National Nursing Forum shines light on leadership

Perioperative passion: Q&A with educator Nicole Whiting

Education: the key that unlocks the door to new opportunities

Uniting to advocate for nurses in chronic disease management
<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>In This Edition</td>
<td></td>
</tr>
<tr>
<td><strong>Member News</strong></td>
<td></td>
</tr>
<tr>
<td>ACN Update</td>
<td></td>
</tr>
<tr>
<td><strong>Nurse Leadership</strong></td>
<td></td>
</tr>
<tr>
<td>National Nursing Forum</td>
<td>shines light on leadership</td>
</tr>
<tr>
<td><strong>Advertorial</strong></td>
<td></td>
</tr>
<tr>
<td>Manual patient handling:</td>
<td>&quot;What's the Risk?&quot;</td>
</tr>
<tr>
<td><strong>Policy @ACN</strong></td>
<td></td>
</tr>
<tr>
<td>National nursing organisations unite</td>
<td></td>
</tr>
<tr>
<td><strong>Engagement @ACN</strong></td>
<td></td>
</tr>
<tr>
<td>Hello from ACN’s Member</td>
<td></td>
</tr>
<tr>
<td>Engagement Team!</td>
<td></td>
</tr>
<tr>
<td><strong>Education @ACN</strong></td>
<td></td>
</tr>
<tr>
<td>Education: the key that</td>
<td>unlocks the door to new opportunities</td>
</tr>
<tr>
<td><strong>Cover Story</strong></td>
<td></td>
</tr>
<tr>
<td>Q&amp;A: Perioperative</td>
<td></td>
</tr>
<tr>
<td>Educator, Nicole Whiting</td>
<td></td>
</tr>
<tr>
<td><strong>Advertorial</strong></td>
<td></td>
</tr>
<tr>
<td>Army Nursing Officer:</td>
<td></td>
</tr>
<tr>
<td>A unique and diverse career?</td>
<td></td>
</tr>
<tr>
<td><strong>Special Feature — Ageing</strong></td>
<td></td>
</tr>
<tr>
<td>Clinical issues in the older person</td>
<td></td>
</tr>
<tr>
<td><strong>Advertorial</strong></td>
<td></td>
</tr>
<tr>
<td>Handling the challenges</td>
<td></td>
</tr>
<tr>
<td>of our ageing population</td>
<td></td>
</tr>
<tr>
<td><strong>Special Feature — Ageing</strong></td>
<td></td>
</tr>
<tr>
<td>Improving pneumococcal</td>
<td></td>
</tr>
<tr>
<td>vaccination rates</td>
<td></td>
</tr>
<tr>
<td><strong>Snapshot</strong></td>
<td></td>
</tr>
<tr>
<td>The latest health care news</td>
<td></td>
</tr>
</tbody>
</table>
Welcome

Carmen Morgan FACN, President of ACN

Welcome to the November edition of NurseClick.

It was wonderful to see so many nurse leaders from across Australia and around the world come together for ACN’s National Nursing Forum in Brisbane last month. We’ve rounded up the highlights from the inspirational three days and the excellent interaction on social media, which was a great way to share the important messages coming out of the Forum.

Speaking of important messages; we always love to hear from our members here at ACN, especially our friendly Member Engagement team! We’ve got a ‘who’s who’ of the newly expanded team, who are all about supporting members in their professional development through networking, engagement and education.

A great example of the power of member feedback is ACN’s collaborative submission to the Standing Committee on Health’s inquiry into Best Practice in Chronic Disease Prevention and Management in Primary Health Care. The invaluable expertise provided by our members helped to form ACN’s contribution, as outlined by ACN’s policy team in their article on the submission and hearing attended by ACN and the four other collaborating nursing organisations.

With the New Year fast approaching, professional and personal development goals come to the fore. Our article, Education: the key that unlocks the door to new opportunities, is a comprehensive look at ACN’s course offerings to help you find your career pathway. Someone who has found their pathway, and is helping others to find theirs, is perioperative educator Nicole Whiting who runs the graduate program at Werribee Mercy Hospital. She must be doing something right, having retained all but one of her 13 graduates at Mercy. Nicole shares her story in our Q&A.

And following her passion along the Aged Care pathway is current Graduate Certificate in Aged Care Nursing student Lynda Elias, who has kindly shared her outstanding essay on clinical issues in the older person with us.

I hope you enjoy this edition of NurseClick and don’t hesitate to get in touch via publications@acn.edu.au with any feedback.

ACN publishes The Hive, NurseClick and the ACN Weekly eNewsletter.
Member News

ACN Update

ACN establishes Expert Advisory Group on Ageing

ACN has established an Expert Advisory Group (EAG) on Ageing to support ACN’s advocacy work on issues related to ageing. The EAG on Ageing will provide expert guidance and nurse leadership to inform ACN’s positions in the complex and rapidly changing policy environment regarding Australia’s ageing population. More information on the objectives of the EAG on Ageing and the elected members can be found in ACN’s media statement.

Advocating for the rights of refugees and asylum seekers to access quality health care

Refugees and asylum seekers often have considerable health needs arising from psychological trauma, nutritional deficiencies, poor oral health status, poorly managed chronic diseases and the physical consequences of torture or sexual abuse.

At the National Nursing Forum in Brisbane last month, ACN released a position statement, Quality Health Care for all Refugees and Asylum Seekers. The position statement articulates ACN’s commitment to the protection of the health, welfare and dignity of refugees and asylum seekers and their children.

ACN can support your continuing professional development needs – tell us how!

We would like to learn more about your continuing professional development needs so we can continue to deliver the courses you need most.

Please complete our online Short courses @ACN survey to tell us more. The survey will take no more than two minutes to complete.

Congratulations to...

Ms Christine Smith FACN (DLF), who was admitted as a Distinguished Life Fellow of the Australian College of Nursing last month. Christine was also inducted, along with Professor Elizabeth Beattie MACN and Professor Linda Shields FACN, as an American Academy of Nursing Fellow during a ceremony on October 17.

Dr Elisabeth Jacob FACN and Professor Cynthia Stuhlmiller FACN, who were invested as ACN Fellows at the National Nursing Forum Luncheon and Oration last month.

Emerging Nurse Leader Program graduates

Carol Mudford MACN, Natalie Bradbury MACN, Paula Lambert MACN and Renee Callender MACN

Nola Henry MACN and Libby Bowell MACN, who were awarded the Florence Nightingale Medal, which recognises exceptional courage and devotion to victims of armed conflict or natural disaster.

Anna Shepherd MACN (Associate), ACN Community and Primary Health Care COI Advisory Committee member, who was recently recognised in the 2015 100 Women of Influence Awards.

Emerging Nurse Leader program graduates received their Certificate of Completion at The National Nursing Forum Luncheon
Nurse Leadership

National Nursing Forum shines light on leadership

More than 250 nurse leaders from around the nation gathered in Brisbane this week for the National Nursing Forum, the signature annual event held by the Australian College of Nursing (ACN).

This year’s theme, “advancing nurse leadership”, was examined in a comprehensive program of workshops and presentations by more than 60 local and international speakers. They shared their insights about critical issues facing the nursing profession, including the need for strong, confident and resilient nurse leaders within the health care system.

