THE NATIONAL NURSING FORUM

Advancing nurse leadership

Program & book of abstracts

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Manual handling injuries, patient and resident falls, pressure injuries, DVT and hospital acquired infections are preventable challenges faced on a daily basis by nurses.

Understanding how to manage these risks empowers nurses to make a real difference.

ArjoHuntleigh supports nurses and allied staff to identify “What’s the Risk” in their workplace, and implement simple strategies to prevent the occurrence of these events. We help you to ensure the right equipment and technique is used to suit patient and resident mobility needs, and provide ongoing training and support.

Find out “What’s the Risk”

Visit us at Stand 17 at the National Nursing Forum

Join our “What's the Risk” Workshop Friday 16 October 9am
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Welcome from the ACN president

It is with great pleasure that I welcome you to ACN’s 2015 annual National Nursing Forum in beautiful Brisbane.

This year’s theme Advancing Nurse Leadership provides the perfect platform to learn, share insights, and work together, as a collective, so we can develop sound solutions to Australia’s health care challenges.

Nurse leadership is about creating a long-term strategic vision and enabling people to work towards achieving change for the betterment of the Australian health care system. Nurse leaders are in a unique position to do this as they have a broad knowledge of the political, societal and economic forces shaping health care, as well as the needs of consumers accessing the health care system. They are able to identify and challenge financial, social and cultural barriers people face in accessing health care, and have a strong grasp of the enablers, constraints and challenges of effective service development in the Australian health care environment.

Nurse leadership is critical, as it is needed to inform the strategic direction of Australia’s health system and to drive the necessary changes within organisations. The availability and appropriate distribution of a nursing workforce with the right education, skills and experience underpins the delivery of health care across all settings.

Our National Nursing Forum aims to inspire and engage the nurse leaders of today and tomorrow by offering numerous interactive workshops, inspiring keynote presenters, ample chances to spark stimulating discussions and the opportunity to network and share ideas with colleagues and peers.

The mixture of speakers participating in this year’s Forum is significant, with Professor Anne Marie Rafferty, from King’s College London, with her keynote Leveraging leadership for policy and system change. A Professor and former Dean of the Florence Nightingale Faculty of Nursing and Midwifery, Professor Rafferty’s presentation considers the pivotal role that strong nurse leadership plays in setting the culture and parameters for change.

Over the Forum’s three days, I strongly encourage you to embrace this opportunity to learn from the speakers and your colleagues more about leadership and how you can contribute in your own area of practice. Utilise this time to ask questions, raise your ideas, and challenge yourself and others so that you can advance your skills and knowledge of nurse leadership.

I very much look forward to seeing you there.

Carmen Morgan FACN
ACN President
Overview

In its third year, The National Nursing Forum has become ACN’s signature annual event, bringing together nurses from around the country. This year we head to the vibrant city of Brisbane from 14–16 October. With a focus on Advancing nurse leadership, the Forum aims to inspire and engage nurses who play a critical role in delivering health services to the community.

Alongside inspiring keynotes from local and international speakers, there will be more than 30 presentations across three concurrent sessions in the Forum program. These sessions will highlight critical issues and the latest research in nurse leadership across four streams; clinical practice, research, management and education.

ACN is also excited to work with our corporate partner HESTA, and present the HESTA Australian Nursing Awards Dinner in conjunction with the Forum this year. Delegates attending the Forum can purchase tickets at the ACN group booking rate. See www.acn.edu.au/HESTA_Awardsdinner for more information.

Top five reasons to attend The National Nursing Forum in Brisbane this year:

1. highly topical sessions from local and international presenters
2. participate in discussions on important and complex matters for nurses
3. interactive and engaging workshops with thought leaders in nursing
4. social functions including the Forum Luncheon and an opportunity to attend the prestigious HESTA Australian Nursing Awards Dinner
5. collaborate and exchange ideas with colleagues and peers from around Australia.

Register your place today
A look back at the 2014 National Nursing Forum

ACN presented a dynamic and inspiring program for The National Nursing Forum in Adelaide last year to over 250 attendees from around Australia. The central theme of Staying ahead of the game set the stage to explore how we, as individuals, can continue to grow, develop and support each other in a time of significant health care reform and how can we remain ahead of the game when change is often out of our direct control.

With the launch of ACN as the national organisation for advancing nurse leadership, we saw the unveiling of the new strategic direction and the new education offerings as well how this impacts our membership and policy work.

The magnificence of The University of Adelaide's Elder Hall provided the perfect backdrop for the moving Oration delivered by Professor Roianne West and a total of nine ACN Fellows were invested. Professor Debora Picone AM FACN (DLF) was also invested as a Distinguished Life Fellow.

Forum delegates also got the chance to glam up and dance the night away at the Fashions on the Field dinner where special guest and culinary icon, Maggie Beer, inspired us all.

“All of the plenary sessions were fantastic – interesting, informative and entertaining.”

“The keynotes speakers were very thought provoking and helped to challenge my ideas and thinking.”

“Inspirational sessions!”
“Leadership components were great!”

“Dr Keith Suter and Brian Dolan spoke with authority. Brian was excellent in both his keynote address and even better in his facilitation of the workshop. A real highlight!”
General information

Venue & destination
The Forum will be held at the Brisbane Convention and Exhibition Centre, Cnr Merivale and Glenelg Streets South Bank, Brisbane, QLD 4101.
The Centre’s home city of Brisbane is the capital of the state of Queensland in the heart of Australia’s premier tourist region. Located on the eastern seaboard of Australia, Brisbane is Australia’s only subtropical capital city and also our fastest growing city with direct access to iconic world heritage listed natural attractions.

Parking & transport
Brisbane Convention and Exhibition Centre has a car park onsite with space for 1500 vehicles and a variety of transport options to navigate you around the city. The Centre is also an easy 10 minute walk from the CBD.
Airtrain – Catch the Airtrain from South Brisbane station to Brisbane’s international and domestic airports. Tickets are available for this service from the Client and Visitors Services Centre located in the Main Foyer of the Centre.
Bus Services – South Bank is serviced by two bus stations: The Cultural Centre Station on Melbourne Street and the South Bank Busway Station Cnr of Colchester and Tribune Streets, South Bank.

CityCats – A popular and speedy way to travel the river. CityCats operate every day and stop at the South Bank River Terminal on the Clem Jones Promenade.
Taxi – Taxi ranks are located outside the main entrance to the Convention Centre on Merivale Street, at Mantra South Bank on Grey Street. There is a taxi drop off located at the Convention Centre Grey Street entrance.
Trains – South Brisbane Railway Station is adjacent to the Convention Centre on Grey Street.

Registration
The registration desk will be located outside the Plaza Auditorium and open at the following times. For enquiries outside of these hours during the Forum please contact ACN Event Management on 0428 421 434.
Wednesday 14 October 8:00am – 6:00pm
Thursday 15 October 8:00am – 5:00pm
Friday 16 October 8:00am – 2:00pm

Exhibition and catering
The Forum exhibition and catering area will be located in the Plaza Auditorium Foyer. The Forum exhibition will be open with registration each day for tea and coffee and during scheduled program breaks.

Join the conversation
www.facebook.com/acnursing #NNF2015

Brisbane Convention & Exhibition Centre – Plaza level
**ACN AGM**
The Annual General Meeting is open to all members. The AGM will be held on Wednesday 14 October in the Plaza Auditorium at 5:30pm.

**Book launch**
ACN is proud to officially launch Dr Ruth Rae's commemorative publication, The History of Australian Nurses in the First World War: An ACN Centenary Commemorative Trilogy, during the Forum. Dr Ruth Rae FACN will be available for a book signing on Thursday 15 October and copies can be purchased at the ACN booth.

**Yoga in the park**
Back by popular demand, yoga in the park will give delegates a chance to focus on their own wellbeing in the beautiful setting of Brisbane's Southbank Parklands. Meet the team from Stretch Yoga at the Courier-Mail Piazza across from the Convention Centre at 7:00am to kick start your day! Places are limited, please register onsite at the Forum registration desk.

**CPD hours**
CPD hours are awarded to professional development activities that are organised by ACN or have been endorsed or accredited by ACN. One point equates to 60 minutes of education.

Forum delegates will receive the following:

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<tr>
<th>Attendance date</th>
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<tr>
<td>Wednesday 14 October</td>
<td>Forum day one</td>
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<td>3 hours</td>
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**Certificate of attendance**
Following the Forum, delegates may request to receive a certificate of attendance detailing their CPD hours.

**Dress**
The Forum dress is smart casual for all program sessions and Luncheon. Cocktail/after five wear dress for the HESTA Australian Nursing Awards Dinner.

**Social media**
Join the Forum conversation on Facebook at www.facebook.com/acnursing or on Twitter at #NNF15.

**Mobile phones & devices**
Attendees are asked to switch their mobile phones and other devices to silent when in sessions.

**Photography & filming**
For promotional purposes, there may be professional filming and photography during the Forum. Photographs and video taken may be used in ACN publications or on ACN social media platforms. Unauthorised photography, taping or recording of any form is strictly prohibited at the Forum. If you do not wish to be photographed or filmed please inform the camera operator.

**Disclaimer**
ACN reserves the right to make alterations to the program where necessary and without notice, either before or during the event. Please note, this program is correct at the time of publishing.
Join your colleagues and celebrate at the HESTA Australian Nursing Awards

Thursday 15 October 2015 at 6.30pm
Brisbane Convention and Exhibition Centre

Tickets on sale now at hestaaawards.com.au
Discounted price for group bookings.

$30,000 in prizes to be won!*  

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2014 winners, left to right: Outstanding Graduate: Zoe Sabri, Nurse of the Year: Stephen Brown, and Team Innovation: Prof Jeanine Young representing the Pepi-pod® Program.
Mr Scott Williams
Scott, aka The Doctor, is funny, quick, fresh, energetic, sure-fire, bright, original, a natural blonde, unpredictable, crowd-pleasable, unputdownable! We look forward to welcoming Scott at our Forum in Brisbane to be our MC host and entertain us with his charming style.

Professor Anne Marie Rafferty
Professor of Nursing Policy, former Dean, Florence Nightingale Faculty of Nursing and Midwifery, King’s College London
Anne Marie trained as an RN, BSc University of Edinburgh; clinical researcher MPhil (Surgery) University of Nottingham and a historian (DPhil Modern History) Oxford University. She was seconded to the Department of Health to work with Lord Ara Darzi on the nursing contribution to the reform of the National Health Service in 2008. She was a member of the Prime Minister’s Commission on the Future of Nursing and Midwifery 2009-10 and awarded the Nursing Times Leadership Award in 2014. She held the Distinguished International Visiting Professorship at the Bloomberg Faculty of Nursing, University of Toronto in 2014 and holds Visiting Professorships at the National University of Singapore, European Observatory on Health Systems and Policy in Berlin and Brussels.

Ms Sue Hawes FACN
Director, PwC
Sue has worked as a nurse for over 30 years. She started her nursing career when there were 3 Nursing Registers, and specialised in working with children and young people with physical and intellectual disabilities. Today Sue works as a consultant and is a Director in PwC’s National Health Practice. Sue considers being a nurse to be a privilege, as it gives permission to interact with people when they are at their most vulnerable. Every day is an opportunity to make a difference, ask critical questions and practice the values that are core to who you are.

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*The content of this presentation has been developed independently by the presenter and has not been influenced by the sponsor.
Mr Alan Lilly  
**CEO, Eastern Health**

Alan Lilly joined Eastern Health as Chief Executive in April 2009. Alan commenced his health career as a Registered Psychiatric Nurse in the early 1980s before completing post graduate education and training as a Registered General Nurse. He emigrated from England to Australia in 1986 and later completed a Graduate Diploma in Health Services Management and a Master of Business in Health Administration.

Ms Veronica Casey FACN  
**Executive Director Nursing and Midwifery Services, Metro South Hospital and Health Service and Executive Director Nursing Services, Princess Alexandra Hospital**

Veronica has held diverse roles over her 35 years as a Registered Nurse and Midwife covering clinical leadership roles, quality management and change management positions. In the last 17 years Veronica has held executive leadership roles within Queensland Health and since 2006 she has served as the Executive Director of Nursing and Midwifery Services for the Metro South Hospital and Health Service.

Professor Diana Slade  
**Professor of Applied Linguistics and Director of the International Research Centre for Communication in Healthcare, University of Technology, Sydney and Hong Kong Polytechnic University**

Diana has over 30 years of experience in researching, teaching and publishing in applied linguistics, linguistics and organizational communication. Her main research areas are the description and analysis of spoken English, and on communication in organisational and workplace settings.
Mr Brian Dolan
Director, Health Service 360

As one of our most popular presenters at the 2014 Forum, ACN is delighted to welcome Brian back. Brian Dolan is Director of Health Service 360 and works with organisations undertaking leadership development, improvements in patient flow and systems reform. He trained as a psychiatric nurse in Ireland and did his general nursing at St Mary’s Hospital in London. Most of his clinical career was in emergency care as well as in academic general practice in London.

Dr Suzanne Eggins
Research Fellow, University of Sydney

Suzanne Eggins has a BA (Hons) and PhD in Linguistics from the University of Sydney and postgraduate degrees in journalism, professional communication and applied linguistics. She taught and researched in professional writing and linguistics at the University of New South Wales for 15 years. Since 2011 she has been a health communication Research Fellow with the University of Technology Sydney. She has also worked in editing and publishing. Suzanne is the author of an introductory linguistics textbook and is co-author of Analysing Casual Conversation with Diana Slade.

Dr Gail Prileszky
Consultant, Qualitas Consortium Pty & Director, RGJK Consulting Ltd

Gail has over twenty years nursing and midwifery experience in clinical and research roles in the UK and New Zealand, centred on women’s health, maternity and community based health care. A former Quality Coordinator for Maternity Services, Gail is skilled at evaluating how patients and staff experience healthcare systems and applying those perspectives to initiate improvement in clinical practice.
Mr Matthew Bannan
Industry Manager, WorkCover QLD

Matthew Bannan is an Industry Manager at WorkCover Queensland. Matthew is a registered physiotherapist having graduated with a Bachelor of Physiotherapy from the University of Queensland in 1996. Matthew has worked as a physiotherapist in the public and private health sectors both in Australia and the United Kingdom. He has worked at WorkCover for eight and a half years, initially in the role of Physiotherapy Advisor for the organisation and has subsequently managed teams through various areas of the business focusing on providing exceptional customer service and delivering successful outcomes for injured workers and employers through best practice claims and injury management principles. He is currently managing the Health and Community Care industry as part of the wider Professional Services team.

Ms Carey Fosker

Carey has over twenty years’ public and private nursing as well as corporate healthcare experience in perioperative and management roles both in South Africa and Australia. Carey holds significant change management and continuous improvement experience, with a demonstrated ability to transform cultures and has a particular interest in transforming workplaces into one of safety and satisfaction. Carey has worked at ArjoHuntleigh for 9 years and currently holds the position of Regional Manager, successfully managing the NSW business. Modelling high performance, leading by example and her belief in always grabbing an opportunity to make a difference guides her approach at work and in the marketplace.
Dr Rosemary Bryant AO FACN

Shaping a profession: nursing at the turn of the millennium

Rosemary Bryant was the first Commonwealth Chief Nurse and Midwifery Officer during the period July 2008 and June 2015. She was formerly Executive Director of Royal College of Nursing, Australia, a position she held for eight years.

She had a broad career in acute hospital and community nursing, as well as in government relations. Executive positions she has held include Director of Nursing at Royal Adelaide Hospital and also at the then Child, Adolescent and Family Health Service in SA and the chief government nursing position in Victoria. She also spent some time in private consulting undertaking projects on nursing and health. During this time she was a consultant to the World Health Organisation.

Rosemary has had a broad experience in policy development both in nursing and the broader health sector.

Rosemary is a Fellow of the Australian College of Nursing, is Emeritus Director of Nursing at Royal Adelaide Hospital and was President of the International Council of Nurses from 2009 to 2013. She was awarded the degree of Doctor of the University by the Queensland University of Technology in 2010, by Flinders University in 2012 and the University of Technology Sydney in 2015. In June 2014 Rosemary was made an Officer of the Order of Australia.
Queensland Health is committed to providing healthcare that Queenslanders value.

Our networked public health system delivers a range of safe, responsive and integrated services across the state—from hospital inpatient, outpatient and emergency services, to community and mental health services, aged care services, and public health and health promotion programs.

