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Vindhya Mendis, HESTA member
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Being a nurse means something

People place their trust in nurses

The Nursing and Midwifery Board of Australia (NMBA) exists to make sure that the standards and practice of the profession meet that trust.

The NMBA:
- sets evidence-based, contemporary standards, codes and guidelines for nurses
- takes action on behalf of patients, nurses or managers who raise a concern about standards of care, and
- works with nurses to improve practice.

Stay in touch with the NMBA.
Stay in touch with the standards of your profession.

Visit our website for important reading, including:
- registration standards
- codes of conduct
- standards for practice, and
- helpful fact sheets.

www.nursingmidwiferyboard.gov.au
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EMERGENCY ID Australia
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birdsnest
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Welcome to Hobart, Tasmania and the 2019 National Nursing Forum.

The theme of this year’s Forum is Nursing Now – Power of Policy.

With more than 400,000 nurses currently registered with the Nursing and Midwifery Board of Australia, nurses make up more than 50 per cent of the health workforce in Australia and of all the health professions have the best distribution across Australia.

Since becoming Minister for Health, I have worked closely with the Commonwealth Chief Nursing and Midwifery Officer and see this person as an important part of my policy advisory team. I wish Debra Thoms FACN (DLF) all the best with her retirement and look forward to working with the new Commonwealth Chief Nursing and Midwifery Officer in due course.

The Australian College of Nursing has accomplished much during the past year through education, contribution to policy submissions, representation of the nursing profession with ACN earlier this year launching the inaugural Health Minister’s Award for Nursing Trailblazers which recognises and celebrates nurses who excel in their specialty and who have an impact on cost, improve quality of care and enhance consumer satisfaction.

Our four Trailblazer Finalists are a great demonstration of how nurses are improving the health and wellbeing of our communities in rural and remote WA, stroke care nationally, safe infant sleeping in aboriginal communities and through integrating palliative care into residential aged care. I would like to personally congratulate our four Finalists:

1. Ms Nikki Johnston OAM MACN
2. Ms Linda Campbell MACN
3. Professor Sandy Middleton FACN
4. Professor Jeanine Young FACN

The Award is the first national award of its kind for a nurse in Australia with the winner, Ms Nikki Johnston OAM MACN, being personally selected by myself. Ms Johnston has demonstrated she is a nursing trailblazer with her INSPIRED trial which integrates specialist palliative care into residential aged care facilities.

It is important to policy makers, health service planners and government decision makers across all jurisdictions that Australia’s vast network of registered and enrolled nurses engage in policy development because your insights and knowledge can and do influence change.

Nurses are well placed to continue to lead these changes, to contribute to policy formulation, and to put people at the heart of Australia’s health system.

Thank you for all you do for the Australian community. I wish you all the best in your deliberations over the next three days and look forward to hearing about the outcomes of the 2019 National Nursing Forum.

The Hon. Greg Hunt MP
Minister for Health
Welcome to the 2019 National Nursing Forum.

It is always a pleasure to come together with colleagues from across our country, profession and diverse organisations for ACN’s signature annual leadership and educational event, the National Nursing Forum.

Every year, the National Nursing Forum provides a platform for the Australian nursing community to connect with peers, share our professional expertise, discuss key policy issues and examine how we can collectively drive change within the health and aged care systems. Our program features a number of concurrent sessions and masterclasses delivered by experts from across the nursing, health and aged care industries, who address key issues, challenges and priorities facing our workforce.

In 2019, the Forum revolves around the theme, Nursing Now – Power of Policy. This theme provides us with an opportunity to explore the pivotal role nurses play in policy development, implementation and reform in order to ensure systems meet the demands of a changing health environment, and that they are sustainable for the coming generations. At the frontline of care delivery and as advocates for our patients, the nursing voice should and must be heard in policy discussions now, and into the future. Over the course of this three-day event, keynote, oral and poster presentations will examine how we can be a powerful force for system change through four different lenses: Trailblazers, Universal Health Care, Health Economics and Next Gen Policy.

Bringing together Fellows, Members, nurses, students, industry leaders and distinguished guests, the Forum provides us with a unique setting in which to engage with like-minded colleagues from all over the country. In addition to a wide range of networking opportunities between sessions, our Welcome Reception and Gala Dinner will be an excellent way to enjoy the company of peers and celebrate our profession. Once again, we will be running our Speed Leading and Networking session, where delegates can meet a number of influential nursing leaders with a wealth of professional experience and expertise to share. I encourage you all to embrace these opportunities to network, grow and learn from each other.

Thank you for joining us in Hobart for the National Nursing Forum this year. Together, let’s explore how we can maximise our influence and strengthen our voice in pursuit of a more integrated, contemporary and sustainable health care system. Now is the time to exercise our power as leaders in health and aged care policy reform.

Professor Christine Duffield FACN
ACN President
Welcome to the 2019 National Nursing Forum!

The Australian College of Nursing is the lead organisation for Nursing Now Australia, a campaign we launched this year in partnership with major nursing organisations in the country to support the objectives of Nursing Now, a global campaign.

ACN is proud to raise the status and profile of nursing through this campaign and the theme for the Forum this year, *Nursing Now – The Power of Policy*. ACN believes that nurses have a discernible voice in affecting positive and meaningful change in health care by influencing policy directions at every level. I am sure you will gain invaluable insights into the power of policy through the many sessions and discussions over the next few days that will inspire you to continue to be an effective nurse leader and advocate for your patients, as well as our profession.

For many years throughout my nursing career a highlight was attending and, on many occasions, presenting at our national conference because I had a successful abstract submission. I loved getting away to places in Australia I might never have travelled to and being with other nurses. The energy and connection with peers who became friends filled my heart and soul. The days at the conference fueled me for the year ahead to keep developing myself and working hard at my job. I still hold those memories as some of the fondest of my career. My hope for each of you is that you learn much, be filled with inspiration and most importantly, feel the joy of connecting with your tribe.

For those I know, I look forward to connecting again. And for those I haven’t met before, please don’t be a stranger, come and say hello to me. I always have room for new connections.

Warmest regards,

*Adjunct Professor Kylie Ward FACN *
*ACN Chief Executive Officer*
As a chilly Tasmanian winter draws to a close, a warm welcome awaits all delegates of the 2019 National Nursing Forum in Hobart taking place from 21–23 August.

Tasmania has been described as a curious island at the edge of the world; and fittingly, the NNF will bring together curious nurses from around the country (and beyond) to share wisdom, and knowledge; and to learn from each other.

I’m especially excited by the theme of Tasmania’s NNF event, Nursing Now – Power of Policy.

Strong foundational policy is underpinned by the work and contribution of nursing. As we prepare for 2020, the International Year of the Nurse and the Midwife, I think about Florence Nightingale’s role in shaping health policy. Nightingale’s reformist endeavours were ground-breaking at that time and demonstrate what can be achieved when nurses commit to driving professional policy reform. Nightingale’s efforts resulted in practice improvements and professional wisdom that paved the way for today’s nurses to be great influencers of health policy. So just imagine what can be achieved if we collectively engage in our potential to influence!

Nurses and midwives make an enormous contribution to the health and wellbeing of our community and as the challenges in health care grow, this contribution will rely on strong leadership and engagement across all aspects of health care policy and planning.

I am looking forward to sharing our beautiful city and state with NNF delegates, to connect with colleagues and to get around as much of the program as possible.

I hope your conference experience is one where you can immerse yourself in the inspiring program and social events as well as take time to explore and fall in love with all that Tasmania has to offer.

See you soon.

Adjunct Associate Professor Francine Douce
MACN FACM
Chief Nurse and Midwife, Tasmania
Office of the Chief Nursing and Midwifery Officer
NurseStrong

ACN is leading the way to empower nurses around the country to achieve the health and well-being they deserve. As nurses we dedicate our lives to caring for others in every setting, every day, around the clock, and often neglect looking after ourselves in the process. We know how difficult it is to find the time to exercise, prepare meals or even just take a moment to breathe when you are doing shift work or working weekends. That’s why we have created the NurseStrong movement to encourage nurses to improve their physical, mental and emotional well-being in a safe and supportive environment. Head to acn.edu.au/nursestrong to access NurseStrong tools and resources and connect with other nurses who are taking control of their health and well-being.

#ACNNurseStrong
acn.edu.au/nursestrong

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Forum app – new for 2019!

Registered delegates will receive an email with instruction on how to download the app prior to the Forum. The team at the registration desk onsite will also be able to assist in providing access. The app is a convenient way to review everything you need to know about the Forum. Enhance your Forum experience by using the app to view your personal schedule, upload your profile photo, view abstracts, send messages to other participants, learn more about the Forum exhibitors and sponsors, and more, right at your fingertips. Some of the features that will enhance your participation:

- **Attendees**: Here you can send direct messages to other delegates that have opted-in to have their name visible.
- **My Agenda**: This is where you can view the full Forum program, sessions, abstracts and speaker bios.
- **Program**: Here you can add the sessions you would like to attend, creating your own personal agenda.
- **Contact Exchange**: Should you decide to exchange your details, this can be easily done by using the scan option when both parties agree.

Welcome to the ACN Club Lounge open for your enjoyment

**TUESDAY 20TH AUGUST 2019 5:00–7:00PM**

New in 2019, the ACN Club Lounge will be your personal welcome party where you can meet the ACN team, pre-register to avoid the rush on Wednesday, whilst enjoying a bite of the Apple Isle with your colleagues.

**THE ACN CLUB LOUNGE’S FLAVOURS OF TASSIE**

Showcasing Tasmanian produce proudly selected by Hotel Grand Chancellor’s Head Chef. As you enjoy these culinary delights, you may wish to meet five unique artisans from the renowned Salamanca Market who are passionate about their products on display for you in the ACN Market Lane.
General information

VENUE
The 2019 Forum will be held at the Hotel Grand Chancellor, 1 Davey St, Hobart, Tasmania.

PARKING AND TRANSPORT
Car parking is available for hotel guests and is located under the hotel. An additional cost is payable if hotel guests wish to use the car park. Access to the car park is from the rear of the building on Macquarie Street. From the hotel’s main entrance drive along Davey Street which is one-way and then turn right on Argyle Street and immediately right again onto Macquarie Street.

INTERNET ACCESS
Free wireless internet is available throughout the venue.
• Network Name (SSID): ACN Wireless
• Password: acnhobart

SOCIAL MEDIA – #NNF2019
Join the NNF conversation using #NNF2019 and follow:
Facebook: @acnursing
Twitter: @acn_tweet
Instagram: @acn_nursing
LinkedIn: australian-college-of-nursing
YouTube: Australian College of Nursing

DESTINATION – HOBART
Tasmania may look little on the map but it’s brimming with things to do, especially in Hobart and beyond. Whether you’re into art and culture, outdoor adventure or have a penchant for exploring our fascinating past, Tasmania has plenty to fill your day with. So, pop on some boots and venture into our wilderness, meet a maker, walk the vines of a cool climate vineyard or get up close to a Tassie devil. Perhaps you like the idea of cruising our waterways sipping a local cider. There are things to do here that you can’t do anywhere else on the planet.

SPEAKERS’ PREP ROOM
The Speakers’ Prep room is located on Level 1, Chancellor Room 4. All speakers are required to check-in at the Speakers’ Prep room at least four hours before their presentation. If you are presenting in the first session of the day, please check-in the afternoon prior. Please ensure you are in the presentation room 15 minutes prior to session commencement.

The Speaker’s Prep room will be open as follows:
• Tuesday 20 August 4:00 PM – 7:00 PM
• Wednesday 21 August 7:00 AM – 5:00 PM
• Thursday 22 August 7:00 AM – 5:00 PM
• Friday 23 August 7:00 AM – 1:30 PM

EXHIBITION AND CATERING
Exhibition booths and catering will be located in the exhibition area, the Federation Ballroom.

SPECIAL DIETARY REQUIREMENTS
If you have advised us of a special dietary request, please check with venue catering staff.
REGISTRATION
We invite all delegates arriving into Hobart on Tuesday 20 August to visit the registration desk to check-in and collect their satchel and name badge during this early registration time to avoid delays Wednesday morning.

The registration desk is located on Level 1 of the Hotel Grand Chancellor, outside the Federation Ballroom. Opening hours are as follows:
- **Tuesday 20 August:** 5:00 PM – 7:00 PM
- **Wednesday 21 August:** 8:00 AM – 6:30 PM
- **Thursday 22 August:** 8:00 AM – 5:00 PM
- **Friday 23 August:** 8:00 AM – 4:00 PM

Please make your way to the registration desk upon arrival to collect your name badge.

PHOTOGRAPHY AND FILMING
For promotional purposes, there will 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.

MOBILE PHONES AND DEVICES
Attendees are asked to switch their mobile phones and other devices to silent when in sessions.

NAME BADGES
Name badges must be worn at all times during the Forum and will be required for access to the exhibition area and all Forum sessions.

POSTERS
Posters will be on display in the exhibition hall. Poster presentations and judging sessions will be held on Thursday 22 August from 8:00 to 8:45 AM.

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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CERTIFICATE OF ATTENDANCE
Following the Forum, delegates will be emailed a Certificate of Attendance detailing their CPD hours and a link to provide feedback on their experience at the Forum.

NETWORKING DRINKS RECEPTION
As the first official social event of the Forum, the Networking Reception provides you with the opportunity to relax and enjoy the company of colleagues and friends.

**Date:** Wednesday 21 August

**Time:** 5:30 PM – 6:30 PM

**Venue:** Exhibition Area, Federation Ballroom, Grand Chancellor Hotel

**Cost:** Included in full registrations, one-day Wednesday registrations and two-day Wednesday and Thursday registrations, additional tickets can be purchased for $50 per person

**Dress Code:** Smart casual
GALA DINNER

A time to unwind, the Gala Dinner will be held offsite at Wrest Point. Enjoy delicious food and wine, and the company of fellow delegates, colleagues and friends during this relaxing and entertaining evening.

**Date:** Thursday 22 August

**Time:** 7:00 PM – 11:00 PM

**Venue:** Tasman Ballroom, Wrest Point, Hobart

**Cost:** Included in full registrations, additional tickets for day registration delegates and guests can be purchased for $165 per person.

**Dress Code:** Cocktail attire

**Transport:** Return transfers are included. Coach transfers will commence at 6:30 PM and will depart from Campbell Street, (side street of Hotel Grand Chancellor). Return transfers will depart Wrest Point commencing from 10:30 PM. For earlier departures, a shuttle bus will be ready on standby at 9:30 PM.

**Seating:** Please remember to visit the Forum app to allocate your seat; you can also invite other delegates to your table. If you do not allocate your seat, the organiser’s will randomly allocate a seat for you. Seating lists will be on display from lunchtime Thursday, please remember to check the listing or Forum app for your table number.

**Bookings:** If you did not register and therefore did not receive a wristband at the time of registration and would like to attend the dinner, please check with registration staff for availability.

If you have registered and did not receive a wristband with your registration materials, please see the staff at the registration desk.

If you can no longer attend the dinner, please contact the staff at the registration desk.

**DRESS CODE**

- **History Conference:** Smart casual
- **Forum Sessions:** Smart casual
- **Welcome Reception:** Smart casual
- **Gala Dinner:** Cocktail attire

**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.
Venue map
Exhibition floor plan and exhibitors

ACN HUB

ENTRANCE

ENTRANCE

POSTERS

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Keynote speakers

WEDNESDAY (list by presentation order)

**DR VERONICA CROOME MACN**
MASTER OF CEREMONIES

Veronica (Ronnie) Croome was appointed Chief Nurse, ACT in January 2009. Ronnie has overseen the development of a career path for Enrolled Nurses, the expansion of the Advanced Practice Nurse role, the employment of Eligible Midwives, the introduction of Assistants in Nursing and the creation of a Clinical Nurse Coordinator role as part of a Ward Leadership program.

Ronnie has overseen a number of Enterprise Agreements for Nurses and Midwives in the ACT which have resulted in improved employment conditions, introduced a workload methodology for inpatient units, led the work on a publicly funded homebirth trial and held the important role of Executive Sponsor for the Respect, Equity and Diversity Framework, a whole government initiative aimed at improving workplace culture.

During her time as Chief Nurse, ACT, Ronnie has been nominated for several awards including finalist in the Telstra Business Women’s Awards (2012) and an ACT Public Service Award for Excellence (2013). Ronnie was named as an Honoured Friend of CIT in 2014 and delivered the Occasional Addresses to graduands at the University of Canberra and at the Canberra Institute of Technology. She has served as a board member on Our Wellness Foundation, the Canberra Hospital Foundation and as a Council member of the Canberra Institute of Technology.

In 2018 Ronnie was awarded an honorary doctorate from the University of Canberra for services to nursing and the ACT community.

Ronnie featured as a keynote speaker at the National Nursing Forum in 2017 and was the Master of Ceremonies in 2018.

**PROFESSOR CHRISTINE DUFFIELD, RN PHD FACN FAAN**
AUSTRALIAN COLLEGE OF NURSING PRESIDENT

Professor Christine Duffield is an internationally acclaimed nursing workforce researcher and Australia’s leading voice on the impact of nursing workload and skill mix on patient outcomes and the quality of patient care. Christine joined the Australian College of Nursing (ACN) Board in 2013 and is currently the President of ACN.

Christine is the Professor of Nursing and Health Services Management at Edith Cowan University and the University of Technology Sydney. Christine is a highly accomplished international researcher with significant experience in the health and education industries in Canada, Australia, New Zealand and the UK. Christine is one of the top 10 most-cited Australian and New Zealand nursing and midwifery professors.

Christine focused on transforming the nursing sector over the course of her 40-year career. During this time, she has worked extensively with state and federal decision-makers as well as internationally, with the World Health Organization (WHO) and the International Council of Nurses (ICN), to drive change and innovation in health care delivery. As a result, she is highly regarded by practitioners as a researcher who understands the world in which they work and can translate results into practice and policy.
LUKE YOKOTA MACN
NURSING NOW – MEN IN NURSING
THE MILLENNIAL PERSPECTIVE PANEL SPEAKER

Luke Yokota is a registered nurse with clinical experience in aged care and intensive care. Luke has a Cert IV in Training and Assessment and is currently undertaking postgraduate studies in health care redesign. Luke graduated from Griffith University where he was a very active undergraduate student representative involved in advocating for leadership opportunities in Peer Lead Simulated Learning, as an international student representative to South East Asia while promoting the overall student experience. Luke remains committed to the professional development of all nurses through his active involvement in several organisational committees at Princess Alexandra Hospital as well as working as a clinical facilitator and tutor with Griffith University. Luke was selected to the prestigious ACN Emerging Nurse Leader program through which he has published, presented and been involved in discussions of nursing policy and practice at both the state and national level. In 2018 Luke was appointed as the Inaugural Chair of the ACN Men In Nursing Working Party where he is leading national strategy to raise the profile of men in nursing, address societal stereotypes of perceptions of men caring and addressing gender imbalance within the nursing profession. Luke prides himself on his diligence, compassion and person orientated care and has a keen interest in quality, safety and improving patient experiences.

ASSOCIATE PROFESSOR GEORGINA WILLETTS FACN CMGR FIML
NURSING PAST, PRESENT AND FUTURE OUR EMERGING PROFESSION

Associate Professor Georgina Willetts has over 30 years’ nursing experience and more than a decade of experience in leading nursing and midwifery reform within the health care industry, moving to academia in 2011. She has completed two educational programs at Harvard Macy Institute in Boston, USA, and continues to be a visiting faculty there. She received her doctorate of education in 2014 and was awarded the university-wide Monash Teacher Accelerator Program honours in 2015.

Georgina is currently Head of Discipline & Course Director in Nursing within the Department of Health Professions at Swinburne University, where she established a new discipline of nursing and contemporary nursing curriculum using innovative teaching strategies. Her clinical interests are medical/surgical nursing, models of care, interprofessional practice/education and professional identity. Her research interests include translational research into the areas of health care education, health care workforce, and the performance of professional identity in practice.

Georgina has been an active member of ACN and the Royal College of Nursing, Australia (RCNA) for more than 15 years she is involved in the ACN Policy Chapters and the ACN Emerging Leader program. Georgina is a Fellow of ACN.
Keynote speakers

WEDNESDAY (list by presentation order)

ANNABEL DIGANCE
POWER, POLICY, POLITICS, PEOPLE

Annabel Digance passionately advocates for equitable and best health care for all Australians.

She champions dialogue on the future directions of our pressured health care system.

After an extensive board director career including SA Water and what is now People’s Choice Credit Union she was elected as a Member of Parliament, South Australia (2014–18) and held positions including, Assistant Minister to the Premier; Chair, Public Works Committee and Deputy Whip to the Government.

She has a highly developed political acumen and has continually facilitated ‘ordinary’ Australians having their voices heard.

While in Parliament she achieved what fondly became known as Gayle’s Law – Legislation to strengthen the safety for remote and rurally practicing nurses in SA.

Annabel’s current position as Associate Professor, Flinders University lecturing in Master Health Administration teaching in Australia, China and Singapore, sees her at the forefront of educating our future health care leaders.

She holds a Master of Health Administration, Bachelor of Nursing, Graduate Diploma of Counselling, is a Registered Nurse/Midwife with a specialist Certificate in Infant Welfare. She is a Fellow, Australian Institute of Company Directors, a Member, Australasian College of Health Service Management, a Member, Commonwealth Parliamentary Association, and is a Rotary International Alumni.

PROFESSOR LYNETTE RUSSELL
AO FACN (DLF)
2019 ORATOR
MOVING FORWARD BY BUILDING ON OUR PAST

Professor Lynette Russell has a high profile as a nurse leader and veteran in nurse education. She has been an active member and contributor to ACN and its predecessor organisation The College of Nursing (TCoN) for more than 40 years.

Following her roles in clinical nursing, Lynette became a nurse educator and professor. In 1991, Lynette took on the role of Foundation Dean of Faculty of Nursing at the University of Sydney (now Sydney Nursing School). Over the years, Lynette has been published in a number of academic journals and books in the areas of health care and nursing history, as well as authoring books of her own. Lynette was honoured with an Order of Australia in 2000 for her contributions to nursing as an educator and a leader.

Following retirement, Lynette established a Nursing History and Research Unit at the Sydney Nursing School. She continues to support the unit as its Director.

Lynette is particularly well-known and respected at ACN for her work on ACN’s archival collection in researching and recording the history of nursing.

Lynette became a Fellow of TCoN in 1975. It is with great honour that we further recognise the significant contributions and commitment Lynette has made to ACN and the nursing profession through the awarding of a Distinguished Life Fellowship.
Keynote speakers

THURSDAY (list by presentation order)

ADJUNCT PROFESSOR JOHN G KELLY AM FACN (DLF)
LEADING CHANGE THROUGH POLICY SETTING AND ADVOCACY
Adjunct Professor John G Kelly AM is the Group CEO of the Heart Foundation of Australia. Most recently he spent four years as CEO of Aged & Community Services Australia – a peak body for the non-profit providers of community and residential aged care. John has extensive experience on national non-profit boards including periods as Chair of the Smith Family, Royal College of Nursing, Australia (RCNA) and Uniting Care Aging (NSW & ACT). In 2009 he was awarded a Member of the Order of Australia (AM) as well as receiving the Alumni Award for Excellence from University of Technology Sydney. In 2010 John was appointed by the Federal Government as Commonwealth Aged Care Commissioner.

FRANCINE DOUCE MACN FACM
TAKE A SEAT
Francine Douce is a registered nurse and midwife with more than 30 years’ experience in the Tasmanian health care system and an active member of the Australian College of Nursing and a Fellow of the Australian College of Midwives.

Francine has held many senior nursing and midwifery positions (public and private sector) in strategic and organisational leadership; governmental policy; clinical practice; governance, including patient safety; professional regulation and accreditation. She is the current Chair of the Australian and New Zealand Council of Chief Nursing and Midwifery Officers and Tasmania’s representative in a range of national committees and advisory groups.

In 2015, Francine completed the Global Nursing Leadership Institute at the International Council of Nurses (ICN), and in 2017, was appointed as the International Commissioner to the Commission on Pathway to Excellence with the American Nurses Credentialing Centre (ANCC).

Francine describes her strengths in terms of a lifetime of passion for nursing and midwifery, and of course, Tasmania. Passion, courage and resilience have been characteristic of her professional leadership in Australia and now the international arena.

Francine is the mother of two adult boys; lives in beautiful Tasmania with her husband Michael and balances her statewide role from Hobart (arguably Australia’s most beautiful capital city).
Keynote speakers

THURSDAY (list by presentation order)

MELANIE ROBINSON MACN
NURSES MAKING A DIFFERENCE IN POLICY

Mel Robinson, appointed as CEO of the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) in February 2019, has worked in diverse roles in nursing over the past 30 years, including clinical practice, education, and policy. Her priorities at CATSINaM include growing the number of Aboriginal and Torres Strait Islander nurses and midwives, ensuring the workforce is strongly supported, advocating for members, engaging with national policy development, and building strong partnerships across government and non-government sectors. Mel, who has cultural connections to the Gidja and Ngarinyin people of the Kimberley in Western Australia, is also passionate about supporting young Aboriginal and Torres Strait Islander people. Having grown up on Gibb River Station on Ngallagunda community before moving to Derby as a young girl, she has a connection with the particular health challenges faced by rural and remote communities. Mel has a deep personal understanding of the impacts of colonisation, including having family members affected by Stolen Generations policies. Through her professional and own family’s experiences, Mel has seen many examples of institutional and interpersonal racism contributing to poor health outcomes and inequitable access to health care. During her career, Mel has worked at hospitals in Derby, Fitzroy Crossing and Perth, as well as aged care services in Derby and Dublin, Ireland. Mel has also worked as a nurse educator at Marr Mooditj Training, and in policy in the Western Australian Department of Health. She completed a Masters in Nursing Research at the University of Notre Dame Australia in 2018. Follow Mel on Twitter: @MelRuss72

MELINDA GOODE MACN
THE MILLENNIAL PERSPECTIVE PANEL SPEAKER

Melinda is currently studying a Masters of Nursing (Graduate Entry) at Edith Cowan University and will graduate in 2019. Melinda has a Bachelor of Marine Science and a Post Graduate Certificate in Development Planning. She has worked as a Coastal Planner for a number of years but after starting her own family, she has discovered a hidden passion for nursing and is very eager to begin her new career. Melinda is excited to be part of stage one of the ENL program and is looking forward to taking on new challenges, meeting new people and experiencing everything the program has to offer.
NICK HAYWARD MACN (UNDERGRADUATE) 
THE MILLENNIAL PERSPECTIVE PANEL SPEAKER

Nick arrived at nursing after years of experience leading teams as a retail manager, with a passion for maintaining team morale and for meeting and engaging with local communities. Nick co-founded a nursing student society on campus after identifying a gap in service delivery and enjoys supporting and advocating for his student cohort. Now in his final year of nursing studies and working as an acute care AIN, Nick is looking forward to pursuing an honours year and continuing to engage with consumers and colleagues in support of quality care and safe working environments. Nick is excited to be a part of the ENL program and hopes to contribute to ACN’s goal of advancing the nursing profession by championing the core leadership business of promoting morale and team cohesion.

CATELYN RICHARDS MACN
THE MILLENNIAL PERSPECTIVE PANEL SPEAKER

Catelyn Richards is a registered nurse currently working at the Royal Children’s Hospital in Melbourne, having completed her Bachelor’s degree at Monash University in 2016. Catelyn’s passion for nursing extended from her involvement volunteering in international aid and development. A particular highlight for Catelyn was volunteering with AusAid and Young People Without Borders in the Solomon Islands in 2013.

Through her experience as an Emerging Nurse Leader with the Australian College of Nursing, Catelyn has developed an interest in staff wellbeing, nursing staff retention and the Australian nursing workforce sustainability. Inspired by how far nurses have come as a profession in the last 50 years, Catelyn’s passion and commitment as a nurse are key drivers in her quest to be instrumental in improving the Australian healthcare system in the future.

Catelyn is currently volunteering with the Australian College of Nursing Melbourne Region Committee as the Communication Coordinator; and has demonstrated interest and experience in nursing research through her work as a research assistant at Monash University. Catelyn’s vision is to someday work among the global health community, but for now is learning and growing herself as an early career nurse.
Keynote speakers

FRIDAY (list by presentation order)

HON SARAH COURTNEY MP
MINISTER FOR HEALTH, MINISTER FOR WOMEN
MINISTERIAL ADDRESS

Sarah Courtney was elected to the Parliament of Tasmania in 2014 and re-elected in 2018 representing the northern seat of Bass. In 2018, the Premier appointed Sarah to Cabinet as the Minister for Health and Minister for Women.

