HYBRID EVENT

Australian College of Nursing

THE NATIONAL NURSING FORUM

Nursing Leadership Unmasked

17-19 AUGUST 2022
Darwin Convention Centre

PROGRAM

Australian College of Nursing

10 YEARS ANNIVERSARY

acn.edu.au/nnf

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Contents

Supporting nurses to deliver quality home-based palliative care

***caring@home* and its extension, *caring@home* for Aboriginal and Torres Strait Islander Families are National Palliative Care Projects, funded by the Australian Government Department of Health.**

These projects aim to improve the quality of palliative care service delivery for all Australians. Resources have been developed for health professionals to support carers and families to help manage symptoms, including safely giving subcutaneous medicines, for a person who chooses to be cared for at home.

Resources for carers/families

- Standard *caring@home* resources
- Tailored resources for Aboriginal and Torres Strait Islander families
- Translated resources for nine culturally and linguistically diverse communities.

Resources for health professionals

- Online education modules for health professionals
- A consensus-based list of medicines suitable for the management of terminal symptoms
- palliMEDS app and *caring@home* app.

Resources for clinical services

- *Guidelines for the handling of palliative care medicines in community services*
- Example policy and procedures to support implementation.

The free resources are applicable in all jurisdictions across Australia and have been widely taken up across all states and territories by specialist and generalist services.

For more information: www.caringathomeproject.com.au

The featured artworks are the category winners from the caring@home Indigenous Art Competition.* **Lee Hall: Life's Journey. **Ashleigh Elle:** Strength and Positivity. **BPM:** We are waiting. **J Hookey:** Ascension. **Latishamarie Francis:** Connection. **Jillian Jacob:** Coming together.

Version #1
Jul 2022

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Welcome from the ACN President

Welcome to the 2022 National Nursing Forum.

While it is always a pleasure to come together with colleagues for ACN's signature annual leadership and educational event, the National Nursing Forum, it is more of a pleasure this year as we can meet in person while also offering a virtual experience.

In 2022, the National Nursing Forum theme is Nursing Leadership Unmasked. 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.

The Forum brings together Fellows, Members, nurses, students, industry leaders and distinguished guests, and provides us with a unique setting in which to engage with colleagues from all over the country. At the frontline of care delivery and as advocates for our patients and residents, the nursing voice should and must be heard in policy discussions now and into the future. Over the course of this three-day event, oral and poster presentations will examine how we can be a powerful force for system change through four different lenses: Cultural Change, Innovation, Quality and Safety and Workforce.

As always, the Forum provides a platform for the Australian nursing community to connect and network with peers, share our professional expertise, discuss changes to clinical practice, and examine how we can collectively drive policy and practice changes within the health and aged care systems. Our program features a number of keynote speakers and concurrent sessions delivered by nurses with expertise across the nursing, health and aged care industries who will use their experiences to address key issues, challenges and priorities facing our workforce.

Once again, we will be running our very popular Speed Leaders session, where delegates can meet several influential nursing leaders who have 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 and meet people you may not have met otherwise!

Thank you for joining us in Darwin 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. Considering the leadership the nursing profession has shown through natural disasters and the pandemic, now is the time to exercise our power as leaders in health and aged care policy reform.

Emeritus Professor Christine Duffield FACN
ACN President

Welcome from the ACN CEO

Welcome to the 2022 National Nursing Forum!

The Australian College of Nursing (ACN) is proud to be able to bring the profession together during a time of incredible challenges for us all. The COVID-19 pandemic has seen us have to find new ways of working, whether it be on the frontlines directly supporting patients, residents, and the community, helping to support changes in the operations of facilities and communities, or advocating for policy changes to support Australia through this testing time.

ACN is proud to raise the status and profile of nursing through this year's theme, Nursing Leadership Unmasked. The days ahead will bring together stories of how we continue to be advocates for our profession and the people we serve, no matter what roles we hold.

ACN believes that nurses have a discernible voice in affecting positive and meaningful change in health care and social impact by influencing policy directions at every level. I am sure you will gain invaluable insights through many sessions and discussions over the next few days that will inspire you to continue to be an effective nurse leader and advocate for consumers, 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, as well as reconnecting with other nurses I would often see annually. The energy and connection with peers who became friends filled my heart and inspired me to give my all for the year ahead, to keep developing myself and the teams I led, and to deliver excellence in health care. 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 who have attended the ACN NNF previously, welcome back! And for those joining us for the first time, welcome! There is no substitute for human connection, especially when hundreds of talented, motivated, and committed nurses, nursing students, and retired nurses get together to celebrate and share our profession.

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.

Warmest regards,

Adjunct Professor Kylie Ward FACN
ACN Chief Executive Officer

Welcome from the Chief Nursing and Midwifery Officer, NT

It is a pleasure to welcome you to Darwin, Northern Territory, to host this year's National Nursing Forum from 17th to 19th August 2022.

The Northern Territory is one of Australia's most culturally diverse places with over 100 nationalities and a strong Aboriginal Culture. Connection to Country is very much a part of the Northern Territory's identity where you can experience the breadth and depth of cultural experiences like nowhere else.

I am thrilled by this year's theme, Nursing Leadership Unmasked and the opportunity to explore how we can strengthen and invest in nursing leadership – a key strategic direction and priority aligned with the World Health Organisation. As we know there is a national and global nursing and midwifery workforce shortage, and effective nursing leadership has been shown to positively impact retention and service provision.

The recent pandemic has shown us all that strong leadership is crucial to inspire, influence and motivate health care professionals. The Northern Territory was home of the gold standard quarantine facility that highlighted nursing nationally and internationally. The pandemic demonstrated local trailblazers who were able to act quickly, to assemble and resource many projects that supported safe, quality care, for our consumers.

I am proud of the work and commitment that nurses and midwives do every day across Australia. I look forward to this momentous event, and I am excited to be motivated and inspired by your accomplishments and achievements. I hope you can find the time to take advantage of the topical Top End experience while attending the National Nursing Forum in Darwin.

Adj. Professor Mish Hill MACN
Chief Nursing and Midwifery Officer, NT Health

NurseStrong

We know that as nurses, you dedicate your lives to caring for others in every setting, every day, often neglecting to look after yourself in the process. It's difficult 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 the Australian College of Nursing (ACN) created the NurseStrong movement - A safe and encouraging environment for nurses to improve their physical, mental and emotional wellbeing.

ACN is leading the way to empower nurses around the country to achieve the health and wellbeing you deserve.

Travelling is a form of therapy for many people. As the domestic and international borders open up, many of us have started or are beginning to undertake travel for work, to visit families and friends, and to take a break away from hectic schedules. This National Nursing Forum, we would like to invite you to share photographs of your recent travels or if you haven't had the time to get away recently, share a photograph of a beautiful memory from a previous travel. Don't forget to use the #NNF2022.

Head to acn.edu.au/nursestrong to be part of the NurseStrong family, and connect with other nurses who are taking control of their health and wellbeing.

acn.edu.au/nursestrong

Australian College of Nursing
NURSE
STRONG

Emerging Nurse Leaders (ENL's)

CELEBRATING 10 YEARS OF THE ENL PROGRAM

ACN is extremely proud of its Emerging Nurse Leader Program. Since its inception, we have nurtured hundreds of passionate and dedicated early career nurses to realise their worth, and supported them in their leadership journeys to Learn, Grow, Reach, Achieve and Lead.

Celebrating 10 years of the program is a significant milestone, and to commemorate, ACN has launched the Institute of Leadership ENL Alumni Program. We are proud to support and celebrate nurses who exemplify leadership day after day through their work and compassion.

ENL's are spread throughout the nation, making a significant impact in their fields of expertise within nursing. The Alumni will provide ongoing opportunities to stay connected through social and professional networking, contribute to a strong alumni network amongst the nursing community and continue to foster ongoing connection with fellow alumni.

Learn more about ACN's Institute of Leadership ENL Alumni Program

acn.edu.au/enl-alumni

General information

VENUE

Darwin Convention Centre

10 Stokes Hill Rd, Darwin City NT 0800

PARKING

Car parking is available for delegates at the Darwin Convention Centre.

PUBLIC TRANSPORT OPTIONS IN DARWIN

To use the public bus network in Darwin, you can purchase a Tap and Ride card or buy single tickets on board (cash only). The Tap and Ride cards are available for purchase as you board the bus (cash only) or from bus interchanges. Once you have the Tap and Ride card, you can take ten bus trips or use it for seven consecutive days of unlimited travel before your credit runs out. To start your ride, tap your card on the card reader when you board.
If you choose not to buy a Tap and Ride card, you can use single tickets, valid for three hours from purchase, or daily tickets, which gives you one full day of unlimited bus travel. Tickets can be purchased as you board the bus, using cash only.

E-PROGRAM

Download the e-Program here

SOCIAL MEDIA – #NNF2022

Join the NNF conversation using #NNF2022 and follow:

Facebook: @acnursing

Twitter: @acn_tweet

Instagram: @acn_nursing

LinkedIn: australian-college-of-nursing

YouTube: Australian College of Nursing

SOCIAL EVENTS

Networking Reception

Date: Wednesday 17 August
Time: 4:30pm - 5:30pm
Venue: Exhibition Area

Gala Dinner

Date: Thursday 18 August
Time: 6:30pm - 11:00pm
Venue: Darwin Convention Centre

Farewell Drinks

Date: Friday 19 August
Time: 4:30pm - 5:00pm
Venue: Darwin Convention Centre

Dress Code

Forum: smart casual
Networking Reception: smart casual
Gala Dinner: cocktail attire
Farewell Drinks: smart casual

CATERING AND DIETARY REQUIREMENTS

Morning teas, lunches and afternoon teas will be served in the exhibition area. If you have pre-arranged special dietary requirements, please visit the 'special dietary requirements table' in the exhibition area, and a member of staff will be able to assist.

PHOTOGRAPHY AND FILMING

For promotional purposes, a professional photographer and/or videographer may be present during the event. Attendees who do not wish to be filmed or recorded should advise the photographer/videographer on-site and remove themselves from the camera view.

MOBILE PHONES AND DEVICES

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

REGISTRATION

We are opening registration on Tuesday, 16 August, to avoid delays on Wednesday morning.

REGISTRATION DESK HOURS

Tuesday 16 August: 5:00pm - 7:00pm
Wednesday 17 August: 8:00am - 5:00pm
Thursday 18 August: 8:00am - 5:00pm
Friday 19 August: 8:00am - 5:00pm

Upon arrival, please make your way to the registration desk to collect your name badge.

NAME BADGES

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

POSTERS

Poster presentations and judging sessions will be held on Thursday, 18 August, from 8:00 to 8:45 AM in the exhibition area.

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:

Attendance date	Session	CPD hours
Wednesday 17 August	Forum day one	7
Thursday 18 August	Forum day two	7
Friday 19 August	Forum day three	6

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 your Forum experience.

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

Please access the map here

Exhibitor listing

NAME	BOOTH
ACT Health Nursing and Midwifery Office (NMO)	28
Australasian Institute of Clinical Governance	6
Australian Indigenous HealthInfoNet	4
Australian Nursing and Midwifery Accreditation Council	21
Australian Nursing and Midwifery Federation NT	48
Australian Red Cross Lifeblood	37
BEAT Bladder Cancer Australia	43
Charles Sturt University	31
CRANAplus	23
Defence Force Recruiting	5
DLC: Culture | Leadership | Growth	46
Elsevier	30
Griffith University | School of Nursing and Midwifery	3
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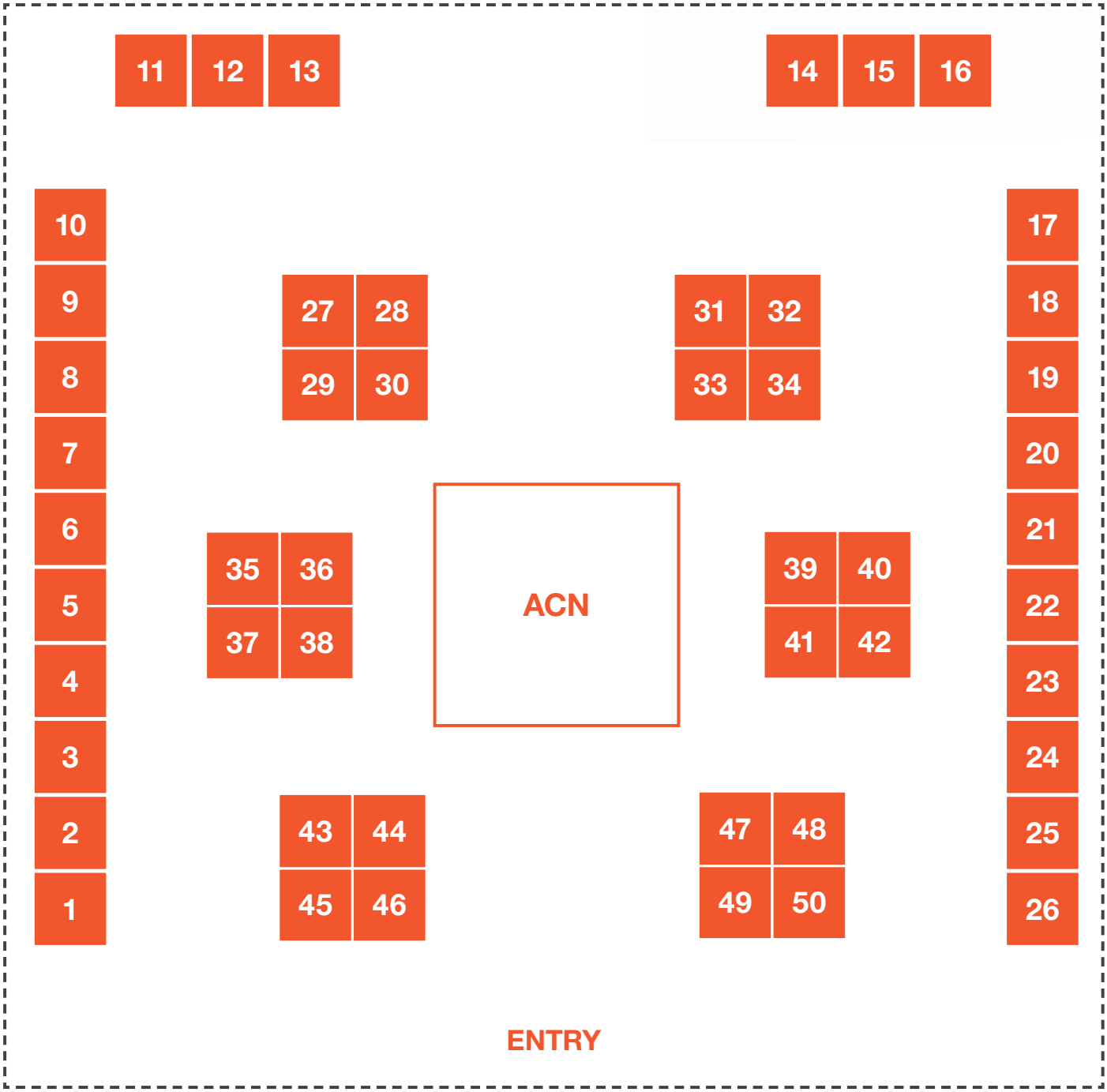
Floorplan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ACN
ENTRY

Keynote speakers

WEDNESDAY (list by presentation order)

KAREN COOK FACN

Master of Ceremonies

Karen has been a registered nurse for 40 years.

Her nursing career has been everything a nursing career should be. Equal parts rewarding, frustrating and exciting. She has worked in a variety of settings and roles here and in the UK. Prior to her retirement, she was Senior Nursing and Midwifery Adviser in the Office of the Chief Nursing and Midwifery Officer in the Australian Government Department of Health. She has held positions as Nursing Adviser at Health Workforce Australia and Chief Executive Officer of the Australian Nursing and Midwifery Council.

Given that she is not really the retiring type, she is back at work as a member of the Nursing Taskforce in the Australian Government Department of Health, working on the development of the National Nursing Workforce Strategy and the Nurse Practitioner 10-year plan. Work that is equal parts rewarding, frustrating and exciting!

In her spare time, Karen is a marriage celebrant, event MC and proud grandmother.

EMERITUS PROFESSOR CHRISTINE DUFFIELD RN, PHD, FACN, FAAN

President, Australian College of Nursing

Christine Duffield is an internationally renowned and passionate nurse who has worked across direct care, consultancy, academia, research and in leadership roles to spearhead the advancement of the nursing profession in Canada, New Zealand, the UK, and Australia for over 40 years. She is a Professor of Nursing and Health Services Management at Edith Cowan University, Perth; Emeritus Professor University of Technology Sydney and President/ Chair Australian College of Nursing.

Having published over 200 research papers, Christine was named in Mendeley's Top 100,000 Cited Researchers of the World in 2020. Christine is also the Associate Editor for the International Journal of Nursing Studies, the most highly ranked international nursing journal. Christine led the development of the first five industry-funded Chairs of Nursing in Australia and has been instrumental in establishing key institutions, including the Centre for Graduate Nursing Studies (1989) and the Centre for Health Services Management (1999).

Christine has held numerous senior University roles on Academic and Graduate Students Committees and has made a significant impact to the nursing profession by attracting over $14M in research funding as Chief Investigator, supervised 30+ research students and examined 30+ research theses.

Christine is an experienced Board Director who has established and chaired Clinical Governance Committees for two aged care Boards. As the President/Chair of the Australian College of Nursing (ACN), she has led the review of the ACN Constitution, governance policies and procedures and assisted in moving to a skills-based Board.

A skilled leader, Christine has been a member of State and Commonwealth Committees, including Health Workforce Australia; Grants Committee Rosemary Bryant Centre; NHMRC and ARC expert review panels; Australian Commission on Safety and Quality Advisory Committee – Recognising and Responding to Clinical Deterioration and has represented Australia on panels for the International Council of Nurses.

SONIA MARTIN MACN, DIPHS (NURS), GCERTNURS (RURAL & REMOTE), RN, MAICD

Health Ministers Trailblazer – Award Winner 2021

Powered by a passion to decrease stigma around homelessness, Sonia Martin had the vision to step up and tackle the issues head-on and provide access to quality health care for thousands of vulnerable Australians.

A nurse through and through, Sonia has spent a lot of time with people on the streets who have been disengaged from health care for years, listening to their stories and their worries. She was struck by the loneliness of people sleeping rough and doing it tough. Combined with witnessing hundreds of representations to the Emergency Department in the role of Nurse Unit Manager, she decided she had to do something different for vulnerable Australians. So, she made the courageous decision to resign from her permanent public health sector managerial role together with Dr Nova Evans to address the gap in the provision of care to people experiencing poverty and homelessness in Australia.

In 2018, Sonia and Nova, who passionately believe there had to be a better way to provide equitable, quality health care for vulnerable Australians, decided to put their vision into action and literally take health care to the streets.

Sonia began to change the lives of thousands of Australians by setting up a simple nursing kit and providing health care from the back of a car boot. This led to the development of the innovative service we know today as Sunny Street.

While many of Sonia's friends and family told her it wasn't possible to step out and truly make a difference, Sonia backed herself and found the way forward. Today, Sunny Street is an award-winning health care service and, since 2018, has provided over 30,000 consultations.

PROFESSOR PATRICIA DAVIDSON FACN, BED, MED, PHD, RN, FAAN

Vice-Chancellor and President, University of Wollongong

Professor Patricia M. Davidson joined the University of Wollongong as Vice-Chancellor in May 2021. Prior to her current role, Professor Davidson was dean of the Johns Hopkins School of Nursing in Baltimore in the United States. In 2021 she was the recipient of the Consortium of Universities for Global Health (CUGH) Distinguished Leader Award. This honour celebrates her exceptional contributions to the advancement of global health worldwide.

As a global leader in nursing, health care, and advocacy, Professor Davidson's work focuses on person-centred care delivery and the improvement of cardiovascular health outcomes for women and vulnerable populations. She has extensively studied chronic conditions, transitional care, palliative care, and the translation of innovative, acceptable, and sustainable health initiatives across the world.

Professor Davidson serves as counsel general of the International Council on Women's Health Issues and was a past board member of CUGH and secretary general of the Secretariat of the World Health Organizations Collaborating Centres for Nursing and Midwifery. She also serves on the Board of Health Care Services for the National Academies of Sciences, Engineering, and Medicine in the United States.

Keynote speakers

WEDNESDAY (list by presentation order)

ADJUNCT PROFESSOR KYLIE WARD FACN, DIPAPPSC (NURS), MMGT, FCHSM, WHARTON FELLOW, MAICD

Chief Executive Officer, Australian College of Nursing

Kylie's story is grounded in service to others, a vision for a greater future and a tenacity to get the job done. Kylie's strengths lie in breaking down the walls, reframing the issue for fresh thinking and bringing people together to create long-lasting solutions.

Kylie currently serves as CEO of Australian College of Nursing (ACN). She has led a program of transformation at ACN, increasing revenue, tripling student numbers, raising awareness of the profession and building a legacy of nursing leadership, policy, sponsorship and community.

Kylie is inspired to increase the recognition of nurses and women in society. Articulating and amplifying the professional voice of nurses, ensuring they have a major seat at the table to develop health and social policy.

Kylie holds honorary academic appointments with five leading Australian universities.

Before joining ACN, Kylie ran a successful consultancy specialising in transformation, executive coaching, leadership and change management. She is renowned for her business acumen, entrepreneurship, and visionary style leadership.

ANTHONY KOTSONIS BBUS, GCERTAPPFIN

Business Relationship Manager, HESTA

Anthony Kotsonis is the Northern Territory Business Relationship Manager with HESTA – the industry super fund dedicated to those working in the health and community services sector. With over 28 years of superannuation experience, Anthony has acquired distinctive knowledge on Australia's superannuation system and has a reputation for building strong relationships with clients, colleagues, and professional peers with a dependable and motivated approach to meet many challenges.

With a Bachelor of Economics/Finance and a Graduate Diploma in Applied Finance, Anthony enjoys every aspect of the Territory lifestyle and what the tropics offer.

PROFESSOR SANDY MIDDLETON FACN, FAAN

Director, Nursing Research Institute

Sandy Middleton is a Professor of Nursing and Director of the Nursing Research Institute. Professor Middleton has a particular interest in stroke and implementation research and has successfully obtained grants totalling over $45 million. She was the lead investigator on the landmark NHMRC-funded QASC cluster trial, demonstrating decreased death and dependency following the implementation of nurse-initiated protocols to manage fever, hyperglycaemia and swallowing post-stroke, winning multiple national and international awards. These protocols are currently being translated into 66 hospitals in 19 European countries.

She has published in high-impact journals, including The Lancet and The New England Journal of Medicine. Professor Middleton is a Ministerial appointment to the NHMRC Health Translation Advisory Committee (HTAC) and sits on the board of directors for the NSW Agency for Clinical Innovation and the Clinical Excellence Commission. She is Director of the Maridulu Budaryi Gumal Sydney Partnership for Health Education, Research and Enterprise (SPHERE) Implementation Science platform; Director of the Maridulu Budaryi Gumal SPHERE Nursing and Midwifery Implementation Science and Knowledge Translation Academy; and Chair of the Steering Committee of the Australian Stroke Clinical Registry.

Keynote speakers

THURSDAY (list by presentation order)

ADAM BANDT MP

Federal Member for Melbourne & Leader of the Australian Greens

Adam Bandt is the Federal Member for Melbourne and Leader of the Australian Greens. Adam is the Greens spokesperson for the Climate Change, Energy and Workplace Relations.

Adam was elected to the Federal Parliament in 2010, making history as the first Green elected to the House of Representatives at a general election.

The Australian Greens are now the biggest third party in Australia's history after gaining an extra three seats in both the Senate and the House of Representatives in the 2022 Federal Election.

GROUP CAPTAIN KATHRYN STEIN MACN, MAICD

Director of Defence Force Nursing, Australian Defence Force

Group Captain Stein joined the Air Force in March 1991 through the Undergraduate Scheme. Following her graduation from university she consolidated her clinical training in the Graduate Program at Fremantle Hospital. In the years that have followed she has served in health facilities including Number 3 RAAF Hospital, Health Services Flights Pearce and Tindal with operational experience on exercises and deployments. This health experience supported her health planning role in Headquarters 395 Expeditionary Combat Support Wing and varying policy and governance roles in Strategic Policy and Intelligence Group, Joint Health Command and Air Force Headquarters. She was privileged to Command Joint Health Unit Northern New South Wales and is the current Director of Defence Force Nursing.

Group Captain Stein's professional development activities have included the USAF Flight Nurse Course and tertiary studies to specialise in Trauma Nursing and Emergency Management. She recently graduated from the Australian Institute of Company Directors and has served as a Director on the Board for a Not-for-Profit Organisation making a difference in Mental Health Services for the community. Her interests outside of work include supporting her childrens' sporting pursuits, catching up with friends and community service. She has two teenage boys and indulges one very spoilt puppy, Alfie.

SHANNON WALLIS MACN

Health Ministers Trailblazer – Award Winner 2020

Shannon Wallis MACN is the Virtual Care Nurse Unit Manager at West Moreton Health Service (WMHS) and is leading clinical teams to oversee the establishment of a virtual hospital, the MeCare program, the Heart Health Hub and a range of 'light touch' programs including COVID virtual beds and gestational diabetes program. Shannon strives to support, encourage and develop all staff who work within WMHS to deliver virtual care to ensure patients are provided with a suite of virtual care models that facilitate a smooth transition through different stages in their health care journey. These innovative programs use remote patient monitoring, telehealth, clinical software and reporting to focus on delivering personalised care to patients in their own home and reduce the burden on hospital resources.

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AUSTRALIAN CATHOLIC UNIVERSITY

Turn compassion into action

Study postgraduate health at ACU

ACU's School of Nursing, Midwifery and Paramedicine provides an exciting and dynamic environment in which to pursue further study.

Our postgraduate programs, developed in consultation with industry experts, will prepare you for practice as a clinician, leader, manager or educator in a range of settings. As a postgraduate student at ACU, you will be provided with support for your learning and development by our academic team, studying online at your own pace and times that suit you .

Choose from a range of options in advanced and specialty practice, develop your capacity as an ethical and effective health care leader and manager, or health care educator. We have research and coursework pathways for you to explore, from Graduate Certificate level to Graduate Diploma and Masters degree.

Courses include:

Clinical Nursing
Our nursing specialties include perioperative, medical, renal, surgical, neurosciences, critical care, correctional health, gerontology, child and adolescent, and neonatal nursing

Mental Health/Mental Health Nursing

Leadership, management and health administration

Health professional education

To find out more
acu.edu.au/pg-nursing

"I'd seen a couple of people from my ward do ACU's postgraduate course. It looked interesting, it looked supportive, and it was very relevant to the area I was working in. With all that I've learnt, I know I'm giving patients the best care possible."

