



Australian College of Neonatal Nurses Inc.

PO Box 32 Camperdown NSW 1450

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

Newsletter

March 2021

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.

Editor: Shelley Reid. Proofreader: Jan Polverino.

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

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Next deadline: 1 May 2021

ACNN National Executive Committee 2020 – 2021

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From the President

This time of year is always so busy, lots of babies born, new registrars and residents commencing and a never-ending pile of paperwork. Luckily we all love working with babies and their families, so we keep ploughing on. The Executive has been hard at work since January planning for the year ahead. One example of this is supporting the Australian College of Nurse Practitioners' response to the Medicare Benefits Schedule Review Taskforce's Final Report of the Nurse Practitioner Reference Group (NPRG). This was a letter drafted to the Federal Health Minister seeking review and feedback, as most of the recommendations made by the NPRG were not endorsed by the Taskforce. This is just one example of how ACNN may be asked as professional body to support or endorse political/social factors that impact our profession. This one was close to my heart as an NP myself.

Our social media crew is on fire; keep an eye out for the posts on Facebook and Instagram. The website is also being updated with new information so if you haven't jumped on for a while have a look.

Thanks again to all our members and hope you are accessing and enjoying the high quality virtual education now available through ACNN.

Anndrea Flint

Queensland Branch

Our first seminar for the year was planned to take place in February at Logan Hospital. This event had been postponed in 2019 due to COVID-19, and following on from the success of the workshop in Toowoomba in July last year, the same topics were to be revisited. A COVID-safe plan was developed and we were pleased to be able to offer this face-to-face learning and networking opportunity, however the seminar was cancelled at short notice.

We have had a large number of expressions of interest from regional centres within Queensland who are keen to hold similar seminars and this is one of our commitments to making neonatal professional development available wherever you are!

In conjunction with World Prematurity Day, we held a selfie competition. This encouraged members to take selfies in front of landmarks that were lit purple or in front of work displays.

QLD Branch Report (cont.)

It was great to see the participation and work that had gone into this day, and we are pleased to announce the winner as Katharine Lawlor from Logan Hospital (see picture below).

The Queensland branch will hold a membership drive again this year to encourage new members. There will be a draw for both the new members and the recruiting members. See our ad in the newsletter!

Wendy Carlish



Katharine Lawlor and Hollie Purkis



**ACNN Qld
Branch Members
WIN WIN WIN
\$700**

**Sign up a new
member to win!!!**



For each new member you sign up*, you will receive an entry into the draw to win one of two \$700 prizes towards attending ACNN Conference in 2021 or 2022

The more you recruit the more chances you have to WIN

AND the new member* goes into a draw to win reimbursement of their membership fee

Applies to member sign ups from 19 January to 30 June 2021

*resides in qld, joining fee is paid and application approved

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Queensland Branch Toowoomba Workshop, August 2020

Vicki Stevens

Nurse Educator, Neonatal & Paediatrics, Toowoomba Hospital

'Because of COVID' aka 'BOC'..., could these be the most spoken words in the Year of the Nurse and Midwife, 2020?

'Hot Topics in Neonates' was the title of the workshop that the Queensland Branch had planned to take to regional units in 2020. Toowoomba's workshop was planned for May. BOC, it and the next proposed date were cancelled. Despite COVID, a successful workshop was held in August using a COVID-safe plan. The workshop was held in the afternoon and was followed by a dinner seminar.

Several of Queensland's expert neonatal nurses and Neonatal Nurse Practitioners shared their knowledge and experience with us. They also encouraged discussion and critical thinking amongst the group. The workshop title truly reflected the topics covered during the afternoon – delayed cord clamping, hypoglycaemia, neonatal skin and high flow respiratory support.

The evidence is substantial, delayed cord clamping is in and cord milking is out. The irony of delayed cord clamping is that newborns who may benefit from it the most, i.e. preterm and compromised babies, are the most likely not to receive it. I understand the main reason for that is the current Australian and New Zealand newborn resuscitation guidelines do not support delayed cord clamping for compromised babies. That must be going to change soon.

Hypoglycaemia – maybe this is the most contentious issue amongst neonatal professionals, has been in the past and still is. The passionate discussion amongst the group during this presentation reinforced that this is a controversial subject. We have the Queensland State-wide Guidelines to direct us,

however understanding and interpretation can be conflicting. If I could have only one take-home message from the workshop it would be *use the most reliable device available when measuring Blood Glucose Levels (BGL)*. This is especially so when checking BGLs after treatment has been instigated for low BGLs.

