



Australian College of Neonatal Nurses Inc.

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

Newsletter

Special conference issue

October 2016

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. The newsletter team for this issue comprised Jan Polverino, Nadine Griffiths, Amy Barker and Rachel Jones.

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

Views expressed in this newsletter are not necessarily those held by the Australian College of Neonatal Nurses Inc.

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Next deadline: 1 November 2016

ACNN National Committee 2016 – 2017

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Vice president	Jennifer Dawson
Secretary	Shelley Reid
Treasurer	Karen New

Committee members

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

Professional Officer

Kim Psaila

The printing of this newsletter for NSW branch members is proudly sponsored by



President's report

This report was presented at the 2016 AGM

It has been a privilege to work with the national executive and the branch and special interest group committees throughout this year and I thank them all for their commitment to ACNN.

This has been an exciting and challenging year for us with many changes and we find ourselves in a strong position moving forward. Among others, we have made changes to our governance documents, communication strategies and professional development.

Much time and effort has gone into our documentation for ACNN this year and the first I will talk about is our strategic plan. It was re-written with four clear strategic directions to guide ACNN into the future and also to clarify the roles of the national committee, branches and special interest groups. After much consultation and discussion the strategic plan was finalised and is on the website. I'm pleased to say that we are already actioning much of this strategic plan.

Membership, for many organizations and not just nursing, has had challenges in recruitment and sustainability. This is very important as we are only as strong as our membership. One of our priorities within our strategic plan was to achieve an increase in membership. Thus we decided to have a recruitment drive over the last year which has seen membership increase by 150 from last year, which is fabulous as it offsets the natural attrition from retiring members or those moving to another field of interest.

A second priority and challenge for us is to ensure that we have a sustainable committee into the future. Involvement on our committees requires commitment in intellect, time and at some financial cost to those who volunteer and take on these unpaid roles within the college. From this year, it was agreed to support members in committee activities, dependant on the financial stability of ACNN and also whether each committee member has met the minimum engagement requirements highlighted in the sustainable committee document. Supporting our committee members will hopefully encourage more members to take on these roles and actively support ACNN.

Another priority was to improve communication between members and we have implemented some strategies for

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President's report (cont.)

this. The national committee meetings are by teleconference each month, and every second month representatives from all branches and special interest groups join this call. This makes for a very large conference call, but is a good method of ensuring that we all communicate. We are also now using the web-based service Zoom, which is a more economical method than teleconferencing and also has the advantage of being able to see each other.

Another important communication strategy was the new role of social media officer, which Melissah Burnett kindly accepted and is making our Facebook page the focus for up to date and interesting information. Our post about the COINN conference in 2019 reached over 1,500 people. Social media is most definitely a great mode of communication. Our website continues to improve and Karen New works with all new committee members to ensure they can update their individual pages.

Our five special interest groups are an important component of ACNN, and I am pleased to announce that all the special interest groups continue to have meetings at this conference. An email to all members asking for expression of interests to be on the committee for the Nurse Education Sig was successful and this committee has expanded. The Low Resource Country SIG continues its great work in Papua New Guinea and successfully fund raises for essential equipment. We also submitted a grant on behalf of ACNN to evaluate the effectiveness of this program.

Professional development is important and we were delighted when the University of Tasmania offered scholarships for our members, initially for nurses working in the neonatal intensive

care and then expanded to include our members working in special care. We are keen to explore options for partnership with all Universities, as input by ACNN into neonatal courses can only be of benefit.

The contract for the publisher of the journal was due for renewal and this was an opportunity to discuss other publishers. ACNN had a preference for one publisher; however the other partners in the journal preferred another. The result was that ACNN withdrew from the journal after consultation with the membership. We do believe having a journal is important and are exploring other options.

We have changed the format of our annual conference this year, introducing breakfast sessions, concurrent sessions held over two days and with invited speakers each day. We look forward to the evaluation and will continually strive to improve our conference.

The Council of International Neonatal Nurses conference was held in Vancouver in August and there was a great representation from ACNN members. We are all very excited that the next COINN conference will be held in Auckland, New Zealand in 2019.

I welcome all new members to ACNN and have very much enjoyed working with those on our committees. The year ahead will bring more challenges as we are planning our 25th anniversary conference, however with the support of all members, ACNN as an organisation will continue to strengthen and grow.

A/Prof Karen Walker

ACNN President

Conference Report: COINN 2016

Neil Pulbrook

In August, I was fortunate to attend the 9th Council of International Neonatal Nurses conference, supported by a Jessie Everson Checkley scholarship awarded from the NSW Branch of the Australian College of Neonatal Nurses.