Fiona Faulkner, Graduate Certificate in Clinical Nursing

ACN Board - Q&A Panel Discussion

FACILITATED BY

ADJUNCT PROFESSOR KYLIE WARD FACN, DIPAPPSC (NURS), MMGT, FCHSM, WHARTON FELLOW, MAICD

Chief Executive Officer, Australian College of Nursing

Policy Reformer. Humanitarian. Visionary. Nurse. For-Purpose Leader. Equality Warrior. Adjunct Professor. Mum. Transformation Specialist.

From humble beginnings, Kylie has gone on to become one of the most influential professional health leaders in the country and a formidable, passionate advocate for women, children and equality.

Kylie's story is grounded in service to others, a vision for a greater future and a tenacity to get the job done. Kylie's strengths lie in breaking down the walls, reframing the issue for fresh thinking and bringing people together to create long-lasting solutions.

Kylie currently serves as CEO of the Australian College of Nursing (ACN). She has led a program of transformation at ACN, increasing revenue, tripling student numbers, raising awareness of the profession and building a legacy of nursing leadership, policy, sponsorship and community.

Kylie is inspired to increase the recognition of nurses and women in society. Articulating and amplifying the professional voice of nurses, ensuring they have a major seat at the table to develop health and social policy.

She has led the ACN community to find their relevance through policy leadership, political and industry influence, as such, ACN is now Australia's beacon for Nurse Leadership.

Kylie holds honorary academic appointments with five leading Australian universities, and in 2017, Kylie won Telstra Businesswoman of the Year in ACT for Purpose and Social Enterprise.

In 2022, Kylie was named the ACT Winner of the Excellence in Women's Leadership Awards by Women and Leadership Australia and was a national finalist for two of CEO Magazine's prestigious awards, CEO of the Year and Not-For-Profit Executive of the Year.

Kylie has served on numerous State and Territory Senate and Parliamentary Inquiries and gave evidence in 2019 at the Aged Care Royal Commission.

Before joining ACN, Kylie ran a successful consultancy specialising in transformation, executive coaching, leadership and change management. She is renowned for her business acumen, entrepreneurship, and visionary style of leadership.

Kylie is a regular keynote speaker, author, media personality and mother of two men.

ACN Board - Q&A Panel Discussion CONT.

PANELLISTS

EMERITUS PROFESSOR CHRISTINE DUFFIELD RN, PHD, FACN, FAAN

President, Australian College of Nursing

Christine Duffield is an internationally renowned and passionate nurse who has worked across direct care, consultancy, academia, research and in leadership roles to spearhead the advancement of the nursing profession in Canada, New Zealand, the UK, and Australia for over 40 years. She is a Professor of Nursing and Health Services Management at Edith Cowan University, Perth; Emeritus Professor University of Technology Sydney and President/ Chair Australian College of Nursing.

Having published over 200 research papers, Christine was named in Mendeley's Top 100,000 Cited Researchers of the World in 2020. Christine is also the Associate Editor for the International Journal of Nursing Studies, the most highly ranked international nursing journal. Christine led the development of the first five industry-funded Chairs of Nursing in Australia and has been instrumental in establishing key institutions, including the Centre for Graduate Nursing Studies (1989) and the Centre for Health Services Management (1999).

Christine has held numerous senior University roles on Academic and Graduate Students Committees and has made a significant impact to the nursing profession by attracting over $14M in research funding as Chief Investigator, supervised 30+ research students and examined 30+ research theses.

Christine is an experienced Board Director who has established and chaired Clinical Governance Committees for two aged care Boards. As the President/Chair of the Australian College of Nursing (ACN), she has led the review of the ACN Constitution, governance policies and procedures and assisted in moving to a skills-based Board.

A skilled leader, Christine has been a member of State and Commonwealth Committees, including Health Workforce Australia; Grants Committee Rosemary Bryant Centre; NHMRC and ARC expert review panels; Australian Commission on Safety and Quality Advisory Committee – Recognising and Responding to Clinical Deterioration and has represented Australia on panels for the International Council of Nurses.

ADJUNCT PROFESSOR CHRIS RAFTERY FACN, BNURS, MNURS(EMERGNURS), MBA(HSM), MNSC(NP), PHD, RN, NP, FCHSM, FACNP, CHE

Nursing Director, Queensland Health GOLDOC

Adjunct Professor Chris Raftery FACN is a well-respected published and endorsed nurse practitioner, as well as distinguished and dynamic nursing leader who has been part of the profession for over two decades. He is Deputy Chair of the Queensland Clinical Senate and a strong advocate for nursing in Queensland and nationally, maximising the full potential of our profession in our current and future health system. As the former national president of the Australian College of Nurse Practitioners, Adjunct Professor Raftery, having broad clinical and systems leadership experience and credibility across the sector, is a leading identity with the development and growth of advanced practice nursing and the role of the nurse practitioner at the local, state and national levels, informing healthcare policy, strategy, reform and regulation. He also influences capacity building across the system in partnership with key stakeholders, to deliver nursing solutions for state and national health priorities. With additional strengths in innovation, technology and health economics, his contribution and strategic influence in shaping and advancing the nursing profession nationally, continues to maximise our individual and collective opportunities now and into the future.

PANELLISTS

ADJUNCT PROFESSOR DAVID PLUNKETT FACN, GDIPBA, MBA, MAICD

Chief Executive, Eastern Health Melbourne

David Plunkett FACN GAICD, MBA, RN is Chief Executive Eastern Health Melbourne Victoria, where he operationalises the strategic plan, quality and financial plan for the current and future financial years of the health service. David has been an Executive for Eastern Health in Melbourne for a number of years where he provided professional leadership to the nurses and midwives within Eastern Health. He has a deep understanding of the need to manage and mitigate risk, scope, assess and implement improvements to performance – on any aspect of health service performance.

CARMEN MORGAN FACN, BNURS, GDIPIH, MHSM, MAICD

Director of Nursing & Midwifery, NSW Health Department - Mid North Coast

Carmen has 30 plus years' experience as a nurse. Much of her clinical career has spanned rural, regional and remote health in Western Australia. For the last 13 years she has taken on progressively more senior nursing leadership roles and is now the Director of Nursing of the Broome Hospital in WA and Regional Nurse Director for the acute care, primary health care, mental health, aged care and public health practice areas. Carmen was elected to the board in 2013 for a two year term and re-elected in 2015 for a further four years until 2019.

ACN Board - Q&A Panel Discussion CONT.

PANELLISTS

HEATHER KEIGHLEY FACN, MIHM, AFACHSM, CHM

Senior Policy Advisor, CRANA Plus

Heather is a respected and professionally connected nurse leader within the NT and nationally with expertise in health workforce, clinical governance, and leadership. She is a strong advocate for rural and remote nursing and midwifery, health workforce, and primary healthcare. Current chair of the Rural Nursing and Midwifery Faculty for the Australian College of Nursing and Board Director for the National Rural Health Alliance.

Her nursing experience is extensive within NT rural and remote settings, from ED and ICU in Alice Springs and Director of Nursing in Tennant Creek, to the Top-End remote communities of Ramingining and Gunbalanya in Arnhem Land. Heather has worked in clinical roles in women's health and midwifery care, public health management and Director of Nursing for Primary Health Care. As the Chief Nursing and Midwifery Officer from 2016-2018 Heather coordinated the NTG review of remote nurse safety and led the implementation of the review recommendations to keep remote Territory nurses safe at work.

MICHAEL V RYAN BCOM, LLB, LLM

Consultant, Addisons Lawyers

Michael V Ryan B.Com, LLB, LLM is a practising solicitor with Addisons Lawyers. Michael has over 35 years' experience as a partner in leading Australian and International law firms. He specialises in corporate and commercial law representing clients across many industries including the health industry. He regularly advises boards of directors of small, medium and large companies including listed companies on their duties, conflicts and governance and works closely with boards to support them through complex or difficult periods or transactions. He has presented papers on corporate law topics including directors' duties and exposures and has been recognised by his peers as a leading corporate law and mergers and acquisition practitioner. He joined the board in June 2021.

PANELLISTS

PROFESSOR DONNA WATERS FACN, BA, MPH, PHD

Deputy Executive Dean, Faculty of Medicine and Health, University of Sydney

Donna is currently Deputy Executive Dean (Projects) for the Faculty of Medicine and Health at the University of Sydney. This Faculty consists of seven cognate Schools of Health, including the Susan Wakil School of Nursing and Midwifery (formerly the Faculty of Nursing and Midwifery). Previously, Donna was Dean of the Faculty of Nursing and Midwifery (2014 – 2020), following six years as the Associate Dean (Research).

Her career has included clinical research roles at The Children's Hospital, Westmead (Sydney), Director of an independent nursing and health services research organisation and Manager of Research and Projects at the former NSW College of Nursing. Donna's first academic role (Clinical Chair) was with the University of Technology Sydney as Associate Professor of Nursing for the NSW Justice Health service.

Leadership, management and research are three areas in which Donna has excelled throughout her career. She has successfully conducted health services research projects under competitive grant and consultancy arrangements and continues to grow health research capability through teaching, student supervision and contributions to peer reviewed literature and professional texts.

Donna is passionate about the health of children and youth and has recently completed a ten-year term as a Board Member of the Sydney Children's Hospital Network where she also served as Chair of the Network Safety and Quality Committee. In 2021, Donna completed a one-year program in Safety, Quality, Informatics and Leadership through Harvard Medical School and continues to pursue an active interest in lifelong learning, research-led practice, person-centred approaches to health and implementation science.

PROFESSOR GEORGINA WILLETTS FACN, BHSC(NURS), GDIP(ADVNURS), MED, EDD, CMGR, FIML

Professor of Nursing and Practice Development, Federation University

Professor Georgina Willetts has over 30 years nursing experience and more than a decade of experience in leading nursing and midwifery reform within the healthcare 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 healthcare 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 for more than 15 years, she is involved in the ACN Policy Chapters and the Emerging Nurse Leader Program. Georgina is a Fellow of ACN.

ACN Board Q&A Panel Discussion CONT.

PANELLISTS

ROSS LEWIN BCOM, CA, F FIN

Founder, Managing Director, Brenowen Cross Capital

Ross M Lewin B.Com CA F.FIN is a Chartered Accountant who has over 35 years of experience in investment banking and corporate advice. He is the Founder/Managing Director of independent investment firm, Brenowen Cross Capital. Ross gained his experience in large financial services organisations (ABN Amro, ANZ Bank), as well as boutique advisory and specialist restructuring firms. In his current and previous roles, Ross has provided insightful strategic recommendations and conducted mandates in capital raising, mergers and acquisitions, divestment, shareholder and bank negotiations.

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NHMRC App ID: APP1191793 Monash University Human Research Ethics Committee #28002

Keynote speakers

FRIDAY (list by presentation order)

PROFESSOR (PRACTICE) ALISON MCMILLAN PSM MACN, BED, MBA, RN

Chief Nursing and Midwifery Officer, Australian Government, Department of Health and Aged Care

Alison McMillan commenced as the Australian Government Department of Health's Commonwealth Chief Nursing and Midwifery Officer in November 2019. Alison provides high-level policy advice to the Minister for Health and Aged Care, the Executive and staff within the Department of Health, in areas including primary care, mental health and aged care.

Alison is a Registered Nurse with a Critical Care Nursing Certificate, a Bachelor Degree in Education, a Master of Business Administration, she has held senior executive roles in government and health services within Victoria including the Chief Nursing and Midwifery Officer, Director of Quality, Safety and Patient Experience and Director of Health Emergency Management.

Alison is a member of the Australian Health Protection Principal Committee contributing to advice provided to the National Cabinet during the COVID-19 pandemic and, chair of the Infection Control Expert Group providing advice and information on best practice on infection prevention and control in the community, hospitals, aged care, schools and community sport. Alison has been a part of a team providing communication to the community, which is clear, honest, and compassionate.

She was awarded a Public Service Medal in June 2021 for outstanding public service to driving the Government's national health response priorities during the COVID-19 pandemic, particularly to infection prevention measures. a National Emergency Medal in recognition of service following the 2009 Victorian Bushfires National Emergency Medal and a in 2021 a Humanitarian Overseas Medal.

As an Australian Medical Assistance Team (AUSMAT) member Alison has deployed on a number of occasions including the repatriation of Australians from the Diamond Princess Cruise ship in Japan (2020), Fiji following cyclone Winston (2016), Vanuatu following cyclone Pam (2015) and Banda Aceh, Indonesia (2005) following the Indian Ocean Tsunami.

AMANDA CATTERMOLE PSM, BCOM, LLB, LLM, MBA

Chief Executive Officer, Australian Digital Health Agency

Ms Amanda Cattermole PSM is the Chief Executive Officer of the Australian Digital Health Agency, a role she commenced in September 2020. The Agency is auspiced by all the governments of Australia to lead digital health strategy for Australians and to drive digital innovation. It also builds national health infrastructure and delivers national digital health products and services to support Australia's progress towards a safer and more efficient health system.

Prior to this Amanda was the Chief Operating Officer at Services Australia and served as interim Chief Executive Officer during its transition from a department of state to an agency. Amanda held several other senior roles at Services Australia, including an extended period as Deputy Secretary, Health and Aged Care Group, where she was responsible for the delivery of payments and services to Australians under Medicare, the Pharmaceutical Benefits scheme and in the aged care sector.

Amanda has previously held senior roles in the Commonwealth Departments of Treasury, Prime Minister and Cabinet and Families, Housing, Community Services and Indigenous Affairs, the Victorian Department of Health and Human Services and the Western Australian Department of Indigenous Affairs. In her earlier career Amanda worked as a lawyer in Victoria, the Northern Territory and Western Australia.

Amanda holds a Bachelor of Laws, a Bachelor of Commerce, a Master of Laws and a Master of Business Administration. In 2013, she received the Public Service Medal for outstanding public service leading reform in providing housing for Indigenous people in remote communities and the National Gambling Reform laws.

MISH HILL FACN

A/g Chief Nursing and Midwifery Officer, Northern Territory Health

Mish Hill is the Chief Nursing and Midwifery Officer and has been in this role since September 2020 whilst continuing in her nominal role as the Executive Director, Nursing and Midwifery across the Top End regions.

Mish is a Registered Nurse and Midwife who holds a Master of Science (Midwifery). Mish has worked in remote and regional services across Australia, and several overseas countries. Prior to joining NT Health, Mish successfully contributed to roles at Hamad Medical Corporation, Qatar which encompassed 15 hospitals, as well as Mater Health Services, QLD. In addition, since commencing at NT Health, Mish led the accreditation of Top End Health Services, established the Assistant in Nursing/Midwifery models of care, supported the NT-wide sepsis initiative, and currently has the portfolio of the NT and Top End Clinical Excellence and Patient Safety services.

Mish is an energetic, pro-active, and committed health care leader. Mish is focused on strategically planning and executing continually improving systems and processes, to ensure effective, accessible, safe, and compassionate person-centred care.

GEORGIE CARROLL

Comedian, Author & Registered Nurse

Born and raised in Manchester, England; now a proud Australian. Georgie Carroll is a Comedian, Nurse, Wife and Mother.

This combination of Nationalities, home life and hospital has provided a 24/7 training ground that has nurtured Georgie's naturally funny bones. Her bluntness and charm coupled with razor-sharp wit, give her a broad-spectrum appeal that can be put into any room and shine.

Program DAY 1 – WEDNESDAY 17 AUGUST 2022

8:45am	Welcome to Country
9:00am	Welcome and Introduction Karen Cook FACN, Master of Ceremonies
9:10am	Welcome Emeritus Professor Christine Duffield RN, PhD, FACN, FAAN, President, Australian College of Nursing
9:15am	Keynote Speaker Sonia Martin MACN, DipHS (Nurs), GCertNurs (Rural & Remote), RN, MAICD, Health Ministers Trailblazer – Award Winner 2021
9:40am	Keynote Speaker Professor Patricia Davidson FACN, Bed, Med, PhD, RN, FAAN, Vice-Chancellor and President, University of Wollongong
10:05am	Keynote Speaker Adjunct Professor Kylie Ward FACN, DipAppSc (Nurs), MMgt, FCHSM, Wharton Fellow, MAICD, Chief Executive Officer, Australian College of Nursing
10:25am	Corporate Partner Address Anthony Kotsonis BBus, GCertAppFin, Business Relationship Manager, HESTA
10:35am	**Morning tea with exhibitors**
11:00am	**CONCURRENT SESSION ONE**

	Cultural Change Meeting Rooms 1 & 2	**Innovation** Waterfront Room 1	**Quality and Safety** Waterfront Room 2	**Workforce** Waterfront Room 3 **SPONSORED BY** HCA Healthcare Australia
11:05am	**Essential Learning- shifting paradigms, enhancing workplace culture and change** Elisabeth Black FACN	**Innovation in using EMR to improve patient flow in PACU** Deng Deng	**Implementing an Oral Care System to reduce Hospital Acquired Pneumonia** Belynda Abbott FACN	**Family violence: nurse managers and their experiences supporting nurses** Catina Adams MACN
11:25am	**Addressing four key questions to improving Nurse and Midwives' Wellbeing** Rebecca Clarke MACN & Fiona Fitzgerald	**Finding a pathway back into the acute care sector** Annie Fraser	**Improvement Science: Leading Collaborative Quality Improvement for Patient Safety** Yasmine Archer	**Delirium: From a security to a therapeutic Model of Care** Prof Leanne Boyd FACN
11:45am	**Australia and New Zealand Medication Administration Practice Assessment Survey** Dr Karen Davies MACN	**Exploring innovative AI to enhance English skills on clinical placement** Dr Jane Frost MACN & Dr Paul Glew	**Bachelor of Nursing Students Resilience and Coping During a Pandemic** Samira Kerbage	**Where are all the graduates? A systematic scoping review findings** Dr Janie Brown & Dr Tanya Capper

12:05pm	**Out of the mouths of babes; student reflective outcome** Dr Pammie Ellem MACN	**My understanding of informatics: Nursing as a case study** Dr Alexis Harerimana MACN	**Time to analgesia in emergency: Can we do better?** Megan Carmichael, Rachael Mills, Dr Rachel Zordan	**Nursing leaders' strategies for promoting relationship-based fundamental care** Alexandra Mudd
12:25pm		**Implementing tap-to-witness technology in the electronic medical record** Rebecca Jedwab FACN		**Adaptive Workforce Models in Intensive Care: Evaluating local implementation** Simon Byerley MACN

12:15pm	**Lunch with exhibitors**
1:45pm	Speed Leaders Session Sponsored by HESTA MC, Adjunct Professor Kylie Ward, FACN, Chief Executive Officer, Australian College of Nursing. Delegates have the opportunity to connect with senior nurse executives, clinicians, and academics for career coaching, networking, and advice in facilitated short sessions. Bring your questions with you!
3:15pm	**Afternoon tea with exhibitors (Day 1)**
3:45pm	Oration & Investiture Introduction of 2022 Orator Master of Ceremonies, Karen Cook FACN 2022 Oration: Leadership, change, and the Age of Aquarius Professor Sandy Middleton FACN, FAAN, Director, Nursing Research Institute Investiture of New Fellows Adjunct Professor Kylie Ward FACN, Chief Executive Officer, Australian College of Nursing Presentation of ACN Grants and Awards Recipients Adjunct Professor Kylie Ward FACN, Chief Executive Officer, Australian College of Nursing Presentation of 2022 Trailblazer Awards Adjunct Professor Kylie Ward FACN, Chief Executive Officer, Australian College of Nursing
4:30pm	Networking Drinks Reception

Program DAY 2 – THURSDAY 18 AUGUST 2022

8:00am	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.
9:00am	Welcome Back Karen Cook FACN, Master of Ceremonies
9:10am	Ministerial Address Adam Bandt MP, Federal Member for Melbourne & Leader of the Australian Greens
9:30am	Keynote Speaker Group Captain Kathryn Stein MACN, MAICD, Director of Defense Force Nursing, Australian Defence Force
9:50am	Keynote Speaker Shannon Wallis MACN, Health Ministers, Trailblazer – Award Winner 2020
10:10am	**Morning tea with exhibitors**
11:00am	**CONCURRENT SESSION TWO**

	Cultural Change Meeting Rooms 1 & 2	**Innovation** Waterfront Room 1	**Quality and Safety** Waterfront Room 2	**Workforce** Waterfront Room 3 **SPONSORED BY** HCA Healthcare Australia
11:05am	**Perception towards euthanasia among palliative care nurses of Sri Lanka** Eshani Fernando	**Resident' Website Increasing capacity in nursing homes** Therese Jepson, Dr James Hardy & Jessica Morgan	**Frailty among older surgical patients** Steve Frost	**Nursing leadership unmasked: Global perspectives on COVID-19 workforce well-being strategies** Dr Ylona Chun Tie MACN & Dr Caroline Browne
11:25am	**Creating respectful workplaces for nurses in regional acute care settings** Tash Hawkins FACN	**Tool for Pre-registration Registration Nurses Project** Tanya Vogt	**Evidence for a Nurse-Led Protocol for Removing Urinary Catheters** Angela Jones	**Medication Administration Evaluation Feedback Tool: Stepped Wedge Cluster Randomised Trial** Dr Karen Davies MACN
11:45am	**Nurses leading cultural reform in emissions reduction within healthcare** Dr Aletha Ward MACN	**A nurse-led ambulatory infusion service for at risk COVID patients** Nicola Taylor	**Nurses', midwives' and doctors' views: Consumer reporting of patient deterioration** Stan Minyaev	**(h)Ear (h)Ear! – Specialist ear nursing in remote NT** Andrea Jansen Van Rensburg MACN & Debra Smith
12:05pm	**Green Buddies Near to Peer Support Program** Fiona Cameron	**Back to the future.... Old fashion good care provided virtually** Fiona Martin	**Direct and indirect patient nursing care of hospitalised patients** Dr Sharon Kramer	**Trade in services agreements. Risks and benefits for nursing workforce?** Dianna Kidgell MACN
12:25pm		**Co-designing a Nursing Leadership-themed Journal Club** Tony McGillion MACN	**The accidental leader** Belinda Waugh	**Supporting graduate performance: Evidence of what works** Megan Wise MACN

12:45pm	**Lunch with exhibitors**			
1:45pm	**CONCURRENT SESSION THREE**			
1:50pm	**FREDeX -Enhancing empathy through simulation learning in rural aged care** Desley Johnson	**Evidence-based Complementary and Integrative Health: an Innovative postgraduate course** Dr Lyndall Mollart FACN	**Who gives a C.diff? Nurses' and midwives' knowledge and practices** Kara Finnimore & Dr Wendy Smyth	**Implementing Safewards initiatives in a surgical ward** A/Prof Lauretta Luck MACN
2:10pm	**Shared behaviours of Australian nursing students regarding pain management** Katrina Lane-Krebs & Marina Cousins	**COVID-19: Catalyst for Change and Innovation in HITH Service** Andrea Ness	**Getting to know youR pAtient for safe individualised CarE: GRACE** Megan Higgs & Kate Cash	**Advancing Academic Workforce through a 'NOVICE' transition intervention model** Dianne Maher MACN
2:30pm	**Working Towards a Safer Culture for Nurses and Midwives** Patrice Murray MACN	**Emerging mental health and supportive care research in the NT** Nicole Norman MACN, Prof Daniel Bressington, Prof Benjamin Tan, Dr Daniel Liu, Dr Brona Nic Giolla Easpaig, Donna Diffley & Dr Alison Wang	**Analysis of Postgraduate Online Discussion Forums** Dr Melanie Murray, MACN & A/Prof Vicki Cope FACN	**Analysis of Postgraduate Online Discussion Forums** Dr Melanie Murray MACN & A/Prof Vicki Cope FACN
2:50pm	**A Review of Strategies that Advance Female Nursing Careers** Mihirika Pincha Baduge	**Sessional academics experiences using HFS in an undergraduate nursing program** Tracy Parrish	**Nurses' perceptions of good care for children with intellectual disability** Laurel Mimmo	**Investing in our early career nurses– Strategy to support retention** Sue Brack
3:10pm		**Taking the lead: Tackling pandemics head on in Western NSW** Jennifer Ramien	**Self-Management in Chronic Disease; what are we on about?** Amanda Moses MACN	**Acute Transition Program: Pilot program to boost our nursing workforce** Clare Rowe, Madelene McPhillips & Anne Tuddenham
3:30pm	**Afternoon tea with exhibitors**			
4:00pm	ACN Board - Q&A Panel Discussion			
6:30pm	Pre-Dinner Drinks			
7:00pm	Gala Dinner Sponsored by serco			

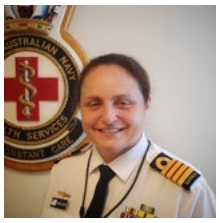
Program DAY 3 – FRIDAY 19 AUGUST 2022

8:55am	Welcome back Karen Cook FACN, Master of Ceremonies
9:00am	Keynote Speaker Professor (Practice) Alison McMillan PSM MACN, BEd, MBA, RN, Chief Nursing and Midwifery Officer, Australian Government, Department of Health and Aged Care
9:20am	Keynote Speaker Amanda Cattermole PSM, BCom, LLB, LLM, MBA, Chief Executive Officer, Australian Digital Health Agency
9:40am	Keynote Speaker Mish Hill FACN, A/g Chief Nursing and Midwifery Officer, Northern Territory Health
10:00am	ACN Announcement
10:05am	Morning tea with exhibitors
10:30am	**CONCURRENT SESSION FOUR**

	Cultural Change Meeting Rooms 1 & 2	**Innovation** Waterfront Room 1	**Quality and Safety** Waterfront Room 2	**Workforce** Waterfront Room 3 **SPONSORED BY** HCA Healthcare Australia
10:35am	**Culturally And Linguistically Diverse Community Perceptions of Mental Health Services** Reshmy Radhamony	**Immersive Virtual Reality Education in Critical Care Nursing: A Scoping Review** Renata Sivacolundhu MACN & Jo Southern	**Informatics Competency Self-Assessment Instruments for Nursing Students: A Rapid Review** Kalpana Raghunathan FACN	**Revolutionising the RMH Nephrology Nurse Practitioner Workforce: Journey from 1-7** Melissa Stanley MACN
10:55am	**Resilience Among Nurses Working During COVID-19 in an Acute Hospital** Lyn Brett MACN	**Vaccinating the Central Outback from COVID-19** Mandy Smallacombe	**Is Double-Checking Associated with Lower Medication Error Rates in Paediatrics?** Dr Magdalena Raban	**Opening the Door Earlier; RN Transition to Practice During COVID** Melody Trueman
11:15am	**They Hear the Word Research and Run the Other Way** Prof Jennifer Weller-Newton FACN	**Preventing Patient Falls Overnight Using Portable Video Monitoring** Rebecca Woltsche MACN		**The Clinical Teaching Fellow–Nursing Clinical Placement Supervision Reimagined** Beth Wray