Governments around the world are facing the harsh reality of the rising cost of health care provision to an ageing population and a population with a rising incidence of chronic disease. In Australia, budget pressures mean that the Federal and State Governments are seeking ways to contain health expenditure. Kathleen McLaughlin, acting CEO of the ACN, told the Forum delegates that the economic pressure of providing health care, combined with the need to achieve cost efficiencies without sacrificing patient safety and satisfaction, means there are competing priorities that nurses confront and respond to on a daily basis.

“Nurses are uniquely placed to provide advice, propose reforms and lead the way in cost management without reducing the quality of care provided. A nurse leader can have a positive effect on improving patient care and optimising outcomes by leading the policy, cultural, clinical and organisational change required to deliver quality improvements,” said Ms McLaughlin.

Evidence from around the world shows that the role of a nurse leader must not be underestimated. A nurse with leadership skills is critical to advancing the nursing profession and developing a healthy work environment and culture. Another important aspect of nurse leadership is its ability to give nurses an essential voice in the development of patient care environments. With nurses consistently rated as the most trusted profession, they are uniquely placed to effect transformational change at every level by working collaboratively with all health professionals.

"Being a nurse leader is more than working in a managerial position. A nurse leader is a change maker. ACN wants to ensure that nurses have access to the latest information and networking, mentoring and educational opportunities to develop their leadership skills and, by doing so, lead the improvement of the health of all Australians,” Ms McLaughlin continued.

According to the National Nursing Forum’s international keynote speaker, Professor Anne Marie Rafferty – an expert on health service reform in the United Kingdom – nurses as leaders must not only do things right, they must also do the right things to achieve sustainable change in policy, systems, workplace culture and workforce retention.

“In a highly pressurised health system, the need for nurse leaders is huge. Strong leadership by nurses plays a pivotal role in a system that makes enormous demands upon practitioners. The skills and expertise that nurses have means they are in a position to lead change in health care systems, be the designers of better care models and processes, as well as deliver better health outcomes for patients and their families,” stated Professor Rafferty.

In convening an annual National Nursing Forum, the Australian College of Nursing’s goal is to raise the profile of the importance of developing and enhancing leadership skills in nurses at all stages of their career – from the nursing student and graduate nurse through to the experienced nurse in a senior executive position. ACN believes that every nurse can have a positive impact on patient safety and health care outcomes, not only through the delivery of front line services but also in shaping and leading the development of new models of care needed to meet future health care demands.

Continues on next page
Thank you to everyone who engaged on social media, helping to spread the inspiring and important messages coming out of the Forum. The hashtag #NNF2015 was used 1436 times in the lead up to and during the event.

Here’s a snapshot of the #NNF2015 Tweets:

Brian Dolan @BrianwDolan
Such beautiful eloquence, intellect & fluency by @annemarieffer at #NNF2015 in her keynote address. A joy to listen to this nursing giant

Helen Murray @mymagicpuffin
Wishing I could be in three places at the same time! All workshops look awesome @acn_tweet #NNF2015

Alan Lilly @CEOatEastern
Passion breeds passion – well done Veronica Casey #NNF2015 – I feel energised for the next 10 years.

Karen Yates @karenvatesjcu
Veronica Casey: we should take advantage of our unique power as public’s most trusted profession #NNF2015

Jane Mills @janemillsjcu
So delighted to listen to Dr Rosemary Bryant reflect on her time in nursing. A wonderful inspiration to all nurse leaders #NNF2015

Meg Bransgrove @megbransgrove
Nurses are behind every profound leap in medical treatments caring for patients pre+post-op + preventing complications R.Bryant #NNF2015

Sally Lima @sallima64
@CEOatEastern We all have the same amount of time. It’s how we prioritise. Sometimes we need to prioritise for the greater good #NNF2015
Manual patient handling: “What's the Risk?”

A message from our National Nursing Forum Principal Partner

Despite decades of evidence documenting the hazardous effects on caregivers, patients or residents, manual patient handling remains common practice in health care facilities globally, resulting in avoidable injuries, increased costs and draining valuable resources. Back injuries account for over 70% of all injuries in the nursing profession (Vecchio 2010).

Additionally, a common challenge faced by health care facilities is funding, it forces a lot of health care facilities to service and maintain equipment far beyond the recommended life cycle, whilst exposing residents or patients and caregivers to unnecessary risks.

ArjoHuntleigh had the privilege to present a workshop “What's the Risk?” at the 2015 ACN National Nursing Forum. The focus was to educate and support nurses to manage workplace manual handling and falls risks.

Ergonomic interventions such as comprehensive risk assessments and the introduction and implementation of patient handling equipment have proved successful in reducing the frequency of both caregiver and patient or resident injury.

To assist, ArjoHuntleigh has developed ProACT™ consultancy and assessment solutions. ProACT™ solutions improve resident or patient outcomes through ensuring correct equipment and technique is used to suit all mobility needs, in addition to providing ongoing training and support to the facility.

ProACT™ incorporates the well-known Mobility Gallery which is a classification system of five typical patients ranging from A (active) to E (passive). The Mobility Gallery focuses on functional mobility rather than the underlying specific diseases and their medical diagnoses, so this classification system is a tool used to analyse each residents’ or patients’ dependency level within the facility (Knibbe & Waaijer 2008).

The ArjoHuntleigh ProACT™ team will assist to:

• Assess your current needs based on International Standards and Guidelines for healthcare
• Consult with you and your team to develop a distinctive plan to manage identified equipment gaps and associated risks
• Transform your facility to improve quality of care, reduce risk of injury, and manage capital and operating expenditures by using your ProACT™ report as a guide.

ProACT™ report recommendations are based on the facility’s current mobility needs, care activities, environment and staffing requirements.

As a leading global medical solutions supplier, ArjoHuntleigh has gained unrivalled knowledge of the practicalities of caring for patients or residents from over 50 years of contact with all aspects of nursing worldwide.

We believe in ensuring the comfort and dignity of patients and residents, and a safe working environment for caregivers. We are committed to spreading our knowledge and helping to raise the quality of care for all Australians.

To learn more about ArjoHuntleigh solutions:

• call 1800 040 072
• visit www.arjohuntleigh.com.au
• contact your local ArjoHuntleigh representative

References

Vecchio, N. et al. 2010, Work-Related Injury Among the Nursing Profession: An Investigation of Modifiable Factors, Griffith Business School, Griffith University

Policy @ACN

National nursing organisations unite to advocate for nurses in chronic disease prevention and management in primary health care

By ACN Policy Team

Recently the Australian College of Nursing (ACN) and four other national nursing organisations collaborated to provide a comprehensive submission to the Standing Committee on Health’s inquiry into Best Practice in Chronic Disease Prevention and Management in Primary Health Care. Following this submission the Standing Committee on Health invited the collaborating organisations to one of its hearings to present additional evidence.

The submission

The four national nursing organisations that co-authored the submission with ACN were: the Australian College of Mental Health Nurses (ACMHN), the Australian Primary Health Care Nurses Association (APNA), the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM), and Maternal, Child and Family Health Nurses Australia (MCaFHNA). ACN’s Community and Primary Health Care Nurses Community of Interest (CPHC COI) provided invaluable expertise and advice to ACN’s contribution.

