



# Australian College of Neonatal Nurses Inc.

PO Box 32 Camperdown NSW 1450

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

## Newsletter

March 2017

### 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 as adopted by the journal *Neonatal, Paediatric and Child Health Nursing*. All content will be edited to newsletter standard.

Editor: Shelley Reid. Proofreader: Jan Polverino.

Please send correspondence to the newsletter team at [newsletter@acnn.org.au](mailto:newsletter@acnn.org.au)

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### Next deadline: 1 May 2017

#### ACNN National Committee 2016 – 2017

##### Office-bearers

President	Karen Walker
Vice president	Jennifer Dawson
Secretary	Shelley Reid
Treasurer	Karen New

##### Committee members

Jane Roxburgh  
Samantha Lannan (Assistant Treasurer)  
Vivienne Whitehead  
Linda Ng

##### Professional Officer

Casual vacancy

*The printing of this newsletter  
for NSW branch members is  
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### From the President

This is going to be an exciting year for ACNN with our 25<sup>th</sup> Anniversary conference to be held on Fraser Island in October. Let me start by thanking everyone on the National Committee, the Branches and SIGs for the time and effort they spend ensuring that our professional body continues to grow and strengthen.

I'm delighted to say that our ACT branch is now officially approved and up and running. The operating committee for the ACT branch are Janine McEwan, Lori Grjl, Margaret Broom and Melanie Rosin and I am very much looking forward to working with them.

Organisation of the annual conference continues and we are excited with the program. The venue, Kingfisher Island Resort on Fraser Island, is just lovely and will provide a completely different conference experience. We are delighted that Kaye Spence AM, the first president of ACNN, will be one of the opening speakers, along with Linda Johnston and Mr Peter Meyer. Peter is a resident photographer on the island and will share some of his stunning photography and knowledge of the island. I'm sure you will agree this will be an excellent start to what we hope will be one of our best conferences. We will also hold a 'silver anniversary gala dinner' at the conference, which is being capably organised by Karen Pearse and will be a fabulous night, so I encourage all attending to come to this dinner. Abstracts and registration are open and we have had registrations for the conference on the first day of opening.

Advertised on our website are the Neonatal Nurse Excellence, Family Appreciation and the Parker Healthcare awards and we have extended the deadline for applications to the end of March. Neonatal nurses may nominate their peers who are working in any area of neonatal nursing for the Neonatal Nurse Excellence award. This year, we have also introduced the Family Appreciation Award, where families can nominate a neonatal nurse. The Parker Healthcare scholarship is open to ACNN members currently working in a neonatal intensive care or a special care nursery and who are either early career neonatal nurses or early career researchers in neonatal nursing. Please look at the website for more information and I would strongly encourage applications.

There are many great neonatal seminars and conferences this year, with PSANZ in Canberra, co-chaired by Margaret

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## President's report (cont.)

Broom (Research SIG Chair) early next month. The Nurse Practitioner SIG was asked to put together a panel discussion around the role of nurse practitioners, which is a very topical issue and this should be a great panel. Dr Agnes van den Hoogen, a nurse scientist at the University Medical Centre of Utrecht is one of the keynote speakers at PSANZ. Agnes is also one of my colleagues on the board of the Council of International Neonatal Nurses and is a great speaker, so I'm very much looking forward to her talks and to attending PSANZ.

## ACNN New South Wales Branch Report

The NSW membership base continues to remain steady with the current financial membership at approximately 200. We are looking forward to implementing initiatives to promote membership throughout the NICUs and SCNs across the state in 2017. We aim to engage local champions in many of these units to distribute ACNN promotional material.

In pursuing networking opportunities and education sessions for its members, ACNN again held two dinner seminars in March and November 2016, along with the country seminar held at Coffs Harbour in June. These events were well attended with positive feedback from attendees. NSW members also provided content for each newsletter in the form of regular columns and event reports.

The NSW branch committee met in December to discuss and set an activity plan for 2017. The year ahead will feature the same events, with evening seminars in March and November, and the country seminar in June at Bathurst. We look forward to another year of interesting seminars, conferences and networking, where neonatal nurses share their experiences and expertise in care provision. The NSW branch will remain a contributor to the national newsletter.