11:35am	**Trauma-Informed Simulation-Based Training: A Single Arm Feasibility and Pilot Study** Dr Rachel Zordan	**Designing Innovative Education Packages for the Nurse of 2021** Emma Woodhouse MACN, Dr Jacinta Kelly, Dr Emily Simmons, Dr Mary Nguyen, Yvonne Mckinlay FACN		**Exposing Nursing and Midwifery Ratios Within the ACT** Catherine McGrory & Katherine Jones
11:55am	Lunch with exhibitors			
12:45pm	National Nursing Workforce Solutions Workshop Frances Rice MACN, Senior Nursing And Midwifery Advisor, Australian Government Department of Health Lucy Firth, Nursing Taskforce, Australian Government Department of Health and Aged Care			
1:45pm	**FACULTY SESSION:** **Disaster Workshop Inc Military** Meeting Rooms 1 & 2	**FACULTY SESSION:** **Adolescent & Young People** Waterfront Room 1	**FACULTY SESSION:** **Nursing Regulation** Waterfront Room 2	
2:45pm	Afternoon tea with exhibitors			
3:00pm	Closing remarks Adjunct Professor Kylie Ward FACN, DipAppSc (Nurs), MMgt, FCHSM, Wharton Fellow, MAICD, Chief Executive Officer, Australian College of Nursing			
3:25pm	Keynote Speaker Georgie Carroll, Comedian, Author & Registered Nurse			
4:15pm	Announcement of 2022 Poster Winners and prizes Adjunct Professor Kylie Ward FACN, DipAppSc (Nurs), MMgt, FCHSM, Wharton Fellow, MAICD, Chief Executive Officer, Australian College of Nursing			
4:30pm	National Nursing Forum 2023, Location Announcement Adjunct Professor Kylie Ward FACN, DipAppSc (Nurs), MMgt, FCHSM, Wharton Fellow, MAICD, Chief Executive Officer, Australian College of Nursing Farewell Drinks			

With thanks to the 2022 Speed Leaders



DR AMANDA GARLICK MACN
Health Officer, Department of Defence
Chair of the Military Nursing Faculty

SHAUNA WILSON MACN
Enrolled Nurse, Gold Coast Private Hospital
Chair of the Enrolled Nurses Faculty

PROF ALISON HUTTON FACN
Professor of Nursing, Newcastle University
Chair of the Disaster Health Faculty

DR LESLEY POTTER FACN
Archive Volunteer, The Australian College of Nursing
Chair of the History Faculty

ADJ PROF GREG RIKARD OAM FACN
Adjunct Professor, University of Tasmania
Chair of the Nursing Regulation Faculty

DR YLONA CHUN TIE MACN
Associate Dean (Research Education), James Cook University
Communications Coordinator of the Global Nursing Faculty

BELYNDA ABBOTT FACN
Clinical Nurse Consultant – Neurosciences, Metro South Health
Chair of Queensland State and Brisbane Region

DR CAROLINE BROWNE MACN
Senior Lecturer, Murdoch University
Deputy Chair of the Global Nursing Faculty

KITTY HUTCHINSON FACN
Nursing Director, Metro South Health Centre for Nursing Excellence
Chair of the Nursing in the Community Faculty

DR LUCIE RAMJAN MACN
Associate Professor, Western Sydney University
Chair of the Adolescent and Young People Faculty

DR JUDITH ANDERSON FACN
Associate Professor, Charles Sturt University
Deputy Chair of the Rural and Remote Nursing Faculty

ADJUNCT PROFESSOR SUE HAWES FACN
Chief Executive Officer, Diabetes Australia
Former Board Director

With thanks to the 2022 abstract review committee

TAMMIE BRENEGER MACN
Clinical Education Coordinator
NVC Group

SOPHIE DANIEL MACN
Acting Nurse Unit Manager
NSW Health

LINDA DAVIDSON FACN
National Director Professional Practice
Australian College of Nursing

ALISHA JOHNSON MACN
Acting Clinical Nurse Consultant
Banks House Adult Mental Health Unit

ANDREW LATTER
Manager, Professional Engagement
Australian College of Nursing

ELEN MCDONALD MACN
Emerging Nurse Leader
Northern Health

CLARE NEWTON MACN
Acting Director Nursing and Midwifery
Mount Isa Hospital

KORYN ROBERTS MACN
Health Centre Manager
Australian Defence Force

LISA RUSS MACN
Registered Nurse
Melbourne Health

AMELIA SIMPKINS MACN
Clinical Nurse Consultant
Toowoomba Base Hospital

Abstracts – concurrent sessions

DAY 1 WEDNESDAY 17 AUGUST 2022

CONCURRENT SESSION ONE

CULTURAL CHANGE (01)

Meeting Rooms 1 & 2 11:00 AM - 12:45 PM

ESSENTIAL LEARNING-SHIFTING PARADIGMS, ENHANCING WORKPLACE CULTURE AND CHANGE

MS ELISABETH BLACK, FACN[1]
DR HAZEL MAXWELL[2], PROFESSOR STEVEN CAMPBELL[2]
[1]*St Vincent's Health Network Sydney, Darlinghurst, Australia,* [2]*University of Tasmania, Launceston, Australia*

Introduction: Rapidly evolving and complex health services, clinical practices and models of care demand an agile approach to workplace learning. Clinical governance systems and professional practice standards are put in place to ensure organisations and individuals comply with mandated learning, maintain public confidence in health care systems, and mitigate risks to patients. Despite being committed to safety and their patients, many nurses report feeling burdened by competing workplace priorities and the obligation to complete mandatory training without dedicated time.

Methods: This paper presents a unique understanding of the factors that influence the ability of nurses to complete their mandatory training obligations in the context of a large teaching hospital. The study utilised a mixed-methods approach, analysing training compliance data collected by the organisation and 22 semi-structured interviews with nurses and other members of the interdisciplinary team, and two focus groups with key informants. The interview participants were purposively selected from two distinct cohorts of learners – 'early' and 'late' adopters, allowing for comparison between the two. Analysis of key themes revealed motivation to undertake mandatory training is undermined by significant organisational and operational pressures, the participant's understanding of their own professional practice accountabilities, and a wide variability in workplace culture. Participants reported negative rhetoric surrounding mandated learning, which had a powerful influence on motivation, engagement, and the cultural milieu of workplaces.

Conclusion: Results demonstrate that nursing leaders that embed an authentic workplace culture that values 'essential learning' and allows for flexibility of approach will enhance alignment to the values and beliefs that underpin motivation and transform the mindset that the word 'mandatory' can evoke. A small paradigm shift has the potential to transform existing cultures and enable those that acknowledge difficulty meeting requirements to complete the requisite professional and clinical governance requirements that our community expects.

ADDRESSING FOUR KEY QUESTIONS TO IMPROVING NURSE AND MIDWIVES' WELLBEING

MRS REBECCA CLARKE, MACN[1] ,MRS FIONA FITZGERALD[1]
[1]*Tasmanian Health Service, Hobart, Australia,* [2]*Beamtree, Sydney, Australia*

Addressing four key questions to improving Nurse and Midwives' Wellbeing

Globally nurses and midwives are experiencing significant levels of distress and burnout. It comes at a cost; we must invest in nurses' and midwifes' wellbeing; our future depends on it. Improving their experiences and satisfaction in the workplace is essential to having a healthy workforce in the future.

Becky Clarke, Assistant Director of Nursing and Fiona Fitzgerald, Program Manager, will share their experience addressing four questions nursing and midwifery leadership teams need to understand to address burnout and support nurses and midwives to thrive.

1. Why it really matters?
Data published in December 2021 indicated that 61 per cent of nurses and midwives in Australasia had a high level of distress in 2021.

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CULTURAL CHANGE (01)

Meeting Rooms 1 & 2 11:00 AM - 12:45 PM

Nurses and midwives impacted by burnout are:
• 3.5-fold higher risk of leaving their current job
• 20 per cent higher risk of absenteeism than average
• 2.5-fold risk of below-average job performance.
This impacts the safety outcomes for patients and work satisfaction.

2. How to measure and benchmark burnout and excellence?
Our fear of knowing nurses' and midwives' rates of burnout can stop us from taking the next steps. Learn how over 20 hospitals across Australia and New Zealand have worked together to collaborate, measure levels of burnout and using data targeted areas of need and learnings from areas of excellence.

3. How to create a successful wellbeing case?
We need nurses and midwives to drive the change in system redesign. We will share the first steps in building a successful business case for the organisation to invest in their wellbeing.

4. Innovation- Failure and Success
We will share insights from local and international examples of organisations that have used data to drive innovations to support nurses and midwives and allow them to thrive.

AUSTRALIA AND NEW ZEALAND MEDICATION ADMINISTRATION PRACTICE ASSESSMENT SURVEY

DR KAREN DAVIES, MACN[1,2], DR PETER DONOVAN[1,2], PROFESSOR IAN COOMBES[1,2], ASSOCIATE PROFESSOR KAREN WHITFIELD[1,2], PROFESSOR SAMANTHA KEOGH[1,3], ADJUNCT ASSOCIATE PROFESSOR CATRIONA BOOKER[1,2,3,4,5]
[1]*Royal Brisbane and Womens Hospital, Brisbane, Australia,* [2]*University of Queensland, Brisbane, Australia,* [3]*Queensland University of Technology, Brisbane, Australia,* [4]*Australian Catholic University, Brisbane, Australia,* [5]*Griffith University, Nathan, Australia*

Introduction: The purpose of the study was to survey Health Round Table (HRT) hospitals in Australia and New Zealand on what processes they currently conduct to assess nurses' adherence to medication administration guidelines.

Methods: The study was a multi-centre cross-sectional ANZ survey conducted and reported in accordance with "A Consensus-Based Checklist for Reporting of Survey Studies (CROSS)" guidelines. The survey was designed using two rounds of the Delphi technique with 18/24 HRT Medication Safety Program multidisciplinary subject matter experts, including nurses, pharmacists and medical officers. The survey application used was Microsoft Forms. The survey was piloted twice in August 2021, with the final survey including two sections: Six demographic questions and 11 survey questions. The survey link was sent by email with a cover letter for informed consent. An ethics exemption was obtained.

Results: The response rate included nine jurisdictions/states across ANZ (n=18/129) 14 per cent. The respondent profession was 89 per cent Nursing and Midwifery. Eighty-nine per cent of hospitals used multiple types of medication assessment that were mostly conducted across the entire organisation. Seventy-two per cent were conducted for both, as part of professional development and review in response to a medication error; with 17 per cent only in response to an error. Seventy-two per cent conducted assessment on commencement to the organisation, and only 33 per cent conducted assessments on a regular annual basis. Individual face-to-face assessment was the preferred method. Only 21 per cent proposed an annual assessment. Only 28 per cent had a valid tool for assessment. Seventy-two per cent said they would use a valid tool if available.

Conclusions: Although most hospitals used multiple types of medication assessment, few conducted regular ongoing review, with a smaller proportion proposing a change to ongoing review. A cultural change is required if we are to become proactive in providing all nurses with an ongoing opportunity to improve medication administration practice and reduce preventable medication-related harm.

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CULTURAL CHANGE (01)

Meeting Rooms 1 & 2 11:00 AM - 12:45 PM

OUT OF THE MOUTHS OF BABES; STUDENT REFLECTIVE OUTCOMES

DR PAMMIE ELLEM, MACN[1], MS JOY MATTHEWS[1], DR MELISSA TAYLOR2, PROFESSOR AMANDA HENDERSON[1]

[1]*CQUniversity, Bundaberg, Australia,* [2]*University of Southern Queensland, Ipswich, Australia*

Introduction: Quality care in residential aged care is paramount to the wellbeing of ageing Australians. A highly skilled workforce demonstrating compassion and knowledge to care for residents with complex needs is essential. Diploma educated Enrolled Nurses are a valuable contribution to the skill mix in the gerontology arena, which currently comprises 70 per cent unlicensed health workers. It is imperative to gain an understanding of the experience of work-integrated learning because this shapes professional growth and future career choices.

Aim: To analyse self reflectives of Diploma students' experiences during their work-integrated learning placements. Comparing their first clinical experience in residential aged care facilities and their second clinical experience in the community setting.

Method: A retrospective thematic analysis of student self-reflectives' in journal submissions was conducted. Journals of eight Diploma nursing student cohorts from 2017- 2021 from one Australian regional University were analysed. Themes were conferred by three authors through naïve reading, reviewing, discussing, grouping and coding student reflections until consensus was achieved.

Results: Positive work cultures were most often experienced in community settings and virtually non-existent in aged care facilities. Thematic analysis revealed that students perceived a lack of belongingness in the residential aged care setting, and their positive experiences resulted from relationships with their clients. Whereas, in community settings, students identified that they felt included, valued, supported and mentored by their colleagues or mentors.

Conclusion: Students gained confidence when their contribution made a difference. Students enjoyed learning from and with aged care clients. However, the specific workplace culture is pivotal to engaging and supporting future nurses in aged care. It was evident that students enjoyed caring for the aged if they felt included and valued. For many, the contrast between their aged care experience and their community placement was dependent upon workplace culture.

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INNOVATION (01)

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INNOVATION IN USING EMR TO IMPROVE PATIENT FLOW IN PACU

MR DENG DENG[1], MRS JENNY BARR1, MRS KARRIE LONG[1]
[1]*The Royal Melbourne Hospital, Parkville, Australia*

Introduction: Post Anaesthetic Care Unit (PACU) specialises in close monitoring and care of postoperative patients, facilitating a safe patient throughput to Specialty Wards. The role of PACU nurses in determining the readiness for discharge to speciality wards or ICU is central to efficient patient flow and quality of care. However, non-clinical barriers and delays provide challenges that negatively impact patient flow systems and experience. A nurse-led project determined the non-clinical barriers to patient discharge from PACU, their effect on patient flow and developed potential co-design solutions.

Methods: This project used a retrospective observational method to analyse patient flow data routinely captured in the EMR over one month to evaluate the incidence and logic behind delayed PACU discharge for non-clinical reasons.

Results: In our retrospective data of March 2021, there were 1302 patients admitted to PACU, and 564 patients experienced PACU discharge delays. Non-clinical reasons represented 469 of those 564 discharge delays. The 469 counts of non-clinical delays equated to 20,547 minutes of lost time. The most common non-clinical barrier was nurse unavailability, followed by bed shortage.

Conclusion: Using Electronic Medical Records to analyse data differently is an opportunity for nurses to embrace leading organisational improvements. In this project, the Electronic Medical Records established an in-depth understanding of the patient flow data and the associated barriers that exacerbate bottlenecks, allowing innovative solutions to be co-designed to improve patient care quality. Supported by this project's findings, communication and bed allocation may enhance the quality of patient experience in PACU. The co-design workshops identified the benefits of utilising EMR to assist with communication, patient flow planning (i.e., patient flow e-dashboard) and trialling a new role, "Flow Nurse", to improve patient transfers, minimising the length of stay in PACU.

FINDING A PATHWAY BACK INTO THE ACUTE CARE SECTOR

MS ANNIE FRASER[1]
[1]*St Vincent's Hospital, Sydney, Australia*

Finding a pathway back into the acute care sector was identified as a significant challenge for many nurses wishing to return to clinical practice in a tertiary health setting. The Pathways to Practice Program (PPP) was introduced at St Vincent's Hospital in 2014 as a recruitment incentive, with an aim to build capacity through increased retention of experienced nurses.

The PPP offers a 12 month Transition Program to experienced Registered Nurses (RNs) and Enrolled Nurses (ENs) from three distinct categories;

1. Nurses working in non-hospital areas; such as general practice and aged care

2. Overseas trained nurses who have completed a bridging course

3. Nurses who have had a short break from clinical work

The program enables nurses to practice in diverse clinical settings while being supported to develop their confidence, clinical skills, knowledge and experience to enhance their ongoing professional development. With a focus on recent graduates unable to secure an initial role in a tertiary hospital, we have been able to support their transition to acute care and bolster our nursing workforce with enthusiastic and highly committed nurses.

Over the last eight years of the PPP, retention is high (55 retained from 88), with many going on to complete post-grad studies, work in critical care and take leadership roles across the organisation.

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Their stories describe how the support, safety and encouragement of a Transition Program has enabled them to achieve their career goals. The common theme is that program graduates feel they would not have come so far without being supported by the program.

This paper will highlight the experiences of our rising stars who continue to forge new pathways to become our next generation of nurse leaders and outline the future direction of the program.

EXPLORING INNOVATIVE AI TO ENHANCE ENGLISH SKILLS ON CLINICAL PLACEMENT

PROF JANE FROST, MACN[1], DR PAUL GLEW[2], PROFESSOR YENNA SALAMONSON[2], MR THOMAS BEVITT[1], DR MARY BUSHELL[1], DR TANYA LAWLIS[1], DR IRMINA NAHON[1], DR RACHEL BACON1, MS NAOMI MAHON[1]

[1]*University of Canberra, Bruce, Australia,* [2]*Western Sydney University, Sydney, Australia*

Background: Effective oral communication and English skills in nursing and for students on clinical placements are vital to patient safety and feature prominently in the National Safety and Quality Health Service Standards. Communication is a key element in graduate attributes, essential to success in language examinations and to gain registration. Despite meeting admission requirements, the student's communication and English skills may fail to flourish throughout a course resulting in the failure to achieve the minimum English skills standards needed for clinical placement and professional practice. This project will use the CLIP (Coherence, Lexical, Grammatical, Pronunciation) index to assess the innovative use of artificial intelligence (AI) intervention to increase student confidence and competence in oral communication and language skills. The AI platform allows students to practice spontaneous verbal communication that is then transcribed so students can see how their questions and use of language is received by the AI patient. The platform also allows an opportunity to practice multiple ways of pronouncing or phrasing a question in a non-threatening way in a convenient online platform.

Aim: to support those who use English as an additional language during clinical placement and to evaluate the AI platform to enhance oral communication skills development of students on clinical placements.

Method: A mixed-method approach was used to explore the impact of the AI platform on the student performance in using their communication skills. The English language usage scale (ELUS), a validated self-measure of English language ability, and the CLIP index tool was used to assess student skills pre/post the intervention.

Discussion and results: This project will report on the pilot of novel AI to support students who have English as an additional language and share important lessons from the implementation of this innovation and preliminary findings of the study.

MY UNDERSTANDING OF INFORMATICS: NURSING AS A CASE STUDY

DR ALEXIS HARERIMANA, MACN, DR KRISTIN WICKING, DR NARELLE BIEDERMANN, DR KAREN YATES

[1]*Division of Tropical Health and Medicine, Nursing and Midwifery, College of Healthcare Sciences, James Cook University, Townsville, Queensland, Australia, Townsville, Australia*

Background: Nursing Informatics (NI) is an emerging concept, and there are challenges to understanding what it is and its practical application. This abstract explores the academic faculty's understanding of informatics at a selected nursing school in Australia.

Methodology: A qualitative research approach guided this study, which was conducted at a selected metropolitan nursing school in Australia. Participants were academic faculty, purposively selected and interviewed through Zoom video conference application. Data were analysed using Qualitative Content Analysis.

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Findings: NI was viewed as a new concept, and its definition was very extensive. The understanding of NI was grouped into the following subcategories: (i) 'Collection and use of data.'; (ii) 'who is using what health services.', (iii) 'nursing practice with computer and IT.', (iv) 'use of technology within the learning and teaching space.', (v) 'it is about how to find evidence.', and (vi) 'it can be things like electronic health records.', (vii) 'it's not every day that you hear the terms nursing informatics."

Conclusion: NI facilitates the nurses' job across their practice spectrum. Digital health relies on the quality of data for information management, and nurses play a crucial role in capturing and using data in the clinical healthcare system. An adequate conceptualisation of informatics in nursing is a foundation for its successful integration into nursing education and practice.

IMPLEMENTING TAP-TO-WITNESS TECHNOLOGY IN THE ELECTRONIC MEDICAL RECORD

ADJUNCT ASSOCIATE PROFESSOR NAOMI DOBROFF[1,2], MS REBECCA JEDWAB[1,2], MR JAMES NORBERT GARDUCE[1], MR ANTHONY PHAM[1], MS JOANNE FOSTER[1], MS JANETTE GOGLER[1]
[1]*Monash Health, Melbourne, Australia,* [2]*Deakin University, Melbourne, Australia*

Introduction: The implementation of an organisation-wide electronic medical record (EMR) has changed nurses' and midwives' work and workflows. In accordance with nursing and midwifery registration and regulation requirements, double-checking high-risk medications, blood products and expressed breast milk by two nurses or midwives is recommended to reduce medication errors and minimise harm. The double-signing of medications within the EMR can be time-consuming and frustrating for nurses and midwives as it requires them to type in their username and password manually. Tap-to-witness technology was implemented throughout our organisation in early 2022, where the second nurse or midwife performing the check can tap their identification card, replacing the requirement of typing out their username and password.

Purpose: The purpose of this first-in-Australia study is to evaluate whether tap-to-witness technology supports more accurate and timely nurse and midwifery medication, blood products and expressed breast milk administration and documentation, reduces medication errors and support nurses' and midwives' work and workflows by reducing documentation burden.

Methods: Mixed-methods data will be collected to evaluate the implementation of tap-to-witness technology. EMR data and observations will be used to assess: the number of double-signed events using the tap-to-witness technology, the number and type of errors, and the time taken for double-checking from before and after the tap-to-witness technology was implemented. Nurses and midwives in clinical settings will also be asked about their satisfaction with the tap-to-witness technology.

Results: Preliminary analyses estimate a time-saving of seven seconds per administration interaction when the second nurse or midwife uses their identification card to tap-to-witness. Early qualitative comments from the staff indicate they are very happy with the change and have adopted it quickly.

Conclusions: The implementation of tap-to-witness technology to support nurses' and midwives' medication administration has the potential to decrease the EMR-related documentation burden.

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QUALITY AND SAFETY (01)

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IMPLEMENTING AN ORAL CARE SYSTEM TO REDUCE HOSPITAL ACQUIRED PNEUMONIA

MRS BELYNDA ABBOTT, FACN[1]
[1]*Queensland Health, Woolloongabba, Australia*

There is an identified gap within healthcare services around oral care knowledge, products, and supplies. Hospital-Acquired Pneumonia (HAP) has a large cost burden on the healthcare system and significantly impacts patient morbidity and mortality. Australian hospitals have 17,900 patients diagnosed with HAP yearly. Patients with neurological deficits are most susceptible to HAP because of their reduced cognitive state, swallow/cough impairment, immobility, care dependence and increased risk of oral bacteria.

In 2018, a Quality Improvement project was undertaken to explore the barriers to oral care. The audit found that 23 per cent of patients had not had their mouths cleaned that day and identified barriers to nursing staff attending to oral hygiene. The project identified that 37.5 per cent of staff had never received any education on providing oral hygiene to dependent patients.

The question asked, 'Does the introduction of a comprehensive oral care system and a targeted education program increase compliance of oral care, patient and family satisfaction and decrease HAP in Neuroscience dependent patients.'

The aim of the project was to increase knowledge and compliance with oral hygiene care, increase patient and family satisfaction around oral care practice and decrease HAP within the unit.

A mixed-method retrospective design was used with both quantitative and qualitative data collected.

Information on Non-Ventilated Hospital Acquired Pneumonia (NV-HAP) data obtained from July 2018 - September 2018 had 16 episodes of NV-HAP. Post-intervention of the oral care system from July 2019 - September 2019 demonstrated a 100 per cent reduction in NV-HAP. Increased patient and family satisfaction and $617236 cost avoidance. In 18 months, there has been a 53 per cent reduction in NV-HAP with a cost avoidance of $1,417,213 and 684 bed days.

Today 2022 the oral care system continues to be used, and data continues to demonstrate positive impacts on patients/ families, staff, and the healthcare system.

IDENTIFYING CLIENTS AT RISK OF AUTONOMIC DYSREFLEXIA: DEVELOPING SCREENING TOOL

MS JEN AIKEN[1], ASSOC PROFESSOR LAURETTA LUCK, MACN[1]
[1]*Nepean Blue Mountains Local Health District, North Richmond, Australia*

Introduction: Autonomic Dysreflexia (AD) is a potentially life-threatening medical condition that can affect persons with Spinal Cord Injury (SCI) at or above the T6 level. If not addressed, it can lead to adverse outcomes; stroke, myocardial ischemia, seizures and death[1]. The most common stimuli triggering AD is distention of the bladder and bowel[2]. Routine urinary catheterisation is a common procedure attended by community nurses (CN) who can potentially find themselves managing the clinical deterioration of a client with symptoms of AD at the time of urinary catheter change. AD can involve emergency care, paramedic support and emergency hospital presentations and/or admissions. Currently, no tools are available to CNs that screen for AD prior to urinary catheter changes.

Purpose: To develop a screening tool to enable CN to identify and manage clients at risk of AD before urinary catheter changes.

Methods: The AD screening tool was sent via a Qualtrics survey to expert nurses for face validation and review. The tool had 27 items, divided into nine sections. Items were scored on a five-point Likert scale from five strongly agree to one strongly disagree.

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Results: Ten experts completed the online survey. They had an average of 28 years of nursing experience and 11 years CN experience working with SCI clients. The screening tool included: causes of AD, pre-procedure screening, triggers for intra-procedural AD, and AD management. Participants strongly agreed (n=17) and/or agreed (n=10) to the 27-item AD screening tool. The open-ended comments provided additional feedback.

Conclusions: These findings will enable the refinement of the tool. The next step is to have the nurses use the tool in the community setting and seek feedback. The final AD screening tool will enable nurses to identify and manage AD risk ensuring safer urinary catheter changes for SCI clients in the community setting.

IMPROVEMENT SCIENCE: LEADING COLLABORATIVE QUALITY IMPROVEMENT FOR PATIENT SAFETY

MS YASMINE ARCHER[1], MS BRIONY CHASLE[1], MR PAUL HUDSON[1], MS AMANDA MACPHERSON[1]
[1]*South Western Sydney Local Health District, Sydney, Australia*

Introduction: Improvement Science (IS) methodology provides clinical teams with a consistent framework for quality improvement in their units. A collaborative learning model with dedicated IS coaches was established to support and develop clinicians, building individual leadership and team capability in:

- IS methodology
- Knowledge of safety and quality improvement
- Project management and leadership skills
- Understanding and interpreting data

Method: Sixteen multidisciplinary unit-based teams from facilities across SWSLHD participated in the collaborative model over two tranches. Teams selected a nursing/midwifery sensitive indicator that required improvement in their units, received IS training and were allocated a coach for 12 weeks. The coaching comprised of weekly team meetings reinforcing the methodology and providing accountability. Teams met fortnightly for 12 weeks in collaborative virtual meetings to provide progress updates, share learnings and offer feedback to other teams.