The evidence-based submission highlights nurses’ critical contribution to the design of innovative models of care and describes nurses’ contribution to delivering such best practice models of care. ACN members contributed many examples of best practice models of care to the submission, representing a range of primary health care settings and nursing disciplines. Models of care featured in the submission cover a wide range of care delivery options from nurse clinics to multidisciplinary team collaboratives, an integrated chronic disease nurse practitioner model and shared health appointments. However, the nursing organisations stress that a broad implementation of these models of care requires reform to the primary health care system. They propose reform options such as new funding models that support a comprehensive suite of services and improved access to Medicare funding for nurses. Further, it was highlighted that Primary Health Networks should be obligated to partner with health and social services to help address the social determinants of health.

The hearing

Following lodgement of the submission, representatives from ACN, ACMHN, APNA, CATSINaM and MCaFHNA attended the Standing Committee on Health’s hearing in Melbourne on 1 October 2015. The hearing started with each organisation briefly presenting its key points and priorities, followed by 30 minutes of discussion and questions with the Committee.

Continues on next page
ACN’s presentation focused on the important contribution community and primary health care (C&PHC) nurses make to chronic disease prevention and management and the broad range of roles they fulfill.

ACN’s representative, Acting CEO Kathleen McLaughlin, highlighted C&PHC nurses’ long history of providing health care across communities with their services often being deeply embedded within these communities. Communities, families and individuals engage with C&PHC nurses across the various stages of life – maternal and child health nurses, school nurses, sexual health nurses, community nurses, home visiting nurses or palliative care nurses, just to name a few. Often C&PHC nurses deliver services to people who are marginalised, hard to reach or have limited access to traditional health care settings. The reach of C&PHC nurses is unmatched by any other health profession when trying to reach populations. Their interactions with individuals, their visitors, families and communities provide great opportunities for the delivery of health promotion messages and activities. However, these opportunities are often not harnessed because governments have failed to look for and act on opportunities to enhance C&PHC nurse’ roles.

The major influence the Social Determinants of Health have on the health of individuals and populations is well known. C&PHC nurses provide care in the context of peoples’ living conditions, environments and relationships. Through their coordinating role C&PHC nurses can link people with services beyond the usual clinical setting to include such services as housing and employment services that the profession has a long history of working with.

In terms of chronic disease management and prevention, Ms McLaughlin raised with the Committee that people with chronic and complex conditions often require a multidisciplinary approach to care. Within the multidisciplinary approach to care it is important that the roles of nurses in coordinating and monitoring care for the complex needs of patients is recognised.

Currently, health service models in Australia are predominantly designed to provide acute, episodic care which lacks a strong focus on care integration and health promotion. Models are required that integrate nursing services with general practice and acute services, and make better use of the nurse workforce.
Hello from ACN’s Member Engagement Team!

The Member Engagement team aims to assist our ACN Members along their professional journey through engagement, networking and support from and for nurses across Australia. This member engagement is focused on advancing nurse leadership across a dynamic health care environment from the bedside to the boardroom, and ultimately to improve the health of individuals and the community in alignment with ACN’s strategic intent.

In the last few months, the Member Engagement team has grown to incorporate ACN membership; representation; communities of interest; regions and now the Katie Zepps Nursing Library, our Life Long Learning Program (3LP) and the Nursing Leadership portfolio at ACN. We are an active, approachable team who love to hear from and involve our members in what we do!

So please don’t hesitate to contact us any time with questions or feedback. We really appreciate your involvement and connection with Member Engagement (ME). Remember, it’s all about ME!

Here’s a ‘who’s who’ of our newly expanded team:

**Kate Lehmensich MACN**  
Manager, Member Engagement  
(Monday to Wednesday)  
kate.lehmensich@acn.edu.au  
t 02 6282 3565  
After trying my hand in a number of areas within RCNA/ACN over the past nine years, my passion definitely sits within Member Engagement. I am inspired by our members every day and enjoy working with you to create opportunities for yourselves and your colleagues. I fully appreciate what our members bring to the organisation, therefore in turn, strive to provide (through our team) the best service we possibly can.

**Colleen Kinnane MACN**  
Manager, Member Engagement  
(Thursday and Friday)  
colloen.kinnane@acn.edu.au  
t 02 6282 3565  
As one of the newest members of the team I am really looking forward to getting to know our members. I bring many years of experience in nursing education, clinical leadership and health care management in challenging and high-pressure health care environments in both private and public health. My aim now is to assist you to use your voice to impact on contemporary nursing issues to be able to engage with governments, key stakeholders, other nurses and communities across Australia, and to empower nurse leaders through the power of professional networking.

**Stefanie Dosen**  
Engagement Officer, Acting Emerging Nurse Leader (ENL) Coordinator  
engagement@acn.edu.au  
I’m responsible for coordinating member engagement activities, including member representation and providing support to ACN Key Contacts and members. I enjoy my engagement with Australia’s nurse leaders of the future via my coordination of the Emerging Nurse Leader program (ENL). I have also had the privilege, over the past seven years with ACN, of supporting and getting to know many members through a number of program areas. I get great satisfaction in knowing that my work assists members with every opportunity to gain value from their membership with ACN. Connecting with members is always a pleasure.

**Matthew Frawley**  
Member Services Officer  
membership@acn.edu.au  
As the Membership Officer I am your go-to guy for all your ACN Membership needs! With over 35 years of experience in customer service I pride myself on offering our members exceptional support and advice. Whether it’s a question about one of our services or benefits, an interest in applying for Fellowship or just an update on what’s happening, contact me so that I can help you get the most out of your ACN Membership.

Continues on next page
Engagement @ACN

Rebecca Chester
Administration Support Officer
engagement@acn.edu.au
After almost six years of working with ACN I have developed a broad knowledge about our members and, in particular, how best to provide high-level administrative support for the Member Engagement team. I also work within the Policy and Professional Standards area, which gives me a comprehensive understanding of ACN’s strategic direction. I have a very keen interest in how our members can make a positive difference to health care in Australia.

Joanne Hope-Murray FACN
3LP Officer
membership@acn.edu.au
I am responsible for the ongoing development and maintenance of ACN’s Life Long Learning Program (3LP) as an online continuing development program. I am a Registered Nurse and hold both a Master of Education and a Diploma of Quality Auditing. I enjoy facilitating the professional development of nurses in my role at ACN.

Danielle Bryson
Librarian
library@acn.edu.au
My role as Librarian is to provide high quality, client-focused information services to members, students and staff of ACN. I achieve this by educating and enabling clients with the skills to best locate information from a variety of sources, and perfect effective information retrieval that meets their individual research needs. So whether it is simply borrowing a book, locating a journal article, finding and evaluating information, locating evidence, or complex literature searches, the library staff at the Katie Zepps Nursing Library are here to meet all of your research needs.