Nurses have a significant impact on patient safety and health care outcomes and evidence suggests that strengthening the nursing workforce leads to decreased lengths of stay in hospitals, improved clinical outcomes, reduced inpatient mortality, reduced wait times and better access to care.

The department is working hard to put in place programs to increase capacity within the health system through building a highly skilled nursing and midwifery workforce that can sustain front-line service delivery and meet future healthcare needs.

These changes will increase capacity within the health system to have the required resources to ensure we are able to continue to provide patient safety and quality care.

Our hospital and health services have already started to build this new model of care and we expect to see these new positions progressively be added to the state’s public hospitals over the coming months.

By protecting and promoting the health and wellbeing of our communities now, we are supporting the development of a healthier Queensland for the future.

For more information visit www.health.qld.gov.au
Day one – Wednesday 14 October

8:00am  Registration open, tea and coffee in exhibition

9:00am  Plenary sessions commence
         MC introduction — Mr Scott Williams

9:05am  Welcome — ACN President Ms Carmen Morgan FACN

9:10am  Keynote — Ms Sue Hawes FACN, PwC
         *Do you see what I see? Advancing nurse leadership*
         Our ability as nurses to lead and influence has never been more critical or more threatened. We need to use our
         expertise in health care in a different way and find our collective voice. Our conversations need to move from the
         problem to implementing the solutions. We need to seek out new opportunities and mobilise our ideas — quickly.

9:55am  State government partner address

10:05am Keynote — Professor Anne Marie Rafferty, King’s College London
         *Leveraging leadership for policy and system change*
         This presentation considers the pivotal role that strong nurse leadership plays
         in setting the culture and parameters for change. It argues that leadership is
         first and foremost a moral enterprise - not just doing things right but doing the
         right things. Anne Marie will draw on a wide range of evidence to demonstrate
         how we leverage leadership for sustainable change.

10:55am  Morning tea sponsor address

11:00am Morning tea

11:30am Concurrent session one – Rooms P6, P7, P8
         More than 30 presentations will run across three concurrent sessions in the program. Sessions will include
         specialty streams covering nurse leadership in the areas of clinical practice, research, management and
         education.

1:15pm  Forum Luncheon – Boulevard Room
         *A special event at this year’s Forum, the Luncheon will include an Oration by
         Dr Rosemary Bryant AO FACN, investiture of ACN Fellows, Distinguished Life
         Fellow, ACN Awards and a three course lunch.*

3:15pm  Leadership @ACN session – Rooms P6, P7, P8

5:15pm  Close of Forum day one

5:30pm  ACN AGM – Plenary
### Wednesday 14 October – Concurrent session one 11.30am - 1:00pm

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<th>Room</th>
<th>Session Chair</th>
<th>Topic</th>
<th>Room</th>
<th>Speaker</th>
<th>Topic</th>
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<tr>
<td>11:30am</td>
<td>The impact of clinical mentors’ leadership on quality improvement in aged care</td>
<td>P6</td>
<td>Dr Lily Xiao FACN</td>
<td>Unpacking nurse leadership in policy reform: an analysis of the development of the nurse practitioner role in NSW: 1990 - 1998</td>
<td>P7</td>
<td>Ms Leanne Morton FACN</td>
<td>What impact does the CDHB Gerontology Acceleration Programme have on Gerontology nursing in Canterbury</td>
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<tr>
<td>11:30am</td>
<td>Improving nurses’ transition of evidence into practice: evidence, context &amp; facilitation</td>
<td>P6</td>
<td>Dr Sally Lima MACN</td>
<td>Evil happens when managers do nothing</td>
<td>P7</td>
<td>Ms Ilze Jaunberzins MACN</td>
<td>Effects of nurse-led support with smartphone application for breast cancer patients after surgery: a quasi-experimental study</td>
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<td>12:20pm</td>
<td>Effective clinical supervision in practice: a quality indicator of nurse leadership</td>
<td>P6</td>
<td>Dr Edward White FACN</td>
<td>Military command, leadership and management</td>
<td>P7</td>
<td>Mrs Michelle Turner MACN</td>
<td>Practice nurse observational placement: building knowledge and skills in refugee health</td>
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<tr>
<td>12:20pm</td>
<td>Aesthetic leadership in clinical nursing workplaces: ‘effective goodness in leadership’</td>
<td>P6</td>
<td>Ms Judy Mannix</td>
<td>Transformational leadership - using the FISH! philosophy to improve nursing recruitment and retention</td>
<td>P7</td>
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<td>Hospital at night</td>
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### Leadership @ACN session

This interactive session will provide delegates with an update on key professional issues ACN has been involved in during 2015 and highlight areas identified for 2016 and beyond. The remainder of the session will facilitate your engagement in a national initiative introduced into Australia by NPS MedicineWise: Choosing Wisely Australia. ACN is the first nursing organisation in Australia to be involved in the initiative with NPS MedicineWise and we would like our involvement to be a collaborative one. The aim of the initiative is to improve the quality of care across the health system by reducing unnecessary or ineffective tests and interventions.

During this session NPS Medicine Wise will provide delegates with an overview of the initiative and we invite delegates to actively participate in identifying those nursing practices, interventions, or tests that evidence shows provide no benefit or in some cases, may even lead to harm. This will be a lively, informative and stimulating session examining a range of nursing practices.
### Day two – Thursday 15 October

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<tr>
<td>7:00am</td>
<td>Yoga in the park</td>
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<tr>
<td>8:00am</td>
<td>Registration open, tea and coffee in exhibition</td>
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<tr>
<td>9:00am</td>
<td>Plenary sessions commence</td>
<td>ARJO/Huntleigh Getinge Group</td>
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<tr>
<td>9:05am</td>
<td>Keynote — Mr Alan Lilly, Eastern Health</td>
<td><strong>Lessons and reflections on leadership</strong></td>
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<td>in this presentation, Alan will reflect on leadership research and the characteristics of successful leaders. He will also discuss and talk about his own leadership journey and based on personal reflections, he will conclude with some tips on what he believes is at the core and heart of successful leaders.</td>
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<tr>
<td>9:50am</td>
<td>Keynote — Ms Veronica Casey FACN, Queensland Health</td>
<td><strong>Advancing nursing leadership – trials, tribulations and transformation!</strong></td>
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<td>Throughout the world nurses are consistently rated as the most trusted profession, therefore, nurses have an accountability that can’t be ignored, that is, to ensure patients, families and communities receive the best possible health care. This presentation will reflect on the lessons learnt through a hospital’s journey to nursing excellence and how transformational leadership can and did make a difference.</td>
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<tr>
<td>10:35am</td>
<td>Official book launch, Dr Ruth Rae FACN</td>
<td>The History of Australian Nurses in the First World War: An ACN Centenary Commemorative Trilogy</td>
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<tr>
<td>10:45am</td>
<td>Morning tea and poster session</td>
<td>Morning tea proudly supported by Allocate Software</td>
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<td>Poster session</td>
<td>Poster session proudly supported by Monash University</td>
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<tr>
<td>11:30am</td>
<td>Concurrent session two – P6, P7, P8</td>
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<tr>
<td>1:00pm</td>
<td>Lunch</td>
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<td>2:00pm</td>
<td>Concurrent session three – P6, P7, P8</td>
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<tr>
<td>3:30pm</td>
<td>Afternoon tea</td>
<td>HESTA</td>
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<tr>
<td>4:00pm</td>
<td>Major sponsor address</td>
<td>HESTA</td>
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<tr>
<td>4:05pm</td>
<td>Plenary panel discussion — <strong>Challenges and opportunities for today’s nurse leader</strong></td>
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<td>Our international and local guest speakers will lead a discussion on the way forward for nurse leadership in Australia.</td>
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<td><strong>Panel:</strong> Professor Anne Marie Rafferty (UK), Mr Brian Dolan (NZ), Mr Alan Lilly (AU) and Ms Veronica Casey FACN (AU)</td>
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<tr>
<td>5:00pm</td>
<td>Close of Forum day two</td>
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<tr>
<td>5:00pm</td>
<td>EBSCO Database presentation – Room P6</td>
<td>HESTA</td>
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<td>6:30pm</td>
<td>For delegates who have purchased tickets to the HESTA Australian Nursing Awards Dinner, pre-dinner drinks will be served outside the Plaza Terrace Room from 6:30pm.</td>
<td>HESTA</td>
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### Thursday 15 October – Concurrent session two 11:30am - 1:00pm

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Chair</th>
<th>Room</th>
<th>Presentation</th>
<th>Chair</th>
<th>Room</th>
</tr>
</thead>
<tbody>
<tr>
<td>11:30am</td>
<td>Leading the culture change: an innovative nurse led physical health program integrated into a community mental health clinic</td>
<td>Mrs Elizabeth Wallace MACN</td>
<td>P6</td>
<td>Creating communities of inquiry</td>
<td>Professor Jane Mills FACN</td>
<td>P7</td>
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<td></td>
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<td></td>
<td>Professor Elizabeth Emmanual MACN</td>
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<tr>
<td>11:55am</td>
<td>Outstanding nurses: the rise and rise of the refugee nurse</td>
<td>Ms Sandy Eagar FACN</td>
<td>P7</td>
<td>Person-centred approach to the facilitation of clinical supervision training</td>
<td>Ms Robin Girle</td>
<td>P8</td>
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<td></td>
<td>Professor Nancy Arnold MACN</td>
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<tr>
<td>12:20pm</td>
<td>Developing Associate Unit Manager (AUM) leadership capability for safe and quality care</td>
<td>Ms Shirley Burke MACN</td>
<td>P8</td>
<td>Professional development for nurse/midwife managers: people, management &amp; leadership skills</td>
<td>Ms Margaret Martin MACN &amp; Mr Keith Jones</td>
<td>P7</td>
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<td></td>
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<td></td>
<td>Professor Belynda Abbott FACN</td>
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<tr>
<td>12:40pm</td>
<td>Strategies for promoting self-efficacy in implementing a cardiac-diabetes self-management program</td>
<td>Dr Chiung-Jung (Jo) Wu FACN</td>
<td>P6</td>
<td>Supporting the transition to leadership roles</td>
<td>Ms Karen White MACN</td>
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<td>Professor Lorna Moxham FACN</td>
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### EBSCO Database presentation

Rebecca Eddison, Clinical Solutions Manager at EBSCO Australia, will be providing ACN members with an opportunity to view and learn about the EBSCO and Nursing Reference Centre Plus databases available to ACN members at this year's Forum. Rebecca will be presenting to members at 5:00pm on Thursday 15th October in Room P6.

### Yoga in the park

Meet the team from Stretch Yoga at the Courier-Mail Piazza across from the Convention Centre at 7:00am. Places are limited, register onsite at the Forum registration desk.

### Join the conversation

www.facebook.com/acnursing #NNF2015
### Thursday 15 October – Concurrent session three 2:00pm - 3.30pm

<table>
<thead>
<tr>
<th>Time</th>
<th>Session title</th>
<th>Session chair</th>
<th>Room</th>
<th>Chair(s)</th>
</tr>
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<tbody>
<tr>
<td>2:00pm</td>
<td>Advancing nurse leadership through cross-cultural education in the clinical setting: the benefits of an international internship program for the host organisation</td>
<td>Ms Elizabeth Matters FACN</td>
<td>P6</td>
<td>Ms Ilze Jaunberzins MACN, Dr Karen Yates MACN, Dr Catriona Booker FACN</td>
</tr>
<tr>
<td>2:25pm</td>
<td>Shining a light through the fog of patient and family-centred care: exploring what we think we know to discover what we don’t yet understand</td>
<td>Ms Ciara Rafferty, Ms Kathleen Fitzgerald &amp; Ms Kelly Edwards</td>
<td>P7</td>
<td>Mrs Samantha Jakimowicz MACN</td>
</tr>
<tr>
<td>2:50pm</td>
<td>A beacon of shining light for nursing</td>
<td>Ms Mei Lau &amp; Ms Mia Jones</td>
<td>P8</td>
<td>Ms Bernadette Twomey MACN</td>
</tr>
<tr>
<td>3:10pm</td>
<td>The heart of caring: leading person-centred compassionate care</td>
<td>Mrs Karen Tuqiri MACN &amp; Ms Suzy Murray</td>
<td></td>
<td>Dr Joan Bottorff</td>
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</tbody>
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#### Leadership in clinical practice
- Advancing nurse leadership through cross-cultural education in the clinical setting: the benefits of an international internship program for the host organisation

#### Leadership in research
- A concept analysis of patient-centred nursing in ICU

#### Leadership in management
- The role of leadership in the successful implementation of a pilot program for the evaluation and improvement of patient care quality and workplace culture

#### Leadership in education
- Developing global nursing research capacity to improve patient outcomes: leading the way with a worldwide prevalence study of peripheral intravenous catheters

### Join the conversation
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# Day three – Friday 16 October

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>8:00am</td>
<td>Registration open, tea and coffee in exhibition</td>
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<tr>
<td>9:00am – 11:00am</td>
<td>Workshops</td>
</tr>
<tr>
<td>1.</td>
<td>Professor Anne Marie Rafferty, King’s College London – Room P6</td>
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<tr>
<td></td>
<td>The resilient leader or: how to survive the craziness of healthcare and flourish under pressure</td>
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<td></td>
<td>Healthcare makes huge demands upon practitioners. This workshop asks are we expecting too much of our leaders in nursing and healthcare? UK Directors of Nursing are voting with their feet with high turnover and vacancy rates. What does this say about the attractiveness of senior leadership roles? Frontline staff experience high levels of burnout but what of other leadership roles? This workshop asks who is taking care of our leaders.</td>
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<tr>
<td>2.</td>
<td>Dr Gail Prileszky and Mr Brian Dolan – Plenary</td>
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<tr>
<td></td>
<td>What was I thinking? New ways of thinking, influencing and GROWing SMART goals</td>
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<td></td>
<td>Have you ever been to a meeting with a colleague and come away with a completely different understanding of it? How can people tell what you are thinking, even when you have your poker face on? What happens when your sense of Status, Certainty, Autonomy, Relatedness and Fairness is threatened and what can you do about it? All these and more answers will be revealed, with fun, a-ha moments, and a cameo of fur and slime!</td>
</tr>
<tr>
<td>3.</td>
<td>Ms Sue Hawes FACN, Director PwC – Room P7</td>
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<td>Know yourself – know your team</td>
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<td>Social psychologists have found that people with significantly different behavioural patterns have a harder time developing rapport; are less likely to be persuasive with one another; miscommunicate more often and tend to rub each other the wrong way – just by being themselves. This workshop will explore the Social Styles Model and help you identify your preferred style and the impact this has on others.</td>
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<tr>
<td>4.</td>
<td>Mr Matthew Bannan, WorkCover QLD and Ms Carey Fosker, ArjoHuntleigh – Room P8</td>
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<td>What’s the risk?</td>
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<td>Part A: Managing your workplace: A workers’ compensation perspective</td>
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<td>Part B: Common mistakes in the healthcare setting: An interactive session</td>
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<td>Manual handling injuries, patient and resident falls, pressure injuries, DVT and hospital acquired infections are preventable challenges faced on a daily basis by nurses. Understanding how to manage these risks empowers you to make a real difference. The interactive hands on session will demonstrate active/passive patient handling products and techniques specific to mobility needs, showing how proper use prevents commonest staff and patient injuries.</td>
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<td></td>
<td>Part C: Risk management in the clinical setting</td>
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<td>The workshop will provide a review of global and Australian risk and cost data relating to patient handling; using data to assess risks, insights from the Australian database on equipment mix and appropriateness to patient needs and risks. The presentation will include a brief discussion on tools available with capital planning solutions to address identified needs and calculate potential cost, using assessment data.</td>
</tr>
</tbody>
</table>

*The content of this presentation has been developed independently by the presenter and has not been influenced by the sponsor.
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11:00am  Morning tea

11:30am  Plenary sessions

Keynote — Professor Diana Slade, University of Technology, Sydney and Hong Kong Polytechnic University & Dr Suzanne Eggins, University of Technology, Sydney

*Better bedside handover communication: training nurses in the interactional and informational skills of well-structured patient centred handovers*

Ineffective communication between clinicians and between clinicians and patients remains a leading cause of avoidable patient harm across healthcare settings internationally. In this presentation, we will detail the Better Bedside Handover training that has now been delivered to more than 360 nurses at an Australian metropolitan public hospital.