Results: Six months following the workshop, 93 per cent (n=15) of the 16 teams had continued to actively work on Plan Do Study Act (PDSA) cycles. At nine months, 38 per cent (n=3) of tranche one teams have achieved their goal. Most teams have made notable improvements to patient safety processes. Participant questionnaires completed after the workshop and at six months showed retention of knowledge gained from the workshop. Two participants showed advanced leadership skills in IS and have become IS coaches. Four teams have utilised IS methodology to address other safety and quality issues in their unit.

Conclusion: A collaborative learning model is a successful way to teach, promote and embed IS methodology for multidisciplinary teams in both inpatient and non-inpatient settings. The provision of a dedicated coach ensures retention of knowledge and ongoing use of skills learned at the workshop. This has enabled teams to sustain changes, transfer learnings to new patient safety projects, and create a culture of safety and quality in their unit.

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QUALITY AND SAFETY (01)

WATERFRONT ROOM 2 11:00 AM - 12:45 PM

TIME TO ANALGESIA IN EMERGENCY: CAN WE DO BETTER?

MS MEGAN CARMICHAEL[1], MRS RACHAEL MILLS[1], DR RACHEL ZORDAN[1]

[1]*St Vincent's Hospital Melbourne Emergency Department, Fitzroy, Australia*

Background: Pain is the most common patient presentation to the emergency department (ED). Pain in the ED is often poorly assessed, under-recognised and inappropriately treated. Evidence suggests implementing a nurse-initiated analgesia policy improves time to analgesia and patient satisfaction.

Objective: To i) document nurse-initiated medication policies and review associated literature and ii) determine the length of time from triage to receive analgesia in patients experiencing pain attending an ED where nurse-initiated analgesia does not occur.

Method: i) Victorian hospital nurse-initiated medication policies were benchmarked in our current practice, and a review of the literature around timely access to analgesia in the ED was undertaken. ii) A retrospective chart audit of patients presenting with pain over a one-week period was conducted. Variables collected included the type of analgesia patients received and the time (minutes) from triage to the administration of analgesia.

Results: The majority of Victorian metropolitan EDs have a nurse-initiated medication policy. These policies enable accredited nurses to initiate a range of analgesia from nonsteroidal anti-inflammatory medications to opioids. Examined literature showed post-implementation of a nurse-initiated analgesia policy, patients receive analgesia, on average, 70 minutes faster. Analysis of 540 patient records demonstrated a delay from triage time to receiving analgesia. The median time to receive paracetamol (46 per cent) was 92 minutes, ibuprofen (22 per cent) was 107 minutes, opioids (28 per cent) was 110 minutes, and other analgesia (12 per cent) was 95 minutes.

Conclusion: There is a considerable delay in time to analgesia for patients presenting with pain. Through benchmarking against colleagues in comparable Victorian EDs, it is evident our ED is not operating to the same standard in terms of pain relief. A nurse-initiated medication policy to support staff in providing analgesia to patients would improve this. The literature demonstrates that nurse-initiated medication policies in the ED are safe and extremely beneficial.

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WORKFORCE (01)

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FAMILY VIOLENCE: NURSE MANAGERS AND THEIR EXPERIENCES SUPPORTING NURSES

MS CATINA ADAMS, MACN[1], ASSOCIATE PROFESSOR LEESA HOOKER, PROFESSOR ANGELA TAFT
[1]*La Trobe University, Bundoora, Australia*

Introduction: Health care practitioners' ability to address violence against women is strengthened by health service systems that include effective staff management and leadership. Maternal and Child Health nurses work with women experiencing abuse; however, their support by the health system and their managers has not been previously examined.

Aim: To explore the experience of nurse managers supervising Maternal and Child Health nurses undertaking family violence work in Victoria, Australia.

Methods: Semi-structured interviews with 12 nurse managers in 2019-2020 explored how they supervised and managed nurses. The data were analysed using Reflexive Thematic Analysis.

Results: We identified three themes - a) managing the service, b) supporting nurses, and c) the demands on the manager.

Conclusions: The results of this study align with other research describing the impact of managing the wellbeing of high emotional labour employees. The nurse manager role is increasingly complex, requiring high-level interprofessional communication and management skills and nurturing nurses' psychological and organisational needs. Nurse managers strive to fulfil competing responsibilities and have multiple reporting relationships. In this research, nurse managers have highlighted the lack of preparation for the nurse manager role, the structural impediments to support nurses doing challenging work, and the lack of ongoing support and education to develop communication and supervision skills, including critical incident debriefing. An integrated systems approach should include better training for managers and clinical resources and screening tools, organisational support, opportunities for clinical supervision, and reflective practice. Opportunities for manager peer support should be identified, particularly for nurse managers working in isolation and newly appointed to the role.

DELIRIUM: FROM A SECURITY TO A THERAPEUTIC MODEL OF CARE

PROF LEANNE BOYD, FACN[1], MS PHILIPPA BLENCOWE[1], MS JORDANA SCHLIEFF[1], MS JACINTA SIMPSON[1]
[1]*Eastern Health, Langwarrin, Australia*

Introduction: Prevention, early recognition and management of delirium provides the best possible patient outcomes. Unfortunately, this isn't always possible, particularly in the acute setting. The provision of a supplementary, above ratio resource, called a Patient Observer (PO), is a common strategy to prevent patients with behaviours of concern (BOC) associated with delirium from harming themselves and others using a security-based model of care (MOC). The role is often undertaken by agency staff due to challenges in predicting needs and workforce shortages. Despite widespread utilisation, there is insufficient evidence to inform sustainable, cost-effective, high-quality models of care for patients requiring constant observation.

Purpose: This study evaluated the impact of replacing a security MOC with a therapeutic MOC.

Methods: A literature review and co-design methodology informed the optimal model of care. A team of Patient Care Assistants (PCA) with Certificate 111 in Health Services Assistance were recruited and completed additional hospital-based curricula informed by Allied Health and Nursing with a focus on therapeutic conversation and diversional activities. The program was implemented in pilot medical and surgical wards at two campuses and evaluated using a mixed-methods approach.

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Results: Quality of care and staff/patient satisfaction improved. Agency use was significantly reduced, and this reduced costs and risks associated with an untrained workforce. Challenges related to limited availability and the transient nature of the casual PCA workforce requires a consistent pipeline.

Conclusions: Ongoing research regarding the potential for disinvestment in the PO role is warranted. Pending this, a shift from a security MOC to a therapeutic MOC has resulted in the development of a curriculum focused on the care of patients demonstrating BOC and engagement of a confident and skilled workforce, which has shown improvement in the quality of care provided to patients with BOC and staff/patient satisfaction.

WHERE ARE ALL THE GRADUATES? A SYSTEMATIC SCOPING REVIEW FINDINGS

DR JANIE BROWN[1], DR TANYA CAPPER[4], ASSOCIATE PROFESSOR PAULINE CALLEJA[4], DR HELEN DONOVAN[5], ADJUNCT PROFESSOR DESLEY HEGNEY[6], TERENA SOLOMON[3], PROFESSOR MOIRA WILLIAMSON[4], DR SALLY WILSON[3]
[1]*Curtin University, Bentley, Australia,* [2]*St John of God Midland Public and Private Hospital, Midland, Australia,* [3]*Western Australian Group for Evidence Informed Healthcare Practice, Perth, Australia,* [4]*Central Queensland University, Australia,* [5]*Queensland University of Technology, Brisbane, Australia,* [6]*University of Adelaide, Adelaide, Australia*

Introduction/Purpose: The turnover rate of newcomers to nursing and midwifery is higher than in later years of practice, contributing to the worldwide nurse and midwife shortages. Individual and environmental factors, often in combination, contribute to attrition. Studies demonstrate the associations of factors with turnover or intention to stay. However, the scope of these factors has not been explored. The purpose of this literature review was to identify and map the individual and environmental factors that influence nurses and midwives to stay in or leave their respective disciplines within the first three years of graduate practice.

Methods: The JBI method for scoping reviews was followed. A search strategy was developed and peer-reviewed by the PRESS Forum before being adapted and translated across databases on various platforms.

Quantitative and qualitative studies, systematic reviews, text and opinion pieces that explored individual or environmental factors that influence the decisions to leave or remain in nursing and midwifery were considered. Articles must have been peer-reviewed and/or written by a person of standing in the field since 1974 and published in English. Titles and abstracts were independently screened by two reviewers, with potentially relevant papers retrieved for detailed assessment. The results of the search will be presented in a Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) flow diagram.

Results: Fourteen articles were included in the review. Extracted data has been synthesized, and we will present a mind map demonstrating the individual and environmental factors that influence the longevity of newcomers to nursing and midwifery. Our findings are informing a future study to understand the characteristics of newcomers who stay in nursing and midwifery, natural and induced attrition during the first three years of practice, and any differences within and between nurses and midwives, to identify vulnerable groups and context-specific factors.

NURSING LEADERS' STRATEGIES FOR PROMOTING RELATIONSHIP-BASED FUNDAMENTAL CARE

MS ALEXANDRA MUDD[1], DR CHRISTINE MCCLOUD[1], DR REBECCA FEO[1], DR TIFFANY CONROY[1]
[1]*Flinders University, Adelaide, Australia*

Introduction: Fundamental care describes the nursing actions required to create a trusting relationship with patients to ensure their physical and psychosocial wellbeing. A crucial feature of fundamental care is

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for nurses to integrate physical, psychosocial, and relational care rather than completing discrete tasks. The importance of the nurse leader to the quality-of-care delivery is known. This research furthers our understanding of nurse leadership by investigating the strategies used by nurse leaders to facilitate fundamental care delivery in their clinical area by focusing on their relationship with staff, patients, and their organisation.

Methods: Twenty-four self-identified nurse leaders from across Australia were interviewed between November 2020 and April 2021, to discuss their strategies for facilitating fundamental care. Data was analysed using inductive thematic analysis.

Results: Two main themes arose from this data. Nurse leaders' experience facilitating fundamental care is comprised of valuing fundamental care, understanding and developing staff capacity, and creating supportive staff relationships. The nurse leaders' experience monitoring fundamental care is evidenced by being visible in the clinical area, embedding fundamental care within practice and by taking specific direct remedial actions.

Conclusions: This research highlighted two main workforce issues. Firstly, the role of the nurse leader in promoting and supporting the nursing workforce. Specifically, these results demonstrate the importance of the nurse leader in supporting, educating, and valuing their nursing staff, which has consequences for the quality of fundamental care provided to patients. Secondly, the managers of nurse leaders need to understand the fluidity, unpredictability, and breadth of the nurse leader role. These results illustrate the complexity and intricacy of nursing leadership requiring a dynamic 'thinking and linking' approach rather than a prescriptive 'leadership checklist'. Overall, providing fundamental care to patients requires a supportive environment for nursing staff and nurse leaders.

ADAPTIVE WORKFORCE MODELS IN INTENSIVE CARE: EVALUATING LOCAL IMPLEMENTATION

MR SIMON BYERLEY, MACN[1], MRS NICOLA GLENISTER[1], MRS ELISABETH BLACK[1], MR GEORGE NTOUMENOPOULOS[1], MRS REBECCA MOORE[1]
[1]*St Vincents Health Network Sydney, Darlinghurst, Australia*

Introduction/Purpose: Responding to a surge in Intensive Care Unit (ICU) admissions due to the COVID-19 pandemic and subsequent demand for an increased ICU workforce, one tertiary hospital ICU trialled an interdisciplinary "Team" model of care (MOC). Guided by state MOC recommendations, a team of nurse leaders led a trial of implementing the model locally. The trail was evaluated to explore staff confidence and feedback working within the model.

Methods: The MOC was reviewed and adapted for local implementation. Three intubated ICU patients were cared for by one ICU Registered Nurse (RN), two Up-skilled Registered Nurses and two generalist staff (an anesthetist, physiotherapist or assistant in nursing). Seven trials were completed with a total of 35 interdisciplinary staff working within the MOC. Participants for each trial were selected through consultation with discipline-specific managers. A nurse educator was present for the duration of the trial to facilitate new ways of working, ensure safety and debrief. A post-trial evaluation (response rate of 80 per cent) was completed. Respondents perceived current level of knowledge and/or confidence were evaluated on a Likert scale of one = most negative through to nine = most positive. Participants' written feedback was collated and broadly themed.

Results: Results of note; a positive shift in the understanding of individual roles and responsibilities post-trial, high levels of confidence working within the scope of practice, feeling supported, ability to escalate and willingness to work within the model again. Theming of written feedback highlighted the overarching responsibility placed on the ICU RN, the complexity of the

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patients allocated, the challenges of working within new environments and suggestions for improvements.

Conclusion: The trial of an interdisciplinary "Team" MOC at a tertiary hospital ICU was successfully evaluated. Evaluation results have explored participants' experience working within the model when implemented locally.

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PERCEPTION TOWARDS EUTHANASIA AMONG PALLIATIVE CARE NURSES OF SRI LANKA

MISS ESHANI FERNANDO[1], MR. DAMITH RAJAKULATHUNGA[1]

[1]*International Institute of Health Sciences, Welisara, Sri Lanka*

Introduction: Palliative care has been described as an essential aspect of nurses which focuses on alleviating the pain of terminally ill patients. It is critical to fully reflect the views of palliative care nurses when developing clear assumptions on legalizing euthanasia in Sri Lanka. The aim of this study was to explore perceptions toward euthanasia among nurses who are currently involved in palliative care.

Methods: This research was a phenomenological study conducted among palliative care nurses who had gained a public health diploma and were actively involved in palliative care. A purposive sampling method was followed. Data collection was obtained until the point of saturation, in which 11 participants were interviewed through a virtual platform. Gathered data were transcribed, coded and analysed thematically.

Results: Four themes were identified. The first theme was "personal opinion", where the nurses mentioned that letting patients decide on having euthanasia is ethical and satisfies their requirements in psychological aspects. The second theme was "patients' awareness". Participants believed that awareness of euthanasia among patients and their families would affect a better way to adapt to possible changes in the future. "Quality of life" was the third theme; nurses are likely to involve in palliative care and suggested expanding palliative care training in Sri Lanka. The fourth theme was "legalization", where participants agreed that legalizing euthanasia under several conditions is a good recommendation for patients to end their suffering. Nurses accepted euthanasia as an option for them to gain a peaceful death.

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Conclusion: Legalizing euthanasia in Sri Lanka could generate multiple ethical concerns. However, nurses can uphold the quality of life through improved palliative care. Euthanasia could be the last resort for eliminating pain. However, it has to be legalized only under several conditions with a good legal framework.

CREATING RESPECTFUL WORKPLACES FOR NURSES IN REGIONAL ACUTE CARE SETTINGS

MRS TASH HAWKINS, FACN[1,2], HONORARY ASSOCIATE PROFESSOR SARAH JEONG[2], ASSOCIATE PROFESSOR TONY SMITH[1], ASSOCIATE PROFESSOR JENNY SIM[2]
[1]*University Of Newcastle Department of Rural Health, Taree, Australia,* [2]*The University of Newcastle School of Nursing and Midwifery, Callaghan, Australia*

Introduction/Purpose: Negative workplace behaviours in the nursing profession are a common occurrence. These behaviours are detrimental to nurses, health service organisations, patients, and the profession. This study aimed to investigate self-reported exposure and experiences of negative workplace behaviour and ways of coping among nursing staff in four regional hospitals before and after an educational intervention.

Methods: A mixed-method sequential explanatory study was performed. Nurse unit managers, registered nurses, and new graduate nurses (N=230) from 12 medical/surgical units were invited to participate. Face-to-face Respectful Workplace Workshops were implemented by the organisation at two of the four hospitals. Data was collected using validated questionnaires before and after the workshops.

Results: There were 74 responses before and 56 responses after the workshops. A total of 28.5 per cent (n=16) of participants completed both questionnaires. Overall, 111 participants attended the workshop, of which 20 per cent (n=22) completed the follow-up survey. Participants reported exposure to a variety of negative workplace behaviours in their workplace. However, they were more likely to be exposed to work-related negative acts, such as excessive workloads (75 per cent) and having their opinions and views ignored (49 per cent). The prevalence of bullying decreased from 34 per cent in pre- to 27 per cent in the post-intervention survey. Nurses used various ways of coping, with the majority utilising problem-focused coping strategies and seeking social support, which had the highest mean scores at both the control and intervention sites, both before and after the intervention.

Conclusion: There was a decrease in bullying and incivility reported by participants, though it was not possible to establish that the difference was due to the implementation of the intervention. There is a need for organisations to consider the nature of negative workplace behaviour to inform mitigation strategies.

NURSES LEADING CULTURAL REFORM IN EMISSIONS REDUCTION WITHIN HEALTHCARE

DR ALETHA WARD, MACN[1], MR MARK HOMES[1], LUKE BAYLISS[1], PROFESSOR SAMANTHA KEOGH[1], PROFESSOR ODETTE BEST[1], CATELYN RICHARDS[1]
[1]*Emission Reduction Policy Chapter, South Bunbury, Australia*

Introduction: The IPCC state that climate change is a 'Code Red for Humanity'. While nurses are at the forefront of caring for those who are affected by climate change, we work in an industry that has high emissions. If the healthcare sector was a country, we would be the fifth-largest emitting country on earth. Nurses, in the position of leadership in healthcare, are in a unique position to be able to lead the way in reducing emissions within the sector. The ACN Emissions Reduction Policy undertook a literature review to identify a nurse's role in Emissions Reduction within the sector.

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Method: Given the evolving scientific landscape of climate change and health, a rapid review methodology was used to examine the role of the nurse in reducing emissions within the hospital setting. Literature meeting inclusion criteria were identified, and English-only sources from 2009 – 2021 were analysed.

Results: 11 primary research papers were reviewed which showed three key cultural themes:

• Nurses are underutilised in hospital emission reduction strategies

• The paradox of health and climate within hospital-based nursing practice

• Not all nurses believe in climate change

Conclusion: The findings of this research must be integrated to shift the culture in both the nursing profession and healthcare sector to reduce emissions – to step up, lead the dialogue, shift education, mould policy, build resilience and advocate for those who are most vulnerable to the impacts of climate change. As the largest profession within the healthcare workforce, nurses are in a unique position to influence cultural change around emissions reduction within the sector. Nurses need to be equipped to respond to and lead our response as a sector to the rapidly deteriorating climate crisis.

GREEN BUDDIES NEAR TO PEER SUPPORT PROGRAM

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[1]*Centenary Hospital for Women and Children, Garran, Australia*

The Green Buddies Program was developed by clinical staff late in 2020 to foster a culture of near-to-peer support across our women's, youth and children's service, with the goal of improving the wellbeing of nurses and midwives.

The name "Green Buddies" was chosen by participants to reflect the spirit of the program. 'Green' for growth and a fresh approach. 'Buddies' for nurturing from buds to blossoms. There are 24 Green Buddies across maternity, neonatal, paediatric and community services, identifiable by distinctive green name badges. The program provides training and ongoing support for Green Buddies to assist their colleagues with day-to-day professional concerns and challenges and to connect nurses and midwives with other supports and resources as needed.

Although disrupted by the pandemic, the Green Buddies program has been well received. Nurses and midwives have sought out the support of the Green Buddies for a range of issues, and early indicators suggest a positive impact on culture. The success of the Green Buddies has been noticed, and plans to expand the program across the organisation are underway.

Our clinician-developed near-to-peer support program represents an innovative and successful contribution to positive cultural change among our nursing and midwifery workforce.

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DETECTING THE DETERIORATING RESIDENT' WEBSITE INCREASING CAPACITY IN NURSING HOMES

MRS THERESE JEPSON[1], DR JAMES HARDY[1], MS JESSICA MORGAN[1]
[1]*The Aged Care Rapid Response Team Royal North Shore Hospital, St Leonards, Australia*

The Aged Care Rapid Response Team (ARRT) is an aged care outreach service working from Royal North Shore and Ryde Hospitals in Sydney.

ARRT aims to reduce avoidable Emergency Department presentations of older people from the community and Residential Aged Care Facilities (RACF). Recognising RACF staff did not always act on early signs of clinical deterioration, ARRT adapted the NSW Health 'DETECT' program for use in RACF in 2017 to improve clinical assessment and communication skills. The team updated flipcharts and provided in-house education to RACF staff introducing A-G physical assessment and ISBAR communication tools.

A 2019 evaluation of this project found flipcharts were unused, and there was a high staff turnover. While in-person DETECT training was useful, it required repeat sessions from ARRT, which was inefficient and ineffective over time.

ARRT partnered with the Sydney North Primary Health Network (SNHN) and the other two outreach teams in Northern Sydney Local Health District (NSLHD) to develop and design a website and point of care resources to improve clinical assessment and management of unwell residents, with an ultimate aim to build capacity and confidence in RACF staff and improve care for older people in their usual environment.

'The Deteriorating Resident Clinical Decision Tool (DETECT)' Website is accessible at: www.detect.snhn.net

In February 2021, a webinar launch was followed up with on-site education. In the ARRT catchment, a total of 375 RACF staff attended from 39 RACFs. Results of pre and post-education surveys revealed that 86 per cent of respondents felt the training and website had improved their skills. Eighty-one per cent reported an increase in confidence, and 71 per cent reported using ISBAR. Knowledge and use of DETECT had increased from 41 per cent in the pre-training survey to 82 per cent in follow-up.

The DETECT website is invaluable in supporting RACF staff and improving outcomes for residents.

THE NATIONAL ASSESSMENT TOOL FOR PRE-REGISTRATION REGISTRATION NURSES PROJECT

MS TANYA VOGT[2]
[1]*Ahpra, Melbourne, Australia,* [2]*Australian Nursing and Midwifery Accreditation Council, Canberra, Australia*

Introduction: In response to the recommendations from the Educating the Nurse of the Future report, the Nursing and Midwifery Board of Australia (NMBA) and the Australian Nursing and Midwifery Accreditation Council (ANMAC) are developing a national assessment tool for pre-registration registered nurses (the NATPRN).

Main body: In a context of diverse nursing curricula, varying assessment methods and professional experience placement (PEP) settings, nursing students from around Australia are often exposed to different learning opportunities and, upon graduation, enter the profession with a varying range of knowledge and skills. To enhance the quality of clinically based nursing education and assessment, the NMBA and ANMAC NATPRN Project aims to standardise and improve nursing assessment quality while strengthening assessment alignment to the NMBA Registered nurse standards for practice. For use across diverse professional experience placement settings, the NMBA and ANMAC NATPRN will deliver Australian higher education providers, registered nursing students and regulators with a standardised nursing assessment tool (or suite of tools) that is valid and reliable with strong inter-rater reliability. It will draw from the benefits of existing nursing assessment tools and

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methodologies and possibly include assessment against a suite of core procedural competencies or skills that all newly registered RNs across Australia would be expected to show proficiency in.

Conclusion: By ensuring there is a nationally consistent, evidence-based assessment tool which all student nurses are assessed against, a NATPRN is likely to contribute to skill and proficiency improvements for all students across the duration of their NMBA-approved program of study. RN assessors will have greater role clarity and a consistent and clarified understanding of how to reliably and accurately evaluate student performance to drive learning.

A NURSE-LED AMBULATORY INFUSION SERVICE FOR AT RISK COVID PATIENTS

NICOLA TAYLOR[1], KRISTIE MCKENZIE[1], LEBE MALKOUN[1], KELLY HENDERSON[1]
[1]*The Royal Melbourne Hospital, Melbourne, Australia*

There has been an emerging need for The Royal Melbourne Hospital (RMH) to provide access to a dedicated ambulatory infusion service for high-risk patients infected with COVID-19 to deliver antiviral infusion therapies and to prevent unnecessary treatment delays or inpatient admissions for COVID-19-positive patients requiring necessary infusion-based care.

Ambulatory infusion centres provide regular care for patient populations who are often immunocompromised. This poses a challenge in arranging essential infusion centre appointments for COVID-19–positive patients who could serve as vectors of disease, putting immunocompromised patients at increased risk. Difficulties in bringing therapies to COVID-19 patients in ambulatory settings include physical separation from other patient areas, dedicated separate patient access, clinical oversight, ventilation requirements and transport needs.

Teams from across the organisation worked together to rapidly design infrastructure, infection control procedures, medication supply logistics and clinical workflows required to commission a new nurse-led infusion clinic for COVID-19 patients. The key objective was to continue treatment in an environment that was safe for the patients being treated, the staff looking after them, and other patients in the health service.

In four weeks, a former staff gym space was transformed into a large ambulatory day centre with eight infusion chairs, a pathology chair and two consultation/clinic rooms. The eight infusion chairs were also fitted for the delivery of haemodialysis treatment.

Following two years at the forefront of COVID-19 care, the RMH COVID Infusion service developed a nurse-led clinic that provides infusions and other health care supports for immunocompromised patients infected with COVID-19. Adapting to the pandemic, creating a “hot” infusion service enabled these patients to continue to access the care they need, when they need it; reducing interruptions to treatment, releasing beds for other streams of patients and importantly, supporting immunocompromised patients to stay at home where ever possible

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BACK TO THE FUTURE…. OLD FASHION GOOD CARE PROVIDED VIRTUALLY

MS FIONA MARTIN[1]
[1]*Western NSW LHD, Cowra, Australia*

In 2020 WNSWLHD Remote in Home Monitoring Program [RiHM] commenced in response to the eHealth Strategy for NSW Health and the looming COVID-19 outbreak. From humble beginnings, the little program that could suddenly pivoted and surged to provide the framework for a 100 per cent nursing-led model caring for COVID-19 positive clients in the community.

With a land area of 31 per cent of NSW and varying degrees of health infrastructure across some of the most remote areas of the state, it became increasingly evident that there would be many challenges.

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In a dramatic upscale of services, clients that were assessed and risk-stratified were offered enrolment. Clients were able to upload vital signs into a phone or computer using LHD-supplied equipment. Daily surveys allowed clients to answer questions about their symptoms based on current ACI guidelines. This also gave respondents the opportunity to request social, cultural and other support services.

Care provided by RiHM extended beyond looking at vital signs on a screen. It was an opportunity to improve access and health literacy within a complex cohort. One in five clients identified that they had no GP or access to regular health care. Employing health coaching strategies was a key factor in ensuring people identified deterioration and utilised appropriate strategies to escalate their care.

To date, RiHM has enrolled 1,893 clients since August 2021, of those, approximately 33 per cent identified as First Nations, 22 per cent were <16yo, and ages ranged between 13 days to 92 years of age. The true value of RiHM is that care doesn't end at de-isolation, RiHM is utilised in PCBH and can be provided to post COVID-19 clients with ongoing symptoms.