Following the afternoon session, it was time for a change of scenery, from auditorium to dinner venue. A beverage while we had the general meeting, then onto an enjoyable 2-course dinner while listening to speakers without a neonatal background, a Nursing Director and an Exercise Physiologist. The first speaker's topic was exercise, the second was mindfulness. Even though the speakers had separate topics, both highlighted how our mental and physical health need to work together in unison for overall good health.

Breathing and exercise were two key words from this session. The speakers shared many ideas of how to do the best for our mind and body, and simple things that can make a difference to our health. One example would be to practise deep breathing while washing our hands, something we do many times during the working day. One for exercise is to use 140 minutes from the 10,080 minutes you have in a week to do moderate exercise.

We spent the afternoon refreshing and updating our knowledge, all to help us give the best possible care to those babies and families we are engaged with in our working lives. The evening was all about us, a bit of give and take. We heard how important it is to care for ourselves. If we take care of us, then chances are we will enhance the care that we give.

NSW Neonatal Clinical Nurse Consultants Group

Neonatal Skin Care from the past to the present day

James Marceau

Clinical Nurse Consultant Neonatology, Westmead Hospital

It has been nearly six years since I last penned an article on the devastating effects of chemical contact burns from Chlorhexidine; 'Another lesson learnt from a burning experience'. The burning experience did happen in the NICU at Westmead in 2015, from what we all thought was a safe aqueous solution.¹ This time I thought that I would stay with the neonatal skin care theme, and reflect on the last 53 years since hexachlorophene was first used to wash neonatal skin routinely.²

In Geelong maternity units, a 3% hexachlorophene solution was used routinely to wash neonates on alternate days.³ Over 12 years, more than 26,000 babies had received this antiseptic skincare with reportedly no side effects. However, the authors did recommend the following:

1. That this should continue, as it was an effective tool to eradicate staphylococcal infections and that the benefits outweighed the risks.
2. Hexachlorophene use was strongly contraindicated for infants with skin breakdown.
3. Hexachlorophene should not be used to bath premature or low-birth-weight infants.

However, several years later hexachlorophene was found to be neurotoxic, causing the deaths of two children with burns and severe ichthyosis who were bathed in a 3% hexachlorophene solution.⁴

Triclosan 0.3% solution was often used in neonatal nurseries, helping to prevent methicillin or multiple resistance staphylococcal aureus (MRSA) infections in babies. Westmead was one of these nurseries after losing several babies to MRSA.⁵ It was nearly 17 years later that the actual insidious neurotoxic effects of Triclosan were revealed by Ruskiewicz et al.,⁶ and the United States Food and Drug Administration (USFDA) banned the use of Triclosan and 18 other antibacterial consumer products.⁷

While we may not have access to either hexachlorophene or Triclosan solutions to eradicate staphylococcal infections in our NICUs, there is some hope with the use of a chlorhexidine 1% lotion.

Moving forward to 1999, Sara Baker Kusari and colleagues sent out a detailed questionnaire to American neonatologists to ascertain if a skin practice consensus was possible; it was not found.⁸

In 1998, Johan Agren measured the amount of insensible water loss of 13 infants born at 24-25 weeks gestation with an Evaporimeter (Servo Med, Stockholm, Sweden).⁹

Transepidermal water loss (TEWL) levels in the first few days of life were as high as 60 g/m²/hr and did not begin to decrease until the third day of life. However, when these infants were nursed in 85 to 90 per cent humidity, the insensible water loss was significantly lowered.

In 2006 Agren again examined the TEWL in 22 infants (GA 23-27 weeks) with similar findings to his earlier research, which was the beginning of all neonatal unit incubator humidity guidelines.¹⁰

Neonatology and neonatal skincare have improved over these last fifty-odd years, with better preventative skin products to reduce the incidence of iatrogenic skin injuries, for example hydrocolloid and foam barrier tapes. Some neonatal intensive care units now have dedicated nursing staff that have adopted the practice of skin rounds, first mentioned by Marliese Nist et al. in their quality improvement study.¹¹ However, our preterm infants in that 'grey zone' continue to be at risk of insensible water loss, significant hypernatremia and skin breakdown.

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Education SIG Report

For the first time this year, the Education SIG would like to acknowledge education-focused research/projects undertaken by neonatal nurses who are presenting at the ACNN Conference. There will be 2 categories of award: oral presentation and poster. The awards are to be presented to the most outstanding researchers/neonatal nurses in education-focused research/projects at the ACNN Conference. Both of the awards are valued at \$500 each.

