Australian College of Nursing

the hive

#18 WINTER 2017

DEMENTIA & ALZHEIMER'S DISEASE

DEMENTIA CARE
A REFLECTION ON PAST PRACTICE

ALZHEIMER'S DISEASE
A PERSONAL STORY

MUSIC THERAPY
CAN MUSIC HELP PEOPLE WITH DEMENTIA?

+MORE INSIDE

the hive

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DEMENTIA & ALZHEIMER'S DISEASE

Australian College of Nursing

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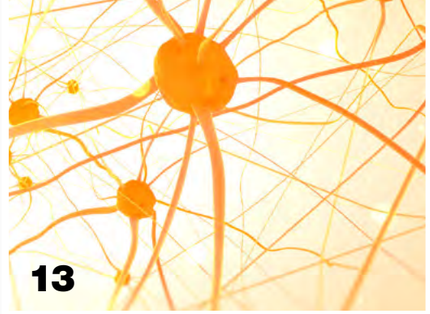


the hive WINTER 2017

WELCOME

ACN NEWS & VIEWS

HIVE COLUMNISTS

DEMENTIA & ALZHEIMER'S DISEASE

REGULAR FEATURES

LEADERSHIP

EVENTS

IN MEMORY

ACN BOARD

CONTRIBUTORS

NET ASSETS

ACN has net assets in excess of $22 million

CUSTOMER INTERACTIONS

We interact with approximately 13,000 customers per year

HEAD COUNT

Our head count is over 77

ANNUAL TURNOVER

The organisation has a turnover in excess of $12 million

ACN CONTRACTS

ACN has a mix of government and private contracts

Professor Christine Duffield FACN
ACN President

Excellence in governance

Over the past four years, the Board has taken decisive steps to secure a sustainable future for the Australian College of Nursing (ACN).

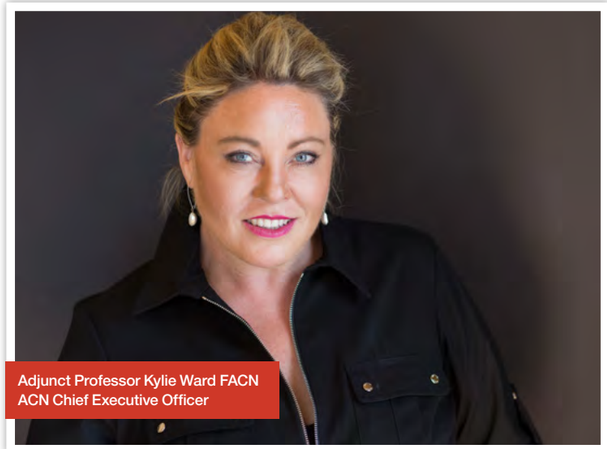
During my brief time on the Board, the role of Directors in the governance of ACN has changed significantly. We currently have Directors with experience on Boards in the for-profit and not-for-profit sectors, several with governance qualifications. The addition of Independent Directors has been invaluable and highlights the need for Directors with a wide range of skills extending beyond our industry (nursing) experience.

ACN is now a large and complex not-for-profit company with assets under its management in excess of $22 million. To ensure the successful long-term strategic and organisational performance of ACN, it is imperative that the Board encompasses diversity and reflects the composition of our membership. The skills, knowledge and experience required of our Directors should and must evolve alongside the organisation as it continues to grow as a high-performing professional organisation.

With this in mind, and in line with our Constitution, nominations will open to our membership for four Board vacancies this September. We will be seeking to elect a skills-based Board of Directors who collectively have the governance experience and expertise to manage this organisation and its substantial assets, both human and financial, into the future.

On another note, the winter edition of *The Hive* demonstrates the widespread impact of Dementia and Alzheimer's Disease on the Australian health care system. With an aging population and rising incidence of chronic disease, it is critical that ACN contributes to the debate about the best ways to use our nursing workforce to reduce the national burden of these health issues.

Regards,



Adjunct Professor Kylie Ward FACN
ACN Chief Executive Officer

Hello!

Welcome to the winter edition of the Australian College of Nursing's quarterly member magazine, *The Hive*.

The changing health profile of our aging population has seen a significant upwards shift in the incidence of Dementia and Alzheimer's Disease across the country. Within this edition of *The Hive*, we explore the widespread impact of Dementia and the vital role nurses play in reducing the national burden of this debilitating disease.

Nurse-led management programs are an essential step in tackling the complex health challenges associated with Dementia. In her informative profile piece, **Aged behaviour cognition nurses, Margaret How-Ely MACN,** highlights the immense importance of communication, empathy and patience to ensure effective management of patients suffering from cognitive impairment.

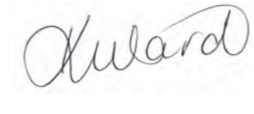
The evolution of pharmacological and non-pharmacological treatments has facilitated change in the management of Dementia over time. Reflecting upon a growing body of empirical evidence, **Wendy McLoghlan MACN**, argues that music should be utilised as a non-pharmacological intervention technique to alleviate symptoms of Dementia in her engaging personal commentary, **Music therapy**.

At the forefront of care delivery, nurses are well placed to ensure the provision of person centred care to Australians living with Dementia. Reflecting upon the spiralling range of emotions that can ensue following a Dementia diagnosis, another one of our exceptional members, **Anne Knobel MACN**, writes about paving a positive path into the unknown in her highly informative feature article, **Advance care planning**.

Dementia is not only an emotional rollercoaster for those who live with the disease, it can also have a devastating impact on family and friends. Reflecting on her father's experiences with rapid onset Alzheimer's Disease, our wonderful **Corporate Support Manager Karen Dansey**, eloquently captures the heartache often felt by loved ones left behind.

I hope you enjoy this inspiring read.

Warmest regards,



ACN Nursing & Health Expo

National Nurses Breakfast

ACT Nursing & Midwifery Excellence Awards 2017

International Council of Nurses Congress

ACN ONLINE SHOP

We are excited to announce that the ACN online shop is now open for business!

Our e-shop has an impressive range of products, merchandise and accessories available for nurses and the broader health community. From our stylish green silk scarfs to our handy little nurses' pouches – there is something for everyone at the ACN online shop.

Amongst our collection, we have a wide range of enlightening books that will take you back in time and inform you about the history of our profession, including the ACN's Centenary Commemorative Trilogy Limited Edition Box Set. Whether you are looking for a new book to snuggle up with this winter or would like to give a thoughtful gift to a nursing peer, you are sure to find something suitable at the ACN online shop.

Visit our website to check out our e-shop and browse our diverse selection today. Happy shopping!

NURSES AND MIDWIVES WREATH LAYING AND REMEMBRANCE CEREMONY

ACN staff attended the Nurses and Midwives Wreath Laying and Remembrance Ceremony at the Australian War Memorial on Tuesday 9 May.

This wreath laying ceremony commemorated the service, sacrifice and bravery of the many nurses and midwives who have provided care during war, armed conflict and peacekeeping operations.

Wing Commander (Ret'd) Sharon Bown MACN opened the ceremony, Air Commodore Michael Paterson DSM gave the commemorative address and ACT Chief Nurse Ronnie Croome closed the service. ACN CEO Adjunct Professor Kylie Ward FACN laid a wreath on behalf of our organisation during the ceremony alongside other leaders in nursing and health.

Held in the lead up to International Nurses Day, this ceremony was an opportunity for us to pay our respects and recognise the significant contribution nurses continue to make within the health sector and the Australian Defence Force.

"Nurses have always gone wherever people need help and this proud tradition continues today," said Adjunct Professor Ward.

ACN would like to take this opportunity to thank all of the nurses and midwives, in our past and present, who have served in honour of our profession.

Lest we forget your service and bravery.

INTERNATIONAL COUNCIL OF NURSES CONGRESS

ACN makes a strong contribution to nursing policy at a local, national and global level.

Through our role as the Australian member of the International Council of Nurses (ICN), we provide a vital link between Australian nurses and the global health care community.

ACN President Professor Christine Duffield FACN and ACN CEO Adjunct Professor Kylie Ward FACN recently attended the ICN Congress in Barcelona, Spain along with many other Australian nurse leaders. Bringing together thousands of nurses from across specialties, cultures and countries, the Congress provided an invaluable opportunity to explore nursings' lead role in the development and delivery of strong health care systems on a world scale.

ACN would like to thank all of our Members and Fellows who joined us for pre-event drinks. It was wonderful to engage with so many Australian nurse leaders who are committed to driving change beyond our borders. We look forward to incorporating international priorities into our policy considerations throughout 2017.

INAUGURAL POLICY SUMMIT

ACN held its inaugural Policy Summit at the Vibe Hotel in Canberra on Friday 21 April.

Bringing together leaders in nursing, health and government from across the country and around the world, the Policy Summit was a fantastic opportunity to work collaboratively with consumers to develop our national nursing policy agenda.

ACN was honoured that the International Council of Nurses Chief Executive Officer, Dr Frances Hughes attended and addressed the Summit. Dr Hughes provided a summation of the day and encouraged all nurses to get more involved in policy discussions locally, nationally and internationally. It was also a privilege to have the Assistant Minister for Health, The Hon Dr David Gillespie MP, ACT Minister for Health, Ms Meegan Fitzharris MLA, our President Professor Christine Duffield FACN, and many highly esteemed nursing experts participate in this highly important event.

The Summit provided a platform for informative discussion and debate relating to end-of-life care, chronic disease, policy leadership and nursing workforce. At ACN, policy is at the core of our activities and we aim to deliver empirical based nursing perspectives on a wide range of issues. As the pre-eminent and national leader of the nursing profession, we work collaboratively and in full consultation with stakeholders to function as an informed leader and partner in nursing and health policy discussions.

Moving forward, ACN will take the policy priorities identified at the Summit and work to see them communicated at every level of the Australian health care system.

Our next Policy Summit is planned for April 2018.

COMMUNITY AND PRIMARY HEALTH CARE NURSING WEEK

Community and Primary Health Care Nursing Week is an annual ACN initiative that aims to educate the health care community, government officials and the wider community about the important contribution community and primary health care nurses provide to our health care system.

Each year, there are a range of activities that ACN encourages nurses and the broader community to become involved in during this campaign.

In 2017, Community and Primary Health Care Nursing Week will be held from 18–24 September. As a part of the celebrations, ACN will be publishing an eBook filled with stories from community and primary health care nurses. Submissions will focus on ***why*** community and primary health care nursing is vital to the health and wellbeing of our society. We encourage submissions from across the nursing profession and broader Australian health care workforce.

Please visit our www.acn.edu.au/community-and-primary-health-care-nursing-week-2017 for more information about this national public awareness campaign and to find out more about how you can get involved.

12 MAY
INTERNATIONAL NURSES DAY
ACN NATIONAL NURSES BREAKFAST 2017

NATIONAL NURSES BREAKFAST

ACN hosted it's annual National Nurses Breakfast on International Nurses Day on Friday 12 May. Approximately 240 celebrations with more than 9,500 people were held across the country as a part of this nation-wide event.

ACN held celebrations in both our Canberra and Sydney offices as a part of the National Nurses Breakfast. We were honoured to have Minister Shane Ratternbury MLA, HESTA National Partnerships Manager Bart Moye and Royal Australian Mint CEO Ross MacDiarmid join us at our celebration in Canberra.

We would like to thank all of our breakfast hosts and HESTA for supporting the 2017 ACN National Nurses Breakfast.

What a great way to acknowledge the invaluable contribution nurses make to the development of strong and resilient health systems locally, nationally and globally! It was fantastic to see so many groups involved. We look forward to celebrating with you all again next year.

ACN NEWS & VIEWS

ACN SNAPS

At ACN, we love getting out and about with our members and the wider nursing community! If you are at an ACN function or event, please share your snaps with us through our social media channels!