RiHM has demonstrated that when you combine a robust framework, escalation pathways and teamwork with modern technology - good old-fashioned care can be delivered virtually.

CO-DESIGNING A NURSING LEADERSHIP-THEMED JOURNAL CLUB

A/PROF TONY MCGILLION, MACN[1], MS ZACQUILINE LAO[2]

[1]*Western Health, St Albans, Australia,* [2]*Austin Health, Heidelberg, Australia*

There are few healthcare 'silver linings' in the last two years, but one that stands out is the heightened awareness of the invaluable role of the nurse manager in providing agile leadership during the turbulent waters of the COVID-19 pandemic. These 'waters' have rarely been calm, ebbing and flowing from ripples to tsunami-like waves at times and testing the resolve and resilience of many. The nurse manager role has been required to absorb both changing organisational imperatives and the stresses of their teams, creating a 'perfect storm'.

The context of this project is a large public hospital (Western Health), a streaming hospital during the pandemic, where nurse managers have been steering ships through stormy seas. The platform, processes and structure of the leadership journal club will be designed by the major protagonists with 'blinkers' removed and open minds; an 'Emerging Nurse Leader' from the College, in tandem with volunteer nurse managers, will proffer their ideas about structure and process – this gives a more 360-degree, holistic 'emerging' and 'emerged' perspective of nursing leadership.

Stereotypically, a journal club is a facilitated face-to-face gathering of like-minded individuals critiquing evidence. The pandemic has driven these opportunities to a more virtual place which has increased accessibility; there is an opportunity to discuss leadership successes or failures, theories, innovations, case studies, etc., in the same way as a journal club may discuss the efficacy of a new drug on the effects of diabetes.

With the knowledge that nursing leadership has never been more important, an opportunity exists to prepare our nurse manager 'leaders' for their roles in mitigating clinical governance failures through rigorous evidence critique and translation into leadership practice. Well-informed, evidence-based leadership can positively impact the patient experience.

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QUALITY AND SAFETY (02)

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FRAILTY AMONG OLDER SURGICAL PATIENTS

MS LYNETTE MCEVOY[1], MR MATTHEW RICHTER[2], MS TANGHUA CHEN[1], MS ANN LE[1], MS CAROL WILSON[3], MS LYNDA MAROV[4], MR POUMANSING GUJRAZ[5], MS LEEANNE GRAY[5], MS MANDANA MAYAHI-NEYSI[6], MS NEVENKA FRANCIS[1,7,8], MS HA THI MAI[9], MR STEVE FROST[1,7,8], DR DANIELLE NI CHROININ[1,7], DR STEVEN HE[8,9]

[1]Liverpool Hospital, Liverpool, Australia, [2]The Tweed Hospital, Tweed Heads, Australia, [3]Bankstown-Lidcombe Hospital, Bankstown, Australia, [4]Campbelltown and Camden Hospitals, Campbelltown, Australia, [5]Fairfield Hospital, Fairfield, Australia, [6]Bowral and District Hospital, Bowral, Australia, [7]South Western Sydney Clinical School, University of New South Wales, Liverpool, Australia, [8]South Western Sydney Local Health District Nursing and Midwifery Research Alliance, Ingham Institute of Applied Medical Research, Liverpool, Australia, [9]Western Sydney University, Liverpool, Australia

Introduction: While advances in healthcare mean people are living longer, increasing frailty is a potential consequence of this. The relationship between frailty among older surgical patients and hospital-acquired adverse events has not been extensively explored. We sought to describe the relationship between increasing frailty among older surgical patients and the risk of hospital-acquired adverse events.

Methods: We included consecutive surgical admissions among patients aged 70 years or more across the South Western Sydney Local Health District between January 2010 and December 2020. This study used routinely collected data ICD-10-AM data obtained from the government-maintained Admitted Patient Data Collection. The relationships between cumulative frailty deficit items and the risk of hospital-acquired adverse events were assessed using Poisson regression modelling. This study followed the RECORD/STROBE guidelines.

Results: During the study period, 44,721 (57 per cent women) older adults were admitted, and 41 per cent (25,306) were planned surgical admissions. The risk of all adverse events increased with increasing number of frailty deficit items, the highest deficit items group (4-12 deficit items) compared to the lowest deficit items group (0 or 1 deficit item): falls adjusted rate ratio (adjRR) = 15.3, 95 per cent confidence interval (CI) (12.1, 19.42); pressure injury adjRR = 21.3 (95 per cent CI 12.53, 36.16); delirium adjRR = 40.9 (95 per cent CI 31.21, 53.55); pneumonia adjRR = 16.5 (95 per cent CI 12.74, 21.27); thromboembolism adjRR = 17.3 (95 per cent CI 4.4, 11.92); and, hospital mortality adjRR = 6.2 (95 per cent CI 5.18, 7.37).

Conclusion: The increase in the number of cumulative frailty deficit items among older surgical patients was associated with a higher risk of adverse hospital events. The link offers an opportunity to clinical nursing professionals and future research in the surgical setting to develop and implement targeted models of care and ensure the best outcomes for frail older adults and their families.

EVIDENCE FOR A NURSE-LED PROTOCOL FOR REMOVING URINARY CATHETERS

MS ANGELA JONES[1,2], PROF CATE NAGLE[2,3], DR WENDY SMYTH[2,3], DR TRACEY AHERN[2]

[1]Royal Melbourne Hospital, Parkville, Australia, [2]James Cook University, Townsville, Australia, [3]Townsville Hospital and Health Service, Douglas, Australia

Introduction: Catheter-associated urinary tract infections significantly contribute to hospital-acquired complications globally, with adverse implications for patient outcomes, healthcare and fiscal resources. Most urinary tract infections are preventable. Consequently, nurse-led protocols for the early removal of urinary catheters to reduce the incidence of catheter-associated urinary tract infections have been trialled. A systematic review of nurse-led protocols for the removal of urinary catheters has not been conducted since 2010.

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Purpose: To undertake a scoping review of published evidence for nurse-led practices of removing urinary catheters within the acute healthcare setting, with reference to the impact on catheter-associated urinary tract infection rates.

Methods: Five databases (CINAHL, MEDLINE, SCOPUS, EMCARE and INFORMIT) were systematically searched in a scoping review of all peer-reviewed publications up to 12/03/2021.

Results: Thirteen studies met the inclusion criteria. Eleven studies described a reduction in catheter-associated urinary tract infections regardless of the type of intervention, one study did not demonstrate a change, and one study reported an increase in catheter-associated urinary tract infections. Settings, study duration and sample size varied substantially between the included studies. Interventions were exclusive nurse-led protocol for removal of urinary catheters, computerised reminder systems, bundle approaches or comprehensive packages. Outcome measures and definitions of catheter-associated urinary tract infections were varied or absent. The quality of evidence of included studies in this review was low, attributed to a number of methodological issues related to sample size and statistical analyses. While the introduction of nurse-led protocols showed some improvements, the methodological inconsistencies make it difficult to highlight a specific protocol.

Conclusion: There is evidence that a reduction in catheter-associated urinary tract infection incidence could be achieved by utilising nurse-led protocols for the removal of urinary catheters. However, given the quality of existing evidence, caution is required in translating these findings to policy and practice.

NURSES', MIDWIVES' AND DOCTORS' VIEWS: CONSUMER REPORTING OF PATIENT DETERIORATION

DR LINDY KING[1], MR STAN MINYAEV[1], PROFESSOR HUGH GRANTHAM[2], PROFESSOR ROBYN CLARK[1]
[1]Flinders University, Adelaide, Australia, [2]Curtin University, Perth, Australia

Introduction: Nurses play a critical role in the identification of patient deterioration and activation of rapid response systems in hospitals. Early detection of deterioration has been recognised as critical to the achievement of best clinical outcomes. Patients, family members and visitors (consumers) have the potential to contribute to early detection due to their in-depth knowledge of the patient. Internationally, healthcare organisations have placed a strong focus on this aspect of patient safety. In line with this initiative, healthcare professionals have sought to strengthen their partnership with consumers in the detection of patient deterioration. Healthcare professionals emerged as critical to this partnership and their willingness to educate and respond to consumer report of deterioration.

Purpose: To investigate nursing, midwifery and medical staff members' views on consumer involvement in reporting patient deterioration within hospitals.

Methods: An interpretive qualitative survey approach was utilised. Participants included 244 healthcare professionals from two hospitals in Adelaide, South Australia. Data collection involved six open-ended questions provided through a paper-based survey. Data analysis was undertaken through a matrix-style data organisational framework and six steps of thematic analysis.

Results: A total of 198 nurses and midwives and 46 medical professionals, ranging from the newly qualified to senior clinicians, participated. Support was indicated by most staff, with senior nurses and doctors providing strong commitment and leadership toward consumer involvement. Five major themes emerged: 1. Consumer involvement in escalation; 2. Support systems; 3. Prioritisation of care and time management; 4. Education

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of consumers and staff on escalation protocol, and 5.Consumer confidence to speak up.

Conclusions: The healthcare professionals supported the consumer-initiated escalation of care policy and the potential for consumers to first report deterioration. The need to utilise interactive communication skills with consumers was recognised as critical. Annual education of healthcare staff on consumer involvement in report of deterioration was strongly recommended.

DIRECT AND INDIRECT PATIENT NURSING CARE OF HOSPITALISED PATIENTS

DR SHARON KRAMER[1,2], DR MELISSA RAYMOND[2], DR XIAOMIN LIU[1], DR HARRY GIBBS[2], MS JOANNE CANTY[2], MR DOUG MCCASKIE[2], MS VALENTINA MARIC[2], MR FRANCIS DIGNAM[2], PROFESSOR NATASHA LANNIN[1,3], ASS/PROFESSOR PETER HUNTER[2], PROFESSOR TRACEY BUCKNALL[1,2]
[1]*Centre for Quality and Patient Safety Deakin University, Melbourne, Australia,* [2]*Alfred Health, Melbourne, Australia,* [3]*Department of Neurosciences, Central Clinical School, Monash University, Melbourne, Australia*

Background: Quantifying direct and indirect nursing care provided during inpatient stay is vital to understand how to optimise the quality of care to improve patient outcomes and manage resources. The aim of the project was to quantify the time and types of care nurses provided to hospitalised patients.

Methods: Nurses were observed two x two hours per day with one hour break in between. Observations were conducted on an acute general medical ward and subacute rehabilitation ward at Alfred Health. Real-time task-related data were digitally recorded using the Work Observation Method By Activity Timing (WOMBAT) tool. Frequency and time spent on pre-determined tasks were recorded and included communication (professional), direct care, documentation, transit, indirect care, medication tasks, non-patient activities, observer break, supervision activities, and waiting. The number of interruptions was also recorded.

Results: We observed 21 nurses (acute n=12, subacute n=9) between May-July in 2021. In total, 112 hours and 7257 tasks were observed. Of the observed time, 28.5 per cent was spent on direct patient care, which included hygiene and linen changes (5.7 per cent), assessment (4 per cent), patient communication (3.9 per cent) and administering medication (3.1 per cent). Over half (55 per cent) of the observed time was spent on indirect patient care, such as preparing and checking medication, communication (professional), and documentation: 11 per cent, 9.9 per cent and 11.8 per cent, respectively.

A total of 573 interruptions of tasks occurred (an average of four interruptions per hour). Interruptions occurred mostly during transit to another area, documentation or medication tasks.

Conclusions: Nurses spent most of their time on indirect patient care. Interrupted tasks included medication tasks and documentation, which may lead to errors in care that have the potential to negatively impact patient outcomes. Future research should investigate the association between time spent on tasks, patient outcomes and nursing skill mix. This information will inform service development by prioritising care activities that will lead to better outcomes for the patient.

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CONCURRENT SESSION TWO

QUALITY AND SAFETY (02)

WATERFRONT ROOM 2 11:00 AM - 12:45 PM

THE ACCIDENTAL LEADER

MS BELINDA WAUGH, DR KRISHNA LAMBERT

[1]*Calvary Riverina Hospital, Wagga Wagga, Australia*

Introduction: Nurse leadership has been shown to impact patient outcomes, staff satisfaction and retention. However, leadership and management styles vary within and between organisations. The power of leaders to influence the organisational culture and environment is well documented. Leaders and managers are seen as role models, and their actions communicate what is acceptable behaviour within an organisation. This paper reflects on the emergence of the accidental leader during a hospital accreditation process. The style of leadership that leads to a successful organisational outcome will be revealed, and the personal journey of unmasking the leader within will be shared.

Body: All public and private hospitals are required to be accredited against the NSQAHS. The facilities' quality and safety coordinator is often tasked with coordinating the process. It was through this experience that the leader within was unmasked and emerged to lead teams of nurses to a successful organisational outcome. The unmasking of a leader was a lonely journey and one that identified many of the barriers to nursing leadership. One of those barriers included understanding the different approaches to leadership. There are a number of different leadership styles; transformational, transactional, adaptive and servant. Each style elicits varying responses within an organisation. Servant leaders ensure the 'followers' are all growing and developing in their abilities and knowledge. By growing the followers, it, in turn, grows the overall operations of the organisation. It was through a servant leadership style that a regional private hospital successfully achieved accreditation and unmasked a true leader.

Conclusion: The process of accreditation catapulted the quality coordinator into leadership. The experience uncovered a number of personal learnings and insights but also identified organisational barriers to succession planning and leadership opportunities and pathways.

WORKFORCE (02)

WATERFRONT ROOM 3 11:00 AM - 12:45 PM

NURSING LEADERSHIP UNMASKED: GLOBAL PERSPECTIVES ON COVID-19 WORKFORCE WELLBEING STRATEGIES

DR YLONA CHUN TIE, MACN[1], DR CAROLINE BROWNE[2]

[1]*James Cook University, Townsville, Australia,*
[2]*Murdoch University, Perth, Australia*

Introduction: A scoping review of strategies nurse leaders initiated to enhance the wellbeing of their colleagues during the COVID-19 pandemic was undertaken. Experiences from around the globe have been collated to provide an insight into wellbeing initiatives that can inform future practice.

Body: Nurse leadership requires courage and vulnerability to build trust with co-workers. Nurse leaders know the capability of their teams. Asking staff what they require to perform their roles safely and effectively allows teams to work towards solutions together. Nursing leaders joined together across jurisdictions, bonded by context, to find creative solutions to address workforce constraints and support the physical and psychological health of staff. Sharing their experience and knowledge: how gaps were filled; and how teams adapted to manage and navigate the evolving landscape. Nurses have been challenged to think differently, listening to the experience of others. Strategic wellbeing initiatives reported in the literature included the development of national flowcharts and resources to support wellbeing (Hofmeyer & Taylor, 2021), the creation of dedicated wellbeing centres for healthcare staff (Blake et al., 2020), and engaging wellbeing champions at ward level (Wharton et al., 2021). Nurse leaders actively listen, inspire colleagues to ask the right questions and arrive at solutions organically. They do this by understanding how people think, reflecting on multiple perspectives and accepting ideas over and above their own. Leaders make decisions quickly and often with limited resources, adapting to rapidly changing, complex, and stressful environments.

Conclusion: The COVID-19 pandemic highlighted how imperative strong nursing leadership is for supporting nurses at every level. Practical strategies provided psychological support essential for maintaining the health

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WORKFORCE (02)

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and wellbeing of the nursing workforce (Maben & Bridges, 2020). The strategies identified demonstrate the creativity and adaptability of nursing leadership to look after colleagues to maintain and sustain our nursing workforce.

MEDICATION ADMINISTRATION EVALUATION FEEDBACK TOOL: STEPPED WEDGE CLUSTER RANDOMISED TRIAL

DR KAREN DAVIES, MACN[1,2], DR KAREN HAY[4], ASSOCIATE PROFESSOR KAREN WHITFIELD[2], MRS KAREN CHIPPINDALL[5], DR PETER DONOVAN[1,2], PROFESSOR SAMANTHA KEOGH[1,3], PROFESSOR IAN COOMBES[1,2]

[1]*Royal Brisbane and Women's Hospital, Brisbane, Australia,* [2]*University of Queensland, Brisbane, Australia,* [3]*Queensland University of Technology, Brisbane, Australia,* [4]*QIMR Berghofer Medical Research Institute, Brisbane, Australia,* [5]*Redcliffe Hospital, Redcliffe, Australia*

Purpose: The purpose of this study was to evaluate the impact of the Medication Administration Evaluation Feedback Tool (MAEFT), a validated 22 criteria best practice checklist, on nursing adherence to medication administration guidelines and to test the feasibility of the recruitment and data collection processes, and acceptability to participants.

Methods: The study was a sequential, incomplete, stepped-wedge, cluster-randomised trial with three phases: pre-intervention, intervention, and follow-up intervention. The study included six wards across two hospitals with plans to recruit fifteen nurses in each ward (total n=90). The intervention consisted of utilising MAEFT for nurses to self-assess their performance before they were observed administering medications and subsequently provided formative feedback on their performance. Participant acceptability was measured with a 10-question survey. The trial was designed and conducted in accordance with the Consolidated Standards of Reporting Trials (CONSORT) statement and extension for SW-CRT. Ethics approval was obtained.

Results: The MAEFT was used on 256/270 (94 per cent) occasions involving 90 nurses, with 77 (86 per cent) contributing complete observational datasets. Nurses completed a total of 155/180 (86 per cent) self-assessments, with 82 (91 per cent) at intervention, 73 (81 per cent) at follow-up and 68 (76 per cent) with paired assessments at both time points.

Pre-intervention, nurses adhered to best practice guidelines 88 per cent of the time (IQR: 83-93), compared with 94 per cent (89-100) ($p<0.001$) with the intervention and 95 per cent (93-100) ($p<0.001$) with the follow-up intervention. For self-assessment, participants believed they were adherent to guidelines 92 per cent of the time (85-98) with the intervention and 97 per cent (87-100) at follow-up ($p=0.001$). Participants found the process a positive experience.

Conclusions: The study shows that using the MAEFT across different clinical settings with different nurses demonstrates a statistically significant improvement in compliance with best practice guidelines for medication administration compared to prior to the intervention. The study design demonstrated the feasibility of recruitment, participant retention and acceptability.

(H)EAR (H)EAR! – SPECIALIST EAR NURSING IN REMOTE NT

MISS ANDREA JANSEN VAN RENSBURG, MACN[1], MS DEBRA SMITH[1]

[1]*Hearing Services NT, Casaurina, Australia*

Ear and hearing health describes a variety of ear-related conditions, hearing impairment and loss, which can be caused by preventable middle ear disease. Among Aboriginal and Torres Strait Islander children, otitis media often manifests at earlier ages, with greater severity, greater persistence and more frequently than in non-Indigenous children [1]. Hearing loss at a young age can have profound negative impacts on speech and language development, translating into a lifetime of disadvantage.

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WORKFORCE (02)

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Outreach ear and hearing services were established in 2009 for Indigenous aged 0-21 in remote NT communities. The service utilises a store and forward model to provide a Teleotology service. Over 7500 Teleotology services have been provided from 2012 – 2020[2]. This model provides an accessible, culturally safe, cost-effective specialist service to remote clients while easing the burden on tertiary centres where demand for Ear, Nose and Throat (ENT) services is high[2]. The rates of ear disease and hearing loss in the target population have steadily declined since the inception of the service.

This presentation will outline the service delivery model for outreach hearing services, the unique role of and the career opportunities for nurses in ear health, and a call for more training in otoscopy and tympanometry to lead to earlier recognition and treatment of ear and hearing disease in vulnerable populations.

[1]Australian Institute of Health and Welfare 2018. Australia's health 2018. Australia's health series no. 16. AUS 221. Canberra: AIHW

[2]Australian Institute of Health and Welfare 2021. Hearing health outreach services for Aboriginal and Torres Strait Islander children in the Northern Territory: July 2012 to December 2020. Cat no. IHW 260. Canberra: AIHW.

TRADE IN SERVICES AGREEMENTS. RISKS AND BENEFITS FOR NURSING WORKFORCE?

MS DIANNA KIDGELL, MACN[1], ADJUNCT ASSOCIATE PROFESSOR DANNY HILLS[1], PROFESSOR DEBRA GRIFFITHS, EMERITUS PROFESSOR RUTH ENDACOTT

[1]*MACN, Canberra, Australia*

Introduction: The use by governments of bilateral and multilateral agreements as part of workforce management has accelerated. The broad scope and untested nature of some provisions of these agreements give rise to questions about the potential for negative outcomes for the nursing workforce. There are also potential opportunities for the nursing profession globally. This presentation draws on the results of research which has explored the risks and benefits for the nursing workforce through labour provisions of trade-in services agreements.

Purpose: The aim of this research was to explore and describe perceptions of the potential implications for the nursing workforce in Australia of labour provisions in international trade in services agreements.

Method: The qualitative methodology of the study is Constructivist Grounded Theory (CGT). This study is based on documentary analysis and semi-structured one-to-one interviews with national and international participants who contributed expert perspectives across areas including government health policy (Australia), health economics, global nursing, global health, nurse education, nurse regulation, Australian politics, Australian nursing workforce planning, nursing unions and clinical nursing across a range of specialties including aged care, and rural and remote practice.

Results: Potential implications were identified from labour provisions of trade-in services agreements for nursing workforce planning, domestic nurses, temporary visa nurses, recipients of care, and health sectors such as residential aged care.

Conclusions: There are positive and negative implications of trade-in services agreements for the nursing workforce, which have flow-on implications for recipients of care and health systems. The outcomes of these agreements are determined by how they are worded and how they are implemented. Nurses must engage with and influence policy at the government level in order to manage risks and access opportunities for the profession and the community from trade-in services agreements.

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WORKFORCE (02)

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SUPPORTING GRADUATE PERFORMANCE: EVIDENCE OF WHAT WORKS

MS MEGAN WISE, MACN[1], MRS KATHARINA SPILLER, MS CHRISTINE OSSENBERG, MRS AMANDA HENDERSON

[1]*Nursing Practice Development Unit, Princess Alexandra Hospital, Ipswich Road, Woolloongabba, Qld, 4102, Australia., Woolloongabba, Australia*

Background: Transition to practice for graduate registered nurses (GRNs) is of national and international concern. The development of GRNs expands well beyond university education and relies heavily on graduate programs to support GRNs to practice as safe, ethical, and competent clinicians. Little is known of the sequential development of graduates and, specifically, the return on investment of the resources to support a transition to practice.

Aim: The aim of this study is to follow the progress of graduates during their transition year and explore the association of workplace performance with clinical support and learning experiences.

Methods: A quantitative evaluation design was used. GRN performance was recorded using the 23-item ANSAT (Australian Nursing Standards Assessment Tool) modified from the commonly used version for students for appraising and informing feedback to graduates at 1–, 3–, and 9–months from February 2020 to November 2021.

Results: Scores across the three timeframes (n=374) identified statistically significant changes ($p \leq 0.001$). As scores are rated based on the intensity of coaching needed for the graduate to meet requisite standards of care, this significant difference is the acknowledgement of the increasing independence of the graduate during their transition year. Items relating to therapeutic relationships and professional practice rated highest with a mean range from 3.55 (SD=0.81) to 3.76 (SD=0.91). Of interest, items relating to managing complex practice and use of evidence was lower, yet these scores did substantially increase following specific workshops and activities after the three-month appraisal.

Conclusion: These findings appear to confirm the value of education workshops, targeted individual learning opportunities and feedback, and provision of coaching. Collectively, the combination of strategies enacted in response to identification of GRN progress using feedback from the ANSAT aid in effectively monitoring workforce capacity and designing activities to advance areas of improvement.

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CULTURAL CHANGE (03)

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FREDEX -ENHANCING EMPATHY THROUGH SIMULATION LEARNING IN RURAL AGED CARE

MS DESLEY JOHNSON[1], MR PAUL BENNETT, MS LUCIA WUERSCH, MR HAMISH MCDOUGALL, MS SABINA NADVI, MR PAUL COOPER, MR ASHFAQ MOHAMED ASIF, EMILY SAURMAN
[1]*Western NSW Local Health District, Cowra, Australia*

Introduction: In 2020, the Western NSW Local Health District (WNSWLHD) recorded 1805 inpatient falls with 38 serious incidents. Of these serious falls, the average age of the person falling was 85, and 78 per cent occurred at one of the 25 Rural Multipurpose Service (MPS) sites that contain a residential aged care unit.

A collaborative team of health professionals and academics developed and introduced the Falls Reduction and Empathy Development Experience (FREDeX), a simulation training program to enhance the empathy of those caring for residents living with physical and cognitive impairment. The aim was to increase awareness of healthcare staff regarding the challenges faced by this vulnerable population resulting in improved empathy, care, and management with reduced incidents of resident harm, such as falls.

Methods: FREDeX uses Virtual Reality (VR) goggles and an Empathy Suit to challenge the attitudes and care delivery of rural clinical staff. Trainees explore their understanding of the physical and cognitive limitations associated with ageing firsthand. Before, after, and final training surveys are currently being collected and are one source of evidence examining the change in trainee knowledge and empathy.

Results: FREDeX began in 2021 and has been delivered to >175 trainees. A comprehensive evaluation is examining the influence of FREDeX, and preliminary findings indicate a significant change in empathy. Knowledge and empathy improvements are expected to translate to improved care of the older person and fall management. The FREDeX evaluation will also guide the efficacy, sustainability, and transferability of this training model.

Conclusion: FREDeX is a novel training approach that employs modern simulation technologies, including VR and an Empathy Suit, to teach empathy and other soft skills to health professionals. FREDeX is expected to enhance the empathy and attitudes of rural health professionals and improve the care and management of vulnerable people at risk of falls.

SHARED BEHAVIOURS OF AUSTRALIAN NURSING STUDENTS REGARDING PAIN MANAGEMENT

MS KATRINA LANE-KREBS[1], MS MARINA COUSINS[1], MS JOY MATTHEWS[1], DR COLLEEN JOHNSTON-DEVIN[1]
[1]*Central Queensland University, Bundaberg, Australia*

Introduction: In 2020, 3.37 million Australians (almost 14 per cent of the population) lived with chronic pain. Increasingly individuals experienced acute pain. Nurses are uniquely placed to assist people experiencing pain; therefore, it is vital they have extensive pain knowledge. In 2019, a project commenced exploring nursing students' pain knowledge and attitudes at a regional university. Studies of a similar nature have focused on registered clinicians with limited exploration of the student perspective.

Methods: Qualitative descriptive design using ta modified Knowledge and Attitudes Survey Regarding Pain Management, a self-administered questionnaire hosted on SurveyMonkey using a convenience sample of undergraduate nursing students.