ACNN continues to grant the Jessie Everson-Checkley Education Scholarship. As of 2017 the structure of the scholarship has been revised with the aim to increase applications. A maximum of \$6,000 will be awarded in any financial year, with applications able to be made at any time. There are two categories to apply for: the first is a large grant of \$2,000 (two offered per financial year) and otherwise, small grants of up to \$500 with four offered per financial year. This scholarship assists nurses to participate at collaborative meetings and conferences.

The committee for 2017 will be:

Chair: Christine Jorgensen

Secretary: Shelley Reid

Treasurer: Jennifer Ormsby

Ordinary members: Karen Walker, Vivienne Whitehead, Amy Barker, Mirja Roti.

Other neonatal events will be advertised on our website and through our increasingly popular Facebook page.

I hope to meet many of you at the conferences throughout the year, and especially in October on Fraser Island.

With warm wishes,

**Karen Walker**

## ACNN Queensland Branch Report

### **The Sunshine Coast University Hospital**

On Friday 3 February, the Minister for Health, Cameron Dick, along with the Sunshine Coast Hospital and Health Service CEO and Chair of the Board, announced the much-anticipated opening date for the Sunshine Coast University Hospital. The hospital will open progressively from early March with the first outpatient appointments commencing from 21 March. Inpatient services, including maternity, birthing and neonatal services, will commence during the week beginning 27 March and the first elective surgery is planned for the first week in April.

The Sunshine Coast University Hospital, located at Birtinya on the southern end of the Sunshine Coast, will open with about 450 beds with the ability to grow to more than 738 beds. The expansion of service provision on the Sunshine Coast will mean that 10,000 people will no longer need to travel to Brisbane each year for treatment.

The Neonatal Unit will open with 12 cots with the ability to expand to 27 cots to meet the growing demands of the area. The Unit will provide care to babies and their families through close collaboration between staff and parents, supported by the architectural design of the nursery which facilitates individualised care and high levels of parental involvement. We are in the process of putting the finishing touches to the Neonatal Unit and looking forward to caring for the first babies and their families at the end of March.

**Sam Lannan**

# Wanted

Items of interest to ACNN members everywhere

Please consider contributing to this newsletter

Send contributions to [newsletter@acnn.org.au](mailto:newsletter@acnn.org.au)

## NSW Neonatal CNC Column

### *The challenges of introducing a preceptor program into a neonatal unit*

#### **Nicolette Giannoutsos**

Clinical Nurse Consultant  
Neonatal Intensive Care Unit  
Liverpool Hospital, NSW

As graduates represent the future of the nursing profession, it is vitally important to promote retention of these valuable human resources. Implementing a preceptor program may be one approach to ensure that their transition into the workplace is a positive and supportive experience, and may lead to improved retention and recruitment. This is especially pertinent in Australia where the shortage of skilled nurses has been a subject of discussion for many years, highlighted by media reports of 'the nursing crisis' and a number of State and Federal Government reports. Predications by Health Workforce Australia (HWA) in 2014 concluded that the demand for nurses will significantly exceed supply, projecting a shortfall of approximately 85,000 nurses by 2025, and 123,000 nurses by 2030 under current conditions.<sup>1</sup> This shortage is especially prevalent in acute settings where there is a trend towards new graduates choosing these areas as their first positions.<sup>2</sup> Concerns regarding the high rates of new graduates leaving positions within their first year was also highlighted in a study by Kovner in 2014.<sup>3</sup>

Evidence shows that when new graduates feel supported in their practice and perceive to have more input or control over their work, there is increased engagement in team work and a decrease in turnover.<sup>4</sup> A consistently recurring recommendation in the literature is to improve the cultural environment by extending orientation and its accompanying clinical support by providing consistent allocation of strong, expert preceptors.<sup>1</sup> Strong preceptors may provide a nurturing, supportive innovative learning environment, allowing for an improved capacity for creative thinking and an increased sense of accountability.<sup>5</sup>

The neonatal intensive care unit (NICU) at Liverpool Hospital is a level five facility, funded for 12 intensive care beds and 19 special care beds. The design encompasses one large rectangular area divided into six bays. The unit is divided into a definite intensive care and special care area and staffing is allocated accordingly.