Julie Lee Yuen
Library Technician
library@acn.edu.au
You may know me from my long-term role in the library since 2004. I draw upon my knowledge in hospital, academic and public libraries as well as my extensive experience in the health sector in administrative and clerical positions. My experience in libraries and health organisations with a member focus provides insight in engaging with the diverse community of patrons in the nursing profession. I look forward to assisting you with your information needs.
A fascinating history of Australian Nurses in the First World War, the Australian College of Nursing Commemorative Trilogy was researched and written by Dr Ruth Rae. The three books detail the important contribution and valuable service that Australian Nurses provided, not only to the servicemen but to the ongoing professionalism of military and civilian nursing.

Includes: From Narromine to the Nile, Scarlet Poppies, Veiled Lives, 

$89.95 plus $19.95 postage and handling

Click here to order your copy today
Further studies and a higher qualification can be door-opening in any career, but especially in the fast changing health care arena.

For nurses, there is an obligation to stay informed and professional development is a mandatory practice requirement. But expanding your knowledge of the most current trends in health care is also a vital component in providing the best possible patient care.

Nursing practice is a dynamic profession – there is so much change and new information to assimilate. As a result, more nurses are investing time and resources in further studies to improve their knowledge and skills. Postgraduate education and professional development and training courses have never been more in demand.

"A specialist postgraduate certificate is a door-opening qualification. Postgraduate courses expand your skill base and competencies, further your knowledge and greatly improve your confidence and career prospects, RTO courses provide additional training to upgrade your skills, whereas webinars, workshops and masterclasses provide time efficient, snapshot learning, often at an advanced level," says Anne Samuelson, Executive Manager of Education at the Australian College of Nursing (ACN).

In today’s job market, employers look for advanced knowledge and skills, and highly regard the commitment demonstrated by achieving a further qualification. It is the same in the health care field, where additional nursing qualifications, development or training not only make you an attractive asset to your employer, they can also make you a better interview candidate when it comes to securing a position with a higher grade.

It’s never too early or too late
If you have finished your undergraduate degree and have a year of clinical experience, it’s not too early to start thinking about postgraduate studies and professional development courses. And if you’re already established in the workforce, you may feel deterred from undertaking further study because of the time involved. But postgraduate studies are increasingly flexible, allowing you to study and work at the same time, and higher education can be well worth it.

Anne Samuelson is passionate about the benefits of higher education and sees it as a way for every nurse to open the door to opportunities.

"Higher education courses provide nurses with a return on investment in many different ways, not just financial benefits but in career development, improved clinical expertise and confidence, leadership and management skills or advanced knowledge of a specialty,” she says.

Online study is convenient and accessible
In the same way that technology has advanced health care practice, it has also brought about new ways for nurses to further their education. Virtual lectures, webinars, digital short courses and units of study, and online long courses supported by a virtual learning platform provide convenient and efficient study options. Blended learning options are delivered primarily online but with some face-to-face learning days.

Student demand and the need for a work/life/study balance are among the many factors contributing to the rapid growth of online learning. It provides a flexible, accessible self-paced study option that is convenient and cost efficient. Fitting study into an already busy schedule can be daunting but ACN makes it easier with the convenience of e-learning.

“All our postgraduate certificates and individual units of study are delivered online, so you can undertake study at the times that suit you, from the convenience of your own home, at your own pace and around your work and family commitments,” says Emma Woodhouse, Manager of Higher Education.

Education for both RNs and ENs
ACN’s has a range of education options for both Registered Nurses (RNs) and Enrolled Nurses (ENs). We offer a nationally recognised course for ENs to upgrade their diploma qualifications and gain skills and knowledge in specialty health streams by studying the HLT61107 Advanced Diploma of Nursing (a fully online course).

ASQA accredited, the Advanced Diploma is industry relevant and needs focused. It teaches best practice and use of research skills to enhance nursing care delivery, client service and healthcare teamwork in order to provide holistic nursing care in a variety of health care settings.

“The Advanced Diploma of Nursing will prepare ENs for leadership appropriate to their scope of practice, whether it’s an aged care, critical care, mental health or perioperative specialty,” says Jennifer Lohan, Manager Training and Assessment.

Courses for both RNs and ENs include the Principles of Emergency Care course, a specialist vocational program of study, and the Certificate IV in Training and Education (TAE), which is a nationally recognised course.
The Principles of Emergency Care (PEC) course for RNs builds on existing knowledge of emergency nursing care and management of deteriorating patients to deliver advanced nursing skills. The EN PEC course is designed for ENs who want to improve their confidence and decision-making when caring for patients during emergency situations. They are fully online, conducted over 20 weeks and aligned with the Advanced Diploma of Nursing (EN critical care stream), allowing EN participants with a Diploma of Nursing to receive substantial recognition of prior learning to achieve this credential.

ACN also provides accredited training for both RNs and ENs via the HLT61107 Advanced Diploma of Nursing, which allows nurses to move into both RNs and ENs, with topics varying throughout the year. ACN works with industry partners and clinical experts to deliver face-to-face continuing professional development workshops and study days across regional and metropolitan Australia.

‘Higher education provides nurses with a return on investment in many ways, not just financial benefits but in career development, improved clinical expertise and confidence, leadership and management skills or advanced knowledge of a specialty.’

Nursing Specialties of the future

Australia’s growing population, our ageing population and the rising incidence of chronic disease are three of the biggest health care challenges that Australia faces now and into the future. A growing population and chronic disease mean that Child & Family Health Nursing is an important specialty of the future, especially when asthma and type 1 diabetes usually begin in childhood. Child and Family Health nurses have an important role in providing community health services, including prevention and early intervention strategies, diet, nutrition, physical activity and health promotion. The knowledge and expertise required by child and family health nurses has significantly increased and continues to evolve as a consequence of social and cultural dynamics, collaborative working, technology and research, in addition to a diverse range of health needs.
Postgraduate Courses  RNs  ENs  Midwives
Acute Care Nursing  ✓  ✓  ✓
Aged Care Nursing  ✓  ✓  ✓
Breast Cancer Nursing  ✓  ✓  ✓
Cancer Nursing  ✓
Child and Family Health Nursing  ✓  ✓  ✓
Critical Care Nursing  ✓  ✓  ✓
Drug and Alcohol Leadership and Management  ✓  ✓  ✓
Musculoskeletal and Rheumatology Nursing  ✓
Neonatal Care  ✓  ✓  ✓
Nursing Practice  ✓
Orthopaedic Nursing  ✓  ✓  ✓
Paediatric Nursing Studies  ✓
Perioperative Nursing  ✓  ✓  ✓
Stomal Therapy Nursing  ✓  ✓  ✓
Single units of study  ✓  ✓  ✓

Nationally Recognised Training Courses  RNs  ENs  Midwives
Immunisation for RNs and NSW midwives  ✓  ✓  ✓
Principles of Emergency Care  ✓  ✓  ✓
Certificate IV in Training and Assessment (TAE)  ✓  ✓  ✓
HLT61107 Advanced Diploma of Nursing (Online)  ✓

CPD  RNs  ENs  Midwives

With Australia’s health care system facing the challenges of providing health care to an ageing population, together with an ageing nurse workforce, enrolling in a postgraduate Aged Care Nursing certificate makes sense. It is a growth area of nursing and is experiencing a high demand for trained staff to meet current and future needs. The knowledge and skills required by an Aged Care nurse vary significantly in regards to the environment in which they work – ranging from acute care wards, to aged care facilities and within the community.