12:15pm  Closing keynote — Mr Scott Williams

*The happy human*

Don't miss your final opportunity to hear from The Doctor as he closes out the Forum in style!

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1:00pm  Lunch

2:00pm  Forum close

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**Join the conversation**

www.facebook.com/acnursing  #NNF2015

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**What you would like to see at the 2016 Forum?**

We want to hear your feedback, complete the event survey via Pigeonhole Live!

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**Juice Bar**

Thanks to First Choice Care freshly squeezed juice will be available during all catering breaks. Make sure you visit the juice bar to pick up your complimentary refreshment!

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Principal partner

ArjoHuntleigh is passionate about preventative care and providing safe solutions to meet the physical and psychological needs of patients and staffs; and a better Return-on-Investment for care facilities. We also provide results-guaranteed strategic advice for care facilities and rental offerings, technical service and assessments. Our solutions aim at actively preventing some of the most common healthcare-related incidents, such as patient and staff injuries, DVT, pressure injuries and patient falls. ArjoHuntleigh work closely together with architects, hospitals, aged care and community partners, and all those involved in day-to-day care; to help deliver the highest standard of care, by putting people first.

Department of Health Queensland

State government partner

Queensland Health is committed to providing healthcare that Queenslanders value.

Our networked public health system delivers a range of safe, responsive and integrated services across the state—from hospital inpatient, outpatient and emergency services, to community and mental health services, aged care services, and public health and health promotion programs.

Nurses have a significant impact on patient safety and health care outcomes and evidence suggests that strengthening the nursing workforce leads to decreased lengths of stay in hospitals, improved clinical outcomes, reduced inpatient mortality, reduced wait times and better access to care.

The department is working hard to put in place programs to increase capacity within the health system through building a highly skilled nursing and midwifery workforce that can sustain front-line service delivery and meet future healthcare needs.

These changes will increase capacity within the health system to have the required resources to ensure we are able to continue to provide patient safety and quality care.

Our hospital and health services have already started to build this new model of care and we expect to see these new positions progressively be added to the state’s public hospitals over the coming months.

By protecting and promoting the health and wellbeing of our communities now, we are supporting the development of a healthier Queensland for the future. For more information visit www.health.qld.gov.au

HESTA

Major sponsor

For more than 25 years, HESTA has focused on helping those in the health and community services sector live well in retirement. We have more than 800,000 members and $30 billion in assets. HESTA’s size means we can offer many benefits to members and employers. These include: low fees, a fully portable account, easy administration, access to low-cost income protection and death insurance, limited financial advice (at no extra cost), super education sessions and transition to retirement options. We also provide access to great value health insurance, banking and financial planning.

For more information visit hesta.com.au or call 1800 813 327.
Vivir Healthcare

Forum Luncheon sponsor

Vivir is a specialist in outsourced clinical care in residential, hospital, community and retirement facilities, and in-home care. By blending healthcare expertise, commercial acumen and genuine commitment to care, we improve the quality of life of aged Australians, and offer outstanding career opportunities for health professionals.

For more than 15 years, Vivir has provided health care services to Australia’s aged care sector. We meet our customers’ care and commercial needs through balanced partnerships and strong relationships. Our team of qualified, caring, experienced healthcare providers are focused on making lives better, delivering healthcare services to more than 20,000 aging Australians each year.

First Choice Care

Juice bar sponsor

As a leading provider of health care specialists in QLD, First Choice Care is dedicated to securing greater flexibility and independence for all Australian nurses. Our sponsorship of the 2015 National Nursing Forum continues our commitment to innovation and advocacy.

Please join us for a complimentary refreshment at the Forum, where we would be delighted to answer any health care recruitment questions you might have and show how we’re making sure Australia’s nursing future is in good hands.

Allocate Software

Morning tea sponsor

Today Allocate Software is helping more than 400 healthcare organisations to strike a balance between delivering staffing productivity and managing costs while ensuring safe patient care. Our customers are achieving this balance through our innovative tools to plan, schedule and even help pay organisations entire healthcare workforce, whether permanent or casual, nursing, doctors, Allied Health Professionals or others.

Visit the Allocate stand to explore how our workforce software can help ensure optimised staffing for all staff groups.

Edith Cowan University

Satchel sponsor

ECU’s School of Nursing and Midwifery offers world-class facilities and strong academic leadership in the fields of nursing and midwifery at both undergraduate and postgraduate levels. Through our unique range of educational and research programs we seek to make a real difference to people, their careers and their families, our communities and the broader health and education sectors. Our research programs are built upon a collaboration of world-class researchers, industry leaders and clinical experts with strengths in the areas of cancer and palliative care, aged care, mental health, acute and clinical care, midwifery and primary healthcare. For further information, call 134 ECU (328), email futurestudy@ecu.edu.au or visit reachyourpotential.com.au.
School of Nursing and Midwifery, Monash University

**Poster session sponsor**

Your next step starts here
The School of Nursing and Midwifery, Monash University is one of the largest schools for the education of nurses and midwives in Australia. With a number of nursing and midwifery specialist academics who are engaged with many professional bodies your education will be current and in line with evidence-based practice.

Offering undergraduate, a range of research and coursework postgraduate courses with many specialisations and professional development programs, featuring flexible learning modes to fit in with you and your schedule.

For more information on the School and its courses visit med.monash.edu/nursing

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James Cook University

**Name tag sponsor**

JCU Nursing, Midwifery and Nutrition delivers programs across five teaching sites and by external mode. JCU campuses are equipped with modern learning and teaching facilities to ensure a positive student experience. In addition, student learning is supported through professional experience placements in healthcare facilities throughout the North Queensland region and beyond. In addition to its undergraduate, postgraduate and higher degree programs, JCU Nursing, Midwifery and Nutrition has a vibrant culture of research, with activity in areas of: natural disasters; Indigenous futures; maternal, child and adolescent health; mental health; leadership and clinical governance; learning and teaching; and clinical research.

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Ozcare

**Workshop sponsor**

Ozcare is a leading not-for-profit organisation of professional and caring individuals. For the past 18 years we have been delivering innovative and superior health and human services to the Queensland community.

We offer home nursing, home care, respite care, residential aged care, immunisation for schools and businesses, homeless services, women’s refuges, and community support services to reach out to people in need.

Each day we deliver exceptional care to over 15,000 people from 60 locations around the state.

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Australian Council on Healthcare Standards

**Notepad and pen sponsor**

The Australian Council on Healthcare Standards (ACHS) is an independent, not-for-profit organisation dedicated to improving quality in healthcare throughout Australia and overseas.

Having been at the forefront of Australian healthcare accreditation since its inception in 1974, ACHS has maintained its strong culture of successfully developing relevant accreditation products and services for the Australian market for 40 years. The Council is drawn from peak bodies in the health industry, as well as representatives from governments, consumers and members. Through its international division (ACHSI) accreditation services are further provided across 17 countries to a diverse range of members. ACHS seeks to improve safety, quality and performance in health.
Exhibitor floor plan

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We protect the public and provide leadership to nurses, midwives and students through responsible regulation.

**PUBLIC PROTECTION**
- Develop registration standards, codes and guidelines
- Manage and investigate complaints
- Manage professional conduct
- Ensure compliance

**WORKFORCE MOBILITY**
- One registration across Australia
- Nurses and midwives can move between states and territories

**HIGH QUALITY EDUCATION AND TRAINING**
- Approve accreditation standards and programs of study that lead to registration as a nurse or midwife

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Australian Catholic University

Australian Catholic University (ACU) is one of the fastest growing universities in Australia, driven by new programs and increasing investment in research. As a recognised leader in nursing education, the national School of Nursing, Midwifery and Paramedicine comprises a team of highly motivated academic and professional staff within a dynamic teaching and learning environment.

ACN

ACN is the national professional organisation for all nurse leaders: nurses with an interest in leadership, nurses aspiring to leadership roles and nurses in leadership roles across the Australian health system. The leadership capabilities of all nurses play a critical role in the delivery of health services to the Australian community.

ACN is an advocate for the nursing profession, advancing the skills and expertise of nurses to provide leadership in their contribution to the policy, practice and delivery of health care. ACN encourages and supports nurses to develop and grow to become nurse leaders who are able to contribute by providing professional, economic and health perspectives.

Australian Nurse Teachers Society

The Australian Nurse Teachers Society (ANTS) has been an advocate for nurse and midwifery education for many decades. We provide a collegial environment to facilitate professional exchange including a biannual National Nurse Educator Conference. We participate in a variety of nursing forums representing the needs and views of nurse educators.

Australian Nursing & Midwifery Accreditation Council

ANMAC is responsible for protecting the health and safety of the Australian community by ensuring a high standard of nursing and midwifery education. ANMAC is also an assessing authority for the Australian Government’s Department of Immigration and Border Protection for nurses and midwives seeking to migrate to Australia.
Department of Health Queensland

Queensland Health is committed to providing healthcare that Queenslanders value.

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Elsevier

Elsevier is a leading provider of information solutions, empowering nurses with resources and knowledge to make better decisions and deliver better care. Elsevier provides web-based, digital solutions among them ScienceDirect and Mosby’s Nursing Consult – and publishes a wide range of highly respected books and journals, including Collegian: The Australian Journal of Nursing Practice, Scholarship and Research. To find out more, visit www.elsevierhealth.com.au.

Foundation for Alcohol Research and Education

Women Want to Know is a public health campaign that aims to increase health professionals’ knowledge and confidence when discussing alcohol consumption with women who are pregnant or planning pregnancy. The campaign was developed by Foundation for Alcohol Research and Education (FARE) in collaboration with leading health professional bodies across Australia.

Griffith University

Griffith University is a comprehensive, research intensive university, ranked in the top 5% of universities worldwide. Griffith has a long history in providing innovative degrees that meet the changing needs of students, industry and the community, and is committed to the development and teaching of clinically relevant courses and programs.
Health Careers International

Health Careers International Pty Ltd (HCI) provides quality healthcare & nursing education from Certificate to Advance Diploma level and Postgraduate Diploma qualifications.

Since 2007, HCI group has trained more than 5,000 students at their 3 campuses in Melbourne, Sydney and Perth. HCI also has offices in India, Philippines and Malaysia.

HESTA

HESTA is the leading super fund for health and community services. We have more than 785,000 members, 155,000 employers and $29 billion in assets. Anyone eligible for super can join and more people in health and community services choose HESTA for their super.

Visit hesta.com.au or call 1800 813 327.

National E-Health Transition Authority

The National E-Health Transition Authority (NEHTA) is the lead organisation supporting the national vision for eHealth, working openly, constructively and collaboratively with consumers, providers, stakeholders, funders, policy makers and the broader health care industry to enable safer, higher quality, accessible, equitable, efficient and sustainable health care.

Nursing and Midwifery Board of Australia

The Nursing and Midwifery Board of Australia (National Board) works to keep the Australian public safe by regulating the nursing and midwifery professions. The National Board makes sure that persons seeking registration as a nurse or a midwife have the qualifications, skills and experience required to provide safe, quality care.

RNS Nursing

Established in 2001, RNS provide staffing for aged care and hospital sectors and in-home care nursing services.

In November 2014 RNS Nursing joined Australian Business Solutions Group.

RNS Nursing joins the company’s health care division which includes ACT Nursing Services, Canberra, Belmore Nurses Bureau and Belmore Community Care nationally.

TAFE Queensland

TAFE Queensland is leading the country in innovative modalities of teaching for health and nursing programs. Our programs have a blended learning focus with a high level of interactive and engaging activities. TAFE Queensland continues to lead the way in graduating accomplished and industry ready nurses who will be preferred employees in industry.

NTT Uniforms

As an experienced provider of uniforms to health and aged care facilities for over 50 years, NNT combines best in class products with a service offering that is tailored to match your organisational needs, crafting a uniform solution that empowers your employees to do what they do best... care.
Therapeutic Goods Administration (TGA)

The Therapeutic Goods Administration (TGA) is part of the Australian Government Department of Health. It regulates medicines, vaccines, medical devices, blood products and biologicals, including monitoring of adverse events, to ensure Australians have timely access to therapeutic goods that are consistently safe, effective and of a high quality.

TrendCare

TrendCare is the leading workload management and workforce planning system in Australasia, operating across five countries, winning National and International Awards for innovation, service delivery and training. TrendCare provides rostering, patient acuity, work allocation, risk assessments, care planning, handovers and HRM solutions. TrendCare promotes safe staffing, improved patient outcomes and productivity, and efficiency gains.

True

For over 40 years, True has played a leading role in the delivery of quality reproductive and sexual health across Queensland. Our nurses are trained to carry out services with a high degree of autonomy, bringing much needed expertise to communities in need. True is also one of the largest educators of clinicians and other professionals in the sector, underpinning a broad range of services for clients and opportunities for employees.

TUH Health Fund

TUH health fund invites Nurses and Midwives to enjoy the same great benefits we’ve been offering teachers for over 40 years. Contact us on 1300 360 701 and we’ll offer you health insurance options, rates, benefits and service that may make the big for-profit funds feel just a little bit queasy.

University of Southern Queensland

USQ is a young, vibrant university with a vision to be recognised as an outstanding provider of open and flexible distance and online education. The School of Nursing and Midwifery is dedicated to providing local, rural and international communities with health care professionals who have learnt to think critically, practice safely, ethically and compassionately, and use research as a basis for decision making.

Vivir Healthcare

Vivir is a specialist in outsourced clinical care in residential, hospital, community and retirement facilities, and in-home care. By blending healthcare expertise, commercial acumen and genuine commitment to care, we improve the quality of life of aged Australians, and offer outstanding career opportunities for health professionals.

Your Nursing Agency

Your Nursing Agency (YNA) is a 100% Australian owned and operated company, focused on providing the best level of support to our clients and nursing staff. Managed by a professional team with over 50 years nursing experience YNA are a national company with offices in Adelaide, Brisbane, Melbourne, Cairns and Perth.
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The School of Nursing, Midwifery and Paramedicine within the Faculty of Health Sciences at ACU continues to position itself as a leader in nursing education and research.

Most of our postgraduate programs are offered online, at Graduate Certificate, Graduate Diploma and Master levels. Some have one or two “intensive” weekend or weekday study blocks.

Our research focuses on progressing the quality of healthcare around key societal needs such as acute care, chronic and palliative care and mental health. Reflecting the University’s Catholic ethos, our research is particularly focused on improving the healthcare available to the vulnerable in our community.

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1300 ASK ACU
Abstract review committee

With sincere thanks to The National Nursing Forum abstract review committee members for your contribution and time this year.

Ms Amanda Adrian FACN
Dr Leanne Aitken FACN
Associate Professor Anthony Barnett FACN
Associate Professor Tracy Beaton FACN
Dr Catriona Booker FACN
Mrs Menna Davies FACN
Ms Karen Linegar FACN
Ms Barbara Anne Merrigan FACN
Ms Carol Mirco FACN
Ms Suzanne Morey FACN
Ms Virginia Morris FACN

Session one

The impact of clinical mentors’ leadership on quality improvement in aged care

Dr Lily Xiao FACN

Background

The demand for evidence-based care for older people in aged care has escalated in order to address quality improvement and cost-effectiveness in the context of ageing population in Australia. However, aged care has been perceived as resource-poor settings in implementing evidence-based practice.

Aim

This presentation reports registered nurses’ leadership in leading evidence-based projects to improve quality of care in residential and community care settings. This evaluation study is part of a clinical leadership project in aged care funded by the Australian Government between 2013-2014.

Methods

Five registered nurses were appointed as clinical mentors to lead quality improvement in priority areas in their organisations using evidence-based practice. A concurrent mixed methods design with quantitative and qualitative strands was used to evaluate the care outcomes in the project. In the quantitative strand, three repeated questionnaire surveys were used to collect data from residents/clients, care staff and site managers. One-way ANOVA was used to analyse data and identify changes. In the qualitative strand, data were collected by focus groups in two time points with care staff. Thematic analysis was applied to data analyse.

Findings

Five major findings were identified and stated as: (1) Improved structures to strengthen and sustain quality improvement; (2) Improved processes to enable early identification and timely resolution of quality issues; (3) Innovative approaches to engage care staff in the projects; (4) Improved residents/client satisfaction with care quality; (5) Challenges encountered: workload issues affecting meaningful interactions between clinical mentors and care staff, the lack of clinical indicators to monitor care and human resource as a barrier to sustaining the clinical mentoring model.

