant KPIs is attendance at recommended follow-up and screening appointments, and engagement of the family across disciplines and hospital campuses. Other KPIs include the number of referrals made to my service, acute presentations to emergency departments, and hospital admissions (data collected from the nurse navigator-specific database), health literacy, determined at point of referral and repeated at time of discharge, and qualitative review of parent satisfaction and staff (paediatric consultants) satisfaction surveys.

As a nurse navigator I also make contact with general practitioners at the time of an infants’ discharge from hospital, to introduce the service, and to invite them to make contact if they feel necessary, acting as a Q Health contact. Because of the complexities of my clients’ medical needs, I have been involved in advocating for some NDIS support. I have worked closely with the Logan allied health team – Integrated Allied Health Professional Support – who are skilled and experienced in NDIS support applications and advocacy. I have liaised with stakeholders, and I’m currently looking at consumer input in relation to information provision.

It has been a busy six months. With the emerging COVID-19 concerns, our face to face contact has been reduced. However, with the parent demographic being mostly under thirty, I have become more and more adept at texting! COVID-19 has created difficulties for families of people with chronic or long-term health conditions. With the decrease in outpatient services across the whole sector, it is even more important to be able to provide support for patients with these conditions and keep them out of hospital. COVID-19 has increased their

stress levels and having a go-to person while isolated has become more important for them. I currently have eighteen clients, the recommended caseload for navigation being between twenty to thirty depending on acuity.

As my first clients are nearing the six-month mark since referral, I will be commencing the consumer satisfaction component and database auditing, a somewhat exciting time for the service. There are also some clients that are nearing discharge from the service, but because we have not had any face to face opportunities this has not been discussed with them yet. As we move forward it is hoped that feedback and the evaluation of data can provide us with information to have the service evolve so that it meets the clients’ needs, and hence provides optimum health outcomes for our most vulnerable and complex babies. It is hoped that if we were to reflect the process of navigation as a diagram, it would look like this: a move away from fragmented to patient-centred, coordinated care.

I would not have been able to bring the service to its current position without assistance from clinicians with a comprehensive knowledge of services that I have not dealt with previously. The allied health service and the neonatal service, with the support of our local management, have contributed with practical, experiential and moral support in the initiation of this service for our local families. I hope that as we progress, we will be able to demonstrate that the systems and policies we have put in place reflect positive outcomes for our at-risk babies and families.

Reference

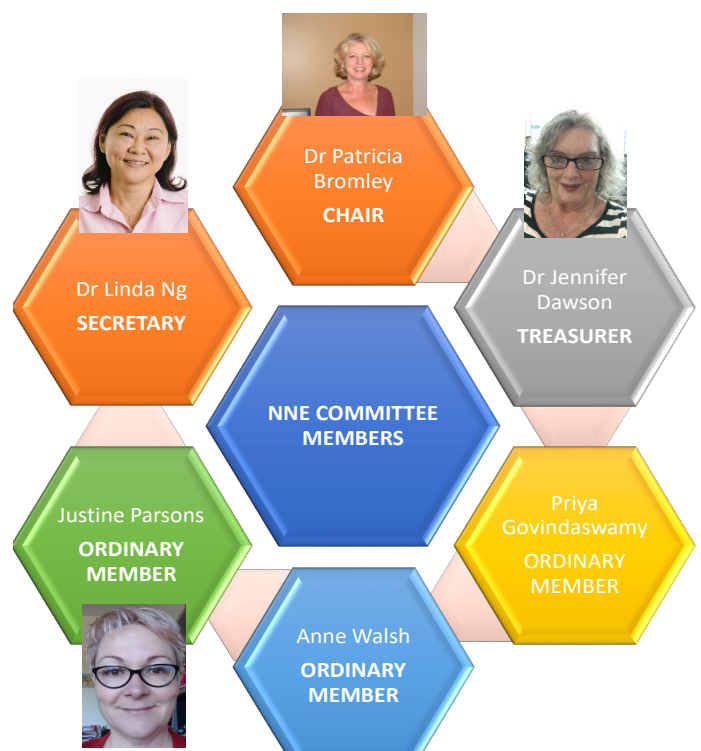
- Office of the Chief Nursing and Midwifery Officer 2020 <https://www.health.qld.gov.au/ocnmo/nursing/nurse-navigators>

Education SIG

Welcome to all NNE SIG members. As a group, we want to promote and advance knowledge and learning via technology for neonatal nurses nationally. However, we need members help us to think up solutions, communicate with us, and to organise further resources to help our members.