The conference was convened by the Canadian Neonatal Nurses Association and commenced on the Sunday afternoon, 14 August at the Westin Bayshore, Vancouver, Canada. The theme of the conference was 'One passion, one vision one world'. The conference promised to offer not only an outstanding educational program, but a great social program which would allow networking from colleagues from all over the world.

Delegates had travelled from 18 different countries and the conference commenced on the Sunday afternoon with a flag bearing ceremony. Karen New and Karen Walker both carried flags into the meeting. The opening speaker was Dr Judith Sharmain, the current President of the International Council

of Nurses (ICN), who gave an inspirational speech on global strategies and human resources for health. This was followed by Mary Coughlin, Founder and president of Caring essential Collaborative, who spoke on 'Trauma informed care in the NICU'. Following these two great speakers was the welcome reception.

The next day, one of the outstanding invited speakers was Assoc. Professor Marsha Campbell-Yeo. She presented on 'Maternal led intervention to reduce pain in newborns'. Marsha discussed the consequences of untreated pain experienced in early life, which was fascinating and provided much evidence on outcomes. Another session which I found really interesting was the panel on 'Global challenges for newborn health post 2015'. There were four speakers on the panel, two from the US and two from Australia. Prof. Linda Franck, Dr Karen New, A/Prof. Shahirose Premji and Assoc. Prof. Karen Walker spoke on the challenges facing neonatal

nurses globally, from improving survival to improving long term outcomes. Another talk that I really enjoyed on the first day was 'The evolution of ethical challenges in the NICUs' by Assist. Prof. Connie Williams. She talked about the historical evolution of ethical tensions in the NICU over the last 40 years and the perspective of families and clinicians.

On the Tuesday, there were a few talks that were outstanding. Prof. Steve Miller spoke on 'Brain development in the newborn, the importance of everyday'. This talk included discussion on the spectrum of brain injury in the preterm infant and the importance of abnormal brain development.

The dinner was one of the best conference dinners I have ever attended. It was a sixties theme and they had a fabulous band called the Day Trippers, who looked and played like The Beatles. Many nurses were dancing from the first chord on the guitar and continued to dance all night. The costumes were great, food and company excellent and all in all, a fabulous night.

On the last day, one of the final talks was by Prof. Carole Kenner, President and CEO of COINN and Dr Anthony Costello from the World Health Organisation. They spoke convincingly and passionately on the theme of the conference 'One passion, one vision, one world', global nursing as one.

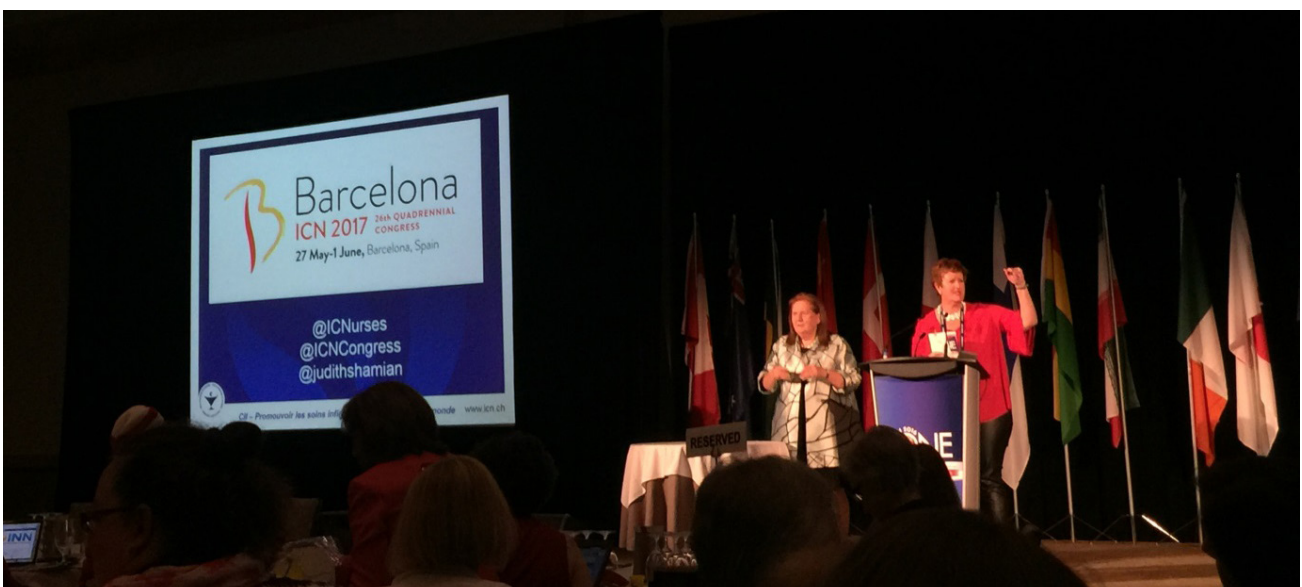
Karen Lasby closed the meeting with an excellent PowerPoint of babies and in the theme of the Olympics which were also being held in Canada, she said "And now, in accordance with Olympic tradition, I declare the 9th Council of International Neonatal Nursing conference closed, and I call upon the health care providers of the world to assemble three years from now in New Zealand to celebrate the 10th COINN 2019 conference".



