



# Australian College of Neonatal Nurses Inc.

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

# Newsletter

September 2020

## About the newsletter

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

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

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

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## Next deadline: 1 November 2020

### ACNN National Executive Committee 2020 – 2021

#### Office-bearers

President	Anndrea Flint
Vice president	Amy Forbes-Coe
Secretary	Shelley Reid
Treasurer	Samantha Lannan

#### Ordinary Committee Members

Dustylee Williams  
Sarah Neale - Social Media  
Dr Linda Ng - Professional Officer

Executive Support Officer - Dr Karen New

## From the President

Hello everyone,

The year is flying by, September already. This was an exciting month because it saw ACNN hosting its first virtual conference, an unanticipated venture brought about by the pandemic this year. It went very well, and the feedback has been extremely positive. Next year we are once again focusing our efforts on Canberra and the organising committee has re-commenced the planning that had already been in progress. The dates are 8 to 10 September 2021, the venue is the Hotel Realm and we certainly hope to see you all there.

This past year has been a steep learning curve for me as president, I learnt a lot and hope to develop further into the role this coming year. These past 12 months the Executive focused on governance, which included updating policies and procedures, updating and completing the next 5-year strategic plan, creating a traffic-light system so tasks are completed from month to month, and engaging with Branches and SIGs.

Many of the SIGs and Branches have been continuing their good work utilising virtual sessions to engage members. Keep an eye out for the round-up which is circulated regularly, it offers lots of information about what's happening and what professional development opportunities are available.

Once again, take care and stay safe.

**Anndrea Flint**

### ACNN Virtual Conference 3 September 2020 Delegates from Rockhampton Maternity



## NSW Neonatal Clinical Nurse Consultants Group

### *Caring for neonates in a children's intensive care unit*

#### **Vicky Smith**

Clinical Nurse Consultant  
Children's Intensive Care Unit  
Sydney Children's Hospital, Randwick NSW

The Children's Intensive Care Unit (CICU) clinicians care for patients in a wide age spectrum and a vast variety of specialities and conditions. This provides a fascinating, stimulating, challenging and rewarding environment to work in.<sup>1</sup> Nurses may be caring for an adolescent with traumatic brain injury one day and a critically ill neonate with a congenital diaphragmatic hernia the next. Nurses in our unit therefore need to be adaptable and knowledgeable to care for such a diverse population of patients.

In the last 5 years, neonates have made up at least 10 per cent of our admissions, with infants under 12 months accounting for about 30 per cent of our admissions. Promoting evidence based care and supporting staff to provide high quality care for our littlest patients is therefore paramount.

A recent initiative has been the instigation of the Developmental Care Team in CICU. We were fortunate to be supported by the CNCs at the Grace Centre for Newborn Intensive Care Unit in developing a multidisciplinary team and facilitating a weekly developmental care round to meet the needs of our population. Griffiths et al. affirm that infants in intensive care who require major surgery have risks that are similar to premature infants in regard to neurodevelopment.<sup>2</sup> The developmental care round has been an opportunity to collaborate with families to develop individualised goals to promote long term neurodevelopmental outcomes, and engage and empower them with their baby's care. Another positive outcome has been the cohesion, collaboration and teamwork between the multidisciplinary team members.

Neonatal education is promoted as a priority for our nursing staff. New nurses attend the intensive care transitional program, consisting of 6 study days, with the neonatal study day prioritised as the first study day. This is constantly evaluated and updated to reflect the ever-changing needs of the clinical environment and the current evidence and research. The education and developmental care teams have identified opportunities to educate staff in specific areas including skin to skin, immune-supportive oral care and nesting, through face to face practical sessions and informative emails. A significant number of allied health and nursing staff have also attended the Australasian NIDCAP FINE training, which has been highly valued and beneficial. Many of our staff have also been supported to complete the Graduate Certificate in Neonatal Care through the Australian College of Nursing.

Another vital resource for neonatal care is participation in the

NSW Neonatal CNC Network. This ensures the opportunity to stay informed about neonatal policies, equipment, projects, research and standards of care. It provides a forum to share expertise and ask pertinent questions to influence care delivery. Opportunities, including our participation in the Little Reader's Read-a-thon, have also come about through this Network, with its benefits discussed by Alyssa Fraser in the last ACNN newsletter.