Although the unit professed to have a preceptorship model, in reality this was not the case as highlighted in the survey conducted in this unit as part of a quality improvement project in 2014. In this internal survey, with a 60 per cent response rate, it was found that there were inconsistent allocations resulting in nurses being allocated numerous preceptors, therefore not encouraging any professional relationships to develop. Other issues highlighted related to the minimal time period allowed for orientation. The survey indicated that the average time being allocated to a preceptor was

three 12-hour shifts or less. The lack of experience and qualification of allocated preceptors was recognized as the survey found that only 30 per cent of preceptors had any formal preparation for the role. The majority of nurses had less than four years' experience, possibly due to the experienced nurses being allocated to acutely ill patient care. These results were consistent with other surveys conducted by Hallin and Danielson, who also found that 30 per cent of preceptors had not attended any formal education to prepare them for the role.<sup>6</sup> Inexperienced, underqualified staff cannot be expected to consistently enable critical thinking skills in junior staff as they may not have the ability themselves.<sup>7</sup> The survey also highlighted a low awareness and knowledge of the importance of critical thinking and reflective skills.

In light of this, a formalised preceptorship model was introduced into the NICU at Liverpool hospital in February 2015, which included the following changes:

- Reduced workload when preceptoring to allow time to teach
- Restructure of allocation so that preceptees and preceptors worked consistently with each other
- Extension of the current collaborative nursing period from two weeks to one month during which time the preceptee was gradually given increasing responsibilities until able to work independently
- Provision of support from educators by discussing objectives, feedback with both preceptees and preceptors and giving access to information and appropriate resources.
- Conducting a preceptor workshop for staff to attend
- Provision of specific guidelines to follow.

Although these recommendations were accepted by the management and welcomed by the staff in theory, it was extremely difficult to implement. Amongst practical reasons there was also an emotional resistance to change from some team members. There were a number of challenges affecting the implementation of the programme such as:

- Inappropriate skill mix – lack of senior staff members that are needed to work with acutely ill infants and cannot be spared to work in the special care area, despite the obvious teaching opportunity that junior nurses would have.
- Extending the collaborative nursing period meant there

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## NSW CNC Column (cont.)

were fewer staff members able to take a patient load.

- There were times when the number of nurses needing to be preceptored outweighed the number of preceptors available. This was exacerbated by an increased number of new graduates allocated to the unit as well as new staff members being employed due to resignations.
- Decreasing the workload for those preceptoring was seen as unfair as other nurses had to look after more patients.
- Allocations of preceptors were changed due to changes in patient acuity, new admissions and unexpected sick leave.
- Changes to the roster occurred, due to individuals swapping shifts with colleagues and an occasional lack of commitment to the preceptor role by individuals.
- Difficulty in organising allocations especially with late notice of new staff/new graduate commencement dates which occurred after the roster had been completed.
- Communication breakdown between all parties involved.

Introducing any change into a hospital setting is a difficult task as gaining collaboration involves changing behaviours and attitudes of staff who are already working in a complex environment.<sup>8</sup> This is especially true in a large tertiary hospital where stakeholders have different perspectives and various interests which may result in confusion and conflict and ultimately resistance to change.<sup>8</sup>

Resistance to change is a natural phenomenon in any organization, and can result from an individual's personality as well as their interaction with the environment with respect to both cognitive and emotional elements. In order to address this resistance, meetings with different groups of nurses as well as key stakeholders such as the NUM were held. Discussions included enabling the team to take ownership for this project by facilitating meetings whereby the whole team made decisions. An expression of interest was advertised and as a result a working party consisting of eight senior registered nurses was formed to implement the new programme. In order to improve support for the programme it was critically important to have guidelines as well as education in place regarding the expectations of the role, including education on critical thinking and reflection and how to give feedback. The working party suggested that a guidebook and a workshop day for preceptors should be developed by the nursing team that was going to act as preceptors. Unfortunately, there was not enough time to develop and organise the workshop or guidebooks prior to the first new graduates and new staff members commencing employment at that time. In retrospect, introducing the programme after holding the educational workshop and providing guidelines would have decreased the initial resistance to change and misinterpretation by some staff members. Since then, the preceptor working group has developed a guidebook not only for the preceptors but also for the preceptees. The preceptee guidebook records

their progress, accomplishments and competencies which contribute not only to their professional portfolios but also aids in annual performance appraisals. The preceptor workshop was developed as a full day's training, run by two nurses from the preceptor working party. Currently 18 staff members have attended the workshops and the evaluations of this day have been overwhelmingly positive.