Our intrepid treasurer on his way to Whistler



Guess who? Well-known neonatal nurse channelling Mary Quant at the COINN conference dinner



Opening ceremony with Dr Judith Sharmain (L) and Dr Karen New, COINN President

6th Bali International Combined Clinical Meeting Report

Lee Hussey

I have recently returned from the 6th Bali International Combined Clinical Meeting (BICCM) held in Sanur. I am very grateful to the South Australian Branch of ACNN for their recent sponsorship to support my attendance at this educational meeting. This is the 6th year this meeting has taken place. Professor John Svigos initiated this collaboration and now takes a team of obstetricians, registrars, midwives and anaesthetists from the Women's and Children's Hospital Adelaide to Bali to teach and share ideas and build strong relationships with our Balinese colleagues. More recently a neonatal team has also participated and this year I was fortunate enough to be invited to attend, the first time a neonatal nurse has participated.

I presented three talks, "Care of the very preterm infant in the first 24 hours of life", "Infection control in the nursery" and "Recognising the sick infant". Of particular relevance was the presentation on infection control as they have infection rates and morbidity up to 60 per cent. However the nurses are very receptive to new practices and had already made a number of changes to reduce the incidence of infection. But with a staff ratio of one nurse to four ventilated babies, hand hygiene and infection control is difficult to maintain. Compounding this, there is only one tiny sink for the entire nursery and there are no cleaners in the afternoon so that job becomes the responsibility of the nursing staff.

We were invited to participate in a NICU ward round. The unit is very clean and recently space between cots has been increased to help reduce infection rates. However parents are not permitted to visit their babies in NICU as hospital staff are concerned this will increase infection rates. Other practices that would welcome further review include prolonged use of antibiotics, and a delay in accessing x-ray results by up to 24 hours and delays of up to 8 hours in obtaining blood gas results.

We also attended a Community Health Care Centre and a Primary Health Care Centre in central Bali. We saw the

progress that has been made to improve infant health and reduce maternal mortality. There has been significant improvement in maternal mortality since the Australian and Balinese collaboration. The Balinese made us so welcome; it was a privilege to see the work they are doing with at times very limited resources.

In November, a delegation from Bali will be visiting the Women's and Children's Hospital Adelaide to look at our obstetric, midwifery and neonatal care. They will also attend the CONTROVERSIES IN THE MANAGEMENT OF COMPLICATED TWIN PREGNANCIES: A SYMPOSIUM on Saturday, November 12, 2016. I am looking forward to meeting the nurses and midwives I met in Bali during this week.

I hope to go back to Bali next year to see the progress that has been made and encourage one of my neonatal nursing colleagues to come with me. Apart from the teaching I also enjoyed the opportunity to work and socialise with my colleagues from other areas of the Women's and Babies Division. It is a good opportunity to get to know each other outside our own workplace. Once again I would like to thank ACNN (SA) for supporting me to attend the 6th BICCM.



Delegates at the Community Centre

Wanted

Items of interest to ACNN members everywhere.

Please consider contributing to this newsletter.

Send contributions to newsletter@acnn.org.au

ACNN NSW Branch 29th Annual Country Seminar

25 June 2016 at Opal Cove Resort, Coffs Harbour

In June this year an intrepid team from ACNN NSW, consisting of Shelley Reid, Jan Polverino, Neil Pulbrook and Rachel Jones flew up to Coffs Harbour to present the annual country seminar at Opal Cove Resort. Such is the hard life of the branch committee.

We were welcomed by local neonatal nurses and the committee dropped in to the Coffs Harbour Hospital Special Care Nursery for a quick visit. It struck us as a quiet, spacious and pleasant unit although it can be acutely busy at times like any neonatal unit.

The program included sessions on the late preterm infant, maximising milk supply from mothers when their babies are transferred to another hospital, understanding research, resuscitation of the newborn, and CPAP in special care nurseries. There was a session by local neonatal nurse Dianne Gilmour who told us about Hepatitis B and C follow up for newborns, and showed us a video of the cows on her property (see picture). The day ended with practical sessions on setting up for CPAP and pneumothorax drainage, and on using the

modified LATCH tool to assess breastfeeding.