All the winners will be presented with their awards during the awarding ceremony which will be held on the last day of the conference, along with the conference closing remarks by the President.

Low Resource Countries SIG Report

For those who were not aware, there are two scholarships aligned with the LRC SIG. One is for ACNN members (the ACNN low resource country context scholarship) and the other is to support a nurse/midwife from a neighbouring low resource setting to attend a conference or educational opportunity with a focus of caring for newborns.

Recently, the ACNN low resource country context scholarship was renamed the Renee Collisson Scholarship by Executive approval. This is in memory of our colleague, Renee, who was a passionate advocate of healthcare for all, especially mothers and babies in low resource countries. Renee's family and friends were consulted and delighted that we wanted to honour her in this way, and provided us with the following words.

"Renee held a great passion for helping those most vulnerable in this world. She naturally gravitated to low resource countries and communities throughout her life in varying capacities. This passion led her to join the ACNN LRC SIG as a contributing member. She took great joy in being part of something that helped educate and empower communities to provide safer life-changing care to both mothers and their babies. Her reach did not stop there; Renee would inspire

Neonatal Nurse Practitioner SIG

The Neonatal Nurse Practitioner (NNP) sisters Gill Mibus and Miriam Long have similar nursing careers, beginning with their general nurse training at the Wimmera Base Hospital in Horsham, Victoria. Gill completed her midwifery training at the Royal Women's Hospital in Melbourne in 1984, with Miriam one of the last hospital-trained midwives at Monash Medical Centre (formerly the Queen Victoria Hospital) in Melbourne in 1989. After working for 4 years as a midwife in Horsham, Gill moved to South Australia to commence the Neonatal Intensive Care course at the Queen Victoria Hospital (Adelaide). Miriam

Infant Feeding SIG Report

The SIG held a meeting on 9 February and the next one is to be on 13 April at 8pm.

The second presentation takes place this month, on 30 March at 8pm, on 'Establishing and maintaining a breastmilk supply when a baby isn't ready to breastfeed'. We are planning one more online seminar before the annual conference and welcome suggestions from you on topics you would like to explore, please send to infantfeeding@acnn.org.au

Our session at the annual conference in Canberra will feature one of the invited speakers, Dr Elaine Burns, from the School of Nursing and Midwifery at Western Sydney University. Her research focusses on midwifery practice, education and women's experience of maternity care.

many others to seek out opportunities that would help make a difference to those that had little in this world. She believed that just one person can make a difference, and that one person helps the world become a more equal and better place."

While it is still a difficult time to travel, the scholarship is available to support postgraduate studies applicable to the low resource country context (global and/or public health). Additional categories include:

- Attending or presenting at a conference being held in a low resource country
- Workshops, short courses or training applicable to low resource countries
- Quality improvement/small research projects in collaboration with local staff in a low resource country context

Applications for this scholarship are open all year round, with the next assessment of applications in April and then in September, 2021. Full details are found under the Scholarships tab on the website.

would follow in her sister's footsteps once more, moving to Adelaide and completing her Graduate Certificate in Neonatal Critical Care and Bachelor of Nursing at the University of South Australia.

Both Gill and Miriam worked together for many years in the Neonatal Intensive Care Unit (NICU) of the Queen Victoria Hospital, then the Women's and Children's Hospital (WCH). As one of the first endorsed NNPs in South Australia, Gill completed her Master of Nursing (NP) through Flinders

University in 2006. Miriam eventually joined the NNP group at the WCH after completing her Master of Nursing at the University of South Australia in 2019. They now enjoy work alongside each other working with critically ill neonates as well as the newborn infants in the delivery suite or postnatal ward. Not many people have the opportunity to work alongside their sibling in their chosen career! Between them they have given more than 60 years to neonatal nursing and have been active members of ACNN during this time. Both have served on state branch committees and Gill also with the LRC SIG committee. Gill and Miriam have presented at state, national and international neonatal conferences and meetings. They

feel fortunate to love their job, and continue to enjoy their work together.