Due to the COVID-19 pandemic, the NNE SIG will not be able to provide the Education Workshop as scheduled at the ACNN Conference this year. We will continue to bring access to education to all our SIG members and are looking at online delivery. We will continue to source available online learning for all our members.

If you are a new novice neonatal nurse, this link will take you to a free learning e-module on neonatal assessment: <https://www.futurelearn.com/courses/neonatal-assessment>



## Leadership SIG

### **Alyssa Fraser**

*NB: this article was written 26 March 2020 so the reflections of life in Australia may have changed significantly since that time*

The World Health Organisation deemed 2020 the International Year of the Nurse and Midwife in line with what would have been Florence Nightingale's 200<sup>th</sup> birthday. And I think it's fair to say that perhaps this current crisis we are in wasn't what we all had in mind as a way of remembering where we were and what we were doing during a year filled with planned celebrations. In fact, it is far beyond what anyone of us could have imagined, and it's only just the beginning.

Many of our hospitals had formed working parties to develop celebrations throughout the year to recognise the wonderful work we all do each and every day. We all thought we were going to celebrate what it means to be a nurse, and reflect on the reasons we came into the profession, what we've achieved to date and what it is that keeps us in the profession. At the same time it is easy to get lost in the fog of the constant media releases and following social distancing rules which feel unnatural, isolating at home between shifts, and struggling to get our groceries done all in one shop. Rather than planning social gatherings in celebration of life events, we are instead video calling our relatives in the next suburb, crossing our fingers that our local café is still open for business for that all important takeaway coffee on the way to work, and wondering what could possibly happen next. Despite all of this, it is still a time when we need to reflect on why we became nurses and remember what keeps us coming back to work which is to support the babies and families who need us the most in the uncharted territories of both a worldwide pandemic, and the NICU.

Florence Nightingale once said *"I am of certain convinced that the greatest heroes are those who do their duty in the*

*daily grind of domestic affairs whilst the world whirls as a maddening dreidel."* (Harris, 2008, p 195). She wrote this during the Crimean War where she forged nursing as both a profession and an art form and was forever recognised as 'The Lady with the Lamp'. It would be cliché to say that she paved the way for nursing as a profession, but now more than ever, we look to her story for inspiration and guidance.

As nurses we can each take something from the leadership which Florence Nightingale demonstrated into our own leadership role modelling in our daily work. Each of us is being challenged in ways we may never have previously been challenged. None of us will ever forget this time in our careers, and also in our lives outside of work – though it feels as though the two are merging closer every single day. Despite the fact that we can no longer congregate in a group and celebrate with champagne and cake (there will be time for that later), we can and should still take a moment to reflect.

What I hope we each look back on is what we did well, what obstacles we overcame as a profession, how we advocated for the families and the babies we cared for, and what we are most proud of. The world is looking to nurses for support, for care, for inspiration and for reassurance that this too shall pass. In 200 years from now, I hope the nurses of the future will reflect on our generation of nurses during this pandemic as inspiring, collegial, and resilient; and that throughout it all we kept the image of the nursing profession as an art form.

### **Reference**

Harris, Katherine. (2008). *Centre of the Storm: Practicing Principled Leadership in Times of Crisis*. 2nd Ed. Tennessee, USA: Thomas Nelson Publishing.

## Neurodevelopmental Care SIG

### **Kerry van den Bosch**

Neonatal Nurse Toowoomba SCN

You may have heard of sayings like 'We don't know what we are missing until we find it', or 'You don't know what you don't know' (Anon, n.d.). This was the case for me with neonatal developmental care. While I understood that the preterm infant continued its development outside the womb and I practiced developmental care in things like positioning and pain mitigation strategies, I never fully explored my care practices and the lifelong impact they may have on the infant and family.