“The opportunities to interact with nurses both within my region and throughout Australia provide valuable networking opportunities and potential for collaborative partnerships.”
Karen Yates MACN

“I am very proud to be a Fellow of the Australian College of Nursing. I have been a Member since 2005 and it has given me the opportunity to network with like-minded nurses and have a voice within my profession”
Belynda Abbott FACN

NATIONAL NURSES BREAKFAST

Melbourne Nursing & Health Expo

Policy Summit

Nurses and Midwives Wreath Laying and Remembrance Ceremony

Policy Summit

Melbourne Nursing & Health Expo

Melbourne Nursing & Health Expo

Close the Gap Morning Tea

Policy Summit

Melbourne Nursing & Health Expo

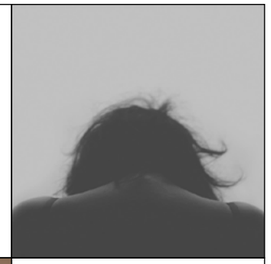
Close the Gap Morning Tea

Federal Budget Breakfast

AUGUST

4
JEANS FOR GENES DAY
An annual campaign that raises awareness and funds to support genetic research.

8
DYING TO KNOW DAY
An annual initiative aimed at starting conversations around death, dying and bereavement.

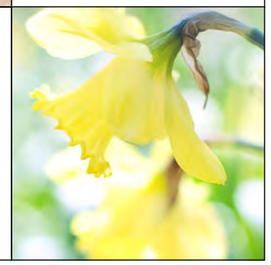


19
WORLD HUMANITARIAN DAY
A day to recognise those who have lost their lives working for humanitarian causes.

21
THE NATIONAL NURSING FORUM
ACN's annual signature event, bringing together nurses from around the country and world.

22
BE WISE MEDICINE WEEK
A national awareness week that promotes safer and better use of medicines.

26
DAFFODIL DAY
An initiative dedicated to raising funds for cancer research, prevention and support services.

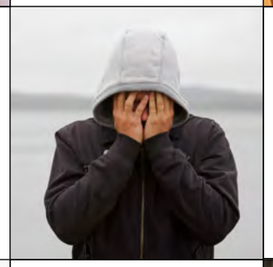


SEPTEMBER

4
WOMEN'S HEALTH WEEK
A national event dedicated to encouraging women to make good health a priority.

8
R U OK DAY
A campaign aimed at encouraging people to connect and support those around them.

10
WORLD SUICIDE PREVENTION DAY
A World Health Organization initiative aimed at reducing the incidence of suicide.



18
COMMUNITY AND PRIMARY HEALTH CARE NURSING WEEK
An ACN campaign aimed at raising the profile of community nurses.

21
WORLD ALZHEIMER'S DAY
A campaign that aims to raise awareness about the impact of Alzheimer's Disease and Dementia.

29
WORLD HEART DAY
An annual campaign aimed at raising funds and awareness about cardiovascular disease.

MORE Visit our website to see more upcoming events in Australia and around the world for the nursing and health professions: **www.acn.edu.au/events**

Mr James Bonnamy MACN
ACADEMIC

DEMENTIA – THE SILENT THIEF

Dementia is often described as a silent thief, running away with a lifetime of memories.

Dementia can leave patients with progressive and frequent memory loss, confusion, personality changes and loss of ability to perform everyday tasks. Dementia describes a cluster of symptoms that are caused by disorders that affect the brain, such as Alzheimer's Disease (Alzheimer's Australia, 2016).

Dementia is not a normal part of ageing and it can happen to anybody, but it is more common after the age of 65 years old. People in their 40s and 50s can also have Dementia. The youngest person to ever be treated for the condition is a 19 month old toddler called Marian, who has "Childhood Alzheimer's" symptoms, which is a result of a rare inherited gene mutation (Mohney, 2017).

Marian, like many others with Dementia, faces an uncertain future. Whilst there are advances in the prevention and treatment of Dementia, the exact cause and best treatment options remain elusive, although there are some promising breakthroughs (Scott & Armitage, 2017). Many of the drug treatment options for Dementia have unpleasant side effects. There are also issues with drug adherence that can cause distress to both the patient and their carers.

For people with Dementia there are many unanswered questions, including how long before they start to forget the faces of the ones they love. I was recently caring for a patient with Alzheimer's Disease who was experiencing paranoia, confusion and memory loss.

"For people with Dementia there are many unanswered questions, including how long before they start to forget the faces of the ones they love."

When her family arrived to visit, I was reminded of the wider impact of Dementia. The patient did not recognise her husband or daughters and refused to see them. They were understandably upset and frustrated that the silent thief had overnight stolen her most precious memories.

World Alzheimer's Day is on the 21 September of each year, and aims to raise awareness of the disease most responsible for Dementia. Let us all remember to participate in this important campaign!

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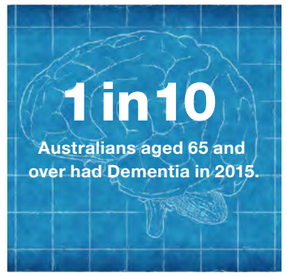
Alzheimer's Australia 2016, *What is dementia?,* accessed 23 May 2017, <https://www.fightdementia.org.au>

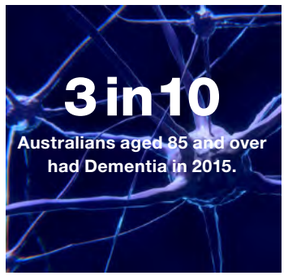
Mohney, G. 2017, *Toddler with 'childhood Alzheimer's' symptoms gets experimental treatment*, accessed 23 May 2017, <http://abcnews.go.com/Health/toddler-childhood-alzheimers-symptoms-experimental-treatment/story?id=46726381>

Scott, S., & Armitage, R. 2017, *Dementia treatment hope after ultrasound, drug technique breakthrough,* accessed 23 May 2017, <http://www.abc.net.au/news/2017-04-05/new-dementia-treatment-hope-after-breakthrough/8415366>

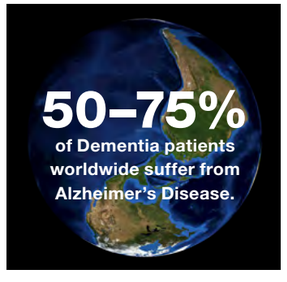
FAST FACTS



OVER 50%
of permanent residents in government funded aged care facilities in 2013–14 had a diagnosis of Dementia.



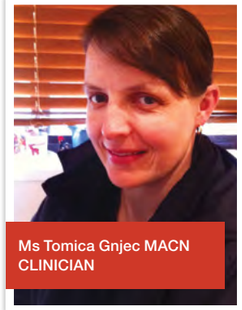
900,000
Australians will have Dementia in 2050 based on projections of population aging and growth.



REFERENCE: Australian Institute of Health and Welfare 2017, *Dementia*, accessed 24 May 2017, < http://www.aihw.gov.au/dementia/>

ISTOCK

THE DEMENTIA JOURNEY



Ms Tomica Gnjec MACN
CLINICIAN

Just imagine – you have had to make an unexpected and urgent trip overseas. You arrive at the local airport only to be told there have been some unforeseen changes to your flights and connections.

You press on knowing there is no other alternative. On your next flight stopover, you get off the plane and find nobody speaks your language, and you don't speak theirs. Furthermore, the airport terminal flight data screens do not match your ticket details. You are reduced to pointing at your flight tickets and using hand gesticulations to try and communicate your need for confirmation and guidance to the next leg of your journey. The clock ticks on and by now you have had no food or drink for some time and can't locate the toilets.

Your communication with airport personnel so far is interpreted as rude and aggressive (National Health Service (NHS) Education for Scotland, 2011). The above scenario may well be something like an emergency department visit by an unwell individual with Dementia – very challenging, confusing and misunderstood.

Individuals with Dementia are identified as the highest users of acute care services (Alzheimer's Australia, 2014). As clinicians, we are in an optimal position to accompany and guide these particularly vulnerable individuals' through their health journey, utilising a number of strategies including:

- Attendance of a prompt assessment and vital involvement/communication with carers (identifying what is "normal" for the person and utilising known care strategies)
- Effective communication through simple protocols (remaining calm, keeping sentences short, etc.)
- Provision of alternative care to antipsychotic medications (e.g. person centred care with increased supervision, provision of familiar items to reduce confusion and creation of a quiet area (NHS Education for Scotland, 2011; Alzheimer's Australia, 2014)).

Further acknowledgement and understanding of this challenging neurodegenerative disorder and its characteristics of cognitive, mood and behaviour impairment will guide us with meeting the complex needs of those affected.

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Ms Laurie Bickhoff MACN
EARLY CAREER NURSE

GERIATRIC NURSING

The Australian population is aging. According to the Australian Institute for Health and Welfare (2017), the number of people aged 65 and over has more than tripled over the last 50 years.

It has been estimated that by 2064, there will be 9.6 million people aged 65 and over, and 1.9 million people aged 85 (Australian Institute of Health and Welfare (AIHW), 2017). By 2050, nearly one million Australians will be living with Dementia (AIHW, 2017). Therefore, it is essential our nursing workforce has the skills and resources to care for this population.

Caring for a person living with Dementia or Alzheimer's Disease, in my opinion, has to be one of the most difficult types of nursing. In an acute care setting, away from their homes and normal environments, setbacks or episodes of delirium can occur. Agitation, distress and even aggression is not uncommon. These episodes are not only distressing to the patient and their family, but also to the nurses charged with their care. Yet, resources for these patients can be scarce, especially in non-geriatric wards.

Geriatric nursing can be viewed as a less 'glamorous' specialty but it is one of the most complex and demanding. Despite this, the nurses who do specialise in this area show incredible compassion and dedication. Their ability to connect with their patients and guide them through their treatment and recovery is nothing short of amazing. Their creativity and resourcefulness should be applauded, and their delivery of person centred care used as an example for other specialties.

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Australian Institute of Health and Welfare 2017, *Ageing*, accessed 1 Monday May, <http://www.aihw.gov.au/ageing/>

THE ROLE OF THE NURSE LEADER/MANAGER IN DEMENTIA AND ALZHEIMER'S DISEASE

Adjunct Professor
Cheyne Chalmers FACN
EXECUTIVE

Caring for people with Alzheimer's Disease or Dementia is becoming normal practice for nurses no matter the sector or setting in which they work. Over 432,800 Australians were living with Dementia in 2015 (Australian Institute of Health and Welfare (AIHW), 2017). This number is expected to exceed 400,000 by 2020 (AIHW,2017), and demand for Dementia care services, resources and funding is unprecedented.

With rising numbers of patients experiencing Dementia accessing acute health services, new thinking is required to ensure they receive safe, high quality care. In some settings, such as residential aged care, there are nurses who are highly skilled and experienced in caring for people with Dementia. However, as people with Dementia move through acute care systems their needs challenge current care approaches and capability.

In the acute hospital setting, people with Dementia often experience greater levels of fear and anxiety, which can be exhibited through behavioural and psychological symptoms. With what knowledge, skills, tools, strategies and support do we equip nurses to provide safe, high quality care for these patients? Most organisations have some form of clinical aggression response. For example, *Code Grey*, which provides a back stop in situations when patients are displaying certain behaviours. What if we were able to prevent these situations from occurring? Research is currently underway to test use of an app, on an iPad at the bedside, to support nurses in providing best practice care for people with Dementia. The app prompts the nurse to regularly assess the person's level of cognition, provides evidence based recommendations for strategies in accordance with observed behaviours and cognition level, and enables monitoring of changes in symptoms overtime, to help optimise the quality and safety of care delivered.

As nurse leaders, our role is to ensure that nurses are skilled and supported to deliver safe, quality, patient centred care. Importantly, we have a key role in influencing – whether it's research agendas, design of facilities, or multidisciplinary models of care. Through that influencing we can ensure innovations, such as the research project mentioned above, get to change the care that is delivered to patients with Dementia.

REFERENCE

Australian Institute of Health and Welfare, *Dementia*, accessed 21 May 2017 <www.aihw.gov.au/dementia>

DEMENTIA CARE

A reflection on past practice

Most of my nursing career I have not seen Dementia care as exciting or interesting. It has only been recently, since moving from surgical to medical nursing, that I have realised how complex and interesting Dementia nursing can be. I always thought every elderly patient in the ward who was confused had Dementia regardless of knowing their history. I know I was not the only nurse who just thought that any person who was calling out and wandering around had Dementia. I saw them as a burden to my nursing workload in a busy surgical ward, where I was too occupied with dressings, observations and other nursing skills, to care for a person with Dementia.

It has been recognised that patients with Dementia receive sub-optimal care in hospital settings (Fessey, 2007). As a graduate nurse, I did not have the knowledge to care for a person with Dementia and unfortunately, they were neglected in care compared to the surgical patients who I knew how to nurse.

Insufficient education given on Dementia care to nursing students impacts on the care to people with Dementia (Ea Eccleston et al. 2015). I did not know how to use a person centred care approach to nurse a person with Dementia (Kitwood 1997). Thinking back to my earlier days as a nurse I wish I knew what I know now. Moving forward, I have now developed a personal interest in Dementia nursing and am currently conducting research in this area. I hope to improve the future of Dementia nursing and help to educate current and future nurses in this area for years to come.