Sarah has also served as the Minister for Primary Industries and Water, Minister for Racing, Minister for Resources and Minister for Building and Construction. She has experience in senior finance industry roles and holds a Bachelor of Chemical Engineering (First Class Honours), a Bachelor of Commerce from the University of Sydney as well as a Master of Wine Technology and Viticulture.

Sarah believes that access to education and training is crucial to achieving career and life aspirations. Her vision is for Tasmania to be a place that encourages individuals, communities and businesses to be the best they can, helped by a government that assists those who innovate and invest.

Sarah’s previous roles in Parliament include Parliamentary Secretary to the Premier and Community and Veterans Affairs, Deputy Chair of the Public Accounts Committee and serving on a number of Joint Select Committees including Future Gaming Markets and Greyhound Racing in Tasmania.

In her free time, she loves to share local produce with friends, exercise on her road bike and spend time with her dog Lulu.

DR WARRICK BISHOP
CARDIAC CT IMAGING PLAQUE ASSESSMENT IN CLINICAL PRACTICE CONTROVERSY OR COMMON SENSE?

Dr Warrick Bishop is a practicing cardiologist, best-selling author, and keynote speaker who has a passion to help prevent heart disease on a global scale. Dr Warrick Bishop graduated from the University of Tasmania, School of Medicine, in 1988. He completed his advanced training in cardiology in Hobart, Tasmania, becoming a fellow of the Royal Australian College of Physicians. Warrick believes that the more precise we can be in the information we have in regard to a patient’s heart health and real risk of heart attack, the better we can look after that person.
DISTINGUISHED PROFESSOR PATSY YATES, PHD, RN, FACN, FAAN

Distinguished Professor Patsy Yates is jointly appointed as Head, School of Nursing at Queensland University of Technology and Director for Queensland Health’s Centre for Palliative Care Research and Education (CPCRE). Patsy leads a large competitively funded research program focused on developing workforce capacity in palliative care, and strengthening the nexus between research, policy and practice in palliative care.

Patsy is the immediate Past-President of Palliative Care Australia and is President-Elect of the International Society of Nurses in Cancer Care. She is a Fellow of both the Australian College of Nursing and the American Academy of Nursing.

JENNY HURLEY MACN
FROM THE OUTBACK TO THE CITY – A NURSING JOURNEY

Jenny Hurley has been the Chief Nurse and Midwifery Officer of South Australia since March 2018.

Jenny’s working career is diverse, commencing her career in her hometown of Broken Hill, continuing her professional journey in paediatric education at the Royal Children’s Hospital in Melbourne, and midwifery education at the Queen Victoria Hospital in Adelaide. Jenny has worked in a range of settings interstate, internationally and in regional Australia. She holds a Bachelor of Nursing and a Master of Health Administration and has a particular interest in leadership, organisational culture, evidence-based practice and informatics, and is the voice of 34,000 nurses and midwives in South Australia.
Keynote speakers

FRIDAY (list by presentation order)

SHARON BOWN MACN
POLICY NOW – POWER OF NURSING

Sharon Bown is a Member of the Council of the Australian War Memorial and a Returned Service Nurse, having served in the Royal Australian Air Force as a Nursing Officer for over 16 years, retiring at the rank of Wing Commander in 2015. With a Bachelor of Nursing and a Bachelor of Psychological Science, Sharon is a passionate advocate within the field of military and veteran’s health. She demonstrates a unique insight into the welfare and health care needs of those adversely affected by trauma, and promotes a health care approach which promotes post-traumatic growth, believing that a crisis should never be wasted. Wing Commander Bown is the author of One Woman’s War and Peace: a nurse’s journey in the Royal Australian Air Force; and a highly sought-after keynote speaker, guiding individuals and communities to rise with resilience in the face of adversity.
Did you know that SEEK has over 700,000 candidate profiles in healthcare, of which 185,000 are specifically in nursing? Our unique data is what powers our talent sourcing solutions for the healthcare industry, helping you match the right candidate to the right job, at the right time.

For interview techniques and guidance on attracting the right candidates, head to insightsresources.seek.com.au
# Program  Day 1 – Wednesday 21 August 2019

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>8:00am</td>
<td>Registration and arrival tea and coffee – Level 1</td>
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<tr>
<td>8:45am</td>
<td><strong>Opening Plenary Session</strong> – Concert Hall (ground floor)</td>
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<tr>
<td>8:45am</td>
<td>Welcome to Country&lt;br&gt; Sinsa Mansell Tasmanian Aboriginal Woman from The Northern Region of Tasmania</td>
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<tr>
<td>9:00am</td>
<td>Welcome and Introduction &lt;br&gt; Master of Ceremonies, Dr Veronica Croome MACN</td>
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<tr>
<td>9:10am</td>
<td>Welcome &lt;br&gt; Professor Christine Duffield FACN, ACN President</td>
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<tr>
<td>9:15am</td>
<td>Nursing Now – Men in Nursing &lt;br&gt; Luke Yokota MACN, Keynote Speaker</td>
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<tr>
<td>9:40am</td>
<td>Nursing Past, Present and Future our emerging profession&lt;br&gt; Associate Professor Georgina Willetts FACN CMGR FIML, Keynote Speaker</td>
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<tr>
<td>10:05am</td>
<td><strong>Power, Policy, Politics, People</strong> Professor Annabel Digance, Keynote Speaker</td>
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<tr>
<td>10:25am</td>
<td>HESTA Corporate Partner Address Carman Ransley, Client Partnership Manager</td>
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<tr>
<td>10:30am</td>
<td>Morning tea with exhibitors – Federation Ballroom</td>
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<tr>
<td>11:00am</td>
<td><strong>CONCURRENT SESSION ONE</strong></td>
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**TRAILBLAZERS**<br>Grand Ballroom 1, Level 1  
Moderator: Lucy Osborn MACN  
Co-Moderator: Emma Woodhouse MACN  
**UNIVERSAL HEALTH CARE**<br>Grand Ballroom 2, Level 1  
Moderator: Christopher Hinder MACN  
Co-Moderator: Trish Lowe MACN  
**HEALTH ECONOMICS**<br>Grand Ballroom 3, Level 1  
Moderator: Kazuma Honda MACN  
Co-Moderator: Maria Virgilii  
**NEXT GEN POLICY**<br>Harbour View Room 1, Level 1  
Moderator: Prachi Javalekar MACN  
Co-Moderator: Liz Moran MACN  

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<tr>
<td>11:00am</td>
<td>Care of the older person - the power of positive innovation to shape the future of nursing&lt;br&gt; Kim Stevens MACN, Kristee Winters MACN</td>
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<tr>
<td>11:05am</td>
<td>Quality indicators for paediatric nursing - Development and initial validation of questionnaires measuring the professional’s perspective&lt;br&gt; Prof Evalotte Morelius MACN (Associate)</td>
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<tr>
<td>11:25am</td>
<td>Strengthening equitable health outcomes: nurse co-location within a refugee settlement provider&lt;br&gt; Leeanne Schmidt FACN</td>
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<tr>
<td>11:45am</td>
<td>Implementation and outcomes of a low level alcohol and drug detoxification partnership in northern Tasmania&lt;br&gt; Dr Wendy Mackay MACN</td>
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<td>Wound management product ratification&lt;br&gt; Kay Maddison MACN</td>
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<td></td>
<td>Empowering nursing students to adhere to hand hygiene policies following a field study in Asia&lt;br&gt; Dr Lyn Francis FACN, Leonie Pike</td>
</tr>
</tbody>
</table>
Day 1 – Wednesday 21 August 2019

12:05pm  
**Building the bridge and blazing the trail between theory and practice: keeping graduate nurses connected to evidence based practice**  
Dr Sally Lima MACN

**The prevalence of cognitive impairment and its impact on care at the bedside**  
Margaret Cahill MACN

**Judicious expenditure to advance staff capability: targeted education for staff to realise the NSQHS standards in practice**  
Prof Amanda Henderson MACN

**Policy in the hearts, minds and hands of nurses**  
Christine Foley MACN

12:25pm  
**Gerontological nursing now**  
Dr Drew Dwyer FACN

**A mantle of safety - nursing at 45 000 feet, but still down to earth**  
David Carpenter MACN

**Enrolled nurse intravenous medication administration scope advancement project**  
Melanie Nilsen MACN

**Supporting transition: from nurse to educator**  
Pearl Kennon

12:45pm  
**Lunch with exhibitors – Federation Ballroom**

1:45pm  
**Speed Leading and Network Session – Grand Ballroom, Level 1**

MC: Marina Buchanan-Grey MACN, ACN Executive Director, Professional

Delegates have the opportunity to connect with senior nurse executives, clinicians and academics for career coaching, networking and advice in facilitated shorts sessions. Bring your questions with you!

3:15pm  
**Afternoon tea with exhibitors – Federation Ballroom**

3:45pm  
**Oration, Investiture, Awards and Graduation Ceremony – Concert Hall (ground floor)**

Master of Ceremonies, Dr Veronica Croome MACN

3:45pm  
**Introduction of 2019 Orator** Professor Christine Duffield FACN, ACN President

3:45pm  
**2019 Oration: Moving forward by building on our past** Professor Lynette Russell AO FACN (DLF)

3:45pm  
**Investiture of New Fellows** Adjunct Professor Kylie Ward FACN, ACN Chief Executive Officer

3:45pm  
**Presentation of ACN Grants and Awards Recipients** Adjunct Professor Kylie Ward FACN, ACN Chief Executive Officer

3:45pm  
**Presentation of ACN Graduates** Dr Veronica Croome MACN and Professor Christine Duffield FACN, ACN President

5:00pm  
**Networking Drinks Reception – Federation Ballroom**
Program Day 2 – Thursday 22 August 2019

8:00am Registration and arrival tea and coffee – Level 1

Poster Presentation and Judging
Delegates to view posters and meet the authors. Authors to be available at their poster to answer any questions.
Delegates to please cast their vote for the best poster on the Forum app.

8:45am Opening Plenary Session – Concert Hall (ground floor)

8:45am Welcome and Introduction  Master of Ceremonies, Dr Veronica Croome MACN

8:55am Leading change through policy setting and advocacy  Adjunct Professor John G Kelly AM, Keynote Speaker

9:15am Take a Seat  Adjunct Associate Professor Francine Douce MACN FACM, Keynote Speaker

9:35am Nurses Making a Difference in Policy  Melanie Robinson MACN, CEO of CATSINaM, Keynote Speaker

9:55am SEEK Principal Partner Address  James Duncan, National Healthcare Leader

10:15am Health Professional Bank Corporate Partner Address  Carolyn Murphy, General Manager

10:20am Morning tea with exhibitors – Federation Ballroom

11:00am CONCURRENT SESSION TWO

<table>
<thead>
<tr>
<th>TRAILBLAZERS</th>
<th>UNIVERSAL HEALTH CARE</th>
<th>HEALTH ECONOMICS</th>
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<tbody>
<tr>
<td>Grand Ballroom 1, Level 1</td>
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<td>Grand Ballroom 3, Level 1</td>
<td>Harbour View Room 1, Level 1</td>
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</tbody>
</table>

11:00am Moderator:
Madeline Lam MACN
Co-Moderator:
Nataschja Budel

Undergraduate RNs working as AINs
Carol Crevacore MACN

Observing rapid response teamwork for improved quality healthcare
Emma Wood

11:05am Showcasing the intersection of professionalism and complexity science in nursing and midwifery innovation
Prof Anita Bamford-Wade MACN

Evaluating the COPD knowledge of Community Registered nurses and the self-reported breathlessness strategies they use to support patients with COPD
Julie Curran

11:25am Human-robot interactions: a novel way to improve health literacy in preventing influenza
Christine McIntosh MACN, Dr Wendy Smyth MACN

The barriers and facilitators of graduating nurses entering the primary healthcare workforce?
Kyle Gibbs

12:05pm To nap or not to nap: The effects of scheduled sleeping during night shift
Catalyn Richards MACN, Patrick Prunster MACN

Facilitating choice in personal hygiene options for renal patients in the tropics with a central venous line: a multi-phase study
Dr Wendy Smyth MACN

12:25pm Transforming aged care through an innovative, collaborative and flexible aged care graduate nurse program: a scoping project
Dr Karen Daws MACN

Exploring children and young people’s knowledge about inpatient falls to inform quality child-centred care strategies
Dr Suzanne Sheppard-Law

12:45pm Lunch with exhibitors – Federation Ballroom
Day 2 – Thursday 22 August 2019

1:45pm **CONCURRENT SESSION THREE**

<table>
<thead>
<tr>
<th>TRAILBLAZERS</th>
<th>UNIVERSAL HEALTH CARE</th>
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<tr>
<td><strong>1:45pm</strong></td>
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<tr>
<td><strong>Moderator:</strong> Kirsten Parker MACN</td>
<td><strong>Moderator:</strong> Ariela Rother MACN</td>
<td><strong>Moderator:</strong> Suzanne Volejnikova-Wenger MACN</td>
<td><strong>Moderator:</strong> Jodie Watt MACN</td>
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<tr>
<td><strong>Co-Moderator:</strong> Julie Hungerford MACN (Associate)</td>
<td><strong>Co-Moderator:</strong> Susan Hogan MACN</td>
<td><strong>Co-Moderator:</strong> Emma Woodhouse MACN</td>
<td><strong>Co-Moderator:</strong> Trish Lowe MACN</td>
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<tr>
<td>Developing paediatric palliative care nurses - 3rd year nursing students employed as undergraduate assistants in nursing at Bear Cottage Children’s Hospice</td>
<td>Improving quality of care through detection of complexity amongst older people in a community setting: pilot randomised controlled trial protocol</td>
<td>Application of a nursing and midwifery model achieves efficiency dividends</td>
<td>A policy of core values: collaboration, openness, respect and empowerment to improve the central venous access device (CVAD) policy</td>
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<tr>
<td>Sevasti James, Fiona Niven MACN</td>
<td>Jennifer Boak MACN</td>
<td>Ben Ballard MACN</td>
<td>Sarah Wallace</td>
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1:50pm

| Development of paediatric palliative care nurses - 3rd year nursing students employed as undergraduate assistants in nursing at Bear Cottage Children’s Hospice | Improving quality of care through detection of complexity amongst older people in a community setting: pilot randomised controlled trial protocol | Application of a nursing and midwifery model achieves efficiency dividends | A policy of core values: collaboration, openness, respect and empowerment to improve the central venous access device (CVAD) policy |
| Sevasti James, Fiona Niven MACN | Jennifer Boak MACN | Ben Ballard MACN | Sarah Wallace |

2:10pm

| Medication administration evaluation and feedback tool: inter-rater reliability in the clinical setting | Access to emergency department services: factors contributing to non-urgent presentations by Northern Tasmanians | Driving leadership change ... A blueprint for the future | Factors Influencing the Recruitment/Retention of Female and Male First Responder Workforce |
| Karen Davies MACN | Maria Unwin MACN | Adj. Prof Alanna Geary FACN | Helen Frazer MACN |

2:30pm

| What does personality have to do with rural nursing? Career intentions among nursing students | Examining the characteristics of cardiometabolic monitoring and physical health assessment of mental health consumers within the first 72-hours of admission to a mental health inpatient unit | Trailblazing - making tracks in the bush - our mission to gain, train and retain nurses in regional and rural areas | Confidence, specialty, and leadership: nurse education for career development |
| Dr Daniel Terry | Natasha Hawkins | Natasha Hawkins | Julie Phillipson, Assoc. Prof Joyce Hendricks, Julie Shaw MACN |

2:50pm

| Nurse practitioners: trailblazing to tried and true - how far have we come? | Connecting with compassion; adapting an existing well-being program to ensure universal health care for patients and nurses | Enabling universal access to health care: the nurse’s role in eliminating stigma and discrimination for people with blood borne viruses | The ACT new graduate nursing conference - creating regional events to engage the next generation in professional development |
| Hazel Bucher MACN, Kerrie Duggan | Dr Samantha Jakimowicz MACN | Melinda Hassall MACN | Meg Bransgroe MACN |

3:10pm

| Emergency telehealth service education program - education for all | Travelling as ‘grey nomads’: What does this mean for their health and health care access? | The future of chronic disease management is already here. We just need to fund it | The power of nursing philosophy in developing robust and meaningful policy |
| Donna Rogers | Margaret Yates FACN, Prof Lin Perry MACN | Ben Chiarella MACN | Dr Lexie Brans FACN |

3:30pm

| Afternoon tea with exhibitors – Federation Ballroom | | | |

4:00pm

| Next Generation Health care Session 2019 - Reducing the Carbon Footprint – The Millennial Perspective | | | |
| – Concert Hall (ground floor) | | | |
| Chair: Adjunct Professor Kylie Ward FACN, ACN Chief Executive Officer | | | |
| Panel members: Melinda Goode MACN, Nick Hayward MACN (Undergraduate), Catelyn Richards MACN, Luke Yokota MACN | | | |

6:30pm

| Coach transfers | | | |

GALA DINNER – Tasman Ballroom, Wrest Point | Guest Speaker: Mitch McPherson – SPEAK UP! Stay ChatTY | | |
**Program** Day 3 – Friday 23 August 2019

<table>
<thead>
<tr>
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<td>Welcome and Introduction  Master of Ceremonies, Dr Veronica Croome MACN</td>
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<tr>
<td>8:50am</td>
<td>Ministerial Address  Hon Sarah Courtney MP, Minister for Health, Minister for Women</td>
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<tr>
<td>9:10am</td>
<td>Cardiac CT Imaging Plaque Assessment in Clinical Practice Controversy or Common Sense? Dr. Warrick Bishop, Keynote Speaker</td>
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<tr>
<td>9:30am</td>
<td>From the Outback to the City – A Nursing Journey Jenny Hurley MACN, Chief Nurse and Midwifery Officer of South Australia, Keynote Speaker</td>
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<tr>
<td>9:50am</td>
<td>Corporate Partner Address  Heather Gillett, Professional Officer Nursing &amp; Midwifery</td>
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<tr>
<td>10.00am</td>
<td>Announcement  Distinguished Professor Patsy Yates FACN, End of Life Policy Chapter Chair</td>
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<tr>
<td>10:05am</td>
<td>Morning tea with exhibitors – Federation Ballroom</td>
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<tr>
<td>10:30am</td>
<td><strong>CONCURRENT SESSION FOUR</strong></td>
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<tr>
<td>10:30am</td>
<td><strong>TRAILBLAZERS</strong>  Grand Ballroom 1, Level 1</td>
<td><strong>UNIVERSAL HEALTH CARE</strong>  Grand Ballroom 2, Level 1</td>
</tr>
<tr>
<td></td>
<td>Moderator: Rebekah Howard MACN</td>
<td>Moderator: Amelia Simpkins MACN</td>
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<td>Co-Moderator: Liz Moran MACN</td>
<td>Co-Moderator: Julie Hungerford MACN (Associate)</td>
</tr>
<tr>
<td>10:35am</td>
<td>What nursing students value as important in undertaking rural practice: A cross-sectional study Dr Daniel Terry</td>
<td>A one in five hundred year event: the experience of nurse leaders in a flood disaster Debbie Maclean</td>
</tr>
<tr>
<td></td>
<td>Supervised practice placements - keeping nurses nursing! Joanne Mapes FACN</td>
<td>Transitional care discharge documentation from hospital to residential aged care for people living with dementia: a retrospective cohort study Kirsten Parker MACN</td>
</tr>
<tr>
<td>11:15am</td>
<td>Preparing nursing graduates for the digitally enabled healthcare environment: integrating simulated electronic health records (EHR) into entry to practice curriculum Dr Zerina Tomkins MACN, Kalpana Raghunathan FACN</td>
<td>The leadership role of nurses in a disaster coordination centre Debbie Maclean</td>
</tr>
<tr>
<td>11:35am</td>
<td>A general practice nurse-led intervention for anxiety in later life Dr Danny Hills MACN</td>
<td>Why cultural respect matters Belinda Fenney-Walch, Rosie Smith</td>
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</tbody>
</table>
11:55pm  Lunch with exhibitors - Federation Ballroom

12:45pm  CONCURRENT ACN COMMUNITY OF INTEREST (COI) SESSIONS

**MILITARY NURSING COI**
Grand Ballroom 1, Level 1

**CHRONIC DISEASE POLICY CHAPTER**
Grand Ballroom 2, Level 1

**C&PHCN COI JOINT SESSION WITH ADVANCED PRACTICE COI**
Grand Ballroom 3, Level 1

**NEXT GEN COI 2019 WILL BRING TOGETHER LEADERSHIP AND POLICY DEVELOPMENT AND CHANGE!**
Harbour View Room 1, Level 1

The session will include presentations from nurses from each of our services as well as an overarching presentation on Military Nursing and how it evolved and how we interact across the services and the broader health community.

Whilst it would be military focussed, the variety of roles & experiences that will be shared will be interesting to non-military nurses as well.

Fit Lt Samantha Carpenter MACN,
Simone Franklin MACN, Capt. Amanda Garlick MACN,
L Cdr Lauren Keany MACN,
CMDR Wendy Thomas MACN

A session that covers the goals of the Chronic Disease Policy Chapter, an overview of the work completed which will include the results from the systematic review on the effectiveness of nurse-led interventions for children and young people living with obesity and the review of the key literature on the role of the nurse.

The session will share the case studies collected to date and preliminary thoughts on the areas to be covered in the toolkit.

Feedback will be sought from the audience on the resonance of the findings from the reviews, examples of good practice and feedback on the toolkit.

Robyn Quinn FACN, Prof Lisa Whitehead MACN

In a NNF first, the Advanced Practice & Community & Primary Health Care Nurses COIs have joined forces to tackle issues faced by all nurses in making nursing visible and valuable as the solution in successfully engineering economic, clinical and social impact.

How can we unlock funding pathways across all sectors?

We want to facilitate innovative and practical discussions with you, the audience, in how together we can in strength present our case to key influencers in solving what is a universal problem of delivering timely, effective, value based, equitable and affordable health and care to our community when, how and where they need it.

Kitty Hutchison MACN, Christopher O’Donnell MACN,
Chris Raftery MACN, Adj. Assoc Prof Anna Shepherd FACN (Hon)

This year we offer an interactive workshop alongside a panel of ACN’s policy geniuses from all stages of nursing careers, to show us how easy it is to be involved in policy and why it is important as next gen nurses.

Nick Hayward MACN (Undergraduate),
Andrea Jansen Van Rensburg MACN,
Lucy Osborn MACN, Ariela Rother MACN

2:45pm  Afternoon tea with exhibitors – Federation Ballroom

3:00pm  Closing Plenary Session – Concert Hall (ground floor)
Master of Ceremonies, Dr Veronica Croome MACN

3:10pm  Announcement  Professor Christine Duffield FACN, ACN President

3:25pm  Policy Now – Power of Nursing  Sharon Bown MACN, Keynote Speaker

4:05pm  Announcement of poster winners and prizes  Adjunct Professor Kylie Ward FACN, ACN Chief Executive Officer

4:20pm  NNF 2020 Announcement  Adjunct Professor Kylie Ward FACN, ACN Chief Executive Officer

4:30pm  Farewell Drinks & Book Signing
One Woman’s War and Peace, A Nurse’s Journey Through the Royal Australian Air Force - Author Sharon Bown
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CARE OF THE OLDER PERSON –
THE POWER OF POSITIVE INNOVATION TO SHAPE THE FUTURE OF NURSING

KIM STEVENS MACN,
KRISTEE WINTERS MACN

In 2018, as part of an initiative to revamp the Transition to Practice program for our Graduate nurses, Beaufort Skipton Health, in partnership with Ballarat Health Services, launched a new project that looked to fulfill graduate nurse’s first year requirements whilst incorporating a focus on caring for the older generation. The program was designed to facilitate skill and knowledge consolidation, scaffold learning, expand graduates critical thinking, and to challenge the older care paradigms that result in negative attitudes to working with this demographic. In 2019 the success of the project has resulted in the cohort growing from 10 to 31 participants, incorporation of graduates from an additional 4 rural healthcare organisations within the Grampians Region and affiliation with Australian Catholic University. This collaboration with ACU results in the graduates completing the program with either 2 units towards a post graduate qualification in gerontology or a completed Certificate in Extended Clinical Nursing – Gerontology with option to continue studying towards a Masters degree. As the momentum grows, the impact of this program on the shaping of career progression and disempowering of associated stigma has been fundamental in beginning to alter perceptions and challenge newly graduated nurse’s beliefs that working with the older person is not ‘real’ nursing, does not add value to their careers, and is generally undesirable. The increase in participants and Health Services engagement would support the value of this program in morphing nursing perceptions of Caring for the Older Person into one of value, relevance and significance within the Nursing Field.

NURSING ECOSYSTEMS – OPPORTUNITIES FOR TRAILBLAZER PRACTICE INNOVATIONS

DR LOIS HAZELTON FACN1, EM. PROF LAURENCE GILLIN1
1 AGSE Swinburne University of Technology, Australia

Introduction: Current epistemological foundations of nursing theory and practice incorporate minimal ecosystems theory. The purpose of this paper is to present a nursing ecosystems concept model with a goal to broaden current nursing perspectives by incorporating expanded opportunities for practice innovation and identifying trailblazers adding value-creation within the nursing profession, clinical and care practice, medical and health science, patient and community satisfaction. A theory derivation process is utilized, and a nursing ecosystem model is proposed. Nurses face a challenge to translate rapidly increasing health knowledge, increasing regulation and quality patient care into professional activities. Elucidating a nursing ecosystem theory may guide the profession toward new directions in holistic care and will be good for the care of patients, profession, and the community.

Method: Using a systematic review of the literature the authors have identified advances in nursing theory and practice, dynamic interactions and processes involved, and associated networks and institutions comprising the ecosystem. Trailblazers in innovation nursing practice were identified to evaluate important elements of the ecosystem.

Results: The authors have connected the dots among theory, practice, and research by adopting an expanded conceptual-theoretical-empirical structure of nursing knowledge and matrix process to guide the placement of nursing knowledge in a contextual whole. This concept model of the translation of nursing knowledge development is contrasted with the journey from practice resulting in a theory-practice disconnect – an area filled with opportunities. Studies
Abstracts - concurrent sessions

Abstracts are printed here as submitted to ACN

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TRAILBLAZERS STREAM
GRAND BALLROOM ROOM 1    11:00am–12:45pm

of selected nursing trailblazers in delivering practice innovation are presented to provide an integrated view of the opportunity/entrepreneurial dimensions of this knowledge development in nursing as a professional discipline.

Conclusion: The nursing ecosystems framework presented provides an excellent tool to understanding the fit between administrators, medical and nursing staff, patients, and community in the ecosystem by improving the quality of transactions across different elements of the ecosystem.

HARNESSING WELL-DESIGNED POLICY TO DRIVE MEANINGFUL AND SUSTAINABLE IMPROVEMENTS IN HOSPITAL BASED PALLIATIVE CARE: PRELIMINARY RESULTS FROM A SEQUENTIAL MIXED METHOD STUDY

CLAUDIA VIRDUN MACN1, PROF JANE PHILLIPS FACN1, DR TIM LUCKETT1, PROF KARL LORENZ1, PROF PATRICIA DAVIDSON1

1 University of Technology Sydney, Australia

Introduction: The majority of expected deaths in Australia occur within the hospital setting, where optimal palliative care cannot be assured. Significant data exists from patients and families about what is important for their care but this is not currently confirmed within the Australian population. The importance of measuring the quality of palliative care to focus improvement work is clear, but how to achieve this, not yet realised. Addressing these issues contributes to better informed policy to enable meaningful and sustainable improvements to hospital palliative care.

Methods: A sequential mixed method study with four key areas of enquiry:

1. Systematic review of published patient and family/carer (‘family’) data about what enables optimal hospital palliative care (completed);
2. Systematic scan of strategies used globally for palliative care quality measurement (completed);
3. Semi-structured interviews with Australian patients and families to: confirm the relevance of elements noted as important for optimal hospital palliative care; and understand how this population can contribute to improvements (underway);
4. Integration of data across studies 1-3 to articulate recommendations for policy makers, hospital executives and clinicians in relation to enabling optimal hospital palliative care.

Results: Synthesis of published data identified 15 domains of care that are important to patients and families. The global scan highlighted 128 national quality indicators currently used to measure palliative care. Patient and family interviews and related data analysis are underway. How this work contributes to policy developments and practice change for optimal hospital palliative care will be presented.