The program has been met with many initial challenges and has evolved along the way. It has now been running for nearly two years with 13 new graduates and 11 new staff members completing the programme. The programme has since been extended to include allocation of preceptors to staff transitioning to intensive care. The first nurse transitioning to NICU was placed on a preceptor programme in July 2015 and since then an additional seven nurses have transitioned in this way.

Positive feedback from the preceptors has included statements such as:

*I have thoroughly enjoyed working with this new graduate and it has also improved my knowledge as I have had to make sure that I was also up to date.*

*I have forgotten how busy and hectic it can get in the special care unit and now I can see why sometimes the new nurses have difficulty gaining theoretical knowledge that we expect them to have when they move into the intensive care.*

Feedback from the preceptees has included statements such as:

*I feel lucky to have been so well supported in my first month here; my preceptor has made me feel very welcome, even when I asked silly questions.*

*Except for some changes in my roster, I have really enjoyed having time to orientate myself to this new workplace.*

*Having a preceptor has been great as I have been able to make new friends easily.*

Not all the feedback has been positive however with the occasional preceptor stating that they don't wish to precept any longer. This has occurred when the preceptor has had either difficulty engaging with the preceptee or when the same preceptor has been constantly used. This negative feedback may also reflect the additional barriers associated with this role such as:

- Increased stress and burnout, attributed to the increased responsibilities and feelings of frustration and failure, particularly if the preceptee does not reach the expected level of competency by the end of the preceptor period.
- The inconsistent level of support due to the increased numbers and acuity of patients being such that this programme is not always able to run as intended due to staff shortages or inappropriate skill mix.

The preceptor role is complex, evolving and multi-faceted,

however may also be the most significant link in the recruitment and retention of new graduates or transition nurses.<sup>7</sup> Increased retention may occur as a result of the recognition and expansion of this role leading to the ultimate goal of creating positive work cultures.<sup>4</sup> It was envisioned that there would be a formal evaluation of this programme including a repeat survey, however this has not been completed yet due to time constraints.

This project would not be able to continue without the support of the NICU team. I would therefore like to thank our Clinical Nurse Educators – Sara Wilson, Ingrid Clarkson,

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## NSW Neonatal Breastfeeding Column

*As editor for the breastfeeding column for the last time, I would like to thank everyone who has contributed articles over the last few years while I have been in this role. For this edition I asked Deb and Shonnett (lactation consultants) to tell us about their newly opened unit at John Hunter Children's Hospital (JHCH) after being lucky enough to visit there myself. There has been so much more effort in recent years to put evidence into practice and become more family integrated within NICU to improve outcomes not only for the baby but for the whole family. This is through careful planning creating space for the family to be welcomed and involved in their baby's care. As we know, it takes more than designing the physical environment and that culture change may be even harder to achieve sometimes. One can't really happen without the other, however Shonnett and Deb seem to be able to report that JHCH has achieved just that.*

### Rachel Jones

#### A new start for new mums

**O**n August 17, 2016 the Neonatal Intensive Care Unit (NICU) at John Hunter Children's Hospital (JHCH) moved into the newly completed Stage 1 of the NICU refurbishment. This area will become the Special Care Nursery at the completion of Stage 2B. The area consists of four rooms with eight bed spaces in each room. The next two stages of the refurbishment include the completion of office space and the NICU space.