Neonates transferred for surgery from the delivery suite or the Newborn Care Centre on our campus are also well supported by staff at Royal Hospital for Women NICU and by the Maternal Fetal Medicine Midwives who assist the families in their transition from antenatal care to postnatal care. Early communication across the sites mean families can tour our unit and meet our staff before their child is born, assisting in their preparation and anticipation of a new clinical environment

Paediatric nurses are often well versed with the quote "children are not just little adults". It is also vital for paediatric nurses to recognise that "neonates are not just little children" and require a specific skill set, knowledge and resource requirement.<sup>3</sup> While it can be challenging to care for such a diverse population of patients, provision of quality care for neonates in the Children's Intensive Care Unit has been promoted through collaborative relationships, education and a commitment to quality improvement.

#### **References**

1. Biban P, Spaggiari S (2011). "Cohabitation" between NICU and PICU. *Journal of Maternal, Fetal and Neonatal Medicine* 24, Suppl 1: 91-3.
2. Griffiths N, James-Nunez K, Spence K, Crowle C, Pettigrew J, Loughran-Fowlds A (2020). The evolution of an interdisciplinary developmental round in a surgical neonatal intensive care unit. *Advances in Neonatal Care* 1-9 DOI: 10.1097/ANC.0000000000000741.
3. Phillips B (2019). Neonates are not little children. *Archives of Disease in Childhood* 104, 1013.

## Neonatal Nurse Practitioner SIG

### *Jane Langford*

Neonatal Nurse Practitioner  
Neonatal Unit, Sunshine Coast University Hospital

At the recent Queensland Branch education session in Toowoomba, the Branch Chairperson, Wendy Carlish, reflected on how nursing and midwifery education is now often delivered by our peers rather than medical professionals as it always has been historically. With due consideration of the wealth of experience and knowledge in the audience and amongst the fellow presenters, Anndrea Flint, Karen Hose and myself were able to information-share on a variety of topics pertinent to our specialty. This inspired to me to consider the aspects our role as Neonatal Nurse Practitioners (NNPs), including education, in our varying workplaces across the country.

Nurse Practitioners (NPs) undergo formal training in advanced practice that builds on their registered nursing qualifications. Worldwide, NNPs work successfully in collaboration with multidisciplinary teams to deliver quality care to neonates and their families across tertiary, regional and retrieval sectors in a variety of models. Being involved in all aspects of the management of complex episodes of care, from planning to implementation and evaluation, requires an extended level of clinical expertise and skills.

A framework developed by the Nursing and Midwifery Board of Australia outlines the minimum standards for NPs as encompassing the four domains of clinical, education, research, and leadership. The education, research and leadership domains are pivotal to the knowledge and skills required for the clinical component of our role. Education incorporates personal professional development as well as educating peers, colleagues and families. Research optimises outcomes for babies and their families by supporting reflective practice, evidence-based decisions and innovative systems development. NPs lead care and care teams and

### Queensland Branch

Congratulations to the two Queensland ACNN members who won \$700 towards attending the ACNN National Conference in 2021 or 2022: Anne Illingsworth and Jaki O'Neill.

The Qld Branch was able to go ahead with hosting an afternoon workshop and evening dinner seminar in Toowoomba on 22 August. Neonatal Nurse Practitioners presented clinical topics during the afternoon session. The dinner session focused on self-care for nurses – body and mind. There was strong interest in attending the workshop, highlighting the desire for learning and networking despite the evolving COVID-19 situation.

support others through clinical supervision and mentoring. Their influence may also include community and political engagement.

Although there seems to be an emphasis on the NP role as clinically focused and process driven, I would argue that many NNPs enjoy role modelling, value the teams they work with, love sharing their knowledge with other professionals and would rate engaging with families as the most rewarding part of their jobs. This is evidenced by the spotlights on two of our NNPs, Anndrea Flint (ACNN president and NNP SIG Chair) and Jo Scott (NNP SIG Treasurer Liaison) published recently within the same week.

Q&A with Neonatal Intensive Care Nurse Practitioner and Paediatric Infant Perinatal Retrieval Nurse 30 August  
<https://thenursebreak.org/jo-neonatal-intensive-care/>  
Shout out Saturday 28 August  
<https://www.facebook.com/MetroNorthHHS>

The statement of purpose of our NNP SIG also demonstrates our priorities. As the numbers of NNPs and NNP candidates grow in Australia we aim to promote our work collaboratively in the provision of safe, effective and quality care and support those interested in becoming an NNP.