Family and Infant Neurodevelopmental Education (FINE) level 1 program, provided me with an understanding and purpose

for everything I do in my role as a neonatal nurse. Every action, interaction, observation, thought or plan for an individual infant and family is done under the umbrella of protecting the infant's brain development. When you consider that a peak period for brain pathway development is five months gestation through to early childhood you begin to comprehend the vital importance and impact of the care provided in our nurseries. To me, everything has been given a fresh purpose, from a nappy change that is done to provide cleanliness while facilitating self-regulation and reduced intracranial pressure to a nasogastric tube feed that provides nutrition along with

*Cont. on page 6*

## NDC SIG (cont.)

positive oral experiences and oral immune therapy.

As a neonatal nurse who works in a non-tertiary hospital and who has visited Special Care Nurseries in low resource countries it is exciting to note that neurodevelopmental care can be given in any and every nursery setting. No specialised equipment is required, just purposeful actions and optimisation of that which is available. In my own unit I found the opportunity to speak about unit redesign to improve the

## Neo-Skin SIG

### *Deanne August*

If you have not heard ACNN has a new special interest group focussing on neonatal skin! The Neo-Skin SIG commenced in April following the call for committee members and provides a forum for discussion of practices that promote neonatal skin health, prevention and management of skin injury. The SIG committee consists of ACNN members from across Australia, chaired by De August.

The skin is the largest organ in the human body and neonates are one of the most at-risk populations for hospital acquired skin complications. Newborn skin care is a challenging area as complications are often related to necessary care, therefore neonatal nurses will benefit from the sharing of practices and ideas at a national level.

While the SIG was only recently formed, many of the SIG members gained appreciation for collaboration while participating in the Neonatal Skin Forum (NSF). The NSF was a group of neonatal Queensland clinicians and researchers who met every four to six weeks to discuss and develop resources for neonatal skin topics. Initiated in 2016, the NSF ran for three years with the participation of up to 18 members. The group received an unrestricted educational grant from Johnson and Johnson Pacific for providing the meeting space, and pricing

## Low Resource Countries SIG

Unfortunately, due to the current international travel restrictions the LRC SIG will not be undertaking any training trips to PNG during 2020. We do hope to be underway again in May 2021, of course dependant on the Australian Government travel recommendations. In the meantime, we are working on updating the LRC SIG section of the ACNN website and documents and linking with partner groups.

At this stage LRC SIG meetings will be for committee members only as we work through these tasks. We will let members know when the next open members meeting is being held.

Nominations for committee positions including Chair and Secretary, will be asked for prior to the ACNN National Conference (online). So keep an eye out if you would like to come on board, enthusiasm and fresh ideas are always welcome.

neurodevelopmental care environment of the unit.

I am very grateful for the opportunity to attend the FINE program and to receive an ACNN Neurodevelopment Scholarship in support of this education. They say 'with knowledge comes responsibility and power' (Anon, n.d.). The FINE program has provided me with evidence based knowledge on neurodevelopmental care and now it is my responsibility and within my power to champion this care.

and distribution of the NSF resources. The funder had no input into the subject matters, project designs or resource content.

The NSF produced five resources, two surveys and 12 conference presentations/posters at national and international events. However, with growing interest in the topic and challenges in national dissemination of the resources, a number of NSF members identified the need for a broader platform to discuss these topics, hence the formation of a national SIG. This year the SIG hopes to establish a scholarship to support nurses to undertake research or projects related to neonatal skin care as well as increase interest in the group. The scholarship will also support attendance at a conference, seminar or workshop, once attendance can commence post COVID-19.

Topics for discussion at the next few meetings include nappy area cleaning with water alone or water products, the use of medical adhesives, and wound healing frameworks. The SIG meets monthly via ZOOM on the third Wednesday of the Month from 7 to 8pm. All members of ACNN are welcome to join the calls in even months (February, April, June, August, October). **If you are interested in joining please email the SIG directly at [neoskinsig@acnn.org.au](mailto:neoskinsig@acnn.org.au)**

Take care of yourselves, your families and each other during this very difficult year.

### *Donna Hovey*



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## Vale: Shusannah Morris

We are exceptionally saddened by the recent news of the passing of Shusannah Morris, CEO, Life's Little Treasures Foundation.

