



Australian College of Neonatal Nurses Inc.

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Newsletter

September 2019

About the newsletter

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

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

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

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From the President

Three months to Christmas, where has this year gone? When I was young, the days seemed endless but now, there just does not seem to be enough hours in a day and time is flying. This year for ACNN has been so busy with lots happening and the next few months will be the same. Let me tell you about some of what our members have been up to.

We signed an agreement a few months ago with the Kokoda Track Foundation to travel with them to PNG to teach. Our experienced team from the LRC SIG (and me) travelled to Kokoda and to Kopiano where we taught village birth attendants and community health workers around maternal and newborn health. This was a wonderful experience for me and to see the team at work made me so proud to be part of ACNN. More of the LRC are in Goroko as I write this and I so wish I was there too ... next year! It was such a privilege to meet such amazing and passionate health care workers. One community health worker walked two days with his four-year-old to come to the training – and was going to walk back. Truly humbling.



This month some ACNN members travel to Maastricht to present at the Joint European Neonatal Society (JENs) Conference. Photos and tweets to follow. And then to Hawaii, where I'm delighted to say that ACNN is supporting two final year PhD students to speak in Honolulu at the "Caring for Hawaiian Neonates" conference. This is a lovely conference and I hope Priya Govindaswamy and Deanne August will have a great time.

And next to our visiting scholar tour in October and November, which I'm very much looking forward to. Nancy Feeley is a great speaker and it will be good to catch up with her again. Please look at the website for all the details. Nancy's tour will finish in Sydney on Saturday 9 November where we will have

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From the President (cont.)

a one-day meeting, our AGM and on Sunday 10 the newly elected board (a few of us who have been on the board for many years are stepping down) will have a planning meeting. Nominations for the board will be advertised soon so please consider applying. Having been on the board for four years now, I can assure you it is a wonderful team to work with and a lot of fun.

There are many important days to celebrate including International Neonatal Nurses Day which has just passed. It was great to see so many places celebrate and for ACNN to

Queensland Branch

Report by Kristin Hughes

COINN Reflection

The opportunity to attend COINN 2019 was made possible by being awarded the Qld Branch Best New Presenter Award at the 25th National ACNN conference on Fraser Island in 2017 where I presented on evacuating a SCBU in New Zealand. I would like to acknowledge the help and encouragement I received to craft my abstract for a presentation at COINN on the same subject. It was an honour to be able to present to an international audience and join forces with my friend and colleague from New Zealand who partnered with me in the project. Our project on lessons learnt from evacuating SCBU revealed that the more you practise, the more you learn and grow in your ability to deal with a situation that is unfamiliar and difficult to manage.

All in all, the experience of networking and collaboration that came from COINN was inspiring and positive. The content of the conference was enlightening with lots of "Aaaah..." moments, generating enthusiasm and hunger for advancing my knowledge and practice as a neonatal nurse. The Gatsby dinner was 'Absolutely Fabulous', and everyone's costumes looked amazing. I would like to thank ACNN and the Queensland Branch (particularly those who voted for me) for contributing to my registration costs and getting me to COINN 2019.

Queensland Branch News

The ACNN Queensland Branch committee has been busy facilitating learning opportunities for neonatal nurses in South East Queensland. In October last year, a respiratory workshop was run at the Sunshine Coast University Hospital including workstations and small group discussions on interpretation of blood gases, ventilation, respiratory support and taping ET tubes. The evening dinner session provided further topical presentations on nutrition support, pharmaceuticals for neonates and an informative session from Dr Cartwright with an abundance of interesting x-ray pictures of central lines. Unfortunately, the neonatal unit at SCUH experienced a 'perfect storm' on the day, so we were unable to conduct tours

support them. Next year as the Year of the Nurse and Midwife, we need to plan many, many events. One event which is very close to my heart is "R U OK?" Day which was on 12 September. Our mental health is so important and you cannot always tell what is going on in your friends' and colleagues' lives, so please check in and let us all support each other.

With best wishes to all,

A/Prof Karen Walker

ACNN President

of this amazing new facility. Many thanks to Jane Langford and the team at SCUH for hosting the event.

Caboolture Hospital's Special Care Nursery team hosted a mini symposium in March 2019 providing a variety of interesting and topical presentations including practical feeding support for high risk infants, nutrition pathways, neonatal medications, child safety interventions and implications, and a standout presentation on a Klebsiella outbreak in the nursery. It was interesting to learn how Klebsiella colonised babies in the nursery from a drum of detergent and the process they went through to find the source. It was also very interesting watching videos of general movements assessments and seeing what physiotherapists identify as early cerebral palsy movements. Many thanks to Stephanie Webster, the speakers from Caboolture Hospital and the Special Care Nursery team for organising speakers and hosting the event.

A breakfast meeting was held in June where Neonatal Retrieval Service for South East Queensland (NeoRESQ) provided some interesting presentations on telehealth and x-ray interpretation, as well as an interesting palliative care case study. The compassion given to support a family from a remote regional area to take their baby home for palliation was beautifully described by both medical and nursing teams at NeoRSQ. The process was clearly not straightforward with some red-tape hurdles to achieve, however, the persistence of the team to support this family in getting back to country and community and allow them to enjoy and love their baby at home during this difficult time was testament to the warmth, care, compassion and family centredness of neonatal care. The presenters also provided valuable information about services that can support neonatal nurses in the palliation of neonates in metropolitan and regional centres. Many thanks to the NeoRESQ team and speakers for an informative and heart-warming session.

The QLD Branch general meeting was also held at the breakfast session and a new committee was welcomed. Chair - Wendy

Carlsh, Secretary - Linda Ng, Treasurer - Karen Pearse, and Ordinary members Anndrea Flint, Katharine Lawlor, Kristin Hughes, Dusty-Lee Williams and Karen New.