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Kitwood, T. 1997, *Dementia reconsidered: the person comes first*, Open University Press, Buckingham, UK

"I hope to improve the future of Dementia nursing and help to educate current and future nurses in this area for years to come."

AUTHOR

ALICIA HURST MACN

ISTOCK

ALZHEIMER'S DISEASE

A personal journey

It started and ended with a phone call.

The phone rang in the afternoon and as I knew the number I answered it with a smile, it was my mum. That call ended in tears, and complete and utter disbelief. My father, a strong, hard-working no-nonsense man, had been diagnosed with rapid onset Alzheimer's Disease. The reaction of myself, my three younger brothers and our families was, "but Dad never gets sick". That call started us all on a journey that had so many ups and downs; so many tears and so much laughter. Laughter, oh yes, there was plenty of that, and tears, there were enough to fill an ocean. The strength that we found in each other as we began this unknown journey was centred on one person, Mum. How she coped as Dad's primary carer throughout his illness was the stuff that legends are made out of. With a family scattered far and wide our constant link to each other was the phone and emails.

Dad received the best of care and support from a wonderful group of people. From his doctor in Maclean to his geriatrician in Ballina to the aged care support groups and a network of close friends that ensured that he and Mum had the help they needed. But it wasn't always smooth sailing, there were a lot of bumps and the endless cycles of tests, medication and lifestyle changes.

I remember the first time I saw Dad after the diagnosis. I was shocked, he had changed so much in such a short period of time. Gone was the vigorous man who could run rings around all of us; his step had slowed considerably, he tired easily, his memory had many holes and he often got confused. The most heart-breaking thing of all was that he didn't know who my mum was – over 40 years, and although she was a familiar figure and a constant in his life, he didn't know her. That just wasn't right!

I did so much research on Alzheimer's Disease, scouring the internet and reading everything I could find. But there was nothing that could tell me definitively why Dad had this disease and why there was no cure. There was so much speculation about how and why someone could be afflicted with such a cruel disease. From smoking to what you did/do for a living, where you work to how you kept your mind occupied. One of my young nieces made a wish and her words were straight from the heart. She wanted them to find a cure for Alzheimer's Disease because she wanted her poppy made better.

The years progressed and he was able to remain at home thanks to the one person who was always there, Mum. The medications he was on seemed to halt the disease for a while. There were flashes of the man all of us knew was inside of him. We spent many an hour going through photo albums with him. Mum had so many albums, their holidays and lives together, each child had their own collection of albums, and throughout the home there were photos everywhere.

On one trip home to Yamba, we had gone around with Dad looking at respite facilities. Mum had made the decision to place dad in respite for a couple of weeks to give herself a break – the emotional strain was starting to take its toll. As we left one place, Dad asked us "What have I done wrong?". We turned as one and said, "nothing Dad, you've done nothing wrong, we're just looking". He did go into respite for that break… he never came home.

Dad was cared for in a lovely facility in Maclean by an amazing group of nurses. It was only 16km from their home, which meant that Mum could see him whenever she wanted to. I think she could have just told the car "take me to David" and it would have. The first visit that we made to see Dad in that nursing home was a real smack in the face. Dad had "forgotten" how to walk and how to do anything for himself. My strong, handsome father had been stripped of everything; he'd aged so much and had become so frail. Mum had been telling him constantly, something she did whenever any of us were coming home for a visit, that so and so was coming. The constant reminder seemed to help when we walked in. Dad had recognised my husband and when Mum said, "Possum's here, love", he didn't take his eyes off me. But it was the leaving that was the hardest thing I did on that first visit. As I walked out the door, I turned to him and said, "I love you Dad". His words back were, "I feel all alone". It took everything I had not to burst into tears and to be able to say, "no you're not alone, we're always with you". It's something that I will never forget.

Dad had his 70th birthday in care; they gave him a little party and he was spoilt rotten by everyone. In July 2012, he and Mum celebrated their 50th wedding anniversary. He had met so many milestones but this disease had robbed him of the ability to enjoy them or to have anymore.

All of us made the journey to Yamba in 2012, it was like something was telling us that we didn't have much longer with him. Ray, my husband, had made a promise to Dad the last time we visited, that he would have a beer with him on Christmas Day. He kept that promise. I had promised to wear a crazy Christmas t-shirt and yes, I kept that promise – wore that bloody t-shirt all day! By the end of that holiday, deep down I knew that this was the last time that I would see him alive.

The disease was taking such a heavy toll on him, his health was beginning to fail and each day was a battle.

On 15 January 2013 the phone rang just after midnight. At the other end was my mother telling me that after such a long battle Dad had passed on and she was there with him; he wasn't alone.

I cried tears of anger, I raged that life was so unfair. My father had done nothing to deserve this disease. He was stripped of everything; his life, his dignity and his love. But while this disease took him from us, it also took us on a journey that taught us one of life's really important lessons. Love hard, love fierce and love strong.

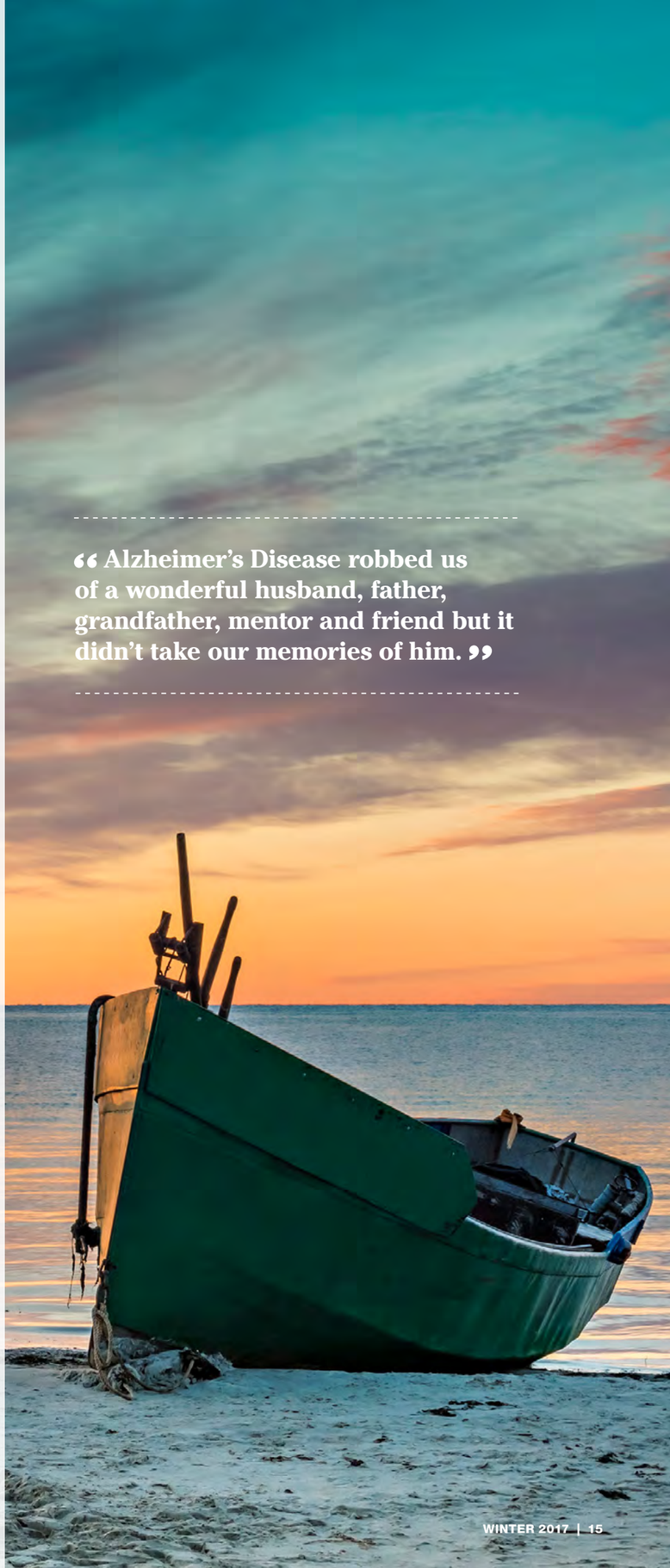
He would have been proud of us all the day we farewelled him. We cried tears at his service and we also laughed as the photos slid into view to the sound of John Denver's "Sunshine on my Shoulders". There was his legacy in black and white and colour, some were funny and some were poignant, but all were his life, his joy and his love.

Alzheimer's Disease robbed us of a wonderful husband, father, grandfather, mentor and friend but it didn't take our memories of him. He will live on in all of us and together along with the researchers and the miracles of modern science the beast known as Alzheimer's Disease will be beaten.

In memory of David Henry Miller – 27/8/1938 – 15/1/2013. Gone Fishing!

AUTHOR

KAREN DANSEY
ACN CORPORATE
SUPPORT MANAGER



> **"Alzheimer's Disease robbed us of a wonderful husband, father, grandfather, mentor and friend but it didn't take our memories of him."**

iSTOCK

MUSIC THERAPY

Can music help people with Dementia?

This article outlines the definition, types and prevalence of Dementia. It explores the specific benefits of music therapy as a non-pharmacological intervention to assist with depression, anxiety, agitation and aggressive behaviour symptoms of Dementia. A variety of studies and their results regarding music as a positive intervention will be presented.

Dementia describes a collection of symptoms that affects thinking, behaviour and the ability to perform everyday tasks. The brain function of a person with Dementia is affected enough to interfere with the person's normal social or working life. The early signs of Dementia are very subtle and vague, and may not be immediately obvious. Some common symptoms may include progressive and frequent memory loss, confusion, personality change, apathy and withdrawal, and loss of ability to perform everyday tasks. There are many different forms of Dementia and each has its own causes. The most common types of Dementia are Alzheimer's Disease, Vascular Dementia, Parkinson's Disease, Dementia with Lewy Bodies, Fronto-temporal Lobar Degeneration, Huntington's Disease, Alcohol-related Dementia (Korsakoff's Syndrome) and Creutzfeldt-Jacob Disease (Alzheimer's Australia, 2017).

In 2012, Dementia was recognised as a national health priority area in Australia due to its significant contribution to the burden of illness and injury in the Australian community. According to the Australian Institute of Health and Welfare, approximately 342,800 Australians had Dementia in 2015. With projections based on population ageing and growth, it is estimated that this number will reach almost 400,000 by 2020 (Australian Institute of Health and Welfare, 2017).

People with Dementia may at some point in their illness develop symptoms such as depression, anxiety, agitation and aggressive behaviour. Pharmacological and non-pharmacological interventions are implemented to minimise these symptoms and assist the person with Dementia to feel settled and comfortable, thus enhancing their quality of life. Agitation is described by Wall and Duffy (2010) as physical aggression with outbursts; physical non-aggression, such as wandering and pacing; and verbal agitation, such as screaming.

Music can be utilised as a non-pharmacological intervention. Many studies have been undertaken to identify the benefits of music for people with Dementia.

Two studies looked into the effect of music therapy on agitation in people with Dementia. Ridder, Stige, Qvale and Gold (2013) found that agitation in nursing home residents with Dementia leads to an increase in psychotropic medication, decrease in quality of life, and upturn in patient distress and caregiver burden. They found that music can have a positive effect by improving self-esteem, communication, independence, social interaction, participation in meaningful activities, general wellbeing, memory, quality of life, and alleviating apathy and agitation. Another study found that music can enhance emotional relaxation, create interpersonal interactions and reduce future agitated behaviours (Lin et al., 2011).

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While looking to develop further insights into the benefits of music therapy, McDermott, Orrell and Ridder (2014) found that music is indeed beneficial for the psychological wellbeing of people with Dementia. They described the stimulating effect of music and how playing instruments or listening to music instantly caught the attention of many residents who often appeared less aware or disinterested in other people or activities around them.

In their study into the effects of music on quality of life, Van der Vleuten, Visser and Meeuwesen (2012) found that music could alleviate pain, improve memory, enhance health, increase communication, and reduce stress, fear and depression. In another study regarding the effects of live music on apathy, Holmes, Knights, Dean, Hodkinson and Hopkins (2006) found that music, and in particular live music, can play an important role in improving apathy in patients with Dementia, and decreasing behavioural problems.