Delegates came from all around the region, about 30 in total. The weather was fabulous, the food good and the company excellent. It was a privilege to be there.



Results of draw for COINN conference travel grant

Project Overview - COINN (id:324822x27019)

Selected project: COINN

RandomPicker protocol has been generated. You can publish the protocol link to provide an easy way for participants to find information about the draw.

<https://www.randompicker.com/protocol/324822x27019>

Prize ID	Public Info	Internal Note	Random Number	Weight
1: \$1000	Kim Fletcher		53370293-E55C-4FA3-9015-C6831A518935	1
2: \$1000	Jenifer Dawson		549256F2-012F-4365-A7F0-1ED3E00814D9	1
3: \$1000	Mary Kane		5A5FE17A-4F1A-42EF-A7B4-7B1FD2C3BECD	1
4: \$1000	Donna Hovey		5ACFBEE5-E973-4931-819F-2D1A974678C4	1
5: \$1000	Judy Macey		66B08E2B-6564-49D2-8D1E-8BB4E35D56A8	1
6: \$1000	Marg Broom		6BEC60A0-F7B2-4F4A-983E-1F32D636C944	1
7: \$1000	Nicole Holaj-Vos		6DB17573-F052-439D-A6F4-1290F6E6F743	1
8: \$1000	Kobi Best		70E73AF1-8F9B-4FFF-A2F3-553427A6D7CF	1
9: \$1000	Michelle Paliwoda		757DAB4F-C7E5-4D68-ACA1-D71B5B98B1A1	1
10: \$1000	Anne Dawbney		931594B6-1C58-4EA3-87A7-AC53EFD33BA2	1

Mark New award 2015

Qld branch nomination – Patricia Bromley

Eligibility

Patricia (Trish) has been a member of ACNN for approximately 10 years and actively involved with ACNN over quite a few years. Trish is currently the Chair of the NNE SIG and has been a member of the SIG since its inception in 2007. Trish is a past Treasurer of ACNN (2009-2012) and past President of the Tasmanian Neonatal Nurses Association (2007-2009).

Trish has been attending ACNN annual conferences yearly since becoming a member and has presented at least on three occasions.

Evidence for nomination

Members of the Qld branch committee regard Trish as a quiet achiever. She is a lecturer at the University of Tasmania School of Nursing and Midwifery, teaching and coordinating postgraduate courses. Students of Trish (members of ACNN) have spoken positively about Trish in this capacity. She is supportive and very passionate about neonatal education and assisting people with undertaking postgraduate studies. Trish has been quietly working to establish the concept of clinical competence in postgraduate nursing students of neonatal intensive care in Australia.

Trish has been undertaking research into graduate attributes for the postgraduate certificate in neonatal nursing since 2013 and has presented this work at ACNN conferences. Trish's research is important to ensure that nurses undertaking a neonatal nursing certificate will be able to demonstrate a range of skills and capabilities that one would expect a nurse to have following completion of a postgraduate certificate in neonatal care.



Patricia Bromley (L) and Jan Polverino

Mark New award 2016

NSW branch nomination – Jan Polverino

Eligibility

Jan Polverino was a founding member of the Association of Neonatal Nurses NSW and has maintained membership continuously since then.

Evidence for nomination

Jan first trained as a paediatric nurse then worked in the Paediatric ICU at St Margaret's Hospital, Darlinghurst in Sydney. She then undertook midwifery training at King George V Hospital (now RPA Women and Babies). Following this Jan worked as a community nurse then later ran a childcare centre. Coming back to midwifery, she began to work in the John Spence Nursery (now RPA Newborn Care) and completed a postgraduate certificate in neonatal nursing and later went on to complete a Bachelor of Social Science from the University of NSW. Jan chose this degree after careful consideration because she felt the knowledge gained would assist her in making a difference to neonatal care. During her time in neonatal nursing Jan has worked variously as a clinical nurse specialist, clinical nurse educator, developmental follow up coordinator and now as clinical nurse consultant. Testimonials from two of her colleagues at RPA Newborn Care are presented below.

Associate Professor Sandie Bredemeyer OAM

Jan has been working in neonatal nursing for over 30 years and for the majority of that time has been an excellent ambassador for the nursing service at the RPA Women and Babies. Jan has reached the pinnacle of clinical practice in her current role as Clinical Nurse Consultant Perinatal Nursing RPA. Her knowledge and approach to the CNC role bridges neonatal nursing and midwifery practice. Jan has contributed much to the ongoing development of the nursing service at RPA and has fostered the development of evidence based practice, initiated innovative nursing models of care and advanced the development of clinical pathways.