Results: The tool, while validated within the clinical practice of registered nurses, was identified as inappropriate within the context of student nurses educated utilising a biopsychosocial framework of holistic care. While results from the study were underpowered due to a lack of participation attributed to the disruption of COVID-19, the study findings mirror the literature review findings suggesting that pain-related knowledge has not

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improved in the last 20 years. We identified that student nurses' knowledge of pain management might not be of an appropriate standard to provide care for the millions of Australians experiencing pain.

Conclusions: Despite being underpowered, the findings and anecdotal evidence warrant further investigation into strategies to assess students' knowledge appropriately and ultimately improve student nurse pain curricula to achieve best practice and improve patient outcomes. Reflection indicates that alternate assessment of students' abilities requires consideration. Although this research is considered to have failed as results could not address the research aims, we identified an opportunity to potentially improve the nursing curricula for student nurses and identify best practices to improve health outcomes for patients. A revised research design was formulated, creating a new tool to assess students' knowledge and management of pain, considering the scope of practice more comprehensively.

WORKING TOWARDS A SAFER CULTURE FOR NURSES AND MIDWIVES

MS PATRICE MURRAY, MACN[1]
[1]ACT Health, Philip, Australia

The true magnitude of occupational violence (OV) for nurses and midwives is not yet fully known. However, international research has identified them as being at high risk as incidents of physical violence and psychological harm are on the rise. The ACT Health Nurses and Midwives: Towards a Safer Culture (TASC), an ACT Government commitment launched in December 2018, commits to improving safety for nurses and midwives by targeting specific areas of concern in the ACT public health system.

A dedicated Project Team commenced work in early 2019 to develop multiple evidence-based initiatives, including a community awareness campaign, best practice guidelines and tools, leadership support and a trial of the Safewards model of care - an evidence-based model that focuses on staff and patient modifiers of behaviour and more consistent and meaningful consultation with end-users such as nurses and midwives on safe workplace design.

The priority actions were designed to inter-link with parallel government projects that were focused on culture change and eliminating and managing the risk of OV. Successful development and implementation of the NM TASC Strategy was achieved by embracing the principles of stewardship, consultation, and collaboration.

To address the requirement for a territory-wide enduring culture shift, a community awareness campaign was developed. Utilising market research, the campaign delivered the message 'Be Kind and Respectful to our Nurses and Midwives' to the Canberra and wider ACT community through various communication channels with the campaign successfully supported the priority actions delivering change within ACT public health workplaces.

The TASC Strategy Evaluation, through the delivery of 22 priority actions, has been successful in raising the awareness and understanding of OV in ACT public health workplaces and has successfully implemented interventions and resources that improve workplace safety for ACT nurses and midwives.

A REVIEW OF STRATEGIES THAT ADVANCE FEMALE NURSING CAREERS

MRS MIHIRIKA PINCHA BADUGE[1,2,4], MS MARIAM MOUSA[2], PROFESSOR HELENA TEEDE[2,3]
[1]Monash University, Clayton, Australia, [2]Monash Centre for Health Research Implementation, School of Public Health and Preventative Medicine, Monash University, Clayton, Australia, [3]Endocrine and Diabetes Unit, Monash Medical Centre , Clayton, Australia, [4]Austin Health, Heidelberg, Australia

Introduction: Nurses bring unique perspectives to board rooms in areas related to strategic planning, critical thinking, communication, quality and process improvement, human resources, finance, and complex

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problem-solving. However, the nursing profession is gendered, which often undervalues its contribution leading to a lack of recognition. Nursing, often perceived as a caring role, has been typically stereotyped as feminine work, with fewer men choosing it as a career. While there are far fewer men in nursing, the 'glass escalator' finds male nurses climbing the leadership ladder faster than their female counterparts. Strategies for nurses to attain leadership positions are studied and reported on without a specific gender lens. This systematic review explores the evidence for organisational-level strategies that advance female nurses in their careers.

Method: Four large databases were searched using search terms: leadership, OR career mobility, OR career progression, OR career advancement, AND academia, OR health services, AND female, OR women. For this additional analysis, the term nurs* was also included. A total of six studies met the inclusion criteria and were included in this analysis. Data were extracted narratively to identify the barriers, facilitators and organisational level interventions that support the advancement of female nurses in leadership based on their career stage and setting, including academia, clinical or global health.

Results: Organisational interventions such as leadership training, mentorship and networking, and financial support have been found to be effective across nursing career stages (early-, mid-, and senior-). Career assistance, orientation programmes, shared experiences and stories of successful senior nurse academics were reported as supportive organisational level interventions for early-career nurse academics. Executive training programmes were found to be an effective leadership development intervention for senior clinicians.

Conclusion: Mentorship, networking, financial support, leadership training, and leadership opportunities are highly cited organisational-level interventions for advancing nurses in healthcare leadership.

INNOVATION (03)

Waterfront Room 1 1:45 PM - 3:30 PM

EVIDENCE-BASED COMPLEMENTARY AND INTEGRATIVE HEALTH: AN INNOVATIVE POSTGRADUATE COURSE

DR LYNDALL MOLLART[1]

[1]University Of Newcastle, Gosford, Australia

Increasingly, Complementary and Integrative Health (CIH), previously known as CAM, is used by many patients and women during the perinatal period. There is a growing body of evidence indicating that CIH modalities make a significant and cost-effective contribution to the health of the community, especially in relation to chronic disease management. Current literature recognised that with increased use of CIH modalities, there is a need to ensure these practices are safe, cause no harm and enhance the wellbeing of patients and childbearing women. Thus, as per national professional codes and practice standards, nurses and midwives need to have evidence-based knowledge of CIH modalities and practices so that they can assist patients and childbearing women in making informed decisions in the use of these modalities.

This presentation will outline the development, implementation, and evaluation of an innovative course, "Evidence-based Complementary and Integrative Health (CIH,)" for undergraduate and postgraduate midwifery and nursing students, which commenced at the University of Newcastle in 2021. This 12-week course examines the history and philosophical approaches to CIH, professional and legal issues, indications and contraindications, as well as some practical techniques of 13 CIH modalities commonly used by patients/women. The course promotes interprofessional education with the teaching provided by academics from nursing, midwifery, law, sociology and pharmacy. This online course with students around the country includes evidence-based literature, videos, regular online live tutorials, and recorded lectures with content experts. Online discussion groups promote student interactions and social contact to overcome a sense of isolation.

Evaluation of the course's first offering found the majority of students found the course worthwhile and useful, with comments "I feel more confident… the information in this course had added to what I thought I knew before" and "I definitely feel more prepared... I am able to source and provide evidence-based information."

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INNOVATION (03)

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COVID-19: CATALYST FOR CHANGE AND INNOVATION IN HITH SERVICE

MISS ANDREA NESS[1], MRS GAEL HOLTERS[1], MS ANNIKA BOWEN[1], MS RUBIE MCINTOSH1, MS PHILIPPA STAR[1]

[1]St Vincent's Hospital Sydney, Sydney, Australia

Introduction: The health system has seen the need for innovation to deliver care outside limited hospital facilities. Hospital in the Home (HITH) has been shown to be a safe and effective way of delivering acute care in the home. The original aim was to increase the HITH bed base from 10 to 30. Large surges in COVID-19 cases created a need to rapidly accommodate far greater numbers of clients, prompting the pivot to establish a virtual model of care (MOC). To support the demand of admitted HITH patients, deployment of staff from across our network was undertaken. This workforce required extreme rapid upskilling using new technology for remote monitoring (CareMonitor®), video consultations and risk stratification pathway.

Method: A 'virtual hospital' project team was engaged, supporting a virtual HITH MOC. In addition, a pivot from a medical-led to a nurse-led service was initiated.

Results: The rapid transition to a virtual HITH MOC enabled the service to manage the sudden surge due to COVID-19, caring for >220 patients per day. Over 70 of our deployed workforce were upskilled in virtual care monitoring and telehealth consultations. Education was delivered by the establishment of a working party and delivered via virtual video platforms (TEAMs). The introduction of a Clinical Governance meeting has enabled the endorsement of over 15 clinical/referral pathways. Patient satisfaction measured using a net promoter score is high at 90 per cent, exceeding our overall hospital target of above 70 per cent.

Conclusion: The COVID-19 environment was the catalyst to change and pivot our mode of service delivery beyond hospital walls. Due to the patient's high satisfaction rate and the upskilling of staff, it has provided the opportunity for ongoing sustainability and the spread of virtual care consultations across StVincent's@Home and the wider organisation.

EMERGING MENTAL HEALTH AND SUPPORTIVE CARE RESEARCH IN THE NT

MRS NICOLE NORMAN, MACN[1], PROFESSOR DANIEL BRESSINGTON[1], PROFESSOR BENJAMIN TAN[1], DR DANIEL LIU[1], DR BRONA NIC GIOLLA EASPAIG[1], MS DONNA DIFFLEY[1], DR ALISON WANG[1]

[1]Charles Darwin University, Tiwi, Australia

Introduction: We take this opportunity to share and discuss an innovative program of work being undertaken by our newly formed "Mental Health and Supportive Care Research Group", situated within the College of Nursing and Midwifery at Charles Darwin University in the Northern Territory.

Main Body: We have two complementary themes of research. First, our Mental Health Care Research Theme concerns the co-design, development and testing of easily-accessible psychosocial treatments for people experiencing severe mental illness, marginalised communities and those with comorbid physical/mental health care needs. We will discuss a selection of our current projects, including clinical trials, a nurse-led health improvement profile tool to improve the physical health outcome for people admitted to inpatient mental health services, and research to help foster suicide resilience in student nurses via a co-design approach. Second, our Cancer Supportive Care Research Theme is dedicated to helping to alleviate symptoms and improve the quality of life in people affected by cancer. This theme leads to innovative research concerning the development and evaluation of nurse-led and evidence-based non-pharmacological interventions that can be rapidly implemented into practice. We will present novel insights from our cancer symptom management clinical trials using nurse-led non-pharmacological interventions for alleviating the fatigue-sleep disturbance-depression symptom clusters in breast cancer survivors.

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Conclusions: Our efforts across these themes are united by the shared aim of improving health and wellbeing outcomes via the generation of evidence regarding psychosocial intervention that will inform and support frontline practice.

SESSIONAL ACADEMICS EXPERIENCES USING HFS IN AN UNDERGRADUATE NURSING PROGRAM

MRS TRACY PARRISH[1], MRS NIKKI MELLER[2], PROFESSOR DEBORAH HATCHER[3], ASSOCIATE PROFESSOR LAURETTA LUCK[4]

[1]Australian Catholic University, NORTH SYDNEY, Australia, [2]Australian Catholic University, North Sydney, Australia, [3]Western Sydney University, Parramatta, Australia, [4]Western Sydney University, Penrith, Australia

Background: There has been a dramatic increase in-sessional nurse academics teaching in undergraduate nursing programs in Australia (Bodak, Harrison, Lindsey & Holmes, 2019). Although extensive research has been conducted on the experiences of academics using High Fidelity Simulation (HFS) in various nursing contexts, there is a lack of literature exploring sessional nurse academics' use of HFS teaching clinical skills in undergraduate nursing programmes (Munangatire & Naidoo, 2017; Nehring, Wexler, Hughes, & Greenwell, 2013; Ryan, Roy, Neill, Simes & Riva, 2017).

Aim: To describe the experiences of sessional nurse academics using high fidelity simulation when teaching clinical skills to undergraduate nursing students.

Method: A qualitative case study methodology was used. This study was conducted at a multi-campus Australian University. Ten sessional nurse academics were recruited for the study. Semi-structured face-to-face interviews were conducted over a three-month period. All interviews were digitally recorded and transcribed verbatim. Data were thematically analysed using Braun and Clarke.

Results: Three themes related to the experiences of sessional nurse academics using HFS to teach undergraduate nursing students emerged from the data: A realistic, safe teaching environment; Barriers to teaching clinical skills using HFS; and Support for sessional nurse academics using HFS.

Conclusion: To unleash the potential of HFS technology for sessional nurse academics, it is imperative that a foundation of support and education is provided. It is important that higher education facilities promote self-development of skills in all academics to facilitate the teaching and learning of undergraduate nursing students. It is anticipated that the findings from this research will increase the awareness of the experiences of sessional nurse academics teaching clinical skills using HFS and provide researchers with avenues for future exploration of this topic.

TAKING THE LEAD: TACKLING PANDEMICS HEAD ON IN WESTERN NSW

MRS JENNIFER RAMIEN[1]

[1]Western NSW LHD, Mudgee, Australia

Western NSW LHD (WNSWLHD) is a 250 000sq kilometre, complex geographical landscape with large regional centres and small isolated rural towns. WNSWLHD COVID-19 Care in the community (CCIC) launched in August 2021 in response to an escalating pandemic disaster. Challenges included communities with the lowest vaccination rates in the country and complex social care needs, limited pandemic resources and no prior experience in an operation of this scale.

Delivered virtually, CCIC utilised existing resources from integrated care to innovatively develop and implement a risk-stratified model of care and hospital avoidance strategy that was > 92 per cent nurse-led response. 13 different nursing disciplines worked together to provide COVID-19 positive patients with a comprehensive initial assessment and ongoing clinical support to manage symptoms and escalate clinical care.

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The program was strengthened by the remote in-home monitoring program, which provided video conferencing, vital signs and patient-initiated surveys to support decision-making. A virtual medical team treated clinical deterioration and authorised hospital transfers, but the care was predominantly nurse-led.

In the first three months, 15000 occasions of service (OOS) were provided to 1687 patients with an average of 5122 OOS/month (compared to 630/month in our busiest ambulatory care unit). Of these, only 107 (6 per cent) had a presentation/admission to hospital with an average length of stay of 4.7 days. 59 per cent identified as Aboriginal and 40 per cent were paediatric. 1 in 5 patients did not have a local GP andmany were health illiterate. CCIC provided nurse leadership, robust virtual clinical care and provided health coaching to improve engagement and self-management.

CCIC enabled WNSWLHD nurses to participate in a unique pandemic response. The skills and experience gained will translate to more holistic practices and the potential to expand the scope of CCIC beyond COVID-19 to include more virtual hospital avoidance strategies.

QUALITY AND SAFETY (03)

WATERFRONT ROOM 2 1:45 PM - 3:30 PM

WHO GIVES A C.DIFF? NURSES' AND MIDWIVES' KNOWLEDGE AND PRACTICES

MRS KARA FINNIMORE[1], DR WENDY SMYTH[1,2], MRS JANINE CARRUCAN[1], MS RAMANA BUTTERS[1], PROFESSOR CATE NAGLE[1,2]

[1]Townsville Hospital and Health Service, Townsville, Australia, [2]James Cook University, Townsville, Australia

Background: Clostridium difficile infection (CDI) is increasingly prevalent, can cause patients debilitating symptoms and places additional demands on nurses and midwives. Understanding nurses'/midwives' knowledge and experiences of caring for patients with CDI may contribute to improving practice.

Methods: An anonymous cross-sectional survey across our Health Service was conducted. Descriptive statistics and thematic analytic techniques were used to summarise, analyse and report data.

Results: A total of 199 completed surveys were received from nurses and midwives. Although almost all (95 per cent) agreed that CDI education was important, 73 per cent of respondents could not recall receiving CDI education recently. Despite only 47.2 per cent of the respondents knowing that CDI is potentially fatal, respondents were confident in fundamental infection control precautions of patient placement (93.5 per cent) and environmental cleaning (86.4 per cent); the understanding of the microbiological aspects of CDI were less well-known. The impact on workload and the additional burden of caring for patients with CDI was evident in the overwhelming responses (82 per cent) to the two open-ended questions about what makes it "easy" and what makes it "hard" to implement infection control strategies for CDI patients. Barriers were: facility limitations; less than optimal implementation of correct infection control precautions; organisational considerations relating to diagnosis; isolation impractical or unsafe. Enablers were: improved facility infrastructure; systems need to support the implementation of appropriate infection control practices; address knowledge deficits about CDI.

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Conclusion: Listening to nurses' and midwives' experiences and investigating levels of knowledge of key infection control issues is fundamental to improving care and prioritising infection control education, resources, and future planning. Respondents identified many factors that could contribute to less-than-optimal care and management of inpatients with CDI and identified some solutions that would facilitate the provision of best practice. Areas of greatest knowledge deficits were emphasised in a multi-faceted educational intervention, the evaluation of which is underway.

GETTING TO KNOW YOUR PATIENT FOR SAFE INDIVIDUALISED CARE: GRACE

MS AMANDA MACPHERSON[1], MS MEGAN HIGGS[1], MRS KATE CASH[2], DR STEVE FROST[1], MRS SHARON MORGAN[2]

[1]South Western Sydney LHD, Sydney, Australia, [2]Illawarra Shoalhaven Local Health District, Wollongong/Shoalhaven, Australia

Introduction: Risk screening and assessment is an essential part of the delivery of comprehensive care. Risk screening and assessment on admission and throughout a patient's hospital stay is a nursing responsibility, particularly in relation to nurse-sensitive hospital-acquired complications (HACs) such as falls, pressure injury, malnutrition and delirium. It has, however, been recognised that the risk screening and assessment process has lost meaning, becoming a tick box exercise to meet compliance. Following the recognition of the need to improve initial risk screening and assessment processes in the acute hospital setting, the South-Western-Sydney and Illawarra-Shoalhaven Local Health Districts collaboratively initiated the GRACE project.

Body: The primary aim of GRACE is to optimise the nurse-led admission risk screening and assessment process and subsequent planning of person-centred comprehensive care. An initial gap assessment was undertaken to identify opportunities for improvement. These findings informed the development of the GRACE program to support a safety and quality culture approach and embed new ways of working in relation to admission risk screening, assessment, and the planning of care. Tools developed to guide implementation included a comprehensive care assessment video, four interactive learning modules, facilitator manuals, and participant workbooks.

Conclusion: Results from the initial implementation revealed: (1) high levels of acceptability; (2) increased awareness and understanding of HACs and Nurse Sensitive Indicators among nursing staff; and (3) an acknowledgement among nursing staff of the critical nature of risk screening, assessment, and planning of care at the time of admission. In addition, nursing staff highlighted a need to prioritise these processes, complete them accurately, and to be inclusive of patients and their families. The GRACE program has been incorporated into orientation programs and is in the process of being implemented and disseminated across all facilities of both local health districts.

HUMAN FACTORS IN HEALTHCARE: ANALYSIS OF POSTGRADUATE ONLINE DISCUSSION FORUMS

DR MELANIE MURRAY, MACN[1,2], ASSOCIATE PROFESSOR VICKI COPE, FACN[2]

[1]Edith Cowan University, Joondalup, Australia, [2]Murdoch University, Murdoch, Australia

Introduction: A human factors approach to patient care and incident investigation gives consideration to the cognitive and behavioural characteristics that make humans error-prone. Understanding the human factors behind incidents allows us to approach incident investigation from a non-blame perspective and assists in making quality and safety improvements for the healthcare system and especially for those in our care (Gluyas & Morrison, 2013). Understanding situational awareness,

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the perception, comprehension, and projection of a situation, provides a platform for safe patient care and effective teamwork. Online discussion forums provide the opportunity for postgraduate students and registered health professionals to enhance their learning of human factors through interaction with peers within the 'safe space' of an e-learning platform.

Aim: To understand health professionals' clinical experiences concerning human factors and safety and quality topics encountered within posting in online discussion forums.

Methods: Retrospective review and thematic analysis of online topics of human factors and quality and safety in healthcare units. These compulsory discussion forum posts form part of a postgraduate health care assessment item.

Results: Discussion forums prompt postgraduate students to reflect on their clinical practice, leading them to consider that there are internal and external factors influencing their cognition and behaviours and, consequently, their clinical actions. Students often report, during online discussions, that their approach to practice changes upon reflection, with discussion forums providing insight to view their respective teams in a new way.

Conclusion: Education concerning human factors sees postgraduate health professionals' approach to practice and incident investigation from a human factors perspective and to consider healthcare team interactions to improve overall situational awareness.

References: Gluyas, H., & Morrison, P. (2013). Patient Safety: An essential guide. Palgrave Macmillan.

NURSES' PERCEPTIONS OF GOOD CARE FOR CHILDREN WITH INTELLECTUAL DISABILITY

MS LAUREL MIMMO[1], DR MICHAEL HODGINS[2], MS NORA SAMIR[2], PROFESSOR JOANNE TRAVAGLIA[4], ASSOCIATE PROFESSOR SUE WOOLFENDEN[2], ASSOCIATE PROFESSOR REEMA HARRISON[3]
[1]*The Sydney Children's Hospitals Network, Randwick, Australia,* [2]*Population Child Health, Faculty of Medicine, University of New South Wales, Randwick, Australia,* [3]*Australian Institute of Health Innovation, Macquarie University, North Ryde, Australia,* [4]*Centre for Health Services Management, University of Technology, Sydney, Sydney, Australia*

Introduction: This qualitative study aimed to understand what constitutes a good experience of care for inpatient children and young people with intellectual disability as perceived by nursing staff.

Methods: Focus groups with clinical nursing staff from speciality neurological/neurosurgical and adolescent medicine wards across two specialist tertiary children's hospitals in Sydney, Australia, were conducted between March and May 2021. Data analysis followed interpretative analysis methods to develop themes and codes which were mapped to a previously developed conceptual model of safe care.

Results: Six focus groups with 29 nurses of varying experience levels were conducted over three months. Themes and codes were mapped to the six themes of the conceptual model: use rapport, know the child, negotiate roles, shared learning, build trust and relationships, and past experiences. The analysis revealed two new themes that extended the conceptual model to include; the unique role of a paediatric nurse, and joy and job satisfaction, with a third contextual theme, impacts of COVID-19 pandemic restrictions. With the perspectives of paediatric nurses incorporated into the model, we have enhanced our model to become the QualKIDS care partnership Circle - optimal quality of care keeps children with intellectual disabilities safe with the care partnership Circle.

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Conclusion: Including perceptions of paediatric nurses confirmed the position of the child with intellectual disability being at the centre of safe care, where care is delivered as a partnership between nursing staff, child or young person and their parents/family and the hospital systems and processes. The QualKIDS care partnership Circle model offers a specialised framework for clinical staff and health managers to optimise the delivery of safe care for children and young people with intellectual disabilities in hospital.

SELF-MANAGEMENT IN CHRONIC DISEASE; WHAT ARE WE ON ABOUT?

MRS AMANDA MOSES[1], DR JUDITH ANDERSON[1], DR BRIAN SENGSTOCK[1], DR JOHN RAE[1]
[1]*97658582231, Wagga Wagga, Australia*

Introduction: The growing incidence of chronic conditions is well known, along with the impact this has on the person who lives with this diagnosis. The diagnosis of chronic disease implicates a trajectory of decline in health and wellbeing, which is strongly influenced by how well the condition is managed. The concept of Self-Management has been present within the spectre of management strategies for people who have a diagnosed chronic condition for over twenty years. However, utilisation by health professionals and engagement by patients remains limited and clouded by uncertainty.

Purpose: Based on the evidence of limited implementation of self-management strategies, this research aims to provide a conceptual analysis of what is meant by self-management.

Method: Through exploration of the literature, terminology surrounding self-management will be identified and explained. This concept analysis considers both the clinician and patient perspectives and identifies terminology that is relevant for increasing understanding of this intervention for both.

Results: Providing a succinct explanation of concepts and terminology will provide a platform for increasing the understanding of what is meant by self-management. It is anticipated that through clarification, clinicians will have more confidence in engaging their patients in self-management practices. Ideally, there will then be a flow-on effect in improving health outcomes, patient engagement, and the utilisation of a patient-centred approach in managing the symptoms and progression of their chronic condition. Ultimately, the evidence will show increased quality of life and reduced hospitalisations for these patients, at least in the earlier stages of their conditions, with slowed decline.

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WORKFORCE (03)

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IMPLEMENTING SAFEWARDS INITIATIVES IN A SURGICAL WARD

A/PROF LAURETTA LUCK, MACN, MS KELLIE KACZOROWSKI, DR FIONA MCDERMID
[1]*School of Nursing and Midwifery, Western Sydney University, Parramatta, Australia,* [2]*Nepean Blue Mountains Local Health District, Penrith, Australia*

Introduction: The incidence of violence and aggression toward nurses is detrimental to staff physical and psychological wellbeing, evidenced through injury, stress, burnout, exhaustion, sick leave and workers compensation. The majority of research studies occur in high-risk areas such as emergency departments and mental health units. However, there is a dearth of evidence about initiatives that address violence in general hospital wards. 'Safewards' is a validated nurse-led interventional model that addresses the factors that influence conflict and containment in mental health wards. These ten nurse-led initiatives aim to reduce conflict and containment and improve the safety of staff and consumers. Evidence of these initiatives being utilised by nurses in their everyday practice to avert or de-escalate violence and aggression in the surgical context is unexplored.

Purpose: This pilot study explored the feasibility of introducing, adapting and implementing Safewards initiatives in a surgical ward.

Methods: The data was collected using focus groups before and after the implementation of Safewards initiatives.

Results: Pre-intervention focus groups described incidents of violence and the nurses' lack of confidence in identifying and managing difficult situations. From the post-intervention focus groups, three themes emerged: Identifying risk factors, early interventions, and learning new skills. Nurses reported a greater awareness and ability to identify situations that could potentially lead to violence and aggression. Modifying the "talk down tips" supported their de-escalation skills and increased their confidence to manage potentially violent or aggressive situations. Finally, they recognised learning new skills such as "talk down" and "softwords" enabled them to build their confidence, enhance their communication skills and better understand patient frustrations.

Conclusions. This pilot study showed the success of modifying Safewards initiatives in a surgical ward with nurses as co-researchers. These nurses reported they felt more confident managing difficult and potentially violent situations after the implementation of Safewards initiatives.

ADVANCING ACADEMIC WORKFORCE THROUGH A 'NOVICE' TRANSITION INTERVENTION MODEL

MS DIANNE MAHER, MACN[1,2], PROFESSOR JENNIFER KELLY[2], ASSOCIATE PROFESSOR KAREN LIVESAY[2]
[1]*USQ, Ipswich, Australia,* [2]*RMIT, Melbourne, Australia*

Introduction: Transitioning from clinical practice to an academic role represents a unique career change for registered nurses. For many registered nurses, there exists a widespread perception that academia offers a more tranquil workplace offering greater flexibility and an improved work-life balance. However, a study to explore transitioning into academia revealed this change is not an easy alternative.

Purpose: When clinicians transition from clinical practice to academia, they encounter many challenges. To understand these challenges, a study was conducted to explore and describe the lived experience of novice nurse academics. The purpose of the study was to gain insight and understand the perceptions of transitioning for new nurse academics.

Methods: To address the gap in the literature pertaining to the lived experiences of novice nurse academics, a qualitative study using interpretive phenomenology was completed. Semi-structured interviews were undertaken to guide the exploration of the lived experiences of 11 registered nurses from six Australian Universities.