Shusannah was much loved at the Foundation and has left an enormous legacy with the work she accomplished with the Foundation, from founding it in 2005 with a small group of friends to building it to a national charity that supported over 15,000 families Australia wide. Shusannah's energy and passion to help people was infectious and infinite, and her biggest passion was to support families and ensure that no family was left to face the journey of having a baby in the Neonatal Intensive Care Unit or Special Care Nursery alone, after having her own daughter born preterm.

In addition to Shusannah's many achievements, she was publicly recognised by Pro Bono Australia's Impact 25 2018 award for most influential leaders in the not-for-profit sector, and two Pride of Australia medals for all her work at the foundation – winning the Pride of Australia Herald Sun award, and also the inaugural Australia Post Pride of Australia award – but nothing was more important to Shusannah than community and ensuring that the foundation was able to help as many families as possible.

We were fortunate to have Susannah as an investigator and collaborator providing the parent perspective on several research projects with a focus on infant feeding.

The world of premature babies and support for their families in Australia is a better place thanks to Shusannah and the Life's



Little Treasures Foundation team. Our thoughts are with the Foundation's team and Shusannah's family.

Susannah was appreciative of the University of Western Sydney School of Nursing and Midwifery's support and interest in improving the care and outcomes for sick premature newborn infants, and their parents.

We will sadly miss Shusannah's influence on our continuing research at the University.

**Jann Foster and Kaye Spence AM**

School of Nursing and Midwifery, Western Sydney University



3 September 2020

ACNN VIRTUAL CONFERENCE DAY 2020  
CELEBRATING THE YEAR OF THE NURSE & MIDWIFE

# ACNN National Conference goes virtual in 2020

# See you online!

## NSW Neonatal Clinical Nurse Consultants Group

### Why reading to babies in the neonatal care setting is important

#### Alyssa Fraser CNC

The Children's Hospital at Westmead, Sydney

Reading to babies, irrespective of their gestational age, supports their neurodevelopment not only in the neonatal care setting, but into early infancy and childhood.<sup>1</sup> Regular reading to baby from day one is linked to improved language and writing abilities in early childhood.<sup>2,3</sup> Exposure to language from birth is important for language development. In a study conducted in 1995 by researchers Betty Hart and Todd Risley it was found that in the first three years of life, some children heard 30 million more words than others.<sup>3</sup> Recent evidence by Catherine Cates, eminent psychologist in the US, shows that regular exposure to language through parents reading aloud in their child's infancy translates to improved literacy and communication skills by the child's fourth birthday and as such increases the child's ability to write their own name and overall language and cognitive development.<sup>4,5</sup>

Reading to babies is an activity in the neonatal unit that parents can do every day during a time where many may feel helpless in an intense and stressful environment. This was the driving motivation for the development of the Little Reader's Read-a-thon in partnership with The Australasian NIDCAP Training Centre and Life's Little Treasures Foundation, as a way for parents to provide the type of support to their baby that only a parent can – reading with their voice which is all too familiar to their baby.

The Little Reader's Read-a-thon formed the basis of a greater local quality improvement project aimed at determining what parental understanding there was around reading to baby and what supported or obstructed them from reading to their baby in a neonatal care setting. We hope to share the results of this quality improvement project at the upcoming ACNN National Conference depending upon the ever changing climate we are living in.

The Little Readers Read-a-thon is an annual event promoted nationally and internationally in neonatal nursing circles as an

awareness campaign of the importance of reading to babies. It coincides with International Literacy Day on 8 September and runs for two weeks. Keep an eye out for fliers and social media promotion in the coming months with details on how your workplace can get involved.

For more information, head to <https://www.schn.health.nsw.gov.au/professionals/learn/nidcap/read-a-thon> for resources to promote this wonderful activity for families and babies in your unit.