The newly elected committee held a face-to-face meeting on Saturday 27 July to discuss future Qld Branch activities and review the strategic plan. We are looking into holding future workshops for regions outside Southeast Queensland over the coming year and due to positive feedback, will explore more respiratory workshops to develop skills in non-tertiary nurseries. Final arrangements are being made for the workshop on 21 October, hosting visiting Professor Nancy Feeley. Registrations for this event are open and numbers are limited, so don't miss out.

ACNN Leadership and Management Scholarship 2018 Report

Last year, I was awarded an ACNN Leadership and Management Scholarship for Neonatal Nurses 2018. This allowed me to fund the first two units of coursework for my Master of Nursing – Clinical Leadership programme at Western Sydney University. It was incredibly difficult to go back to tertiary studies, but it has provided me with renewed focus and direction. I would like to thank ACNN for the opportunity to launch my 'mission to Masters'. I would like to contribute the following in response to the requirements of this award.

I have traditionally held a view that research is beyond my capability, generated purely from a fear of the unknown. I am one of those nurses who skips the results section of a paper, every time, because I don't quite understand it. Well, it was time to 'understand it' and the Unit called Evidence Based Practice (EBP) was probably the best unit I could have chosen to break the fear barrier. Studying this unit has allowed me to explore the principles of evidence-based practice, particularly the importance of individual patient considerations and preferences in applying evidence. I was able to critically appraise the barriers and facilitators to evidence-based practice in the neonatal arena, learning about the hierarchy of evidence and its relevance to the neonatal population. Randomised controlled trials are just not feasible in the neonatal world at times and other forms of research are the only means of answering a research question. I learnt the PICO technique for asking a research question and completed a tutorial on literature searching through PubMed to enable me to focus my literature searches. This was enlightening for me as previous efforts to search the literature were very hit and miss. I learnt about research design, basic statistical methods, sampling techniques, bias, validity and importantly how to critically appraise a paper using the CONSORT checklist. Reading papers are no longer a huge challenge as I am now able to get a basic grasp of the results section, but more practice is needed, and I certainly know that statistical methods will require further learning.

Leadership for Quality and Safety in Healthcare might make some people cringe as they think about accreditation and National Safety and Quality Health Service Standards, incident and event reporting, policies and procedures, and clinical guidelines. This unit opened my eyes to the actual effect of health care on human beings. The incidence of harm is under-reported to a great extent and the general public has little if any access to this information. Health outcome measures are very broad and while the National Standards go a long way to focusing efforts on patient safety, clinical harm is still occurring at disturbing rates. This unit allowed me to explore the role of culture and leadership in patient safety and quality of care. I explored human error and became obsessed with human factors and their effects on staff performance and patient safety. This tied in beautifully with my evacuation project that I worked on in New Zealand, enabling me to see human factors as a systematic way to understand what influences performance and ultimately, outcomes. It would be nice to see more influence in the neonatal realm from a human factors' perspective, particularly with design of technology and environments. I can recommend a book, *Patient Safety: A Human Factors Approach* by S. Dekker (published 2011), particularly a section on pages 33 and 34: 'Every flight a fatal flight for some'.

Kristin Hughes

South Australia Branch

COINN Conference reflections

What a wonderful opportunity attending the COINN Conference 5-8 May 2019 in Auckland, New Zealand. With over 21 countries represented and over 400 neonatal nurses attending, it was fabulous to network and meet new people. The conference theme of 'Enriched Family, Enhanced Care' was well covered on many different levels. For me a few take home messages were things that do not cost much, but are so vital.

- the importance of the first 1000 days of life
- decreasing stress of the neonate improves outcomes
- so many benefits of skin to skin or kangaroo mother care
- neuroprotective or family centered care are important for improving neonatal outcomes
- high-tech equipment is vital for good care – but parents spending time and talking to their baby is also important

The diversity of speakers made for a stimulating and thought-provoking program. Rachel Callander's talk about the impact of language and empowering communication at diagnosis had a profound effect on me. Nurses have such an impact when talking with parents and how we explain what we are doing. Sharing her experience of her daughter with an undiagnosed

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SA Branch Report (cont.)

genetic condition, and how she was spoken to, had the audience all in tears. We cannot underestimate the power of what we say and how we say those words to parents. She is also a skilled photographer and has photographed some children with genetic conditions in New Zealand, telling their super-power stories, and published them in a book. Her website is www.rachelcallander.co For those unfamiliar with her, I would encourage you to take a look.

Thank you to the SA branch and ACNN for their support in enabling me to attend this wonderful conference, and I would encourage others to attend conferences – local and international. We always have something to learn.

Gill Mibus

NSW Branch

Jessie Everson-Checkley Education Grant Report

Helene Anderson

Nurse Unit Manager
NICU, John Hunter Children's Hospital, NSW

In May this year, I was the grateful recipient of a Jessie Everson-Checkley Education Grant, which supported me to attend the COINN 2019 Enriched Family - Enhanced Care Conference, held in Auckland New Zealand. Having attended the COINN conference in Vancouver in 2016, I was excited to see what New Zealand had to offer, and I was not disappointed. Auckland delivered the goods!

I was also fortunate to have a paper accepted for presentation entitled 'Improving end of life care for Indigenous Australian families in the NICU'.

From the traditional opening ceremony and haka and keynote address from Professor Heidelise Als and others, this conference was set to inspire and motivate over 400 attendees representing 21 countries. The welcome reception was a great way to start the conference, networking with neonatal nurses from other countries and reconnecting with some familiar faces! The inclusion of a number of stallholders showcasing beautiful local handicrafts added some lovely gifts to a number of peoples' luggage on the way home! The strong Aussie contingent of nurses were obvious with us all wearing our 'On Walkabout' scarves, which had been generously subsidised by ACNN.