> **"Music, and in particular live music, can play an important role in improving apathy in patients with Dementia."**

During a literature search looking into the benefits of caregiver singing, Chatterton, Baker and Morgan (2010) found that when caregivers sang to their care recipients individually during morning hygiene routines, the usual reactions of aggression, combativeness and confusion in persons with Dementia were replaced by cooperation, communication and a sense of understanding.

Music is free, is easily accessible and stimulating. It can be enjoyed alone or with others even in the context of severe Dementia, and music and dance can convey gestures and emotions that go beyond words.

This article has provided a definition of Dementia and shown the expected increase in the incidence of this disease leading up to 2020. The symptoms that some people develop as a consequence of Dementia such as depression, anxiety, agitation and aggressive behaviour, is also outlined. The many and varied ways that people with Dementia can enjoy and feel the benefits of music has been shown as a successful non-pharmacological intervention to help alleviate the symptoms identified.

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AUTHOR

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MACN

I remember

Memories of my mother

An abridged version

I remember . . .
Sitting on the stools
At the kitchen bench,
Feet dangling and swinging because they could not reach the floor,
Watching you cream the butter,
Rubbing in the flour,
Making scones,
cakes,
pikelets,
And waiting to lick the spoon or bowl.
Because of you I rarely have to read a recipe.

I remember . . .
"No snacks before dinner",
"Have a piece of fruit",
Because you worked at the fruit stall
And we always had apples and oranges.
Yet you still had that big box of chocolate biscuits
Which we raided when you weren't home,
Taking only one or two so it wouldn't be noticed.

I remember . . .
Coming in the door from school or work
To the whole house infused
With the smell of the cooking roast.
"What is it, lamb or beef?"
And going to the oven door,
Opening it to take a peek
And finding out you guessed right.

I remember . . .
November morning,
Mixed fruit, cinnamon, nutmeg, spices,
Rushing past the kitchen
And you stop each one of us as you can,
"Have a stir and make a wish".
We put in our allotted number of six pences,
And the puddings boil all morning
Reminding us that Christmas is approaching.

And now I visit you in the Home,
Your legs dangle idly in the armchair,
Eyes wander until something catches your focus.
You barely recognise me,
Rarely remember my name.

That's OK Mum,
If you can't remember,
I will remember for you!

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iSTOCK

MY UNDERGRADUATE EXPERIENCE

Working for people who are living with Dementia

iSTOCK

"I was never short of a conversation and I got to see how interesting, diverse and complex the care of people living with Dementia is."

"I couldn't think of anything more depressing than working in Dementia."

Hearing this from a close friend made me shudder but it is the typical response I receive when I say I want to work with people who have Dementia after I graduate. After their initial surprise at my career choice the conversation quickly turns to the personal account of a loved one's "regression" and descriptions of how they were, "not with it" or how they, "suffered" before passing away. My future career seems to represent something burdensome met with a constant stream of sadness, where the disease replaces the person, and we part with comments to the effect of, "good on you" or "someone's got to do it".

The opinion of my student contemporaries is the same. Not many say it but I can tell they want to ask, "what for?". For most, their only opportunity to care for people with Dementia was on their first practicum in residential aged care, where they learned to avoid a grumpy, overworked preceptor, whose orders were both contradictory and confusing. They wrote heartfelt reflections about mean and unappreciative carers, some witnessed elder abuse but most surmised caring for people with Dementia as an unattractive career (Lea et al., 2015). I had my share of ill experience on my first practicum and although I was left wondering whether the student has to complete the Braden Scale or whether, by virtue of being a student, they are not allowed to complete the Braden Scale (both orders issued within hours of each other); I felt that I had found my place. The constant and vibrant atmosphere in the home gave me an energy that is hard to describe. I was never short of a conversation and I got to see how interesting, diverse and complex the care of people living with Dementia is. From that point on, I kept a growing list of reasons to pursue this line of work, and my enthusiasm grows every time I volunteer for Alzheimer's Australia at the Mary Chester Centre in Shenton Park.

To my fellow 3,100 West Australian nursing graduates, I wish you the very best of luck in securing one of the 500 graduate placements on offer in 2018 (Australian Health Practitioner Regulation Agency, 2016; Health Workforce Australia, 2015). May you consider these benefits to working for people who have Dementia, that you might not have already considered when you make your applications.

Over 50% of Australians living in aged care facilities have a diagnosis of Dementia and Hugo (2014) reports that the number of people living with Dementia is increasing at a faster rate than the Australian population is growing (Australian Institute of Health and Welfare, 2017). The nursing resources required to support this fast growing epidemic are already at a 15% deficit and Alzheimer's Australia (2016) states that a significant national effort is required to improve the attractiveness of the aged care sector in order to sustain a sufficient workforce (Alzheimer's Australia, 2016).

Increased scopes of practice, better working arrangements, attractive remuneration and Commonwealth funding for Dementia specific courses are at the forefront of the 2016 strategic intent; but this is only a small component of what is attractive about the changes to come. The National Framework for Action in Dementia (2015) proposes a broad research agenda for the next five years, including the establishment of a dedicated national institute (2015). Being a part of practice based studies, risk reduction campaigns and evolving practice spanning most sectors of the health care industry promises exciting and varied opportunities in the near future.

I have been accused of wearing rose-coloured glasses but I will never forget how wonderful it was to get on with the day's work, in that first week of prac, feeling really happy about where I was. I got the taste for a vocation that sees me making meaningful connections with people when I assist them in their daily activities; where I get to help maximise their existing abilities, as well as treat their condition (Epp, 2003).

I am so grateful to have found my future specialist area of nursing so early on. Truthfully, I could not think of anything more fulfilling than working for people who are living with Dementia.

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AUTHOR

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AGED BEHAVIOUR COGNITION NURSES

A profile piece

Working in the Aged Behaviour Cognition (ABC) nurse role at South West Healthcare has been a journey of self discovery. After many years of teaching enrolled nursing, I discovered my passion for Dementia care. I was ready for a challenge when the role for an Aged-specific Consultation Liaison Nurse was advertised. The Aged Persons Mental Health Service had perceived the need for a nurse to assist in the management of cognitively impaired and behaviourally disturbed patients within the hospital. The independence and uniqueness of the role appealed to me immediately, as well as the chance to develop the role to suit my style.

My role involves extended assessment to investigate what is causing behavioural issues. Is it delirium, Dementia, depression or something else? Dementia is a progressive terminal disease which manifests as memory loss, language difficulties and behaviour change, but appears different in each individual depending on the type of Dementia, the area of the brain affected and the pre-morbid personality. Dementia affects many older people, and the number of people affected increases with age. Approximately 20% of people over 70 years old admitted to hospital will have Dementia; this increases to 50% for those over 90 years old (ACSQHC, 2014). In the hospital, most of the patients that I am involved with have delirium. Delirium is an acute confusion brought on by a medical condition. It is reversible and preventable, however statistically it is poorly managed. Educating all staff about delirium and potential causes is the key to preventing it. Patients with Dementia are up to six times more likely to develop delirium (ACSQHC, 2014).

Communication is the key to understanding cognitive impairment and managing behaviours. A person with cognitive impairment will struggle to communicate what they mean in words, however often the underlying tone of what they want to say is present. That underlying message may be that the person is afraid, frustrated or lonely. I advise nursing staff to be mindful not to react to the words that are being said but react to how the words are said. Speaking loudly to the older confused person will not increase their understanding. When the patient is struggling to interpret words, they resort to interpreting tones and feelings instead. If you display irritation in your tone, the patient will respond to your irritation. If you are frustrated, they will reflect this frustration.

Empathy for the patient's situation is also important. Try to put yourself in the patient's position and imagine what you would feel like if your reality was suddenly distorted. The facts that you knew to be true have changed. Your memory becomes cloudy. Sensory input declines as though you are in a fog. Thoughts and images occur that contradict what is expected. The aim is to find a way to form a connection with this patient.

Within my role, I am often called to attend the ward when the patient's agitation levels have increased dramatically. Usually there is a significant issue when the patient is ambulant and pacing, often threatening staff or becoming verbally abusive. On one occasion I was called to assist with a female patient who had early onset Alzheimer's Dementia and was extremely behaviourally disturbed. She was disoriented in her environment and herself. Unfortunately, the chance to distract her had long passed. The Code Grey team had arrived and an additional 10 or so people were standing by and watching this patient. The extra eyes upon her did not help this patient's anxiety and agitation.

At times like this it will always be "hit or miss" with the interventions to calm a person down. I try to look for the immediate causative concerns and address these. The extra people looking at this patient were the main problem. Luckily, the patient had re-entered her room, so I followed her in and shut the door, leaving all the observers outside. I sat down in a chair and did not look directly at the patient until she spoke to me. By placing myself in a lower position to the patient, I became less threatening. I spoke in a soft reassuring voice and asked if I could help. I'm sure my words were unintelligible to her but my tone was supportive. The following half an hour consisted of minimal activity on my behalf and a lot of patience. The patient eventually calmed down and accepted a cup of tea. I was able to play some music, which relaxed her further. These were effective interventions on the day. I have tried this on many occasions and often I have not had the same success.

It is important to acknowledge that sometimes you may be the wrong person. It is necessary to not take this personally. There may be an underlying memory with the person, which reminds them of someone they used to know and didn't like. Sometimes a uniform is comforting; when a nurse enters the room and interacts with the patient with delirium, the image of a nurse in uniform is reassuring, especially if they have been well treated in hospital previously.

iSTOCK

"Communication is the key to understanding cognitive impairment and managing behaviours."

However, a uniform can also be threatening; when a security guard is stationed in the corridor to protect an agitated patient and those around, they can be promoting the patient's delusion that they are in jail and a prisoner, unable to leave.

Time and patience are important in the management of patients with cognitive impairment. I have spent a significant amount of time following restless patients; sometimes at a discreet distance, ducking out of sight when they turn around, or standing pointedly in the way to block the exit, knowing that the sight of me would be enough deterrent not to walk my way. However, time can be in limited supply on a busy hospital ward. Utilise what resources are available: the family or carers, the nursing student who has the time to sit with the patient, music therapy or television.

Some form of stimulation is necessary to keep the patient's mind occupied. Simply looking at a picture book gives the patient more to focus on than watching the four walls of the hospital room. In my experience, boredom is an underlying cause for increased agitation.

In my current role I enjoy the face-to-face contact with patients and the ability to spend time with the patient researching their current issue and their history. There is so much more to each individual than a few behaviours. I enjoy the challenge in determining the cause of the behavioural issue and finding a way to reach out to the patient. My role allows me to provide a helping hand to the patient and other members of the team, ultimately enabling better care for the patients with cognitive impairment.

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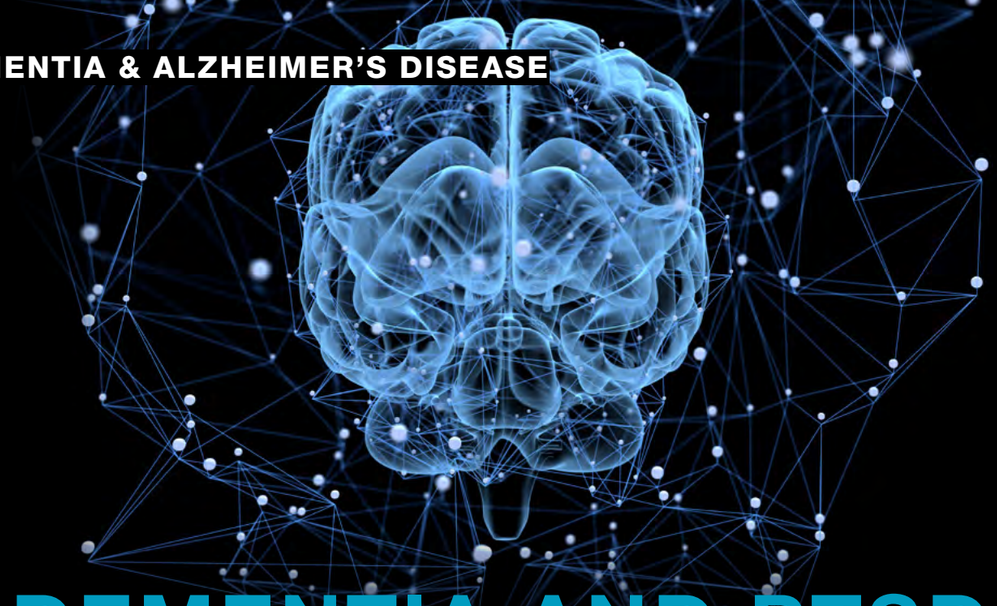

DEMENTIA AND PTSD

Is there a link between Dementia and post-traumatic stress disorder?