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Coalition of National Nursing &amp; Midwifery Organisations

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

## COMMUNIQUE

**CoNNMO Member Meeting – Friday 8 May 2020****Office of the Commonwealth Chief Nursing and Midwifery Officer**

Alison McMillan, Commonwealth Chief Nurse and Midwifery Officer (CCNMO) provided an update. Alison has been in her new role since the 11 November 2019. Since commencing she has been dealing with the management and impact of the bushfires and now the national response to the COVID-19 pandemic. These unprecedented disasters have provided the opportunity for the nursing and midwifery professions to work with Government to meet the challenges they have posed. Alison and her team have been working closely with three Ministers, Greg Hunt, Minister for Health; Mark Coulton, Minister for Regional Health; and Richard Colbeck, Minister for Aged Care. Alongside the Chief and Deputy Medical Officers, Alison has been providing government updates through mainstream and social media daily. The public are finding these updates by trusted health officials highly beneficial. Collaboration and cooperation at a political level for the response to COVID-19 has been excellent. Currently Australia has 6,899 confirmed cases with 96 deaths and is leading the way with restricting transmission and testing. Predominantly transmission is from overseas acquired cases (approximately 63%), with community transmission quite low. The national medical stockpile has been reconfigured and currently we have more than one hundred million masks. Seven million masks have been distributed to Primary Health Networks (PHN's) and two million to jurisdictions. The Commonwealth has also sourced ventilators. Since the 3rd of March, there have been 8.2 million telehealth services delivered to 4.9 million people. Australia has increased testing capacity with over 723,000 tests conducted to date. The Government has funded Medcast and Critical Care Education Services \$4.1 million dollars to upskill 20,000 registered nurses already working in acute care to work in critical care areas. This workforce is required to staff the increase in ICU bed capacity to 7,500. Approximately 27% of registered nurses enrolled in the Medcast online education have already completed the course. The Australian College of Nursing have also been given \$2.5 million dollars to provide refresher programs for registered and enrolled nurses to enable them to return to working in acute care. The Black Dog Institute received \$3 million dollars in funding to provide mental health services to all health professionals. The AHPRA Pandemic Response Sub- Register has been established to enable experienced and qualified nurses and midwives to quickly return to practice should there have been a surge in demand. As the surge workforce has not been required there will now be an increase in elective surgery going forward. The COVIDSafe App was launched on the 26th of April. More than

5.3 million people have downloaded and registered for the App. The CCNMO is continuing to work on the Government's commitment to the National Nursing 2030 Strategy including consideration of the recommendations of the *Educating the Nurse of the Future* Report published in December 2019. Alison's presentation is available on the CoNNMO website.

**Nursing and Midwifery Board of Australia**

Petrina Halloran, Policy Manager, provided an update. Members were reminded that nursing and midwifery registration renewals are due by the end May. Renewal is progressing well. About 30% of registrants have renewed already. The Board has introduced a financial hardship plan this year to allow registrants to pay the fee in two instalments (one in May and the other in October). Only a small number of registrants have applied for this payment plan to date. There is more information about the criteria to be eligible for the plan on the Board's website. At the request of Government, AHPRA established the Pandemic Response Sub-Register (PRSR) at the beginning of April. The PRSR included nurses, midwives, doctors and pharmacists who previously held general registration, and either moved to non-practising registration or left the Register in the past three years. These people were notified by email that they had been placed on the Register and were given the opportunity to opt out. This Register will be in place for 12 months, then there will a process of review. PRSR practitioners are identified by a different colour on the Public Register. Currently there are 22,000 nurses and 3,000 midwives on the PRSR. CoNNMO members were encouraged to visit the AHPRA and NMBA websites for more COVID-19 related information and resources. In March, the NMBA moved to a new model of outcomes based assessment for internationally qualified nurses and midwives (IQNM's). The model is progressing well, however, there will be delays due to testing centre closures for COVID-19. The NMBA has developed an orientation program for IQNM's as part of the new model. The NMBA is working with education providers for nursing and midwifery approved programs with regard to requirements for clinical placement hours. The Board is currently reviewing the *Registration Standard: Recency of practice* and the *Nurse Practitioner standards for practice*. These revised documents will be circulated for public consultation in June. CoNNMO members were reminded that nurses and midwives can call the Nurse and Midwife Support Service if they require assistance. The details for this service are available on the NMBA's website. Please visit the NMBA website for further information: [www.nursingmidwifery.gov.au](http://www.nursingmidwifery.gov.au)

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**CoNNMO Member Meeting – Friday 8 May 2020 (cont.)**