Prof Heidelise Als' presentation on Monday morning entitled 'Protecting the Preterm Brain - Family and Staff Collaboration' focussed on the need to continue to increase our knowledge and understanding of human development "to improve the lives of the most vulnerable newborn populations and their families to assure that they are given everything that allows them to fulfil their potentials to lead fulfilling lives".



Great Gatsby fun at conference dinner

The stand-out presentation for me was the one by Rachel Callander entitled 'The Impact of Language and Empowering Communication at Diagnosis'. Rachel's daughter Evie was born with a rare chromosomal congenital anomaly in 2008 (partial Trisomy 9 and partial Monosomy 6). It was Rachel's and her husband's experience as they navigated the healthcare system in respect to the language used by healthcare professionals, and the impact and implications of how this language is used, both in a positive and negative way that led to the Super Power Baby Project.

Rachel's presentation highlighted that as healthcare professionals we have power and influence when interacting with families – words used will be "clung to, misunderstood, and questioned." So how do we as healthcare professionals deliver news? Is our communication style effective, empowering or perhaps misunderstood?

Evie was special – she was brave, strong and determined. She had 'Superpowers' in certain environments. The 'Super Power Baby Project' was born... Rachel travelled around New Zealand to meet with other ordinary families (of children with chromosomal and genetic conditions) and documented the extraordinary journeys of these beautiful babies and children through photography and words. They ALL have Superpowers! Rachel received a standing ovation for her presentation and I'm sure there was not a dry eye in the house!

The Gala Dinner on Tuesday evening was fabulous with the conference area transformed into a Great Gatsby themed event. From the meal, to the dancing and entertainment and socialising and networking with colleagues – it was a great night!

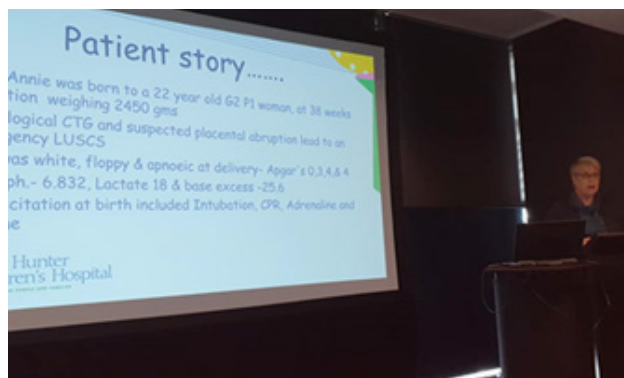
The conference event app was a great way to navigate and plan the concurrent sessions of particular interest. I was impressed with the work coming out of Canada in assisting

their Indigenous neonates and families as they navigate their NICU journey.

As always with concurrent sessions, there is so much to choose from and you just wish you could listen to everything. The event app was also great for being able to take notes from sessions and then have the ability to email these notes to yourself.

As always, one comes away from a conference like this, feeling proud of what neonatal nurses are achieving around the world. I would like to thank Jann Foster and other members of the ACNN Research SIG for helping me with my abstract

submission, as a first-time conference presenter. I would also like to thank the ACNN NSW committee for awarding me the grant to attend this conference. Bring on Denmark in 2021!



Conference Report

COINN 2019

After a couple of days of being an Australian tourist in Auckland New Zealand, the COINN May 2019: Enriched Family - Enhanced Care conference kicked off to a flying start, with neonatal nurses from 21 countries around the world attending.

Even before the official ceremony commenced on Sunday evening, concurrent workshops were being held during the day. These workshops included Neonatal POINTS of Care Education, Practical Application of Neuro-Developmental Strategies in the Neonatal Setting, Mindfulness, and having a tour of Auckland's National Women's Hospital Neonatal Unit and the Fisher Paykel Healthcare facility. I was one of the lucky ones who went on the tour.

What a tour it was. A big thank-you to our New Zealand colleagues who gave up their spare time to show us around their neonatal unit. Even before you enter the unit you get a sense of pride on what this unit has to offer to families. Stories and pictures of their little graduates and families line the walls along with cultural artefacts of the Māori Nation. Two cultures intertwining all the way through the unit which were mostly single rooms. Our many questions were answered before heading off on our next tour of Fisher Paykel.

Arriving at the Fisher Paykel facility was a totally different experience to what I envisaged. Lush gardens, balconies, glass walls, tall ceilings, plenty of light open spaces. Was that just

the entrance and conference room? No. These environmental conditions continued throughout the whole facility. Due to the facility being an active surgically clean work area, we donned our overcoat, shoe covers and hair caps and went from station to station and watched the process of a single piece of plastic or silicone be transformed into what would become nasal CPAP tubing, wiggle pads and nasal prongs. Learning what



happens behind the scenes, and what goes into the making of these products through different trial moulds, explorations and processes was fascinating. It wasn't long before we were back on the bus to get back in time for the opening ceremony.

Kiora. The opening ceremony began with a traditional Māori warrior song and battle dance called a Powhiri, a welcome



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that unites the groups under whatever kaupapa (purpose) they share. Men and women dressed in traditional costume sang and danced, providing the visual and auditory call of welcome. After the Powhiri, the plenary session began with Carole Kenner speaking on global neonatal nursing – leading and teaming, while Kerri Nuku spoke on the global context – neonatal nurses’ contribution in caring for baby, Whanau and wider community. Busy first day.

The next three days were just as busy with the welcoming ceremony consisting of flag bearers, representing the 21 nations, a spectacular sight. Each day there were morning breakfast sessions before the official start of the day, with topics that ranged from stabilisation and thermal management in the delivery room, to care of the largest organ: burden or opportunity (for those who don’t know the largest human organ is the skin). Each day, morning and afternoon plenary sessions were held, enabling the group to hear from speakers such as the famous Dr Heidelise Als speaking on protecting the preterm brain – family and staff collaboration; Prof Mark Turner who spoke on a more global perspective about global family – how to work within international networks; Dr Joy Browne on infant mental health in intensive care and beyond, and many more speakers providing interesting ideas and food for thought. Now onto the concurrent sessions.