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Results: Findings revealed that improved and innovative processes need to be employed to enhance the pathway for novice nurse academics into the academic arena. The results of this study highlight changes needed by universities and the nursing profession, including the Australian governing bodies for nursing practice to ensure a sustainable future nurse academic workforce.

Conclusion: This research renders an original contribution to existing knowledge through the introduction of a 'NOVICE' transition intervention model to inform universities of strategies to support novice nurse academics' transition to academia. This intervention model encompasses information to assist novice nurse academics in transitioning successfully. Subsequently, the intervention model will positively influence future recruitment and retention of the workforce and guide further research in this area.

PREPARING GRADUATE REGISTERED NURSES FOR INDEPENDENCE IN AGED CARE

MRS DIANE PIPER, FACN[1], PROFESSOR SANDRA CARR[2], PROFESSOR ELISABETH JACOB[3]
[1]*SJOG, Rivervale, Australia,* [2]*Health Professions Education, The University of Western Australia, Perth, Australia,* [3]*School of Nursing, Midwifery and Paramedicine, Australian Catholic University, Australia*

Introduction and Aims: Every year in Australia, an increasing number of graduate registered nurses start their careers working in aged care. The challenge is that aged care registered nurses work independently and at an advanced clinical level. This means that less support is available to these graduates. A structure that supports new graduates in aged care is crucial. One way to assist the transition to aged care graduate nurse is to identify the essential clinical skills required for the position and to determine the level of independence in the performance of those essential clinical skills on commencement in the role. This study aimed to list the required skills and identify the support needs of graduate registered nurses on commencement of practice in aged care settings.

Methods: An explanatory sequential mixed-methods design that included a modified Delphi Study and semistructured interviews. Five expert aged care Registered Nurses in a West Australian setting engaged in three iterative Delphi survey rounds. Five graduate nurses were interviewed to confirm their clinical skills and ranking from their perspective. Quantitative data were analysed and presented as descriptive statistics. Qualitative data were analysed using thematic analysis.

Results: Thirty-six (n=36) essential clinical skills for the graduate registered nurse working in aged care settings were identified and ranked with five options for attaining independence by the experts. The recent graduates agreed that having a list of essential clinical skills when they started would have helped them to be aware of what skills they needed and help them identify which skills they needed to attain. The graduates identified that palliative care skills were missing from the list.

Conclusion: Aged care needs a proactive approach to ensure graduate registered nurses are work-ready and supported to work independently. Universities might find the list of essential clinical skills helpful when preparing undergraduate nursing students.

INVESTING IN OUR EARLY CAREER NURSES– STRATEGY TO SUPPORT RETENTION

MRS JUDY REEVES[1], MS SUE BRACK[1], MR ROBERT WILLIAMS[1], MS SHARON KRAMER[2], MS EMMA SADDINGTON[1], MR BRAIN O'DONNELL[1], MS ANNE KENNEALLY[1], MS KAREN PERKINS[1]
[1]*Alfred Health, Melbourne, Australia,* [2]*Deakin University, Burwood, Australia*

Nursing retention is a global issue which is also evident at Alfred Health. The aim of this project was to identify initiatives to improve the retention of our early-career nurses.

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Evidence demonstrated 27 per cent of our RNs were less than 30 years old compared to 16 per cent of the APHRA average. A longitudinal analysis of previous Alfred Health graduates showed more than 65 per cent had 1-3 years of experience, and service patterns showed a significant drop in RNs with three years of experience. Sick leave and annual leave patterns varied among other nurses.

In 2020, a working group was convened to meet a goal of employer of choice, with articulated career pathways, increased retention and job satisfaction for second to fourth-year nurses. A review of workforce data and literature identified key areas to focus on. Sub-groups were formed to: strengthen career counselling, introduce graduate rotations and structured second-year opportunities, promote a transition to acute care programs, define and promote career pathways within the organisation, and evaluate the impact of the changes.

In 2021, 552 nurses were surveyed to identify opportunities for improvement, with a 293 (53 per cent) response rate. Responses were themed into the following areas: transition support, professional development; resilience; authentic leadership; commitment and wellbeing support. Recommendations arising from the evidence were used to refine and prioritise retention initiatives.

Workforce data will continue to be analysed to measure the impact of the retention initiatives. A structure for ongoing evaluation has been established, and plans are in place to extend the approach to other RN bands. The global environment remains volatile and therefore requires flexible and timely responses to recognise early-career nurse needs.

ACUTE TRANSITION PROGRAM: PILOT PROGRAM TO BOOST OUR NURSING WORKFORCE

MISS CLARE ROWE[1], MRS MADELENE MCPHILLIPS[1], MISS ANNE TUDDENHAM[1]

[1]*The Royal Melbourne Hospital, Parkville, Australia*

The COVID-19 pandemic presented many challenges for the Royal Melbourne Hospital (RMH). The declaration of COVID-19 PEAK in mid-2021 exacerbated challenges in retaining and recruiting nurses. The Early Career Registered Nurse (ECRN) Acute Transition Program was developed and implemented as a new stream of recruitment to attract and support ECRNs while boosting and retaining the Registered Nurse workforce within the organisation.

This Case Study explores a pilot program aimed to support ECRNs previously employed within non-acute settings to transition into an acute clinical environment. The program was designed to optimise the transition of staff with minimal acute clinical experience and to enhance their development and consolidation of required nursing skills.

A collaborative approach was employed to design this initiative internally across Nursing Workforce, Nursing Education, and the acute care team. All aligned to facilitate the new ECRNs' progression to acute clinical practice.

ECRNs were allocated to one clinical area, determined by critical staffing deficits. The program delivered dedicated clinical support, supernumerary time, professional development, debriefing and evaluation with the Nurse Unit Manager and Clinical Nurse Educator team.

Challenges presented and opportunities for successful support of the ECRN included thoughtful and strategic rostering and regular debriefs to determine self-identified learning needs and provide real-time feedback coupled with positive reinforcement.

This program met the needs of both the ECRNs, the local staff and the leadership team, as well as the broader organisational aim of increasing workforce attraction and retention. The ECRN is a welcome addition to the nursing team. The program diversifies the recruitment pathways in the current workforce crisis, adding to the cache of entry-to-practice programs available to support the novice nursing workforce in a large metropolitan health service. The program illustrated that with support, nurses without acute clinical experience can be integrated into highly acute areas, including COVID-19 wards.

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>
> **Liz Shaw**, Manager Rural Generalist Nurse Education Program

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CULTURAL CHANGE (04)

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CULTURALLY AND LINGUISTICALLY DIVERSE COMMUNITY PERCEPTIONS OF MENTAL HEALTH SERVICES

MRS RESHMY RADHAMONY[1], PROFESSOR WENDY M. CROSS[1], DR LOUISE TOWNSIN[1,2], DR BISWAJIT BANIK[1]

[1]*Federation University, Berwick, Australia,* [2]*Torrens University, Adelaide, Australia*

Introduction: Research suggests that improving mental health nurses' knowledge of mental health service provision and cultural responsiveness enhances Culturally and Linguistically Diverse (CALD) community access to services.

Purpose: This research was part of a larger multiple methods, a three-phased project aiming to prepare, implement, and evaluate an education package for mental health nurses to support their cultural awareness and responsiveness to CALD consumers. This presentation reports the perceptions of CALD community members in Victoria, Australia, regarding their views and experiences of mental health and mental health services.

Methods: Twenty-one telephone interviews were undertaken with CALD community members across Victoria. Interviews were recorded and transcribed for thematic analysis.

Results: Seven key themes emerged regarding the participants' mental health needs and experiences. Themes included: Settling issues, knowledge and experience of accessing health facilities in Victoria; perceptions and understanding about mental health issues; help-seeking; barriers to accessing and using mental health services; CALD community education; experience with mental health services and professionals. CALD community participants experienced various obstacles to accessing mental health services. In addition, there are significant hurdles to the understanding and perceptions of mental health issues of their own and their community.

Conclusion and Recommendation: This study can contribute to the existing knowledge, understanding and practice as it vividly portrays the issues of various CALD communities in Victoria. Extensive research and innovations on flexible, affordable, and CALD-appropriate mental health service delivery models, successful implementations of National mental health plans, and the partnership between immigrant services and mainstream mental health services can improve the challenges faced by CALD communities. The needs and experiences of CALD communities drawn by this paper can be a comprehensive resource tool for mental health professionals, organisations, and policymakers in planning and implementing strategies.

RESILIENCE AMONG NURSES WORKING DURING COVID-19 IN AN ACUTE HOSPITAL

MRS LYN BRETT, MACN[1], MR YANGAMA JOKWIRO

[1]*Goulburn Valley Health, Shepparton, Australia*

Background: Low levels of resilience are linked with burnout which is also associated with low job satisfaction, decreased workplace engagement, poor organisational culture and increased staff turnover (Trani, Mariani, Ferri, De Berardinis & Frigo 2021). While educational and mental health programs have supported nurses at the regional hospital working during the global pandemic, they have not routinely evaluated these programs using validated tools for quality improvement purposes.

Aim: The aim of this study was to evaluate perceived levels of resilience and associated factors among nurses working during the pandemic at a regional hospital in Victoria.

Method: An exploratory cross-sectional study was conducted using the validated Resilience Scale for Nurses (RSN) (Park, Miyoung; Sunhwa, 2018). The study involved 150 participants at a regional acute hospital in Victoria. Descriptive statistics of variables in the study include means and standard deviations. The association

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between scale variables will be explored using Pearson's coefficient correlations ($p < 0.01$). This may be followed by a hierarchical regression analysis to determine the strength of associations between the independent variables

Results: The result will present the levels of resilience, perceived levels of resilience, and correlations with factors associated with resilience.

Conclusion: It is imperative to routinely evaluate these programs using validated tools for quality improvement purposes. Following benchmarking of nurses' perceived resilience levels, targeted interventions will then be put into place and evaluated against the RSN.

THEY HEAR THE WORD RESEARCH AND RUN THE OTHER WAY

PROF JENNIFER WELLER-NEWTON, FACN[1,2], DR ROWAN O'HAGAN[2,3], DR NADINE GLANVILLE[2,4], MS CAROL REID[2,5]

[1]*University of Canberra, Bruce, Australia,* [2]*The University of Melbourne, Shepparton, Australia,* [3]*Northeast Health Wangaratta, Wangaratta, Australia,* [4]*Echuca Regional Health, Echuca, Australia, 5NCN Health, Numurkah, Australia*

Introduction: Implementation science is growing momentum but are practitioners prepared to understand and use evidence-based research? This study sought to explore nurses, allied health, and medical practitioners' beliefs about evidence-based practice (EBP) and their confidence and competence in using EBP in their everyday practice. A secondary focus explored key stakeholders' perceptions regarding the barriers and enablers to the implementation of EBP in their health services.

Method: A mixed-method design was utilised. Healthcare clinical practitioners across four regional healthcare services were invited to participate in an online survey via REDCap. Survey responses were exported into IBM SPSS Statistics 27 for analysis. The survey contained a series of demographic items and Melnyk et al.'s (2008, 2017) Evidence-based Practice (EBP) Beliefs Scale, EBP Competencies Scale, and the EBP Implementation Scale. Key stakeholders, e.g., managers, and directors of research and education, were also invited to participate in a one-on-one interview. Interview transcripts (n=9) were thematically analysed.

Results: Analysis of survey responses (n=67) revealed that the majority of clinicians (97 per cent) believe that EBP guidelines can improve clinical care. In contrast, only 7.5 per cent believed they could overcome barriers in implementing EBP. One of the five themes from the interviews, 'A bit of a culture shift,' encapsulates elements of practice requiring change. These centre on unravelling the mystique, being brave and the need to prioritise. As one interviewee shared: "I think it's just, it's creating the time and recognising the importance of it", and another stated: "when the commitment is there, it will happen over and above existing needs, but … you can't expect all staff to just to do everything as an extracurricular activity".

Conclusion: A shift in practice culture is required. Research should not just be an add-on if there is time. Everyday nursing practices need to be constantly questioned and informed by evidence-based research.

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CULTURAL CHANGE (04)

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TRAUMA-INFORMED SIMULATION-BASED TRAINING: A SINGLE ARM FEASIBILITY AND PILOT STUDY

DR RACHEL ZORDAN[1,2], DR CARRIE LETHBORG[1], MR JOHN FORSTER[1], MS TONI MASON[1], MS VIRGINIA WALKER[1], MS KATHERINE MCBREARTY[1], MS CLARISSA TORCASIO[1]

[1]*St Vincent's Hospital, Melbourne, Fitzroy, Australia,*
[2]*University of Melbourne, Parkville, Australia*

Introduction: The chance of hospital staff encountering a patient with a trauma history is high. The way health services are offered and carried out is important when engaging with people who have experienced trauma. Implementing training in trauma-informed care (TIC) is part of a cultural change of benefit to both patients and staff. Simulation-based training is a well-accepted method to reduce staff fear and anxiety when working with distressed individuals and to address issues relating to bias and stigma. Our aim was to provide simulation-based TIC training to graduate nurses.

Method: A three-phase process was undertaken to i) create the intervention, ii) determine feasibility, and iii) evaluate the developed training. The content of the training was created using evidence derived from a literature review, a scoping study of available resources, and expert consensus. A pre/post-test within-groups design to assess the safety, acceptability, and effectiveness of the training was undertaken with 23 graduate nurses.

Results: Trauma-Informed Simulation-Based Training (TI-SBT) was developed, aiming to increase TIC knowledge and promote TIC behaviours. It is delivered face-to-face over one day and encompasses an education component followed by three immersive patient simulations using professional actors. Analysis found significant improvement in TIC knowledge (p=<.001, 95 per centCI=-3.53,-0.47) and behaviours (p=0.013, 95 per centCI=-8.88,-5.03). No significant differences were found in participant levels of anxiety and confidence. Satisfaction with all aspects of the training was high. Qualitatively, participants provided concrete examples of changes to their practice to facilitate TIC.

Conclusions: The developed and novel TI-SBT is a feasible (safe, acceptable, and effective) way of introducing TIC to graduate nurses. These findings provide strong evidence to support a more rigorous evaluation of the training by randomised controlled trial. The TI-SBT has the capacity to not only improve patient care but the experience of hospital staff.

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INNOVATION (04)

Waterfront Room 1 10:30 AM - 11:55 AM

IMMERSIVE VIRTUAL REALITY EDUCATION IN CRITICAL CARE NURSING: A SCOPING REVIEW

MS RENATA SIVACOLUNDHU, MACN[1], JO SOUTHERN[2]

[1]*Emerging Nurse Leader 2022 Program Participant, Perth, Australia,* [2]*Lecturer, University of Southern Queensland, Ipswich, Australia*

Introduction: Immersive virtual reality (IVR) is increasingly becoming used as a means of providing continuing education in critical care environments. The greater flexibility and economic viability that IVR can provide over traditional simulation-based education options makes it an attractive alternative. This scoping review asked how IVR was currently being used in the critical care environment for continuing nurse education.

Purpose: The aim of this scoping review was to gain a deeper understanding of how IVR is currently being used in the continuing education of critical care nurses.

Method: An electronic scoping review was conducted from 2016-2022 in Google Scholar, PubMed, and CINAHL, using the search terms "virtual reality", "critical care", "educat*" and "nurs*". A Google search was conducted to identify unpublished literature on the topic. All literature identified was reviewed by reading the abstracts to determine eligibility for inclusion. Literature that was eligible after reading the abstracts were read in full to determine if it met the purpose of this review.

Results: The literature search looked at the benefits of using IVR in supporting the continuing education of critical care nurses, such as Advanced Life Support training, recognising and managing deteriorating patients, dealing with horizontal violence, and teaching and practising technical skills relevant to in the critical care environment. However, there was limited published research about the current use, development, or evaluation of IVR simulation in critical care nurse education.

Conclusion: Continuing education in the critical care environment can be hindered by a lack of space and shift work making it difficult for nurses to attend planned sessions. IVR could be a viable solution to this, benefiting not only critical care nurses but also the patients that they care for. IVR use needs to be evidence-based, and all literature reviewed expressed the need for more research in this area.

VACCINATING THE CENTRAL OUTBACK FROM COVID-19

MS MANDY SMALLACOMBE[1], PROFESSOR FERGUS GARDINER[1], MS BREEANNA SPRING WALSH[1]

[1]*Royal Flying Doctor Service, Port Augusta, Australia*

Introduction: The Royal Flying Doctor Service (RFDS) has played a vital role in vaccinating our most vulnerable communities to our furthest corners of Australia. This national rollout, including over 68,000 vaccinations as of the 11th of February 2022, reaches remote people who don't have easy access to doctors, clinics, or vaccination hubs. Our coordination of the vaccination program remains fluid, with changes from the commonwealth recommendations. As the SA/NT RFDS COVID-19 State Manager, I manage a team of Rural Generalist Doctors, specialist nurses and other allied health professionals to deliver comprehensive primary health care services, including COVID-19 protection to a 'waiting room' of more than 840,000 square kilometres in the far western and northern regions of South Australia.

Discussion: The RFDS national response has included visiting 367 remote communities over 1,910 clinic days to help remote Australians become protected with COVID-19 vaccinations. Leading these vaccinations has included travelling across outback stations into sacred country and engaging with the most incredible leaders to provide culturally appropriate care. Nationally, we have achieved this by aircraft, road and foot, with a team of 3-4 vaccinators (including nursing, medical and allied health vaccinators), self-equipped with vaccinations and consumables, advanced life support equipment, and temperature-controlled transport mediums to every location. A large component of the

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job is COVID-19 education, mythbusting, listening, and talking to the clients. Vaccine hesitancy has been our biggest challenge, which we mitigate with empowerment, educated choice, and advocacy.

Conclusion: My RFDS ongoing COVID-19 journey has taken me far across South Australia and the Northern Territory, providing rural and remote Australians with comprehensive health care and COVID-19 protection, offering a fair go, like their metro counterparts. I have developed amazing connections with all walks of life to help achieve this and strive to protect all rural and remote Australians.

PREVENTING PATIENT FALLS OVERNIGHT USING PORTABLE VIDEO MONITORING

MRS REBECCA WOLTSCHE, MACN, PROFESSOR BODIL RASMUSSEN, DR KAREN WYNTER
[1]*Western Health, Sunshine, Australia*

Introduction: Despite hospital staff implementing a multitude of falls prevention strategies, inpatient falls continue to be a devastating problem for patients and healthcare providers worldwide. Inpatient falls overnight are particularly difficult to predict and prevent. The use of fixed video cameras, together with continuous observation of monitors, has developed momentum as a falls prevention strategy overseas. However, this is expensive and complex to implement and maintain. This research specifically evaluated whether the use of portable video monitors (baby monitors) could be used to reduce the incidence of inpatient falls overnight.

Methods: Using a cohort study design, three inpatient wards were provided with baby monitor equipment to facilitate PVM for a maximum of 6 patients a night. Patients assessed as High Falls Risk and/or demonstrated confused or impulsive behaviours were eligible to be monitored. Each shift, staff completed a register recording the number of times and reasons why they attended patients overnight as a result of the PVM and whether they took the monitor with them during patient rounding. PVM registers were collected each week, and data was entered into REDCAP. Night nursing staff also completed REDCAP surveys to assess their experiences of using PVM. Falls were measured using Riskman data.

Results: Over three months, 494 episodes of PVM were recorded, with four falls reported overnight from PVM participants. All wards reported a significant reduction in total falls overnight, ranging from 33 per cent to 72 per cent. Additionally, over 1600 nursing interventions were performed as a result of the PVM. Surveyed nursing staff reported feeling better equipped to prevent falls overnight, indicating they would like to continue using PVM.

Conclusions: PVM is an effective falls prevention strategy and creates another helpful tool that our health care providers can use to prevent falls overnight.

DESIGNING INNOVATIVE EDUCATION PACKAGES FOR THE NURSE OF 2021

MRS EMMA WOODHOUSE, MACN1, DR JACINTA KELLY, DR EMILY SIMMONS, DR MARY NGUYEN, MS YVONNE MCKINLAY, FACN
[1]*Australian College of Nursing, Parramatta, Australia*

Introduction: Educating nurses and healthcare professionals is challenging and multifaceted due to the complex nature of their roles and responsibilities. The COVID-19 pandemic has impacted the education environment in addition to the ever-increasing demands and stresses nurses face in the professional context.

Body: In response to the pandemic, the Commonwealth Government offered funding to non-university higher education providers (NUHEPS) to deliver short online higher education courses. ACN successfully received funding and implemented specialised short courses. ACN continuously evaluated student data to adapt the design and delivery of the courses to improve the student experience and outcomes. Over the course of three iterations, a series of organisational changes were made.

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In the latest course delivery, enrolment coincided with a larger cohort and the course duration was shortened to six months. The students were facilitated in larger groups, and the coordinators closely monitored and supported their progression to create a community of learning.

Results: Three short courses were chosen to compare the completion and attrition rates between cohorts. The class sizes increased from an average of 4-6 to 15-20. The average student success (completion) rate across the courses increased from 76 per cent to 93 per cent, and the average attrition rate of 23 per cent and 7 per cent, respectively. The academic outcome also improved from an average of 68 per cent to 72 per cent. The changes to the course delivery and support contributed to creating a student learning community, which positively impacted student success rates and academic outcomes despite the ongoing pressures of the pandemic. Additionally, the condensed course duration resulted in an increase of certified skilled professionals in the workforce. This highlights the importance of continuous innovation in course design and delivery in response to the current and emerging health care demands.

QUALITY AND SAFETY (04)

WATERFRONT ROOM 2 10:30 AM - 11:55 AM

INFORMATICS COMPETENCY SELF-ASSESSMENT INSTRUMENTS FOR NURSING STUDENTS: A RAPID REVIEW

MS KALPANA RAGHUNATHAN, FACN[1], PROFESSOR LISA MCKENNA[1], DR MONICA PEDDLE[1]
[1]*La Trobe University, Hampton, Australia*

Introduction: Accelerated adoption of digital technologies in healthcare has transformed the clinical environment and how health professionals work. Informatics competencies are essential practice capabilities within nursing practice with widespread use of digital technologies to improve efficiency, safety, and quality in health care. Nursing students must be confident and comfortable using information technologies and health data safely and effectively in the clinical environment as they prepare to transition from education to professional practice. Therefore, assessment of informatics competencies within educational preparation is essential as students prepare for clinical practice. The aim of this research was to investigate what valid and reliable self-administered instruments are available to measure informatics and technology competency in nursing students.

Method: A rapid review was conducted according to Cochrane and the World Health Organization guidelines. MEDLINE, CINAHL, EMBASE and PubMed databases were searched for empirical studies reporting psychometric evaluation of instruments to measure nursing students' informatics competencies. Consensus-based Standards for the selection of health Measurement Instruments (COSMIN) guideline was applied to determine eligibility criteria and methodological quality appraisal of included studies.

Results: The review yielded six studies from four countries and four instruments. Data extraction and quality appraisal involved study characteristics, construct measured, population, instrument type, and evaluation of measurement properties of interest in the order of importance. There were some similarities and significant differences in instrumentation. The two most important psychometric measurement properties, content validity and reliability, were underreported. There were gaps

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in key measurement properties which require further investigation.

Conclusion: Overall results for instrument validity and reliability were adequate. However, the quality of evidence was insufficient. Instrument selection should also consider practicality, feasibility, and suitability for evaluative application in different settings. Our review identified a suitable informatics competency self-assessment instrument for nursing students. However, exhaustive analysis requires a larger investigation and comparison of more instruments.

IS DOUBLE-CHECKING ASSOCIATED WITH LOWER MEDICATION ERROR RATES IN PAEDIATRICS?

PROF JOHANNA WESTBROOK[1], A/ PROF LING LI[1], MS AMANDA WOODS[1], DR MAGDALENA RABAN[1], A/ PROF CHERYL MCCULLAGH[2]

[1]Centre for Health Systems and Safety Research, Australian Institute for Health Innovation, Macquarie University, North Ryde, Australia, [2]Sydney Children's Hospital Network, Sydney, Australia

Introduction: Medication administration errors (MAEs) are prevalent. The use of double-checking as a strategy to prevent errors and associated harm in hospitals is internationally widespread. However, evidence of the effectiveness of this high-resource process is very limited. We conducted a direct observational study of medication administration to measure the association between double-checking and medication administration error rates.

Methods: We conducted the study over 22 weeks during weekdays and weekends between 07:00 and 22:00 on nine wards at a major Sydney Children's Hospital. Hospital policy mandated an extensive list of medications requiring double-checking by two nurses. Trained clinical researchers observed 5,140 dose administrations by 298 nurses. Specialised data collection software (Precise Observation System for Safe Use of Medicines - POSSUM) allowed independent observers to accurately collect multiple details of medication preparation and administration reliably. Steps in the double-checking process were defined and classified in terms of 'primed', 'independent' or 'incomplete' double-checking. Observational data of drugs administered were later compared to patients' medication charts to identify any MAEs, by a researcher blinded to information about whether medications had been double-checked.

Results: Of 5140 administrations observed, 69.3 per cent (n=3563) required double-checking. Of these, the vast majority (92.5 per cent) were double-checked but involved one nurse priming the second nurse with information during the process. 1.0 per cent (n=36) were observed to be 'independently' double-checked by two nurses, and 6.5 per cent underwent incomplete or no double-check. Generalised linear mixed models, considering correlations at ward level and controlling for a range of factors, e.g. nurse experience, time of the day, administration route etc., showed double-checking was not significantly associated with either MAE rate (OR: 0.89 [0.56-0.96]) or error severity (OR: 0.87 [0.65- 1.16]).

Conclusions: Independent double-checking was rare, but primed double-checking had very high levels of compliance. Double-checking was not associated with fewer or less severe medication administration errors in children.

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WORKFORCE (04)

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REVOLUTIONISING THE RMH NEPHROLOGY NURSE PRACTITIONER WORKFORCE: JOURNEY FROM 1-7

MS JADE RYAN[1], MS JAYNE AMY[1], MS MELISSA STANLEY, MACN[1]
[1]The Royal Melbourne Hospital, Parkville, Australia

Introduction: Nurse Practitioners (NP) are recognised as the most senior and independently-practising clinical nurses in Australia since 2001. Unfortunately, the NP role is largely misunderstood and often incorrectly perceived as a threat to medical jobs. These political barriers can inhibit the uptake of unique nursing skills that can be leveraged to create a more effective, patient-centred model of care symbiotically within established medical pathways. The Royal Melbourne Hospital (RMH) has managed to sustainably expand its Nephrology NP workforce from one sole NP to a suite of seven, working across the entire patient journey and covering the spectrum of chronic kidney disease.

Objectives: Initially, the aim of the RMH Nephrology gap analysis wasn't to expand an NP service. After a thorough analysis of the entire RMH nephrology service, it became obvious that NPs strategically positioned across the entire spectrum of the kidney care journey would be best placed to fill existing gaps in a timely, patient-focused way.