**Australian Nursing and Midwifery Accreditation Council**

Fiona Stoker, ANMAC Chief Executive Officer, provided an update. ANMAC staff are working from home and continuing to deal with applications for accreditation as they arise. Accreditation teams have been unable to do site visits due to COVID-19 but have been working around this challenge using technology, photos, videoconference and teleconference meetings with education providers. ANMAC are preparing for the impact of the required follow up with education providers which will likely extend to 2021. Nursing and midwifery courses are continuing and ANMAC is working closely with the NMBA and the Council of Deans of Nursing and Midwifery to monitor progress and respond to any issues. The main concern is undergraduate student placement. ANMAC has requested that priority be given to placement for students in the final year of their course. ANMAC are currently reviewing the Midwife Accreditation Standards with the assistance of the Professional Reference Group for this review. The ANMAC Colloquium, to be held in partnership with the Australian Pharmacy Council, has been rescheduled to the 6th of May 2021. Please visit the ANMAC website for further information: [www.anmac.org.au](http://www.anmac.org.au)

**Australian Digital Health Agency**

Angela Ryan, ADHA Chief Clinical Information Officer and Lee Woods, ADHA Digital Health Officer, provided an update. The ADHA is supporting the national response to COVID-19 and working closely with the Australian Government Department of Health to fast track the electronic prescribing program. This program is scheduled for deployment by the end of May 2020 and will allow an SMS token to be sent to a consumer's phone instead of using a paper prescription. The ADHA are accelerating support for prescribers, dispensers and consumers to adopt this digital alternative to paper prescriptions. The Agency has launched a COVID-19 webpage, which provides an interactive guide to dealing with COVID-19 and a healthier future through digital technology. They have also launched the Innovation Challenge, which is seeking submissions from industry to support the national COVID-19 effort and champion digital health innovation across Australia. The three themes for the challenge include: digital clinical care; digital social care; and digital health population management and future preparedness. Visit the website at <https://innovation.digitalhealth.gov.au/> for more information on the challenge. The ADHA has also developed the National Digital Health Workforce and Education Roadmap resource and the National Nursing and Midwifery Digital Health Capabilities Framework, the first of its kind in Australia and for the clinical professions. The Framework outlines the core digital health skills, knowledge and behaviours required for professional practice across five domains (digital professionalism; leadership and advocacy; data and quality information; information-enabled care; and technology) and three capability levels (formative; intermediate; and proficient). It can be used as a resource to guide individuals, employers and educators in their work

and professional development planning. The Framework was developed in collaboration with the Australasian Institute of Digital Health and an Advisory Group chaired by the ANMF and including the NMBA, ANMAC, CATSINaM, APNA, the Digital Health CRC, a consumer representative, the CNMO's, ACM and ACN. It is due to be released in August 2020. Angela and Lee's presentation is available on the CoNNMO website. Please visit the ADHA website for further information: [www.digitalhealth.gov.au](http://www.digitalhealth.gov.au)

**Australasian Nursing and Midwifery Clinical Trials Network**

Dr Rosemary Bryant AO provided an overview of the Rosemary Bryant Research Centre (RBRC), which was established in 2016, by the ANMF SA Branch and the University of South Australia. The Centre's work is funded by the Rosemary Bryant Foundation and Uni SA. The governance structure includes a Steering Committee and Research Advisory Committee. They have developed a comprehensive Strategic Plan. Their mission is to lead high impact nursing and midwifery research and apply evidence into practice across the health care system for the benefit of communities and society. The Centre has had considerable success in gaining research funding. Professor Marion Eckert, Director of the RBRC and Professor of Cancer Nursing at the University of South Australia, spoke about the establishment of an Australasian Nursing and Midwifery Clinical Trials Network. This network was set up to facilitate a coordinated approach to clinical research across Australia and New Zealand. It was identified that nursing and midwifery-led research was potentially losing a large amount of research funding to medical research counterparts due to the inability to conduct "public good" research at the same scale via a network. Research conducted by networks are more successful at attracting public good health and medical research funding than trials that aren't supported by a network. They can identify important questions and design large trials to answer them. The network can support unbiased research, provide high-quality scientific evidence of the effectiveness or cost effectiveness of interventions, and foster clinical research. Collectively there would be more success in coming together to progress research endeavour, rather than going it alone. In Australia there are over 70 clinical trials networks. Of the 200 grants funded between 2004 and 2014, only nine have gone to nursing and midwifery research. Clinical Trials Networks received 25% of all clinical trials competitive grant funding, in this period. This jumps to 50% for grants greater than \$1 million dollars. To date, the founders have linked with the Australian Clinical Trials Alliance and support networks to establish the Network and have identified that the three key components important for success are: engaged partners, infrastructure and sustainability. They have reached out to universities, formed a working group, and would now like to build on the membership. The Network would add significant benefit to the research, development, dissemination and