“Aged care nurses now need advanced knowledge and skills in patient assessment, caring for patients with dementia and managing complex wounds. With the increase in comorbidities and the complex nature of disease affecting the older person, more than ever, aged care nurses need to enhance their specialist knowledge, critical thinking and analysis abilities,” Ms Woodhouse explained, “The Advanced Diploma of Nursing - Aged care stream is also an opportunity, to enable ENs to support advanced practice roles.”

Cardiovascular diseases, cancers, chronic obstructive pulmonary disease (COPD) and diabetes accounted for 75% of all chronic disease deaths in Australia last year (AIHW 2014 Australia’s health 2014).

Working with patients experiencing single or multiple organ dysfunction or acute episodes of chronic conditions requires advanced nursing leadership. Whether the patient needs medical treatment or surgical intervention, nurses need to be equipped with the knowledge and skills to enable an astute assessment, confidence, reasoning, judgment and decisive action in a high-pressure situation.

The prevalence of chronic disease can be seen throughout most health care settings but especially in emergency departments, intensive and coronary care units, and specialised renal and perioperative environments.

ACN’s postgraduate certificates in Acute, Critical, Cancer, Breast Cancer and Perioperative Nursing will equip you with advanced nursing knowledge in these specialty areas.

Education for Nurse Leaders

There are many challenges that nurses face on a daily basis, and many complex issues the profession must address to ensure the delivery of quality care and improving the health of the community. Nursing leadership is integral to addressing these challenges.

As an advocate for the nursing profession, ACN is committed to educating and nurturing current and future leaders and providing leadership in nursing practice and standards. In order to advance nursing leadership, ACN’s strategic focus is to promote and support nurse leaders by developing their professional leadership skills and providing them with the tools and support they need through leadership and management education.

Anne Samuelson understands the importance of having leadership skills in every area of nursing. She is delighted that ACN has a strategic focus on developing, nurturing and supporting nurse leaders, and has embedded a leadership theme in course content.

“The need for strong, confident and resilient nurse leaders is a critical issue that the nursing profession is facing. There is a huge difference between leading and managing. All of our courses inspire and empower with either a leadership subject or theme, but we also offer a specialised Graduate Certificate in Leadership and Management, and other leadership development courses and workshops for current and aspiring nurse leaders. These strengthen leadership capabilities and develop the skills necessary to excel in leadership roles.”

Return to Registration (RTR) course

ACN’s RTR course is accredited by the Australian Nursing and Midwifery Accreditation Council. The RTR course provides a pathway for Australian based nurses to re-enter the profession after a time of absence.

ACN’s Refresher course is a new course available for RNs wishing to return to acute nursing practice. It is fully online and supports RNs to refresh their knowledge and gain confidence in returning to the acute care workforce.

Enrol now and reap the rewards

Improving employment and salary prospects is not the only reason to pursue further study.

Nurses often undertake higher education and postgraduate qualifications to increase their depth of knowledge and expertise in their chosen specialty – so they can work in a field they are passionate about and challenged by. The confidence gained by the intellectual stimulation and self-improvement as a result of learning at a deeper level cannot be understated. There’s also the benefits of networking opportunities – meeting and making some great professional contacts with other students, the tutors and ACN’s nurse educators.

Whether it’s to advance in your chosen specialty, to progress to a higher level, as a stepping stone to a new specialty, or just out of interest, postgraduate studies are worthwhile.

Ms Samuelson believes that for most nurses, further education in the form of a postgraduate certificate or unit of study, or training course is an investment that they will have to make at some point in their careers. “My advice is don’t wait too long to start.”

Editor’s Note: ACN is also an accredited provider of nurse education via customised courses that are individually designed to meet workplace needs.
Perioperative Educator at Werribee Mercy Hospital, Nicole Whiting, supports three to four students per year to undertake the Australian College of Nursing’s (ACN) Graduate Certificate in Perioperative Nursing. Of the 13 nurses that have entered the program, 12 still work at Mercy. Nicole tells us about her passion for perioperative nursing and running the graduate program.

Tell us a little bit about yourself?

I have been working in the perioperative setting most of my career – 22 years. I started my career in theatre, running the Day Stay Unit out of the recovery room in a brand new Mercy hospital. I had been working in another day unit and the Mercy bank when I realised I loved working for the organisation. I resigned from my other job and decided to work full-time at Mercy. The Nurse Unit Manager at the time encouraged me to learn the perioperative side of the Day Stay Unit. I was thrown in but after a while was scrubbing for bigger cases.

After a year I was offered a position in the Mercy Perioperative Postgraduate Program working between the Mercy Hospital for Women and Werribee Mercy Hospital. This gave me great experience in both the community and tertiary hospital sector. Two years after completing my Graduate Certificate in Perioperative Nursing I became a Clinical Nurse Specialist and was in charge of the Plastics Portfolio. Between having my two children, I completed a Graduate Diploma in Community Health, Graduate Diploma in Perioperative Nursing, Graduate Certificate in Management, Certificate in TAE, Certificate in Immunisation, Certificate in Teaching on the Run, ALS Trainer and numerous other qualification over the years! I have always enjoyed studying and teaching. Four years ago I applied for the Perioperative Educator Position and was successful. I could not see myself doing anything else. I have found my passion!

Tell us about the transition program?

Two graduate nurses rotate through the perioperative area six months at a time and then go to the wards. The graduates in theatre undertake two rotations, recovery and anaesthetics. In the past four years we have had a 100% retention rate of graduate nurses in perioperative.

The graduates continue to gain employment at Werribee Mercy Hospital whilst undertaking the Graduate Certificate in Perioperative Nursing through ACN. We have a very positive, supportive culture within our unit, with the Perioperative Nurse Unit Manager Carmela Joyce, Graduate Coordinator Justine Henderson and myself working closely together to ensure these nurses receive a rewarding perioperative experience.

After completing the Graduate Certificate in Perioperative Nursing, our nurses have skills to build on and consolidate further. We transition these nurses by allocating portfolio responsibilities, the preceptoring of students and completing courses such as Teaching on the Run. Nurses are given the opportunity to work towards becoming a Clinical Nurse Specialist and to work on their leadership skills in the hope they will take on leadership responsibilities in the future. We currently have one of our previous students in an Associate Nurse Unit Manager position in the unit.

What was behind the decision to use the Graduate Certificate in Perioperative Nursing from ACN?

Both myself and Carmela have studied via distance learning and found the experience very positive as adult learners. The ability to work, have a family life and study is easier if you can achieve this within your own timeframe. Financially, there is also less of a burden studying via distance and it is less of an impact on families. ACN provides excellent support to both our learners and educators.

Continues on next page
How many students have you put through the program and how many are still working for you?

Since I have been running the program, we have put 13 students through the course. Of that nine were selected from graduate nurses who rotated through the unit and applied. We have 12 still working for Mercy, with one recently taking a job closer to home.

2010 group:
Mash: Completed preceptorship program (Teaching on the Run) and frontline management course. Successful Clinical Nurse Specialist applicant and successful Associate Nurse Unit Manager appointment in 2013. Current employee.
Joel: Completed preceptorship program (Teaching on the Run) and neonatal resuscitation course. Anaesthetics portfolio. Current employee.
Alex: Completed preceptorship program (Teaching on the Run) and neonatal resuscitation course. Maternity leave in 2013. Current employee.