Conclusions: Consumers have outlined what is important for hospital palliative care for over 25 years. Our challenge is to consistently provide care in accordance with these areas of importance. It is time to harness the power and support of well-designed policy to enable this and see meaningful and sustainable improvements made.
Abstracts – concurrent sessions

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TRAILBLAZERS STREAM
GRAND BALLROOM ROOM 1  11:00am–12:45pm

BUILDING THE BRIDGE AND BLAZING THE TRAIL BETWEEN THEORY AND PRACTICE: KEEPING GRADUATE NURSES CONNECTED TO EVIDENCE BASED PRACTICE

DR SALLY LIMA MACN1, JODIE WHITE1, CLAIRE PERTZEL1
1 Bendigo Health, Australia

Building the bridge and blazing the trail between theory and practice: keeping graduate nurses connected to evidence-based practice. Much emphasis is placed on evidence-based practice (EBP) in undergraduate nursing programs. Concurrently there continues to be high expectations that graduate nurses (GN) will “hit the floor running”. As such, the focus of both GN and those they work alongside is on the development of specialty knowledge and technical skills. Recognising the need to keep GN engaged in EBP, a large regional health service incorporated a formal quality/EBP program into the GN year. Over three months, a portion of four study days was dedicated to GN investigating an issue from practice for which they questioned the evidence. The GN were supported to turn their issue into an answerable question, develop an action plan to answer the question, progress their plan, and present their findings. The evaluation included a pre-post questionnaire utilising a Likert Scale for 24 EBP competencies. GN were asked to rate themselves on a scale of 1–7 where 1 = Novice and 7 = Expert. The pre-program data (n=36) demonstrated means of 2.0 to 3.9 for the 24 competencies. The post-program data (n=33) demonstrated means of 4.0 to 5.0. The increase in self-assessed competence comparing the pre-post data for the 24 items ranged from 0.9 to 2.1. In addition to the pre-post questionnaire, reflective discussions and notes by the facilitators reinforced the quantitative findings. At the end of Day 1 the wisdom of introducing the program was questioned. By Day 2, the potential was being recognised and by the Day 4 presentations, the value and impact of the program was apparent. Some GN had brought about change and others had the data to influence change. The GN had truly engaged in Quality Improvement and EBP and in doing so had increased their EBP competence which is crucial to safe, quality care.

GERONTOLOGICAL NURSING NOW

DR DREW DWYER FACN1
1 Specialised Nursing Practice, Australia

Building and Supporting Clinical Leadership in aged care: A best practice recommendation. This study explored the impact of structured clinical leadership training on RN’s positioned as clinical leaders and managers in RACF’s in Australia. The aim of the study was to address the negative experiences of nurses in the role of team leaders through a clinical leadership training program that represented an intervention designed to empower participants to become care team leaders now. The study followed a sequential mixed-methods design and included a pre and post-intervention survey from the participant and control groups. The intervention was 5-module course in clinical leadership. Qualitative interview, and a process of thematic analysis was used to analyse transcripts to enhance the findings of the quantitative surveys. The results from both inquiry methods were then synthesised through integrative analysis. The findings from this study suggest that nurses are well suited to being transformational leaders and that clinical leadership training has the capacity to empower RN’s to become team leaders in the multidisciplinary teams. The training gave clarity to the position of RN Team
Leader and provided skills in leading the team to improved outcomes in care. The role of the RN is a specialised one and requires contextualised clinical leadership training that empowers the nurse to transact with the team and transform the care. The study findings also suggest that, if organisations respect the value of a nurse’s autonomy and skills to practice, along with the valued role of the RN as Clinical leader, then improved recruitment and retention of nurses in aged care will be achieved. As the world ages, there is a fundamental shift in how we provide care and support to increasing numbers of frailing individuals and their circles of influence. Nursing care continues to hold high ground on the values and principles of society that reflect the expectation of the profession in supporting their needs.

QUALITY INDICATORS FOR PAEDIATRIC NURSING – DEVELOPMENT AND INITIAL VALIDATION OF QUESTIONNAIRES MEASURING THE PROFESSIONAL’S PERSPECTIVE

PROF EVA LOTTE MORELIUS MACN (ASSOCIATE)
ADJ. PROF MARIA FORSNER², DR LENA HANBERGER³

¹ School of Nursing and Midwifery, Edith Cowan University, Australia
² Dep of Nursing, Umeå University, Sweden
³ Division of Nursing, Dep of Medicine and Health, Linköping University, Sweden

Introduction: The quality of nursing care has great impact on patient safety and outcomes of care. In order to provide equal quality of care across the nation and discover areas of improvement it is important to monitor and compare data on provided health care.

Purpose: To develop and validate questionnaires describing nurses’ and managers’ reports on predefined quality indicators regarding nursing care of children in hospitals and to present results from a pilot study.

Methods: Two questionnaires, one for nurses and one for nurse managers, were developed to assess structure and process of the quality indicators: breastfeeding, management of pain, safe venous access, safe medication management, and child-oriented environment. Content validity was evaluated through an expert group and cognitive interviews. Nurses (n=113) and nurse managers (n=9) from nine paediatric wards in Sweden participated in a pilot test.
Results: After minor revisions, the questionnaires were found to measure quality indicators relevant to paediatric nursing care and demonstrate feasibility and content validity. The pilot study showed that less than half of the nurses had sufficient knowledge to support parents in breastfeeding. Of the nurses, 70% reported adherence to pain guidelines, 95% had sufficient competence about venous access but only 75% reported that they followed guidelines, 90% were satisfied with the prerequisites for safe drug management, and 67.3% reported sufficient knowledge about the impact of the hospital environment for the paediatric care.

Conclusions: The questionnaires assessing five quality indicators of paediatric nursing can be used to compare quality of care between and within hospitals and highlight the outcomes to consumers, staff, and other stakeholders. Future studies may focus on translation of the scale into a Likert type scale in order to enable statistical calculations.

STRENGTHENING EQUITABLE HEALTH OUTCOMES: NURSE CO-LOCATION WITHIN A REFUGEE SETTLEMENT PROVIDER

LEEANNE SCHMIDT FACN1, JAYA KRISHNASAMA1, ANITA STUBBING1, NICKI STACEY1, EMMA SOMERVILLE1, CHRISTINE FOLDI1, JASMIN SAYEED1, KOREN HANNAH1, ELLE SVENNSON1, MAIRIL KHAN1

1Metro South Refugee Health Service, Australia

Introduction: The Refugee Health and Wellbeing: A policy and action plan for Queensland 2017–2020 describes seven priority areas to improve access to health for people with a refugee background settling in Queensland. Complexity of the settlement journey and pre- and post-arrival social determinants of health create many barriers. In 2017 significant turnover in the settlement agency workforce occurred. This was due to contractual agreement changes made by the Department of Social Services. The new Humanitarian Settlement Program tender required settlement staff to possess specified tertiary qualifications.

Refugee health services and settlement agencies share a unique environment to enable quality early intervention to culturally appropriate health services. Using a co-location (COLO) model Metro South Refugee Health Service (MSRHS) and Access Community Services (Access) developed strategies to effectively coordinate health navigation, continuity of care and minimise preventable health issues.

Main Body: In 2017 (MSRHS) nurses and administration officers commenced COLO at Access one afternoon session per week. COLO aimed to improve case manager health literacy; improve knowledge of broader settlement services available; provide timely triage; access to primary care; and identify gaps in access. An unstructured framework was deliberately chosen to enable the collaboration to continually evolve. The activity was absorbed into existing funding. Building relationships, exploring learning needs, and receiving feedback from the community occurred. Increasing case manager health literacy, sharing information, and linking organisations meant Access case managers were timelier in actioning concerns. Shared management of critical health needs, and supporting tools were undertaken. MSRHS captured discussions and outcomes of shared activity in a spreadsheet after each session.

Conclusion: The informal and unstructured approach is key to the ongoing success of building staff relationships between organisations. Linkages to refugee friendly providers contributed to eighteen new referral pathways, connected-up seven new agencies, and supported the delivery of health literacy program to nine communities.
IMPLEMENTATION AND OUTCOMES OF A LOW LEVEL ALCOHOL AND DRUG DETOXIFICATION PARTNERSHIP IN NORTHERN TASMANIA

WENDY MACKAY MACN1, LIZ GIBB1
1 North Eastern Soldiers Memorial Hospital, Australia

This presentation will describe the implementation and outcomes of a low-level alcohol and drug detoxification program at the North Eastern Soldiers Memorial Hospital (NESMH) in Scottsdale, Tasmania. NESMH is an 18-bed district hospital in NE Tasmania. In 2015, a review of services was undertaken, and new service proposals were explored. One of the areas that was considered was low level alcohol and drug detoxification. A partnership was established between NESMH and the Alcohol and Drug Service (ADS) in Tasmania to offer an inpatient detoxification program for people living in the north of Tasmania. The current 10 bed inpatient unit located at St Johns Park in New Town in the south of Tasmania was not being accessed by people living in the northern part of the state. There was no alternative option for these clients who wish to undertake detoxification in the northern part of Tasmania. The Launceston General Hospital does admit some clients who require detoxification as a primary reason for admission. However due to lack of bed availability, it is difficult for these clients to undertake this program as an inpatient. A formal partnership to offer the inpatients detoxification service as an alternative to the Hobart facility was established between NESMH and ADS. This partnership provides a seamless pathway for the ADS client to: access ADS prior to completing detoxification, admission to an inpatient facility (NESMH) for 6–7 days for the management of the physical detoxification process, and linking back to ADS after discharge. The benefits for the client are: the client is actively involved in patient centred care and is admitted in a voluntary capacity able to access help to manage their primary condition of substance dependency undertake their hospitalisation in a small quiet facility in a single room not pressured to be discharged provided with appropriate support after discharge to increase compliance of achieving long term abstinence of drug and alcohol consumption. The benefits to NESMH and the community are: The hospital is being utilised NESMH staff have received additional skills in the area of ADS NESMH is able to provide a new service to the people living in the northern part of Tasmania.

THE PREVALENCE OF COGNITIVE IMPAIRMENT AND ITS IMPACT ON CARE AT THE BEDSIDE

MARGARET CAHILL MACN1, PRUE MCREA1, ELISE TRELEAVER1, KAREN LEE-STEERE1, MR SIMON FINNEGAN1, DR ALISON MUDGE1
1 Royal Brisbane & Women’s Hospital, Australia

Objectives: Cognitive impairment (CI) remains common in older hospital patients and is associated with longer hospital stays and poorer outcomes, despite Delirium Clinical Care Standards intending to drive better care. This study sought to document the prevalence of CI in hospital inpatients, and compare documented care needs between patients with, and without CI.

Methods: Point-prevalence study conducted on 14th March 2018 at RBWH. 54 paired, trained healthcare professionals reviewed all inpatients aged 65 years or older, admitted for at least 24 hours to acute and subacute care wards. The 4As test (4AT), a valid, reliable cognitive screening test for CI, was administered by the audit team. Cognitive screening at admission, and documented care needs on the audit day, were recorded using information from structured risk assessment and daily care records, routinely completed by nursing staff.
Results: There were 261 admitted inpatients aged 65 and older on 22 wards, of which 216 participants were eligible. The 4AT was abnormal in 91 patients (43%). Admission cognitive screening completed in 177 (82%), identifying 51 patients as impaired. Documentation revealed those with CI required further supervision and/or assistance in all elements of care. The Eat Walk Engage programme, supported by Cherish research findings, indicates the provision of fundamental care such as staying mobile, getting dressed, attending to personal hygiene needs, getting out of bed, staying socially engaged and supporting oral intake, contributes to a 43% decrease in delirium and subsequent associated hospital acquired complications.

Conclusions: CI is common across a wide range of wards and is associated with significantly higher patient care needs. Staff need the knowledge, skills and workforce structure to support the effective and efficient provision of these needs throughout the hospital, in order to meet evidence-based standards of care for this vulnerable population.

A MANTLE OF SAFETY – NURSING AT 45 000 FEET, BUT STILL DOWN TO EARTH

DAVID CARPENTER MACN
Royal Flying Doctor Service of Australia

The Royal Flying Doctor Service has been providing the finest care in the furthest corners of Australia for over 90 years, creating a ‘Mantle of safety’ for everyone who lives, works or travels in regional and remote areas. Nurses have been and continue to be integral to the organisation, both operationally and in formal and informal leadership roles. Perhaps best known as key members of aeromedical crews, Nurses also staff remote clinics and provide a wide variety of primary health services. In addition, key management and executive positions within the organisation are held by Nurses. These roles in particular enable them to influence and drive Policy, Change and Continuous Improvement. This presentation explores the evolution of Nursing within the RFDS, and the crucial role of Nurses in ensuring everyone gets the quality healthcare they need and deserve.
MATURE AGE STUDENT NURSES AND GRADUATES; THE HIDDEN SOLUTION FOR A LOOMING SHORTAGE?
Suzanne Volejnikova-Wenger MACN, Rebecca Vollmann MACN

The expected shortage of qualified nurses, as per the Department of Health workforce report 2014, and the continuing high attrition rates of graduate nurses require sustainable solutions to be implemented now. Would it not make economic sense to educate, encourage and retain a section of the workforce who are focussed and committed to the great profession of nursing? Mature age students are enrolling in Bachelor of Nursing Science degrees in increasing numbers all over Australia. When looking at data on retention rates of student nurses and early career nurses, mature age students and graduates appear to complete their studies and remain in the workforce at a higher rate than their younger colleagues. This presentation will explore three themes common to mature age student nurses and early career nurses and how educational institutions and employers can benefit from enrolling and employing nurses with life experience. Economic and personal sacrifice of mature age student and graduate nurses, and how these sacrifices translate into a focussed application to studies and work as well as loyalty to employer and profession. Previous life experience and life events which influence the approach to studies and work with economic benefits to employers and the community in general. Often mature age students have previous health care experience and can apply this to communication skills, establishing rapport, team-work, organisation and other areas essential to effective nursing practice. Experienced and perceived ageism and how this impacts mature age students, graduates and the wider economy. Do universities and employers recognise the positive attributes of mature age students and graduates? With the increasing need of qualified nurses to combat a looming shortage of health professionals, mature age student and graduate nurses are an often-overlooked group of focussed and committed employees who can bring life experience and stability to the challenging profession of nursing.

NURSES RETURNING TO THE ACUTE SETTING – REALISING THE HIDDEN DIVIDENDS
Emma Eaton MACN
Princess Alexandra Hospital, Australia

Introduction: The Refresher Education Training and Upskill for Registered and enrolled Nurses (RETURN) program at Princess Alexandra Hospital (PAH), Brisbane, was developed to provide additional opportunities to more nurses seeking to come back to the workforce in acute facilities.

Previous programs available at PAH enabled support to be provided only to those who had been away <5 years and wanted to return to their previous practice setting or to the students of the Central Qld University Re-entry to Nursing Practice program.

A facility level program redesign and expansion was undertaken in 2018 to include support for those who had moved away from acute nursing >5 years and those needing supervised practice hours as determined by Nursing and Midwifery Board of Australia, with the outcome being the new RETURN program.

Main Body: One flexible program with a range of variations was developed to provide placement for nurses wishing to re-establish their acute nursing careers, with a view to potential employment on successful completion of program.
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These nurses benefit the facility and clinical unit with their commitment, reliability, previous nursing and life experience, their awareness of practice standards in healthcare and the expectations of a nursing professional.

**Conclusion:** This presentation explores the journeys of nurses returning to acute care at PAH in the past decade together with insights from their Nurse Unit Managers.

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**WOUND MANAGEMENT PRODUCT RATIFICATION**

**KAY MADISON**

Clinical nursing staff identified there are more than 20 wound products available for nurses to choose from on the wards at Sydney Hospital and Sydney Eye Hospital (SSEH). This led to confusion, as reported by clinical nursing and medical staff, in addition to misuse, and wastage. Reports from the CNC Hand and Wound, reported that each year expired wound products are removed from SSEH with a value in excess of $1000.00. The General Medical ward at SSEH led an initiative that tested the effectiveness of a two-product wound management system. The two products were HydroClean (previously known as TenderWet) and HydroTac, collectively referred to as HydroTherapy. The aim was to provide patients with the most effective wound management option (Carville, 2012), reduce costs and nursing staff time away from the patient/bedside by streamlining wound product selection. Patients were selected based on wound aetiology. All chronic wounds were included in the evaluation. Information was provided to patients and consent was obtained for all participants. Evaluation of products was conducted on a cohort of 15 patients, with all the initiative aims being achieved. Staff surveys concluded both products were favourable, with clinicians rating the products’ overall effectiveness, ease of application and use as either excellent or good. The products’ ease of removal and exudate management were similarly rated as either excellent or good, indicating effective wound management options in line with evidence-based research. (Ousey, Rogers and Rippon, 2016). The patient experience was positive, with no reports of pain at the removal or change of the dressing. Although wound management costs are difficult to predict, the introduction of the two-product regime has eliminated nine previously stocked products additionally eliminating waste through minimising expired stock.

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**JUDICIOUS EXPENDITURE TO ADVANCE STAFF CAPABILITY: TARGETED EDUCATION FOR STAFF TO REALISE THE NSQHS STANDARDS IN PRACTICE**

**CHERYL PRESCOTT**, **PROF AMANDA HENDERSON MACN**

1 Princess Alexandra Hospital, Australia

Judicious expenditure in optimising staff capability requires that time, personnel and equipment impacts staff attitudes, behaviour and practice that, in turn, impacts care and ultimately patient outcomes. There is limited evidence that the efforts and expenditure by organisations to advance staff capability are used wisely. With the requirement for sustained quality of care evidenced by compliance with the NSQHS Comprehensive Care standard, targeted expenditure on workforce capability and streamlining record keeping with compliance is paramount. For organisations to demonstrate attainment of the standards they will need to continually invest in developing staff capability to access literature, discuss its relevance, and facilitate clinical units to readily change policy, processes and procedures that support optimal patient outcomes. This paper presents a framework that better engages nurses to identify their learning needs and determine
their goals in the context of delivering high quality care, and to constructively develop their capabilities to optimise patient outcomes. The framework has at its base the four elements of the Comprehensive Care standard (NSQHS Standard 5), that in summary stipulate the planning, co-ordination and delivery of comprehensive, individualised care, and effectively flagging and minimising risk (including patient care at the end of life). The essential tenets of the framework are that building capability is not grounded in standardised programs based on perceived legislation requirements, tired presentations or tedious prescriptive hard copy or electronic workbooks but rather advocates the capability of individual staff members is determined using evaluative judgement against requisite standards, and their involvement in appropriate learning associated with careful incident data analysis. Further to this, the framework proposes provision of opportunities for unit-based teams to collectively consider how best to utilise resources to attain and maintain standards of care.

ENROLLED NURSE INTRAVENOUS MEDICATION ADMINISTRATION SCOPE ADVANCEMENT PROJECT

MELANIE NILSEN MACN¹, EMMA EATON MACN¹
¹Princess Alexandra Hospital, Australia

Background: In 2018 the Princess Alexandra Hospital (PAH) sought to ensure all medication endorsed Enrolled Nurses (ENs) working within in-patient areas were performing at ’top of licence’ practice. The current Diploma of Nursing has mandatory inclusion of intravenous medication (IV) administration, a skill not previously included in EN scope of practice at PAH. At commencement of the project 106 out of 224 ENs held qualification to administer IV medications but required refreshing skills and knowledge. The other 118 held no previous qualification in IV medication administration. Subsequently, the PAH Nursing Practice Development Unit partnered with The Australian College of Nursing (ACN) to develop a training package for ENs to achieve qualification HLTEN007 – Administer and Monitor Medicines and Intravenous Therapy.

Method: A phased approach was developed:

Phase A: Existing IV medication qualification of ENs were assessed and allocated to two groups. Group 1 required refresher only; group 2 needed to attain relevant qualification (ACN HLTEN007).

Phase B: Competency of both groups were assessed.

Phase C: Change processes were commenced at organisation level.

Phase D: Our learnings were shared with other facilities across Queensland.

Results: A skills refresher program was conducted for group 1 ENs. All (100%) of group 2 (ACN HLTEN007) achieved their new qualification. Overall 173 (77.2%) ENs were deemed competent to administer IV medications by January 2019. [ENs were successful after completion of a Clinical Skills Assessment Tool]. Pre and post workshop surveys were used to determine confidence and technical knowledge of the ENs to administer IV medications. Data analysis identified an increase in confidence and improved technical knowledge. Follow up evaluation is currently underway (3-month and 6-month post workshop).

Anecdotally, ENs, RNs and Nurse Unit Managers value the contribution these skills are providing to patient care and workforce outcomes.

Conclusion: This process to improve utilization of workforce capabilities that included policy revision, upskilling of ENs, and continued engagement with nurses at the bedside undertaken at PAH, is a good example of cost efficiency in health care provision at an acute tertiary healthcare facility.
A MIXED METHOD CASE STUDY: THE PREPAREDNESS OF A SCHOOL OF NURSING AND MIDWIFERY IN TEACHING MANDATED ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH IN UNDERGRADUATE NURSING CURRICULUM

DR ODETTE BEST MACN1, DR MELISSA CAREY1, ELIZABETH RIGG1
1 University of Southern Queensland, Australia

Introduction: Aboriginal midwife, Muriel Stanley in 1955 called for action on the need to educate non-Indigenous Australians about the health of Aboriginal Australians within nursing and midwifery education. Yet, whilst the transition from Hospital to Tertiary Sector Nursing and Midwifery Education has occurred, there has been little response to her call for action. Whilst some Schools of Nursing and Midwifery have at best undertaken the objective with varying success, imminent changes to mandated curriculum content will require a paradigm shift.

Purpose: The Australian Nursing and Midwifery Accreditation Councils (ANMAC) moved to mandate Aboriginal and Torres Strait Islander History, Health and Culture as a discrete unit of study taught from an Indigenous perspective in Nursing and Midwifery Core Curriculum. This will force a paradigm shift within curriculum and Schools of Nursing and Midwifery in Australia. Little is known about how prepared Schools of Nursing and Midwifery are to effectively implement the mandated requirements.

Methods: This research utilised a mixed methods case study of a regional School of Nursing and Midwifery. Data were collected utilising an on-line survey tool. The tool was sent repeatedly over a six-month period to capture new staff entering the School. The survey tool was designed to investigate the preparedness of nursing and midwifery academics to design, develop, and deliver newly mandated Indigenous Australian Health Curriculum including cultural safety teachings.

Results: There were twenty-six participants recruited to the study. All of the participants were involved in contributing to learning experienced for undergraduate or postgraduate nursing and midwifery programs within the School of Nursing and Midwifery. Eight themes were identified as impact factors on teaching mandated Indigenous health curriculum.

Conclusion: This presentation outlines the findings of this research and discusses how potentially Schools of Nursing and Midwifery navigate this new and burgeoning development of a best practice framework.

THE LADY WITH THE PEN AND PAPER: WHAT THE NEXT GEN POLICYMAKERS CAN LEARN FROM FLORENCE NIGHTINGALE?

AARON ALEJANDRO MACN1
1 Murdoch University, Perth, Australia

In remembrance of the 200th year of Florence Nightingale’s birth in 2020, it is timely for Next Gen Policymakers to look back at her legacies as a policy-influencer and her life as a policy-maker. While she is historically famous as the ‘Lady with the Lamp’ during the Crimean War, her roles in transforming public health policy are largely overlooked today. After the war, she continued her works, which centred on improving the health outcomes and welfare of people throughout the world. She made changes in areas of provision of decent housing, access to clean air and water, good nutrition, safe childbirth, epidemiology, health literacy and improvement of Aboriginal health. These issues are still relevant to Next Gen policymakers.
To make improvements, Nightingale utilised her ‘Nightingale Method’, which is recognisable to Next Gen policymakers as Social Research which made Nightingale, the pioneer of evidenced-based nursing. Nightingale as passionate statistician developed her knowledge from statistical data and advocated for policies applying data-driven recommendations. She pioneered the uniform collection, recording and reporting of hospitals recordings to monitor exact causes of mortality and how these can be mitigated. Throughout her policy works, Nightingale applied modern day One Health Approach and included multi-disciplinary collaboration to translate her research into policies and practices. Moreover, Nightingale believed that policies should empower people to health and wellbeing. Hence, she approached reforms through grassroots rather than the top-down approach supported by the government. Next Gen Policymakers have valuable lessons to be learned from the life of Nightingale, and her life reminds that nurses have a voice through our pens and paper in creating and influencing policies that improve health outcomes.

EMPOWERING NURSING STUDENTS TO ADHERE TO HAND HYGIENE POLICIES FOLLOWING A FIELD STUDY IN ASIA

DR LYN FRANCIS FACN, LEONIE PIKE
1 Western Sydney University, Australia

Introduction: The World Health Organisation (WHO) recognised and acknowledged the importance of hand hygiene practices in preventing health care acquired infections (2005-2006 WHO Global Patient Safety Challenge) yet it has been estimated that 1:10 patients still get an infection while receiving health care (WHO, 2019). Adherence to hand hygiene policies is routine in health care facilities in high-income countries such as Australia...or should be? This presentation is about our observations of hand hygiene during a field study trip to Nepal with undergraduate nursing students and how this ‘hands on’ experience will motivate these students to adhere to and influence hand hygiene policies now and in their future practice.

Main body: Fifteen second year nursing students attended a two-week field study trip that included assisting with the running of health care clinics and health promotion activities that included teaching children hand washing. Following stays at remote villages, that had very limited hygiene practices and no running water, several of us became ill with gastro intestinal and respiratory tract infections; some requiring intravenous therapy. Students observed first-hand the lack of any hand hygiene practices-the only precaution we observed was the use of non-sterile gloves that were changed in between patients. Students and supervisors continued to use antiseptic gel and wash our hands. At the end of the third day it was noticed the health professionals in Nepal also started using the antiseptic gel. We had assumed there was no gel but it was put away in the cupboard. I chatted to one technician who told me that yes they did have hand hygiene policies but no one followed them.

Conclusion: Observing the impacts of lack of hand hygiene empowered students to take hand hygiene practices into their own hands and students said will influence their future practice as registered nurses.
Introduction: Hospital Policies are mandated to meet governance and accreditation requirements that aim to support the safe provision of patient care. System reviews and investigations consistently link contributing factors related to policy adherence failures as key causes of adverse events and incidents causing patient harm.

Purpose: This research study was undertaken to explore and gain greater understanding of the everyday experiences of nurses and how they made sense of the relationship between hospital policy and nursing practice. The aims of the study were to become aware of the issues around policy, to gain greater understanding of the problem and to discern a way forward.

Methods: A bi-phased qualitative research methodology was undertaken in this study: a hermeneutic phenomenological approach with ten semi-structured in-depth interviews exploring nurse experience of policy, and an ethnographic approach to observing six nurses working eight-hour shifts in medical wards in three private hospitals. This field work supported observation of how they actually experienced hospital policy in their everyday work, and was followed by a reflective practice session with the researcher to better understand these experiences.

Results: Results facilitated awareness of understanding nurses’ experience and everyday work through thematic analysis and validated that there was a problem with the relationship between policy and nursing practice. This then enabled the researcher to observe how nurses actually practiced in their daily work in relation to policy and undertake further thematic analysis.

Conclusions: Nurses did more than act out policies and procedures in their everyday work, they used their knowledge, experience, skills and their community of nursing practice to show resilience in resolving uncertainty and ambiguity in the workplace and patient care needs – policy existed in the hearts, minds and hands of nurses. Vignettes emphasised the impact of complexity on nurses’ everyday work, and described their responses to this challenge.

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SUPPORTING TRANSITION: FROM NURSE TO EDUCATOR

ANNE KIMBERLEY1, SUSAN SLATYER1, SUE DAVIS1, PEARL KENNON1  
1 Sir Charles Gairdner Hospital, Nedlands, Australia

Background: In hospitals, nurse educators are commonly appointed on the basis of clinical experience rather than educational expertise, putting them at risk of role ambiguity and job dissatisfaction. One 608-bed tertiary hospital sought to implement a new resource addressing these nurses’ needs.

Aim: This research project aimed to develop, implement and evaluate a Transition Support Program (TSP) to support nurses commencing in the role of ward-based educators. The TSP aimed to support their role as clinical leaders who are integral in influencing standards of clinical practice ensuring practice matches policy.
Abstracts – concurrent sessions

Abstracts are printed here as submitted to ACN

DAY 1 WEDNESDAY 21 AUGUST 2019
CONCURRENT SESSION ONE

Methods: The study employed a participatory action research approach. A survey of experienced nurse educators assessed overall stress, satisfaction, and empowerment. The TSP, comprising e-learning and mentoring, was developed and piloted. Newly developed processes identified novice nurse educators, who participated in a randomised controlled trial (RCT) evaluating the TSP (intervention) compared to usual support (control). Outcome measures included role stress, satisfaction, empowerment, and self-efficacy. Qualitative interviews explored nurses’ perceptions of TSP effectiveness and feasibility.