Neo-Skin SIG Report

To ACNN members,

Re: 'Water Alone' nappy area cleaning products

The Neonatal Skin Special Interest Group (Neo-Skin SIG) committee would like to raise with members our concerns about the aggressive marketing employed by some nappy/baby wipe product companies, and claims made around products. While in the past the marketing has been targeted towards consumers, the marketing is increasingly targeted at neonatal nurses and midwives. In addition, these same companies have also offered incentives to complete surveys, with the surveys being provided as 'evidence' in the use and support of such products. As healthcare professionals, we should be making decisions based on the best available evidence and be mindful of the unintentional influences we can have on parents' choice of product. With these concerns in mind, the SIG recently reviewed references being offered in support of 'evidence' for one product and found that many studies did not involve preterm or sick infants (mostly infants 3 months and older, children, or adults including healthy Japanese males). The references also included studies where most of the tests or investigations were completed on skin areas such as arms and back, not the perianal region.

The Neo-Skin SIG has additional concerns regarding the efficacy of water-only wipes in relation to the removal of oils and faecal matter, where theoretically a surfactant is needed. Cleaning faecal matter is a bit like washing soiled pots and pans – we use a detergent (surfactant) as this makes removing the 'soiled' components easier and with less harsh scrubbing needed. We want to avoid 'rubbing' the skin of newborns whether born preterm, sick or term, until the skin is at least more mature. Another example is that removing 'birthing matter' from the newborn's hair is much easier with a little shampoo (another surfactant), as it breaks the surface tension and makes the removal of matter easier. Furthermore, some of the water-only products contain other ingredients such as fruit extracts, natural extracts and/or a trace of some compound.

Yet there is little evidence of safety around these ingredients for the newborns we care for in our units. In fact, some ingredients have been removed from adult natural products as they are known allergens and may cause irritation.¹

So, when you next go to use a baby wipe, examine the product and the evidence. Here are a few pointers the Neo-Skin SIG would like you to consider.

Be wary of the use of marketing words such as 'pure', 'natural', 'fruit extracts', 'preservative free'. What do they mean and what is preventing bacteria or other organisms growing within this packet of wet, moist cloths?

Do they contain alcohol (dries the skin), fragrances (should be avoided) or emollients (moisturises the skin)?

What is the pH – alkalotic/acidotic? Very important to the acid mantle of the skin.

Consider the environment in which nappy wipes are being used. Warm, moist neonatal units and in hospitals prone to nosocomial infections?

Excessive rubbing/scrubbing in the nappy area to remove faeces and enzymes can result in skin injury caused by 'sheering' forces. Due to poor adhesion of neonatal skin layers, these forces could damage or remove the top layer of skin. The skin barrier is now interrupted, leading to inflammation, breakdown, and an increased risk of infection.²

While many products claim to maintain a neutral or acidic pH mantle, few studies have been conducted comparing pH levels post cleaning using current commercial products or other cleaning methods. The QLD Neonatal Skin Forum undertook informal testing of six baby wipe products available from supermarkets and found all but one was alkalotic, and therefore not able to maintain an acid mantle.

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NeoSkin SIG (cont.)

Also important to note:

Many baby products including wipes are categorised as a cosmetic product and therefore do not attract the scrutiny of clinical trials or regulation by the Therapeutic Goods Administration.

Promotional activities that offer financial incentives to health professionals may influence health advice and create a conflict of interest. Please refer to the Code of Conduct for Nurses in Australia, Principle 4: Professional Behaviour; specifically, 4.4; Conflicts of Interest – "...conflicts may mean the nurse does not prioritise the interests of a person as they should..."³

Responding to unsolicited emails/surveys from commercial companies provides 'data' on which they can make claims (e.g., X% of neonatal nurses in Australia have used our product). This is not a level of evidence that should be promoted or supported.

Research SIG Report

Patricia Lowe

Nurse Educator, Australian College of Nursing
Course Co-ordinator, Graduate Certificate in Neonatal Care

The Australian College of Neonatal Nurses Research Special Interests Group (R-SIG) warmly welcome all financial members to join us to participate in regular discussions on the ways that we as neonatal nurses and midwives facilitate research excellence and recognise the importance of research in neonatal practice. One of the major projects being undertaken this year is the *Developing Australian Neonatal Nursing Care Outcomes: Neonatal Nursing Outcome Measures (NNOM)* research project. The Research SIG plans to undertake the first phase (involving a series of systematic reviews) during 2021, with the aim of developing Australian Neonatal Nursing Care Outcomes. You will be hearing a lot more about this exciting project.

Our meetings are held monthly via Zoom. This year we have decided to apportion 30 minutes from each second meeting (March, May, July, September and November) to the presentation of research protocols, projects, and review findings, etc. The value of being mentored in a safe space by extremely skilled neonatal nurse researchers and academics cannot be overstated. We welcome *any* member currently in the planning or implementation phases of their research project, to participate in this learning community by presenting their progress, 'brainstorming' amongst learned friends, or using it as practice prior to presenting at larger forums, faculty events and conferences.