Prior to the move staff had been viewing the plans, participating in working groups and hearing firsthand the demolition and rebuilding process. During the building stage we were on occasion given guided tours of the new

Shereen Sambrane – and our Nurse Unit Manager, Rebecca Gibson, who have spent many hours organising rosters and allocating preceptors. Thanks also to the Nursing Manager, Margaret Langman, whose support has been invaluable in the continuation of this programme and the members of the working party who have dedicated their time and effort into producing the resource guide books: Debbie Clarke, Leesa Thompson, Lieske Vrachnos, Sara Galea and Kathleen Llonso. A special thanks to Amy Radford and Beth Spears for their hard work and involvement in all aspects of the program and for the successful running of the preceptor workshops.

workspace and we were very surprised at the space that was going to be available at the bedside and in the ward area in general. Looking at a floorplan and imagining the area and how it would work for family and staff, and then physically walking in that space was a totally different experience for us. Most exciting was the space available at the bedside for the family, especially the mother, as well as the expressing and breastfeeding room and a huge milk preparation room with state of the art freezers capable of storing litres of expressed breast milk.

We must admit we greeted moving day with a degree of

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NSW CNC Column (cont.)

excitement, expectation and trepidation.

The move went like clockwork, mainly due to the military-like planning that had been put in place to ensure that each patient and their family were supported and moved safely. The families of the babies moved into the new rooms were delighted by the space available, the quietness of each room and the bedside facilities available to them, as well as the new parent areas and facilities. Later this year in September-October the parents will also have access to a kitchen, two fully furnished en-suite bedrooms (for emergency accommodation), lounge area and small playroom. These areas are being furnished by Ronald McDonald House with our very sincere thanks.

Currently each of the bed spaces has a staff /clinical area and

a parent area. The parent area has a cupboard for storing small essential items (parent lockers are located elsewhere in the unit) as well as expressing equipment. Each bedspace has a milk warmer, electric breastpump, recliner chair, standard chair and small fridge for storage of breastmilk. Some of our mothers choose to use the expressing room (which has three recliner chairs and three additional breastpumps) especially if they have other children with them, as this room has an extensive library of children's books and a television which if desired can provide entertainment while mothers express.

While it is too soon to see if there has been any change in expressing and breastfeeding rates in the nursery since the move, we do believe that the families and especially our expressing mothers are more comfortable, have greater access to kangaroo cuddles in the recliner and access to a breastpump in each baby's bedspace. As Lactation Consultants in the unit our practice of seeing each mother within the first 48 hours following admission, offering lactation and breastfeeding education and support is unchanged, however now the surroundings and facilities for establishment of breastfeeding are much more private, spacious, and comfortable for the mothers and families.

**Deborah Ireland** CM, CNS NICU, IBCLC

**Shonnett Porter** CNS NICU, IBCLC



Views of the new unit at John Hunter Children's Hospital, NSW.

Photos by permission.

## Low Resource Countries Special Interest Group

### *Helping Babies Breathe in Vietnam*

**Renee Collisson**

Many may be aware that ACNN LRC SIG members have been providing training in a neonatal resuscitation program for low resource countries, 'Helping Babies Breathe' (HBB), along with other education in PNG since 2014. Last year Trudi Mannix and I attended HBB training in Vietnam with the Global Engagement Institute, a COINN partner. These are our experiences which we are delighted to share.

While Vietnam has made great improvements in maternal and child health, and has already reduced neonatal deaths in line with the sustainable development goal of 12 neonatal deaths per 1,000 live births, there is still a great disparity between the large cities and the harder to reach and poorer resourced rural and mountainous areas. For this reason teaching a program that requires little resources and focusses on the 'golden minute' immediately after birth when babies may require assistance to breathe is a great tool for people attending these births to help prevent deaths and disability from birth asphyxia.

#### *My experience*

I travelled to Ho Chi Minh City in March where I undertook a two-day training in HBB and received Master training certification. I was the only international delegate doing the master training certification, so was lucky enough to have the lead trainer Patty Kelly's undivided attention. The training involved not only learning the actual program but also practicing teaching and training skills. Following this training we taught at two different locations, the first being at Vinh Obstetric and Children's Hospital, where we taught 12 midwives, nurses and doctors to become HBB Master trainers so they could continue training people when we left. The second location was in a rural area called Anh Son where we taught 50 local healthcare providers from many surrounding areas how to use HBB in their own practice. As someone with a passion for improving neonatal survival and outcomes worldwide, not just in privileged or wealthy countries, this experience was extremely rewarding for me in a number of varying ways. The first most obvious benefit of doing the HBB certification is to be able to continue teaching this program in low resource countries and supporting people to continue using HBB, along with assisting them to develop the skills to teach others HBB. I particularly enjoyed spending time with the local healthcare workers in Anh Son and learning more about how they practice, their experiences and how HBB could make a difference to a baby's survival when they are often the only person in attendance at a birth with minimal resources. I was also warmly welcomed by local people, so more than just a professional experience it also became a cultural experience, learning about how local people lived. However it wasn't just