Results: Thirty-one experienced nurse educators (46% response) demonstrated moderate role ambiguity (M=2.71, SD=0.76) and overload (M=3.23, SD=0.7), with job ambiguity positively correlated with stress (rs=.480, p < .01), and negatively correlated with access to support (rs= -.528, p < 0.01), satisfaction with praise and recognition (rs= -.438, p < .05), and self-efficacy (M= -.388, p < 05). Twenty novice nurse educators participated in the RCT. No significantly different changes between groups were observed. However qualitative themes indicated that TSP mentoring tailored to individuals’ needs encompassed educational skills, leadership, and building networks was highly valued.

Conclusion: The TSP, particularly mentoring, was effective in supporting nurse educators who are at risk of role stress. Further project phases will develop and embed sustainable processes to effectively transition novice nurse educators across the organisation.

DAY 2 THURSDAY 22 AUGUST 2019
CONCURRENT SESSION TWO

UNDERGRADUATE RNS WORKING AS AINS

CAROL CREVACORE MACN¹, PROF CHRISTINE DUFFIELD FACN¹, PROF DI TWIGG AM FACN¹
¹ Edith Cowan University, Australia

Most pre-registration nursing students require employment during their studies, which may entail undertaking another qualification. This presentation will describe how one university developed a program whereby undergraduate nursing students complete the national vocational education – HLT33115 Assistant in Nursing (AIN) qualification through recognition of prior learning, a self-directed education package and completion of an objective structured clinical examination. Upon successful completion of this program, students can work as AINs within both the acute or aged care environments. While there is a minimum level of education requirements for employment as an AIN in aged care sector, this is not the case for the acute care setting. Nevertheless, employers need to be assured that AINs are appropriately prepared so as not to impact negatively on patient outcomes. The success of this program is a result of an effective collaboration between a university, a Vocational Education Provider, a Magnet hospital, and a government nursing agency. This network provides both educational opportunities and employment prospects to students who successfully complete the program. Furthermore, the nursing student who works as an AIN gains the opportunity to immerse themselves in the clinical environment whilst continuing their studies. This may assist students to gain a deeper insight into their future role as a nurse, build networks within the nursing community and facilitate assimilation into the clinical environment. With growing concerns in the health care sector regarding suitably qualified staff it is important to ensure that the AIN working in the clinical environment is equipped with the required skills and knowledge. This program design may prove useful as a template for other nursing faculties wishing to implement a similar program.
SHOWCASING THE INTERSECTION OF PROFESSIONALISM AND COMPLEXITY SCIENCE IN NURSING AND MIDWIFERY INNOVATION
PROF ANITA BAMFORD-WADE MACN1
1 Gold Coast Health, Australia

Introduction: Increasingly, the economics of healthcare have led to tension between the business of healthcare and the practice of healthcare. It has also created an interdependence between managers and health care professionals as they strive to find solutions for the increasing health burden. In 2016, Gold Coast Health secured $15 million to roll out the implementation of the Nurse / Midwife Navigator role across the health service over 4 years. The navigator role is to work with patients and their families with complex healthcare needs and assist them to navigate the health system and with the aim of hospital avoidance. By May 2019, 47 Nurse Navigators (13 of whom are Nurse Practitioners) and 3 Midwifery Navigators will be in position.

Main Body: Over a period of 4 years 50 navigators have implemented new models of care across Gold Coast Health working with frequent presenters, chronic disease, complex care / discharge, aged care, paediatrics / neonates, midwifery. Each NN/MN is a trailblazer in care delivery with their co-design/redesign of models of care. This has required adopting new mental models in the design of models of care. This opportunity encouraged creativity and innovation which came with the realisation that the navigators were adapting to a complex adaptive system within a linear organisational structure. Nurses /midwives drew on their professional values combined with the art and science of their practice to meet the complex needs of their patients and the organisational challenges.

Conclusions: Economics, technology and social demands are rapidly changing the shape of healthcare delivery. Significant benefits for the patient are being realised with the implementation of the nurse/midwifery navigator role and new models of care.

HUMAN-ROBOT INTERACTIONS: A NOVEL WAY TO IMPROVE HEALTH LITERACY IN PREVENTING INFLUENZA
CHRISTINE MCINTOSH MACN1, DR WENDY SMYTH MACN1, MS ANNE ELVIN1, PROF MELANIE BIRKS FACN1, PROF CATE NAGLE1
1 Townsville Hospital, Australia

Background: Vaccination health literacy is known to be low, which poses a public health issue. Low health literacy is associated with increased admissions to hospital and length of stay. Only 40% of the Australian population have been identified as having adequate health literacy levels. With the emerging and disruptive artificial intelligence technology, social humanoid robots may be useful in addressing this concern.

Methods: The study explored the impact of a social humanoid robot (‘Pepper’) on individuals’ knowledge and attitudes towards influenza vaccination. Pepper was positioned in public areas of a regional Queensland hospital. Pepper provided information and posed questions on preventing influenza using a pre/post-test approach. Eligibility criteria included individuals over the age of 10 years. Analysis used descriptive statistics to summarise data and McNemar’s test for paired data.
Results: A total of 995 individuals participated, including 528 visitors, 207 patients, 100 staff and 30 students; 130 did not identify their role. Two-thirds were vaccinated against influenza; only 6% disagreed that vaccination was important (reduced to 3.9% post-test). The most common reason for not being vaccinated was ‘feeling fit and healthy’ (46%). There was a statistically significant (all \( p<0.05 \)) increase in correct responses (pre/post): the best way to avoid influenza (45.3%, 90%), survival time of the virus outside the body (23.9%, 85.5%), and recommended time of hand washing (45.7%, 91.1%). Almost all participants (99.2%) enjoyed interacting with Pepper.

Conclusion: The novelty of a social robot encouraged participation, and likely contributed to the knowledge gains. More research is required to investigate if knowledge gain is sustained and if behaviour change results from interactions with the robot. The participants were generally positive towards influenza vaccination both before and after interacting with the robot. Further research into interactions between the robot and those with strong anti-vaccination views may be of value.

TO NAP OR NOT TO NAP: THE EFFECTS OF SCHEDULED SLEEPING DURING NIGHT SHIFT

CATELYN RICHARDS MACN, PATRICK PRUNSTER MACN, ELISE BAINES

Introduction: Although the power of policy is undeniable, as nurses we are sometimes called upon to be brave and initiate changes in the healthcare system ahead of policy. Safe practice is of critical importance in nursing; however, it is not uncommon for nurses to consistently push physiological boundaries to perform duties in relation to direct patient care. In particular, working night duty shifts can contribute to an individual nurse’s stress levels, strain and anxiety. There is vast literature to indicate that fatigued nurses risk harming themselves and others. Despite this, “night duty fatigue” is frequently considered by staff members as “normal”, “inevitable” or “just one of the things you have to deal with as a nurse”.

Purpose: Our presentation aims to discuss the process three nurses have taken to challenge an outdated practice and change hospital policy.

Methods: Phase One – We conducted a literature review to answer the research question: “Does a planned nap during a night duty shift reduce levels of fatigue, improve cognitive functioning and/or decrease the risk of sentinel events among nursing staff in hospital settings?” Phase Two – We engaged staff in ward education seminars in late 2018 and staged an optional napping program as an intervention for nurses on night duty. Phase Three (not yet complete) – We analysed the effectiveness of our intervention by assessing survey responses from nurses.

Results: Six studies were identified as appropriate for inclusion in our initial literature review. Five of these found napping to improve levels of fatigue, whilst one did not have statistically significant findings. These findings have given us a solid foundation to initiate change in our hospital.

Conclusion: Our trailblazing project seeks to promote excellent clinical outcomes, positive experience, zero harm and sustainable healthcare by examining safer ways for nurses to best perform in their role whilst on night duty.
An aging population has increased concern about the ability of society to provide care to the older person. One factor that will impact on this is workforce capacity. The Department of Health and Human Services, Victoria, (DHHS) has suggested that a state wide, comprehensive Care of the Older Person Graduate Nurse Program (COOP GNP) will encourage and support graduate nurses to adopt aged care nursing as a career; it will contribute to building capacity within the sector and improve recruitment and retention of nurses. Using expert advisory panel, literature review and site visits we conducted an assessment of existing graduate nurse models in aged care and the capacity of these to support the learning needs of graduate nurses in aged care.

Resourcing, lack of a defined clinical career pathway and availability of suitably qualified support people were identified as structural factors that impact on the quality of the graduate nurse experience, both in the transition to practice and their future career. In addition, expectations around shift management and clinical leadership responsibilities in aged care are different from those of a registered nurse in an acute health service, or larger metropolitan services. It is often assumed that the graduate nurse will readily adapt to these expectations. Organisations need to develop a culture of learning to ensure that graduates are supported to develop the clinical, managerial and leadership skills necessary for safe and rewarding practice in aged care. A COOP GNP, creatively designed, will ensure graduates experience different settings of care and receive adequate support. Developing and strengthening partnerships between metropolitan, regional and rural health services may facilitate a successful, evidence-based COOP GNP. Shared clinical education resources can contribute to improvements in staff knowledge and skills through preceptorship development programs, transforming the experience of both patients and staff.
OBSERVING RAPID RESPONSE TEAMWORK FOR IMPROVED QUALITY HEALTHCARE

EMMA WOOD, ADAM COLEMAN MACN1, DR ROSEMARY SAUNDERS1, DR EMILY KUZICH1, RENEE GRAHAM2
1 Hollywood Private Hospital, Perth, Australia
2 Edith Cowan University, Perth, Australia

Introduction: Rapid response teams are a key part of hospital emergency response systems. In the past the focus of Rapid Response Team (RRT) was on clinical skills and competence and how these impacted on patient outcomes. The non-technical skills of RRT (leadership, teamwork and communication) have been found to be sub-optimal in some studies looking at RRT outcomes. Effective communication and teamwork is critical in responding to rapid response calls for a deteriorating patient and in enhancing patient safety.

Purpose: The purpose of the study was to evaluate the effectiveness of leadership, communication and teamwork during rapid response calls (RRC) and to also explore the perspectives of the RRT members about leadership, communication and teamwork during a RRC.

Method: A mixed method observational study was conducted in two phases. In the first phase observation of the RRT during RRCs was conducted by an observer using the Team Emergency Assessment Tool (TEAM TM) to rate the overall team performance of leadership, teamwork and task management. In the second phase, focus group interviews were conducted with RRT members to determine their perspective of the non-technical skills of RRT members during RRCs. The study was conducted at a 700-bed private hospital in Perth, Western Australia.

Results: The observation found that the rapid response teams consisting of nurses and doctors were often effective in teamwork but areas relating to team structure, communication, delegation, and leading the team could be improved. The importance of communicating to family members was also noted in one observation.

Conclusion: From this research recommendations have been developed for revised hospital policy on RRT as part of the hospital rapid response system and also recommendations for new approaches to training with a focus on inter-professional teamwork during rapid response incidents. The overall outcome of the research and recommendations for practice and education is to improve patient outcomes.

EVALUATING THE COPD KNOWLEDGE OF COMMUNITY REGISTERED NURSES AND THE SELF-REPORTED BREATHELESSNESS STRATEGIES THEY USE TO SUPPORT PATIENTS WITH COPD

JULIE CURRAN, NICOLA HOLLOWAY

Chronic disease policies have been implemented across healthcare services to provide a framework for their workforces to support people with chronic disease. Researchers have indicated that COPD knowledge amongst community nurses is critical in providing effective care yet there are indications that the community nurse remains task orientated and lacks adequate knowledge to support their patients and carers. An aging workforce, diverse clinical experience and varied COPD education sources impacts on COPD knowledge.

The purpose of this study is to establish a baseline COPD knowledge amongst community Registered nurses and to explore the breathlessness strategies they use to support patients with COPD.
Method: This study uses a descriptive exploratory design. Participants rated their COPD knowledge, skills and confidence in respiratory monitoring. They were also invited to provide written responses on how they provide breathlessness support and strategies to patients with COPD. Then a 65 multiple choice COPD Bristol knowledge tool questionnaire was used to assess COPD knowledge.

Results: Sixty community registered nurses (females n= 55, males =5) participated in the study. Registered nurse experience varied from 2 days to 50 years (mean 21.7 SD 20). Community nursing experience varied from 2 days to 33.4 years (mean 11.2 SD 10). Participants (51.6% n=31/60) rated their knowledge and skills as moderately adequate. Participants (46.6% n= 28/60) rated their confidence with respiratory monitoring as moderate. The percentage of correct answers to the Bristol COPD knowledge tool from 70% up to 100% was 61.5% or 40/65. Breathlessness strategies consistently reflected best practice.

Conclusion: The results of this study demonstrated that community Registered nurses rated their COPD knowledge as moderate and completion of the COPD Bristol knowledge tool can be used to assist nursing educators to target the knowledge gaps of experienced community Registered nurses. Building on existing knowledge will enhance and improve patient outcomes.

THE BARRIERS AND FACILITATORS OF GRADUATING NURSES ENTERING THE PRIMARY HEALTH CARE WORKFORCE?

KYLE GIBBS, PETER SINCLAIR

Background: Australian undergraduate nursing curricula prepares students for practice, and has the potential to influence the career choices made by graduating nurses. 1 However, these curricula offer limited exposure to primary health care (PHC) suggesting a paradigm shift is necessary to increase the attractiveness of new graduates choosing PHC as a career pathway. Universities are ideally placed to challenge common student misconceptions about PHC nursing careers and provide a more informed perspective on the benefits of working in this setting as a newly graduated nurse. 3 Before this can be done, it is necessary to identify the factors which prevent graduating nurses entering the PHC workforce.

Aim: To identify and describe the barriers and facilitators of student nurses choosing a potential career in PHC post-graduation.

Method: A 15-item online elicitation survey was administered to a convenience sample of third year nursing students from an Australian regional university. Data were analyzed using a directed content and frequency analysis approach.

Results: 52 third year nursing students participated in the study. Participants identified that the barriers to a career choice in PHC were a lack of graduate positions (18%), lack of pay (2%), no knowledge or exposure to PHC during university (32%) and a perceived restriction to their scope of practice compared to ‘acute’ nursing (10%). Facilitating factors identified included career development opportunities (18%), exposure to PHC through clinical placements (20%).

Conclusion: The identification of the barriers and facilitators to undergraduate nursing students choosing PHC as a preferred career pathway will inform further research in this area. This understanding can then inform strategies and policy to increase the attractiveness of PHC to nursing graduates. As the demand for PHC nurses increase, the factors affecting a new graduate nurse’s career choice post-graduation requires further exploration.
The Australian PHC nursing workforce is aging and is predicted to face a shortfall of 27,000 nurses by 2025. At the same time, new graduate nurses in Australia are in surplus compared to the current number of employment opportunities post-graduation. The most recent Graduate Outcome Survey (2017) identified that only 79.3% (2,070 nurses) of newly graduated nurses were finding fulltime employment within 4 months of program completion. PHC is ideally positioned to play a greater role in facilitating the transition of newly qualified nurses into the workforce.

**FACILITATING CHOICE IN PERSONAL HYGIENE OPTIONS FOR RENAL PATIENTS IN THE TROPICS WITH A CENTRAL VENOUS LINE: A MULTI-PHASE STUDY**

DR WENDY SMYTH MACN1, JOLEEN MCARDLE1, KIM HUGHES1, DR KRISTIN WICKING1, PROF CATE NAGLE1, KIMBERLEY QUAYLE1

1 Townsville Hospital, Australia

**Introduction:** A previous randomised controlled trial found that different central venous catheter (CVC) exit site dressings only stayed intact two-thirds of the time in the tropics. Patients were advised to have baths rather than showers, without regard for their preferences. We explored how to assist patients undergoing haemodialysis via central lines to maintain the integrity of their exit site dressings whilst managing their daily hygiene needs.

**Methods:** A three-phase multi-phase study commenced in August 2018.

Phase 1: 37 renal nurses completed a questionnaire on the acceptability and feasibility of two options used to assist with hygiene: a packet of eight bath wipes, and a waterproof dressing cover.

Phase 2: 28 patients with CVCs discussed their hygiene preferences, difficulties they encountered with keeping dressings dry, and immediate impressions about the proposed options.

Phase 3: A multiple case study involving patients providing feedback about the utility and effectiveness of the hygiene options that they chose and used over a six-week period. The integrity of the dressings will also be audited at each dialysis session.

**Results:**

Phase 1: Nurses considered both options favourable, but expressed some practical concerns related to the use of both.

Phase 2: Participants welcomed the options to attend to their personal hygiene without wetting their dressings.

Phase 3: Progressive recruitment began in January 2019, with patient selection and hygiene options informed by findings of the previous phases. Initial findings are that patients prefer showering over the use of bath wipes, but the use and application of the waterproof dressing cover needs to be modified for the individual. Patients who have elected to try the bath wipes have been happy with them.

**Conclusion:** It is anticipated that this study will assist in reducing the hospital’s high bacteraemia rates, simultaneously increasing patients’ involvement in self-care and improving their hygiene and self-esteem.
EXPLORING CHILDREN AND YOUNG PEOPLE’S KNOWLEDGE ABOUT INPATIENT FALLS TO INFORM QUALITY CHILD-CENTRED CARE STRATEGIES
FRANCES BROGAN MACN, PROF MARILYN CRUICKSHANK FACN, KELLY KORNMAN, DR SUZANNE SHEPPARD-LAW

Introduction/Purpose: Understanding a child and young person's perspective as a health care consumer is pivotal to providing child-centered care. Insight into the child or young person’s knowledge of inpatient falls and falls prevention strategies including accessibility of resources and education is limited. This qualitative study aims to explore what children and young people know about paediatric inpatient falls and prevention strategies.

Methods: Children and/or young people attending SCHN outpatient clinics who were hospitalised in the Sydney Children’s Hospitals Network (SCHN) in the previous six months were invited to participate. Children and/or young people and their parents consented to attend an in-depth interview designed to explore children’s perceptions of inpatient falls and exposure to and perception of falls education and resources. Digitally recorded interviews were de-identified and transcribed verbatim. Data familiarisation and open coding were completed independently by researchers. Researchers collaboratively analysed the data to identify emerging categories and developed dominant themes.

Results: Overwhelmingly, children and young people perceived the hospital space to be safe and voiced concern that falls occur while children are in hospital. Whilst children and young people were risk aware, current ‘falls’ resources did not meet the learning needs, preferences or developmental stages of our paediatric consumers. Five dominant themes with some sub themes emerged from child narratives include “being safe,” “parents providing a safety net,” “being risk aware,” “knowledge of falls,” and “learning about falls.”

Conclusion: To the best of the authors’ knowledge, this is the first study to explore children and young people’s unique insight and knowledge of paediatric inpatient falls and prevention strategies. Findings inform nursing practice and highlight that the educational needs of our paediatric healthcare consumers are not met and need to be addressed. Recommendations include strategies to develop resources that are child-centered and more accessible. Acknowledgement: NSW innovation grant.
THE TRUE COSTS OF PERSON CENTRED CARE

MARLI MILLAS, MACN, MCHSM, RN, BN, MNST, MHM1
1 Caboolture Hospital, Australia

Current trends in healthcare; do more with less; increase activity and access; and new models of care to meet the ageing and growing population. In a fast paced, ever changing health environment, we must address person-centred care and ensure staff psychological safety for satisfaction and performance. Culture change is confronting and can impede growth and change through issues including fatigue and staff turnover. Nursing leaders must: Identify the need for change in context of current culture. Provide psychological support for staff so they can objectively identify the need to change. Caboolture Hospital has successfully increased quality, safety and activity, with staff perceptions divided between this being a patient focussed approach versus a facility activity and funding approach. This is cultural. Why? Because the hadn’t embraced a person-centred care approach as all encompassing – the staff didn’t feel involved and understand the reasons for change. The staff didn’t have a safe psychological platform to acknowledge that things weren’t perfect and identify the need for change.

Introduction of a multifaceted approach – investment in the front-line nurses.
1. Additional 6-month position to support the daily operational challenges.
2. External psychological support over a 12-month period.
3. Regular forums for information sharing and feedback.

Surgical activity within any Acute hospital generates a reasonable percentage of the required WAU, so there is a risk that as managers we are seen to focus on ‘efficiencies’ and doing more with less whilst Optimising revenue. The true cost of person-centred care includes an investment in the nursing staff on the front line. These are the people who are the face of our profession, providing the care each & every day and therefore person-centred care is an investment.

IMPROVING REGIONAL MENTAL HEALTH WORKFORCE THROUGH THE GRADUATE NURSING PROGRAM

IYIADÉ (HYBEE) AIBINUOMO1, JENNIFER WILKINSON1, THILAKAVATHI CHENGODU MACN2
1 Goulburn Valley Health, Australia,
2 University of Melbourne, Australia

Discuss the phenomenological perspective of regional workforce development including: factors influencing urban-rural migration for graduate registered nurses organizational approaches that could influence regional staff retention factors that may influence a nurse to make a decision to remain to pursue a career in a regional setting including personal perspectives.

Abstract Details: The need to increase the mental health nursing workforce in regional Australia remains an imperative and is well evidenced with ever increasing demands on public mental health services and the shortage of mental health nursing staff. Healthcare organizations use different workforce planning strategies to keep up with the increasing demands, yet staffing shortages remain unabated. This presentation will provide a phenomenological view of regional mental health workforce.
development/ retention in Goulburn Valley Area Mental Health Service experience as an illustration. It will discuss the factors influencing urban-rural migration decisions by graduate nurses, specific expectations from healthcare organizations, benefits of the regional environment for mental health nurses, and the factors that contribute to improved staff retention.

The lack of knowledge of mental health nursing, apprehension of rural life, and the loss of metropolitan lifestyle are identified as some of the contributing factors influencing urban-rural migration decision. The graduate nursing staff retention rate in Goulburn Valley is high over the past two years and urban-rural migration to participate in the graduate nursing program has doubled in the current year.

FOR LOVE OR MONEY? WHY WE CAN NO LONGER AFFORD THE UNDERPAYMENT OF AGED CARE WORKERS

GAY TAYLOR MACN

The accepted wisdom within the nursing profession and the wider community is that the aged care sector is a bottomless pit of financial need, a drain on ever-decreasing government resources. Whilst it is true that the majority of problems in residential aged care are due to under-resourcing, most people are unaware that the aged care sector contributes nearly 1% of gross domestic product with residential aged care in Australia generating revenues of over $17.4 billion. Why then, are so many facilities under-staffed by under-paid workers? Why has the sector experienced so much failure that a Royal Commission has been called to investigate the parlous state of the industry? The reasons are complex and multi-faceted, requiring close scrutiny. An examination of the economic and historical factors underpinning aged care reform since the 1980’s provides insight into why aged care workers have become resigned to low staffing levels. As elder care has become marketised, so has the training of aged care workers, with private training providers delivering qualifications in the shortest timeframe, with the least investment possible. Finally, as an overwhelmingly female cohort, the nurses and carers who staff residential care facilities have come to believe that fair remuneration and a sense of vocation should be mutually exclusive. Many nurses believe that a focus on better wages and conditions might attract the “wrong” sort of worker, and organisations which are more interested in profits than quality care are only too happy to reinforce this notion. Fundamentally, changes to residential aged care policy should focus on two major areas: wages and staffing levels. Solid research indicates that increasing staff-to-resident ratios in residential aged care improves tangible resident health outcomes and supports the stable workforce needed to provide dignified, high quality care.

THE POWER OF DATA

JEANETTE KELLY MACN¹, SALLY HARGREAVES MACN²
¹Department of Health, Australia
²Tasmanian Health Service, Australia

Safe staffing protects our patients and clients and creates an environment where nurses and midwives can flourish. Harm to patient and clients can escalate costs for health organisations. In 2017, the Tasmanian Health Service purchased a perpetual licence to implement Birthrate Plus® methodology in public Maternity Services to support safe staffing. The existing tool for acute clinical services, Nurse Hours per Patient Day (NHpPD), was not purpose fit as a significant quantity of maternity care is provided in the outpatient and community contexts. The implementation-working group was a collaboration of the Department of Health, the Tasmanian Health Service, unions, and was
supported by NSW Health. Our presentation will focus on the Power of the Data – challenges, opportunities and insights of implementation in a health region in the state. Two of the three maternity services collected live data; the third service, which provides a nuanced ambulatory model of care, does not include birthing services. We were challenged on how to collect useful service data from current reporting systems. Midwives and unions had reservations and lacked confidence data candidly reflected both the service activity and the staffing numbers the algorithm recommended to run the service. Opportunities have included collaboration, building relationships, robust conversations, designing and trialling new data sets and definitions in a secondary project of data collection. Six months of data will be used for a further Birthrate Plus® review of the ambulatory service and to provide clarity on the service profile compared to national benchmarks of Maternity Care. In addition, midwives are engaged and have ownership in the data, are empowered, have pride in their work and are problem solving to facilitate safe unit staffing. Midwives are seeing trends from the new data sets to evidence anecdotal discussions; and are reviewing their ways of working as the journey continues.

GETTING MORE FROM OUR WORKFORCE: WHAT IS IMPORTANT TO ASSISTANTS IN NURSING?

EMMA EATON MACN
1 Princess Alexandra Hospital, Australia

Introduction: Assistants in Nursing (AINs) have become a vital part of the nursing workforce and are commonly used to provide close supervision (special or one-on-one care) to patients in acute care facilities under the direction of a Registered Nurse (RN). This supervision entails behavioural and risk management of cognitively impaired and mental health patients, with falls prevention the priority.

To better understand AINs perceptions and experiences in this role, a survey was developed at Princess Alexandra Hospital, a 750-bed acute tertiary facility in Brisbane, Queensland. Ethics exemption was granted as this was determined by the committee to be an explorative quality improvement activity.

Main Body: AINs were invited over a 3-month period to complete the survey and report on the last occasion of a special/one on one care they performed. During this time frame 137 occasions of nursing specials were reported. The survey had provision for free text comments to assist the AINs to provide feedback on their experiences. This resulted in 111 free-text responses which provided insight and a basis for further exploration and discussion via an AIN focus group. The focus group examined the variation between some aspects of the working relationship of RNs and AINs. This identified a significant discrepancy worth exploring, namely, it appeared that RNs tended to take a ‘task’ based approach to working with AINs during specials, whereas the AINs indicated that they preferred a discursive interaction. Specifically, the AINs identified the following factors as important:

The provision of information to optimise patient care;
Feeling connected with the clinical team and that their contribution is valued;

Conclusion: These findings have been instrumental in guiding continuing educational initiatives and considerations for local practice change in utilising the AIN workforce.
NURSING CARE PLANS – FROM PAPER TO PIXELS

REBECCA JEDWAB MACN, ADJ. PROF CHEYNE CHALMERS FACN, ADJ. PROF NAOMI DOBROFF FACN, JANETTE GOGLER MACN, ANTHONY PHAM
1 Monash Health, Australia

Introduction/Purpose: Nursing care plans (NCPs) are developed, implemented, and continuously evaluated to ensure patient-centered care delivery is aligned with professional and regulatory requirements. Unfortunately, previous hospital electronic medical record (EMR) systems have had poor implementation, acceptance and use of electronic NCPs. Utilising our organisation’s natural experiment of an EMR implementation has provided an opportunity to examine and optimise our NCPs to ensure alignment to our foundations of care, and support a safe transition from paper to electronic NCPs through evaluation of practices and workflows.

Methods: A pre-post implementation design was used. The intervention was a new paper NCP, developed by the organisation’s nursing informatics team, nursing and midwifery executives, leaders and educators to reflect the EMR’s future terminologies and processes. Baseline data included assessing old and new paper NCPs’ completion and documentation of interventions. Post-EMR implementation will include assessing the suggested and initiated electronic NCPs, the interventions selected and any patient-specific interventions. A change assessment survey completed at both time points was included to assess nurses’ understanding and provide feedback.

Results: Assessment of completed old and new paper NCPs included frequency of documentation of interventions or variations, and author signature. Survey responses provided the opportunity for generalised feedback to gauge nurse engagement and measure understanding of the change requirements moving from a paper to an electronic system. Post-EMR implementation data collection will commence in late 2019.