The difficulty over the three days with the morning and afternoon concurrent sessions was you wanted to go to all of them but had to make a decision on what area you really wanted to focus on. The session themes were baby, family, NICU staff and environment, community, cultural partnerships and global perspectives.

Between the sessions we obviously had morning and afternoon tea, but it was a fine balance inspecting all the trades, catching up with the session speakers, reading about the wonderful work our colleagues around the world are doing with their poster presentations, before the bell went again to alert us to the next session. It wasn’t all work. We did have some down time, or should I say a Great Gatsby party.

Wow. The Great Gatsby party enabled us to dress up and relax

Low Resource Countries SIG

Goroka, May 2019

Renee Collisson

Every year in May and September, members of the ACNN Low Resource Countries SIG visit Goroka, in Papua New Guinea. The LRC SIG has now been volunteering and teaching in Goroka for five years, with Donna Hovey, Gill Mibus and Karen New having attended from the first visit. This May however was the first trip to Goroka for Kelly, Kylie, Sarah and myself, which we all found to be a fantastic experience. We were all welcomed warmly by Lucy (rural outreach nurse) and Sonia (Chief Nurse)

and share with our new worldwide friends. I haven’t seen so many feathers, fishnet stockings, sparkles, fake moustaches, head bands, gloves, glitter balls, and people dressed up in one room in a long time. The Aussies gave the rest of the world a run for their money in the costume department. New York fashion week had nothing compared to us. From glitz and glamour, photo booths, to entertainment by a dance group composed of young people who were previously premature infants themselves, heaps of laughs, lots of music and dancing. Most of us did turn up for the final day.

I can’t believe the final day came around so quickly. Four days of networking, discussing different issues and finding out how different solutions could manage these issues, listening to local and international speakers who took the time to come down to our part of the hemisphere to impart their knowledge has left



me a little richer. Not only a little richer but also being in awe of my neonatal colleagues who are pursuing their individual passions. So a big thank-you to the ACNN Executive and the Qld Branch committee who allowed me to use my Best Oral presentation prize money from the 2017 ACNN conference to attend the 2019 COINN conference. I encourage every ACNN member to have a go and enter these awards in the future.

P.S. Hope to see all of you again at the next ACNN and COINN conference.

Cheers,

Judy Macey



at Goroka General Hospital, Esther, Jesse and Des at Touching The Untouchables, Barola House Mama and the beautiful Village Health Attendants (VHAs) and nursing students we met over the week.

Much of our training here focussed on neonatal resuscitation using the Helping Babies Breathe (HBB) program. During the first three days we taught 131 VHAs and three educators from the Western Highlands. Many had attended training before, so it was great hearing the feedback they had on how this training was helping them improve care at birth. This included keeping babies warm with skin to skin care, and stimulating them to breathe whilst drying. Other interventions they had now introduced were suction using the penguin devices and giving breaths via the neonatal masks we had provided to them. One of the roles of VHAs is generally not to deliver babies but to assist mothers to get to a health centre to deliver. However, with some women living a two-day walk from their closest health centre, some babies will inevitably be born before arriving at the health centre, making it vital that the VHAs receive training in this care of the neonate at birth.

We were also able to train 75 first- and third-year students from the nursing school. It is a great opportunity for them to ask us any questions they may have, as often first-year students can be sent out on placement before they have resuscitation training. I found these students so keen and enthusiastic to learn and ask questions, it was really rewarding and enjoyable to work with them.

We visited Barola House Mama, a private centre at which women could deliver their babies, where we trained 33 VHAs. This was the first time the LRC SIG had visited Barola House Mama, so it was really interesting seeing the differences in practice between the VHAs we had trained earlier in the week, that had received some training in previous years compared to the VHAs receiving training for the first time. Everyone attending the trainings was so enthusiastic, interested and excited to be learning more to help them improve babies' care. Accompanying our HBB trainings Lucy provided some background theoretical knowledge to the VHAs on conception, pregnancy and labour.

During our visit we were also invited to present at the nursing grand rounds and for the first time the medical grand rounds. Eighty-five nurses and nursing students attended the nursing rounds where Karen presented on the WHO nutrition aspect of nurturing care, Donna on VHA's training in Goroka and outcomes, and Kelly on Hummingbird House in Brisbane. Thirty-four medical staff, along with senior nursing staff attended the medical rounds, where Karen again presented the WHO nutrition aspect of nurturing care, Donna spoke about neonatal nursing and the POINTS program and Gill on gestational diabetes which as with many countries is a growing area of concern in Papua New Guinea.

On this visit Donna discussed introducing the POINTS program to the nursery and materials were provided to three nurses to commence this training. A paediatric doctor at Goroka General Hospital will support and mentor these nurses working through the POINTS workbooks. We were also given a tour of the new diagnostic centre built next to the hospital but not yet in operation. Hopefully once it is staffed and open it can further improve care provided to patients attending Goroka General Hospital.

Apart from being able to help provide training, one of the highlights for me on this trip was seeing the relationships that had been established over the years of visits by the LRC SIG. People in Goroka and the surrounding areas showed so much gratitude, warmth and generosity in welcoming us all to their community.

For every person we train in HBB we provide a neonatal mask and penguin suction device for them to keep and be able to use the training we have provided. Participants are also provided a booklet with some information on breastfeeding, immunisation and signs a baby needs medical attention. In addition to these materials we provide solar powered headlamps to VHAs as they are often without power and in the dark when trying to provide care to mothers and babies. If you would like to support the LRC SIG in providing these materials you can visit the ACNN shop with this link <https://www.acnn.org.au/products/categories/donating/>. Here you can purchase penguins, neonatal masks, solar headlamps or training booklets for us to provide to VHAs attending our trainings.