2011 group:
Dani: Previous Mercy graduate. Completed preceptorship program (Teaching on the Run), neonatal resuscitation course and Olympus processing course. Infection Control Link Nurse Representative for the operating suite. Current employee.

2012 group:
Ryan: Previous Mercy graduate. Completed preceptorship program (Teaching on the Run) and neonatal resuscitation course. Recently has gone onto bank for family reasons. Current employee.

2013 group:
Kylie: Completed preceptorship program (Teaching on the Run) and neonatal resuscitation course. ENT Portfolio 2014 and currently assisting with Quality Auditing National Standards/Tea Pot. Current employee. Enrolling in Masters in Nursing 2015.
Kate: Previous Mercy graduate. Completed preceptorship program (Teaching on the Run) and neonatal resuscitation course. ENT Portfolio 2014 and currently assisting with Quality Auditing National Standards/Tea Pot. Current Employee. Enrolling in Masters in Nursing 2015.
Emily: Previous Mercy graduate. Completed preceptorship program (Teaching on the Run) and neonatal resuscitation course. Currently working at Barwon Health.

2014 group:
Sarah: Previous Mercy graduate. Postgraduate course commenced 2014.
Kaajal: Previous Mercy graduate. Postgraduate course commenced 2014.

“The ability to work, have a family life and study is easier if you can achieve this within your own timeframe. Financially, there is also less of a burden studying via distance and it is less of an impact on families. ACN provides excellent support to both our learners and educators.”

ACN’s Graduate Certificate in Perioperative Nursing is designed to encourage the development of a perioperative nurse who is able to provide holistic, patient-centred care during anaesthesia, surgery and recovery. It promotes a deep understanding of complex perioperative issues as they relate to patient outcomes. For more information, see the Postgraduate Studies Handbook 2016.
Clinical issues in the older person

An essay by Lynda Elias

As a registered nurse working within the aged care assessment team (ACAT), this role involves assessing elderly people both in the community and inpatient settings, including the assessment of older people with cognitive and behavioural changes. Although this role does not involve a direct clinical component, the clinical practice of nurses’ working in the acute and rehabilitation settings of geriatrics will be compared to current literature. This paper aims to evaluate and analyse the current literature of delirium management in the older person who is hospitalised and how this is reflected and implemented in current nursing practice. It will provide a clinical overview of delirium, exploring the nature of the condition, common characteristics, clinical and environmental causes and interventions used.

Delirium is a commonly encountered clinical problem, and should be treated as a medical emergency (Douglas & Josephson, 2010). Delirium is an acute disorder of attention and cognition in elderly people that is common, serious, expensive, under recognised and often fatal (Szczepanski et al., 2014). It is a condition that remains under recognised and often poorly understood (Ioannou et al. 2014). Delirium is best described as a disturbance of consciousness (awareness of the persons environment), further characterised by an altered or shifting mental status and inattention (reduced ability to focus, sustain, or shift attention) (Caplan, 2011). There are also changes in cognition, such as memory impairment, disorientation to time and place and language disturbance (Torpy et al., 2010).

This neuropsychiatric syndrome is of an acute onset and fluctuating course, and ultimately one of the most common complications affecting the hospitalisation and recovery process of elderly people (Cerejeira & Mukaetova-Ladinska, 2011). Delirium is the clinical manifestation of an acute and global disruption in brain homeostasis, resulting in the failure of high integrative cognitive, behavioural and emotional functions. Therefore, any kind of insult affecting the neurophysiological process of the central nervous system can elicit an episode of delirium (Cerejeira & Mukaetova-Ladinska, 2011). It is a common syndrome, most often affecting people with dementia, although, it can affect any older person in hospital (NSW ACI, 2015).

The onset of delirium is usually acute, fluctuates during the course of the day and often resolves within a few days once the underlying cause has been treated (Martins & Fernandes, 2012). Sleep wake cycles become affected, resulting in agitation during the night and drowsiness during the day (Caplan, 2011). Short term memory is initially affected in delirium, with disorientation also being common. The functions of thinking and speaking can also be affected, manifested by incoherent speech, rambling/irrelevant conversation and unclear or illogical flow of ideas (Martins & Fernandes, 2012). The typical presentation of a patient with delirium can vary, ranging from the floridly agitated, hyper alert, hyperactive patient, to the drowsy, hypo alert patient sleeping in their bed. Many patients present with a mixture of symptoms including inattention, fluctuating levels of consciousness, hallucinations (most commonly visual) and delusions (Caplan, 2011). In the hypoactive patient, they are often overlooked as presenting with dementia or depression, therefore resulting in delayed or missed opportunities for therapeutic interventions (Caplan, 2011).

Delirium can be categorised into 3 sub-types—hyperactive, hypoactive and mixed delirium (Holly et al, 2012). Hyperactive delirium is characterised by extreme behaviour, including aggression, agitation, irritability, restlessness, paranoia, delusions and hallucinations. These patients are likely to attempt self-removal of catheters, intravenous lines and drains, become combative and resistive to care and be overall agitated. Hypoactive delirium is generally exemplified by lethargy, stupor, or even coma (Douglas & Josephson, 2010). Mixed delirium fluctuates between hypoactive and hyperactive (Hosie et al., 2014). A prolonged state of delirium is generally associated with poorer outcomes, including decreased function, dementia and death. Hypoactive delirium presents with the worst prognosis as it is often undetected, delaying the identification and treatment of the underlying cause of the delirium (Kalish et al., 2014).

Delirium is thought to be present in up to 60% of older people in hospital, with the highest rates associated...
There are multiple risk factors for delirium including drugs during a single episode of hospitalisation, dehydration, immobility, pain, sensory impairment, dementia, older age, multiple co-morbidities, psychoactive medication use, sleep deprivation, dehydration, immobility, pain, sensory impairment and hospitalisation (Caplan, 2011). The most consistently cited risk factor remains advanced age and a pre-existing cognitive dysfunction (Bush & Lawlor, 2015). In patients most vulnerable to delirium, such as those with dementia and multiple co-morbidities, a relatively benign insult, such as a single dose sleeping tablet, may be enough to precipitate an episode of delirium (Inouye et al., 2014). Medications remain the most common iatrogenic cause of delirium, with the addition of three new drugs during a single episode of hospitalisation tripling the risk of delirium. The medications most commonly associated with delirium include those with anticholinergic properties, benzodiazepines and opiates (Douglas & Josephson, 2010). Other superimposed precipitants include infection, drug withdrawal, metabolic abnormalities and other medical conditions (Bush & Lawlor, 2015). Aside from the multitude of internal risk factors mentioned above, preventable causes also exist in the contributing factors to the onset of delirium. Environmental factors such as malnutrition, dehydration, multiple internal hospital moves, isolation, sensory deprivation, and use of restraints, environmental over-stimulation or the absence of a clock also contribute to the older person developing delirium whilst in hospital (NSW ACI, 2015). As per the Clinical Practice Guidelines for the Management of delirium in older people (Victoria Health, 2006), a baseline cognitive assessment should be completed on the patient’s initial presentation to hospital. A Mini Mental State Examination (MMSE) is designed to be used as a screening test for the purpose of evaluating cognitive impairment in older adults (Folstein et al., 1975). This test takes approximately 10 minutes and covers a variety of domains, including orientation to time and place, short and long term memory, registration, recall, constructional ability, language and the ability to understand and follow command. It is recommended that this test should never be used alone in the diagnosis of delirium (IHPA, 2014: 1). For patients from a culturally and linguistically diverse background, the use of the Rowland Universal Dementia Assessment Scale (RUDAS) is recommended. This tool is a short cognitive screen designed to minimise the effects of cultural learning and language diversity on the assessment of baseline cognitive performance (Storey et al., 2004).