Dementia and post-traumatic stress disorder (PTSD) are two very different disorders, which both impact on cognition. This article will explore both of these disorders, potential linkages, current research and how this may impact on people we care for.

INTRODUCTION

My nursing background is an extensive one and has included roles in emergency, acute and community care, including aeromedical retrievals.

The legal framework for residential and community care is found in the Aged Care Act 1997. This Act specifically covers older people over 65 years (Aboriginal and Torres Strait Islander people – over 50 years) and contains a number of rights and responsibilities for consumers and providers of aged care. It also affords protection for clients in the aged care system, including those with cognitive impairment (such as Dementia).

THE PERSON AND EFFECT OF TRAUMATIC EXPERIENCES

Have you ever really thought about the person you care for – their hopes, dreams, experiences? Every person in aged care has lived a life and has a story to tell. The onset of Dementia should not minimise the vast experiences a person has had. It is important these stories are captured in a record for staff to access. It is most helpful to people caring for the person to be aware of all significant events in a person's life (including those that have affected them deeply).

Some people have unfortunately had quite profound experiences, which may have been incredibly traumatic. These may have occurred at any point in their life span. Some people will cope, others will try to forget, and then others will find the event rewinding in their mind when a "trigger" occurs. The fear and trauma associated with these events may present though a disorder known as PTSD.

Through my nursing experience I have worked with people suffering from cognitive disorders, including Dementia and PTSD. I have become increasingly interested in the linkages between lived traumatic experiences, which can result in PTSD, and the effect these experiences can have on long term cognition and Dementia.

WHAT IS DEMENTIA?

Alzheimer's Australia (2017) describes Dementia as:
"a collection of symptoms that are caused by disorders affecting the brain. It is not one specific disease".
Dementia affects thinking, behaviour and the ability to perform everyday tasks. Brain function is affected enough to interfere with a person's normal social or working life. As health care professionals, we see varying effects of Dementia, which can range from forgetfulness to complete debilitation.

TYPES OF DEMENTIA

There are many different types of Dementia with their own causes. The two most common causes of Dementia include Alzheimer's Disease (70% of all Dementia cases) and Vascular Dementia (Alzheimer's Australia, 2017).

Alzheimer's Disease is characterised by the formation of amyloid plaques outside brain cells and internal cellular changes in the brain caused by neurofibrillary tangles (Alzheimer's Australia, 2017).

The second most common form of Dementia is Vascular Dementia. This is caused by a problem with blood supply to the brain, which can cause cellular damage through lack of oxygen and nutrients (Alzheimer's Association UK, 2017).

EFFECTS OF DEMENTIA ON THE BRAIN

Both of these conditions cause brain cells to die and begin to collapse; the brain then shrinks. Firstly, short term memory is affected, and as the disease progresses, long term memory is affected. This is an incredibly stressful time for both the person affected and family members, as the person they know begins to lose their personality. As the disease progresses the person forgets the present and begins to live in the past; they forget who their loved ones are and eventually become dependent, as their systems begin to fail (Alzheimer's Australia, 2017).

THINKSTOCK

Unfortunately, at this stage, science has still not been able to determine why some people develop Alzheimer's and others do not.

WHAT IS PTSD?

PTSD is described as a mental health condition that can be triggered by a terrifying event, such as a life-threatening incident. This can occur either through witnessing or experiencing the event. Symptoms include, "flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event" (Mayo Clinic, 2017).

Many of us experience events that are traumatic and may need to speak with someone to manage the stress caused by the event. Usually time and looking after yourself can help. When the symptoms become much worse (nightmares, flashbacks etc.) and last for months or years, and affect your daily activities, this is described as PTSD.

PTSD is also recognised as a common condition in Australian ex-service personnel and veterans. The rate can be 10%–20%, depending on the type of deployment undertaken. Many of the veterans of the Vietnam War (1960's–1970's) are now entering their older years and may be managing both PTSD and age-related conditions, including Dementia. Are these veterans and older Australians who have been exposed to traumatic stress (and diagnosed with PTSD) more likely to develop Dementia? Or if they already have Dementia, will PTSD worsen/hasten the process (Dr Morris, 2017)?

IS THERE A LINK BETWEEN PTSD AND DEMENTIA?

PTSD affects a number of cognitive domains associated with memory. The effects decrease the amount of cognitive reserve a person has and can "predispose the development of Dementia" (Dr Morris, 2017).

Dr Philip Morris (2017) has undertaken extensive research into the areas of memory disorders and post-traumatic stress. Dr Morris has identified the following possible markers and linkages, similar to both Dementia and PTSD:

- Early markers for Dementia can mimic the early markers found in PTSD
- PTSD and Dementia share similar risk factors such as traumatic brain injury (TBI), low IQ, limited education, substance abuse, and risk factors for vascular disease
- Chronic stress can predispose people to Dementia – PTSD is considered a stress-related condition. Chronic stress causes general central nervous system (CNS) inflammation and damage to the hippocampus. The hippocampus is the region of the brain that is associated primarily with memory (Psyche Education, 2014)
- Inflammation of the hippocampus can cause damage and can exacerbate memory loss, particularly short term memory
- PTSD may also accelerate the ageing process
- Cognitive decline might 'unmask' PTSD in older veterans
- The combination of Dementia and PTSD may cause difficult behaviours

WHAT EVIDENCE IS AVAILABLE?

Currently, there is not an extensive body of work/research into the combined area of Dementia and PTSD. The available studies include:

- Between 1997–2007, the United States Department of Defense and the National Institute of Ageing investigated the relationship between PTSD and Alzheimer's Disease. The study found that veterans diagnosed with PTSD were nearly twice as likely to develop Alzheimer's Disease or Dementia as they age, than veterans without PTSD (Elements Behavioural Health, 2017)
- Two additional studies undertaken in 2010 (Yaffe et al. & Qureshi et al.) have also raised the possibility of a causal link between PTSD and Dementia
- Currently, a three-year study is being conducted (commenced in 2014) in the United States in conjunction with Melbourne University to investigate the linkages between veterans and PTSD. Researchers are focusing on the area in the brain associated with memory, as this same area is impacted by both PTSD and Alzheimer's Disease (Smith, 2014)

CONCLUSION

Possible linkages between Dementia and PTSD are still being investigated. It will be important to know if further studies prove these linkages.

As health professionals, it is important for us all to ensure we have access to an adequate history about our clients, especially any previous traumatic events or episodes. As research develops in this area, it will provide health staff with an insight and knowledge of how Dementia and PTSD may interact with each other.

If PTSD is proven to increase the development of Alzheimer's in people as they age, it will provide medical professionals an opportunity to monitor those with PTSD and intervene earlier in the process.

This area of research is an emerging one, and outcomes may progress to treatment options for older people in our communities with a history of PTSD and cognitive issues.

It is our role to care and help people to live with their cognitive disorders in a respectful and caring way. They can often be frightened and confused, and look for reassurance. Caring for the person inclusive of profound events they have experienced, is caring for the "whole" person.

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AUTHOR

HELEN FRAZER MACN

HOSPITAL-ACQUIRED DELIRIUM

Nurses positioned to lead prevention of hospital-acquired delirium in older adults

The Australian population is ageing, with 21% projected to be over the age of 65 years by 2061 (ABS, 2013) and in 2014, 41% of hospital separations were aged 65 years and older (AIHW, 2014). Older adults have a higher risk of developing delirium whilst in hospital. The incidence of cognitive impairment, for example Dementia and delirium in hospitalised older adults, in Australia, is estimated at approximately 20.7% and 8.7% respectively (Travers et al., 2013).

Delirium is an acute decline in cognitive function, characterised by fluctuations in attention, awareness and cognition. There are numerous adverse outcomes for older people with delirium including, cognitive and functional decline, increased risk of falls, and increased length of stay (Travers et al., 2013). The risk of hospital-acquired delirium increases five to six times for people with Dementia (Inouye, Westendorp & Saczynski, 2014). Delirium is a serious medical condition, often fatal, but frequently not recognised and misunderstood in acute hospital settings (Inouye et al., 2014). Moreover, Inouye and colleagues (2014) suggest that 30-40% of cases of delirium in people over 65 years can be prevented.

Nurses are well positioned to lead the prevention of delirium in older adult patients. Prevention of hospital-acquired delirium requires a review of medication, monitoring hydration, nutrition and constipation, mobilising, pain assessment and management, oxygen therapy, reorientation and reassurance, cognitive stimulation, non-drug measures to promote sleep, and ensuring visual and hearing aids are correctly fitted (Delirium Clinical Standard, 2016). These can be considered as fundamental nursing care. However, Australian nurses are spending less than half of their time on direct patient care activities, such as assessment, family and patient interactions, nutrition and mobility (Chaboyer, et al., 2008). Not only can delirium be prevented through fundamental nursing care, an association between fundamental nursing care and prevention of other common complications, such as urinary tract infection, pressure areas and pneumonia, in older adult patients has been postulated (Bail & Grealish, 2016).

Possible causes for reduced completion of fundamental care activities for older adult patients have not been established. Nurses have been found to prioritise care activities, which they consider medically important and are likely to have immediate negative consequences for patients' physical health, such as administering medications on time, providing medically directed treatments, and undertaking procedures (Ausserhofer et al., 2014). Care activities often required by older adult patients to prevent complications, such as assistance with elimination, eating and drinking, and psycho-social engagement, may not be the priority in a fast paced acute care setting. While many nurses recognise that care for older people is not ideal, this is attributed to the older person being in the "wrong place" and that there should be a better place for "them", indicating that there is a built-in discrimination against the delivery of high quality care for older people (Moyle et al., 2010).

"Nurses can lead a renewed focus on fundamental care activities that can reduce hospital-acquired delirium and other complications in older people."

A recent article by Baumbusch et al. (2015) explored the factors associated with nurses' readiness to provide care for older hospitalised people. The primary theme identified was one of a "poor fit" between the needs of older patients and the hospital environment. Three key factors were highlighted; a lack of skills and knowledge to provide appropriate care for older people; incongruence between the organisational context and the needs of older people; and societal ageism, which shapes both personal and organisational beliefs about older people.

Nurses are well positioned to lead improvements in the care of older adult patients. Funded research into the causes of missed fundamental care generally, and for older adult patients specifically, is urgently required. Policy, education and practice development related to gerontological nursing could align with that used in palliative care; gerontological specialists work closely with the patients who have the most complex needs and all nurses understand the general principles of care for older adults. Older adult patients can be found across most areas of contemporary hospital and health services, and nurses can lead a renewed focus on fundamental care activities that can reduce hospital-acquired delirium and other complications in older people.