Travelling to Goroka and being involved in providing training in PNG with the ACNN LRC SIG is an incredibly fun, rewarding and interesting experience that I would recommend to anyone. If you are interested in joining the LRC SIG get in touch at lrcsig@acnn.com.au and keep an eye out for expressions of interest for future trips.



Low Resource Countries SIG: August and September training missions

In August and September, members of the Low Resource Countries SIG had successful missions to PNG. The first was in collaboration with the Kokoda Track Foundation. This was the SIG's first visit to the region of Kokoda and Kupiano. First, we fly from Port Moresby (POM) to Popondetta and then travelled for around three hours in a four-wheel drive vehicle to Kokoda. We stayed at Kokoda College. The college teaches nursing and also runs courses for people to complete their year 12 education to be able to enrol in nursing or a teacher's course. Kokoda is the start or end point for those walking the Kokoda track. It is a beautiful little village with a lovely little health centre run by Sr Margaret and her staff. We ran two successful training sessions, one at the College and the other at the health centre.

We travelled back to Popondetta, with several members of the team experiencing travel sickness, much to concern of the locals along the road. We flew back to POM, hopped into a vehicle and made the five-hour journey to Kupiano, stopping off at the tiny sea-side village of Gabagaba. Here some local women have started a social enterprise – creating menstrual hygiene project to assist adolescent girls to be able to stay in school. Kupiano is quite a large town with some very colourful, friendly locals. Some members of the group took the opportunity to visit the local market and purchased lovely woven mats. The teaching session was again successful with requests from the health workers to return for more training!



September saw us return to Goroka. Again, another full week with nursing students, hospital health workers and village birth attendants. What we are finding is low-dose, high frequency training is resulting in retained knowledge and skills of the health workers. Most of the Village Health Volunteers (VHVs) were returning for the fourth and fifth time. This is a credit to Esther, Jesse and all the team at Touching The Untouchables (local NGO) who have been providing education, training and support to the VHVs. This time, Jacqueline, one of their trainers and a VHV role-played and demonstrated to the group of 70! This was fabulous. Thank you to the nursery staff, for facilitating visits to the nursery to observe activities that they do so well but which we undertake infrequently.

The week ended with us attending the Goroka cultural festival – lots of costumes, singing and dancing. Friday is Pikinini day

when the children dress in their native tribal costume and come and do 'sing-sing'. This allows them to experience the different tribes of the region. On Saturday, it is the adult sing-sing. It was estimated to be around 300 tribes attending this year. It was truly breathtaking to sit, watch and take in all of the colour, costume, dancing and singing. An experience that needs to be had a couple of times to appreciate the depth and breadth of cultures. Karen Hose was interviewed by French television on thoughts of the experience.



Photos by Robyn Schmid and Kerry van den Bosch

Neonatal Research and Education SIGs

Joint Seminar

In early August the Research SIG together with the Education SIG presented a seminar day around research and education. The aim of the meeting was to demonstrate the inter-relationship between research and education in practice. The joint meeting was titled 'Realising a synergy between research and education is at the heart of contemporary neonatal nursing care' and was held on Saturday, 3 August to follow the Susan Ryan Seminar held on 2 August. The hope was that members would attend both events. The program was aimed, as usual, at members from all levels – novice to experienced.

The invited guest speaker was Professor Marilyn Cruickshank, joint Professor of Nursing Research at University of Technology Sydney and Sydney Children's Hospitals Network. Marilyn has been a nurse educator, nurse unit manager and clinical nurse consultant prior to leading state and national safety and quality programs. Professor Cruickshank gave a very down-to-earth view of how research can inform education and education enables research.



Assoc. Prof Kaye Spence then presented an update on a project currently being planned by the Research SIG – measuring outcomes of caregiving by neonatal nurses. This session sparked a lot of discussion around the approach that should be taken.

After morning tea Dr Patricia Bromley and Anne Walsh presented findings on research they had undertaken identifying barriers and enablers of education strategies for neonatal nurses.

After lunch, Dr Jann Foster lead us through a fun interactive workshop on how to find evidence: 'How do you decide which pair of shoes to buy? Putting evidence into practice'. Following

this interactive session, several of our newer researchers presented projects they had undertaken as part of their tertiary studies.

Kylie Wright from the Clinical Governance Unit at Liverpool Hospital spoke on her experience of working with her colleagues in the CNC group on the EPIC Nursing Clinical Handover Practices: A Best Practice Implementation Project.

Priya Govindswamy then presented a summary of a program to support new graduate nurses during orientation and transitioning into the neonatal nurse role: 'New graduate transition program within a complex neonatal surgical unit'.

Emma Malone presented findings from her Honours work: Cardiac Surgery, Feeding and Developmental Outcomes in Infants (C-FAD) study.

Hannah Skelton also presented findings from her Honours work, 'Facilitating closeness between babies with congenital abnormalities and their parents in the NICU: A qualitative study of neonatal nurses' experiences'.

This was followed by a presentation by a wrap-up group discussion focusing on two questions. Where does the responsibility for translation into practice lie? Is there really a synergy between research and education in the translation of evidence into practice? The day closed with the awarding of three scholarship awards to the newer research presenters.



The day was very successful. Similar days are planned for the future. We would like to thank all members who helped with the organisation of the day, all of our wonderful presenters and of course all of the members who supported our SIG groups by their attendance.

Neonatal Nurse Practitioner SIG

From Nurse to Nurse Practitioner: a personal reflection

Kim Fletcher

The year was 2006. I was attending my first big work conference, all a bit daunting really. I'd been working as a neonatal nurse for a few years now, had my Clinical Nurse Specialist title, and really loved what I was doing. I was completing my Postgraduate Diploma just in case I wanted to

go on to do my Masters at some stage. But that would never happen, I was sure. Until I heard those fateful words 'Nurse Practitioner' in a session, something I had not heard of before, but I was intrigued. I had watched the world of the Manager and the Educator at work, and I was certain neither role was for me. It was only early days in my career, but I wondered

to myself if I could love my clinical nursing role for the rest of my days at work. Could I keep doing this for another 30 years or more? Unfortunately the Neonatal Nurse Practitioner role was not available in Victoria, and certainly didn't seem to be a future possibility. That's what I was told.