about the warm feeling you get from helping others that I gained from this experience; it made me reflect on my own practice, and it made me consider more closely about how incredibly lucky we are to have the facilities, resources and training that we do. It also made me take a step back and think about things a little more simply. I believe because of all our great education and training we sometimes complicate things – this simple resuscitation program reminds me in my own practice to not always get panicked or caught up in all the detail – if you simply have a Laerdal bag you can help a baby breathe and that may be all that is needed until further help or resources arrive. This is an experience I would recommend to anyone as there is so much to gain both professionally and personally.

#### *Trudi's reflections*

In December last year I was lucky enough to participate in the 'Helping Babies Breathe' Program coordinated by the Global Engagement Institute (GEI) and COINN. My interest was sparked by the reports coming back from ACNN members who travelled to Papua New Guinea to teach in a similar program. Neonatal asphyxia is a major contributor to the already very high neonatal death rates in Vietnam. The HBB program aims to train Vietnamese doctors and nurses who attend births to help babies breathe during the 'golden minute', and train them to teach others how to do the same.

I was the only Australian in the party of six trainers which included a developmental paediatrician and five nurses (a neonatal nurse practitioner from Canada, two student nurses from USA completing their general training and undertaking the HBB program as an elective topic in their degree, and a family nurse). The delegation was led by Patty Kelly, an amazing woman in her seventies who has taught this program in many developing countries, including Africa and Mexico. She was ably assisted by a gorgeous and incredibly efficient Vietnamese woman named Vivian who worked magic with the red tape! We had a tour of Ho Chi Minh City before flying to Hue on our first day, and then hopped on a bus for a two-hour ride to Dong Ha, a small provincial city in central Vietnam, and the capital of the Quang Tri Province. Our HBB Facilitator Training started early next day in the Dong Ha General Hospital where we spent the next two and a half days learning to be trainers ourselves, and then training a very enthusiastic group of about 30 local doctors, midwives and nurses. We had an interpreter so we had to speak just one sentence at a time, which was then translated, so it was a slow process! We worked hard to explain that not all babies needed suction at birth – they were polite – but I'm not sure how much they took on board. We had long days in fairly cramped conditions, but

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## Low Resource Countries SIG (cont.)

everyone was very cheerful!

The hospital staff were keen to show us their facilities but in reality they were quite primitive, despite it being a district hospital with about 6,000 births a year. They had a room for resuscitation next to the theatres ... a huge room with one neonatal resuscitator cot in it. The heating on the cot didn't work, and the joints and surfaces were all rusting and dirty. We suspect that they didn't know how to use the resuscitation equipment properly. While we were there three newborn babies were brought in and placed on the open resuscitation trolley side by side in their rugs. It was a little confusing as they didn't actually need resuscitation, and the staff could not explain why the babies needed to be there!

In the afternoon of this last day of training we took a two-hour bus trip to another small city (Huong Hoa) in a mountain district on the western side of the Quang Tri Province, where

we spent the next full day training about 40 local nurses, doctors and midwives. Once again the welcome was very heartfelt and the group were very engaged. They came from remote areas to join the training day and really appreciated the resources we were able to give them. The next day we took the bus back to Hue and after a tour of the Imperial City, we flew back to Ho Chi Minh City, and within an hour I was on a flight home again!

So a whirlwind trip but so very worthwhile. I would recommend anyone who has time and capacity to take part in the HBB training programs. We take so much for granted in our country; it's such a privilege to be able to give some time and support to others.

If you would like to become involved, join the ACNN LRC SIG or email Gill Mibus at [lrcsig@acnn.or.au](mailto:lrcsig@acnn.or.au)

PNG trip dates for 2017 are 5 – 13 May and 1 – 9 September

## The Queensland Branch congratulates

Anndrea Flint, on completing her NNP candidature, gaining endorsement and being instrumental in having an NNP position funded at the Redcliffe Hospital.