Conclusions: Staff understanding and preparation are crucial components to successful changes such as the implementation of an EMR. Nurse participation and feedback from this work is hoped to facilitate open discussion and relevant, relatable data that can be used to improve the uptake and adherence to electronic NCPs. Future work should include assessment of electronic NCPs’ use and quality, as well as patient and family/carer involvement.

THE PHYSICAL RESTRAINT OF CHILDREN AND ADOLESCENTS IN MENTAL HEALTH CARE – MEANINGFUL DATA TO INFORM POLICY

LISA SEALEY, DR SUZANNE SHEPPARD-LAW, PROF MARILYN CRUICKSHANK FACN, PROF JANE STEIN-PARBURY

Restraint and seclusion are among the most highly regulated practices in mental health care and are underpinned by international, national and local policy and legislation. Policy documents provide detailed definitions, mandatory reporting obligations and practice directives. In Australia, restraint and seclusion data are published nationally to monitor mental health care facility performance and for benchmarking purposes. Rates of restraint and/or seclusion are higher in child and adolescent mental health (CAMH) consumers compared to adults, however the reason for this disparity remains unclear. The national definition
for physical restraint in mental health care is broad with no differentiation between child, adolescent and adult populations. The broadness of the national definition creates potential for variation in interpretation locally, and by mental health nurses who are tasked with reporting episodes of physical restraint. There is a lack of detail about what type of physical restraint is used in the reported data making it difficult for mental health care providers and consumers to interpret this data in a meaningful way. The use of physical restraint within CAMH settings poses additional challenges given the inherent need for children and adolescents to be comforted by being touched and/or held, particularly in times of distress. This approach to care may be in conflict with local policy that does not take into account the different ages and developmental stages of children and adolescents. Therefore, touching and/or holding a distressed child and/or adolescent by CAMH nurses may be interpreted as physical restraint and reported as such. In order to clearly define what physical restraint is in a CAMH context, a deeper understanding of the circumstances in which physical restraint is used by CAMH nurses is required.

SUPPORTING OUR NEXT GEN IN TRANSITION TO PRACTICE: NURSING STUDENT EXPERIENCE OF CLINICAL PLACEMENT

DR SAMANTHA JAKIMOWICZ MACN1, PROF TRACY LEVETT-JONES MACN1, DR JACQUI PICH MACN1, KATIE TUNKS LEACH1
1 University of Technology Sydney, Australia

Clinical placement is often thought of by students as highly stressful. Students are required to participate in at least 640 hours of clinical placement in Australian undergraduate nursing degrees. On completion of placement timetabling often results in little or no opportunity for students to debrief and reflect on their clinical experience for long periods of time, leaving them feeling isolated and alone. Provision of opportunities for students to connect with each other and university lecturers after their clinical experience may result in positive engagement, improved student wellbeing, transition and retention in the first years of professional practice. Compassion and empathy are components central to nursing and have been found to decrease in health care students during their time at university. This may be due to the sometimes uncomfortable and stressful experience of clinical placement and insufficient support available. Students place a high level of importance on engagement with each other as well as connecting with caring and approachable educators. Current debriefing and reflection strategies are no longer enough more is needed to ensure student wellbeing and workplace readiness. In keeping with contemporary student needs we developed a program providing support to students and educators to participate in effective reflective conversations. Our program incorporates digital resources to aid educators to effectively facilitate groups of up to 28 students who may at times become emotionally distressed as they recount their experiences. Students were provided with similar digital resources assisting to prepare them to reflect ‘in action’ and also reflect ‘on action’. Preliminary findings indicate that educators felt prepared to deliver an effective reflective program and nursing students felt supported and provided with mechanisms to enhance resilience to cope with the transition to the clinical setting; empowering our next generation of registered nurses taking us into the future.
ESTABLISHING A NURSING SHARED GOVERNANCE MODEL TO DRIVE POLICY CHANGE AND INNOVATION

ADJ. PROF KATHRYN RIDDELL MACN¹
¹Eastern Health, Australia

Introduction: Nurses everywhere are experiencing significant pressure to deliver the best standards of practice against relentless demand for services, advancing technologies and the changing population demographic of chronic and complex disease and illness.

For nurses within management and leadership positions there is an imperative to remain connected to the daily reality facing nurses in direct care clinical roles. Providing a mechanism for clinical nurses to contribute to and influence policy change and system improvement is essential, as those working closest to the patient are best placed to understand and overcome barriers.

Method: At a large Victorian metropolitan public health service a shared governance model was established within the nursing and midwifery professional leadership structure. The model was designed based upon the domains of nursing practice, as described by Ackerman (1996) and validated by Gardner and Duffield (2015) for the Australian context. The domains of practice framework had already been integrated into the professional fabric of the health service and utilised to define role expectations, sign post development pathways and support career progression. It was therefore a logical transition to establish shared governance advisory committees within each domain, which reported to the highest governance level; the Nursing and Midwifery Professional Council.

Each advisory committee, led by a Director of Nursing, draws a membership from a cross section of the workforce; enrolled nurse to nurse practitioner and senior managers. Information sharing and consultation is bi-directional, with the Advisory committees making recommendations up to the Professional Council, and the council in turn seeking advice and guidance from the advisory members.

Conclusion: The shared governance framework is proving to add significant benefit for both senior nursing leaders and clinical nurses who have found their voice and a mechanism to negotiate and influence positive change. Through this model the profession is building on a positive workplace culture with nurses expressing a greater sense of value, camaraderie and commitment to make a difference.

RAISING THE PROFILE OF NURSES BY ENHANCING LEADERSHIP IN EARLY CAREER NURSES ON AN INTERNATIONAL PLATFORM

LUCY OSBORN MACN, CATELYN RICHARDS MACN

Introduction: This phenomenological narrative brings attention to the role of developing leadership skills in early career nurses to raise the profile of nurses internationally. It specifically draws on the experiences of two early career nurses who enhanced their skillset through participating in a national leadership program and the recent 19th South Pacific Nurses Forum.

Purpose: The launch of NursingNow has brought the importance of raising the profile of nurses to global attention. It is vitally important that early career nurses are informed on contemporary international healthcare issues and have polished leadership skills, enabling them to be valuable ambassadors of this movement and competent successors for the health profession.

In order to develop early-career nurses so they are instrumental in policy development, they need to be involved in the conversations that will impact the healthcare system in future years to come. We hope...
Abstracts – concurrent sessions

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DAY 2 THURSDAY 22 AUGUST 2019
CONCURRENT SESSION TWO

NEXT GEN POLICY STREAM
HARBOUR VIEW ROOM 1  11:00am–12:45pm

to discuss our involvement in not only the ACN ENL program, but how it has more broadly contributed to our leadership development and awareness of nursing internationally.

Method: The leadership program, facilitated by the Australian College of Nursing, featured nine-months of self-driven leadership activities including mentoring, event participation, education, career coaching and volunteering. We used this experience, to leverage our involvement in the 19th South Pacific Nursing Forum.

Results: From these experiences we have concluded that encouraging junior nurses to participate in leadership activities better prepares them for involvement in understanding the formation of health policy, and equips them with the tools to assist in developing health policy in the future.

Conclusion: Formal leadership programs and participation in international forums progress the leadership potential required for early career nurses, helping them to understand healthcare needs cross-culturally, become valuable advocates for the nursing profession and to contribute to advancements in health policy.

DAY 2 THURSDAY 22 AUGUST 2019
CONCURRENT SESSION THREE

TRAILBLAZERS STREAM
GRAND BALLROOM ROOM 1  1:45pm–3:30pm

DEVELOPING PAEDIATRIC PALLIATIVE CARE NURSES – 3RD YEAR NURSING STUDENTS EMPLOYED AS UNDERGRADUATE ASSISTANTS IN NURSING AT BEAR COTTAGE CHILDREN’S HOSPICE

SEVASTI JAMES, FIONA NIVEN MACN

Paediatric Palliative Care (PPC) is a developing sub-speciality that focuses on improving the quality of life and reducing the suffering of children diagnosed with life limiting conditions and their families. Care encompasses physiological, emotional, spiritual and ethical issues. Bear Cottage is the only children’s hospice in New South Wales (NSW) providing palliative care, respite care, symptom management and end of life care to eligible families. Attracting new nurses to work within PPC is difficult given the perceived high level of emotional distress associated with PPC. Employment opportunities for undergraduate third year nursing students to work at Bear Cottage as an Assistant in Nursing (AIN) commenced in 2009. This presentation will describe an innovative assistant in nursing (AIN) education/mentoring program that aims to prepare undergraduate student nurses to work within a paediatric palliative care hospice. The undergraduate AIN education/mentoring program entailed a combination of mentoring, clinical supervision and specialised education. AINs were supervised by experienced, specialist paediatric palliative registered nurses to perform key clinical and holistic care such as personal care, enteral feeding, memory making and after death care. The program learning objectives focused on understanding the needs of children with life-limiting conditions, therapeutic communication and holistic nursing care to support patient, caregivers and families. Working within the multidisciplinary team, AINS were provided opportunities to assist Child Life Therapists and Art/ Music Therapists and to participate in activities that minimised emotional distress, fostered team resilience and encouraged self-care such as
debrieving sessions, education, staff wellbeing days, and clinical supervision. The AIN educational/mentoring program aims to adequately prepare undergraduate nurses to work within a paediatric palliative care setting. Since the program commenced, Bear Cottage has benefited with the return of five registered nurses formerly employed as AINs. The AIN program has the potential to increase the paediatric palliative care workforce.

MEDICATION ADMINISTRATION EVALUATION AND FEEDBACK TOOL: INTER-RATER RELIABILITY IN THE CLINICAL SETTING

KAREN DAVIES MACN\(^1\), DR KAREN WHITFIELD\(^1\), PROF SAMANTHA KEOGH\(^1\), ADJ. PROF IAN COOMBES\(^1\), DR KAREN HAY\(^2\)

\(^1\) Royal Brisbane and Women’s Hospital, Australia

Introduction: Medication administration is a complex task integral to nursing care. There are multiple steps to ensure safe and effective delivery of medications without potential for error and patient harm. Currently studies focus on student nurse’s assessment of medication administration, but registered nurses are not routinely provided the opportunity for regular review of their practice throughout their nursing career. The designed Medication Administration Evaluation and Feedback Tool (MAEFT) demonstrated reliability in a simulated environment but required testing in a clinical environment.

Purpose: To test the reliability of, the MAEFT used for self-assessment, observation and feedback on medication administration performance for nurses, in the clinical setting.

Methods: There were two clinical areas; an adult ward and a neonatal intensive care, at a tertiary metropolitan hospital. Four experienced nurse observers observed a total of 30 nurses in the clinical environment administering medications. Two nurse observers paired to observe one nurse at the same time and evaluate a variety of routes and types of medication administration practice using the MAEFT. This was conducted over a four-week period in May/June 2018. The data gathered was evaluated to determine the reliability of the developed tool. Fleiss Kappa coefficient was used to analyse the results of the data.

Results: The overall observed agreement using the MAEFT was 0.90 (95% CI: 0.88-0.93). When corrected for chance agreement using Fleiss’ kappa coefficient the overall result was 0.77 (95% CI: 0.71-0.82). The agreement evaluation criteria rating scale for Fleiss’ kappa coefficient >0.74 is considered excellent agreement.

Conclusions: Inter-rater reliability testing of the MAEFT in two clinical areas with different observers and nurses being observed demonstrate that the MAEFT is reliable. Further testing to determine if using the tool makes a difference to medication administration practice is warranted.

WHAT DOES PERSONALITY HAVE TO DO WITH RURAL NURSING? CAREER INTENTIONS AMONG NURSING STUDENTS

DR DANIEL TERRY\(^1\), DR BLAKE PECK\(^1\), ANDREW SMITH\(^1\), PROF ED BAKER\(^1\)

\(^1\) Federation University Australia, Ballarat, Australia

Introduction: Identifying and measuring personality traits is not new to understanding professional career choices, and health professionals are no exception. What remains less understood is the impact that personality has on nursing student choice when seeking employment in certain geographic locations.
The aim of the study was to identify and predict the personality traits that are most likely to contribute to nursing students considering rural practice.

**Methods:** Nursing students studying a three-year bachelor’s degree at an Australian University (n=202) participated in an online survey to examine their rural practice intentions. The questionnaire included demographic, rural background and career intentions, and the Mini International Personality Item Pool - Five Factor Model (Mini-IPIP-20) that measures the Big-Five personality traits. Data were cleaned, checked and analysed. Significance was determined at two-tailed p<.05.

**Results:** Overall the nursing cohort had high levels of agreeableness and conscientiousness, where they have a propensity to be good-nature, cooperative, compliant, and remain careful, systematic, organised and responsible respectively. Among those who saw themselves working rurally after graduation had higher levels of conscientiousness than their counterparts, and students with higher levels of agreeableness or open-mindedness were more likely to consider rural practice when motivated by key rural community factors. Student with higher levels of extraversion and neuroticism were less likely to consider rural practice as a future career pathway.

**Conclusion:** Undergraduate nursing programs stand to make the greatest contribution to rural and regional workforce. However, such programs need to strengthen the resolve of agreeable and open-minded students from rural areas to return, while providing sufficient rural exposure to students with similar traits, and those who are unsure of their future geographical work setting. It this these students that may be more amenable to regional or rural/remote practice and become a responsive future rural workforce option.

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**NURSE PRACTITIONERS: TRAIL BLAZING TO TRIED AND TRUE – HOW FAR HAVE WE COME?**

HAZEL BUCHER MACN, KERRIE DUGGAN

Establishment of the new role of Nurse Practitioner’s (NP) in Australia began with in 1988 following national discussions with Neal Blewett, the then Federal Minister for Health. It took 10 years for the NP Amendment Act to be passed in Federal Government in 1998 to enable authorisation of the first NP in Australia in 2000 in NSW (Chiarella, 2013), a further 10 years later Tasmania’s first NP to be authorised. Australia was one of the few countries to standardize the role with a national authorisation process and protect the title to enhance reliability and consumer recognition of the role (Middleton et al., 2016). Approaching 2020 there are approximately 1,800 (1,784 in December 2018) authorised NP’s in Australia, 29 in Tasmania (ACNP 2019), with nationally a total of 289,038 registered nurses NMBA (2018), resulting in the role representing 2.89% of the nursing workforce. The advanced practice role of NP was developed to improve access to treatment with innovative models (outreach models), provide cost effective care, target at-risk cohorts whilst providing mentorship and clinical expertise to other health professionals (ACNP website 2018).

Close to 20 years of NP role development in Australia – have far have we come? And what will it take for the development of the role to progress from trailblazing to tried & true in Australia? This presentation will discuss the developmental steps of establishing new NP roles in Australia based on Ericson’s developmental stages as discussed by Savrin (2009), the systems supports which provide best scaffolding identified as critical by Middleton et al. (2016), the barriers and enables to the development of the NP role and finally encourage registered nurses inspired to be change agents join the ground swell required to establish NP roles as ‘tried and true’.
EMERGENCY TELEHEALTH SERVICE EDUCATION PROGRAM – EDUCATION FOR ALL

JILL MAITLAND¹, DONNA ROGERS
¹Emergency Telehealth Service - WA Country Health Service, Australia

Introduction: The Emergency Telehealth Service (ETS) provides rural and remote practitioners throughout Western Australia Country Health Service (WACHS) access to emergency medicine specialists, nurse practitioners and emergency nurse coordinators 24/7. ETS is linked to 79 rural and remote sites and uses high definition video-conferencing (VC) technology to provision care.

This new and innovative service also provides a comprehensive emergency focused education program to support the rural and remote workforce with the aim to promote a confident, competent workforce and ultimately improve patient experience and outcomes.

Main Body: The goal of the ETS education program is to support rural and remote workforce preparedness using VC technology and e-learning education. The education program has been developed integrating the results of an extensive learning needs analysis distributed to the sites, regular surveys and ongoing communication which identifies skill and knowledge gaps. The program utilises the adept ETS workforce to deliver quality emergency focused education to the remote practitioners via the VC technology installed in their workplaces. Education modalities include VC theoretical sessions, practical skill sessions, simulation sessions, simulation demonstration sessions and e-learning resources. Eliminating the need to travel vast distances for pertinent education, the rural and remote practitioners are able to access education that supports and the end result being optimal patient outcomes.

To date, the education program has engaged over 5500 rural practitioners with valuable, emergency care knowledge. This is supported by an extensive e-learning catalogue, developed by the ETS education team, with over 2838 engagements since 2015. These incorporate a recording of the live VC education sessions and this ensures access to the education material is available 24/7.

Conclusion: Focused theoretical emergency education delivered via VC to rural and remote practitioners is a supportive and enriching service which helps to diminish the education barriers created by the vast geography of this state.
Abstracts – concurrent sessions
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DAY 2 THURSDAY 22 AUGUST 2019
CONCURRENT SESSION THREE

IMPROVING QUALITY OF CARE THROUGH DETECTION OF COMPLEXITY AMONGST OLDER PEOPLE IN A COMMUNITY SETTING: PILOT RANDOMISED CONTROLLED TRIAL PROTOCOL
JENNIFER BOAK MACN¹, TSHEPO RASEBAKA¹, PROF IRENE BLACKBERRY²
¹ Bendigo Health, Bendigo, Australia

Background: Community-dwelling patients are becoming increasingly complex. Detecting this complexity in practice is limited. This is impacting the requirements of care and support to older patients to remain in their homes for longer.

Objective: The purpose of this study is to explore if using the Patient Complexity Instrument (PCI) in addition to usual assessment will enhance clinical judgement regarding detection of complexity, support the time allocated to patient care and referrals to other services.

Methods: A pilot parallel group blocked randomised controlled trial will be conducted within a regional Victorian community setting. Patient participants will be randomised into Control group receiving the usual assessment process and the Intervention group receiving usual assessment plus the PCI. Staff participants are those staff currently employed in the Community Nursing Service. Patient participants are those patients referred to the service who are eligible for Commonwealth Home Support Programme funding.

Results: It is anticipated that the study will explore if the PCI is a suitable tool to enhance the detection of complexity and support resource and time allocation for patient. This study has the potential to provide recommendations to the developer for modifications for Australian use and inform a larger multi-site trial.

ACCESS TO EMERGENCY DEPARTMENT SERVICES: FACTORS CONTRIBUTING TO NON-URGENT PRESENTATIONS BY NORTHERN TASMANIANS
MARIA UNWIN MACN¹, DR ELAINE CRISP¹, DR DAMHNAT MCCANN¹, PROF KAREN FRANCIS¹, PROF LEIGH KINSMAN²
¹ University of Tasmania
² University of Newcastle, Australia

Introduction/Purpose: Around 50% of people attending Australian emergency departments (EDs) present with non-urgent conditions. Of the eight million ED presentations between July 2017 and June 2018, 3.8 million (48.7%) were triaged into the two least urgent categories. In Tasmania this proportion was 53.6% (n=87,012). Research conducted Northern Tasmania in 2015 identified that 31% of non-urgent ED patients would have preferred to be managed by their general practitioner (GP). This is the equivalent of 8,000 fewer presentations annually, or 22 per day. The aim of this current project is to understand the factors that contribute to the decision to access ED services in Northern Tasmania by people with non-urgent conditions, and to inform future service planning.

Methods: An explanatory sequential mixed method was implemented with three key objectives: to identify trends in ED attendance by people with non-urgent conditions through retrospective analysis of seven years of routinely collected ED data; to identify the perceived needs and service requirements of this patient population; and interpretation and translation of these findings into local health service recommendations.
Results: Analysis of the ED data included establishing a profile of ED attendees based on demographic data. This analysis revealed that 41% of presentations were by young people (under 25 years of age). Socio-economic factors also demonstrated a significant correlation, with those living in the most disadvantaged suburbs being up to four times more likely to attend the ED than those from more advantaged suburbs. Data from focus groups with people who have attended the ED from these over-represented communities (currently in progress) will also be presented.

Conclusions: This presentation will provide new insight into why Northern Tasmania’s most disadvantaged communities are over-represented in non-urgent ED data and will highlight key areas for future consideration in health services planning and inform evidence-based policies.

Abstracts – concurrent sessions

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CONCURRENT SESSION THREE

UNIVERSAL HEALTH CARE STREAM
GRAND BALLROOM ROOM 2 1:45pm–3:30pm

EXAMINING THE CHARACTERISTICS OF CARDIOMETABOLIC MONITORING AND PHYSICAL HEALTH ASSESSMENT OF MENTAL HEALTH CONSUMERS WITHIN THE FIRST 72-HOURS OF ADMISSION TO A MENTAL HEALTH INPATIENT UNIT

Rebekah Howard Macn1,2, Dr Lisa Kuhn3, Freyja Millar4, Dr Maryann Street1,5

1 Deakin University, School of Nursing and Midwifery, Geelong, Australia
2 Upton House, Adult Mental Health Inpatient Service, Eastern Health, Box Hill, Australia
3 Monash University, School of Nursing and Midwifery, Clayton, Australia
4 Outcome Health, Burwood
5 Centre for Quality and Patient Safety, Eastern Health-Deakin University Partnership, Box Hill, Australia

Introduction: Australians with a mental illness die, on average, at least 10 or more years earlier than the general population. Cardiometabolic disorders, including cardiovascular disease and type 2 diabetes, are common causes of premature death in this cohort. To mitigate this risk, cardiometabolic monitoring (CMM) is recommended for all mental health consumers. However, there appears to be a dissonance between policy and practice. Currently, CMM practices in mental health inpatient units (IPUs) are not known.

Purpose: The aim of this study was to examine the characteristics of CMM and physical assessment of adult mental health consumers within the first 72-hours of admission to an IPU.

Methods: This study was a retrospective descriptive exploratory design, using medical record audit. Demographic, clinical, administrative and outcome data were collected for a randomly selected sample of consumers admitted to any of three Eastern Health acute mental health adult IPUs between 1st of January and 30th June 2016.

Results: Of 228 consumers, the mean age was 37.5 (range 18 to 64) years and 51.3% were women. Few consumers (19%) were diagnosed with cardiometabolic comorbidities at the time of admission. Overall, 67.5% of consumers were prescribed psychotropic medications known to have high cardiometabolic risk. Alignment of staff practices with recommended CMM varied considerably. Blood pressure, weight and waist circumference were measured in 56.1%, 24.4% and 0% of consumers respectively. Completion of lifestyle assessments for consumers varied from 38.6% (smoking assessment) to 2.6% (exercise assessment). Only six (2.7%) consumers declined CMM. Rates of CMM and documented cardiometabolic risk assessment were low.
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CONCURRENT SESSION THREE

UNIVERSAL HEALTH CARE STREAM
GRAND BALLROOM ROOM 2  1:45pm–3:30pm

Conclusions: Most consumers were receiving incomplete and infrequent CMM, not based on known risk factors or consistent with evidence-based practice. This study will inform future policy focused on improving CMM and physical health assessment practices for consumers of mental health IPUs.

CONNECTING WITH COMPASSION; ADAPTING AN EXISTING WELL-BEING PROGRAM TO ENSURE UNIVERSAL HEALTH CARE FOR PATIENTS AND NURSES

JACKIE DONSANTE¹, KAREN TUQIRI¹, PROF VAL WILSON¹, DR SAMANTHA JAKIMOWICZ MACN²
¹ Illawarra and Shoalhaven Local Health District, NSW Health, Australia
² University of Technology Sydney, Australia

Introduction/Background: Research indicates quality of care provided to patients is influenced by nurses’ experience of compassion fatigue or compassion satisfaction. Nurses experiencing positive workplace culture and compassion satisfaction contribute to higher quality patient centred care. The adaptation of the existing ‘Heart of Caring’ program through contextualising resources and providing workshops was aimed at meeting the need to connect self, individuals, teams, patients, carers and community providing universal health care.

Aim: To evaluate an adapted well-being program and its impact on compassion and empathy levels of nursing and midwifery leadership team members.

Method: Mixed methods research was used including surveys and workshop data. Findings: Participants had an average level of compassion satisfaction and low level of fatigue. Early career leaders had higher levels of burnout than more experienced leaders. Compassion satisfaction improved slightly after the workshop; however, it was not a significant difference. No significant findings were reported for self-compassion. Two themes emerged from the qualitative data: ‘What matters to me as a leader’ and ‘What matters to me as a team member’

Conclusion: Adapting an existing framework supporting the delivery of person-centred compassionate care is possible, however contextualisation is important. Team members were more engaged and appeared to ‘own’ the program once it was contextualised. Participants valued the time together, strengthening cohesion and building a stronger leadership group. Support of executive leadership ensured good participation by leaders of care. This work was one aspect of a broader strategy to engage leaders and their teams in reflective practice, to provide compassionate care, improve staff retention and enhance the quality, safety and culture of the healthcare facility. This strategy aimed to ensure universal health care by improving outcomes for staff, patients, carers and the community.

TRAVELLING AS ‘GREY NOMADS’: WHAT DOES THIS MEAN FOR THEIR HEALTH AND HEALTH CARE ACCESS?

MARGARET YATES FACN¹, PROF LIN PERRY MACN¹, PROF DEBRA JACKSON FACN¹
¹ University of Technology Sydney, Australia

Introduction: Globally, as the ‘baby boomer’ generation come to retirement, many are taking to the road, often for extended periods. Referred to as “grey nomads” in Australia [1], one challenge they face is to maintain their health and manage illness in unfamiliar and rural locations. However relatively little is known about these travellers, their healthcare needs and service requirements [2]. Methods: This narrative
Abstracts – concurrent sessions

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CONCURRENT SESSION THREE

UNIVERSAL HEALTH CARE STREAM
GRAND BALLROOM ROOM 2     1:45pm–3:30pm

HEALTH ECONOMICS STREAM
GRAND BALLROOM ROOM 3     1:45pm–3:30pm

literature review aimed to determine the characteristics of ‘grey nomads’ as a group, and to identify their experiences in relation to their health needs and access to healthcare when on the road. A systematic search strategy was developed and applied to five databases (Academic Search Complete, CINAHL, Medline, Embase and PsychINFO) for dates from 2008 to 2018. Searches were downloaded to EndNote9. After removal of duplicates, 392 papers were screened and 10 retained; data were collected via single and multi-site interviews and surveys, phone interviews and an electronic survey.

Results: Grey nomad participants were predominantly retired couples. With levels of chronic disease similar to the Australian population, as many as half were living with long-term conditions; many reported accessing general practitioners and Emergency Depts during their travels. Differing degrees of health preparedness for travel and contingency planning were reported. A strong theme emerged of resilience and adaptation to health needs on the road, and improved health with travel. Nonetheless, access to health services could be challenging, with participants encountering a fragmented and unprepared health system.

Discussion: ‘Grey nomads’ are seemingly resilient, adapting to their health conditions in order to carry on a travelling lifestyle which they see as beneficial to their health. Nonetheless, their high and rising numbers and significant health needs have significant implications for regional and rural providers which, if not recognised and addressed, risk reducing service access for themselves as well as local residents.

APPLICATION OF A NURSING AND MIDWIFERY MODEL ACHIEVES EFFICIENCY DIVIDENDS

BEN BALLARD MACN

1 Metro North Hospital and Health Service, Australia

Nursing and Midwifery (NM) within a metropolitan Hospital and Health Service employing over 8000 NM staff sponsored research to explore factors influencing the complex interaction and nature of NM workloads in acute care settings. Given a lack of available evidence pertaining to NM workload factors an interpretative design was adopted with systems theory applied. Using the grounded theory approach of Corbin and Strauss to data collection and analysis. Semi-structured interviews were undertaken, and simultaneous data collection and analysis resulted in generation of concepts and identification of relationships commensurate with the research intent. The research generated seven key themes; financial inputs; nursing inputs; patient inputs; environmental inputs/outputs; nursing outputs; patient outputs; financial outputs. These themes were categorised and used to develop a conceptual model that visually represents the complex dynamic interactions which need to be considered in the effective management of NM workloads. The model provided NM Executive with opportunity to reflect on existing workforce strategies and expenditure. Consequently, the model has further informed NM Executive decision making, and as such, they have supported application to assist in modeling, projecting and constructing NM workforce requirements, plus development of workforce resource allocation aligned to health service delivery needs. Since application of the model outcomes realised have included: improved budget integrity; business continuity; enhanced alignment of workforce resources with activity; and development of a standardised suite of data. Additionally, the model, and outcomes achieved have further assisted NM Executive to gain increased insights about the complex nature of the NM
workforce and has provided enhanced opportunities to build greater capacity and capability. The identified outcomes from the research have assisted NM in optimising workforce resource utilisation and meeting efficiency dividends, whilst maintaining a supportive collegial culture where staff are valued and engaged.