A few years on, it was 2009, and I enrolled in my Masters of Nurse Practitioner. I'd spent my time in varying roles – management, education, and project work. I'd spent countless hours redirecting my dissatisfaction with what we did versus what we could do, into audits and projects looking at pain in neonates, kangaroo care, and unplanned extubations. If a problem arose, I wanted to know how we could improve it. For the babies, for their families. Nothing less than the best seemed adequate. Standards of developmental care and end of life care were my passions. The Neonatal Nurse Practitioner (NNP) role was not progressing from what I knew, and opportunities for me to pursue a role of that nature remained interstate or international. Despite this, I chose to begin my studies and cross the more complicated bridges as I came to them. Surely it would only improve my care as a nurse regardless of the outcome. I spent some time working in the surgical unit at the Royal Children's Hospital (RCH) in Melbourne to expand on my clinical skill-set as a neonatal nurse. I was able to upskill to cannulation and central line removal. If a nurse could do it, I wanted it to be me. As

serendipity would have it, an NNP had been employed in the RCH NICU. Training in Victoria, however, was still not an option. I progressed as far through my Masters as I could, without a clinical role to support my next steps to completion. It seemed I'd reached the end of the road, unless I wanted to uproot life as I knew it and go elsewhere. As that was an option I wasn't in a position to pursue, I decided it was time to hang up my hat, complete a Masters of Nursing, and probably end up in full-time education. But how I would miss being hands-on. To my surprise, an opportunity to apply for an NNP training role arose at Monash Health (termed as a NP Candidate role - NNPC). It seemed foolish to not apply, although certainly I would be unsuccessful. But I owed it to all the study I'd completed to at least throw my hat in the ring, rather than hanging it up after all. Much to my shock, and maybe a little horror, I began as Monash Health's (and Victoria's) first NNPC early the following year. I completed my Masters of NP, and three years later was endorsed as a NP with AHPRA, with a Neonatal Scope of Practice. This role has been hugely challenging (and continues to be), but has opened the door on a clinical career in neonatal nursing I never thought would be possible but everything and more of what I hoped for. Has it been hard? Absolutely, a thousand times over. Has it been worth it? Yes, a thousand times more.



COMMUNIQUE

CoNNMO Member Meeting – Friday 3 May 2019

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

Office of the Commonwealth Chief Nursing and Midwifery Officer

Debra Thomas, Commonwealth Chief Nursing and Midwifery Officer provided an update. The Department of Health is currently conducting an Independent Review of Nursing Education - *Educating the Nurse of the Future*. The public consultation is open with responses due by the end of June. CoNNMO members were encouraged to attend the stakeholder forums being held across the country. There has been good attendance and engagement at the workshops. The four literature reviews commissioned by the Department of Health and undertaken by the University of Wollongong identified real gaps in the research evidence for nursing education, particularly in relation to clinical placement and clinical attributes of graduates. Significant issues for Aboriginal and Torres Strait Islander people entering nursing were also identified. Once the report is finalised, the literature reviews will be made publicly available. The Independent Reviewer, Professor Steven Schwarz, is due to report to the Health Minister by the end of August 2019. Debra Thoms announced

she is retiring at the end of June 2019. It is anticipated that the Department of Health will advertise the position in May 2019. The Department is keen to strengthen the role of the Commonwealth Chief Nurse and Midwifery Officer. CoNNMO member representatives acknowledged and thanked Debra for her involvement in, and support for, CoNNMO and the professions of nursing and midwifery over many years.

Nursing and Midwifery Board of Australia

Tanya Vogt, Executive Officer provided an update. The public consultation for the registered nurse prescribing endorsement is complete. Following stakeholder consultation the title has changed from 'prescribing in partnership' to 'designated registered nurse prescriber'. The equivalent of three years full-time experience within the last six years will be required prior to endorsement. The program of study will consist of two units of study. Clinical practice and assessment will be part of the approved program of study. There will be no 'supervised practice' requirement following endorsement, however, there will be a period of mentorship with an authorised prescriber to

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assist with prescriber confidence. There will be a requirement for 10 additional hours per year of CPD related to prescribing for the endorsed designated registered nurse prescriber. There will be additional requirements for registered nurses in independent or private practice which will be detailed in the accompanying guidelines.

The public consultation on the proposed change to the definitions relating to advanced practice is now closed and the NMBA are currently reviewing the feedback. The public consultation of the proposed Decision Making Framework for nurses and midwives is open with submissions due mid-June. Duplication has been removed and there is more focus on the issue of delegation. AHPRA is currently consulting on the definition of 'cultural safety'. The NMBA definition of cultural safety for nursing and midwifery was developed in consultation with the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) and all other key nursing and midwifery stakeholders when developing the Codes of Conduct. CoNNMO member organisations were encouraged to provide feedback on AHPRA's proposed new definition. AHPRA is currently consulting on the revised Mandatory Reporting Guidelines. The aim of the review is to make the guidelines easier to understand by developing separate sections for each party involved. The NMBA is in the final stages of development of the new model of assessment for Internationally Qualified Nurses and Midwives (IQNMs). The new outcomes based assessment model is planned to commence 1 January 2020. It will consist of a two stage assessment – both cognitive (multiple choice examination) and behavioural (objective structured clinical examination). Under the National Law, all students enrolled in an approved program of study must be registered as a student with their respective National Board. If a program is accredited by ANMAC and approved by the NMBA, students are automatically registered. Students are not registered with the Board if they are not completing an approved program. Always check that students being accepted for placement are completing an NMBA approved program of study. Please visit the NMBA website for further information: www.nursingmidwiferyboard.gov.au