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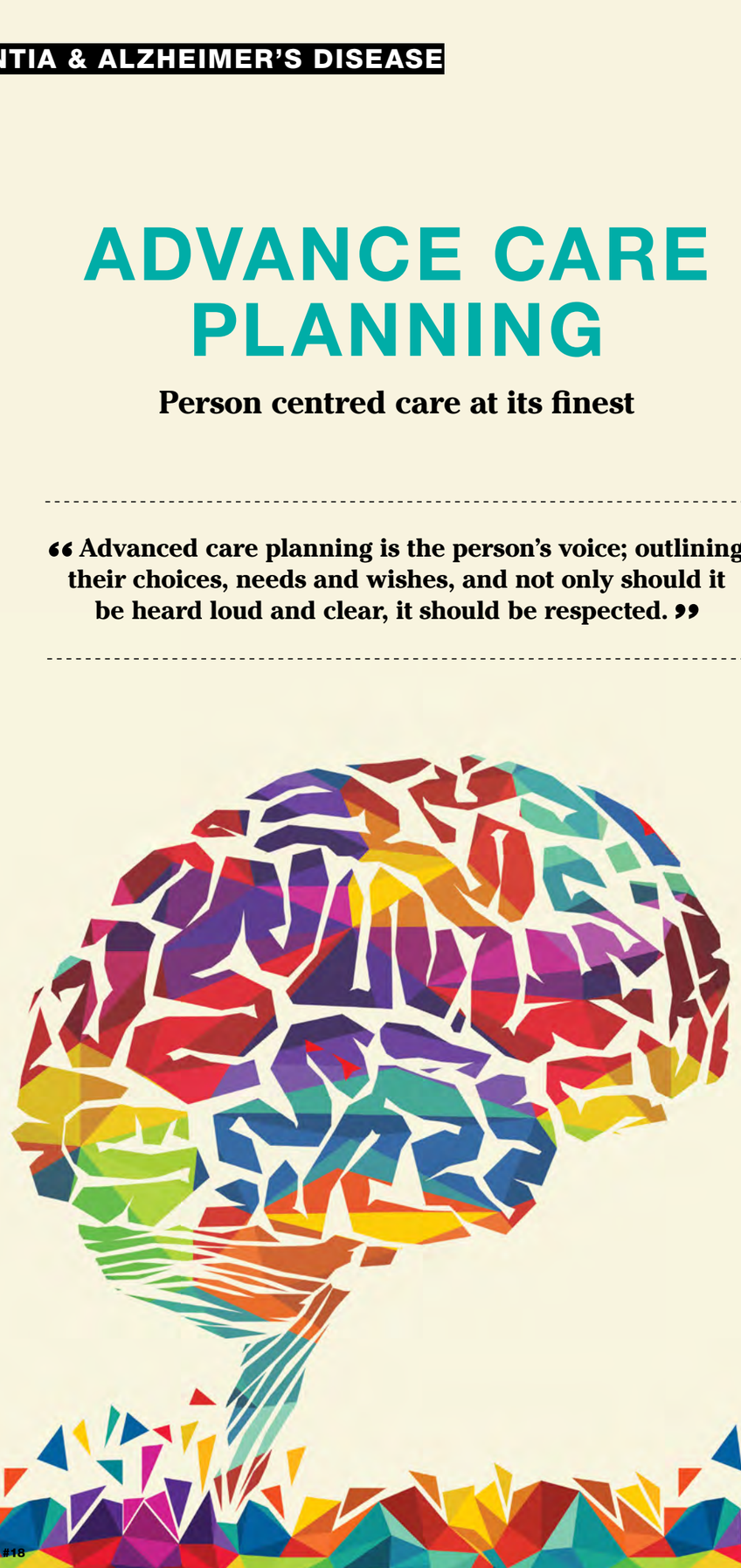
iSTOCK

ADVANCE CARE PLANNING

Person centred care at its finest

“Advanced care planning is the person's voice; outlining their choices, needs and wishes, and not only should it be heard loud and clear, it should be respected.”



THINKSTOCK

The diagnosis of a chronic disease, Dementia or any life limiting illness comes with it a spiralling range of emotions, grief and adjustment for the person affected and their loved ones. The early introduction of Advance Care Planning (ACP) can provide an opportunity to regain control, find assurance and tentatively start a positive path into the unknown. ACP enhances communication and focuses on the principles of autonomy and provision of quality person centred care.

Advance care planning involves a legal process of appointing a substitute to make medical treatment and personal care decisions, should there be a time when the person no longer has the capacity to direct such decisions. Advance care planning is also a process where a person can document their values, beliefs and wishes to guide, support and direct their families, appointed decision maker and treating team. The process of advance care planning encourages difficult conversations among patients, families and health professionals.

Technology astounds and comforts us with its ability to diagnose and cure; to battle death defying cancers and disease. Surgical, pharmaceutical and medical interventions actively prolong our lives; our population is aging, yet life still remains a sexually transmitted disease with 100% mortality rate. Champion of ACP and end of life care, Professor Colleen Cartwright of Southern Cross University studied community concerns about death and dying (Cartwright, 2000). Her results cited fear of loss of cognition, control and independence in the top three. Fear of death and dying came in last.

In the context of Dementia, advance care planning is essential. Progressive cognitive decline, loss of control and dependence over an indeterminate period is a known outcome. If advance care planning is an “insurance policy” for quality of life to the end of life, Dementia's risk profile has a high premium. Loved ones *will be* required to support or make a variety of decisions, including management of financial and property affairs, and personal care and safety, as well as providing consent for medical treatment and interventions, enacting this role in accordance with the individual's state or territory legislation. Without an appointed person, guardianship processes may be imposed.

The progression of Dementia or any chronic disease along its common trajectory will differ among individuals and it is important for all concerned to be well informed, and to prepare and plan early for future outcomes. Developing a plan that is individualised, detailed and will achieve the desired outcome, requires time and skill to listen, understand, guide and facilitate plans. A values based approach helps to circumnavigate the unknown.

The earlier these discussions and plans start the better. Advance care planning is a voluntary process, and while not everyone will choose to make a formal plan, everyone deserves the opportunity to think about and voice their wishes, so they may live well to the last. The challenge today is ensuring everyone knows the opportunity to do so exists.

Currently the main clinical focus identifying those that “need” or are offered assistance with ACP is the “surprise question.”

“Would I be surprised if this person died within the next 12 months?”

The “no” answer brings a sense of urgency to the process.

So, who has the responsibility to introduce the concepts of ACP sooner rather than later? Is it a civic or medical responsibility? General practitioners and practice nurses are well placed to initiate conversations yet are under resourced. Is it up to the specialist, geriatrician or nurse practitioner? What about the registered nurse on the ward or in the community care unit? The enrolled nurse? The care assistant? The medical receptionist? The physiotherapist, occupational or diversional therapist or podiatrist? The psychologist or counsellor? A lawyer? A priest or pastor? An aged care facility? The person and their family?

The answer is simply all of the above, and then some. Advance care planning should be everybody's business and information about it should be readily available in all sectors of our community, even with licence renewals or utility connections. In the medical arena, routine health checks and management plans, waiting room take home literature, discussions and information should become routine with a new diagnosis or decline. In fact, any opportunistic presentation where people are relaxed, connect with the provider and are discussing their health issues is ideal.

Government support for primary care with the introduction of Medicare item numbers to assist the development of plans would assist in shifting focus on the provision of time, and timely access for these discussions to evolve in a good place with professional guidance. Accessibility to the completed plans and processes within organisations to ensure this, is also a key component of the success and usefulness of advance care planning.

There is an abundance of free up-to-date education, apps and tools current in the health care space with clear guidelines on documents and processes for each state and territory (see www.advancecareplanningaustralia.org.au and www.decisionassist.org.au for a start).

We need to make ACP a part of our everyday vernacular, as common and normal as skin and wound care, and ensure that people and health professionals are comfortable and familiar with the concepts well before crises occur.

There is great concern among people who have developed plans that their wishes will not be respected, and immense scope for increasing the role of all nurses and health professionals as advocates for the person and their loved ones, in amongst the complexity of medical options and care choices.

ACP is the person's voice; outlining their choices, needs and wishes, and not only should it be heard loud and clear, it should be respected.

ACP is person centred care at its finest.

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NURSING HISTORY

Commemorating the courage and work of nurses

For the second time this year, the Royal Australian Mint issued a collectible commemorative coin that is directly connected to nursing history. The first, released in February, recognised the 75th anniversary of the sinking of the *SS Vyner Brooke*.

More recently, the Mint issued an unusual, collectible commemorative coin specifically to recognise nurses the day before International Nurses Day. While the intent of the coin highlights the critical role nurses have played in Australian military history, its release and its timing, was also an opportunity to spread awareness of the importance of all nurses to society.

The fine, silver-coloured five-dollar coin is triangular in shape. Titled *Front Line Angels*, the coin "reflects on the tireless devotion of service nurses" (Royal Australian Mint, 2017). Its design depicts part of the spectacular stained glass artwork at the Australian War Memorial (AWM). If you have visited the AWM Hall of Memory, you will recall the three windows, which each contains five stained glass panels of WWI figures. In the centre of the south window, a nurse is depicted with the word "Devotion" inscribed underneath the panel (AWM, n/d).

Mervyn Napier Waller, an artist and WWI veteran, was commissioned to undertake the stained glass project. Waller's right arm had been amputated after being wounded in action in 1917 but he learned to use his left hand while convalescing. The focus of this work was art, rather than "architectural embellishment", and as such, Waller turned to the faces of people with whom he associated as the basis for modelling the figures – the details of which were not revealed for 60 years (Kellett, 2015).

The Australian College of Nursing was honoured with the attendance of the Mint CEO Ross MacDiarmid at its National Nurses Breakfast celebration in Canberra on International Nurses Day. He distributed three donated *Front Line Angels* commemorative coins to winners of the lucky-door prize.

National Nurses Breakfast celebration in Canberra on International Nurses Day.

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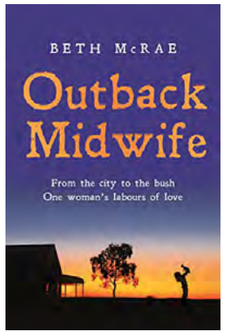
NOVEL THOUGHTS



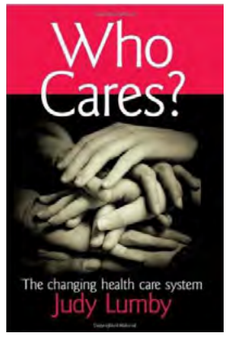
OUTBACK MIDWIFE

Author: Beth McRae
Publisher: RHA eBooks Adult
Published: 2015
Reviewer: Lauren McCabe MACN

As a student nurse, I feel compelled to read and absorb as much as I can about life "out there" as a qualified nurse – both to try and gain snippets of information about the opportunities available to nurses, and to top up my cup of inspiration and motivation for when times are tough.

This month I read *Outback Midwife*, a memoir by Beth McRae. Beth's book beautifully captures the progression of a student nurse to fully qualified midwife, and the changes and developments to the profession over the years. Throughout the book, Beth shows respect and dignity towards the Indigenous community she lives and work with in Arnhem Land, consistently endeavouring to understand their stories, their ceremonies, and their connections to the land and establish open, honest dialogue.

The collection of stories that Beth shares in her book highlight the differences in resources and the flexibility required when working in a small outback community. They also display Beth's resilient attitude and preparedness to try, fail and try again – a poignant reminder that we all have the capacity to learn from others. *Outback Midwife* accentuated, to me, the work we need to be doing to bring about change and establish greater equality in the health services available in the city and in the bush.



WHO CARES? THE CHANGING HEALTH CARE SYSTEM

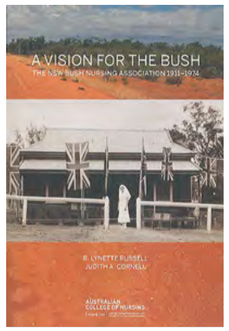
Author: Judy Lumby
Publisher: Allen & Unwin
Published: 2001
Reviewer: ACN Publications Lead Sally Coen

Nursing is a dynamic profession that is subject to rapid technological growth and constant change. Offering a unique perspective on the ever-evolving tale of modern medicine, *Who Cares?*, delves into consumer experiences in an increasingly complex health care system. Beautifully written and refreshingly honest, Judy Lumby's book adopts a fresh approach to health care reform and nurse leadership.

At the forefront of care delivery, nurses are well placed to advocate on behalf of consumers to enhance patient outcomes. In *Who Cares?*, Judy examines how hierarchical hospital structures can inhibit the nursing workforce in providing a much-needed voice for patients.

Writing from a consumer perspective, Judy argues that the system is failing to meet the needs of those who need it most: our patients. Drawing upon her extensive experiences and expertise, Judy offers a critical appraisal that forces readers to confront uncomfortable realities that affect nursing practice against the backdrop of an evolving health care system.

Through a series of interviews interwoven with anecdotes and personal observations, Judy brings into sharp focus the dark underbelly of the current health care climate. *Who Cares?* is a must-read for any nurse interested in leading change to improve patient outcomes across the country.



A VISION FOR THE BUSH: THE NSW BUSH NURSING ASSOCIATION 1911–1974

Authors: Lynette Russell and Judith Cornell
Publisher: Australian College of Nursing
Date of Publication: 2012
Reviewer: ACN Publications Officer Olivia Congdon

Only in Australia would you have an association set up entirely for bush nurses.

In *A Vision for the Bush: The NSW Bush Nursing Association 1911–1974*, authors Lynette Russell and Judith Cornell have compiled the fascinating history of rural and remote health care provided by the NSW Bush Nursing Association before the state government took over the health services.

The story is supplemented by illustrations, maps and photographs that help paint a picture of the times and trials these nurses — unmarried women with generalist and midwifery training — encountered. Lynette and Judith poured through ACN's archives to create this comprehensive and captivating account of a little-known part of Australian history.