Jan participates in several nursing and multidisciplinary committees within RPA and is well respected by all who have professional contact with her. Her use of research findings in practice, the initiation and support of nursing research and her recent publications as second author and co-author have further advanced the use of evidence based care in neonatal nursing.

As a role model, leader, educator and mentor Jan has influenced many of the current nurse and midwifery leaders within our obstetric unit. These senior nurses and midwives feel a deep sense of appreciation and respect for a nurse and midwife who at all times has shared her knowledge, wisdom and friendship. Jan has always inspired and encouraged her peers and junior colleagues to expand their knowledge, discover their strengths and build their confidence through mutual respect and collegiality. Jan continues to actively

promote the expertise and clinical skill of neonatal nurses and their significant contribution to the care of neonates and their families.

Jan has also been central to the development of educational forums for doctors and nurses in both metropolitan and rural areas. Jan has lectured in the local clinical specialty, in rural areas with ANN and in tertiary programs at the NSW College of Nursing, ensuring that her teaching was appropriate, up to date and informative. Jan has also participated in international programs – Macedonia and Hoc Mai (Vietnam) – by teaching healthcare workers, both nursing and medical. Jan continues to disseminate and share her knowledge and experience at many educational forums and is always listening and providing encouragement and opportunities for her peers and junior colleagues.

Jan has always recognised the benefits of a professional association of neonatal nurses and had been actively involved with ANN for many years, holding several executive positions including president of ANN and was a member of the ANN Newsletter Committee for more than a decade. A substantial contribution of time, enthusiasm and expertise to various activities and committees has increased Jan's professional profile and her ability to influence and support the professional development of nursing in the evolving clinical specialty of neonatal nursing.

Jan continues to contribute to the professional development of neonatal nurses through various committees and discussion forums. She uses her commitment to the profession of nursing and her expertise in education to empower and support all nurses. Jan has provided leadership, guidance and mentorship to the professional development of neonatal nursing practice through her varied roles in the RPA Newborn Care. Jan's commitment to individualised developmental care has seen a change in culture of the RPA Newborn Care. This change in culture has facilitated improved communication with parents, better pain management (introduction of sucrose in mid 1990s), interdisciplinary collaboration and expansion of the nursing role within the team. Jan worked with her sister, a keen patchworker, to set up a *Blankets of Love* program which provides a patchwork blanket for the palliative care kit that is

used for dying babies and is kept by the family as part of the baby's mementos.

Jan is a critical thinker and a generous colleague who supports and encourages the goals of her colleagues and peers. She works behind the scenes, quietly supporting, encouraging and guiding others to achieve excellence in care. She has an emotional maturity and instinct that facilitate recognition by peers and students of the wider political agenda and clinical needs of the service at the local and state levels. Jan has a social conscience that is evident through her personal and professional life. Jan is a loyal colleague whose generosity with her knowledge and time has supported many of us over the years. Her persona, counsel and wisdom are quiet yet generous attributes that deliver attention to detail, a strong work ethic, empathy, trust, respect, warmth and team work.

Dr Jane Davey (in addition to the above information)

Jan has had a dedication and commitment to neonatal nursing for a long time. She has advocated for nursing and midwifery generally and neonatal nursing specifically. Jan has held many senior roles in her work and also with her professional association.

Jan has a special interest in bereavement in the NICU and a commitment to the *Blankets of Love* program (see above). Jan took on several roles in group projects with Sandie and others and was held in high regard for her meticulous attention to data collection and teaching other staff about the importance of scientific rigour when conducting research.

Jan was and still is a powerful advocate for infants and their families by seeking to teach staff that even though babies are in NICU, they belong to parents not to nurses. This would lead to discussions on professional boundaries and how the nurse can enable and promote parent-infant bonding in the neonatal unit.

Jan has a strong sense of fairness and is not afraid of tackling the 'hard' questions and accepting the responses to them. She is generous with her time and will continue to give it to the staff she works with until learning or understanding is achieved. She is fun to work with, knows how to keep staff happy and relaxed yet remain focussed on the job at hand.

Awards and scholarships 2016

ACNN Parker Healthcare scholarships

Megan Bater (SA) for attendance at the COINN conference

Amy Forbes-Coe (QLD) for university fees

Anndrea Flint (QLD) for university fees

ACNN Neonatal Nurse Excellence Award

The winner was Stevie Duddy from Sydney NSW

Conference prizes

Best conference presentation

Awarded to Kobi Best (QLD)

Best new presenter

Awarded to Renae Gengaroli (NSW)

Best poster

Awarded to Cathy Krause (QLD)

QLD Branch presenter prize

Awarded to Linda Ng (QLD)



NSW Clinical Nurse Consultant Column

Evidence based practice and clinical practice improvement as catalysts for change in NICU and SCN

Robyn Richards

CNC Neonatology RNSH

How do we, as neonatal nurses, evaluate our clinical practice on a daily basis, and how do we ensure our practices are appropriate and achieving the best possible outcomes to the neonates and families in our care?