For instance, you may be about to embark on a literature review but feel daunted by the prospect of completing a systematic review. However, Grant and Booth¹ detailed the

Parents can and do role model what they see in hospital. Be mindful about offering impartial advice, based on the best available evidence.

Looking for more skin care guidance? Contact the Neo-Skin SIG at neoskinsig@acnn.org.au or visit our resource page.

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strengths and weaknesses of *fourteen types* of literature review, one of which is the scoping review (ScR). While systematic reviews (SR) are considered the quintessential method of reporting on high-level evidence such as randomised controlled trials, comparing studies of various size, design and outcome using this method, is challenging. A SR follows structured and predefined processes, yielding unbiased and reliable results used to guide decision making.² Conversely, ScR examine a body of existing and emerging literature, report on the types of evidence available and how it has been conducted.² The aim of a ScR is to "map the literature on a particular topic or research area and provide an opportunity to identify key concepts, gaps in the research, and types and sources of evidence to inform practice, policy making and research" (p. 8).³ So, depending on your topic, a scoping review may be more appropriate. Research SIG members welcome these questions at our open meetings, or via email.

We will be attending the ACNN Annual Conference. The ACNN

Annual Conference will be held in Canberra on the 8 – 10 September 2021. The three major themes are Indigenous health, perinatal mental health and stillbirth. If you would like assistance with writing an abstract, the Research SIG members would be happy to help you. Abstract submissions close on the **30 April 2021**.

We are also planning for the 2021 Annual Meeting and will be hosting a concurrent session at which our guest speaker will be Professor Denise Harrison, from the University of Melbourne. We will be awarding prizes for the best research oral and poster presentations and are planning a breakfast session to discuss the tricky process of getting your research or quality improvement published. So please come and say hi! This would provide a great opportunity to discuss your ideas and expand your professional network.

Throughout 2021 you will also notice us becoming more active on social media as this is a great way of demystifying the research process. Words like paradigm, ontology, and

epistemology, will begin to make more sense. We will share some instructive insights and articles to help you plan your next project. We look forward to welcoming you to our next Zoom session or meeting you at the Annual Meeting.

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

Office of the Commonwealth Chief Nursing and Midwifery Officer

Frances Rice, Senior Nursing and Midwifery Advisor to the Commonwealth Chief Nurse and Midwifery Officer, Alison McMillan, provided an update. The plan to launch the nursing and midwifery workforce strategy has been delayed due to COVID-19. The CCNMO Office is still working on the document for consultation before the end of the year. A number of workforce strategies are under development. Department staff are working together to ensure strategies align with no duplication. The Department is also working on the development of the Primary Health Care 10 Year Plan, recently hosting a primary health care nursing and midwifery roundtable. The federal budget was announced this week. There were a number of positive initiatives for nursing and midwifery including: innovative models of primary care to address rural workforce shortages; Rural Health Multi-disciplinary Training Program infrastructure; programs for aged care particularly enhancing nursing skills and leadership capability; and the extension of telehealth items. CoNNMO member organisation, the Cancer Nurses Society of Australia, raised a question prior to the meeting in relation to the nursing and midwifery workforce survey completed annually when renewing registration. Frances informed members that the National Health Workforce Dataset (NHWDS) is collected by AHPRA and managed by the Department of Health. The 2019 data is available on the website in the form of fact sheets. The

COMMUNIQUE

CoNNMO Member Meeting – 9 October 2020

online data tool for the NHWDS is available at: <https://hwd.health.gov.au/>. Australia's Future Health Workforce series is available at: <https://www1.health.gov.au/internet/main/publishing.nsf/Content/australias-future-health-workforce-reports>.

Nursing and Midwifery Board of Australia

Tanya Vogt, NMBA Executive Officer and Petrina Halloran, NMBA Policy Advisor, provided an update. After 6 years, Professor Lynette Cusack's term as the Chair of the NMBA has recently ended. Tanya acknowledged Lynette's strong leadership and commitment to regulation. The official announcement for Lynette's replacement has not yet been made. The Graduate Campaign has commenced for graduates of nursing and midwifery programs. The NMBA, together with AHPRA, has opened the campaign a little earlier this year, so as to avoid the peak in November of over 30,000 applicants from all the health professions that AHPRA usually experiences. Information about the campaign is available on the NMBA website. Applications can be processed early, so CoNNMO members were asked to please encourage applicants to apply for registration at least 3 months prior to the date they are due to start their transition program. The new process for the Internationally Qualified Nurses and Midwives Outcome Based Assessment Program has started. There have been delays due to COVID-19 but it's hoped the testing centres will open before the end of the year or early next year at the