As a professional group, NNPs are active in what I believe is a privileged role. Personally, I thrive on the challenges of bridging the gap between the medical and nursing professions in our specialty. Whilst we often work directly on the medical roster and perform all the tasks and expectations of that position, we will always remain strong advocates for neonatal nursing and the development of individuals and the profession.

### South Australia Branch



*International Neonatal Nurses Day  
at Women And Children's Hospital, Adelaide*



## Low Resource Countries SIG

The LRC SIG has been awarded a Rotary District Grant of \$18,000. This grant was supported and facilitated by the Lower Blue Mountains Rotary Club of Australia. This grant provides funding to expand the education and training that has been undertaken over the past 6 years in the Eastern Highlands, into new regions of PNG including Wewak.

### Goals of the project

1. Improve the quality of health care given to mothers and newborns around the time of birth to reduce newborn and maternal morbidity and mortality.
2. Create a self-sustaining community of health workers and Village Health Volunteers (VHVs) using low dose, high frequency training and a train-the-trainer program underpinned by the Helping Babies Survive (HBS) programme which includes Helping Babies Breathe (HBB).
3. Support the development of health workers and VHVs confidence, knowledge and skills to deliver essential newborn and maternal care at the time of birth.
4. Report an increase in the number of mothers escorted by VHVs to health centres/health aid posts to birth.



The LRC warmly thanks the Lower Blue Mountains Rotary Club for their support, in particular Rennie and Robyn Schmid who have been instrumental in helping us obtain this grant.

### Neurodevelopmental Care SIG virtual seminar, 7 October 2020, 7.30 to 8.30pm NSW time



#### *Circadian care in the NICU: How can we use day and night to assist in preterm infant development?*

#### Speaker

Mrs Tash Sorensen  
Clinical Trial Coordinator for CIRCA DIEM trial  
Telethon Kids Institute  
King Edward Memorial Hospital  
University of Western Australia

Register at <https://www.acnn.org.au/events/special-interest-group-events/neurodevelopmental-care-sig/>

## Education for change - a new NPICU in Hobart

### **Anne Walsh, CNE**

NPICU, Royal Hobart Hospital

After many years of planning, set-backs, delays – and throw in a global pandemic just to complicate everything – the Neonatal and Paediatric Intensive Care Unit (NPICU) at Royal Hobart Hospital (RHH) has moved the Special Care Unit into its beautiful new home in the brand new K Block, with the intensive care unit to follow in October.

As a bit of background, the NPICU is a 28-bed combined neonatal and paediatric ICU for children up to 14 years of age and is the tertiary referral centre for Tasmania. The unit was originally a 14-bed NICU and expanded to accommodate

paediatric patients in 2007. We have approximately 600 admissions a year, with 20 per cent of these being the paediatric cohort.

K Block is a 10-floor wing built on the site of the RHH to accommodate many inpatient wards, theatres, CSD, main reception, admissions and transit lounge, opening to patients in April.

The NPICU – 12 ICU beds and 16 SCN beds – is located on the 8<sup>th</sup> floor with stunning views over the River Derwent.

The health and wellbeing of both patients, families and staff was paramount in the design and all wards have expansive windows, both floor to ceiling and bed or chair height, to allow natural light in and to connect everyone with the outside world. In a major change to our model of care we have gone from a traditional open bay unit to single family rooms for all patients. Parent facilities include a sleeper chair for each room, wardrobe and lockable drawer for parent belongings, a family lounge, bathroom and toilet facilities and a cosy breakout space.

### **Preparation**

Such a major move necessitated extensive preparation, familiarisation and education for all staff working in K Block. The K Block Commissioning Hub was set up on the THEO education platform (Tasmanian Health Education Online) for all staff to access information, orientation, virtual tours, education and training including Emergency Management in the Workplace. Resources were developed to help manage preparation and moving; education packages were provided for all new generic equipment such as the N Class rooms, communication systems, patient hoists, lifts and lighting management.

### **Communication**

Communication strategies to keep everyone informed, and to encourage interest and enthusiasm in the redevelopment project, included regular hospital newsletters, emails and Q & A sessions, and a dedicated intranet page. We had a display board near the NPICU staff room as the building grew, with up-to-date information, floor plans and graphics. We created a folder of printed information, newsletters and photographs as they became available.