Kobi Best, on obtaining a National Health and Medical Research Council (NHMRC) postgraduate scholarship for her PhD candidature: Sensory Exposure of Neonates in Single-room Environments (SENSE).

Michelle Paliwoda, on obtaining an Australian Postgraduate Award (APA) – 3 year scholarship for undertaking her PhD on Investigating Physiological Parameters of Newborns greater than 34 weeks during transition phase to inform Neonatal Early Warning Tools.

Congratulations to you all and we wish you every success.

## Subsidised access to Women's Leadership Events available

Women & Leadership Australia is currently offering 20 Australian College of Neonatal Nurses members the opportunity to attend the [2017 Australian Women's Leadership Symposium](#) for \$400 off the standard rate.

The Symposium provides women a critically important platform to explore leadership, life and career development. They will take place in all capital cities across Australia later this year.

To take advantage of the discount:

1. Simply go to <http://www.wla-symposium.com.au/2017events.html>
2. Select which city you would like to attend
3. Click 'Tickets Available Here'
4. Enter your First Name, Last Name and Email Address, then click 'Next'
5. Enter your Company, Title, Work Phone and type in 'Australian College of Neonatal Nurses' when answering the question 'How did you find out about this event?', then click 'Next'
6. Click 'Finished Adding People'
7. Enter Discount Code **ASC2017** and click 'Apply' to get the \$400 discount off the standard rate
8. Complete your Payment Method, tick 'I agree to the Terms and Conditions', click 'Finish' and then your confirmation will be emailed to you.

**Only twenty Symposium seats are available at this rate.** For further information about the Symposiums, simply go to <http://www.wla-symposium.com.au/>.



## Press release: International Council of Nurses launches new vision

**Geneva, Switzerland; 13 December 2016** – The International Council of Nurses (ICN) today announced the launch of its new vision. Concise and succinct, the new vision reflects ICN’s mission to represent nursing worldwide, advancing the profession and influencing health policy.

### **ICN’s Vision Statement**

*ICN represents the voice of nurses around the world. We influence health, social and economic policy at country, regional and global level through the sharing of evidence and best practice. ICN envisions a world in which human rights are respected and protected including the right of present and future populations to a safe, healthy and sustainable environment. We work in partnership and collaboration to advance the profession and improve the wellbeing of nurses and the health of populations everywhere and advocate for the respect of cultural values, customs and spiritual beliefs.*  
(Approved ICN Board, December 2016)

The vision is clear. ICN aims to be the recognised voice of nurses around the world. The world’s first and widest reaching international organisation for health professionals, and the first professional women’s organisation, ICN was founded in 1899 and works to ensure quality nursing care for all, sound health policies globally, the advancement of nursing knowledge, and the presence worldwide of a respected nursing profession and a competent and satisfied nursing workforce.

The launch of a new vision reflects ICN increasing influence on the development and implementation of global health policies, including the recommendations of the United Nations High Commission on Health Employment and Economic Growth, the World Health Organization’s Global Strategy on Human Resources for Health and the achievement of the Sustainable Development Goals.

Commenting on ICN’s new vision, Dr Frances Hughes, ICN’s Chief Executive Officer, said, “This is an exciting time for ICN. We are putting in place many new priority areas of work and changing the way we do things in order to better meet the needs of our members and the profession, as well as to meet the challenges of today. We are proud of our long history but we must also look to the future. Today, it is essential for ICN to play an even greater role in representing nurses at the highest policy levels to influence health, social and economic policy at all levels. The safety of patients and nurses in all settings is of paramount importance to our work. Our new vision is of a world in which every person lives and works in a safe, healthy and sustainable environment.