The *Australian College of Neonatal Nurse Standards for Neonatal Nurses*¹ states:

All neonatal nurses have a responsibility to provide a high standard of care for preterm, sick and recovering newborn infants within an individualised, developmentally supportive and family-centred framework.

Neonatal nursing should have a national focus with standards for clinical practice, research and education.

There should be active collaboration and representation between ACNN members, professional organisations and other associations involved with perinatal care, clinical facilities and academic institutions.

Evidence based practice (EBP) aims to improve the quality of care by identifying and promoting practices that work, while eliminating those treatments or practices that are ineffective or harmful. However, there is a considerable gap between what we know from research and what we do in clinical practice. How can we bridge this theory versus practice gap? How can we successfully implement evidence-based therapies to improve outcomes for neonates? Answering this question requires an understanding of the complexity of the NICU/ SCN we work in. Each NICU / SCN is unique, with its own history, culture, variations in staffing/workforce and workflow. Nurses at the bedside have the ability to drive or help drive the evidence-based practice process because we observe, assess, question, have ideas of how things can be improved, and hopefully, bring new knowledge into our everyday practice. The key to effective practice improvement is the implementation and evaluation of the practice following implementation. The nurse plays a pivotal role in this part of the process. Thoughtful integration of the best available evidence combined with clinical expertise is the essence of evidence based practice.

Despite huge advances in neonatal and perinatal care, the rates of neonatal mortality and morbidity have not improved markedly over the past decade. To improve infant outcomes, quality improvement initiatives have been implemented in many NICUs, but their success has varied.² The aim of the quality improvement movement is to enable clinicians to care for their patients to ensure outcomes are the best that can

be achieved. Quality nursing and medical care is based on questioning the things we do and looking at the relationship between the care delivered and patient outcomes and continuing to strive for improvement. Collaboration between the multidisciplinary team both internally and externally that fosters a culture of enquiry and leads to comparisons and evaluation of practice will ultimately lead to improved short and long term outcomes for the neonates in our care.

A number of collaborative national and international neonatal networks have been formed to use quality improvement methods to address variations in practice and outcomes. Close to home are Australia and New Zealand Neonatal Network (ANZNN) and the NSW and ACT Neonatal Intensive Care UnitS (NICUS) clinical practice improvement (CPI) groups.

As NSW members know the NSW Pregnancy and Newborn Services Network (PSN) <http://www.psn.org.au/> is responsible for a number of services. These include the NICUS Data Collection which first commenced in the late 1980s. The data is reported by calendar year for neonatal patients who are admitted to a NICU or Level 4 Special Care Nursery, and who meet the following registration criteria:

- Gestational age less than 32 weeks
- Birth weight less than or equal to 1,500 grams
- Mechanical ventilation for 4 hours or more
- Continuous positive airway pressure (CPAP) for 4 hours or more
- High flow oxygen for 4 hours or more
- Major surgery (opening of a body cavity)
- Insertion of a central venous line for 4 hours or more
- Intentional hypothermia
- Require exchange transfusion

The data from this cohort is published in the *NSW Mothers and Babies Report*, and can be viewed via: [NSW Mothers and Babies report published](#). NICUS also contributes to the ANZNN data collection and their reports can be accessed via the [ANZNN link](#).

In 2007 the NICUS Data Group had developed a new data collection process, which included point-of-care data collection into a central database with dates and times of interventions and outcomes including infection. With this information available the NSW and ACT NICUS CPI group was established to compare practices in the member NICUs.

The Sepsis Improvement in NICU Group (SPRING) quality improvement initiative commenced in 2011 in collaboration with the NSW Clinical Nurse Consultants Network, (also a part

NSW CNC Column (cont.)

of PSN <http://www.psn.org.au/neonatal-cnccs>) who were at that time working on potentially better practices to reduce central line associated infection. When the SPRING group started meeting at the end of 2011 the participants included at least one neonatologist and Clinical Nurse Consultant (CNC) from each NICU. Meetings were initially held four to six times per year. The year of 2012 was one of planning, with the commencement of the SPRING group and the development of potentially better practice frameworks. Standard infection data collection tools, the introduction of the *5 moments for hand hygiene* program and QI activities in some NICUs were implemented. Towards the end of 2012 a CPI workshop was run, and enthusiastically attended by multiple participants from each NICU. As QI activities progressed, practice frameworks were improved and included teaching resources such as a PICC insertion video and development of automated data reports. The sharing of ideas between all members of the group led to enthusiastic discussion at each meeting. Each NICU team went away and developed its own QI activities based on local needs.