A COLLECTION OF NURSING BOOK AND FILM REVIEWS

If you would like to submit a nursing book or film review for publication in an upcoming edition of *The Hive*, please email us at publications@acn.edu.au

NURSING MATTERS

The power of professional dialogue

“We need to realise the power of our language to create or destroy the future we hope for and modify it accordingly.”

The first recorded evidence of my ambition to become a nurse was at four years old in one of those school record books, which has pockets to save your school related memorabilia. To be honest, it seems that junior Matters really wanted to be a vet nurse but, sometime in that year, with the growing insight that turning five brings, I decided that human nursing was the path for me.

It would have been great to have a mentor as a kid. A nurse who could articulate to me in words all the wonderful and powerful things I had to look forward to in joining the profession. My contact with hospitals was limited to a couple of visits to see my granny when she had pneumonia but there was something so intrinsically good and kind about nursing that it seemed like a profession to aspire towards. I knew that I liked to care for others in need and was always the first to accompany someone to the sick bay. I also knew that planning and organisation made me happy, and if I could do that for a job, I would be better for it. Unfortunately, I didn’t actually know any nurses and nearly every adult in my orbit including all my school teachers and a fair number of doctors, did their best to tell me that I would be better off doing something else.

I went on work experience at two hospitals and then enrolled in a Bachelor of Nursing straight from school. I combined it with an Arts Degree, so I could continue to pursue my other interests – history and languages – which I loved. I was so keen to prove the naysayers wrong and to find everything I was looking for immediately in nursing but it was not to be. We were constantly reminded by our mentors at prac that the training we were receiving was meaningless compared with hospital-based training. Any interest in the academic or non-clinical side of nursing was no contribution to the profession at all. The negative dialogue was so marked and so constant that I nearly didn’t make it through the course and almost joined the “don’t do nursing” camp myself.

What kept me going were the patients, of course, and a few outstanding mentors. I loved the feeling of contributing to the wellbeing of someone who was otherwise in dire straits. I saw that, although my bed making, showering and meal serving were only the beginning of a long journey of practical skills acquisition, they really meant something to the people I was helping and could be performed as well and graciously, or as badly and rudely, as an individual decided. I admired the nurses who could use their words to build dignity where there wasn’t much and to soothe distressed people with their empathy. By the time I finished my degree I knew that nursing was where I wanted to build my professional dreams because it played to my strengths and interests like nothing else.

Ten years later, I have explored many more paths in nursing. I am a registered nurse and registered midwife, trained in Australia and working in Germany. I am an editor oF a nursing e-textbook, a former nurse educator and a current case manager. I have been a speaker at two global nursing conferences and three national ones. I am a mentor to nursing students and new graduates. Every day I work in two languages in the course of my work and I relish the opportunity to write articles for publications such as *The Hive*. What strikes me, however, is the fundamental importance of professional dialogue in every project or role I take on and the power of my words and those of my colleagues in shaping the perception of nurses and nursing both within and outside the profession.

Nursing has a lot of battles still to wage, even though in Australia we are blessed with a much better professional situation than many of our international colleagues. If we want people to switch on to our concerns, celebrate our achievements and value our contributions, we have to bring a message to them which they find thought provoking and attractive. We need to realise the power of our language to create or destroy the future we hope for and modify it accordingly. Every nurse must realise that to achieve the kind of professional environment that we all want, they must also be an articulate and positive ambassador for the profession – in their workplace, in their family and in their community – and not leave it to those in public leadership positions.

Over the last ten years, ACN’s leadership has been an inspiration to me. The goals of the organisation are steadfastly future-focused and self-assured. It was a great honour, therefore, to be asked to write for *The Hive* on a regular basis. In this column, I want to discuss this great profession with people who understand it. I want to hear from you and learn from you and share what it means to be a nurse. I want to add my words to be a part of our professional dialogue and to play my small part in creating the future of nursing. I look forward to sharing this journey with you.

AUTHOR

ELIZABETH MATTERS FACN

ISTOCK

POSTED

PHOTOS SHARED THROUGH OUR SOCIAL MEDIA CHANNELS FROM THE NATIONAL NURSES BREAKFAST!

REGULAR FEATURES

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At ACN, we love connecting with our Members, Fellows and the wider nursing community through our social media channels. Engage with us and keep up to date with all things ACN by following us on Facebook, Twitter, LinkedIn and Instagram!

“If it wasn’t for this awesome organisation I would never have found my new career! Support is outstanding.”
Jenny Wood MACN

“Awesome and inspiring people you met when you become a member.”
Nema Maddock MACN

Reviews from our Facebook page.

TOP10

Simple ways of displaying leadership to enhance teamwork

Fostering the leadership capacity and identity of nurses is at the core of everything we do. If you think leadership is nothing more than a corporate buzzword that does not apply to you – think again!

In our profession a lack of leadership has direct impact on patient care and advocacy. We see the leadership potential in all nurses, regardless of position title or seniority, and have put together 10 ways you can display leadership in your workplace to enhance teamwork.

1 ATMOSPHERE

Create an informal, comfortable and relaxed atmosphere by allowing team members to get to know each other as real people, not just co-workers. As nurses we need to respect, support and care for one another to ensure we can offer the same to our patients. Building rapport through simple activities like a daily coffee run can have a huge impact on working relationships and team spirit.

2 DISCUSSION

Make sure all voices are heard. Your team is likely to consist of introverts and extroverts. While some people thrive on sharing their thoughts for others it may seem torturous. Help introverts express their thoughts by giving them time to prepare for discussions and addressing them individually to offer a platform to share their input.

3 LISTENING

Ensure creativity is not stifled by allowing all team members, regardless of their position or how strange their ideas may seem, to be heard. Remember that some of the most brilliant ideas seemed like nonsense at the time! Understand that everyone brings value to the team. We need rational, analytical minds just as much as we need our creative believers.

4 DISAGREEMENT

Actively seek disagreement. That's right – disagreement should be considered healthy! Avoid groupthink by asking team members to play devil's advocate. This will help you avoid oversights and also encourage your team members to voice criticism without the fear of appearing negative.

5 OPENNESS

No matter how superb your leadership skills are, your team members will inevitably encounter difficulties. As nurses, our physical and emotional strength is tested every single day. You cannot avoid problems but you can address and rectify them properly. Create an open dialogue with your team members and proactively address potential concerns, such as workloads or rosters, before tensions build up.

6 FEEDBACK

Throw compliments around like confetti! Of course you do not want to overdo it and come across insincere, but set yourself a challenge to find something to compliment every day. You may find this actually takes more practice than giving out negative feedback but the morale boosts will be worth it!

7 ACTION

Work collaboratively to develop a plan of attack and establish responsibilities. If the whole team is involved in the assignment of tasks there will be a greater sense of accountability. Remember planning is only half the battle! The fast paced and dynamic environment we operate in calls for plans to be monitored and adjusted constantly.

8 SHARED LEADERSHIP

It does not matter whether or not your position title identifies you as a leader. We all bring unique strengths and experiences to our teams and need to step up as leaders at different points in time. Avoid having too many cooks in the kitchen by debating and agreeing on leaders for different tasks. Sharing leadership will provide invaluable opportunities for team members to develop their confidence and skills and learn from each other.

9 CONSENSUS

Effective leaders do not present decisions as a fait accompli but guide their teams to collaboratively arrive at decisions. You may find that you reach a different conclusion by looking at problems from diverse perspectives. Either way your team members are certain to feel valued and will be more likely to support the decision.

10 SHARED VIEWS

Gain buy-in by explaining strategic and operational objectives to your team in a way that gets them excited rather than frightened. Make each team member feel that they play an essential role in the achievement of the goal and explain how everyone will benefit once it has been accomplished.

THINKSTOCK

EMERGING NURSE LEADER PROGRAM

If this feature sparked your interest and you're keen to dive deeper into the world of leadership, you should apply to become one of our Emerging Nurse Leaders!

ACN supports current and up-and-coming nurse leaders through our prestigious Emerging Nurse Leader (ENL) program. The nine-month program provides participants with a range of tools to enhance their leadership skills and confidence, as well as opportunities to profile themselves within the nursing profession.

Amongst other benefits, ENLs receive a 12 month ACN membership, a full registration for the National Nursing Forum, access to professional development webinars, as well as mentoring and coaching. Applications will be open to Bachelor of Nursing students, as well as registered nurses with up to six years of experience until Thursday 31 August.

To find out more and apply, head to our website: www.acn.edu.au/enl.

Ask our ENLs

Find out the benefits of our Emerging Nurse Leader program firsthand

We asked some of our 2017 Emerging Nurse Leaders (ENL) to tell us about their ambitions and how the ENL program will help them achieve their future career goals in this dynamic profession. Here's what they said...

WHAT ARE YOUR AMBITIONS FOR THE FUTURE AND HOW DO YOU THINK THE ENL PROGRAM WILL SUPPORT YOU TO ACHIEVE THESE?

STAGE 1 ENL

SUZANNE LEE VOLEJNIKOVA-WENGER MACN

Completing my nursing qualifications for the second time and loving nursing research, innovation and development – I would like to have a foot in both research and clinical practice. I am working in primary health care, and would love to work towards a position where I can influence policy, and promote community and primary health nursing. Within research, as a student advocate, I would again like to be able to influence programs and policies pertaining to preparedness for practice, transition into practice and positively influence nursing culture. I believe the ENL program – being challenged through different activities and learning opportunities, networking and guidance from mentors and coaches – will help me to navigate a pathway towards these goals.

STAGE 2 ENL

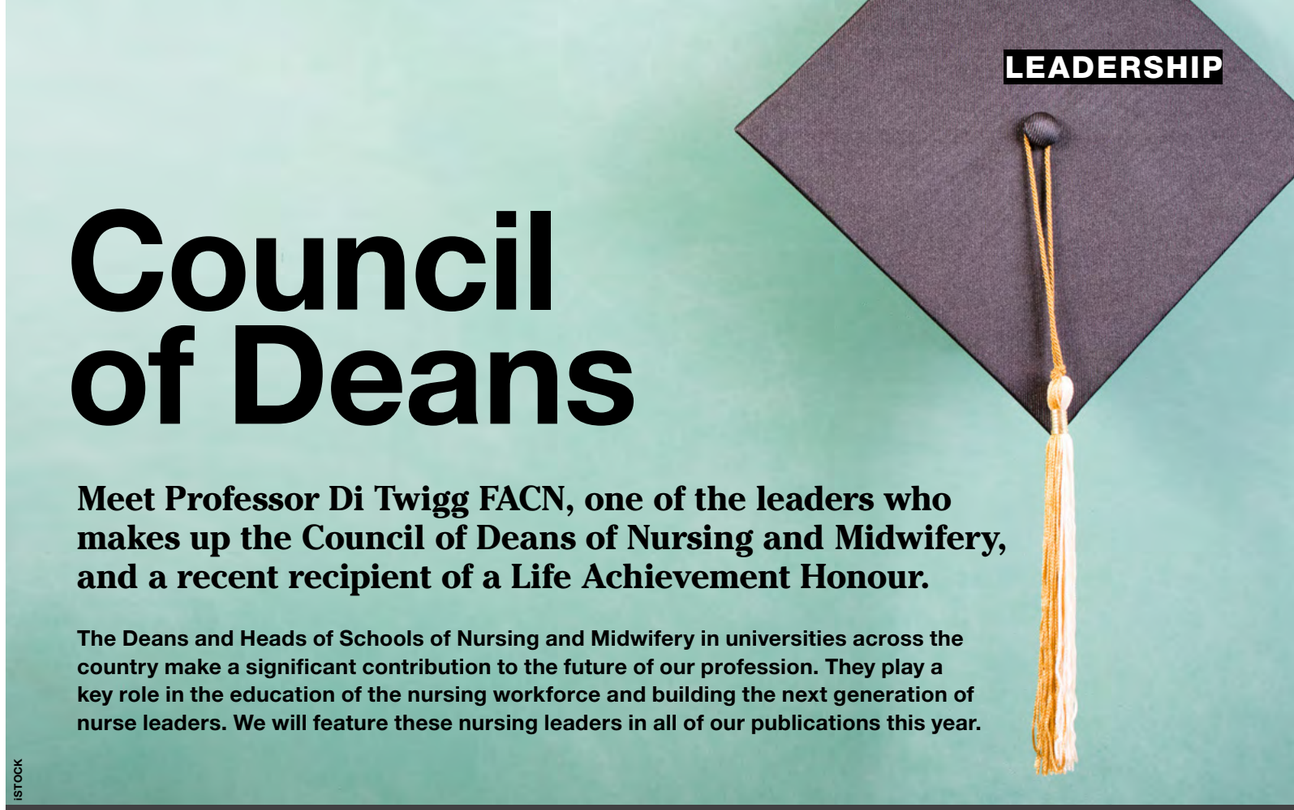
MELANIE ESLICK MACN

My career ambitions are to be an oncology nurse, conduct research and later, become an educator. The ENL program really embeds me, as a new graduate, in the nursing profession. I have already met interesting and inspiring career and research nurses, and I hope that the opportunity to write, attend events, and possibly mentor student nurses or Stage 1 ENLs, will help me on my path.