Australian Nursing and Midwifery Accreditation Council

Margaret Gatling, Director Accreditation Services provided an update. ANMAC is hosting a joint interprofessional colloquium with the Australian Pharmacy Council in May. A multidisciplinary program is being presented. Unaccredited programs being offered in the VET sector continue to be an issue for ANMAC. ANMAC has been working with ASQA to address this issue. Education providers now cannot add the HLT54115 Diploma of Nursing program to their scope of registration until they have approval from ANMAC to offer the program. The review of the *Registered Nurse Accreditation Standards* commenced in August 2017. There has been significant change to the standards which has required

extensive consultation. There is major change to the English language requirements which will now be consistent with the *Enrolled Nurse Accreditation Standards* English language requirements. Students must now be registered with the NMBA. ANMAC has conducted a review of the Re-entry to the Register Enrolled Nurse Accreditation Standards. Public consultation on the revised standards closed in February 2019. The public consultation for the new *Registered Nurse Prescribing Accreditation Standards* closed in April 2019. ANMAC is currently reviewing feedback. The *Midwife Accreditation Standards* review has commenced. Consultation paper 1 will be released at the end of May 2019. ANMAC is moving to a new IT system to enable online submission of accreditation documents. This new system will include a self-assessment of risk conducted by education providers. Please visit the ANMAC website for further information: www.anmac.org.au

Australian Digital Health Agency

Angela Ryan, Chief Clinical Information Officer, General Manager Workforce & Education – Clinical Advisory, Safety & Quality Division provided an update. Approximately 90% of the population has a My Health Record (MyHR) as of 1 January 2019 when the opt-out period ended. The focus has been on primary care and community pharmacy for shared health summaries and dispensing summaries. There's been a huge increase in the volume of content. There are still pockets across the country, in particular South Australia, where there are difficulties with the MyHR. Now looking at improving data quality. There were legislative changes in November 2018 due to a public campaign regarding privacy concerns. Individuals can permanently delete their record at any time. Under these laws, information within the MyHR cannot be released for insurance or employment purposes. Many people who opted out during the campaign are now choosing to opt back in. MyHR latest national statistics - 23 million Australians (90%) have a record; 15,600 health care organisations are registered; 15 million clinical documents have been uploaded; 39 million medication prescription and dispense records have been uploaded. Behaviour change is the focus now. Secure messaging is a national priority. The emphasis is on interoperability – consistent and connected information. The Australian Digital Health Agency (ADHA) is also responsible for a Medicines Safety Program and Enhanced Models of Care Program. The Medicines Safety Program involves the pharmacy shared medicines list. There are more than 150,000 pharmacy curated shared medicines lists uploaded to the MyHR. There are 15 Enhanced Models of Care Program test beds. This is an \$8.5 million dollar program addressing health priority areas. The lead organisation for Test bed 1 is Eastern Health. The aim is to reduce hospital readmission by increasing engagement of people with their community pharmacy after discharge. It is anticipated that the ADHA will be more involved in aged care when the Royal Commission is completed. The ADHA

workforce and education initiatives are focusing on: the tools needed to be digitally competent; how we can better support our workforce; and the sort of tools we need. Not just a one size fits all approach. The Chief Information Officer initiative is a national network to champion digital health throughout hospitals and healthcare organisations. Other initiatives include: continuing professional development; fellowship by training; and peer to peer clinical reference leads. Angela Ryan's presentation is available on the CoNNMO website. Please visit the ADHA website for further information: www.digitalhealth.gov.au

Biomedical Prevention of HIV

Dr David Lee is a primary health care nurse practitioner and epidemiologist who works in sexual and reproductive health at the Alfred Hospital, Melbourne. He also works in private practice as a nurse practitioner in sexual and men's health at the Gay Men's Health Centre in St. Kilda. David provided an overview of the epidemiological control of sexually transmitted infections and HIV and the biomedical prevention of HIV. In particular, he explored the barriers to nurse practitioner prescribing of s100 and s85 medicines. S100 prescribing includes the highly specialised drugs program. There are a limited number of s100 prescribers, with only 240 in Australia, who are mostly in Sydney and Melbourne. UNAIDS is leading the global effort to end AIDS as a public health threat by 2030 as part of the Sustainable Development Goals. The 90-90-90 HIV treatment target aim is that by 2020: 90% of all people living with HIV will know their status; 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy; and 90% of all people receiving antiretroviral therapy will have viral suppression. In order to meet these ambitious targets nurse practitioners working in sexual health need to be able to prescribe s100 medicines, in particular combined antiretroviral therapy (cART). Newer HIV regimens cause fewer side effects than regimens used in the past. HIV is a chronic manageable condition. The cost of medicines have significantly reduced and are safer to use. Co-morbidities can be managed by nurse practitioners. This will also address issues of access to appointments faced by patients receiving treatment for HIV. Dr David Lee's presentation is available on the CoNNMO website.

Australian Primary Health Care Nurses Association nurse clinic programs

Karen Booth is the President of the Australian Primary Health Care Nurses Association (APNA) and Linda Govan is the APNA Lead Project Officer for the enhanced nurse clinic projects. APNA have received a third round of Australian Government funding to run nurse clinic pilots as part of the Nursing in Primary Health Care (NiPHC) Program, over a four year period. The NiPHC program includes: enhanced nurse clinics; the transition to practice pilot program; the career education framework; and chronic disease management and healthy ageing workshops. The aim of the enhanced nurse clinic

pilots was to develop exemplar and replica models of nurse clinics to impact recruitment and retention. These clinics allow nurses to work to their full scope of practice in primary health care and improve job satisfaction. There were eleven clinics with seven based in general practice, two in community health and refugee health, and one in a correctional centre. Led by experienced nurse leaders, these clinics provided an opportunity to evaluate the model of the clinic, the working of the clinic, identify barriers and enablers and the sustainability of the clinic. Successful clinics have included: the Bega Teen Clinic NSW; the Wound Care Clinic in Junction Place, Victoria; and the Men's health and wellbeing clinic at Barwon Prison, Victoria. The Bega Teen Clinic's aim was to provide greater access to mental and sexual health support in a primary health care setting; the Junction Place Wound Care Clinic's aim was to provide accessible, affordable best practice wound care in a general practice setting; and the Barwon Prison Men's Health and Wellbeing Clinic's aim was to improve screening for chronic health conditions for people in custody.