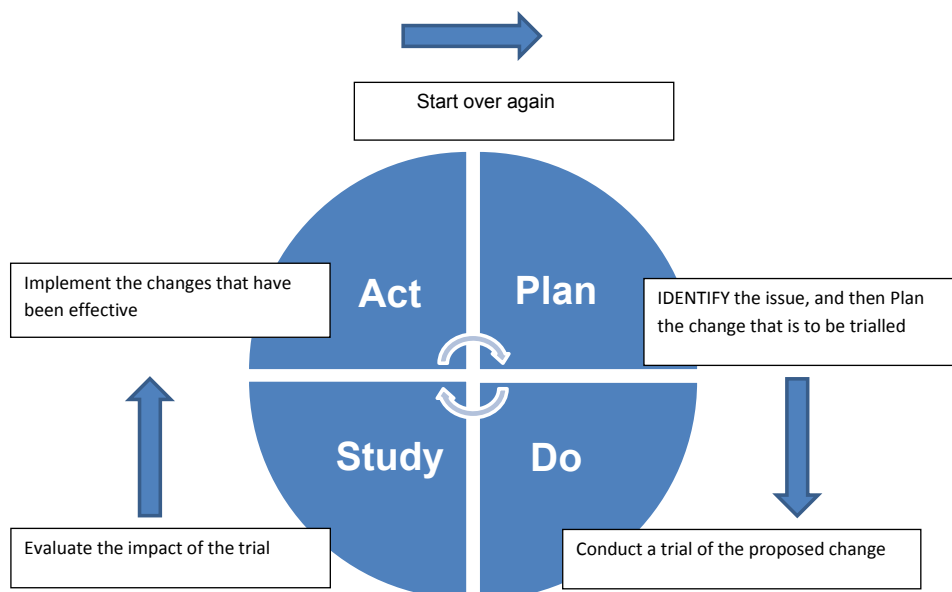
The aim of the group was to decrease late onset blood stream infections through quality improvement in neonates less than 29 weeks gestation, between days 3 to 35 in NICUs in NSW and ACT. Monthly data reports were automatically generated from the database for blood stream infection/1000 bed days, central line associated blood stream infections (CLABSI) /1000 bed days and CLABSI/1000 central line days. The Potentially Better Practice Framework had a particular focus on hand hygiene and PICC line insertion and management, with the development of an aseptic approach to PICC insertion similar to a surgical procedure. A number of the NICUs also made extensive changes to their environment, including replacing sinks and other decontamination measures. Further details regarding interventions can be accessed via the article recently published on this work.³

Another initiative of the group, driven by Kwee Bee Lindrea (CNC at Royal Hospital for Women, Sydney) was the development of a teaching video to demonstrate PICC line placement under sterile conditions. This video was made available to all clinicians in all NICUs and can be accessed via the PSN website at www.psn.org.au/clinical-resources. Through the work of enthusiastic local champions a number of initiatives have been developed including wearing pink scrubs to remind staff to 'pink' their hands, increased teaching and surveillance and reviewing all positive blood cultures/ infections. As part of the local sepsis review process, an automated system for downloading positive blood cultures including an on-line sepsis review form was developed. Results over three years of the study from 2012 to 2014 showed there was a significant decrease in blood stream infections across the network.

Other collaborative groups that have since been developed following SPRING include the early management of preterm neonates in the first 72 hours (ePREM72), which began in October 2013 and the neonatal nutrition group which started meeting in February 2015. Other groups that have also developed a collaborative approach include the TPN consensus group and the neonatal medicines formulary group. The TPN consensus group looked at standardising TPN, while the neonatal medicines formulary group aims to develop state-wide medication protocols to ensure every unit has uniformity in dosing, prescribing, dilution and delivery of all NICU medications.

So, how do we initiate CPI?

There are a number of different models that can be used, but an easy one is the Clinical Practice Improvement Model of *plan, do, study, act* by the NSW Clinical Excellence Commission (CEC).⁴



As we undertake this process, we need to know:

What are we trying to accomplish, e.g. what is the problem?

How will we know that a change is an improvement, that is what do we need to measure?

What changes can we make that will result in an improvement?

Once the cycle is completed, results need to be re-evaluated and the cycle should start all over again. Another helpful guide for developing strategies is the cheat sheet for quality tools which can be found on the CEC website; this has a number of quality tools and qualitative data to use when undertaking CPI projects. The questions asked need to meet the SMART criteria, that is: specific, measureable, aspirational, realistic and time-based.⁵

So, how do nurses working at the bedside get involved in CPI?