Conclusions

Clinical mentors demonstrated leadership in leading changes in quality improvement in resource-poor settings. This approach to quality improvement has implications for aged care policy and aged care nursing workforce development.
Improving nurses’ transition of evidence into practice: evidence, context and facilitation

Dr Sally Lima MACN, Dr Fiona Newall MACN, Dr Sharon Kinney MACN, The Royal Children’s Hospital & Dr Jan Hodgson, Murdoch Children’s Research Institute

Much emphasis in undergraduate nursing studies is placed on the development of critical thinking, utilisation of research, and implementation of evidence based practice (EBP), to deliver quality care. Despite this focus, reports persist regarding the barriers to utilisation of these skills in practice. Indeed, evidence suggests registered nurses who work clinically are less competent in quality and research imperatives than other areas of professional nursing practice.

In 2014, a clinically embedded Nursing Research department developed a program to address this gap, conceptualising the BEST Practice Program (Building Evidence with Support to Transform Practice). The PARIHS (Promoting Action on Research in Health Services) Framework provided the foundation for the program, recognising evidence, facilitation and context are the three cornerstones for ensuring evidence-informed quality care.

From 33 formal submissions, 9 nurses addressing 8 practice issues were selected to participate in the BEST Practice Program which included 9 program days over 6 months, with ongoing support provided between program days. The practice issues included central venous line care, bedside handover, location for painful procedures, oxygen administration post tonsillectomy, nasopharyngeal airway management, cardiac monitoring, clinical aggression and outpatient access.

A comprehensive evaluation of the program was undertaken. Through recognition of the contexts in which they were working, and developing facilitation skills during the program, the participants were able to develop strategies to engage with their teams and key stakeholders. Using a pre-post program questionnaire, there was a substantial shift in the participants’ perceived competence in EBP. Each project has led to either a change in practice or identified next steps to inform change on a larger scale. Some outcomes include the generation of new guidelines, families being more actively involved in care, and increased knowledge of the triggers of clinical aggression in young people to inform management strategies. Perhaps most importantly each participant identified a new found confidence to question practice and lead change at the point of care.

Effective clinical supervision in practice: a quality indicator of nurse leadership

Dr Edward White FACN, Osman Consulting Pty Ltd

Clinical Supervision [CS] has an increasingly established role in the work practices of human service agencies and, in particular, has been widely introduced into health care systems across the world. It has shown considerable promise as a positive contribution to health governance agendas. Important contemporary challenges remain; notably, [1] the appropriate educational preparation of staff, [2] the sustainable implementation into practice and [3] the continuous measurement of efficacy. Nurse leadership in each of these domains is vital.

This oral presentation will report the latest progress of an ongoing program of Clinical Supervision research. It will draw on findings from three recently completed interrelated studies. The first study was a large pragmatic randomised controlled trial, which attempted to establish an elusive set of causal relationships between Clinical Supervision, the well-being of nurses, the quality of care they provided and the effect on patient-reported outcomes.

The second study re-tested the original factor structure the Manchester Clinical Supervision Scale© [MCSS©] and the response format, for goodness of fit to the so-called Rasch Model. Findings re-confirmed such validity and indicated that it could be reduced to 26 items, with increased structural integrity. The current version of this leading CS measurement instrument is the MCSS-26©.

The third study used real MCSS© evaluation data and applied Classification and Regression Tree [CART] analyses which, to some extent, follows a nursing triage decision-making process. Health service organisations to harvest local MCSS-26© data and to conduct CART analyses, that take account of particular local circumstances to model a range of delivery permutations, to predict the likelihood of the most effective arrangement for the delivery of Clinical Supervision.

This presentation will identify fresh theoretical insights, directions for policy development, professional practice and management, and future research possibilities, each of which will be of practical relevance to high quality nurse leaders.
Aesthetic leadership in clinical nursing workplaces: ‘effective goodness in leadership’

Ms Judy Mannix, University of Western Sydney, Professor Lesley Wilkes FACN, University of Western Sydney & Nepean Blue Mountains Local Health District, Professor John Daly FACN, University of Technology Sydney

Various leadership models with a focus on developing leader competence around team building, care coordination, quality and safety have been applied to the contemporary, complex clinical nursing world. Recent calls for more effective clinical leadership from wide-ranging government inquiries indicate that it is perhaps timely to consider alternate leadership styles as a way of improving outcomes for those engaged with health care organisations. Aesthetic leadership, informed by sensory awareness and knowledge, and with an explicit moral dimension, has gained traction in the contemporary leadership studies literature. As a leadership style it merits consideration as a way of advancing nursing leadership, particularly in the clinical nursing world.

This presentation reports the results of a mixed methods study that explored how aesthetic leadership is embodied and enacted by clinical leaders in the nursing workplace. Following ethics approval narrative data gathered from interviews with 12 experienced clinical nurse leaders and 31 nurses’ written accounts of experiences of aesthetic leadership obtained from a descriptive, online survey, were together, subject to thematic analysis. Findings reveal an obvious and strong moral compass among effective clinical leaders, an attribute highly valued by nursing colleagues. Aesthetic leadership was evident among clinical leaders who were able to create a sense of calm and order in complex and sometimes chaotic clinical areas. This study has shown that by embracing an aesthetic world-view into their practice, clinical leaders can enhance the clinical nursing workplace and positively influence patient/client outcomes.

Unpacking nurse leadership in policy reform: an analysis of the development of the nurse practitioner role in NSW: 1990 - 1998

Ms Leanne Morton FACN, Leanne Morton Consulting

Using discourse analysis techniques, this presentation presents evidence of nursing leadership at senior levels of policy development that ultimately resulted in the creation of the nurse practitioner classification in NSW.

Oral history interviews were conducted with 13 key informants who were participants in the development of the nurse practitioner position in NSW. Rich descriptions of the lived experience of nurse participants in high-level discussions were analysed using discourse analysis. The analysis resulted in illumination of the leadership behaviours and characteristics necessary to navigate the power and politics inherent in role expansion for nurses.

Although public documents can be used to trace significant changes in health workforce reform, by necessity they present a sanitized and objectified view of history. Unpacking the experiences of individuals reveals the challenges and rewards of nurses who lead the profession through stormy periods of reform. This presentation highlights the skilful ways in which nurse leaders at the time navigated power, politics and personality to achieve an outcome for the profession.

The increased emphasis on nurses as clinical leaders may result in overlooking the need for nursing leadership at policy level. It is important to capture and share the experience of nurse leaders in policy reform in order to acknowledge their leadership, learn from their strategies and reflect upon the relevance of leadership qualities for the nursing profession as we enter the next phase of workforce reform.
Evil happens when managers do nothing

Ms Ilze Jaunberzins MACN, PowerMind Leadership Coaching

In 2015, there were three significant nationally reported incidents of homicide; gross neglect, abuse and assault perpetrated by nurses against residents in aged care. In each incident, colleagues had flagged their serious concerns to management about witnessing unacceptable professional behaviour. These concerns were either dismissed or covered up.

The release in 2006 of the Clinical Excellence Commission Patient Safety Report: a comparative analysis of eight Inquiries in six countries, where three examples were Australian, triggered reflection and remedial action by the identified hospitals. NSW Health continues to demonstrate commitment to address the recommendations made by Garling in 2008.

The public health system has made and continues to make significant efforts to establish procedures and processes to improve patient safety. Is aged care flagging behind or are there other issues to address to ensure patient safety besides critical governance structures and systems?

This paper will describe the tragic incidents outlined above and explore the multidimensional leadership elements that directly impact patient safety- including the composition of the governing body; the power of culture; the treatment of whistle-blowers, levels of transparency and blocks; how bullying is managed or not and finally the presence or absence of leadership courage and management strength to execute disciplinary action.

This paper invites examination of the indicators to measure culture in your organisation and asks the question ‘How can you be sure that patient abuse is not happening on “your watch”.

Military command, leadership and management

Mrs Michelle Turner MACN, Australian Air Force

Air Force Nursing Officers are commanders, leaders and managers. They are vital to manage medical departments on Air Force Bases and in deployed health facilities (both overseas and on exercises). Nursing Officers are expected to work in a variety of nursing environments, many of which are not experienced in a civilian health service. They require initiative and flexibility to adapt to remote localities, at times on short notice and with limited equipment and supplies.

The art of command is peculiar to the military. Command is the legal authority and responsibility associated with an appointment. With this authority the commander provides the vision, direction and purpose. Leadership is the art of influencing and directing people to achieve team or organisational goals. Management on the other hand is the process of planning, organising, directing and controlling organisational resources in the pursuit of organisational goals. The purpose of commanding, leading and managing is to engage and motivate people with the focus on task accomplishment.

The Air Force cultivates in its nursing officers certain qualities and skills to enable them to lead others. To lead is to inspire and motivate, not just to manage. This is fundamental as it creates a shared sense of purpose (esprit de corps) and common values. Without good leadership and management Air Force Nurses would struggle to maintain command in any environment; particularly one that is more challenging while on operational service.

Air Force Nursing Officers not only lead and manage but they also command. They perform these duties in a variety of environments and need to be flexible in difficult situations in order to successfully provide nursing care.
Understanding the Importance of Transformational Leadership in Nursing

Transformational leadership - using the FISH! philosophy to improve nursing recruitment and retention

Mrs Debra Gilbertson MACN, Blue Care

Australia, like many other countries is experiencing a nursing shortage. This negatively affects the health of patients so it is imperative that workplaces strive to retain current nursing staff and attract new staff to combat the shortages.

At the same time, demands on the healthcare system are increasing due to the ageing population and increased life expectancy, and the burden of chronic diseases caused by lifestyle factors such as obesity.

The ageing of the population and workforce is reflected in the nursing profession, with the average age of the Australian registered nurse being 45 years. A large number of nurses will be retiring at a time when an ageing population will require an increased number of nurses in the healthcare industry. Compounding the nursing shortage is the fact that recruitment to the profession continues to decline as fewer people are choosing nursing as a career.

A manager utilising a transformational leadership style can have a major influence on improving job satisfaction and staff retention. Transformational leadership is based on an inspiring vision developed by Burns (1978) whereby transformational leaders instil pride and motivation, sharing a vision of the direction of an organisation, and demonstrating open consideration of employee ideas.

The FISH! Philosophy (Lundin, Paul & Christensen, 2011) fits in well with transformational leadership as a way to energise staff, deliver exceptional customer service and increase staff retention. The FISH! Philosophy is being used by organisations around the world to provide amazing service that makes customers want to return, builds a culture where employees want to give their best every day, builds effective leaders who inspire through their example and improve teamwork and builds trust.

The four guiding principles to the FISH! Philosophy (Lundin, et al, 2011) are:

- Play.
- Be There.
- Make Their Day.
- Choose Your Attitude.

The nursing profession is facing its greatest challenge in terms of recruitment and retention. Initiating innovative change such as the FISH! Philosophy has the potential to retain staff, and their expertise, reducing staff turnover with a subsequent improvement in both patient and staff care and satisfaction.

What impact does the CDHB Gerontology Acceleration Programme have on Gerontology nursing in Canterbury

Dr Gail Prileszky & Dr Christine Hendry, New Zealand Institute of Community Health Care

Introduction

In 2015 the New Zealand Institute of Community Health Care was commissioned by the Office of the Chief Nurse, Ministry of Health, to undertake an evaluation of the Canterbury District Health Board’s (CDHB) Gerontology Acceleration Programme (GAP) with the aim of determining the impact of GAP on gerontology nursing in Canterbury.

Method

A mixed methods approach was used to determine the impact of GAP on gerontology nursing, particularly in relation to leadership. Standardised tools were used to measure the progress and impact of the programme over time. Surveys, focus groups and key informant interviews were undertaken, as well as a review of relevant literature to contextualise the programme.

Findings

The evaluation found that GAP aimed to support the growth of nursing leadership in gerontology. GAP had four component parts: clinical rotation, two postgraduate papers, completion of a formalized Professional Development Programme and formal mentoring. GAP participants reported that GAP was a great opportunity for career progression and networking within the sector. GAP key stakeholders highlighted development of GAP participant’s leadership skills and the opportunity to sustain their interest in gerontology as one way to reduce staff turnover. GAP mentors and postgraduate educators described the development of advanced clinical skills of GAP participants; particularly those in the aged residential care sector.

Conclusion

The evaluation found that GAP had a positive influence on participants in that they gained increased confidence, broader clinical and leadership skills, experience and knowledge. The evaluation also found that the nursing workforce in Canterbury benefited from exposure to nurses from other practice settings. This had a positive impact on enthusiasm for gerontology nursing and enhancing collegial working across the sector, resulting in closer collaboration and improved quality of care.
Effects of nurse-led support with smartphone application for the breast cancer patients after surgery: a quasi-experimental study

Ms Qian Wu, Ms Yan Shi, Miss Mei-mei Tian, Ms Xia Duan, Tenth People’s Hospital of Tongji University Shanghai

Background: Women with breast cancer commonly experience psychologic and social distress after their surgery. Some studies showed that web or phone based support can significant reduction in their psychologic-social distress and improvement in the quality of their lives. Communication application (app) is a widely used smartphone users in China, but there is little study on the effectiveness of breast cancer support by this kind tool.

Objective: This study was to examine the effects of nurse-led support group with a messaging app called WeChat for the women with breast cancer.

Methods: A quasi-experimental study was conducted from June to December 2014. 60 survivors of breast cancers (30 in intervention group, 30 in controlled group) were enrolled. All participants received basic healthcare information delivered by professionals with phone calls. In intervention group, one nurse specialist responsible for providing 10 patients with professional supports, which including sending various information services, provided a discussion forum and sharing of personal journals. Outcome measures included social support, competence in finding information, depression and self-rated health status. Baseline and 1-, 3- and 6-month assessments were conducted.

Results: There was no difference between intervention and control patients at baseline. The effect of the intervention on social support and depression showed a significant difference at the 3-month follow-up. Self-rated health status showed a significant difference at the 6-month. Otherwise no significant effects were observed.

Conclusion: With the help of communication app, psychosocial and social benefits from the nurse-led support group are possible for patients with breast cancer after surgery.

Practice nurse observational placement: building knowledge and skills in refugee health

Mrs Leeanne Schmidt FACN, Mrs Wendy Philips & Mrs Anita Stubbings, Metro South Health

INTRODUCTION

The majority of newly arrived people with a refugee or asylum seeker background are settled in Queensland within the Metro South Health region. Many people have long term physical and emotional issues due to displacement, trauma, torture, family separation and deprivation. Health equity and access for new arrivals is dependent on a skilled and responsive ‘refugee ready’ health workforce. Education to prepare nurses for caring for this population is limited. Increasingly immediate post graduate nurses are entering general practice; as well as constant movement of nurses in and out of ‘refugee ready’ general practice. Establishment of observational placement at Metro South Refugee Health Service (MSRHS) for practice nurses is addressing identified workforce learning gaps.

DESCRIPTION

Placement objectives focused on systems and processes for beginning the health journey; including health literacy, impacts of cultural diversity, cultural sensitivity, working with interpreters, and mental health self care. Tools and resources developed included recommended pre-reading, objectives for learning and pre- and post placement questionnaire. MSRHS nurses provided an evaluation of each placement, reflected on key learnings and implemented improvement on placement.

SUMMARY

Nurses across the primary health care sector are pivotal in enabling person-centred care within their organisation. A deeper understanding of nurse roles improves relationships and clinical handover. Building of relationships across the primary health nurse sector increases effective communication and facilitates improvements in client care. Skilled and networked primary health nurses improve client access to care coordination and referral pathways. Training on cultural diversity and experience working with interpreters is mandatory. Improved access to education for caring for people with a refugee and asylum seeker background is required.

CONCLUSION

Observational placement for practice nurses at MSRHS improves nurse skills and knowledge; builds health equity and access for people with a refugee or asylum seeker background.
Hospital at night

Ms Sara Riggs & Miss Nicola Ross, Queensland Health Ipswich Hospital

Hospital at Night (HAN) is a clinically driven patient focused change program implemented at Ipswich Hospital, West Moreton Hospital & Health Service (WMHHS) in May 2014. The program was initiated and supported by the National Health Service (NHS) Modernization Agency in 2004 in the UK that introduced a model using a multi-disciplinary approach to delivering care at night to ensure optimal patient outcomes. HAN was introduced to ensure patients who are either on shift during the day or night are cared for by the right person with the right skills at the right time, focusing on a safe system of care that reduces variation, standardises practice and provides multi-disciplinary clinical and operational leadership at night.