**DRIVING LEADERSHIP CHANGE ... A BLUEPRINT FOR THE FUTURE**

ADJ. PROF ALANNA GEARY FACN¹

¹Metro North Hospital and Health Service, Australia

The largest Australian Hospital and Health Service (HHS) employing over 8000 nursing/midwifery (NM) staff reviewed NM governance to enhance investment in NM across the HHS, and to refresh the importance of the position of NM as a key stakeholder in pursuit of best practice outcomes. Establishment of a strategic NM Unit which reframed the Executive Director of Nursing and Midwifery (EDNM) emphasis from responsibilities of leadership and operational management of a tertiary/quarternary facility, and the HHS, to an overarching HHS NM professional focus on people, quality and values-based services transpired. While NM has always strived for excellence through a sustainable, competent professionally capable, patient-focused workforce, this new governance structure enables the team to capably support the workforce in participating in reflection, capability building, innovation, research, and lifelong learning. This Unit encompasses functional infrastructure components, workforce planning, development, education, innovation, strategy and research. Moreover, it supports the EDNM from a HHS perspective with a team focus on strategic initiatives to achieve excellence in professional practice, and reputation without facility constraints. A Strategic Executive Council (SEC) comprising the EDNM, Directors of Nursing, and professional leads collectively shape NM governance based on a Blueprint comprising three objectives: put people first; improve health equity, access, quality and health outcomes; deliver value-based care through a culture of research, education, learning, and innovation.

Since the inception the Unit and SEC have implemented the Blueprint to advance NM health service delivery through workforce strategies; turning challenges into opportunities; and collaborating with internal and external partners to align priorities and ensure a focus on strategies, efficiencies, and other deliverables. Outcomes comprise enhanced education sector partnerships and projects; a stronger culture of continuous learning; improvement in workforce capacity and data system access; and critical gaps identified and addressed.

**TRAILBLAZING – MAKING TRACKS IN THE BUSH – OUR MISSION TO GAIN, TRAIN AND RETAIN NURSES IN REGIONAL AND RURAL AREAS**

NATASHA HAWKINS MACN, ANNA EDGAR¹, MRS SHANNON WEILEY¹

¹The University of Newcastle Department of Rural Health, Newcastle, Australia

Despite being flagged as an area of concern for decades the recruitment of nurses to rural and regional areas of Australia remains problematic. The impending nursing shortage of 85,000 nurses by 2025, will have an inequitable impact upon rural and regional areas due to 60% of rural nurses being aged over 40 and a large percentage who will either retire or leave the profession in the upcoming years. Research indicates that there are key areas that innovative programs should target in order to gain, train and retain nurses for regional and rural practice. We have developed a range of activities targeting these key areas in order to improve the recruitment, training and retention of nurses within...
our rural footprint. These activities include visiting schools and holding school career forums to recruit students from school into university, extracurricular clinical placement activities such as simulation and interprofessional education (disciplines learning with, from and about each other) in order to improve student placement experiences. The department also runs mentor workshops and in services to improve rural practitioners bedside teaching skills, and have developed a program providing new health graduates from all disciplines an avenue for social networking. We also provide ongoing formal and informal mentoring to rural practitioners and provide much needed support and assistance to new graduates settling into rural practice and lifestyle. The employment of rurally located nurse academics who are responsible for the development and operation of these programs has been pivotal in our department’s success. These rurally located nurse academics act as an advocate for rural nursing and are often the much-needed conduit of information between the tertiary education sector and the often-overburdened rural workforce.

ENABLING UNIVERSAL ACCESS TO HEALTH CARE: THE NURSE’S ROLE IN ELIMINATING STIGMA AND DISCRIMINATION FOR PEOPLE WITH BLOOD BORNE VIRUSES

MELINDA HASSALL MACN, SHELLEY KERR

People in our community who are living with blood borne viruses (BBV) face many barriers to accessing the universal healthcare that our health system entitles us to. HIV, hepatitis B and hepatitis C are highly stigmatised and many people experience discrimination when accessing healthcare. Many other factors influence the lives of people with BBVs, including country of birth, culture, language, gender, sexuality, mental health, ageing, social and economic factors, employment and injecting drug use. Stigmatising attitudes and discriminatory behaviours associated with these factors, or the BBV itself can adversely affect opportunities for improved health and wellbeing for people with BBVs. A newly developed online learning module (OLM) enables nurses working in all sectors of our healthcare system to reflect on how stigma and discrimination can impact on care they provide to people with a BBV. The OLM comprises five sections focussing on what stigma and discrimination are, how they appear in practice, dispelling myths about BBV transmission, reinforcing the safety and efficacy of standard precautions, emphasising the nurse’s role in maintaining privacy and confidentiality, and exploring the intersectional sources of stigma and discrimination. Participants are also asked to consider colleagues who may be living with a BBV and how policies and procedures of our healthcare system can create additional barriers to care for all people with a BBV. The OLM will provide valuable insight in to the attitudes and behaviours of nurses providing care to people with BBVs. This poster presentation will highlight pre-course, immediate post course and 3-month post course evaluation data that reflect changes in knowledge, attitudes and practice of participants completing the OLM. Strengthening the nursing workforce to eliminate stigma and discrimination experienced by people with BBVs, ensures that nurses will be leaders in enabling all individuals to receive the quality care they need and deserve.
The National Nursing Forum

Abstracts – concurrent sessions

Abstracts are printed here as submitted to ACN

Day 2 Thursday 22 August 2019
Concurrent Session Three

The Future of Chronic Disease Management is Already Here. We Just Need to Fund It

BEN CHIARELLA MACN

It is known that telehealth home monitoring empowers older people to understand and manage their own health better and has been demonstrated to be associated with improved health outcomes and reduced service use. Having regular, daily access to a Telehealth nurse was shown both to reassure participants and to trigger changes to services and behaviour that are likely to have positively affected patient outcomes. (Nancarrow, Banbury & Buckley, 2015). The results speak for themselves. Some of the programs are reporting over a 50% reduction in emergency department presentations and up to a 28% reduction in potentially preventable hospital admissions. These cohorts are self-reporting increased confidence in both self-care and improved mental health scores. Similar programs are reporting reductions across the cohorts in blood pressure, blood glucose levels and resting heart rate as well as improvements in oxygen saturations and management of heart failure weight fluctuations (Barlow, Singh, Bayer & Curry, 2007; Polisena, Tran, Cimon, Hutton, McGill & Palmer, 2009; Inglis, Clark, McAlister, Stewart & Cleland, 2011; Purcell, McInnes & Halcomb, 2014). The big question for the future is how to develop a funding stream that enables work like this to become mainstream, rather than peripheral.

A Policy of Core Values: Collaboration, Openness, Respect and Empowerment to Improve the Central Venous Access Device (CVAD) Policy

SARAH WALLACE, JOHN WATT, INGRID WOLFSBERGER, SALLY WHALEN

The Sydney Children's Hospitals Network (SCHN) includes two leading paediatric centres; The Children's Hospital at Westmead and Sydney Children's Hospital, Randwick. The SCHN Central Venous Access Device (CVAD) policy is one of the most accessed policies within the SCHN. In December 2017, feedback and audit results identified a need to review the CVAD care and management across the Network. A Network-wide approach was established, which included a review of the CVAD policy in order to improve and standardise clinical practice for all paediatric patients across the SCHN. Particular focus was directed to standardising equipment and procedures, fostering a culture of positive practice and culture change, and the engagement of key stakeholders in the revision process through the use of simulation. Collaboration was an essential part of the process, requiring both hospitals to come together as a Network and form a joint committee for CVAD policy revision. ‘Children first and foremost’ became the underwritten theme for the policy redevelopment and simulation was a key tool utilised throughout the policy redevelopment as it created an opportunity for clinicians to come together and engage in culture and practice change as a network. The original policy was tested with simulation, identifying gaps that had contributed to variance of practice across the SCHN. Taking key information from the simulation the Randwick and Westmead Vascular Access Nurses led the policy revision with key stakeholders from both campuses. Following initial revision of key procedures, simulation was again utilised with stakeholders from both sites which resulted in important feedback for further changes to
FACTORS INFLUENCING THE RECRUITMENT/RETENTION OF FEMALE AND MALE FIRST RESPONDER WORKFORCE

HELEN FRAZER MACN

1 University of Adelaide, Adelaide, Australia

This presentation will describe current research being undertaken within the First Responder (FR) population in South Australia, with a focus on female FRs.

The potential cumulative burden of stress on first responders is well documented. FRs consist of various populations including: ambulance, fire, police, defence force and emergency health personnel (retrieval teams, remote area nurses and flight nurses). First responders are frequently exposed to high levels of traumatic presentations which vary in type and intensity. The FR population contains a smaller number of females compared to males. A review of literature in the area of cumulative stress for first responders is extensive including: Garcia-Izquierdo (2016), Obosi and Osinowo (2016), Lowry (2015) and Healy and Tyrell (2011). These authors identify the key indicators of cumulative stress and general overall management strategies without reference to specific gender effects. A literature review has identified that while research has explored the impact of stress on first responders, this has not been gender specific. This limitation makes it difficult to determine the specific effect on females including any additional stressors. This research will examine how stress affects both males and females and also the effects on job stability and satisfaction for FRs. To further inform this research, data will be collected through semi-structured interviews. These interviews will explore the effect of various competing issues impacting first responders such as families, relationships, violence, bullying, gender differences and workforce issues. Females remain under-represented in the overall FR population. The aim of this research is to identify what factors impact males and females differently in FR roles. The research outcomes will be used to inform current recommendations/policy for the recruitment and retention of both genders in the FR workforce.

CONFIDENCE, SPECIALTY, AND LEADERSHIP: NURSE EDUCATION FOR CAREER DEVELOPMENT

JULIE PHILLIPSON

1 Mackay Hospital Health Service, Australia

CONFIDENCE, SPECIALTY, AND LEADERSHIP: NURSE EDUCATION FOR CAREER DEVELOPMENT

JULIE PHILLIPSON, ADJ. PROF JOYCE HENDRICKS, JULIE SHAW MACN

1 Mackay Hospital Health Service, Australia

2 CQ University, Australia

Confidence, Specialty, and Leadership: Nurse education for career development. Associate Professor Joyce Hendricks, Dr Julie Shaw and Julie Phillipson CQUUniversity, Australia in conjunction with MHHS with over 40% of the Australian nursing and midwifery workforce over 50 years of age (AIHW, 2016) the profession is looking at ways to address future expected workforce shortages. Of major concern is addressing the future loss of clinicians and leaders through retirement. Consequently, Australian nurse employment is expected to grow at 1.5% per annum over the next five years with education seen as a significant pathway to career development in particular leadership (Deloitte Access Economics [DAE], 2018). This case study describes how the School of Nursing, Midwifery and Social Sciences at CQUUniversity worked
with industry partners to develop post graduate university education that facilitates a career pathway for future clinical nurse leaders. In particular, aligning industry and university education to support graduate nurses in their first three years of employment to develop nurse competence and confidence as well as specialty and leadership knowledge and abilities. The development of partnership and problems encountered will be discussed namely – marrying of agendas, a conflict of timetables, organisational and individual resistance to change, and unrealistic expectations of capability and ability of stakeholders. In conclusion, the case study provides a set of practical resources for working with industry to support the career development of the future nurse workforce – lessons learned to date and strategies to overcome real and perceived barriers.


THE ACT NEW GRADUATE NURSING CONFERENCE – CREATING REGIONAL EVENTS TO ENGAGE THE NEXT GENERATION IN PROFESSIONAL DEVELOPMENT

MEG BRANSGROVE MACN¹
¹ACN, Canberra, ACT, Australia

The transition from student nurse to new graduate is an opportunity for Regions and Communities of Interest to engage the next generation of nurses in professional development. This is an ideal time to capture the focus of new nurses in the profession between the stress of study and the demands of the clinical environment. This presentation discusses planning successful events in local areas by identifying where gaps exist in professional development and facilitating early engagement in the Australian College of Nursing. Utilising existing high-quality resources and presenters within the ACT region a new event was created that engaged new nurses in professional development. The ACT New Graduate Nursing Conference was designed as a one-day event open to any nurses graduating from their respective nursing studies and starting in an organisation in the region. Both Enrolled and Registered Nurses were invited to attend prior to starting their transition to professional practice, this created an inclusive event that focused on the profession of nursing rather than any organisation specific roles or requirements. The conference day included important practical workshops on a range of topics including leadership, patient assessment, mental health and quality improvement. The next generation were empowered by presenters from the Canberra region to engage in quality patient care across a broad range of areas and encouraged to influence positive change in the healthcare sector. Planning events in regions can be difficult due to a lack of engagement, but this presentation will discuss factors for success in event development for the next generation. Regions and Communities of Interest continue to explore ways to engage nurses in professional development and the success of the ACT New Graduate Nursing Conference may assist others in providing important opportunities to the next generation.
Abstracts – concurrent sessions

DAY 2 THURSDAY 22 AUGUST 2019
CONCURRENT SESSION THREE

NEXT GEN POLICY STREAM
HARBOUR VIEW ROOM 1  1:45pm–3:30pm

THE POWER OF NURSING PHILOSOPHY IN DEVELOPING ROBUST AND MEANINGFUL POLICY
DR LEXIE BRANS FACN

In its 2015 White Paper on nursing leadership the Australian College of Nursing states that nurse leaders ‘can be a powerful force for shaping health policy’. It has been said that the ‘logic’ of nursing philosophy is essential in understanding and knowing nursing. It will be argued here that the methods of nursing philosophy (its ‘logic’) also represent a little recognised but powerful approach in policy development. It will be shown that this approach enables nurse leaders to identify a nursing issue requiring a policy response and to then craft a (new) policy in such a way that it succinctly integrates nursing research evidence with the values of the profession. The methods of philosophy are analysis, critique or evaluation and synthesis. Analysis involves the identification of an issue or problem and questions the assumptions inherent in it, for example, questioning the ‘status quo’; - Critique or evaluation determines whose interests are being served with that issue and what is the desired change? The available evidence is then used to determine robust and justifiable arguments for that change; - Synthesis is the outcome of the reconceptualisation which has emerged from the analysis and critique and points the way for specific policy actions. Once described and explained, the methods of philosophy will be applied to the example of developing policy to facilitate an increase in nursing research and funding for that research. Although a hypothetical example as the evidence discussed will show it is a real and current issue for the nursing profession.

DAY 3 FRIDAY 23 AUGUST 2019
CONCURRENT SESSION FOUR

TRAILBLAZERS STREAM
GRAND BALLROOM ROOM 1  10:30am–11:55am

WHAT NURSING STUDENTS VALUE AS IMPORTANT IN UNDERTAKING RURAL PRACTICE: A CROSS-SECTIONAL STUDY
DR DANIEL TERRY¹, DR BLAKE PECK¹, MR ANDREW SMITH¹, PROF ED BAKER¹
¹Federation University Australia, Ballarat, Australia

Background: Rural health services in Australia are continually challenged by both the recruitment and retention of the nursing workforce. The aim of the study was to examine what nursing students consider the most important factors for undertaking a rural career in Australia.

Methods: Nursing students studying a three-year bachelor’s degree at an Australian University (n=202) completed an online survey that examined their rural practice intentions. The questionnaire included demographic, rural background and career intentions, and a modified Nursing Community Apgar Questionnaire (NCAQ).

Results: The factors identified most important among nursing students when considering rural practice include patient safety and high-quality care, having autonomy and respect from management, the establishment of positive relationships and good communication between different generations of nurses, and the work environment providing job satisfaction with good morale.

Discussion: This study provided insight for rural and regional universities and health services to better demonstrate what student indicate is important to take up rural practice, while highlighting unique challenges for the rural nursing workforce. Key elements are proposed that may be augmented at the university and health service level to guide recruitment and possibly retention. These findings also suggest that recruitment and retention strategies move away from models that focus on factors such as location, climate, recreational opportunities and the size of the community or distance.
Abstracts – concurrent sessions
Abstracts are printed here as submitted to ACN

DAY 3 FRIDAY 23 AUGUST 2019
CONCURRENT SESSION FOUR

TRAILBLAZERS STREAM
GRAND BALLROOM ROOM 1  10:30am–11:55am

from/access to a larger community, and move toward meeting what students see as most important factors to take up employment in rural settings.

Conclusions: Rural recruitment and retention of new graduate nurses may be better achieved by addressing what nursing students feel are most important to them when considering rural practice, which are focussed around management and decision-making and practice environment factors rather than economic or community-based factors.

SUPERVISED PRACTICE PLACEMENTS – KEEPING NURSES NURSING!
JOANNE MAPES FACN¹
¹Eastern Health, Australia

Introduction: Eastern Health, a large metropolitan Health Service covering an extensive geographical catchment is meeting the condition for supervised practice imposed by the Nursing & Midwifery Board of Australia on nurses’ registrations. This presentation outlines the supervised practice program, challenges and successes to showcase the effectiveness of keeping nurses in the profession to meet workforce demands from an ever-diminishing resource of experienced nurses.

Description: In 2017 Eastern Health developed a supervised practice pathway to offer nurses with this condition an opportunity to complete their requirements in a supportive and safe model. The program includes professional development and SIM clinical teaching to rebuild skills and confidence, as well as meeting the clinical component hours in a preceptorship model to satisfy the Board’s requirements for registration. The program has supported Registered Nurses, Midwives and Enrolled nurses to remain in their profession and provided Eastern Health with a supply of experienced nurses to recruit to ongoing employment. The program is now an established partnership with the Australian Nursing & Midwifery Federation (Victoria Branch) and is being formally evaluated via a grant from the Department of Training & Education, Victoria. The outcomes will be included in this presentation. Our Supervised Practice Placements and International Transition Program are delivered under the auspice of our refresher and early career programs.

Conclusion: The challenge to retain nurses in workforce is real. These unique programs and tailored pathways have been effective in addressing this challenge, and sourcing and supporting not only novice practitioners, but also attracting vitally experienced and middle to advanced career nurses. This strategy and partnership have been successful in retaining nurses who would otherwise be lost to the profession. We are excited to share our experience, strategies and success.

PREPARING NURSING GRADUATES FOR THE DIGITALLY ENABLED HEALTHCARE ENVIRONMENT: INTEGRATING SIMULATED ELECTRONIC HEALTH RECORDS (EHR) INTO ENTRY TO PRACTICE CURRICULUM
DR ZERINA TOMKINS MACN¹, KALPANA RAGHUNATHAN FACN²
¹University of Melbourne, Australia
²Caramar Educational Design, Melbourne, Australia

Background: The national eHealth agenda in Australia is reflected through the increasing adoption of EHR across the healthcare system. The move to computerised health records and the interdisciplinary engagement with digital health data for patient management, makes competency in informatics skills and ability to use the health information technology (HIT) systems efficiently an absolute essential for
the nursing workforce. This has a significant impact for how nursing graduates are prepared for the technology-rich clinical environment. Currently, nursing students in the entry to practice program get minimal exposure to informatics content in the curriculum, limited to brief discussion of theoretical concepts. A practical component in the simulated environment is lacking. The first encounter with HIT systems such as EHR is during clinical rotation, or later, as graduate nurses. This means that new graduates entering the health workforce are not adequately prepared to use EHR implemented in the healthcare setting. Lack of informatics skills and adequate knowledge to use EHR effectively can compromise clinical decision-making, patient safety and the quality of health care outcomes.

This presentation describes an education strategy project to comprehensively integrate informatics competencies into the curriculum.

**Method:** The project objective is to develop an integrated nursing informatics curriculum that contains theoretical, simulated and real-life components as part of student’s clinical practice built on framework of person-centred care. The expected outcomes revolve around producing graduates that can competently meet the demands of the modern healthcare driven by digital health technologies. The impactful intervention within the existing curriculum is the integration of a simulated EHR aimed at developing good clinical practice and effective navigation of digital health data.

**Conclusion:** Using simulated EHR as a learning tool enables graduates to acquire essential informatics competencies embedded in good clinical practice focused on delivering person-centred care whilst meeting the demands of technology-driven healthcare environments.

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**A GENERAL PRACTICE NURSE-LED INTERVENTION FOR ANXIETY IN LATER LIFE**

SHARON HILLS¹, DR DANNY HILLS MACN¹, DR TRACY ROBINSON²

¹Federation University Australia, Australia
²Monash University, Australia

In this presentation, we describe the pathway to developing a nurse-led intervention for anxiety in older people. Anxiety in later life is a worldwide health concern, with symptoms being associated with a range of physiological, neurological and psychiatric disorders. It is associated with reduced quality of life and increased healthcare utilisation, and is implicated in 17% of suicide deaths in older age. Up to a million older Australians may experience clinically significant symptoms of anxiety (CSSA). To date, however, anxiety in later life is largely under-detected and under-treated. General practice is the ideal setting for the management of anxiety in older adults because over 95% of older adults attend their GP at least annually. With seed funding from the Univers Foundation, we tested the feasibility of screening patients for CSSA in the annual 75 years and older health assessment (75+ HA). General Practice Nurses (GPNs) in the ACT and Victoria reported that screening for CSSA was easy to undertake, readily incorporated into existing assessment processes and welcomed by older patients. We found that one in five (20%) of the 737 patients screened in the 75+ HA had CSSA. Our team was subsequently awarded Nursing Board of Victoria Legacy Limited funding to trial an evidence-informed, GPN-led intervention to alleviate CSSA in older people. We developed a short, relaxation intervention to enable older adults detected with CSSA in their 75+ HA to self-manage their symptoms. This intervention is a skill that nurses could use across a range of care settings. While the empirical outcomes of our study have yet
to be fully determined, feedback from GPNs and patients on the impact of this intervention is incredibly positive. Our GPN-led intervention will form the basis for broader-scale testing and implementation of the Anxiety in Later Life study in Australian general practice settings.

A ONE IN FIVE HUNDRED YEAR EVENT: THE EXPERIENCE OF NURSE LEADERS IN A FLOOD DISASTER

DEBBIE MACLEAN

Introduction: Hospital disaster preparedness has heightened in Australia over the past decade. Predominantly the focus of preparedness has been on hospital systems and key functional roles within the organisation. In February 2019, a significant flood event occurred in Townsville cause by the convergence of a monsoon and slow moving tropical low. A 12-day total of 1391mm of rain fell. This presentation will focus on nurse leaders and their relationship with the hospital and health service and the community in providing vital health care during the unfolding of a catastrophic natural disaster.

Methods: Process evaluation was employed to describe the activities, roles and experiences of nurse leaders from Townsville Hospital & Health Service during the recent flood disaster in February 2019. Data sources included personal accounts and field notes. Participatory evaluation methods were employed.

Results: Concepts identified during a disaster event included: personal and professional tensions, perceived importance of nursing leader roles and caring culture. The houses of many nurse leaders were inundated and they described the tensions between personal obligations such as family, pets and property against professional commitment. Most participants reported they had more to offer in a professional capacity and were strongly drawn to be at the hospital supporting response efforts.

Nurses expressed the desire to help the organisation and greater community, reflecting their caring and empathetic nature. They expressed needing to be at the hospital to be there for the patients and colleagues.
Conclusion: The organisation’s leadership actions and connectedness with nurse leaders during the ‘lean forward’ stage of the disaster developed the sense of ‘work family’ for nurse leaders. Organisational support further enhanced nurse leaders’ connectivity to the organisation, work teams and their desire to support community health needs during a disaster event.

TRANSITIONAL CARE DISCHARGE DOCUMENTATION FROM HOSPITAL TO RESIDENTIAL AGED CARE FOR PEOPLE LIVING WITH DEMENTIA: A RETROSPECTIVE COHORT STUDY

KIRSTEN PARKER MACN1, DR CALEB FERGUSON MACN1, PROF JANE PHILLIPS FACN1, ADJ. PROF LOUISE HICKMAN MACN1

1 University of Technology Sydney, Sydney, Australia

Introduction: Older adults living with dementia and multimorbidity frequently transition between healthcare providers and settings. Care transitions present a window of increased vulnerability and risk of adverse events. As a result, it is becoming increasingly common for these populations to experience fragmentation and poor quality of healthcare. The study aimed to examine the key elements of transitional care to improve continuity for older people living with dementia and multimorbidity.

Method: The study was designed as a secondary analysis of IDEAL Trial data to retrospectively examine discharge documentation that supports transitions from hospital to residential aged care facility. Analysis includes an audit and quality assessment of discharge documentation elements.

Results: Study results were drawn from sixty participants who transitioned from residential aged care facility to hospital or emergency department. Half of the participants were male with a mean age of 83 (SD 8.7) years. Audit of participants’ discharge documentation highlights irregular attention and wide variability in the presence and quality of discharge documentation elements. Overall, approximately a third (37%) of these elements were documented to a level that was rated as excellent. While, 43% were rated as adequately documented, a fifth (20%) were rated as poorly documented. A sub group of these core elements focusing specifically on transitional care needs had an excellence rating only 17% of the time, almost half (46%) were rated as being adequately documented and the remaining third (37%) were rated as being poorly documented.

Conclusion: This study emphasises the current vulnerabilities of those older people living with dementia and multimorbidity as they transfer between care settings. The concept of transitions and specific discharge documentation needs is largely understudied for older people living with dementia and multimorbidity. Efforts to improve the experience and quality of transitions between different healthcare settings should be the way of the future.

THE LEADERSHIP ROLE OF NURSES IN A DISASTER COORDINATION CENTRE

DEBBIE MACLEAN

Introduction: Hospitals and health services are the functional lead agency for emergency support functions for health and medical services across Queensland during disaster events. While most of Townsville were preparing their homes for potential inundation from a one in 100-year monsoon, three Townsville Hospital nurse leaders played a critical health liaison role at the Townsville local disaster coordination centre (LDCC). In this presentation the vital roles undertaken in the disaster response
Body: Nurses play important roles working with other emergency response agencies to find solutions to health issues resulting from flooding, community isolation and evacuation. Health liaison officers are ‘small but vital cogs in a big machine’ often tasked with significant and life-impacting jobs. The qualities required of LDCC members align with the essence of the Nursing and Midwifery Board of Australia’s Registered nurse standards: think critically and analyse; professionalism, comprehensive assessment, planning be safe, appropriate and responsive and evaluate outcomes. The role draws on the broad understanding nurses have of the hospital, health system and disaster management arrangements. The role demands flexible and creative thinking to find solutions to the challenging tasks that arise during disaster events. Within the local disaster coordination centre all other agencies are relying on these nurses to manage and support people with health care needs who become vulnerable as a result of the disaster event. Examples of these qualities will be explored and include: command, control and coordination of local health resources, broad scanning for vulnerable populations and ability to plan appropriate and responsive health assessments for the community.

Conclusion: Disaster co-ordination requires trained and experienced nurse leaders. Nurses are particularly suited to this role because of their clinical leadership and aptitude to building capacity and capability through strategic relationships within the LDCC.