Key messages: We traversed from gap analysis to business cases and overcame political and organisational barriers, creating NP models of care and alternative funding streams, all while establishing strong medical mentorships to build a dynamic and sustainable NP workforce. RMH prioritised outpatient models, simplifying patient access to timely care and utilising telehealth and out-of-clinic models of care. In addition, we assessed the measurable impact of the change from a strong NP team and how we prioritise as a service the four clinical domains for NP practice; Clinical, Education, Research and Leadership - all with a focus on timely, patient-centred care.

Conclusion: Integral to the success of our NP program is the focus on building a workforce that generates its own funding stream and utilises unique nursing skills to symbiotically enhance the medical model of care for a chronic disease process.

OPENING THE DOOR EARLIER; RN TRANSITION TO PRACTICE DURING COVID

MS MELODY TRUEMAN[1], KARRIE LONG[1], KATELYN STEVENS[1], MADELINE MCPHILLIPS[1]
[1]The Royal Melbourne Hospital, Melbourne, Australia

The Royal Melbourne Hospital (RMH) is a large health service providing specialist care across Melbourne. Services include statewide trauma and stroke referral centres and the largest mental health service in Victoria. RMH employs over 11,000 staff, of which over 4,500 are nurses.

As the Omicron wave built to a crescendo in November 2021, nursing vacancy rates and staff deficits were significant. Nursing attrition had doubled in 2021 from 2020. Staffing deficits were pronounced in specialty areas that had previously released staff to critical care areas early in the 2020 COVID-19 response.

We were faced with the need to manage (not balance) the predicted influx of COVID-19 positive patients and caring for all acute non-COVID-19 related presentations/ admissions with significant staffing shortages.

Nursing executive developed a pragmatic short-term strategy with the introduction of the Pre-registration Nurse Surge Workforces role (PRNSW) in late 2021. These were students of nursing completing their final year of their entry to practice degree. The PRNSW role provided support to a nursing team in the delivery of patient care; were above nurse: patient ratios; and worked under the direct supervision of a Registered Nurse and practiced within their current level of tertiary education and competencies.

In anticipation of COVID-19 staffing impacts, RMH increased graduate nurse program recruitment numbers by 44 per cent. Fortunately, 40 per cent of all 2022

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RNs in the program started their employment with RMH PRNSWs. Anecdotally this has proven to be very beneficial to both the PRNSWs commencing their Registered Nurse career and to the wider nursing team. We will evaluate the benefits of early transition to the environment for the PRNSWs and the clinical units

This program has been identified as a key COVID-19 learning from 2022 and added as an action item in the Nursing services strategic plan; this initiative will continue into the future.

THE CLINICAL TEACHING FELLOW – NURSING CLINICAL PLACEMENT SUPERVISION REIMAGINED

MRS BETH WRAY[1], MRS CECELIA BOYD-ORFORD[1], MRS TANIA BERNHARDT[1], MRS DALE DALLY-WATKINS[1], DR MARION TOWER[2], PROFESSOR THERESA GREEN[2]
[1]*Metro North Health - Surgical Treatment & Rehabilitation Service (STARS), Herston, Australia,*
[2]*University of Queensland, St Lucia, Australia*

The Surgical, Treatment and Rehabilitation Service (STARS) opened in February 2021 as the first greenfield, digital public health facility within Metro North Health. STARS and The University of Queensland (UQ) partnered through the STARS Research and Education Alliance, providing staff and academics with the opportunity to collaborate and support research, education, clinical placements and interprofessional practice.

In 2021, STARS offered over 10,000 student placement hours for 97 student nurses across five clinical areas. Guided by the literature related to good supervision practice, both organisations wanted to reimagine how clinical supervision could be provided to best meet the needs of student learning. As such, a novel and innovative approach to supervision was developed whereby thirty-six Clinical Teaching Fellows (CTF) were recruited. CTFs are respected and talented Registered Nurses who have demonstrated a commitment to educating and preparing the future nursing workforce. CTFs were appointed as adjunct academics with UQ and assumed responsibility for supervising and assessing student nurses to support the development of the necessary knowledge, attitudes and skills.

Evaluation data indicated that students had an excellent clinical placement experience. However, some students reported dissatisfaction with their rostering and CTF supervision continuity. CTFs reported varying degrees of satisfaction, with challenges of patient workloads, working in a greenfield digital hospital, COVID-19 and the need for additional 'at the elbow' support and training impacting their experience in the role.

Given the success of the model, STARS plans to support 120 student nurses across all 10 clinical areas in 2022. The CTF workforce has more than doubled, and lessons learnt during the model's infancy will aim to inform improvements in student and CTF experiences. The new nursing clinical placement supervision model continues to promote positive relationships between clinicians, academics and students and has paved the way for innovative approaches to supporting students in healthcare.

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EXPOSING NURSING AND MIDWIFERY RATIOS WITHIN THE ACT

MS CATHERINE MCGRORY[1], MS CATHERINE MCGRORY[1], MS KATHERINE JONES[1]
[1]*ACT Health, Phillip, Australia*

This presentation will explore the journey to date of implementing mandated nursing and midwifery ratios within the ACT Public Health System.

In 2018 -19 the ACT Government agreed to the 'ACT Public Sector Nursing and Midwifery Safe Care Staffing Framework', which was developed collaboratively between ACT Health and the ACT Australian Nursing and Midwifery Federation (ANMF). This Framework provided the policy context for the implementation of mandated nursing and midwifery ratios within the ACT.

Research shows that mandated staffing ratios can significantly impact both patient outcomes and staff wellbeing, which can result in multiple benefits for health services.

The implementation of ratios into the ACT Public Health System commenced in February 2022. Introducing ratios into an already stretched health system has presented many challenges, developed new ways of thinking, and changed how we deliver our care. It also taught us a few lessons on what not to do.

This presentation will discuss some of these challenges, how we navigated through them and what lessons were learned during Phase one of implementation. The presentation will also provide an update on how the implementation is progressing and our preparations for the introduction of Phase 2 of ratios into other clinical areas within the ACT Public Health System.

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GROWING OUR CULTURAL COMPETENCY

MS JOHANNA TALMAN[1], MR DAVID CARPENTER, MACN
[1]*The Royal Flying Doctor Service, Alice Springs, Australia*

We aim to increase the awareness of our team at the Royal Flying Doctor Service- Alice Springs to the cultural complexities and differences among the First Nations communities we serve in Central and South Australia. We are aiming to provide a service that encourages healthier and safer communities.

This poster endeavours to explain the cultural awareness and training devised by the Royal Flying Doctor Service Central Operations (RFDSCO) to assist in the preparation of our staff to help understand the cultural differences seen and experienced in Aboriginal Communities. This concept has grown from providing the staff of RFDSCO with an initial and generalised cultural awareness training to further building our awareness of the traditional lands in which we work in and providing reference cards that encompass four of the most common languages spoken on the lands that we service. We have also made conscious efforts to increase cultural competency within our Patient Transfer area to make a culturally safe space for our patients to transfer through and feel comfortable. The foundations of these changes were driven foremost by discussion and feedback from patients and other Indigenous Australians, to whom are the Traditional Owners from lands we service, as well as partnerships with our colleagues and other similar services.

Moving forward into the future, this idea will grow to see information developed and delivered via a reference booklet. It will encompass the individual community, languages spoken, common words, and cultural norms. Furthermore, the booklet will also aim to appropriately explain cultural practices such as kinship, avoidance behaviours, Womens' Business, Mens' Business and Sorry Business. This is to increase awareness in a safe and appropriate manner, enabling the staff at RFDS to understand the emotions felt and displayed by patients and aid the client to feel more comfortable within the aeromedical setting.

CREATING AN ALTERNATIVE WORKFORCE AT RMH- A NEW SCREENING SERVICE

MRS YASNA CARDOZA[1], MISS EMMA GARDINER[1]
[1]*The Royal Melbourne Hospital, Parkville, Australia*

The Royal Melbourne Hospital (RMH) sees high volumes * of patients, visitors and staff daily (*data to come). Achieving efficient contact tracing, staff safety, and adherence to social distancing recommendations has been a critical response to the COVID-19 pandemic within a hospital environment. Our health service initiated a plan to accommodate these needs of the RMH and a cluster of other major health services in Victoria by creating an entry screening service and screening clinic led by nursing staff. The entry screening points provide a welcoming service to patients, visitors and staff attending the hospital, where all stakeholders are screened for any possible COVID-19 symptoms and/or risk of exposure to COVID-19, as well as the additional service of navigation wayfinding.

Main body: Through the COVID-19 pandemic, the screening service had to remain agile and adaptive to the evolving changes the pandemic presented. This included the expansion and contraction of the service in response to surges in testing and visitor restrictions. To maintain a sustainable workforce for the health service, it was important for our nurses to return to the bedside in order to continue the safe delivery of quality patient care. To achieve this, recruitment of an alternative workforce was implemented, and new roles were introduced to the health service. These roles include Screening Officers, Navigator and testing staff. Successful applicants had a background in customer service, aviation, security and students. This new workforce now has a total of 90 staff, with only 10 registered nurses who fulfil in-charge duties. This gave the RMH an opportunity to support medical, nursing and allied health students to enter the healthcare workforce early.

Conclusion: Opportunities for upskilling this alternative workforce arose, giving staff prospects to work across multiple areas within the service, as well as support leadership development among the team.

Poster presentation and judging

Delegates to view posters and meet the authors. Authors to be available at their poster to answer any questions.

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IMPROVING OVERSIGHT AND VISIBILITY OF POLICIES THROUGH A BESPOKE DASHBOARD

MS MEGAN BAIRD[1], MRS SHEILA DALY[1], MRS LAUREN LAWLOR[1]
[1]*Epworth Healthcare, Richmond, Australia*

Introduction: Effective policy management and governance is a key requirement of the National Safety and Quality Health Service Clinical Governance Standard. Epworth HealthCare is Victoria's largest not-for-profit private hospital and has over 642 policy-related documents to support its staff and operations. Prior to 2022, policy document currency was manually tracked by the Policy Management System Coordinator (PMSC) and not readily accessible to those accountable for individual documents. Therefore, we aimed to develop and implement a user-friendly policy tracking dashboard to support document currency oversight and minimise the burden on staff involved in policy documents.

Main Body -Development: Key stakeholders involved in the creation, review and/or governance of policy documents were consulted. They defined the following key requirements for the dashboard:

- Identifiers [document title, identification number]
- Responsible party(ies)
- Due dates
- Approving committees
- Displays for overdue documents and documents due for review in the next six months

Implementation: A bespoke dashboard was developed in Power BI. After testing among seven high-interest end-users, it was refined and rolled out in December 2021.

Evaluation: In the six weeks since implementation, the dashboard has had 349 views and has been used by 36 different users. Positive feedback has been received by staff; 'With this dashboard, I can easily see the policy documents in my area and what needs to be done'. There has been increased engagement with the PMSC regarding progressing overdue policy documents. We hypothesise that the improved visibility and oversight provided by this dashboard will reduce overdue policy documents. This will be evaluated six months after implementation.

Conclusion: A bespoke policy management dashboard has increased end-user engagement and provided greater oversight of policy currency to staff and committees. This dashboard is proving to be a novel way to improve oversight and visibility of policies throughout the organisation.

ADVANCED COMPASSIONATE CARE FOR THE COGNITIVE IMPAIRED INPATIENT COHORT

MRS SHANNON SHEEHAN, FACN[1], MS BROOKE COLLETT[1], MR BEN BALLARD[1], MS MARGUERITE BYRNES[1]
[1]*Caboolture, Kilcoy and Woodford Directorate, Metro North Health, Caboolture, Australia*

Background: Evidenced-based literature explores the phenomenon of complexity connected to the risk of deterioration for patients with cognitive impairment. Elevated rates of Hospital Acquired Complications in the General Medical 4A Ward led to thinking outside the box in the creation of a new Model of Care to Support the most vulnerable.

Aim: To determine if implementing a model where advanced, compassionate nursing care directed at those who identify with cognitive impairment led to a reduction of Hospital Acquired Complications.

Methods: A patient profile based on conditions related to cognitive impairment was created. A review of nursing scope and capability was undertaken to determine the best fit to provide advanced, compassionate nursing care to this cohort. A business case to fund the advanced nursing care model was developed, with implementation occurring in a staged and considered approach.

Findings: The initial outcome indicated a reduction of confirmed hospital-acquired complications by 33 per cent N=4 over a one-month period. A secondary outcome was a monetary efficiently saving due to the reduction in staff required to deliver safe, high-quality care in the context of established close patient observation practices.

Poster presentation and judging

Delegates to view posters and meet the authors. Authors to be available at their poster to answer any questions.

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Discussion: Recommendations for clinical practice include the future need to consider patient-centric factors in the context of nursing allocations in the acute care environment. Recommendation for education includes the future need to consider patient-centric factors and tailored nursing support to reduce rates of hospital-acquired complications. Recommendation for research includes further exploration of nursing allocations reflective of patient profiles and characteristics rather than bed capacities.

Conclusion: The implementation of the Advanced Compassionate Care Model of Care led to a reduction in hospital-acquired complications and improvement of patient safety practices in General Medical Ward 4A located at Caboolture Hospital, Metro North Health.

The campaign was launched by the ACT Minister for Health, with tactics used from September 2020 to July 2021, which included the website landing page, digital signage, posters, videos as the primary driver, social media using government channels, pre-recorded and live radio reads and bus ads and signage on routes across Canberra.

Findings of the performance of the campaign and perceptions of Canberran's surveyed (n=653) clearly demonstrate that implementing media campaigns as part of the strategies such as the TASC Strategy have strong community support. The 'Be Kind' campaign was reported in the TASC Strategy Evaluation as one of the highlights of implementation activity undertaken under the TASC Strategy.

COMMUNITY AWARENESS CAMPAIGN RAISING AWARENESS ON OV- RESETTING SOCIAL NORMS

MS PATRICE MURRAY, MACN[1]
[1]*ACT Health, Jerrabomberra, Australia*

Our nurses and midwives know better than most how stressful it can be for those people in our community whose health is at risk. Nurses and midwives see individuals at their most vulnerable, providing the best care they can. However, their capacity to provide care is impacted when their own health and safety is compromised by occupational violence (OV). The global pandemic has highlighted the important role of nurses and midwives in the wider community, making it an ideal time to create a campaign to strengthen the existing support for nurses and midwives by informing them of the issues they are facing from OV.

The 'Be Kind and Respectful to Our Nurses and Midwives' (TASC) Communication Awareness Campaign was developed with the intention of positively influencing the behaviour of people who access ACT public health services, including health staff.

Developed in September 2020 and supporting TASC, ACT Health's OV communication campaign uses s strong storytelling approach to inspire understanding and engage emotions. The campaign highlights how violence in the workplace impacts the nurse's ability to care for a patient and how this reaches beyond the workplace.

PPE CHAMPION NETWORK: SUPPORTING PATIENT'S, COMMUNITY AND STAFF SAFETY

MRS REBECCA BROUGH[2], MRS JACINTA LASKY[1]
[1]*Alfred Health, Melbourne, Australia,* [2]*Alfred Health, Melbourne, Australia*

As the global pandemic progressed during 2021 and 2022, nurses at Alfred Health continue to lead the way towards increasing confidence and competence in PPE use for patients, community and staff.

The PPE champion network established by the Nursing Education Department at the commencement of the pandemic in Victoria in early 2020 has gone from strength to strength for over two years and continues to engage an increasingly diverse health care workforce.

The PPE champion network has maintained the engagement of staff through weekly online webinars and has been enabled by integral connections between Nursing Education and Infection Prevention departments.

The increase in scale and pace of change during the waves of the pandemic in Melbourne required this network to ensure all clinical staff were practicing according to the evolving evidence.

With approximately 10,000 staff at Alfred Health, the PPE champion network supported essential messaging and COVID-19 updates through the implementation of

Poster presentation and judging

Delegates to view posters and meet the authors. Authors to be available at their poster to answer any questions.

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- video resources on Alfred Health Intranet,
- updates clinical practice guidelines
- access to frequently asked questions (FAQs)
- targeted training
- 'at the elbow' support

The PPE champion network is comprised of approximately 200 PPE Champions organisation-wide and across. The network has been instrumental in troubleshooting practice issues in the dynamic environment and are considered reliable resources.

"PPE Champion Tuesday" continues to draw an average weekly attendance of 60 Champions, with recordings and release of follow-up FAQs posted on organisation communication channels and platforms. This maintains regular connections between the network and provides frequent access to infection prevention experts.

As a result, the PPE Champion Network remains a strong community of committed clinicians. Led by nurses, this network champions safety in practice for patients, the community, colleagues and themselves.

EXPLORING PATHWAYS FOR PRIVATELY PRACTISING RNS IN COSMETIC INJECTABLES INDUSTRY

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In late 2020 professional practice issues for independent privately practicing registered nurses (PPRN) became apparent, raising concerns of potential breaches of Tasmanian legislation and public safety. In parallel, the Fact Sheet 'Legal supply of cosmetic injectables in Tasmania' published on the Department of Health's website caused concern for the cosmetic industry rather than provide clarity on the legal obligations regarding Prescription Only cosmetic injectables in Tasmania. Consequently, the industry sought clarification on nursing practice in the context of the legislation.

The Department engaged with the industry to consider ways of working within the specialty context of cosmetic injectables. A forum was held in Hobart in May 2021, facilitated by the Office of the Chief Nurse and Midwifery Officer, to discuss professional practice issues for PPRNs in the cosmetic injectables environment. The forum explored current issues and considered enablers to ensure PPRNs could work within the current Tasmanian legislative frameworks and strengthen the clinical governance model for their private practice.

A licensing model under the Health Services Establishment Act 2006 is currently being explored through the Department's Regulation Licensing and Accreditation Unit enabling PPRNs providing cosmetic injectables with a pathway to apply for authorisation under section 25A of the Poisons Act 1971, satisfying the legal requirements for the possession of Schedule 4 medications within a licenced private health service facility.

Such an approach addresses the professional practice issues highlighted, balancing safe, quality care for the community with the business needs of the cosmetic industry. Safety and quality guidelines for Tasmanian PPRNs are also being developed.

THE UMBRELLA PROJECT: AN EMERGENCY DEPARTMENT MENTAL HEALTH INITIATIVE

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Presentation to Emergency Departments (ED) of patients experiencing mental health concerns is on the rise. Between July 2020 and June 2021, the Royal Hobart Hospital has seen a 6.3 per cent increase in mental health-related presentations to ED. Suicidal Ideation, behind chest pain, was the second-highest reason that people were admitted to the RHH. Indeed, the average time spent in ED for admitted mental health patients was 15.9 hours. With the numerous factors contributing to staff shortages, when assessments and care are not able to be provided by the Mental Health CNS, the patients are cared for by the general emergency nurses.

The 'Umbrella Project' aims to improve the experience and care received by patients presenting to the emergency department with mental health concerns. It is a four-tiered project addressing several areas of concern. The first is education, which has so far been the main area of focus for the project. Improving staff levels of education, understanding and confidence with mental health patients

Poster presentation and judging

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should be a top priority for our ED. Study days and in-services have been conducted with great interest. The second tier is the introduction of a clinical pathway that will provide staff with a structured and clear evidence-based direction of care. While this is currently in the development stage, it is also hoped to align with the Connecting with People SAFEtriage Tool. The third tier involves the introduction of distraction resources for patients as well as hygiene care packs for those whose stays extend over 12 hours. The final tier will focus on a feedback mechanism to ensure continuous improvement in the project.

While we cannot change the patient flow, we can improve the experience for patients presenting to ED with mental health issues. This project sets the foundation for that change.

EARLY CAREER REGISTERED NURSES' PROFESSIONAL DEVELOPMENT AND CAREER PROGRESSION NEEDS

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Background: Professional development is integral in the advancement of clinicians' knowledge and skills to enable the provision of ethical, effective, safe patient care. For early-career Registered nurses (ECRNs), or nurses within their first five years of practice, professional development and workplace support is vital for their professional growth, career development and assists with retention.

Objectives: This research aimed to identify ECRNs' perceptions of their professional development and workplace needs in their first five years of clinical practice. Secondary aims were to identify enablers and barriers to professional development and workplace support for ECRNs and to inform the development of organisational strategies to address their needs.

Methods: A qualitative study design using constructivism methodology was used to explore the perceptions of ECRNs within a large metropolitan hospital during the second wave of the COVID-19 pandemic in 2020. Eight ECRNs from acute wards were recruited, and semi-structured interviews were conducted. Interviews were then coded and thematically analysed.

Results: An overarching perception that emerged from the data was that ECRNs described themselves to be in a state of "limbo" and feeling unsure of their career direction. Despite this, they demonstrated a high level of motivation, interest and commitment to their development. Four major concepts were identified based on nurses' descriptions of this period in their career: 1) The importance of positive leadership, 2) Searching for expert support, 3) Reliance on peers both to build new knowledge and for emotional support, and 4) Being open to formal learning opportunities

Conclusions: ECRNs require greater support for professional development and career progression than what is currently received. Strategies such as leadership training, articulated career pathways and mentorship for ECRNs, as well as an organisational commitment to support adequate resourcing, are suggested to enable ECRNs to navigate, professionally grow and remain within the nursing profession.

REBALANCING MENTAL HEALTH IN THE AFTERMATH OF COVID-19 BY RETHINKING HOW WE WORK

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Key Message: COVID-19 has highlighted a move beyond mental health awareness to a desperate need for mental health action. The Australian government has initiated a rethink of how we work by rebalancing mental health and creating a more sustainable, harmonious work environment. This is achieved in the 2021, Blueprint document for Mentally Healthy Workplaces (BMHW).

Background: The BMHW, delivered by the Australian Government Mental Health Commission, identifies the foundation of mental health in the workplace under three pillars: Protect, Respond, and Promote.

Outcomes: The objective of the BMHW three pillars is to protect employees through good organisational leadership. This means that everyone is a leader and responsible for responding appropriately to employ workplace stress that creates risk. Leadership means being accountable and everyone taking responsibility for mental health action in the workplace.

Approach: The BMHW protect and promote pillars that are applied to the whole workforce. An example of this is

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working together in a team to manage workload and work-life balance. Protecting means looking out for buddy staff members picking up excessive shifts. Respond means checking in with the buddy staff member to identify why this is. Promote means providing support to the buddy nurse and identifying support services for further assistance.

Results: Utilising the BMHW three pillars means staff use good leadership skills to support each other and avoid burnout. Proper communication between employees means staff members take breaks. Staff awareness means a better allocation of shifts and staff members and not over utilised to fulfil staff shortages.

Conclusion: The goal of the BMHW is to train staff members to better support each other. Training provided is specific to the industry and staff member level of employment.

The BMHW enable nurses to manage mental health in the workplace and create a more sustainable workforce where everyone feels supported. The take-home message will demonstrate nurse resilience and the ability to stand firm against COVID-19.

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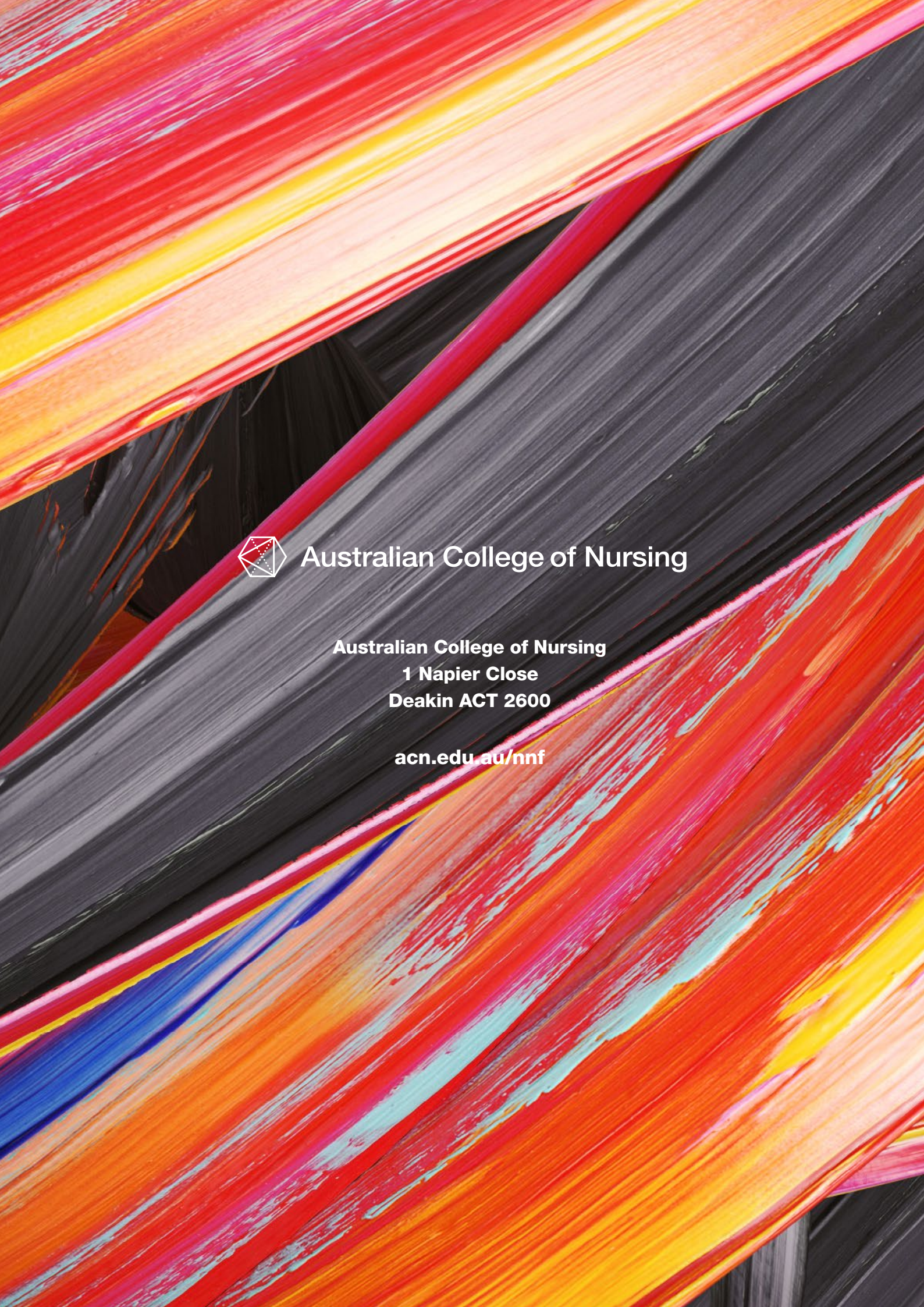

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