Drivers for change for this program were the increased demands within the WMHHS and analysis of the Health Round Table data (Source: Health Round Table, 2009-2014) comparing morbidity and mortality rates for all patients, presenting to Ipswich Hospital compared to a weekday and weekend. The standardised risk of mortality increased by 31% for patients presenting on a weekend, compared to a week day (Source: Health Round Table, 2009-2013).

HAN is a multidisciplinary team consisting of a Senior Medical Registrar, Grade 6 Night Response Nurse, Medical Ward Call and led by a Grade 7 Clinical Care Coordinator operating from 2000-0630Hrs seven days a week. The interdisciplinary team is involved in managing, coordinating and identifying clinical care requirements of patients after hours including: early identification of the unwell patient; monitoring of the patients of concern and by providing clinical leadership and mentorship to the staff rostered afterhours.

In conclusion, since implementation HAN has revealed the following improvements: a reduction in unplanned transfers to Intensive Care Unit; early recognition of the deteriorating patient; monitoring of ‘patients of concern’ and increased staff satisfaction secondary to afterhours support, guidance and mentorship.

Session two

Leading the culture change: an innovative nurse led physical health program integrated into a community mental health clinic

Mrs Elizabeth Wallace MACN, Melbourne Health

In general, people with serious mental illness have a shorter life span than the general population – up to 25 years, and have much higher rates of morbidity and mortality from chronic physical illness, compared to the general population. This is mainly due to their higher prevalence of cardiovascular risk factors including smoking, obesity, diabetes and dyslipidaemia. Whilst the general population have improved in these areas, those with severe mental illness have remained unchanged for 30 years. This is a clear indication that priority needs to be given to improving the physical health of people living with severe mental illness.

NAMHS Community Team North recognise this as a significant issue and area of need and have responded by developing and implementing an innovative and unique nurse led Physical Health Program. The Program is a long-term initiative that is now fully integrated into their daily function and has been implemented at cost neutral. This change in practice model has been borne out of a desire to actively promote good physical health, prevent chronic disease and, in doing so, reduce overall mortality of our consumers.

Recent research has provided clear evidence that the Program provides significantly higher screening rates compared to similar sites, and the integration of community health practitioners into the Program has returned startling evidence of improved engagement.

Leadership of this substantial culture and practice change has been driven and implemented by two mental health nurses who hold manager and clinical senior nurse positions.

The Program model is inclusive, innovative and responsive to the holistic needs of our consumers who have serious mental illness. Barriers have been removed so that truly collaborative working between mental health, community health and primary care can occur with continued success and the opportunity to continually evolve and grow.
Outstanding nurses: the rise and rise of the refugee nurse

Ms Sandy Eagar FACN, NSW Refugee Health Service

Australia has a proud history of resettling refugees from across the globe and the Australian government Humanitarian Settlement Program is considered to be amongst the best in the world. Integral to the settlement process is on arrival health assessments and an introduction to the Australian Health care system. Integral to that is the role of the refugee health nurses. This relatively new role has quickly carved a unique place in primary health nursing and the resettlement space. Using their leadership, advocacy, communication and clinical skills, refugee nurses are a key contact and source of advice for hundreds of newly arrived refugees, asylum seekers living in the community and others in the health care system.

Refugee nurses work in a variety of settings including stand-alone nurse led models of care, as part of community based teams, Medicare Locals and have now been introduced into a number of high schools in NSW. The Victorian government recognises the value of the refugee health nurse role, with a significant funding boost, whilst Western Australia and Queensland are revising their models of care to boost the responsibilities and roles of their refugee health nurses.

The demonization of refugees and asylum seekers in the current political climate, demands that refugee nurses clearly demonstrate courage and leadership in their day to day work. They constantly challenge stereotypes, racism, discrimination and misinformation as they assess and connect refugees into the Australian community.

The most treasured part of their role is walking alongside refugees and asylum seekers as they reclaim their futures.

Using case examples, this paper will highlight the outstanding leadership of the refugee nurses across Australia.

Developing Associate Unit Manager (AUM) leadership capability for safe and quality care

Ms Shirley Burke MACN & Ms Melissa Brown, Eastern Health

Consistent safe and high quality care is challenging in the rapidly changing health care environment. Clinical leadership capability in the Associate Unit Manager group is critical to support and sustain this across the nursing and midwifery workforce.

Eastern Health identified that a group of AUMs within Women and Children program had knowledge and skill gaps in relation to role definition, clinical risk and maternity and neonatal outcomes. There was also limited understanding of the Women & Children vision, strategic direction and importance of the AUM role in delivering the strategy.

A one day face to face workshop was undertaken with a focus on delivery of safe and effective service through:

- Reducing clinical risk
- Improving clinical outcomes
- Improving overall performance

A range of paper based resources and ongoing support was provided to the AUM following the workshop.

Key components of the face to face workshop were supporting the Unit Manager to deliver workshop content thus imbedding them in the process of knowledge transmission. Follow up support was implemented at Unit Manager level in order to facilitate the implementation of the skills and knowledge. AUM group were asked to identify key projects and offered ongoing support for project development and implementation.

Eight clinical projects have been implemented following the face to face workshop. Several of the participants have moved into key roles within Eastern Health; further extending their leadership capability.

Key learning from the face to face workshop will be presented together with an overview of ongoing development on the AUM group. Implementation and evaluation data from projects will also be presented.
Strategies for promoting self-efficacy in implementing a cardiac-diabetes self-management program

Dr Chiung-Jung (Jo) Wu FACN, Professor Mary Courtney FACN, Australian Catholic University, Professor Anne Chang FACN, Queensland University of Technology, Dr John Atherton, Royal Brisbane and Women’s Hospital, Dr Karam Kostner, Mater Health Services, Dr Richard MacIsaac, Dr Andrew MacIsaac, St Vincent’s Hospital Melbourne, Dr Steven McPhail, Metro South Health

Background: Although a number of studies have evaluated the quality of nursing care for patients with either cardiac disease or diabetes, little is known about the effectiveness of nurses in delivering a self-management program for patients with both diseases. The complexity of self-management by those with two diseases in comparison to one disease cannot be underestimated. Our previous studies showed clinical efficacy for a cardiac-diabetes self-management program based on Bandura’s self-efficacy model from Social Cognitive Theory, but highlighted the vital needs of ensuring high quality in delivering such a program. Delivery of the theory based program requires understanding by clinical staff of the essential strategies for promoting self-efficacy in self-management.

Aims: To illustrate the application of self-efficacy model to deliver an intervention program for patients with cardiac disease and diabetes.

Methods: A framework to apply four information sources of self-efficacy model was exemplified.

Findings/Conclusion: Feedback and comments received from the intervention nurses indicated that the training process increased nurses’ confidence levels in implementing a cardiac-diabetes self-management program. Future studies should consider more rigorous evaluation methods for measuring the implementation levels, as well as taking account for all factors influencing delivering a self-management program for patients with comorbidities.

Creating communities of inquiry

Professor Jane Mills FACN, Dr Karen Yates MACN, Ms Helena Harrison, Dr Cindy Woods & Ms Jennifer Chamberlain-Salaun, James Cook University

Introduction: Nursing students often express negativity or ambivalence towards learning about and doing research. Can the creative use of communication technology build communities of inquiry and foster interest in research? One university tested the theory.

A healthy profession is underpinned by a commitment to increasing the bank of knowledge in the field. Nurse researchers are active and have been since The Nightingale journal was first published in the late 1880s but, in hospitals and health services, negativity remains towards research. Educators must lead the way in the field of research by providing effective and relevant education about research to improve, not only evidence-based practice and patient care, but also to develop nursing as a profession.

Poor student perceptions of doing research and learning about research prompted one university to redesign a compulsory subject for nurses and midwives undertaking postgraduate studies. The innovation trialed during the redesign was a Communities of Inquiry (CoI) framework. The framework supports deep and meaningful learning in an online environment by integrating three areas: teaching, social and critical thinking (Garrison & Arbaugh, 2007). In this study, small learning circles were used as a basis for the CoI redesign; mixed methods research was used to investigate the impact. Fifty-nine students were enrolled in the subject; 29 students participated in the survey and 10 in an interview. Study findings indicated that, after the CoI-based redesign, students’ perceptions of research improved, as did their higher order level learning and thinking, particularly in the integration of their learning to work practice.

The process of conducting modern nursing research is, in itself, the creation of a community of inquiry. The subject innovation showed CoI was not only an effective way to teach students about research methods, but also to teach students how to do research.

Ms Robin Girle, Ms Margaret Martin MACN & Ms Karen Tuqiri MACN, South Eastern Sydney Local Health District

Clinical supervision has been recognised as being critical to the provision of safe high quality patient care. The following is a synopsis of the person centred approach taken to develop and deliver advanced nursing leadership in clinical supervision training across South Eastern Sydney Local Health District (SESLHD).

Health Workforce Australia identified the core skills required for clinical supervision.1 This work was used by SESLHD to develop a study investigating the perceptions and level of preparedness of nurses and midwives to provide clinical supervision. The SESLHD study identified specific deficits in skills, knowledge and confidence for staff in supervisory roles, especially relating to individualising learning, assessment of clinical expertise and promoting reflection. Further, facilities were asked to prioritise their specific training requirements across all elements of the clinical supervision continuum.2 Existing programs at district and state level were mapped to identify gaps in training opportunities. This enabled us to tailor our training specifically to the needs of nurses and midwives across the district.

We developed a model of program delivery that facilitated learning in areas of need. The workshop format enabled deeper levels of exploration and reflection on the learning needs of clinical staff and introduced participants to a skill set that enabled them to work with individuals in the clinical setting. Post program evaluation has identified an increase in skills knowledge and confidence in all of the core skills of clinical supervision. Participants key learnings map directed to desired learning outcomes.

Data from the program evaluation will be presented along with an exploration of future opportunities to develop a cohesive interdisciplinary approach to the preparation of staff across the district.

1. HWA, 2011, Clinical Supervision Support Project

Ms Margaret Martin MACN, Mr Keith Jones & Ms Karen Tuqiri MACN, South Eastern Sydney Local Health District

South Eastern Sydney Local Health District (SESLHD) Nursing and Midwifery Practice and Workforce Unit (NMPWU) is committed to the development of a person centred nursing and midwifery workforce which is focussed on delivering the highest standards of care. The Nurse/ Midwife Manager role is seen as pivotal to advancing nursing and midwifery leadership in this endeavour.

Effective Nurse/Midwife Managers need a suite of complex skills supported by experience. Many managers at levels three to five, have had no formal preparation for the role, or have been prepared through generic educational programs or experience alone. This paper will describe an innovative program designed for this group which was founded in the triumvirate of people, management & leadership skills. Our approach to the development of the program was to ensure that existing structures and processes of induction and development were integrated; the needs and experiences of individuals respected and the strategic direction of the organisation observed. The rationale, design, implementation and evaluation of our approach will be explored.

The program facilitated the personalised development of individual participants through coaching, mentoring, 360 degree feedback, shadowing and goal setting. Participants established their own goals and development plans within a structured but flexible framework.

The program ran for nine months, commencing with a skills inventory designed to assess individual learning needs in the three skill areas complemented by a 360 degree review. These helped participants develop their individualised specific goals and plans which were supported through coaching and mentoring. Mentors were self-selected and a tool kit was provided to establish and guide the process. Coaches met with participants regularly to explore issues relating to the workplace and to goal attainment.

Workshop days enhanced networking and promoted evidence based approaches to participants’ development. Some informal lectures were given on topics selected by the participants, but individualised learning was the main focus of the initiative. In depth and guided group discussion was a key element of each workshop.

The findings of the program’s evaluation conducted at three months will be presented, and a summary of the implications of these to future programs will be explored.
Supporting the transition to leadership roles

Ms Karen White MACN, Southern Adelaide Local Health Network

This presentation will discuss a program provided by the Centre for Nursing and Midwifery Education and Research (CNMER) based at Flinders Medical Centre for nurses and midwives who are looking to develop their leadership knowledge, skills and abilities.

The Southern Adelaide Local Health Network (SALHN) recognises that supporting the development of leadership skills for senior nurses and midwives is vital to creating and sustaining a clinical environment where quality care and a positive culture contribute to optimal patient outcomes and organisational performance. Sequential development programs are provided for those new to the role of Shift Coordinator, Senior Clinical Nurse/Midwife or Clinical Service Coordinator/Nurse Manager.

The Middle Manager Induction (MMIND) program is designed to support newly appointed nurses and midwives at level 3; those who are expected to relieve the RN/M 3 role; or for experienced nurses and midwives who are looking to enhance their leadership and management skills.

MMIND participants engage in learning activities that are intended to assist with:

- Understanding the leader’s potential to impact on clinical care through the awareness of clinical decision making processes
- Building a culture of clinical practice improvement through challenging status quo and implementing clinical practice improvement initiatives
- Developing a sense of the leader’s capacity to influence the clinical environment and the strategic direction of their immediate work unit, the organisation and the LHN through role modelling, networking, and engagement
- Enhancing leadership capacity through the development of leadership skills, and identifying expectations and accountabilities of the role
- Improving operational accountabilities through awareness of key responsibilities and operational imperatives

The program requires all participants to engage in a quality improvement activity within their home unit. Evaluation of program impact is achieved via pre and post surveys completed by participants and their line managers, and the 2014 outcomes will be presented.

Conducting the orchestra? Listening to the experience of registered nurse leadership in the aged care setting

Mrs Melissa Taylor, University of Southern Queensland

Working in the aged care sector as a registered nurse is complex and challenging. Providing the coalface leadership to staff, many of whom are unregulated health care workers is multifaceted. The exploration of these experiences as expressed by the staff form the basis for this presentation in advancing nurse leadership in aged care. With a plethora of information in the literature on nursing leadership this research learns from the experiences of registered nurses, enrolled nurses and unregulated healthcare workers by gaining insights into the understanding of the leadership role of the registered nurse in the aged care setting.

The research is greater than determining a leadership style, more than what attributes are present in leading teams and sought for an exploration of stories (anecdotes) and experiences of staff. It utilises a qualitative research design that identifies a descriptive and interpretative dimension to gather the experience through recollection, sharing of experience and anecdotes of practice.

The analysis uses a metaphor of the assembly and coordination of an orchestra with all its individual elements collectively and rhythmically combined together to produce the harmony, that is the team work, cohesion and collective nature of the aged care staff team. A team led, directed and accountable to the registered nurse sees the harmony or synthesis of the whole brought together as a collective work environment otherwise known as the ‘home’ for the ageing vulnerable person. The metaphor is a suggestion of bringing together what individually is seen as solo or quartet to the crescendo of an orchestra. This relationship between staff and organisation, link the complexities of care provision, decision making, coordination and clinical reasoning that pervades a registered nurse. This presentation shares the anecdotes and analysis of findings in understanding the complexities of the leadership demands in the aged care work environment.
The nursing dean's world: juggling professional and personal lives

Professor Lesley Wilkes FACN, University of Western Sydney & Nepean Blue Mountains Local Health District, Professor Debra Jackson FACN, Oxford Brookes University, Professor John Daly FACN, University of Technology Sydney & Professor Wendy Cross FACN, Monash University

Background

Juggling professional and personal lives is difficult for people in many professions. For deans of nursing, who are mostly female, they must juggle in a unique, complex way. They work in environments where they need to lead and develop their faculties with vision and passion whilst simultaneously being a role model and a good manager of diverse programs. Moreover, they must promote nursing internally to their institution and externally to the broader health and education community. This paper reports how the professional and personal lives of a group of deans exist in their worlds.

Aim

To describe the ways a group of deans of nursing integrate their professional and personal lives in their world.

Method

Oral narratives were gathered from 30 nursing deans in three countries between June 2011 and March 2012. Narratives were transcribed and subject to thematic analysis.

Results

The major themes to emerge from the analysed data were: work demands, dual career partnerships, children come first, obtaining educational qualifications, other professional activities, out of work pleasure activities.

Discussion

The deans tended to have work as the centre of their world with their personal lives floating around and either being interwoven into the web of their work life or sitting side by side. Children, family and recreation are essential.

Conclusion

While accepting that integrating professional and personal life is not easy, if done well it can provide deans of nursing with more emotional strength in their busy world. Health and academic organisations must provide ways to enable better support for nurses in executive roles such as deans.