Following a cognitive screen using the MMSE or RUDAS, a detailed medical and physical assessment should aim at assess co-morbidities and include a review of medication; with particular emphasis being placed on recently introduced or discontinued drugs (Cereheira & Mukaetova-Ladinska, 2011). The Confusion Assessment Method (CAM) is the most widely cited tool used in identifying delirium (Inouye et al., 1990). The CAM is a simple tool which enables clinicians to identify delirium efficiently and reliably (Douglas & Josephson, 2010). Waszynski (2012) highlights the need for this test to be administered within a 5 minute time frame. This algorithm identifies delirium by the presence of: 1. Acute onset and fluctuating course 2. Inattention 3. Disorganised thinking 4. Altered level of consciousness Predictive models for delirium are useful to identify high risk patients for proactive implementation and preventative strategies, such as closer monitoring, identification of vulnerability factors and for prognostic decision making (Inouye et al., 2014). The use of the CAM identifies the presence or absence of delirium, however, fails to assess the severity of the condition, resulting in it being less useful to detect clinical improvement or deterioration (Waszynski, 2012). Assessment for and prevention of delirium should commence on admission to hospital, and ultimately continue throughout the patient’s journey (Kalish et al., 2014). Vigilant efforts should be made to preserve and restore baseline cognitive functioning, and ideally a repeat CAM should be completed for monitoring of progress (Waszynski, 2012).

The Delirium Care Pathways is a model that is followed in the management of delirium. This was released by the Department of Health and Ageing (DoHA, 2010). This pathways is based on the Clinical Practice Guidelines for the Management of Delirium in Older People (Victoria Health, 2006). These guidelines are based on a comprehensive and structured review of literature and evidence undertaken by a multidisciplinary working party. Though this paper is considered out dated, the recommendations remain consistent with current literature in managing delirium in the older person. Within the acute and sub-acute settings of the geriatric units, the presence of nursing staff is considered imperative to the continuous care of the older person presenting with delirium. All patients suspected of being in delirium are provided with a basic work up, including collection and evaluation of a full blood count, renal and liver function tests, urinalysis, ECG and chest X-Ray (Kalish et al., 2014). Nurses demonstrate a multitude of fundamental practices when managing delirium. This mostly includes non-pharmacologic interventions, and the implementation of environmental and clinical practice changes, such as closer monitoring (usually re-locating the patient closer to the nurses’ station), re-orientating the patients immediate surroundings, the use of ‘Hi-Lo’ beds to minimise the risk of falls as a result of disorientation and the placement of mats at the bedside to minimise the risk of injury as a result of a fall. It is important to allow the agitated patient the opportunity to explore their environment if they are being cared for within a secure environment. This option is preferable to sedation as it reduces the risk of hypostatic pneumonia or the development of pressure sores (Caplan, 2011). Each room within the aged care wards are equipped with a clock to aid in orientation to time, and bed side boards are used to assist in identifying their room number, allocate nurse and the day and date.

Other environmental strategies used include opening blinds during the day and dimming lights at night to assist with sleep/wake cycles, encouraging family to visit on a regular basis and for the family to provide the patient with items of familiarity (such as family photos, their own clothes etc). Caplan (2011) reiterates the importance of family members being present during the patients’ admission with the provision of familiar objects or family photographs. Clinical practice strategies include monitoring of fluid intake to minimise the risk of dehydration and constipation which are considered precipitating factors to delirium (NSW ACI 2015). The use of restraints are avoided due to the increased aggravation associated with delirium, as well as increased injuries to the skin and a higher risk of falls (Caplan, 2011).
Given its typically complex multifactorial aetiology, multi component non-pharmacological risk factor approaches have proven to be the most effective strategy for prevention (Inouye et al., 2014). As a compelling safety indicator, delirium provides a goal for system wide process improvements. Through the above cited literature, it is evident that the recovery rates in delirium are poor, resulting in worsening delirium symptoms, increasing the risk of newly onset dementia, functional decline and death. Essentially, the nursing care received by the delirious patient remains of utmost importance.

Reference list:
Independent Hospital Pricing Authority (IHPI) 2014, ‘Standardised Mini-Mental State Examination: Guidelines for administration and scoring instructions’, Commonwealth of Australia, 1.
Handing the challenges of our ageing population

Australia’s population is ageing. Over the last century, life expectancy has doubled; the average man today will live to 75 while the typical woman will live to 81. This shift is constantly increasing the number of elderly citizens who suffer from complex chronic conditions. As the baby boomer generation enters retirement, we will see an even more significant spike in the demand for aged care services.

The challenges we face

To illustrate the current and upcoming circumstances of aged care in Australia, let’s look at some statistics.

In 2013, 14% of the population was 65 or older and 1.9% of people were 85 or older. These groups were supported by 350,000 aged care workers.

It is estimated that around 3.5 million Australians will access aged care services by 2050. We will need one million aged care workers to cater for this increased demand – this is almost three times more people than currently work in this field.

And this isn’t the only challenging change the industry is currently facing. With the introduction of Consumer Directed Care and the NDIS scheme, there is now a shift towards patients and clients having more control over the design and delivery of the care and services they receive. To evolve with these circumstances, aged care providers are adjusting their existing services and adding new services to encourage community sustainability and entice older Australians.

Case in point: AgeFit

A strong example of meeting this challenge is our AgeFit online assessment tool.

Developed in partnership with our CMG Organisation Psychologists, AgeFit enables us to efficiently and comprehensively assess a candidate’s ’fit’ against relevant competencies and behaviours, which are required for a person to be successful in aged care. Applicants complete AgeFit during the recruitment process, allowing us to ensure the best candidates possible are employed.

Vivir undertook a very robust process to ensure we come up with a tool that is helpful and relevant to Aged Care employers.

Are you our next perfect fit?

Qualified registered nurses who can provide nursing care in residential facilities and communities are currently in short supply. The team at Vivir is currently looking for excellent registered nurses who are interested in developing, implementing and evaluating patient care programs. Successful candidates will also be involved in providing interventions, treatments and therapies.

We are also seeking people who wish to undertake family liaison activities. When a loved one is unable to fully care for themselves, it is vital to provide high-quality health education services and information about their care to their family.

If you are interested in helping elderly Australians improve their quality of life and you want to work with an organisation that carries this purpose at its core, please get in touch by calling (03) 8629 1188. To learn more about Vivir, simply visit www.vivir.com.au or continue reading below for a summary of our organisation.