Evaluation findings examined: sustainability; feasibility; acceptability; effectiveness; efficiency; perceived value; and financial viability. Key barriers for the nurse included a lack of: effective management support and leadership; team engagement; protected time; and project management and budgetary skills. Key organisational barriers included: a lack of internal and external stakeholder engagement; no perceived organisational leadership; a lack of collaboration and team engagement; staff turnover during the project – lead nurse and practice staff; a lack of role delineation between nurse clinical care and administration support; difficulty collecting data from practice software/lack of confidence in its accuracy; and a patient cohort (low SES) that can only tolerate MBS billing. System level challenges included: resistance to change; commercial concerns; and lack of confidence and awareness of the clinical abilities of the nurse.

The next steps in relation to enhanced nurse clinics is the Building Nurse Capacity project. This project, which runs from 2018 to 2022, will focus on the development of nurse-led models of care which improve patient outcomes in a range of primary health care settings to increase the capacity of the primary health care team. The project will support a maximum of 35 nurses and their primary health care organisation, in two 18 month intakes, to implement nurse-led models of care. The project has grant funding of \$10,000. Group 1 has 18 participants and takes place from February 2019 to July 2020. Group 2 has 17 participants and takes place from October 2020 to March 2022. Karen Booth and Linda Govan's presentation is available on the CoNNMO website. Please visit the APNA website for further information www.apna.asn.au.

Climate and Health Alliance

Fiona Armstrong is the founder and Executive Director of the

CoNNMO Communiqué (cont.)

Climate and Health Alliance (CAHA). CAHA is an organisation that inspired the establishment of several other national and a global Climate and Health Alliance. Fiona is the lead author of many of CAHA's reports and is the architect of the *Framework for a National Strategy on Climate, Health and Well-being for Australia*, which has been endorsed and adopted as a policy position by the Australian Labor Party and the Greens. The Global Green and Healthy Hospitals (GGHH) network was launched in 2012. CAHA coordinate and lead the Australian and New Zealand regional network of the GGHH network on their behalf. Since its establishment members representing almost 800 hospitals and health care service providers have joined this program.

CAHA is creating a climate where health matters in the context of attacking climate change. Climate change is a significant health issue and health professionals have a very important role to play in communicating that message. CAHA's key role is advocacy, communication, building capacity, greening the sector and international influence. Climate change poses real serious threats to the health of people living in Australia and globally. The international medical journal *The Lancet* published an article in 2009 that stated climate change is the biggest global health threat of the 21st century. According to the World Health Organisation (WHO), by 2030 we will be seeing 250,000 deaths each year from climate change, some say this is a conservative figure. Those health impacts include: environmental degradation; extreme heat; air pollution (at least 3,000 deaths per year associated with poor air quality) and increasing allergens; changes in vector ecology; degraded living conditions and social inequities; water quality impacts; severe weather; and water and food supply impacts. CAHA's current campaign "Our Climate Our Health", aims to secure a National Strategy on Climate Health and Wellbeing for Australia. CAHA is convening dialogues between health groups, health professionals, researchers and policymakers, and parliamentarians. They are also offering training for Climate-Health Champions and creating climate- health mentors for parliamentarians. CAHA is encouraging people to have 'climate conversations' and to 'vote climate'. For more information go to: www.ourclimate-ourhealth.org.au. Fiona Armstrong's presentation is available on the CoNNMO

website. Please visit the CAHA website for further information <https://www.caha.org.au/>.

Drug and Alcohol Nurses of Australasia workforce mapping project

Dr Adam Searby is a registered nurse who has worked in various settings including mental health and alcohol and other drugs. He has completed a PhD exploring co-occurring mental illness and problematic alcohol and other drug use in older adults. Adam currently works as a lecturer at RMIT University, Melbourne, teaching about alcohol and other drugs, mental health content and research, at both undergraduate and postgraduate levels. He is currently the education and research officer for the Drug and Alcohol Nurses of Australasia (DANA). Adam provided an overview of the need for workforce mapping and the progress of the project to date. There is minimal research regarding the alcohol and other drug (AOD) nursing workforce and a need to collect data to advocate from a greater knowledge base. This mapping project will assist to explore potential trends in the workforce. AOD nursing is in a state of dynamic change. There are now more harm minimisation initiatives: including supervised injecting rooms/centres, pill testing and take home naloxone; advanced nurse/nurse practitioner roles; and increasing recognition of the value of AOD nurses. This workforce mapping project potentially provides value for Governments and other organisations who need this data and creates partnership opportunities. The three phase project includes: phase 1 – a literature review, scoping review of employment data and key informant interviews; phase 2 – an online survey of both AOD and non-AOD nurses; and phase 3 – qualitative interviews with both AOD and non-AOD nurses. The project is about to commence with the contract between RMIT University and DANA completed; ethics approval in train; and a research assistant employed. Dr Adam Searby's presentation is available on the CoNNMO website. Please visit the DANA website for further information <http://www.danaonline.org/>

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

International Neonatal Nurses Day 15 August 2019



Fiona Stanley Hospital, Perth



Goroka Nursery, PNG



Sunshine Coast Neonatal Unit



Toowoomba Neonatal Unit



Bendigo Neonatal Unit



Townsville Neonatal Unit



Grace Centre for Newborn Care, Children's Hospital Westmead