Advancing nurse leadership in vascular access research

Professor Claire Rickard FACN & Ms Gillian Ray-Barruel MACN, Menzies Health Institute Queensland, Griffith University

Established in 2007, the Alliance for Vascular Access Teaching and Research (AVATAR) group began as a small group of dedicated researchers at Griffith University, Brisbane, and has now become a global network of more than 100 members, including nursing and medical researchers, clinicians, educators, microbiologists, engineers, and industry partners collaborating on numerous intravascular device research projects. At the group’s helm is Professor Claire Rickard with over 100 peer-reviewed publications in the field, including in The Lancet, and an inductee in the prestigious International Nurse Researcher Hall of Fame. Prof Rickard and her team are passionate about nurse-led vascular access research and encourage new collaborating opportunities.

The AVATAR group researches and publishes extensively on all facets of vascular access practice in hospitals and home care. The group conducts pilot studies to large multi-centre randomised clinical trials, systematic reviews and meta-analyses, cost-effective analysis, and qualitative research. Current research projects examine diverse topics including device flushing, administration set replacement, dressing securement, and patient experience. The group also has a strong microbiology arm, investigating the role of biofilm in catheter infections.

A driving goal of AVATAR is knowledge translation of research findings into clinical practice, and numerous international organisations such as the Centers for Disease Control and the Infusion Nurses Society directly cite the group’s research in their practice guidelines. Vascular access education is a growing focus for AVATAR, with workshops to accelerate implementation of evidence-based practice, and a university accredited course in intravenous catheter insertion and management. Fostering the development of researchers and clinical champions with a desire to improve vascular access management is being achieved through extensive mentoring. This research collaborative has demonstrated results with several AVATAR team members having now completed doctoral and masters level studies in vascular access.
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Watering the seeds of holistic care: a case study of an intRAdisciplinary immersive mental health clinical placement

Professor Lorna Moxham FACN, Ms Ellie Taylor, Dr Dana Perlman, Mr Chris Patterson & Ms Renee Brighton, University of Wollongong

In 2013, a team of mental health nursing academics established a unique mental health clinical placement called Recovery Camp. Three years later, the placement continues. Over this time, the knowledge tree that has grown has been shaped, pruned and evaluated. In addition, the ‘gardeners,’ also known as the investigatory team who provide leadership, has been expanded.

This paper explores how the seeds of holistic person-centred care are watered through involvement in an innovative mental health clinical placement. The authors assert that despite every attempt to ensure it doesn’t happen, care becomes compartmentalised due to the ‘system.’ The system, though, is made up of people and by reframing the minds of people the ‘system’ can be altered.

Professional enculturation related to the concept of holism needs to happen during undergraduate education. To affect this, nursing, psychology, dietetics and exercise physiology students go away for 5 days into the Australian bush, with 30 people who have a serious and enduring mental illness. Among many objectives, this clinical placement aims to help students understand that compartmentalising care is the least effective means of working toward effective health care outcomes.

This case study of intRAdisciplinary learning experience using therapeutic recreation as the theoretical framework illustrates how students can be empowered to embed holistic approach care into their epistemologies.

Session three

Advancing nurse leadership through cross-cultural education in the clinical setting: the benefits of an international internship program for the host organisation

Ms Elizabeth Matters FACN, North Shore Private Hospital

International clinical experience is a common feature of many nursing preparation programs around the world as it is an effective method of training future nursing leaders in cultural sensitivity and comparative analysis of differing health management and nursing practice traditions. Australian hospitals, however, are often reluctant to host clinical placements for overseas nursing students because of concerns about professional liability, overuse of scare resources, local pressures to accommodate domestic students and increased workload for nurse educators. This paper describes a nationally unprecedented structured internship program for foreign nursing students which proved highly successful without being an excessive drain on local resources. German nursing students completed a month long placement in an acute-care private hospital in Sydney incorporating experiences in a broad range of inpatient clinical areas, the local Indigenous health unit and sites of Australian cultural significance. The students rated the program very highly but educational benefits were also evident for the Australian nurses who mentored the visitors. The contact with overseas students exposed the local nurses to new ideas in international nursing and encouraged them to reflect critically on their own practice tradition. In conjunction with the visit, transcultural nursing education sessions were held for both the local and visiting nurses which increased awareness of the importance of culturally appropriate nursing care and promoted team cohesion amongst ethnically diverse colleagues. Finally, the host organisation developed partnerships with leading European educational institutions setting the precedent for future collaboration. As nursing leaders in contemporary healthcare must appreciate cultural diversity and project a global perspective on nursing, training in this area is essential. This program proved an effective means of instilling leadership through cross-cultural education in the Australian clinical setting.
Clinical facilitators: leading a future focused on quality education

Ms Rose McMaster MACN, Dr Robyn Rosina, Ms Susan Gilbert, Ms Elizabeth Cleary & Ms Wai-Leng Wong, Australian Catholic University

Clinical Facilitators require a diverse skill set that has rarely been described or evaluated but assumed present in all Registered Nurses alongside clinical experience. The professional development and leadership potential of this role has been neglected until recently.

This is despite the complexity and the demand for high level clinical teaching and learning skills for an increasingly diverse student group. Recent HETI funding has enabled a project ‘Clinical Facilitation: a Future Focussed on Quality’ to be undertaken. This project has identified via literature reviews, staff feedback and collective clinical wisdom both a skill set and the establishment of a suitably responsive Clinical Facilitator Professional Development Program (CFPDP).

This CFPDP engages participants in teaching and learning theory, practice development and management. Learning assessment tasks and reflective practice activities are tailor-made for the clinical learning environment of the Clinical Facilitator operating in a variety of healthcare contexts.

The CFPDP introduces participants to personal and shared virtual walls with opportunities for more creative self and group reflective activities. The program is fully online, albeit with some webinars and discussion forums. There is an instructor available for individual consultation and assessment feedback on activities.

This presentation will provide an overview of the CFPDP program particularly an emphasis on the multimedia and technological approach undertaken. In addition, discussion will focus on participants’ feedback on the potential this program has for establishing clinical facilitators as future clinical leaders of healthcare education into the future.

A beacon of shining light for nursing

Ms Mei Lau & Ms Mia Jones, Calvary Health Care Kogarah

Promoting leadership in nursing education by developing teamwork and effective problem solving skills through a process of reflective practice in group and individual clinical supervision.

Summary

At Calvary Health Care Kogarah ‘being of others’ is our Mission. Having caring, compassionate nurses who love their job is key to achieving clinically excellent patient centred care. Whilst the staff in the Inpatient Rehabilitation Unit (IRU) do their upmost to create a homely and caring environment as well as following procedures to ensure the highest quality of care, it has been recognised for decades, that staff need their own ways to manage their wellbeing, stress and work life balance in order to maintain the levels of service given at Calvary.

Pockets of blame, lack of accountability and under engaged staff littered the culture. Our nurses strived to handle the change in patient acuity and higher occupancy levels yet they became task-orientated and morale lowered.

Using the latest research in neuroscience communicated in the journal article “Neuroanalysis of Therapeutic Alliance in the Symptomatically Anxious: The Physiological Connection Revealed between Therapist and Client” clinical supervision was used to develop reflective practice skills and to build self-awareness. Group and individual supervision allowed a space of trust, care and support so nurses could learn about perception.

Conclusion

Pre and post program evaluations, IRU attendance, sick leave and staff engagement measures were tracked to measure the effect of Clinical Supervision in the unit.

Myers Briggs Type Indicator (MBTI) improved understanding of self and others increasing self-confidence, decision making styles and improved team dynamics

The result was a greater understanding of what Clinical Supervision is, improved level of skills for nurses to use in their working day to manage their stress, reflect on their own practice, attitude, behaviour and contribution to the workplace, team interactions, patient care and organisational culture.
The heart of caring-leading person centred compassionate care

Mrs Karen Tuqiri MACN, South Eastern Sydney Local Health District & Ms Suzy Murray, Prince of Wales Hospital

The South Eastern Sydney Local Health District (SESLHD) Nursing and Midwifery Practice and Workforce Unit are committed to the development and support of a nursing and midwifery workforce which is person centred and focused on the delivery of compassionate care. Contemporary models of nursing education utilising reflective practice and storytelling are critical to enable effective cultures of caring. Within a health context of demands to improve the efficiency of clinical practice there has been increasing emphasis in policy, practice, research and investigative reports highlight the need for person centred compassionate care. The telling of stories is an important way for messages that are central to the development of compassionate care to be conveyed. The underlying principle in story telling of this nature is that it will stimulate both focus and reflection on practice.

This paper will describe a project aimed at understanding compassionate care from the perspective of nurses and midwives within SESLHD and the role education has in the development and sustainability of a compassionate workforce. Following a literature review and thematic analysis of fifty nursing and midwifery stories a reflective resource has been published to enable either individual or group facilitated reflection. Story excerpt and themes are incorporated into the resource to stimulate critical dialogue amongst teams and action planning opportunities in relation to providing compassionate care. The main themes extracted from the stories have formed a conceptual framework that is aimed at “leading person centred compassionate care” including connecting human to human, engaging as a team, promoting self-care and wellbeing and promoting effective workplace cultures. This framework will inform future workforce development programs within SESLHD.

Using contemporary models of education is essential in achieving compassionate care to every patient every time. The Heart of Caring framework and reflective resource are pivotal to the development and support of a compassionate nursing and midwifery workforce.

A concept analysis of patient-centred nursing in ICU

Mrs Samantha Jakimowicz MACN & Professor Lin Perry MACN, University of Technology Sydney

Clarification of concepts such as patient-centred nursing in ICU is important to theory construction and development thus reducing the theory/practice gap which advances nurse leadership in research. Therefore, this nurse-led research will demonstrably influence research relating to nurse leadership in the critical care environment.

Description

The aim of this paper is to report an analysis of the concept of patient-centred nursing in the context of intensive care. This is important because consensus on the definition of this concept is lacking. The severely compromised physiological state of these patients and the consequences of this, differentiate patient-centred nursing in intensive care from that of other hospital settings. While the concept has been broadly analysed, it has not been assessed in the context of intensive care.

Walker and Avant’s eight-stage approach was used to analyse the concept in a structured and systematic manner. CINAHL, PsycINFO, Medline and PubMed databases were searched. Twenty-eight peer-reviewed papers were identified.

Summary

Antecedents to patient-centred nursing in ICU comprise a physiologically compromised patient needing biomedical intervention, a professional and competent nurse and organizational support. The defining attributes include maintenance of patient identity by a compassionate and professional nurse implementing biomedical expertise. Consequences incorporate patient satisfaction, positive patient experience, nurse job satisfaction and improved nurse workforce retention.

Conclusion

Patient-centred nursing in intensive care is differentiated from other areas of health by the particular characteristics of severely ill patients, the critical care setting and the challenging bio-psycho-social demands made on intensive care nurses. Effective patient-centred nursing in this environment encourages beneficial outcomes for patients, nurses and the health service. Significantly, analysis of this concept maps closely to other middle range nursing theories, however the point of difference is the nursing leadership within the critical care setting. Policy and decision-makers should support critical care nurses in their challenging role, to lead and maintain delivery of patient-centred nursing.
Shining a light through the fog of patient and family centred care: exploring what we think we know to discover what we don't yet understand

Dr Kim Walker MACN, Ms Kathleen Fitzgerald & Ms Kelly Edwards, University of Tasmania & Ms Ciara Rafferty, St Vincent’s Private Hospital Sydney

Patient and family centred care (P&FCC) is currently high on the healthcare agenda as various government mandates and policies exhort us to provide evidence that we practice what we have long preached in this respect. To many clinicians and managers, the ‘new’ imperative to deliver P&FCC is somewhat insulting as it seems counterintuitive to suggest that we haven’t long been providing it. The scholarly and ‘grey’ literature is replete with investigations and commentary on the topic but it remains shrouded in a thick semantic and rhetorical fog that is difficult to penetrate.

In our research centre we have a cohort of research students currently exploring what P&FCC is (and what it is not), how and why it matters at all and indeed, whether or not patient experience of care, can be adequately captured and measured. This work is both necessary for the reasons discussed above but also exciting in that our student researchers are bringing fresh eyes to the subject and have the potential to start to clear a way forward for practitioners and managers alike.

In this presentation our student researchers will present five minute snapshots of their current research projects with a view to stimulating discussion and debate on what is unarguably both a persistently perennial, but also newly topical area of concern, in the contemporary healthcare arena. We believe there remains much work to be done still, if ever we are to be able to claim we are indeed, truly patient and family centred in our caring endeavours and not merely paying lip service to it, so as to assuage the policy makers and bureaucrats whose edicts drive so much of today’s ‘healthcare improvement agenda.

Developing global nursing research capacity to improve patient outcomes: leading the way with a worldwide prevalence study of peripheral intravenous catheters

Ms Gillian Ray-Barruel MACN, Dr Frances Lin, Griffith University, Dr Evan Alexandrou, University of Western Sydney & Liverpool Hospital, Mr Peter Carr, University of Western Australia & Professor Claire Rickard FACN, Menzies Health Institute Queensland & Griffith University

Many guidelines exist across the globe to inform best practice of insertion and management of peripheral intravenous catheters (PIVCs). However, little is known about the implementation of guidelines into practice. We conducted an international prevalence study of PIVCs to determine how the guidelines are followed in clinical practice and to detect any concerns with current PIVC care.

Over 700 hospitals in 68 countries participated in this prevalence study. More than 50,000 patients were screened and more than 30,000 PIVCs were assessed. Feedback from participating clinicians has been overwhelmingly positive, with many nurses in Australia and internationally reporting that this is the first nursing research study they have ever been involved in. As a result of this study, many nurses who participated in the study have created education programs in their local hospitals to improve PIVC clinical management, while others have expressed the desire to develop their research skills further and become involved in future multicentre research projects.

The enthusiastic response to this research demonstrates that clinicians are keen to become involved in simple research projects with defined clinical benefits for patients. This global study has led to the creation of extensive nursing and medical research partnerships. With networks now established, this opens the doors to further collaborative research studies and the development of clinical research leaders.
Game-changer: the power of interactive video dramas for men's smoking cessation

Dr Joan Bottorff, University of British Columbia & Australian Catholic University, Dr Gayl Sarbit, Dr John Oliffe, Ms Mary T. Kelly, University of British Columbia & Dr Maria Lohan, Queens' University Belfast

Men continue to smoke in greater numbers than women and fresh approaches are urgently needed to engage them in smoking cessation (SC). Accepting this leadership challenge, our team harnessed the power of Interactive Video Dramas (IVDs) to develop a unique tool to support and strengthen men’s smoking cessation efforts. The IVD scenarios combined research and creativity to engage men in building the self-efficacy skills needed to sustain a quit. The purpose of this presentation is to describe the development of and reception to the IVD scenarios and demonstrate how a nursing leadership initiative that is evidence-based and creative can positively impact clinical practice.

IVDs are an innovative strategy that have never been used before in smoking cessation. Since men tend to rely on quitting strategies associated with stereotypical manliness, such as willpower, stoicism and independence, seven brief scenarios were developed from a positive, masculine perspective and uploaded to a new online smoking cessation website, QuitNow Men TM. The IVD scenarios dramatized the challenges unfolding in the life of the main character, Nick, on the first day of his quit. Following each scenario, two online questions prompted viewers to reflect and respond: “How would you feel if you were Nick in this situation?” and “How would you act in this situation in order to remain smoke free?” The questions were designed to promote anticipatory thinking around smoking cessation and encourage men to consider how they might respond when facing the challenges of quitting.

A sample of 117 men who smoked were recruited into a 6 month pilot study to explore their receptiveness to Nick, and their perceptions of the effectiveness of the IVD scenarios for supporting their quit self-management. The positive outcomes from this pilot study signal the infinite potential for IVD scenario use in men’s health promotion.
The role of leadership in the successful implementation of a pilot program for the evaluation and improvement of patient care quality and workplace culture

Ms Tamera Watling & Ms Karen Tuqiri MACN, South Eastern Sydney Local Health District Nursing

Underpinned by the principles of ‘practice development’ and ‘lean’, the Person Centred Care Program (PEEP) is a pilot project for the evaluation and improvement of patient care quality and safety, and workplace culture. A key intent of the program was to build effective governance and develop nursing leadership capacity to better enable the prioritization of quality and safety within the pilot teams.