WHY CULTURAL RESPECT MATTERS

BELINDA FENNEY-WALCH*, ROSIE SMITH*
*Department of Health, Tasmania, Australia

We all know Aboriginal people in Australia have poorer health than the rest of the population. This poorer health is driven, in part, by mainstream health services not being culturally respectful. Many Aboriginal people are more likely to access health services and have better health outcomes when services are culturally respectful and people feel culturally safe. We know because Aboriginal people told us. Tasmania is implementing the Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016-2026 (Australian Health Ministers’ Advisory Council, 2016). As the first step, we asked Aboriginal people about their experiences accessing mainstream health services. The report: Aboriginal Cultural Respect in Tasmania’s Health Services – Community Consultation Report has been welcomed by Aboriginal organisations and the health sector. While we heard about some positive experiences, for many Aboriginal people there is a general reluctance to seek care, turn up to appointments and stay in hospital. Aboriginal people in Tasmania are three times more likely to ‘take own leave’ (including discharge against medical advice) than the general population. Tasmanian Aboriginal people have an additional challenge – convincing health professionals they even exist, because of the continuing and pervasive myth of extinction. Aboriginal people identified their priorities in making health services culturally respectful. These largely align with the domains of the Cultural Respect Framework and the new Aboriginal-specific activities required under the National Safety and Quality Health Service Standards (second edition). Providing culturally-respectful care – including being mindful and respectful of difference and appreciating the historical context and ongoing impact of colonisation – is a fundamental step towards improving the health of Aboriginal people.
Abilities – concurrent sessions

DAY 3 FRIDAY 23 AUGUST 2019
CONCURRENT SESSION FOUR

HEALTH ECONOMICS STREAM
GRAND BALLROOM ROOM 3 10:30am–11:55am

LEANING FORWARD, STEPPING UP FOR QUEENSLAND COMMUNITIES: NURSING AND MIDWIFERY LEAD IMPROVEMENT

JAN PHILLIPS, ADJ. PROF SHELLEY NOLAN FACN1, PAUL STAFFORD1
1 Queensland Health, Australia

Healthcare services worldwide need to transition to address current and future challenges relating to new technologies, changing demographics, increased chronic disease and funding pressures. These challenges impact nurses and midwives in a system where there is increasing dissonance between reality and providing quality patient care based on a client first philosophy. A compelling case exists for nurses and midwives, being the largest most accessible healthcare workforce, to lead change making the greatest positive impact on health care delivery. These professions understand the complexity of delivering best practice and are committed to keeping the focus on patient care at the forefront of improvement efforts. The Centre for Leadership Excellence (CLE) has designed a range of development programs delivered to enhance the leadership and management capabilities of Queensland Health clinicians. The Manage 4 Improvement Program (M4I) provides practical leadership, management and service improvement skills. The Office of the Chief Nursing and Midwifery Officer (OCNMO) recognised that nursing and midwifery leaders in regional and rural sites have less opportunities to be supported in developing clinical leadership skills along with the most opportunity to address health inequities. In collaboration with CLE, a targeted M4I program was offered to current and potential nursing and midwifery leaders. Participants learnt complex management strategies and effective leadership behaviours to successfully implement clinical improvement to enhance patient safety and the quality of care. Since 2018, four cohorts of nursing and midwifery clinical leaders from across a range of Queensland Hospital and Health Services have completed this program. The program has been well received with 90% of program participants rating the program as excellent or good. This presentation will provide an overview of the OCNMO M4I program, including how organisations can assist clinician managers within a complex health system, showcasing a range of innovative nursing and midwifery improvement projects undertaken by participants.

THE VIRTUAL EMPATHY MUSEUM: LEADING THE WAY IN TRANSFORMING HEALTHCARE GRADUATES’ EMPATHY SKILLS

DR SAMANTHA JAKIMOWICZ MACN1, PROF TRACY LEVETT-JONES MACN2, DR JACQUI PICH MACN3, NATALIE GOVIND1, SUE DEAN2, DR FIONA ORR3, ALISON KELLY2, DR MICHELLE KELLY2, PROF JANE MAGUIRE1
1 University of Technology Sydney, Australia
2 Curtin University, Australia

Empathy is a fundamental component to quality patient care and an essential characteristic of work-ready, employable nursing graduates. Empathic healthcare interactions have been shown to positively impact patient satisfaction, experience and outcomes. Alternatively, healthcare devoid of empathy has been found to result in negative physiological and psychological patient outcomes. Research has also found that healthcare workers, including nurses who practice without empathy are at a higher risk of burnout, fatigue and depression, often leaving the workforce. Evidence suggests that nursing students often enter the profession with good and caring intentions, however their level of empathy declines during their undergraduate degree. Against this backdrop we decided to lead the way in transforming nursing students’ empathy levels by developing a Virtual Empathy Museum (VEM). The Virtual Empathy
Museum (VEM) is an innovative digital resource funded by an Australian Technology Network of Universities grant. The Museum showcases evidenced-based teaching materials including digital stories, simulations and reviews. This large range of educational materials are designed to enhance nursing students’ and practitioners’ empathy skills, leading the way to making a positive impact on patient care. We are introducing the Virtual Empathy Museum, an open access resource for all healthcare and educational facilities. We aim to start a conversation that hopefully will lead to empathy being included as an integral component of every nursing curriculum.

ULTRA-RAPID SCREENING AND BRIEF INTERVENTION FOR SUBSTANCE USE IN EMERGENCY CARE SETTINGS

JENNIFER HARLAND MACN¹, PROF ROBERT ALI¹
¹ University of Adelaide, Australia

Psychoactive substance use is prevalent and widespread throughout the world and is associated with significant morbidity and mortality. The World Health Organization (WHO) has identified alcohol, tobacco, and illicit drugs as among the top 20 risk factors for ill-health and has adopted a public health approach to screening and early intervention. Emergency Department Nurses can play a key role in the detection and prevention of hazardous alcohol consumption, smoking and substance-related problems.

Screening and brief interventions have been shown to be acceptable and motivating for many people with hazardous or harmful substance use. However, many health care professionals avoid asking patients about their substance use. Reasons cited for not implementing screening and brief intervention in Emergency Departments include:

- A lack of time feeling that they are not competent or capable of giving an intervention or do not have specialist knowledge about substance misuse and addiction
- Concerns regarding how screening and brief intervention fit with other assessment and intervention.
- Concern that they will experience resistance and defensiveness from patients

To address these barriers, the ASSIST-Lite in the Emergency Department resource was developed. The first of its kind, the ASSIST-Lite is an ultra-rapid screening tool which has been optimised for time critical environments and can be self-administered on a computer tablet. The ASSIST-Lite rapidly identifies those at risk of harm from their substance use and can be used as a stand-alone screening tool or as the first part of a comprehensive drug and alcohol assessment. This presentation will provide an overview of the recently developed ASSIST-Lite in the Emergency Department training resource (instructional video and manual). The presentation will address the barriers to screening and brief intervention and provide a step-by-step approach for Nurses to include the ASSIST-Lite as part of their routine care. In Emergency Departments, the ASSIST-Lite offers an opportunity to provide assistance to people at risk from their substance use who may not have otherwise sought help. It provides Emergency Department Nurses with a simple, valid method of providing timely support and brief intervention to patients in their care. Note: All participants at this presentation will receive a copy of the ASSIST-Lite in the Emergency Department resource.
Abstracts – concurrent sessions

Abstracts are printed here as submitted to ACN

DAY 3 FRIDAY 23 AUGUST 2019
CONCURRENT SESSION FOUR

HEALTH ECONOMICS STREAM
GRAND BALLROOM ROOM 3  10:30 am–11:55am

HOW INTEGRATED PARTNERSHIPS SUPPORT INNOVATION AND CLINICAL LEADERSHIP OUTCOMES

ADJ. PROF SHELLEY NOWLAN FACN1, PROF ROBYN FOX FACN1, ADJ. PROF ALANNA GEARCY FACN1
1Queensland Health, Australia

Nursing and Midwifery (NM) Hospital and Health Service (HHS) executives, and others within an Australian state have worked in partnership with the Chief Nurse and Midwifery Office to identify and implement transformative initiatives to enhance workforce capability, competitive edge, advanced practice roles; and to invest in the profession’s future. Diverse initiatives were explored, in response to political commitments, changes in models of care, service provision, workforce projections, developmental needs, and disparity in resource access. Initiatives to foster clinical leadership included introduction of advanced practice roles such as, nurse navigators working across system boundaries in close partnership with interprofessional teams to support ongoing care for specific consumer groups with complex care needs. This Chief Nurse sponsored initiative has resulted in employment of over 400 positions. Establishment of Nurse Practitioner (NP) positions continues to increase with recent emphasis on NP Endoscopists. Other collaborative initiatives focused on targeted new graduate (NG) recruitment strategies; increased nurse educator positions to support NG transition; a nurse unit manager project intended to enhance ability of advanced practice role concentration on direct clinical care; investment in development of all NM classifications to facilitate provision of a well-qualified workforce with capacity, capability supported by a Lifelong Learning Framework, Career Pathways and Orientation to Role resources. Political commitments and expected clinical leadership outcomes have been achieved for each initiative. Outcomes would not have been realised without effective partner engagement and committed contribution by NM colleagues who championed initiatives to engender a culture that values diversity, change and professional advancement. These innovations position NM to meet current and projected workforce needs by creating conduits to transform the workforce as a self-enabled, highly skilled, educated regulated profession that applies evidence, frameworks, pathways and standards to shape practice, and achieve best practice outcomes.
Abstracts – concurrent sessions

Abstracts are printed here as submitted to ACN

DAY 3 FRIDAY 23 AUGUST 2019
CONCURRENT SESSION FOUR

NEXT GEN POLICY STREAM
HARBOUR VIEW ROOM 1   10:30 am–11:55am

DEVELOPING THE EVIDENCE BASE TO STRENGTHEN NURSING SERVICES: THE BENEFITS OF ACADEMIC-HEALTH SERVICE-POLICY PARTNERSHIPS

DIS. PROF. PATSY YATES FACN1, ADJ. PROF SHELLEY NOWLAN FACN1, PROF ANN BONNER2, ADJ. PROF CLINT DOUGLAS3, PROF RAYMOND CHAN MACN1
1 Queensland University of Technology, Australia

Introduction: Queensland’s Office of the Chief Nursing and Midwifery Officer (OCNMO) is committed to the role of nurses and midwives as leaders in translating innovation and evidence across different contexts of care. To achieve their objectives, OCNMO commissioned academic partners to undertake a series of research projects to develop evidence that could inform its policy and programs relating to nursing services.

Main body: Project 1 involved sourcing, collating and analysing data from the published literature and from existing nurse-led services across the Queensland. Two systematic literature reviews were completed which confirmed the growing evidence base and enormous potential for nurse-led services and nurse navigation models. A scoping study of 257 nurse-led services in Queensland also identified that there is a diverse and growing range of nurse-led services across the state that have evolved to meet the needs of their communities.

Project 2 sought to better understand the business models being used to support development of nurse-led services and how they may be improved. The framework selected for analysing and documenting the business models was the Business Model Canvas. Two key issues were considered: (a) how the services deliver value: customer segments, value proposition, customer relationships, channels, revenue streams; and (b) how the services seek efficiency: key activities, resources, partners, cost structure.

Conclusion: The partnership between OCNMO and researchers resulted in the development of new knowledge as well as practical tools to inform policy and practice initiatives. The partnership ensured that the research efforts focused on priority issues for OCNMO, that multiple perspectives were considered in the study design and in the interpretation of study findings, and that the research findings were readily translated into practical tools including guidelines and checklists. The partnership had the added benefit of capacity building for all staff involved through mutual exchange of knowledge and expertise.

NURSING LEADERSHIP INFLUENCING POLICY

MICHELE RUMSEY FACN1, AMANDA NEILL1
1 WHO Collaborating Centre, University of Technology Sydney, Sydney, Australia

Introduction: In the South Pacific 70-80% of the health workforce consists of nurses and midwives. Traditionally, leadership programs for the Pacific have not been culturally contextualised. Since 2009, the World Health Organization Collaborating Centre at the University of Technology Sydney has run an Australia Awards Fellowships (AAF) leadership program funded by DFAT for nurse/midwife leaders.

Methods: Qualitative research seeks to carry out an examination of this leadership model for nursing and midwifery in collective cultures in the Pacific. The methodology framework used in this research study has been adapted from the Overseas Development Institutes (ODI) research and policy in International development (RAPID) approach (ODI, 2006 Court et al 2004).
The focus of this research is to assist in the building of long-term leadership adaptive capacity and resilience to project and policy development. With a focus on the leadership model for collective cultures, policy implementation, links to universal health coverage, human resources for health and importance of mentorship.

As part of the research, more than 300 stakeholders and program participants in 14 countries have been interviewed and surveyed.

**Results:** Initial findings show that 85% of the participants of the leadership model have had major career developments and assumed senior roles in nursing and midwifery. They have also implemented projects in their home countries in areas such as succession planning, professional development, regulation and refresher training. Another major finding is that these professions are now represented at global summits, influencing policy on a global, regional and national level. Nine nursing and midwifery officers from our small isolated region attended the 2018 WHO World Health Assembly.

**Conclusions:** For the largest professional health workforce – nurses – to influence policy at a global, regional and national level contextualised leadership skills can be taught.

**SHOULD NURSES SEEK A PLACE AT THE TABLE IN TRADE IN SERVICES NEGOTIATIONS?**

DIANNA KIDGELL MACN¹, ADJ. PROF DANNY HILLS MACN¹, PROF DEBRA GRIFFITHS¹, PROF RUTH ENDACOTT¹

¹Nursing and Midwifery, Monash University, Australia

The “Comprehensive and Progressive Agreement for Trans-Pacific Partnership (CPTPP)” (2018) came into effect on 30 December 2018. It is the most recent and ambitious example of a new generation of trade in goods and services agreement to be ratified outside the World Trade Organization. The agreement sets a new standard for scope of trade agreements and includes a number of non-trade provisions that have implications for governments and communities. The broad scope and untested nature of some provisions of trade in goods and services agreements have given rise to questions of potential unintended outcomes with implications for healthcare service delivery and the nursing profession.

This presentation will present and discuss the findings of a JBI scoping review of current literature related to implications of trade in goods and services agreements for health that identified seven issues of relevance to nursing.

1. lack of consultation with health service professionals in trade negotiations;
2. concerns that the strengthened copyright provisions will have adverse implications for cost of, and access to medicines and medical devices;
3. the potential threat to government capacity to regulate in the interest of public health;
4. the potential threat to domestic employment following waiver of labour market testing for contractual service suppliers' including nurses;
5. the potential uneven nature of the distribution of economic benefits and labour provisions with implications for worker health access, health equity and health outcomes;

6. positive outcomes for nursing education, professionalism and increased professional status; and

7. obstacles to regulatory coherence.

The nursing profession offers expert analysis and in-depth understanding of the healthcare system and as such have an important and evolving role, with other health experts, at the negotiating table of new generation trade in goods and services agreements. In summary, this presentation will discuss the provisions of current trade in goods and services agreements with potential implications for nursing and health service delivery.

HOW CAN WE FOSTER THE NEXT GENERATION OF NURSE RESEARCH LEADERS? MESSAGES FROM INTERNATIONAL ‘CENTRES OF EXCELLENCE’

PROF LIN PERRY MACN¹, MARGARET YATES FACN²
¹ UTS, Australia

Introduction: Nursing aspires to ensure best policies support best practice for patients. Research underpins policy and practice, so a thriving nursing research workforce is essential. Nursing is by far the largest healthcare profession yet its contribution to healthcare research and innovation is woefully under-developed.

This proposal aimed to learn from international ‘centres of nursing excellence’, identifying their policies and strategies which develop nursing cultures of research and innovation that foster excellence in patient care.

Methods: This was a qualitative enquiry. Seven globally renowned centres in the UK, Norway and the US were visited to interview nursing and other stakeholders to identify the strategies, structures and processes employed to deliver high quality nurse-led clinical research and cadres of research-active clinical nurse researchers. With appropriate consents, semi-structured interviews and focus groups were conducted with 48 staff members – clinical and academic managers, and service leads. Over 100 hours of conversations were audio-recorded and analysed using thematic analysis.

Findings: Research was embedded as core business, within a spectrum of expectation. In four sites, this was unquestioned: managers expected their staff to engage with research, as users or in research-generation; skills in research methods and appraisal figured at all levels, with secondments and funding supporting this. The remaining sites were at various points in achieving this. Key themes of characters (charismatic leaders, proactive supporters), relationships (between nurses and established research teams), resources (mostly funding and time) and culture (both as source and end product) emerged, cross cut with time (time to achieve this; time to support it). A virtuous circle emerged, where improved outcomes supported further activities.

Discussion: Findings indicate strategies for success and show that enthusiasm, energy and attention to research capacity development can benefit nurses as individuals, a workforce and profession, and achieve better outcomes for patients and organisations.
With thanks to the 2019 speed leaders

Kerry Bradley FACN  Kylie Hasse MACN
Dianna Burr FACN  Prof Amanda Henderson MACN
Sharon Downman FACN  Susan Hughes FACN
Adj Prof Alanna Geary FFACN  Kim Jackson MACN
Adj Prof Sue Hawes FACN  Adj Prof Ann Maree Keenan MACN
Prof Sabina Knight FACN  Marli Millas MACN
Joanne Mapes FACN  Prof Tracey Moroney MACN
Rona Pillay FACN  Christopher O’Donnell MACN
Leanne Schmidt FACN  Amanda Reilly MACN
Prof Di Twigg FACN  Ashlyn Sahay MACN
Dr Jo Wu FACN  Dr Wendy Smyth MACN
Samantha Gent MACN
Posters

POSTER PRESENTATION AND JUDGING
DAY 2 THURSDAY 22 AUGUST 2019 08:00 AM – 08:45 AM

Delegates to view posters and meet the authors. Authors to be available at their poster to answer any questions. Delegates to please cast your vote for the best poster on the Forum App.

TRAILBLAZERS – leading the way with new ideas that transform the health and aged care system

1. The power of new policy to support the wellbeing of nurses and midwives: Queensland nurses and midwives union wellbeing officer role
   Janet Baillie

2. Flow Logan hospital team has blazed a trail in transit care and discharge and hospital substitution management that is first of its breed
   Fiona Butler

3. Cognitive impairment in a tertiary hospital: prevalence and carer experience
   Margaret Cahill MACN

4. Trailblazer - A nurse practitioner story in general practice
   Mrs Kerrie Duggan

5. Direct care nurses improving the safety and quality of patient care informed by real time data
   Rebekah Edwards

6. A unique approach to role descriptions transforms recruitment
   Prof Robyn Fox FACN

7. Nurse well-being in the digital age
   Rebecca Jedwab MACN

8. Post-operative pain management review in hand surgical patients
   Kay Maddison

9. The power of nurses: Using digital health policy to transform health and aged care environments
   Adj. Prof Annette Marlow

10. What is the role of adult children in making decisions about the care and treatments of their parent/s in residential aged care facilities?
    Ainslie Monson

11. Introduction of an advanced practice nurse in an emergency department telehealth service in Western Australia
    Donna Rogers

12. Providing an emergency department telehealth service throughout Western Australia
    Ms Donna Rogers

13. Preventing in-hospital falls among the elderly and delirium prevention: a systematic review and meta-analysis
    Dr Kaye Rolls MACN

14. The pulling power of pepper: An exploratory study of a social humanoid robot in an acute health setting
    Dr Wendy Smyth MACN

15. Mentoring tomorrow’s leaders: If not now, when?
    Sally Sutherland-Fraser MACN

16. Initiatives for policy direction: RN leadership in residential aged care settings
    Dr Melissa Taylor MACN

17. From little things big things grow
    Annie Wells MACN, Anne Wallace MACN

UNIVERSAL HEALTH CARE – everyone gets the quality health care they need and deserve

18. Imminent Birth Education for Rural and Remote Nurses: Development and evaluation
    Jane Connell MACN

19. Reducing new acquisitions of vancomycin resistant enterococci (VRE) in a large tertiary level intensive care unit: Results of a quality improvement project
    Prachi Javalekar MACN

20. Improving referral processes and access to care for children with epidermolysis bullosa in NSW: implementing online resources using a rare disease management framework
    Rebecca Saad MACN

21. Reducing discharges against medical advice: A deadly nursing initiative
    Dr Wendy Smyth MACN

22. Parents’ experience of family centred care in the post anaesthetic care unit during non-clinical delays: a qualitative study
    Jessica Taranto MACN
THE POWER OF NEW POLICY TO SUPPORT THE WELLBEING OF NURSES AND MIDWIVES: QUEENSLAND NURSES AND MIDWIVES UNION WELLBEING OFFICER ROLE

JANET BAILLIE

Queensland Nurses and Midwives’ Union (QNMU), Australia

The resilience of nurses and midwives is tested if their conduct or practice is under investigation by management and/or by AHPRA, or they are required to provide evidence to a coronial inquiry. QNMU recognises the wellbeing of nurses and midwives can be adversely affected by these significant problems that arise in healthcare environments. Diminished confidence is commonly experienced. Therefore, the Union has created the new role of Wellbeing Officer to support members.

Strategies|Members needing wellbeing assistance are identified by lawyers and officials and referred to the Wellbeing Officer. The role is held by a nurse who listens, provides encouragement and builds upon the servicing, industrial and professional expertise available. The role strengthens QNMU’s commitment to transformational activism and community connection by supporting members, for example through involvement in Nurses and Midwives for Refugees and Asylum Seekers (NAMRAS) and a Health and the Environment Reference Group (HERG).

Outcomes|Anecdotal feedback and numerical data are positive. Well-established throughout 2018, approximately 240 nurses and midwives accessed wellbeing support. The Wellbeing Officer communicates with members by phone, email and face to face appointments. The Officer offers resources including mindfulness apps, websites, TED Talks and positive psychology books. Since the role was introduced, the QNMU wellbeing library was established.

Conclusions: Evidence to date indicates that appointing a Wellbeing Officer adds to the many ways in which QNUM supports members during difficulties. The Wellbeing Role facilitates QNMU core values of Caring, Advocacy, Holism and Professionalism. These principles underpin the purpose of QNUM to grow power, confidence and capacity to improve the industrial and professional interests and wellbeing of nurses and midwives and the health of our community.

FLOW LOGAN HOSPITAL TEAM HAS BLAZED A TRAIL IN TRANSIT CARE AND DISCHARGE AND HOSPITAL SUBSTITUTION MANAGEMENT THAT IS FIRST OF ITS BREED

FIONA BUTLER

“Seven years from Discharge Lounge to contemporary Modular Transit Care Hub success. Service delivery growth of 120% in the same environment has driven policy and practice that has delivered a unique nurse led service expansion that is first in breed in Queensland and more broadly Australia. Logan Hospital started with a Discharge Lounge in a small constrained site of 5 trolleys, with minimal service hours over five days and limited nursing care capability, providing only 5000 services annually. This nursing team gazed over the horizon 7 years ago and viewed what a policy and practice change, could deliver. They started to revision their service delivery and took the opportunity to advance nursing practice, taking the Discharge Lounge to a Transit Care Hub now delivering care to 16 streams of patients, achieving service growth that provides safely for 11,500 annual patient care services over extended hours 7 days per week. This visionary transformation has delivered the future in Transit Care Hub service delivery. Logan Transit Care Hub nursing team are trail blazers, delivering a first of its kind service that has inspired government to invest in a multi-million-dollar Transit Care Hub expansion. Logan Hospital will have an ultra-modern modular Hub consisting of 24 flexible bed pods and a range of extended services. This contemporary expansion increases patient access by 20%, supporting the organisation and our community until permanent buildings can be established in 2022. This Transit Care Hub will ensure timely cost-efficient access to quality health care for a rapidly expanding community in the growth corridor of South East Queensland.
COGNITIVE IMPAIRMENT IN A TERTIARY HOSPITAL: PREVALENCE AND CARER EXPERIENCE

MARGARET CAHILL MACN1, PRUE MCRAE1, ELISE TRELEAVEN1, KAREN LEE-STEERE1, SIMON FINNEGAN1, DR ALISON MUDGE1
1 Royal Brisbane & Women’s Hospital, Australia

Cognitive impairment (CI) is common in older hospital inpatients and associated with poorer outcomes. High quality care requires a partnership between patients, healthcare professionals and carers. Hospitalisation can be a stressful experience for people with CI and their carers. The aims of this study were to: 1) To identify the prevalence of CI in patients aged 65 and older; 2) Explore the carers’ experience of involvement in hospital care for patients identified with CI.

Methods: This observational study was conducted at Royal Brisbane and Women’s Hospital on March 14, 2018. A cross-sectional study of all ward inpatients (excluding intensive care, emergency department and mental health units) aged 65 years or older, was performed, using the 4As test, a validated measure of cognitive impairment. For definition purposes, a score ≥1 was noted as CI, with score ≥4 likely to be delirium. For patients identified with CI, a brief structured survey of carers, was undertaken in person or by telephone within 3 days of the audit date.

Results: 218 older patients in 21 wards were screened; 90 (41%) screened positive for CI, with 45 of these likely to be delirium. 52 (58%) carers completed the survey; most were spouse or child, and 41 (79%) identified as a main carer for the participant. Most carers (44/52, 85%) strongly agreed they felt welcomed on the ward and confident leaving their family member on the ward, and 35 (67%) definitely agreed that they were listened to by staff. Only 28 (54%) had been asked about a change in cognition and only 8 (15%) had received information on delirium prevention.

Conclusion: CI was prevalent across a broad range of acute and subacute wards. Understanding the carers’ experience will inform strategies to enhance their involvement in delirium prevention and management for their family member in partnership with clinical staff.

TRAILBLAZER – A NURSE PRACTITIONER STORY IN GENERAL PRACTICE

KERRIE DUGGAN1
1 Cygnet Family Practice, Australia

The nurse practitioner role and the unique opportunity of co-owning a general practice has enabled Kerrie Duggan the opportunity to initiate and establish a team-based, patient-centred, holistic health service. The service has a nursing focus with extensive collaboration and support from the local community. The practice started in May 2014 with 90 patients and 5 team members. There are now over 2,100 patients and 14 team members. The practice’s mission is “kind, holistic health care with a community spirit”. Our philosophy is to support and empower the patients to make choices to promote self-care. Collaboration with the patients, team members and the local community has been the key for the growth of the service and satisfaction of all involved. Selection of the right team members, whose personal philosophy aligned with the practice’s, ensured that patients would be treated with kindness. A Patient Advisory Group provides feedback to improve our services. The practice was successful in applying for a grant to re-establish a local senior citizens’ group. The nurse practitioner ‘Health Check’ for new patients ensures a systematic and comprehensive approach to identify gaps in care, and identify and manage early, risk factors for chronic disease development. Patient response to this initiative has been “Why doesn’t every general practice offer this service??” Finding general and nurse practitioners who want to work in Cygnet has been a challenge. Cygnet’s population is growing and we are needing more space. Rather than focusing on the challenges, Kerrie likes to look for the opportunity. Kerrie has plans for a practice supported community garden, shared medical appointments to support quit smoking, and a menopause clinic. Kerrie is most proud of the number of people who are now able to access a unique, quality health care service within their local community and feel kindness when most vulnerable.
Posters

TRAILBLAZERS STREAM

DIRECT CARE NURSES IMPROVING THE SAFETY AND QUALITY OF PATIENT CARE INFORMED BY REAL TIME DATA

REBEKAH EDWARDS¹
¹Gold Coast Health, Australia

Background: Releasing Time to Care (RTtC) is an evidence-based continuous improvement program led by frontline nurses. The program aims to improve systems and processes allowing nursing teams to spend more time directly caring for their patients thereby improving the reliability, efficiency, patient safety, staff well-being and the patient experience. Six inpatient units (IPU’s) at Gold Coast Health are participating in a pilot program.

Methods: Nursing teams participated in start-up workshops facilitated by the RTtC Program Coordinator, to understand issues relating to nursing workflow and processes. A frustrations exercise helped to identify other areas requiring improvement. Activity follows were undertaken to further identify inefficiencies with workflow and to determine how much time nurses spent providing direct care to their patients. Visual Management boards were created in high traffic areas to introduce measurement systems that were timely, accurate and most importantly, useful to staff. Each IPU selected the data that was relevant to assist improving their practice and baseline data was collected. Weekly team huddles around the board enabled nurses to track how well their unit was performing and make decisions on areas for improvement. The high visibility of the real-time data assists nurses to be informed and consistently work at improving patient care delivery.

Results: Baseline activity follows identified that nurses were spending 29-42% of their shift providing direct patient care across the 6 participating IPU’s, our aim is to increase that by 25%. Nurses at all levels are engaging with performance and improvement daily with early results showing a positive impact on improving patient care delivery.

Conclusion: Even though it is early days in the program of work, the results speak for themselves. Nurses are engaged and focused on improving their practice and patient safety.

A UNIQUE APPROACH TO ROLE DESCRIPTIONS TRANSFORMS RECRUITMENT

PROF ROBYN FOX FACN¹, CHRISTINE BURRIDGE¹
¹Metro North Hospital and Health Service, Australia

Following Award generic level statement changes and Enterprise Bargaining requirements Nursing and Midwifery (NM) within one of Australia’s largest Hospital and Health Service employing over 8000 NM staff undertook a snapshot review of NM role descriptions. Findings indicated significant variance in: clarity of purpose; use of the current version of the HHS generic template; classification alignment to award; mandatory requirement inclusion and development standard. NM worked collectively to address variances and introduce distinctive improvements. This occurred in consultation with HHS Recruitment, Human Resources and Values in Action Units who embraced the proposal as innovative and a benchmark for other interprofessional cohorts. Using reflection in action a small group worked with various NM committees, industrial colleagues and acknowledged HHS RD development ‘experts’ to create suites of RD Samples for every NM classification. The intention was to streamline development requirements, devise supporting resources to minimise RD disparity, reduce previously expressed developer frustrations, and implement supportive peer review processes. Deliverables included: suites of NM RD samples; Fact Sheet guide for developers; Business Rules providing clear processes for: development, review; management, and progression to endorsement; through peer RD intent checking; and HHS Panel of Review endorsement as per state policy. The initiative has been acknowledged an unqualified success across the HHS with NM actively engaging and providing feedback that the samples and resources have provided an effective library; reduced duplication of...
effort; enhanced RD development confidence; reduced variation in standards across classifications; and has encouraged heightened professional interaction. To this effect additional work is now occurring to develop a suite of behavioural questions specifically for NM recruitment. Moreover, other interprofessional cohorts across the HHS are being encouraged to undertake a similar approach to RD development and supporting resources.