About Vivir

Vivir is a Chandler Macleod Group company that has been providing healthcare services within the aged care and community sector for the last 15 years. Our name is a Spanish word that means “to live” or “to spend one’s life”. Spanish culture, with its love of dancing and food, siestas, and zest for life, is a perfect metaphor for the Vivir Way.

Each day, Vivir sets out to improve the quality of life for thousands of Australians within residential and community aged care. We are extremely proud of our culture. We already have more than 250 permanent and casual team members working with our organisation, and it’s very important to us that each individual loves the work they do and feels connected to the company.

Our success comes from our innovative approaches, outstanding customer service, stringent quality assurance, and our commitment – to both the people working with us and the people we deliver care to.

With operations across the eastern seaboard of Australia, Vivir aims to support and deliver quality care for as many elderly citizens as we possibly can.

For more information on how you can help us make a difference in this evolving and essential industry, get in contact with us by calling (03) 8629 1188 or visit www.vivir.com.au.
Implementing an efficient reminder system to prompt Australians aged 65 and above to receive their free pneumococcal vaccination may be pivotal to improving the low 54 per cent vaccination rates among this at-risk population.1

Findings from the Pneumococcal Pneumonia Vaccination General Practice Nurse survey reveal while many general practice nurses acknowledge having some sort of pneumococcal vaccination practice reminder system in place (44 per cent), the majority report either waiting for patients to present with a health concern (55 per cent), or for their annual flu shot (84 per cent), before recommending the National Immunisation Program (NIP) funded vaccine.2

Furthermore, while one-in-three Australian general practice nurses report proactively prompting their patients turning 65 to have the recommended pneumococcal vaccination, either by letter or phone, almost one-in-six report not having a system in place at all.2


Lungs4Life/’Pneumonia 2015’ survey, Conducted by Galaxy Research, commissioned by Lung Foundation of Australia, April, 2015.


New app to help Australians make smarter health decisions

Each week in Australia, more than 12 million people search the internet for health and medical information, yet 78% of these visits land on overseas websites where there is no guarantee that the information is clinically sound or appropriate to the Australian health system. In response, Healthdirect Australia has launched the healthdirect app, a free mobile application with three key tools to help Australians make health decisions safely, quickly and easily.

Read more

Antibiotic Awareness Week: Preserve the miracle of antibiotics

Antibiotic Awareness Week will take place from 16–22 November. All health services and hospitals are encouraged to take part in Antibiotic Awareness Week, to help raise awareness of the problem of antibiotic resistance and ways to address this issue. For more information and for ideas on how to get involved, visit The Australian Commission on Safety and Quality in Health Care.

Alzheimer’s and dementia are second biggest killer in Australia, data shows

Alzheimer’s disease and dementia have overtaken stroke as the second leading cause of death among Australians for the first time, the latest available deaths data from the Australian Institute of Health and Welfare shows.

Read more

Indigenous health equality target set for 2031

It will take at least another 16 years for the indigenous community to reach health equality, the federal government estimates. Rural Health Minister Fiona Nash, launching the 10-year implementation for the National Aboriginal and Torres Strait Islander health plan, says providing structure and setting “achievable goals” will ensure the 2031 target is met.

Read more

Royal Perth Hospital leads way in skull cell regrowth technology

Patients needing cranial reconstructions will have parts of their own skulls regrown using a new procedure involving stem cells and advanced 3D printing technology. Biomedical materials engineer Alan Kop said surgeons would have previously used a titanium plate, which was sometimes a source of infection, or plastic or ceramics as an alternative to the patient’s original bone.

Read more

Sussan Ley to trial new e-health record for the Fitbit generation

One million Australians will trial the government’s new e-health system in 2016, which will collate their medical records and make them available to health professionals and third-party companies like Fitbit. Health Minister Sussan Ley revealed the trial of the new My Health Record in a speech to the Press Club on 29 October.

Read more

First-of-its-kind report provides picture of breast cancer in young Australian women

A recent report by the Australian Institute of Health and Welfare (AIHW) for the first time presents information and statistics about breast cancer in young women aged 20-39 years. The report was launched at Cancer Australia’s annual Pink Ribbon Breakfast, in Sydney, on 26 October.

Read more

One quarter of graduate nurses unaware of social media standards

New research has found one quarter of health professional graduates aren’t aware of social media standards in their profession, however most already self-impose traditional confidentiality principles.

Read more

Queensland nurse navigator positions revealed

The Palaszczuk Government has outlined where the first of its promised 400 new experienced nurses will work around Brisbane. In January’s election campaign, then-opposition leader Ms Palaszczuk announced Labor would appoint an extra 400 nurses to Queensland hospitals over four years at a cost of $110 million.

Read more

Improvements seen in elective surgery waiting times

A new report from the Australian Institute of Health and Welfare (AIHW) shows there have been improvements in the length of time public hospital patients waited for elective surgery. The report shows that between 2013-14 and 2014-15, the time within which 50% of patients were admitted (median waiting time) for elective procedures decreased from 36 days to 35 days.

Read more

New senior nursing roles created in Country Health SA leadership trial

Six senior nurse roles have been created as part of a new leadership trial which aims to provide more consistent services across country South Australia. Country Health SA is in the process of appointing six regional directors of nursing and midwifery, who will oversee staff and support existing services across each region.

Read more
World

Tuberculosis ranks alongside HIV as leading global infectious killer: WHO

The 20th annual Global Tuberculosis Report also said major advances have been made in reducing the TB infection and death rate over the past two decades. TB is an ancient disease of poverty and still one of the biggest killers in the world. "We are still facing a burden of 4,400 people dying every day, which is unacceptable in an era when you can diagnose and cure nearly every person with TB," said Dr Mario Raviglione, Director of WHO's Global TB Programme in a statement.

Read more

Processed meats rank alongside smoking as cancer causes: WHO

Bacon, ham and sausages rank alongside cigarettes as a major cause of cancer, the World Health Organisation has said, placing cured and processed meats in the same category as asbestos, alcohol, arsenic and tobacco. The report from the WHO's International Agency for Research on Cancer said there was enough evidence to rank processed meats as group 1 carcinogens because of a causal link with bowel cancer.

Read more

New Apple ResearchKit studies target autism, melanoma, epilepsy

ResearchKit’s six-month-old universe is expanding again, thanks to three new healthcare projects that make use of the iPhone and Apple Watch. Apple's enterprise-facing app platform is being used by researchers at Duke University, Johns Hopkins and the Oregon Health & Science University in new studies focused on autism, epilepsy and melanoma.

Read more

Singapore ranked world’s healthiest country – Australia comes in third

Singapore has been named the world’s healthiest country, according to a list which ranks countries using data from the United Nations, the World Bank and the World Health Organisation. The Bloomberg rankings gave each country with a population of 1 million or more a health score and a health-risk score.

Read more

ACN Refresher program – commencing February 2016!

ACN recognises the need to support nurses moving back to acute clinical environments, or those wishing to refresh their fundamental knowledge of acute nursing.

In 2016 ACN will be offering an online refresher program for nurses already on the national register and looking to reconnect with acute care work.

The course will consist of self-paced modules to support your learning needs.

Further information coming soon to our website or email customerservices@acn.edu.au