Description of pertinent research:

Effective leadership is critical to the positive engagement and collaboration of clinical staff in the evaluation and implementation of evidence based improvements to patient care quality and safety (Solman & Fitzgerald, 2008). The 2013 report on the public inquiry into the failings of the Mid Staffordshire NHS Trust highlights the grave consequences of a lack of effective leadership, including poor standards of care, a lack of accountability for safety and preventable patient deaths (Francis, 2013).

Summary:

The PEEP program guides teams to create an effective workplace culture in which practices and decision making are time efficient, collaborative and informed by agreed values, contextual evidence and the feedback of service users.

A key focus of the evaluation of this pilot program was to investigate the specific attributes and strategies employed by individuals in leadership positions at the macro, mezzo and micro levels of the organisation that contributed to the active and ongoing engagement of clinicians.

Conclusion:

This presentation will demonstrate from the perspectives of key stakeholders, the elements of leadership that have had a positive impact on engagement, and have supported clinical teams to:

- develop a person centred and collaborative approach to improving teamwork and patient care quality and safety
- address environmental and work practice inefficiencies in order to create the time for this work

These elements will be linked to the intent behind the leadership development strategies implemented as a part of the pilot project.

Nurse Managers creating clarity of purpose to manage and lead nursing practice

Ms Bernadette Twomey MACN & Dr Sally Lima MACN, The Royal Children's Hospital Melbourne

Until the latter part of the 20th Century, the role of the nurse who led a team of nurses was clear. Charge nurses were appointed to ensure shifts ran efficiently, that nurses in their charge were competent, and that patients received safe, quality care. In more recent times, expectations have changed. The nurses who lead teams now are Nurse Managers (NM), with the same responsibilities of old AND additional expectations. Nurse Managers (NM) must be fluent in business management and have well developed leadership skills.

Recognising the need for greater clarity about the role and expectations of NM, a working group of NM in a tertiary paediatric hospital was supported to lead the development and implementation of Standards for Practice (Standards). Initially data was gathered via survey from incumbent NM about EFT, qualifications and training, current responsibilities and recommended competencies. The extensive raw data provided the foundation for a series of facilitated workshops. Adapting the Strong Model for Advanced Practice, NM were provided with themed data to locate the competencies within one of five domains of practice: direct and comprehensive care, support of systems, education and professional development, research and quality, and professional leadership. A further set of workshops saw the transformation of the competencies into 16 Standards.

The Standards have enabled the role of nurse managers at the RCH to be clearly articulated. Variations in practice have been highlighted. An agreed orientation program with formal mentoring and ongoing professional support and development will enable standardisation of leadership and management practices to improve the patient experience, teamwork, and achievement of operational goals. The challenges of role clarity for NM is not unique to this setting. Presenting the Standards and process of development will provide an opportunity for critical discussion about the relevance of the process and outcome to other organisations across.
Nursing leadership experience in and Australian Medical Assist Team

Associate Professor Alison McMillan MACN, Department of Health & Human Services, Ms Rebecca Wier, Northeast Health Wangaratta & Ms Rhiannon Wake, National Critical Care & Trauma Response Centre

On the 8th November, 2013 in the Philippines, Eastern Samar Province, Typhoon Haiyan made landfall. The category five ‘superstorm’ is thought to be the strongest Typhoon ever to make landfall. On the 14th March 2015 Cyclone Pam hit the Island nation of Vanuatu. On both occasions there was widespread devastation and significant disruption to the local health services.

At the request of both nations and consistent with Australian Government Disaster Response Plan (AusAssist) an Australian Medical Assistance Team (AusMAT) was deployed.

In the Philippines two teams were deployed for a duration of 2 weeks each, totalling a combined one month deployment. In Vanuatu 3 teams were deployed, a three person Needs Assessment Team, a four person Initial Treatment Team Followed by a 20 person strong Alpha Team.

Both Disasters resulted in significant structural damage to buildings and local health facilities. However the usable infrastructure in Vanuatu enabled the AusMAT team to be embedded in the Port Villa Hospital, complimenting the existing health system, as well as working collaboratively with the Ministry of Health to enable a large number of aeromedical retrievals in the surrounding archipelago. On both occasions the leadership team worked closely with the hospital and ministry of health forming strong positive relationships and respect, proving invaluable to the successful integration of the AusMAT into a local health system.

Both deployments illustrated that the role of nurse leader was diverse, unique, challenging, rewarding, and an integral component of the leadership team. Nursing leadership was pivotal in fostering and maintaining morale and also ensuring effective and efficient running of the surgical field hospital and local hospital systems. All of which was achieved with limited resources in an austere, environmentally challenging setting.

This presentation will discuss nursing leadership in disaster settings and the unique experiences of leading such a team. It will illustrate the associated leadership challenges in the austere disaster environment, address the diversity of case mix in clinical presentations and look at current and future areas for consideration in the development of future nursing team leaders.

Leading change to improve patient outcomes in cardiovascular nursing

Dr Mary Boyde MACN, Mrs Robyn Peters, Mrs Genevieve Clark & Ms Joanne Crook, Princess Alexandra Hospital

Introduction: Nurses are uniquely positioned in the health care system to lead the design of new models of care.

Background: In Australia cardiovascular disease remains the leading cause of death. Traditionally these patients have been managed by two distinct services: cardiac rehabilitation and heart failure management programs. At a tertiary referral hospital, senior nursing staff in these two services identified an opportunity to create a more patient centred approach/A Nurse Practitioner, Nurse Researcher and two Clinical Nurse Consultants utilised their transformation leadership skills to engage staff in real change while collectively being responsible for the strategic direction, implementation, management and evaluation of a new integrated service.

Aim: To lead the implementation of a new model of care to effectively manage cardiac patients through their continuum of care from acute care to the community.

Method: Utilising transformational leadership qualities of visioning, empowerment and valuing, a senior leadership team implemented a new model of care. The model incorporated management of patients along the continuum of cardiac illness from initial diagnosis to end stage disease. Inclusive within this model were the existing cardiac rehabilitation and heart failure programs, titration clinics, secondary prevention support, home visiting, and nurse-led clinics. The model enabled patients to be categorised according to their needs and case managed by a specialist nurse. With a new shared sense of mission, the integrated service developed five key performance indicators to enable timely evaluation.

Summary: The proposed model has been effectively implemented as evidenced by achievement of performance indicators. The transformational qualities of the leaders have inspired and motivated the team to focus on a long term strategy to effectively manage a cohort of complex and chronically ill patients.

Conclusion: Effective nurse leaders can engage nursing staff to enact changes to models of care to improve patient outcomes.
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1. Using realist synthesis of literature to understand nurses’ roles in Antimicrobial Stewardship

Ms Sally Morison, Epworth Healthcare

Nurse Managers have responsibility for implementing strategies to meet Standard 3 of the National Safety and Quality Health Service Standards. However, nurses’ roles in antimicrobial stewardship (AMS) within acute hospitals are complex and currently not well defined. Nurse managers currently have little guidance available to them about how to implement this policy at the micro-ward level.

Description

The aim of this poster is to present a novel systematic search, data extraction and synthesis strategy developed to enhance knowledge about nurses’ roles in AMS within acute hospital settings. The review strategy is drawn from methods of ‘realist synthesis’, advocated as particularly useful in complex policy-relevant areas. The method supports integration of a wide range of literature often not considered in systematic reviews; including primary research, review and opinion papers, health policy and professional practice recommendations. The search strategy is presented, along with the method developed for data extraction and synthesis to capture elements relevant to the context, mechanisms and outcomes impacting the success or failure of nurses’ roles in AMS at the meso, macro and micro organisational levels. Preliminary findings are presented to illustrate the methods for data extraction, appraisal and synthesis to inform a plan for action.

Summary

This paper presents an innovative search strategy and novel method to systematically examine and synthesise a wide range of evidence relevant to the success of nurses’ roles in implementation of AMS policies and practices in acute hospitals.

Conclusion

‘Realist synthesis’ is proposed as a useful method for nurse leaders to draw on a wide range of available evidence and literature to better understand and lead strategies to enhance nurses’ roles in health policy-practice implementation.

2. Construction and effectiveness evaluation of evidence-based nursing teaching ward-round mode based nursing program framework

Ms Xia Duan & Mrs Yan Shi, Tenth People’s Hospital of Tongji University Shanghai

Background: Nursing teaching ward-round are an indispensable part in clinic teaching; it can improve nurse’s theoretical knowledge, helping the nurses to discover and solve the clinic problem. But the form of teaching ward-round can directly affect the consequent. Evidence-based nursing teaching ward-round mode take the patient as the whole and emphasize the nurses explore the best evidence to solve the patients’ problem, our hospital implemented the evidence-based nursing teaching ward-round for one year, and achieved good results.

Method: This is a randomized controlled trial comparing evidence-based nursing teaching ward-round (intervention group) as usual (control group). The purpose of this study was to evaluate the effectiveness of the evidence-based nursing teaching ward-round mode.

Of the nurses 118 were randomly divided into two groups. Intervention group take the evidence-based nursing teaching ward-round mode, it divide the process of nursing teaching ward-round into 7 steps. It including selecting the topic and appropriate patient; assessing and collect patient data; making the nursing diagnosis; finding the best evidence for patient; making the comprehensive planning, implementing the plan, evaluating the result of nursing care. Control group take the traditional nursing teaching ward-round mode. We use the evaluation form about round quality to evaluate the effect of nursing teaching ward-round.

Results: The scores of these terms have a significant difference in two groups, including the learning interest; initiative and enthusiasm; the skills of analysis and solving problem; the ability of critical thinking; interpersonal skills; cooperate ability; Literature review ability.

Conclusion: The introduction of evidence-based nursing teaching ward-round mode stimulated the learning interest of nurses and created a healthy study atmosphere; It expanded the knowledge of nurses and improved the nurse’s comprehensive capabilities and it also improved the nurse’s satisfaction for the teaching ward-round, it is worthy of promotion and use.
3. The role of the nurses in multidisciplinary fast-track colonic surgery: from multimodal management to evidence-based perioperative care

Ms Qian Wu, Mrs Yan Shi & Miss Mei-mei Tian, Tenth People’s Hospital of Tongji University Shanghai

Background: A fast-track program in colonic surgery is a multimodal approach (perioperative fluid restriction, an optimized analgesic regimen, a forced mobilization, and early postoperative oral nutrition,) for patients combining different perioperative evidence-based measures to enhance and accelerate the patients’ recovery, reduce morbidity and shorten hospital stay. Fast-track program needs a multidisciplinary team including anesthetist, surgeon, nurses, and dietitian to improve perioperative efficiency.

Objective: This study aims to explore the role of nurses by exploring the role of nurse by in-depth interviews with members of multidisciplinary team in one hospital of China.

Methods: An in-depth, semi-structured interview study was conducted, 14 professions of multidisciplinary team were interviewed in November 2013. All participants included had taken part in the team for at least half a year.

Results: The study explores five themes: Nurses’ management leadership role in ensuring the efficiency of the team work; nurses’ coordinator role in coordination and communication between patients and professions; nurses’ practitioner role in providing evidence-based care to patients; nurses professional specialist role in the provision of expert advice and guidance to other members of the team; nurses’ perioperative caregiver role in making the quick respond to patients and offering comprehensive information to the team.

Conclusions: Nurses as perioperative profession play a key role in fast-track surgery through their management ensuring the efficiency of the team and provision of evidence-based perioperative care that enhance patients’ recovery.

4. Taking the lead on managing staff with identified practice issues

Mrs Robin Girle, South Eastern Sydney Local Health District

The South Eastern Sydney Local Health District (SESLHD) Nursing and Midwifery Practice and Workforce Unit (NMPWU) play a leadership role in education focusing on developing the capability of the workforce to deliver high standards of care. When nurses and midwives are identified as having practice issues related to their clinical skill sets, advanced nursing leadership is essential to manage these issues and maintain the safety of staff and patients at all times.

Management of staff with identified practice issues has historically been ad hoc with staff unsure of processes. A survey of SESLHD nurses and midwives identified they lacked confidence in managing staff with practice issues, and did not feel they had the skill set required for providing feedback.

This poster will portray the innovative approach NMPWU took to provide a structured and supportive process for SESLHD nurses and midwives to manage staff that have identified practice issues and do not meet standards of care. The bodies of work have provided staff with an extensive and detailed framework, tools, skills and the support needed to lead the process of managing staff with practice issues.

The framework was developed with a person centred approach and an emphasis on patient safety and fairness to all staff involved in the process. Once the framework was complete, NMPWU focused on enhancing the ability of nurses and midwives to provide direct supervision at the point of care, to be able to give and receive feedback and to incorporate critical reflection into their everyday practice. Further, NMPWU are developing a body of work to ensure consistency and fairness in the assessment process.

The poster will portray the framework developed along with evaluation of the associated bodies of work.
5. Effects of nurse-led fast track programme in laparoscopic colorectal surgery: a quasi-experimental study

Ms Qian Wu, Mrs Yan Shi, Miss Mei-mei Tian, Ms Xia Duan, Mrs Mei-fang Gong, Tenth People’s Hospital of Tongji University Shanghai

Background: Fast track programme has been proved to reduce decreasing postoperative complications and facilitate patient’s recovery after surgery. However, there has been little attempt to develop a nurses-led fast track programme (NFTP) in laparoscopic colorectal surgery.

Objective: To investigate the effectiveness and safety of a fast-track programme led by nurse specialists for patients undergoing laparoscopic colorectal surgery.

Methods: This was a quasi-experimental study. The NFTP group included 90 patients. The control group included 100 patients with the same characteristics who having conventional perioperative care before the introduction of the programme. NFTP included preoperative patient education and counseling, no preoperative mechanical bowel irrigation, limited preoperative fasting duration, earlier postoperative remove of urinary drainage, and earlier mobilization and nutritional care. The length of hospital stay, the length of time to regain bowel function and the rate of postoperative complications were compared between the two groups.

Results: The length of time to regain bowel function, including the passage of flatus [31 (22–43) h vs 66 (34–66) h, P = 0.013] and to start a liquid diet [28 (12–56) h vs 60 (48–92) h, P = 0.000] were significantly shorter in patients receiving the NFTP compared with those receiving the conventional perioperative care. A reduced percentage of patients who developed general complications was also observed in the fast-track group (13.7% vs 28.7%, P = 0.008). A shorter duration of hospital stay was recorded in patients receiving the fast-track program than in those receiving conventional care [5.8 (2–12) d vs 10.1 (4–16) d, P = 0.015].

Conclusions: This study has shown that NFTP resulted in a more rapid postoperative recovery, shorter stay in hospital and fewer general complications compared with a conventional perioperative care.

6. Managing clinical aggression: utilizing a DVD education training session to assess staff attitudes and improve knowledge and management of clinical aggression

Ms Rebecca Thompson, Ms Honie Thomson, Peninsula Health & Associate Professor Virginia Plummer FACN, Monash University & Peninsula Health

Background

Nurses are often at the frontline of clinical aggression. The need to prevent and manage clinical aggression within health services is important to provide a therapeutic and safe environment for patients, their families and staff. Timely effectual clinical management and compassionate care of patients must also be considered. An innovative educational program was developed by nurses for nurses in response to this challenging issue.

Objective(s)

To test the effectiveness of an educational DVD package: To ensure safety of staff and patients through improving nurse’s ability to communicate with patients and relatives whilst engaging the workforce to better assess patients behaviour. Participants will explore underlying reasons for this behaviour, ensuring individualised, appropriate and timely treatment incorporating all aspects of patient care. Provide examples of real life scenarios which staff can relate to.

Method

The pilot study was a pre-test post-test experimental design utilising the DVD educational package as the intervention: - Nurses from 5 acute health wards participated in an anonymous questionnaire.

Results

The initial pilot included 71 staff; mostly registered nurses (97.2%) with a range of years of experience and over half had previous education in aggression management. (53.5%) Of these, 44 completed the pre and post survey. Of the 30 items there was positive movement in agreement on all items of the Management of Aggression and Violence Attitude Scale (MAVAS) with a statistically significant shift on 7 of these (note p<0.0012).