NURSE WELL-BEING IN THE DIGITAL AGE

REBECCA JEDWAB MACN, PROF ALISON HUTCHINSON, PRO ELIZABETH MANIAS, ADJ. PROF BERNICE REDLEY

Introduction/Purpose: Nurses’ well-being has a direct impact on patient safety and quality of nursing care. Whilst the introduction of technology into health care environments is proposed to assist nursing work by streamlining processes, providing a single source of information, and reducing clinical risks; the reports of negative impacts on worker well-being are also increasing in the literature. Understanding the impact of implementing new technology into acute hospital environments and how they affect nurses’ well-being is crucial to their implementation success and evaluation, but has not yet been done. The purpose of this paper is to present a conceptual model to explore possible relationships between an electronic medical record (EMR) system implementation and nurse well-being.

Methods: A systematic synthesis was used to define, describe and operationalise key concepts linking the implementation of an EMR system to nurse well-being, including examination of work satisfaction, burnout, happiness, competence and engagement.

Results: This synthesis links existing theories to develop a conceptual model to explore and map the multiple components and complex interactions between nurse well-being and technology in health care. The results of this review will inform a study to examine and explore the relationships between nurse well-being and the implementation of an EMR system to fill this gap in the literature.

Conclusion: Nurse well-being is multi-factorial and complex, and the implementation of an EMR system on nurses’ well-being needs to be examined in the Australian context to fill this gap in the literature. This review would provide the foundation for future work including measuring and testing these models.

POST-OPERATIVE PAIN MANAGEMENT REVIEW IN HAND SURGICAL PATIENTS

KAY MADDISON

Pain has the most bearing on functional outcomes following hand trauma. Existing studies highlight the link between pain and Post Traumatic Stress Disorder and depression (Ladds, et al, 2017; Richards et al, 2011), especially when pain management is sub-optimal. Pain management for Hand surgery in-patients is traditionally governed by the Hand Surgery Junior Medical Officers (JMOs), who work three-monthly rotations and, anecdotally, are inclined to prescribe ‘personally preferred’ analgesia regimes, not always in line with best practice. Two significant clinical incidents at Sydney Hospital and Sydney Eye Hospital or at this site were the impetus to change regular prescriptions of oral analgesia practices, and improve compassionate care regarding pain relief. Consultation with the specialist Hand Nursing staff reported inadequate prescribing of analgesia for post-operative patients, especially when brachial blocks wear off. A multidisciplinary working party of invested nursing and medical staff was formed to develop, educate and promote an appropriate pain protocol for hand surgical post-operative patients. An audit of 58 patient medical records of post hand surgery admissions, provided baseline data and evidence for recommendations. Research was undertaken to determine analgesic recommendations that were evidence-based. It was determined the administration of regular administration of Paracetamol would be the most effective management of pain in post-operative hand patients. Post implementation, a further audit of 73 patient medical records was conducted and results demonstrated a 32% increase in regular Paracetamol being prescribed and a decrease in the amount of PRN analgesia being required and administered. During the pre-implementation of the
Posters

TRAILBLAZERS STREAM

initiative, discharge medications did not include Paracetamol. Post implementation demonstrated 63% of patients who received discharge analgesia received Paracetamol. This data also reflected the outcome of consultations with nursing staff, who indicated they were experiencing a significant improvement in patient pain management.

THE POWER OF NURSES: USING DIGITAL HEALTH POLICY TO TRANSFORM HEALTH AND AGED CARE ENVIRONMENTS

DR CAREY MATHER¹, ADJ. PROF ANNETTE MARLOW¹

¹University of Tasmania, Hobart, Australia

A mobile technology paradox exists in Australian health and aged care environments. Currently, there are risks, challenges and barriers to accessing information at point of care, although it is increasingly acknowledged that using mobile technologies can enhance care, reduce medication error and improve health outcomes. The release of the Australian Digital Health Agency National Digital Health Strategy provides nurses with opportunities to lead the transformation of access and use of mobile technology at the bedside. Nurse supervisors and students are at the frontline in empowering consumers to participate in their own care. Improving digital literacy by 2022 to support consumers of health, has been enabled through priority 6 of the Strategy by delivery of: “a workforce confidently using digital health technologies to deliver health and care”. Implementation will occur through access to resources to support confident and efficient use of digital services; training in digital technologies; a comprehensive set of clinical resources outlining evidence for how, when and where digital health should be used in every day clinical practice; and, a network of clinical information champions to drive cultural change and awareness within healthcare settings. Release of the Australian College of Nursing and Nursing Informatics Association Nursing Informatics Position Statement provides further support to ensure nurses are pivotal in leadership for planning, implementation and use of health technologies and informatics. As digital technology becomes ubiquitous in health service delivery, there is an increasing need for consumers to develop self-management skills, including seeking and retrieving information, and constructing digital health knowledge using digital media. Nurses need to grasp this opportunity to lead the implementation of digital technology in health and aged care environments for the benefit of consumers. Advocating for digital technology use at point-of-care has the potential to transform nursing practice and contribute to delivery of contemporary 21st Century healthcare.

WHAT IS THE ROLE OF ADULT CHILDREN IN MAKING DECISIONS ABOUT THE CARE AND TREATMENTS OF THEIR PARENT/S IN RESIDENTIAL AGED CARE FACILITIES?

AINSLIE MONSON, ADJ. PROF JOYCE HENDRICKS, DR DEB SUNDIN

Background: Currently, in Australia family members are speaking out about the care provided by to the elderly in Residential Aged Care Facilities (RACF). It has been suggested staff at the forefront of the delivery of care do not have effective communication skills, and lack the skill or education to assist in/or make appropriate health care decisions (Fedele, 2018). These limitations may potentially impact the consideration and/ or inclusion of all relevant parties in health care decisions for patients in RACFs. Failure to include adult children in decision making may significantly impact the quality of care and care outcomes of elderly person.

Aim: The aim of this paper is to evaluate the existing knowledge of the adult children’s role in shared decision making about their parents nursing care in RACFS.

Method: The review was conducted using the 12step structured framework by Kable, Pitch and Masline-Prothero, (2012) limited to the years 1980–2018). From 595 retrieved research papers, seven met the inclusion criteria for review. The quality of each paper was assessed according to the criterion based on Mixed Method Assessment Tool [MMAT] (Pluye et al., 2011).
Results: Not one of the seven papers discussed shared decision making with the adult children of elderly people. Themes from the review identified: communication is the core category that supports shared decision making; non-productive communication exists between families and staff in RACFs; that constructive relationships between staff and families encourage discussions about the family members care; that registered nurse (RN) are linked to the quality of care and shared decision making in RACFs.

Discussion/Conclusion: Communication to encourage shared decision making between adult children and RN is necessary for quality of care in RACF. The lack of literature on shared decision making experiences of adult children and their parents provides an opportunity for further research.

INTRODUCTION OF AN ADVANCED PRACTICE NURSE IN AN EMERGENCY DEPARTMENT TELEHEALTH SERVICE IN WESTERN AUSTRALIA
DONNA ROGERS

Introduction of an Advanced Practice Nurse in an Emergency Department Telehealth Service in Western Australia Emergency Telehealth Service Donna Rogers
The Emergency Telehealth Service (ETS) provides a 24/7 emergency medicine service to 80 rural and remote Western Australian Country Health Service (WACHS) sites throughout Western Australia (WA). The service provides emergency department telemedicine using high definition video-conferencing equipment and emergency medicine specialists, general practitioners, nurse practitioners and emergency nurse coordinators. The service supports country front-line clinicians in maintaining high quality patient care in rural and remote settings. It supports the regions by coordinating services throughout the state, providing specialist advice and transport coordination through ‘WACHS link’ sites and metropolitan health services. ETS was introduced in WA in 2012 and the growth of the service has been exponential with over 82 000 presentations since inception. Its expansion is continuing with new services available for provision in the near future. To enable the service to continue to evolve an advanced practice nurse (Clinical Nurse Consultant) is being introduced to the service. The key features of this advanced practice nurse are clinical leadership (in emergency and inpatient settings), service and staff management, quality and research innovation and; due to the nature of the position within the field of telemedicine, the added duties as a leader in the area of health informatics and technologies. The advanced practice nurse is required to be an active contributor to the ongoing advancement of these technologies and the use of analytics within the service. This presentation will discuss the creation of an advanced practice nurse role and its implementation in a rapidly growing health care setting. The introduction of such a unique role requires innovative strategies to ensure that staffs recruited to the role have the necessary balance of skills to do the job and achieve job satisfaction.

PROVIDING AN EMERGENCY DEPARTMENT TELEHEALTH SERVICE THROUGHOUT WESTERN AUSTRALIA
DONNA ROGERS

1 Emergency Telehealth Service, WA Country Health Service, Australia

The Emergency Telehealth Service (ETS) provides a 24/7 emergency medicine service of emergency medicine specialists, nurse practitioners and emergency nurse coordinators across 80 rural and remote Western Australian Country Health Service (WACHS) sites throughout Western Australia (WA) via high definition video-conferencing equipment. The service continues to support country front-line clinicians in 24/7 patient care and coordination. The aim of the ETS is to improve access to emergency medicine services for rural and remote patients. The ETS model presents the opportunity to provide quality, accessible emergency medicine to country patients. This supports WACHS clinicians to deliver effective and efficient management and treatment of ED patients improving the access and outcomes.
The ETS nurse coordinator manages a waiting room of patients from throughout the state and uses advanced communication skills and expert ICT capabilities to assist in the coordinated care for all patients referred to the service. One of the key functions of the ETS nurse coordinator is to demonstrate an advanced knowledge of emergency department nursing. When this function is performed via other modalities in the emergency telehealth service the ETS nurse coordinator is required to also demonstrate advanced, innovative methods of communication to lead, manage and support both the site as well as he ETS team of emergency medicine specialists, general practitioners and nurse practitioners. The use of innovative ICT within the ETS to effectively communicate between remote ‘teams’ has enabled the ETS to be successful and ongoing enhancements to current ICT tools will continue to benefit the service. This presentation will discuss some of the tools used and how they have enhanced the service.

PREVENTING IN-HOSPITAL FALLS AMONG THE ELDERLY AND DELIRIUM PREVENTION: A SYSTEMATIC REVIEW AND META-ANALYSIS

DR KAYE ROLLS MACN¹, DR STEVE FROST¹
¹ South Western Sydney Local Health District Centre for Applied Nursing Research, Australia

Background: Hospitalised elders are at high risk of both falls and delirium with serious short- and long-term consequences. While prevention programs are high among safety agendas, at present strong evidence for the benefit of interventions focusing on falls in isolation have not been demonstrated however an in-hospital delirium prevention program may have a synergistic effect. The aim of this systematic review and meta-analysis was to evaluate if delirium prevention programs reduced the risk of falls in hospitalised elders.

Methods: A systematic review and a meta-analysis of published literature assessing the effectiveness of hospital-based delirium prevention program, that reported falls as a primary or secondary outcome. Trial sequential analysis was also used to assess the cumulative evidence supporting the benefits of a delirium prevention and reduce risk of falls. A systematic literature search of medical literature databases including MEDLINE, EMBASE and Cochrane Library published up until January 2019 was undertaken. Keywords searches included a combination of: “fall” and “delirium” Two authors undertook the culling and quality assessment of papers.

Results: Of the 125 potential papers identified only five papers, two randomised control and three non-randomised trials, were included in the meta-analysis. Overall, among studies investigating the effectiveness of a delirium prevention program, the risk of falls was approximately half (RE RR = 0.51, 95% CI 0.35, 0.74). Trial sequential analysis indicates that superiority of a delirium prevention program to reduce the risk of in-hospital falls may have already been demonstrated.

Conclusion: This meta-analysis has been able to show that a program of delirium prevention may almost half the risk of falls among the elderly in the hospital setting. This suggests that falls and delirium prevention programs should be combined to ensure the safety of the elderly admitted to hospital and reduce the burden of falls in the hospital setting.

THE PULLING POWER OF PEPPER: AN EXPLORATORY STUDY OF A SOCIAL HUMANOID ROBOT IN AN ACUTE HEALTH SETTING

DR WENDY SMYTH MACN¹, CHRISTINE MCINTOSH MACN¹, ANNE ELVIN¹, PROF MELANIE BIRKS FACN¹, PROF CATE NAGLE¹
¹ Townsville Hospital, Australia

Introduction: Technology, increasingly evident in health care delivery, needs to enhance the roles of healthcare providers while meeting patients’ needs. This study is the first to be conducted in an Australian hospital setting that used a robot as an information provider.
Methods: An exploratory descriptive design was used to evaluate the acceptability and usability of a robot in the clinical setting. Interactions of patients, visitors and healthcare staff with a robot were observed over a one-month period; participants were also invited to complete a questionnaire about their attitudes to robots in healthcare. The social robot, positioned in an Emergency Short Stay Unit, was programmed to provide basic information about the hospital, patients’ rights, and health information.

Results: Eighty-six patients, 78 visitors, and 350 staff were observed. Non-verbal behaviours were generally positive and diverse. The most frequent response across all participant categories was ‘smiling’. Gender was sometimes assigned to the robot, along with other human-like attributes. Negative comments about the robot included ‘freaks me out’, ‘creepy’, ‘too weird for me’. There were far fewer negative comments compared to the positive comments such as “awesome”, “unreal”, “amazing”, “it’s a great idea”. The responses to the Social Attributes Scale component of the questionnaire completed by 96 participants were all positive. No-one associated ‘dangerous’ or ‘aggressive’ with this technology. ‘Interactive’, ‘happy’, ‘responsive’ and ‘knowledgeable’ were all associated with a robot.

Conclusion: This study found that a social humanoid robot with a concierge role was well received in a busy acute hospital unit, eliciting positive emotions while providing hospital and health information that is accessible and reliable. The survey data reinforced the potential roles that such robots could play in the acute hospital setting, including improved efficiency and support to the role of hospital staff.

MENTORING TOMORROW’S LEADERS: IF NOT NOW, WHEN?

SALLY SUTHERLAND-FRASER MACN1, NATASHA MAMEA2, NERRIE RADDIE2, BULOU DIGO3
1 Health Education & Learning Partnerships, Sydney, Australia
2 National Referral Hospital, Honiara, Solomon Islands
3 Lautoka Hospital, Lautoka, Fiji

This poster outlines a mentoring program developed for nurses in Pacific Island Countries (PICs). From its beginning in 2017 with nurse mentees in three PICs (Suva Fiji, Kiribati and Vanuatu), the program expanded out to three more Pacific locations in 2018. Using this “snowball” approach, two nurses from the original countries and one nurse from Samoa took their emerging leadership skills and confidence to participate in a co-mentoring program with their nurse colleagues in Tonga, the Solomon Islands and Lautoka Fiji.

In 2019, these nurses continue to strengthen their leadership skills with formal establishment of a Pacific association for perioperative nurses. This mentoring program has not only identified trailblazers in nursing now, it is also fostering tomorrow’s nursing leaders in the Pacific.

This poster will depict:
- The genesis and rationale of the program
- The aims, objectives and key features of the program

Using photos and vignettes from participant evaluations, this poster will highlight the early wins and outcomes of the mentoring program including:
- Improvements in compliance with nursing standards and delivery of patient care
- Transformation of individuals by developing their capacity to improve practice and initiate change
- Flourishing of leadership capabilities.
INITIATIVES FOR POLICY DIRECTION: RN LEADERSHIP IN RESIDENTIAL AGED CARE SETTINGS

DR MELISSA TAYLOR MACN, DR CLINT MOLONEY, DR CHERYL PERRIN

Introduction: Policy initiatives are required to enable the voice of the registered nurse to be heard and to enable the required clinical leadership in residential aged care practice to occur. The registered nurse (RN) position in the residential aged care setting is multifaceted and yet not well understood from a governance perspective.

Methods: This research is grounded in interpretive phenomenology. Interviews were conducted with staff from registered and enrolled nurses and unregulated health care workers from across two states in Australia in four aged care settings.

Results: The study heard the voice of the staff in the identification of the RN leadership role. The results identified a fine balance between leading, following and the silent observer available and willing to intervene or converse at the right time. Two themes emerged including an understanding and the application of leadership in RN practice. The leadership requires RNs who have the capacity to know, to learn, to understand and to motivate and engage a team in care delivery. Leadership was seen as a presence, a being, an understanding and enactment.

Discussion: The realization of the understanding and application of RN leadership is important to health workforce policy. The leadership implications for RNs to have a voice, an understanding and an ability to practically apply leadership involves a process of education, policy direction and enablers in practice. This presentation shares the voice of the RN and strategizes workforce direction and policy initiatives for practice.

FROM LITTLE THINGS BIG THINGS GROW

ANNIE WELLS MACN¹, KERRY CLEAVER¹, ANNE WALLACE MACN¹

¹Department of Health Tasmania, Australia

A fantastic opportunity presented itself for nurses to be on the front foot and lead changes to practice. It was an opportunity for nurses to take new information released at the national level and make a difference to practice in Tasmania. Nurses and Midwives are often in the position to use their clinical expertise and knowledge and to make changes to practice that benefit the whole profession. The opportunity to make changes to practice is often driven by the need to incorporate new knowledge, improve processes and procedures, or to just shake off the old ways of doing things and look to the future with a view to making the clinical context of practice more contemporary and to simplify and streamline procedures. Recently, the Australian Government released the National Immunisation Education Framework for Health Professionals (the Framework) which provides a consistent approach for immunisation education programs throughout the country. The Office of the Chief Nurse and Midwife and the Tasmanian Infection Prevention and Control Unit joined together to create a contemporary tool for all immunisers in Tasmania. The result was the development of Practice Standards for Immunisers in Tasmania which incorporates the new national Framework and creates the opportunity to work further with the Department of Public Health to collaborate on processes that support immunisation practice. The practice standards are a new tool which will support all immunisers to establish the expectations for immunisation practice and to ensure that these are well understood by health professionals and the consumer. Once the Practice Standards are introduced to Tasmanian immunisers, the next step will be to take the lead and introduce them to the rest of Australia.
**UNIVERSAL HEALTH CARE STREAM**

**IMMINENT BIRTH EDUCATION FOR RURAL AND REMOTE NURSES: DEVELOPMENT AND EVALUATION**

DR JENNY KELLY MACN¹, JANE CONNELL MACN¹  
¹Queensland Health, Australia

**Introduction:** The closure of many rural and remote maternity units in Queensland created a need to support clinicians who worked in facilities without a dedicated maternity service so that women presenting when birth was imminent were cared for safely. Integral to the provision of safe quality care is the need for accessible evidence-based education that provide clinical staff with opportunities to develop their knowledge and skills. This presentation will outline the development, implementation and evaluation of the Imminent Birth Education Program funded by Queensland Health. The Imminent Birth Education Program is a blended, evidence-based educational intervention that provides non-midwives in rural and remote facilities with basic knowledge and skills to assist women who present when birth is imminent. The program comprises an online component of four, self-paced modules followed by a 3.6-hour face-to-face workshop facilitated by a midwifery educator. The program commenced in 2016 and 639 health professionals from all Queensland hospital and health services completed the online course and 54 health professionals were trained to facilitate a face-to-face workshop in their own rural or remote health service.

**Conclusion:** The widespread uptake of the Imminent Birth Education Program has provided evidence of the accessibility and need for this education. The education program has resulted in improved knowledge and skills of the participants. It has increased confidence about providing clinical care to women who present at non-birthing facilities when birth is imminent to respond and refer with care that is safe, within their scope of practice and grounded in evidence.

**REDUCING NEW ACQUISITIONS OF VANCOMYCIN RESISTANT ENTEROCOCCI (VRE) IN A LARGE TERTIARY LEVEL INTENSIVE CARE UNIT: RESULTS OF A QUALITY IMPROVEMENT PROJECT**

PRACHI JAVALEKAR MACN¹  
¹Western Sydney Local Health District, Australia

**Background:** Multi-resistant organisms (MRO) such as vancomycin resistant enterococci (VRE), pose significant threats, particularly to vulnerable patients cared for in critical care. New acquisitions of MRO colonisation are associated with increased risk of bacteremia, increased mortality, extended length of stay along with substantial financial burden to already resource strained health care facilities due to the requirement of isolation and dedicated equipment and consumables. Despite implementation of various infection prevention and control (IPC) strategies to contain the spread of VRE, new acquisitions were rising steadily amongst the patient population admitted to general intensive care unit (ICU)

**Objective:** To decrease new acquisitions of VRE to a minimum rate of 10 per 1000 patient bed days in the general ICU over a period of 6 months, during 2017-18.

**Method:** A nurse-led, multidisciplinary, multi-stakeholder project group identified variations in after-hours terminal-cleaning process of ICU rooms and standardised same by clear delineation of responsibilities. We also established and implemented a pragmatic process using existing bed cleaning application for booking bathrooms for terminal-cleaning. These measures were combined with succinct educational in-services in small groups by the project lead to raise awareness regarding the project and its interventions amongst clinicians. A chart audit combined with action log by cleaning department staff was used to assess the effectiveness of the intervention.

**Results:** The ICU achieved 12-month lowest prevalence of new acquisitions of VRE colonisation in 6 months with rate of 6.28 per 1000 patient bed days.
Conclusion: Through an evidence informed approach, we explored existing infection control and cleaning practices and innovative, pragmatic solutions tailored to the department specific needs were implemented following clinical practice improvement methodology. Our results demonstrate that nurses can play a critical role in facilitating interdepartmental collaboration to refine processes and reinvigorating ICP strategies across the spectrum which resulted in reduced prevalence of new colonisation of VRE.

IMPROVING REFERRAL PROCESSES AND ACCESS TO CARE FOR CHILDREN WITH EPIDERMOLYSIS BULLOSA IN NSW: IMPLEMENTING ONLINE RESOURCES USING A RARE DISEASE MANAGEMENT FRAMEWORK

REBECCA SAAD MACN

People with rare diseases face significant challenges accessing specialised care. Epidermolysis Bullosa (EB) is a rare genetic skin condition that causes skin blistering, shearing or degloving wounds resulting from friction. Subtypes of EB vary in severity and prognosis, however all forms of EB place a newborn baby at risk due to significant pressure and monitoring during the birthing process. Newborn EB care requires specialised knowledge and regular care from a multidisciplinary care team. Early referral and access to evidenced based care ensures that any new patients with an EB diagnosis are managed and treated appropriately.

This presentation outlines an innovative model to increase access to appropriate resources. The Sydney Children’s Hospitals Network (SCH Randwick), is the sole tertiary care centre for newborn EB referrals in New South Wales (NSW) and the Australian Capital Territory (ACT). Utilising strategies from the Western Australia & European rare disease framework, a state-wide education and awareness campaign was delivered by the SCH Clinical Nurse Consultant to key stakeholders across NSW and the ACT. In 2018, online educational tools, referral flowcharts and procedure photobooks were made available on the hospital website. Phone referrals were directed to an online search to immediately access resources to stabilise a newborn, attend to preventative EB dressings and organise transfer to SCH. Four recent births have demonstrated how these resources speed up transfer rate, decrease severity and prevalence of new wounds from monitoring and transport, and improve wound healing from birth trauma with appropriate wound care. The SCH EB resources are in use across NSW, ACT and Queensland, increasing the awareness of EB and decreasing time from referral to specialised care. The development and implementation of online referral flowcharts and procedure photobooks have streamlined the referral pathway from local provider to tertiary care and improved access to appropriate care for people living with EB.

REDUCING DISCHARGES AGAINST MEDICAL ADVICE: A DEADLY NURSING INITIATIVE

DR WENDY SMYTH MACN1, MNORMA LANE1, PROF CATE NAGLE1
1 Townsville Hospital, Australia

Introduction: In Queensland, discharge against medical advice (DAMA) is an indicator for monitoring progress toward the Closing the Gap policy. Aboriginal and/or Torres Strait Islanders are 3.5 times more likely to DAMA than non-Indigenous patients. This presentation will use case studies to explain the initiatives undertaken by a North Queensland Health Service to address this significant issue and develop towards an organisational culture of culturally-safe care.

Innovation: In 2017, a model of care was established which included a dedicated Clinical Nurse Consultant (CNC) – Indigenous Health position, whose responsibilities include: Connecting with Indigenous patients identified as being at risk of DAMA; Providing leadership and mentorship to nurses and midwives; Role-modeling and educating nurses, midwives and students on understanding cultural needs in relation to the patient’s journey through the healthcare system; Engaging with Indigenous Liaison Officers and community stakeholders; and Developing the workforce’s cultural capabilities.
UNIVERSAL HEALTH CARE STREAM

Results: This model has achieved a decreasing trend in DAMA from 3.67% in January 2017 to 1.46% in September 2018. An essential component of the model is the CNC’s face-to-face interaction with patients, family and health professionals. The underpinning philosophy of the model is ““person first, business second”. For Indigenous peoples it is important to establish an understanding of family and of country in order to build trust and credibility. The focus needs to be on listening to the person’s story, and getting to the real issues that are prompting the person to DAMA.

Conclusion: Many Indigenous patients have complex concerns, and the CNC’s skills and knowledge are invaluable to preventing DAMA. Sustained Indigenous nursing leadership is needed to continue success with DAMA. It is essential to maintain efforts and allocate resources to work with Indigenous patients towards the ultimate goal for care always being culturally safe, so that everyone feels comfortable in hospital.

PARENTS’ EXPERIENCE OF FAMILY-CENTRED CARE IN THE POST ANAESTHETIC CARE UNIT DURING NON-CLINICAL DELAYS: A QUALITATIVE STUDY

JESSICA TARANTO MACN, REBECCA THORNTON, SALLY LIMA MACN, BERNICE REDLEY

Aims: To explore parents’ experience of family-centred care during delayed transfer from a paediatric post-anaesthetic care unit PACU to inpatient ward.

Background: Timely transitions of care are often used as quality indicators of healthcare delivery. Parents’ experience of family-centred care when transfer of their child’s care from the PACU to inpatient wards has been delayed, is yet to be examined.

Design: Qualitative exploratory descriptive design.

Methods: Data were collected through in-depth interviews with 15 parents accompanying 10 children who were delayed in a paediatric PACU for longer than 30 minutes between meeting discharge criteria and transfer to a ward, in a tertiary children’s hospital in Melbourne, Australia, between May and October 2017. A family-centred care framework guided qualitative thematic analysis.

Results: Respect and dignity was the element of the family-centred care framework most commonly identified by participants, expressed in three subthemes: 1) the caring behaviour of staff; 2) being present with their child; and 3) a journey shared with other families. Information sharing was also commonly described by participants, illustrated through two subthemes: 1) being told information; and 2) being heard. Participation, the third element of the family-centred care framework, was infrequently identified by participants in this study. The final concept within the family-centred care framework, collaboration, was not identified in the study data.

Conclusion: Two elements of the family-centred care framework were evident in parents’ stories of delayed transfer from PACU: respect and dignity and information sharing. ‘Being with’ their child emerged as a central concern for parents, and was important in parents’ perception of family-centred care. Opportunities for practice improvement and future research include supporting family participation and collaboration in care delivered in the PACU during non-clinical delays.

Key words: nursing; family-centred care; patient-centred care; PACU; post anaesthetic care unit; post anesthetic care unit; recovery room; paediatrics; paediatrics.
What is known?

- Parental participation in the PACU is key to promote family-centred care for children.
- Delayed transfer of a child’s care from post anaesthetic care units to inpatient wards often occurs for non-clinical reasons such as ward bed unavailability and transport delays.
- Little is known about how a prolonged stay in the PACU impacts parents’ experience of FCC.

What are the key findings?

- ‘Being with’ their child was a central concern for parents when their child was delayed in the PACU.
- Participation and collaboration were infrequently identified by parents in their experience of non-clinical delay in the PACU.
- Parents felt supported by the caring behaviours of nursing staff during their non-clinical delay.

How should the findings be used to influence policy/practice/education?

- Family-centred care should form the basis of care for parents during their child’s non-clinical delay in the PACU, with nurses engaging in respectful and caring behaviours, sharing information in a timely manner, and enabling parents’ participation in their child’s care.
- Further research is needed to establish how the family-centred care concept of collaboration can be promoted during paediatric PACU delays.
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