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CoNNMO Member Meeting – 9 October 2020 (cont.)

latest. English Language Testing Centres are offering extra sessions to accommodate the backlog. The NMBA is working closely with the Office of Best Practice Regulation to develop a regulatory impact statement to progress designated registered nurse prescriber endorsement. The Board is currently reviewing the consultation feedback for the proposed revised *Recency of practice registration standard* and the *Nurse practitioner standards for practice*. An all Boards review of the English Language and CPD standards will be circulated for consultation early next year. The Department of Health has asked the Board to develop a database of nurses and midwives with an immunisation qualification to assist when COVID-19 vaccines become available next year. The Board is also updating their policy on offshore learning. Please visit the NMBA website for further information: www.nursingmidwiferyboard.gov.au.

Australian Nursing and Midwifery Federation

Annie Butler, ANMF Federal Secretary, provided an update. Although the International Year of the Nurse and Midwife has not progressed as planned due to COVID-19, it has placed nursing and midwifery at the forefront. Annie asked CoNNMO members to reflect on whether the recognition has assisted the professions to achieve our goals for 2020. Australia has done extremely well managing COVID-19 but our weakness is addressing the challenges of the residential aged care system. Approximately 70% of all deaths from COVID-19 have been in residential aged care. This is due to the lack of staffing, in particular the lack of skilled staffing, the lack of transparency, and the lack of funding for care. We need to consider how we can effect change when faced with ageism, care workforce issues and a female workforce that are not being listened to. Annie updated members on the Aged Care Royal Commission hearings. The final report will be released early next year. The ANMF has developed a joint statement with the AMA about the importance of qualified staffing in aged care. Annie asked CoNNMO members to consider developing a collective nursing and midwifery workforce statement on the key actions that need to be implemented in aged care. Please visit the ANMF website for further information on the national aged care campaign: www.anmf.org.au.

Australian Digital Health Agency

Angela Ryan, ADHA Chief Clinical Information Officer and Lee Woods, ADHA Digital Health Officer, provided an update. Angela and Lee provided a brief overview of the progress of the My Health Record (MyHR) since the launch over 18 months ago. There has been a substantial increase in the uptake and use since the beginning of the pandemic. People have been taking the opportunity to opt back in or register for the MyHR. There are over 23 million records, spread across jurisdictions, with a large volume of data going into each record. There

has been an increase in clinical documents, medicines, pathology and diagnostics. Significant information regarding immunisations has been added. The top three documents are health summaries, notes and advance care directives. There have been changes to progress electronic prescribing under the COVID-19 Health Plan. Electronic prescriptions are not mandatory but are now available using tokens and/or an active script list. The National Digital Health Workforce and Education Roadmap is complete and the ADHA are about to start work on a detailed action plan. If CoNNMO members want to be part of the consultation for the Roadmap Capability Action Plan (CAP), please email: workforce@digitalhealth.gov.au. The National Nursing and Midwifery Digital Health Capability Framework will be launched at the end of October. Please visit the ADHA website for further information: www.digitalhealth.gov.au.

Australian Nursing and Midwifery Accreditation Council

Margaret Gatling, ANMAC Director of Accreditation Services, provided an update. ANMAC has 109 education providers delivering 190 NMBA approved programs. Despite COVID-19, it has been business as usual for ANMAC. The team has been undertaking virtual site visits. Education providers have been permitted to make minor changes to be able to deliver their programs. ANMAC is currently finalising the *Midwife Accreditation Standards* and have commenced reviewing the *Re-entry to the register standards for enrolled nurses*. The *Re-entry to the register standards for registered nurses* were released earlier in the year. Please visit the ANMAC website for further information: www.anmac.org.au/.

Impacts of COVID-19 on nursing and midwifery workforce and migration

Professor Jim Buchan, WHO Collaborating Centre and Advisor to the ICN, WHO and the Scottish Government provided a presentation on how COVID-19 has impacted the nursing and midwifery workforce, with a specific focus on international supply, policy responses and possible future directions. Jim provided a report to ICN in July on COVID-19 and the international supply of nurses. The report is available at: https://www.icn.ch/system/files/documents/2020-07/COVID19_international_supply_of_nurses_Report_FINAL.pdf.

Professor Buchan's presentation is available on the CoNNMO website.

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