implementation of nurse- or midwife-led research in the region. It would provide research leadership opportunities, including trial education and assist with cross-fertilisation of ideas, increase collaborators and reduce research waste. To establish the Network, the founders need the support of multiple parties. CoNNMO members were invited to contact Marion for further information. Marion's presentation is available on the CoNNMO website. Please visit the RBRC website for further information: [www.unisa.edu.au/research/Health-Research/RBRC/](http://www.unisa.edu.au/research/Health-Research/RBRC/)

### **NDIS Funded Information, Linkages and Capacity Building National Project**

Professor Andrew Cashin, Southern Cross University (SCU) provided CoNNMO members with an overview of a new national project funded by the National Disability Insurance Scheme (NDIS) under their mainstream capacity building grant scheme. SCU University, along with two other universities and five professional nursing organisations were successful in securing the grant to build the capacity of nurses to deliver mainstream hospital and community based health services to people with intellectual disability and autism spectrum disorder (ID/A). The consortia includes members

representing: SCU, Western Sydney University, the University of New South Wales, the Australian Nursing and Midwifery Federation (ANMF), the Professional Association of Nurses in Developmental Disability Australia (PANDDA), the Australian Primary Health Care Nurses (APNA), the College of Emergency Nurses Australia (CENA), and the Australian College of Critical Care Nurses (ACCCN). The three year national project began in March. Following an online survey for registered nurses, the project research team will develop and promote an on-line learning resource for nurses to build their knowledge of the NDIS and post-discharge nurse-led referral pathways to improve access to, and outcomes from, mainstream health services for people with ID/A and their carers. Morbidity and mortality rates are worse for people with ID/A. The key message for the project is that caring for people with ID/A is every nurses business. When completed, the full suite of online learning resources, will be housed on the PANDDA website.

**Council report** by the CoNNMO Chair and Secretariat is available on the CoNNMO website [www.connmo.org.au](http://www.connmo.org.au)

**Member reports and speaker presentations** are available on the CoNNMO website [www.connmo.org.au](http://www.connmo.org.au)

## **In times of crisis, we all need a trusted friend**

Each year **1 in 5 Australians** will experience a mental illness. Many people are not knowledgeable or confident to offer assistance. Physical first aid is accepted and widespread in our community, however most do not cover mental health problems. Mental Health First Aid (MHFA) teaches people the skills to help someone who they're concerned about. MHFA has courses available online <https://mhfa.com.au/>

Additionally, suicide is an issue that affects all communities. Recent data indicated there were 3,128 deaths due to suicide in 2017. This equates to an average of 8.57 deaths by suicide in Australia each day.

**#YouCanTalk encourages people to have a conversation with a friend, family member or work colleague they're concerned about.** While it can be difficult to talk about suicide, research shows you can have a positive influence on someone who may be considering suicide by initiating a conversation with them and supporting them to seek help. You don't need to be a clinician, a GP, or a nurse to check-in with someone you are worried about. It is OK to let someone know you have noticed they are struggling and ask them if they are

experiencing thoughts of suicide. It is normal to feel worried or nervous about having a conversation with a friend, family member or work colleague who might be experiencing suicidal thoughts, but there are resources available to support you.

#YouCanTalk is a national collaborative effort that aims to encourage, empower and equip Australians to play a more active role in preventing suicide in their own communities.

*Everymind* is part of the joint national #YouCanTalk suicide prevention campaign, which is aimed at giving people the confidence to respond to friends and family when they need help and guide them to the right support services. For more, see <https://lifeinmindaustralia.com.au/youcantalk>

We understand that this information may be distressing. If you or someone you know is experiencing distress or in need of support, please contact Lifeline on 131114 or Beyond Blue on 1300 224636.