## Queensland Branch Raffle

2017

**\*\* All proceeds support the purchase of essential resuscitation and basic equipment for the LRC SIG work in PNG\*\***

**\$1000\*** Redeemable towards



✚ Full Conference Registration



✚ Accommodation & Travel Expenses



**TO ATTEND ACNN 2018**

**OR**



Tickets available for purchase at [www.acnn.org.au](http://www.acnn.org.au) or at ACNN2017 Conference

**Tickets: \$5 each or 3 for \$10 or 7 for \$20**

**DRAWN: Friday 20 October 2017 at ACNN2017 on Fraser Island**

**\*Conditions:**

- Redeemable against full conference registration, travel and accommodation expenses to attend ACNN 2018 or COINN 2019 up to a maximum of \$1000.
- Must register as a full conference delegate; day registration not accepted.
- Proof of full conference registration & additional expenses (e.g. Travel /Accommodation) to be supplied to the ACNN Qld branch prior to receiving payment.
- Tickets on sale online until 1 October 2017; and at ACNN 2017 ACNN conference until 12.30pm on 20 October 2017.

**Further details:** Karen New, Qld Branch Chair on 0435 748 660 or at [gldbranch@acnn.org.au](mailto:gldbranch@acnn.org.au)

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ABN 62 075 234 048



The Coalition of National Nursing & Midwifery Organisations is an alliance of more than 54 Australian professional nursing and midwifery organisations, formed to work collectively to advance the nursing and midwifery professions to improve care. It was first established by an informal forum in 1991 and became known as the National Nursing Organisation (NNO). It has grown exponentially since and developed to the point that the structure was formalised in 2007 and renamed the Coalition of National Nursing Organisations (CONNO). More recently in 2015 the name was changed to include Midwifery in recognition that while there is an Australian College of Midwives (ACM) there are also midwives belonging to some of the specialty organisation members of CoNNMO. Subsequently ACM joined as a member in 2016.

CoNNMO is funded by the Federal Government on a three-year cycle and is administered by the Australian Nursing and Midwifery Federation. The funding is used mostly for travel expenses as the member organisation representatives travel from all around Australia. Member meetings are held twice per year, usually in May (Melbourne) and October (Sydney). These meetings feature guest speakers on professional matters relating to nursing and midwifery and is attended regularly by such people as the Chief Nursing and Midwifery

Officer (currently Professor Debra Thoms) and representatives from bodies such as the Australian Nursing and Midwifery Board (NMBA) and the Australian Nursing and Midwifery Accreditation Council (ANMAC). Other guest speakers are sourced depending on current issues.

There is a Council consisting of nine elected members drawn from the organisation representatives for two-year terms, to a maximum of six years. The Council meets at regular intervals by teleconference or face to face, depending on the nature of the business to be completed.

ACNN became a member (as ANNA) in the 1990s and has continued to send a representative to meetings, who reports to the National Committee. CoNNMO encourages consistency of representatives over time in order to foster preparedness for taking on a council role but the selection of a representative is at the discretion of the member organisation.

In order to raise the awareness of CoNNMO and the work it does on your behalf, an update will be published in this newsletter on a regular basis. More information is available from the CoNNMO website at [www.connmo.org.au](http://www.connmo.org.au)

**Shelley Reid**

ACNN representative on CoNNMO



75-Mile Beach, Fraser Island



25<sup>th</sup> NATIONAL CONFERENCE

# Shaping neonatal care

*From past to future*

**18–20  
October 2017**

Kingfisher Bay Resort  
Fraser Island



**REGISTRATION  
OPENS  
FEBRUARY**

**CLOSING  
DATE  
for ABSTRACTS  
23 APRIL**

**EARLY  
BIRD  
CLOSES  
24 AUGUST**

## Key content areas

- Neuroimaging and late preterm infants
- Neonatal nurse advance practice roles
- Indigenous health
- Neonatal transport
- E-health technology and social media
- Challenges and advances in maternal, foetal and neonatal health
- Clinical leadership challenges

## Invited speakers

- A/Prof Denise Harrison
- Prof Linda Johnston
- Angela Ratsch
- Prof Marsha Campbell-Yeo
- Dr Paul Craven
- A/Prof Jeanie Cheong

To register your attendance: [www.acnn.org.au/events](http://www.acnn.org.au/events)

For up-to-date event information follow us  

For information regarding registration or abstract submission,  
contact our *Event Manager* **Nikki Abercrombie**  
mobile: 0418 283 397 • email: [acnn@abercrombiemanagement.com.au](mailto:acnn@abercrombiemanagement.com.au)