Conclusion

Through the regular use of this education package delivered by nurse leaders in management of clinical aggression, staff will be better equipped to manage situations and feel more confident when dealing with clinical aggression. This increased confidence supports positive outcomes for patients and staff and the benefits of a highly competent and engaged workforce are shared by all stakeholders.
7. Developing global nursing research capacity to improve patient outcomes: leading the way with a worldwide prevalence study of peripheral intravenous catheters

Ms Gillian Ray-Barruel MACN, Dr Frances Lin, Griffith University, Dr Evan Alexandrou, University of Western Sydney & Liverpool Hospital, Mr Peter Carr, University of Western Australia & Professor Claire Rickard FACN, Menzies Health Institute Queensland & Griffith University

Many guidelines exist across the globe to inform best practice of insertion and management of peripheral intravenous catheters (PIVCs). However, little is known about the implementation of guidelines into practice. We conducted an international prevalence study of PIVCs to determine how the guidelines are followed in clinical practice and to detect any concerns with current PIVC care.

Over 700 hospitals in 68 countries participated in this prevalence study. More than 50,000 patients were screened and more than 30,000 PIVCs were assessed. Feedback from participating clinicians has been overwhelmingly positive, with many nurses in Australia and internationally reporting that this is the first nursing research study they have ever been involved in. As a result of this study, many nurses who participated in the study have created education programs in their local hospitals to improve PIVC clinical management, while others have expressed the desire to develop their research skills further and become involved in future multicentre research projects.

The enthusiastic response to this research demonstrates that clinicians are keen to become involved in simple research projects with defined clinical benefits for patients. This global study has led to the creation of extensive nursing and medical research partnerships. With networks now established, this opens the doors to further collaborative research studies and the development of clinical research leaders.

8. Metro south motor neurone disease service - its journey so far

Mrs Lois Quick, Chronic Disease Brisbane South

This was the development of a unique service design in Queensland for this group of clients and originated 18 months ago from a lack of cohesive service provision for a complex high need group of clients.

Motor neurone disease is a progressive, fatal neurodegenerative disease and in Metro South the clients are managed in a joint respiratory and neurology clinic as respiratory complications and failure account for 84% of deaths.

Service provision had been provided by teams reactively managing clients as their condition changed and no ongoing support. The need was identified that clients required monitoring, support and proactive management pre-empting the changes of their disease.

The team led clinically is a multidisciplinary team so we were ideally placed to provide a cohesive service. Clinical leadership was initially demonstrated in coordinating meetings involving stakeholders and workforce development to develop a model of care for both the patient journey and service provision. Staff support was required as this was a new development for our service that had to be incorporated into the current workload with no additional resources provided. Emotional support was required as we learnt to support both the patients and families, with some staff having had personal experiences of similar conditions. Education needs had to be met as although we were a highly skilled respiratory service, this was a new area for many of the team members. Keeping staff motivated when it got difficult and to be creative in finding ways to work efficiently with no additional resources was also a challenge.

Feedback to date from stakeholders has been positive and other tools are in development to enhance care provision. Clinical leadership is essential when creating a new service and its continued development to ensure a new clinical service remains client focused and evidence based.
9. Nursing & midwifery domains of practice — a professional leadership framework

Mrs Jo Mapes, Ms Kath Riddell MACN, Eastern Health

Introduction: Developing leadership skills is a challenge experienced by many nurses and midwives, particularly when they find themselves in management roles without having prior knowledge, education or experience in leading others. Similarly, when aspiring to advance a career along a particular professional pathway, often the signposts are hard to find.

Background: In a large Melbourne metropolitan health service the Nursing Midwifery Executive team sought to define expectations of practice and to provide a guide for professional practice standards across the diversity inherent in the role of nursing and midwifery.

Utilising the work of Ackerman et. al. (1996) and the National Common Health Capability Resource (2013), a framework was developed; the Domains of Practice

Description: The Domains of Practice seeks to make explicit the expected, and aspirational, standards of professional practice. Ackerman referenced five domains of practice, which are considered core components of the role of all nurses and midwives; comprehensive patient care, support of systems, education, research and professional leadership. Appreciating that skills and knowledge are developed over time and are interdependent on a number of factors, the framework was aligned with the acquisition of skills and knowledge as prescribed by Dreyfus & Dreyfus (1980) and translated for nursing practice by Benner (1984).

Conclusion: The Domains of Practice have been incorporated into standard processes and templates across the organisation. It serves as a guide and a ‘road map’ when undertaking recruitment, induction, career planning, development guides for advance practice roles, performance appraisal and recognition.

Through supporting the individual clinician, by identifying and promoting expected standards across the complexity of the nursing and midwifery role, the organisation is benefiting from a positive cultural change.

Just as all clinicians have a shared responsibility to deliver optimal patient outcomes, so too all clinicians have a responsibility to continue their professional journey and refine their leadership practice.

10. Clinical supervision for advanced practice nurses: A pilot study to build and sustain connections to improve practice and wellbeing in an acute care setting

Dr Sally Lima MACN, Marijke Mitchell, Ms Erin Alexander MACN, Ms Sophie Linton, The Royal Children's Hospital Melbourne & Mr James Houghton, Centre for Psychiatric Nursing, The University of Melbourne

Background and aim: Clinical supervision (CS) is common practice in disciplines such as mental health and social work, however its uptake for nurses in acute care settings has been limited, and there is little evidence regarding the effectiveness of CS in acute care. In 2012, a major project with Advanced Practice Nurses (APN) in a tertiary paediatric setting, identified a need for increased support and connectedness for APN, who often work in professionally isolated positions. In early 2014 a working group of APN, chaired by the Executive Director of Nursing was established to lead the development and implementation of CS for APN.

Method: The working group formulated a definition of CS that was congruent with the culture of the workplace. It was decided that a rigorously evaluated pilot would be implemented as the first phase. In the pilot, it was determined that CS groups would have 6-8 members including two co-supervisors, to build. CS would be conducted fortnightly for an hour for two months, then extend to monthly for 6 months in total. Supervisors would also be required to participate in their own monthly supervision sessions. All participants were required attend two days of training, with an additional day for supervisors. An academic partnership was established to provide advice and CS expertise through participation in the working group, facilitation of the training, and assistance with the evaluation.

Results: 34 APN voluntarily participated in the CS pilot. Prior to the pilot, the participants and their department heads were invited to complete a survey to demonstrate their understanding of CS. While most participants had a sound understanding of CS, department heads had varied conceptualisations. At the conclusion of the pilot, three focus groups were conducted; two with supervisees and one with supervisors. Key themes to arise from the focus groups were; reduced stress, less isolation/more connectedness, increased ability to address issues with actions, having a safe space to share issues, professional support and development and extension of supervision skills. Findings demonstrate CS has had a positive effect on APN practice and wellbeing in this setting.
11. Growing clinical leaders at every level

Ms Nicole Lyons & Ms Donna McLean, Princess Alexandra Hospital

Introduction

Clinical leadership is a role expectation for all nurses working in the clinical unit, but with the meaning of the term ‘clinical leadership’ being poorly defined, it is difficult to describe and state expectations and behaviours for our clinical leaders. A Clinical Leadership project was commenced with the aim of providing a workplace that encourages accountability amongst peers, provides consistency and clarity with standards of care being expected, communicated and delivered, and leadership behaviours that are fostered for all staff.

Summary

The Clinical Leadership project encompasses three key interventions; innovation in the recruitment process, redesign of the unit orientation process and the creation of a Clinical Leadership workshop for senior ward nurses. The recruitment process for graduate nurses changed from a standard interview process to a simulation scenario designed to elicit the candidates who could demonstrate person centred care, communication skills and basic patient assessment and safety considerations (the thinking nurse). Unit orientation was redesigned with the goal of ensuring orientees understand the core values, behaviours and expectations of care, by using scenarios based on the patient cohort and interactive teaching methods. This has allowed the orientees to integrate knowledge to practice and allow for an explicit understanding of expectations of care. The Clinical Leadership workshop has been designed to allow the experienced nurses to discuss and understand the concept and application of clinical leadership in their workplace by utilising discussion, case studies and role play.

Conclusion

The evaluation of these three interventions is underway and uniformly positive. The innovative ward orientation process is being compared against ‘traditional’ orientation by the use of focus groups. The Clinical Leadership workshop evaluation data is uniformly positive and suggests potential for expansion. Equipping our nurses with leadership knowledge and abilities allows for the best outcomes for themselves, their patient and their colleagues.

12. Embedding nurse researchers in clinical settings to improve patient outcomes: a single-centre experience of engaging clinical nurses in research processes

Dr Sally Lima MACN, Dr Sharon Kinney MACN, Ms Meaghan Hawley & Dr Fiona Newall MACN, The Royal Children's Hospital Melbourne

The last decade has been characterised by increased recognition of the need for translational health research to ensure findings from the “bench” find their way to the “bedside”. Concurrently, there has been increased recognition for health service delivery research that improves the way in which healthcare is provided. Despite these emphases, much research continues to be driven by those at least one step removed from the “bedside”, perpetuating the knowledge / practice gap.

In June 2011 a clinically embedded Nursing Research team was established at the Royal Children’s Hospital (RCH) Melbourne with the aim of fostering critical inquiry and research within the clinical nursing team. The Nursing Research team consists of a Professor of Nursing Research (1 EFT), 2 Nurse Consultants (Research) (1.3 EFT) and Administrative support (0.4 EFT). The strategic plan includes developing evidence-based clinical guidelines and developing research capacity. The team’s focus is to support clinical nurses to identify and investigate practice-based issues with a view of improving the care delivered to children and their families.

Across 3 ½ years the Nursing Research Team has established active partnerships with 69% of areas led by Nurse Unit Managers (n=26) by supporting 38 individual nurses in those areas. In addition, the team has provided support to 38 nurses working in advanced practice roles. That support has enabled nurses to develop their capacity to engage in clinical projects and research, present at conferences, prepare manuscripts, apply for scholarships and grants, and complete higher research degrees. In each instance, the nurse has come to the Nursing Research team with a clinical question from the “bedside”, and with support reviewed, and where necessary generated new evidence to improve care.

Nurses working clinically are ideally situated to identify issues the most pressing issues impacting efficiency, effectiveness and quality of care. Yet they are not necessarily well equipped to address those issues in a rigorous fashion. A clinically embedded Nursing Research team enables those nurses be at the forefront of leading practice change.
13. Leading innovation to promote family health: smoking cessation for fathers

Dr Joan Bottorff, University of British Columbia & Australian Catholic University, Dr John Oliffe, Dr Gayl Sarbit, Dr Cristina Caperchione, University of British Columbia, Dr Anima Anand, The Bridge Youth and Family Services Society

Although efforts have focused on women's smoking cessation during pregnancy and the postpartum period, relapse rates remain high with partner smoking a major contributing factor. Our previous research demonstrated that smoking issues faced by new fathers are unique, and linked to masculine ideals and identities (e.g., freedom, confidence, independence and strength). Shifting the focus to supporting fathers' cessation provides an opportunity to influence women's success in quitting, reduces children's exposure to second-hand smoke and their uptake of smoking later in life, and promotes men's health. The purpose of this presentation is to report on our leadership in the development and implementation of men-friendly smoking cessation support for fathers as an innovation for enabling healthy families.

Building on evidence from our program of research focusing on fathers and smoking and from consultations with fathers, a motivational booklet, The right time, the right reason. Dads talk to other dads about reducing and stopping smoking was developed. The uptake of the resource across Canada in English and French has been very encouraging and prompted the development of a Chinese version of the booklet. The Dads in Gear (DIG) program was also developed. DIG is an innovative, evidence-based, 8 week peer support program that addresses men at a critical time in their lives to spark their commitment to family health and quitting smoking through involved fathering. DIG harnesses the power of social connections and men's desire to be good fathers to inspire their determination to eat well, become more physically active, and stop smoking. Using a creative and masculine approach and augmented with a suite of web-based resources, DIG is the only men-friendly, evidence-based smoking cessation program in the world designed specifically for new fathers. With feasibility testing underway in collaboration with community stakeholders, we are leading change in clinical practice to support family health.

14. Metro south community based nursing - communities of practice (COP)

Ms Kathleen (Kitty) Hutchison MACN

The Metro South Community Based Nursing - COP is being developed to enable connecting, collaborating and sharing of specific community based practice information between Nurse Clinicians working in the Hospital Avoidance and Substitution services.

COPs are groups of people who share a concern or passion for doing something they do and learn how to do it better as they interact regularly (Wenger 2006). They differ in size and formality, and can develop through a variety of activities. COP allow us to see past the more obvious structures of organisations and focus on the engagement in practice and informal learning that goes with it.

Healthcare reforms have resulted in changes to structures within Metro South Health that aligned community based health care teams to a number of clinical streams within the Hospitals of the Health service. This has meant that the group of approximately 200 community nurses are no longer overseen professionally from a single point of governance.

A wealth of knowledge and clinical expertise in community nursing practice exists within this group and many are faced with similar issues during delivery of nursing care within the focus of their clinical specialty streams. The challenges facing this group have been acknowledged and Veronica Casey, Metro South Health Executive Director of Nursing, has sponsored formation of this COP.

The Metro South Community Based Nursing COP has been designed and built on a process of inquiry and engagement of the community nurse member group.

A forum to launch this CoP has been held with a focus on forming the group and developing a sense of belonging, discovering the preferred activities and identifying the key focus points of the group. This COP will continue to develop and grow with a number of activities being planned and regular ongoing communication within the members being established.
15. Developing cultures of safe, person centred quality care

Ms Ruth Smoother, South Eastern Sydney Local Health District

The use of Practice Development principles in nursing leadership practices enables a focus on person-centred practices that impact on workplace culture. Practice Development principle 2 highlights the need for coherent support from interrelated mezzo- and macro-systems levels in order for attention to be directed effectively within the micro-systems level. (Manley, K., McCormack, B. and Wilson, V. 2008) A review and evaluation of processes around implementation of the quality framework of Essentials of Care (EOC) within the South Eastern Sydney Local Health District identified the need for improved engagement with the mezzo-system level of facilities.

The Essentials of Care Program is a framework to support the development and ongoing evaluation of nursing and midwifery practice and patient care, and is underpinned by the principles of transformational practice development. EOC was developed and piloted in the South Eastern Sydney Local Health District in 2007, and rolled out State wide under the sponsorship of the NSW Nursing & Midwifery office since 2008.

Effective governance for the implementation and evaluation of Essentials of Care is required at all levels of the system, but need to be led by senior Nurses and Midwives to ensure engagement and sustainability. This governance extends to using collaborative processes to develop the capacity and capability of facilitators, teams and managers for the creation of person centred workplace cultures and relating Essentials of Care work directly to the patient safety and quality agenda for each facility.

This presentation will demonstrate how a revised governance structure within SESLHD, including the creation of a Nursing & Midwifery Internal EOC coordinator role within the mezzo system level has enabled facilities to:

- Improve engagement, reporting and accountability structures within each facility
- Achieve collaborative and integrated care processes that are person centred and sustainable, meeting the wider quality agenda towards accreditation and improving workplace culture.

A visual representation of the work achieved in making the links between Essentials of Care work with NSQHSS for accreditation in the form of a poster developed for use in each ward will be highlighted.
People with dementia don’t wander into harms way as often as carers and family fear, with a new Queensland University of Technology study finding wandering out of bounds and into a person's private space occurs only five per cent of the time in residential aged care.

Dr Margaret MacAndrew, from QUT’s School of Nursing, has looked at one element of wandering by people with dementia in residential care facilities focusing on transgressing into out-of-bounds and potentially hazardous areas, such as another resident’s bedroom.

“Anecdotal evidence suggests families and carers of people with dementia believe the intrusions into private space during wandering, or boundary transgression, is happening almost all the time, is associated with frequent physical and verbal abuse, and is very difficult to manage,” she said.

“What my study shows is there is a significant disparity between what staff and families think is happening and what is actually happening.”

Dr MacAndrew said the problem was how to provide a safe, yet free, environment in residential aged care facilities for highly mobile residents who wander, get lost and were unable to locate their own rooms or sit down and rest.

“So we need to be looking for innovative ways to better manage this behaviour and reduce the risk and threat to residents’ personal safety.”

By highlighting the reality of when and where wandering-related boundary transgression occurs, Dr MacAndrew is now looking at developing an intervention program.

She has recently received a fellowship from the Dementia Collaborative Research Centre: Carers and Consumers, to pilot a program using walking supervisors in a bid to provide additional exercise and interest and help reduce the risk and harm associated with wandering.

Dr MacAndrew’s PhD study has been supported by the Dementia Collaborative Research Centre and an Australian Postgraduate Award scholarship.

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