Project Officers were appointed for each service stream and regular meetings were held with the Leadership Team from each ward to discuss progress, gain input and plan orientation and education. Some priorities included communication strategies, emergency response to various areas of the hospital, wayfinding and scenario planning including the transport of patients to and from identified treatment areas.

The NUMs were taken offline to concentrate on many aspects of redevelopment and acting NUMs were appointed to manage the wards. Our NUM held weekly redevelopment update sessions to ensure that staff were informed of progress and included in determining ways of working in a single-room environment and the implementation of Family Integrated Care. To start this process, she facilitated sessions asking 'what do we do', 'what do we do well' and 'where we would like to be', always keeping the care, wellbeing and inclusion of the neonate/child and family at the centre of our practice.

### **Collaboration**

While the move to a new unit and model of care was exciting, it also brought about some anxiety and concerns from the staff due to the single-room layout and change in ways of

working. Staff were worried about feeling isolated, not being able to talk to their colleagues or summon help easily and not being able to visualise the monitors, patients and families when caring for multiple patients. These concerns were acknowledged and discussed in the ways of working sessions, enabling staff to collaboratively develop solutions to these issues. The unit has been divided into clusters of rooms and staff in these clusters work in a buddy system- each staff member has their own patient allocation, but they work collaboratively with a colleague when assistance is needed, for checking milk and drugs and to cover meal breaks. Staff were given the opportunity to vote for the names of the clusters; keeping within our unit theme of Tasmanian flora and fauna, the names selected were Myrtle, Wattle, Gumnut, Banksia, Waratah and Huon.

### **Education**

The NPICU CNEs visited several NICUs and PICUs in Melbourne in 2019 to gain insight on how to work in a single-room environment, preparation of staff for the move and education strategies. We collated this information and ran a series of in-services to share this information with the staff. As soon as the NUM could visit the partially completed unit and take photographs, we included these in a presentation for the staff with the unit layout, floor plans and room dimensions to start the familiarisation process and engender some excitement and enthusiasm.

We prepared a Welcome to K8E booklet to familiarise staff with the layout of K block, access points to the main hospital, the layout of all rooms in NPICU, floor plans of the Maternity and Paediatric Units, location of all emergency equipment and exits, duress alarms, call bells and new equipment. Once the unit was completed, the NUM ran tours for as many staff as possible and encouraged use of the 'seek and find' checklist in the Welcome booklet. An important aspect of the familiarisation was wayfinding to other areas such as the birth suites, postnatal unit, paediatrics, transition to home unit, theatre and medical imaging. Face-to-face fire and emergency management walkaround tours were also provided.

The first of our new equipment, monitors for SCN, arrived just before the move date and face-to-face education was provided by the company for some staff. Unfortunately, the monitors for the ICU beds were delayed due to Covid-19 and as we are low priority they are not expected until late September.

New ventilators arrived along with restrictions on travel from Victoria, so education was provided via Microsoft Teams and has been very successful with a week of superuser training and shorter in-service sessions provided. Other educational resources were sent to us and we have made these available on our intranet page.

We are trialling new incubators and education for these was provided by video; an email was sent to all staff with the link

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and we also ran some in-services.

### The move

A decision was made to move SCN to K Block in late May, instead of waiting for the ICU monitors as this would provide a safer space for our families as social distancing was almost impossible in our old unit. Moving day went very smoothly and by lunch time we had everybody settled in and some very happy parents enjoying some privacy, light and views. The effect on the families has been remarkable; they are able to spend as much time as they want with their baby, including overnight stay. Some mothers have reported that their mental health has improved being able to see the outside world and spend more time with their baby; parents report feeling more comfortable reading or singing to their baby in their single rooms. One mother of an extremely preterm infant said that she felt like his mother for the first time in the single room and didn't feel embarrassed to read or sing as she did in the open bay unit. Anecdotally, babies are progressing with breastfeeding faster and the length of stay has shortened, so it will be interesting to look at those statistics in the coming months.

The move has not been without its challenges; as with any new build there have been some issues to resolve and the NPICU and SCN are running as two separate units until the monitors arrive. This has taken the gloss off the move somewhat as some staff have not had the opportunity to work on K8E. We are looking forward to bringing the unit back together as soon as possible so that everyone can enjoy the new facilities, and most importantly, give our parents the opportunity to spend as much time with their baby in their own room to start their journey as family together.