Become a change agent

Undertake a CPI training course

Question your practice on a daily basis

Develop a culture of inquiry, look for solutions and come up with suggestions

Identify areas for improvement – talk to colleagues

Undertake a literature search related to the topics you want answers for

Look at the websites listed at the end of this article for ideas

Ask the CNC, NUM or CNE attached to your unit about current and future plans for projects

Inform your hospital executive about the projects you are undertaking.

Promote the benefits of the project to the organisation to ensure ongoing support and funding for streamlining the implementation process and to assist in future research and publications

At the beginning of August this year, the ANZNN ran a CPI workshop over two days that was attended by representatives from every NICU in Australia and New Zealand, as well as participants from Asia and presenters from the UK, and Canada. There was also participation from Melinda Cruz from the Miracle Babies Foundation, looking at parental participation in CPI and research. The aim of the workshop was “Improving clinical practice through collaboration.” This workshop was a great motivator for ongoing improvement

in my practice. I found the best statement came from Neena Modi, a neonatologist from Imperial College London, who is leading neonatal quality improvement projects across the UK. “But how, and by whom should performance be defined and measured, what you can’t measure you can’t improve!” So the challenge is there for all of us to constantly be evaluating and improving our practice on a daily basis.

References

1. Australian Standards for Neonatal Nurses 3rd Edition 2012 www.acnn.org.au
2. Shah V, Warre R, Lee SK (2013). Quality improvement initiatives in neonatal intensive care unit networks: achievements and challenges. *Acad Pediatr*; 13(Suppl):S75-83.
3. Bowen J, Callander I, Richards R, Lindrea K (2016). Decreasing infection in neonatal intensive care units through quality improvement. *Arch Dis Child Fetal Neonatal Ed*; 0:F1–F7.
4. http://www.cec.health.nsw.gov.au/_data/assets/pdf_file/0005/286052/cpi-Easyguide.pdf
5. http://www.cec.health.nsw.gov.au/_data/assets/pdf_file/0008/258398/cheat-sheet-for-quality-tools-sessions-for-team-leaders.pdf

Some other organisations that promote CPI, which you may wish to investigate, are:

The Vermont Oxford Network <https://public.vtoxford.org> and

<https://public.vtoxford.org/quality-education/quality-improvement-collaboratives/>

U.K. Neonatal Collaborative. <https://www1.imperial.ac.uk/neonataldataanalysis/data/nnrdukc/>

The Swedish Neonatal Quality Register (SNQ) <http://www.kvalitetsregister.se/englishpages/findaregistry/registerarkivenglish/nationalqualityregistryforneonatalcaresnq.2191.html>

Australian & New Zealand Neonatal Network (ANZNN) <https://npesu.unsw.edu.au/data-collection/australian-new-zealand-neonatal-network-anznn>

ACNN Awards for Neonatal Nurse Excellence

Australia's neonatal nurses are consistently among the best in the world. Numerous families can attest to the outstanding care they have received, and colleagues can share examples of clinical excellence they have seen. Although these nurses would be recognised in their work places by their colleagues and the families that benefit from their care, ACNN would like to formally acknowledge nationally, the contributions made by neonatal nurses who are considered by others to perform at a consistently high standard.

Nominations are open to all nurses working in the area of neonatal care Australia-wide and nurses may be nominated by colleagues or by families of babies who have received care in a neonatal nursery.

Each nomination will be recognised by a certificate of excellence. Finalists are sponsored to attend the ACNN national conference where the overall award winner for neonatal nurse excellence is announced. The overall winner will be presented with an award in recognition of their achievement, together with a prize to the value of \$1,000 AUD.

[2017 Nominations will open late 2016](#)

Nominations close 30 April each year

Parker Healthcare Scholarship

Parker Healthcare is proud sponsor of the PHC and ACNN scholarship

This scholarship is open to ACNN members currently working in a neonatal intensive care or a special care nursery who are either early career neonatal nurses or early career researchers in neonatal nursing.

The scholarship is to provide financial support for professional development of nurses and midwives who have demonstrated commitment to neonatal nursing through active participation in ACNN.

Scholarship categories:

- To attend a national or international conference to present a paper following acceptance of an abstract
- To undertake a quality improvement project which is written up for publication in a peer reviewed journal
- To undertake a small research project with the goal of improving clinical practice and to present the results at an ACNN national conference or other nominated national conference with the approval of the ACNN executive
- To attend an approved workshop / short course leading to certification for a specific skill relating to the care of newborn infants and their families
- To pay course fees leading to a qualification in neonatal care

Recipients are expected to attend the ACNN national conference to accept the award. The maximum amount available in 2016 was \$10,000.

[Call for 2017 Applications will open late 2016](#)