STAGE 3 ENL

ANDREW DEAN MACN

I want to create a new aged care model, which focuses more on human centred design – the aged care industry is so large and its entia is very large. I believe the best way forward is to complete a PHD, and build and open a facility with this new model. A small seed can grow into a large tree. The ENL program gives me access to nurse leaders who I can learn new skills from, and benefit from their experience. The program also gives me experience at propagating ideas with large audiences. The ENL program will also give me increased access to new ideas and greater information from other nurses and researchers.



Council of Deans

Meet Professor Di Twigg FACN, one of the leaders who makes up the Council of Deans of Nursing and Midwifery, and a recent recipient of a Life Achievement Honour.

The Deans and Heads of Schools of Nursing and Midwifery in universities across the country make a significant contribution to the future of our profession. They play a key role in the education of the nursing workforce and building the next generation of nurse leaders. We will feature these nursing leaders in all of our publications this year.

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COURTNEY HOLOWAY

Professor Di Twigg FACN at the 2017 WA Nursing and Midwifery Excellence Awards

PROFESSOR DI TWIGG FACN

Professor Di Twigg FACN has crossed the divide between nursing practice and academia, achieving the highest accolades in both. Starting nursing in 1974, little did Professor Twigg think that she would one day reach the pinnacle of her profession.

As an Executive Director of Nursing at Sir Charles Gairdner Hospital, she led the hospital to achieve Magnet status, an international award recognising nursing excellence. She established the International Congress on Innovations in Nursing in 2003 to give Western Australian nurses the opportunity to engage with international nursing leaders – a congress still running today. She also led the adoption of a professional Decision-Making Framework in Western Australia and has developed many key position papers, which were influential in shaping nursing practice. Professor Twigg continues her research at Charles and is cognisant that academia and practice must forge strong alliances to undertake research that improves patient outcomes.

Professor Twigg is described as a fantastic leader, visionary and a brilliant role model who is respected and held in high esteem locally and internationally. As Executive Dean of the School of Nursing and Midwifery at Edith Cowan University, Professor Twigg runs one of the biggest schools in the country. She has led new and innovative programs to bolster the knowledge of nurses and midwives, and established several new partnerships with third-world communities helping to improve their health outcomes. The school has twice achieved the highest ranking in the Excellence in Research for Australia, which is well above world standard.

Professor Twigg combines her extensive experience in health service leadership with research to make a contribution to issues related to nursing workforce, hospital staffing and cost effective care. She has attracted $1.65 million in research funds, has published 40 peer reviewed papers, been an invited keynote speaker at numerous conferences and has consistently argued for safe staffing levels.

Professor Twigg has contributed to our profession at both a state and national level. She was a director of the Board of the Royal College of Nursing and President for two years. She has also been a long standing, active member of many other boards, making a significant contribution in areas such as workforce planning, public health, bed management and chronic disease. Most recently she was appointed to the National Nursing and Midwifery Education Advisory Network, an advisory body responsible for the provision of high level strategic advice to Health Ministers on issues relating to the future workforce planning.

She has a formidable strength of character, with energy and dedication that surpasses others. Professor Twigg has never lost sight of why we are all here; that is to ensure that nurses and midwives have a voice at the highest level and are sufficiently supported to deliver the best care possible to our patients and optimise their outcomes.

Professor Di Twigg has recently been recognised with a Lifetime Achievement Honour at the 2017 WA Nursing and Midwifery Excellence Awards. She was recognised for her work in relation to nursing workforce and patient outcome research, which specifically relates to safe staffing levels and the relationships between staffing, patient, organisational and economic outcomes.

ACN would like to congratulate Professor Twigg on this momentous achievement.

OUT AND ABOUT WITH THE CEO

International Council of Nurses Congress, Barcelona

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The International Council of Nurses (ICN) Congress in Barcelona was preceded by three long days of meetings of over 90 national nursing organisations from every part of the globe. The Council of National Nursing Association Representatives (CNR) meetings focused on policy, as well as setting the direction for ICN for the future and electing the newly appointed ICN Board. ACN is the Australian member of ICN and we are in a collaborative partnership with the Australian Nursing and Midwifery Federation (ANMF). This provides a great opportunity for nurses all over Australia to be connected internationally and remain relevant in the global context. The focus of the CNR was the draft ICN Policy document, with key discussions around refugee, migrant and displaced persons. The position statement from ICN will be available here: **http://www.icn.ch/publications/position-statements/**.

The Congress opened with a grand opening ceremony and the parade of nations. In the spirit of mindfulness, I couldn't help feeling privileged to be representing Australia, especially knowing there was an incredible Aussie contingent who was in the audience to wave the flag and show support. Many Australian nurses had successful abstracts for poster and oral presentations, which is a remarkable achievement considering ICN received over 7,000 abstracts.

The closing ceremony of the Congress included the official transfer of the President Chain and Pin from Judith Shamian to Annette Kennedy. In her acceptance speech, Annette announced that her presidential "watchword" would be: ***Together***. She explained that the focus of her watchword is to encourage nurses to realise their collective potential and make the world a healthier place. During her four-year term, the former president's watchword, ***Impact***, focused on the incredible impact nurses have on the everyday lives of individuals and communities.

For me personally, the Congress gives one the opportunity to reflect on the similarities of our professional challenges globally and to note some differences. I am reminded that in some first world countries, nursing does not hold the regard and influence we are privileged to enjoy, and likewise for other third world countries, nurses are highly regarded in their contribution and service to communities and society at large. All over the world, resistance is met from our professional colleagues, as we continue in our pursuit to expand our scope of practice, and in a little way, it is comforting that we are not alone, but sadly still fighting the same fight that has been going on for decades before us.

I loved the chance to sit in the audience and see Australian nurses talk of our innovative care delivery; and to hear questions from many corners of the globe and requiring interpreters for speakers to answer. There is something fulfilling about being in another country and getting to sit and enjoy a meal or a chat with other Australians. Sometimes we need to leave our offices and travel that far to catch up.

I especially loved catching up with Aussies for drinks on the eve of the opening ceremony. It is such a nice feeling to be able to facilitate the coming together of people, especially our Members and Fellows. With the next conference in Singapore, we will get even more organised about us gathering together, so that any Australian nurse can go to this international conference alone but never feel lonely.

AUTHOR

ACN CEO ADJUNCT PROFESSOR **KYLIE WARD** FACN

Join us at our signature event!

21–23 AUGUST 2017

THE NATIONAL NURSING FORUM

Make Change Happen

Event Centre, The Star, Sydney

The 2017 National Nursing Forum (NNF) will aim to inform, inspire and engage delegates through an impressive line-up of speakers and networking opportunities. Through the NNF theme, ***Make Change Happen***, we will learn innovative ways that nurses can make a difference for the benefit of our patients and communities. At this event, delegates will explore how we can use our voice to lead change in nursing, health and aged care.

Amongst a wealth of networking and professional development opportunities, delegates will hear inspirational keynote speeches from highly renowned leaders in nursing, health and government. This will include a compelling Oration delivered by prominent nurse educator, Professor Glenn Gardner FACN, on the first day of the event.

In addition to a variety of thought provoking keynote speeches, delegates will have the opportunity to attend a wide range of concurrent sessions that will explore the creative ways nurses can make change happen in education, industry, academia and as entrepreneurs. Our interactive masterclass sessions on the final day of the NNF will also inform delegates about the vital role nurses play in the development and delivery of strong health systems throughout the country.

From our Speed Learning Session to our Gala Dinner, there will be numerous networking opportunities available at the Forum. Throughout the event, nurses will have the chance to form meaningful connections and valuable relationships with colleagues from across the profession.

At various intervals during the NNF, delegates will be able to network and engage with a wide selection of exhibitors from across the nursing and health professions. The Forum will also provide a platform for ACN members and students to receive acknowledgement for their professional achievements, through our Investiture of Fellows and Graduation Ceremony.

The NNF is a must-attend leadership and educational event for the Australian nursing community. Make sure you are a part of it and join us in Sydney this August!

If you would like to view the program or register for the 2017 National Nursing Forum, visit: www.acn.edu.au/nnf2017. Early bird registrations close Friday 21 July!

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KEYNOTE SPEAKERS

MR MARTIN BOWLES PSM
Secretary, Department of Health

MS VERONICA CROOME
ACT Chief Nurse, ACT Health

MS JACQUI CROSS
Chief Nursing and Midwifery Officer, Nursing and Midwifery Office, Ministry of Health

MRS SUZIE HOITINK MACN
Founder of the Clear Complexions Clinics and Head of Nursing

MR ROBERT NIEVES JD, MBA, MPA, BSN, RN
Vice President Health Informatics, Elsevier Clinical Solutions

ADJUNCT PROFESSOR DEBORA PICONE AM FACN (DLF)
Chief Executive Officer, Australian Commission on Safety and Quality in Health Care

THE HON TANYA PLIBERSEK MP
Deputy Leader of the Opposition, Deputy Leader of the Federal Parliamentary Labor Party, Shadow Minister for Education, Shadow Minister for Women, and the Federal Member for Sydney

ADJUNCT ASSOCIATE PROFESSOR ANNA SHEPHERD MACN
Chief Executive Officer, Regal Home Health and Adjunct Associate Professor at The University of Sydney Nursing School

Maureen McGrath FACN

Maureen was an extremely accomplished teacher, nurse and midwife who played a key role in the education of the nursing workforce and future direction of our profession.

Maureen began her working life as a teacher. She trained at Wagga Wagga Teachers College and worked in infant and special education schools in NSW.

In 1957, Maureen shifted professions and embarked on her impressive career in nursing. She received general nurse training at St Vincent's Hospital in Sydney and studied midwifery in Canberra. Maureen also graduated with a Bachelor of Arts from the Australian National University.

Combining her clinical knowledge with her love for teaching, Maureen found her calling in nursing education. Throughout the course of her career, Maureen held several senior positions in this field, including Lecturer at the NSW College of Nursing, the Principal of the School of Nursing at the University of NSW Teaching Hospitals and the inaugural Head of the Nursing Education Department at the Canberra College of Advanced Education.

In 1979, Maureen became the Secretary and Executive Officer of the NSW Nurses Education Board. It was during this time that Maureen took on a lead role in driving institutional reforms in nursing education, including the monumental shift from hospital-based training programs to the higher educator sector. Maureen then went on to be the Manager of the Division of Nursing in the NSW Department of Health. In this role, she provided key policy advice to the Minister for Health on all matters related to nursing.

Throughout her career, Maureen was very active in several professional nursing organisations. This included her role as the President of the NSW Nurses Registration Board, as a Member of the Council of the NSW College of Nursing, as an Appointee of the Academic Committee of the Higher Education Board of NSW, and as a Member of the Council of Mitchell College of Advanced Education.

Maureen was also a passionate advocate for breast cancer awareness who lead several big efforts to raise the profile of this debilitating disease. In 1996, Maureen orchestrated a project called *Following the Fence Line* which involved 14 women riding motorcycles around the country to raise awareness about breast cancer. Following the success of this project, Maureen organised a 1,000km paddle down the Murray River to further spread this important message amongst the community.

Throughout her professional and personal life, Maureen left a lasting impression on all those whose lives she touched. She was a highly valued Fellow of ACN and a distinguished nurse leader who made a significant contribution to both our organisation and profession. Maureen was the Orator for the College in 1988 and played an integral role in shaping our future as the pre-eminent and national leader of the nursing profession. She was a pillar of the Australian nursing community and will be sadly missed.

ACN would like to extend our deepest sympathies to Maureen's family, friends and colleagues at this difficult time.

Kirsty Boden

THE SUN

ACN was deeply saddened to hear of the tragic death of South Australian nurse Kirsty Boden, who lost her life whilst selflessly running toward danger to try and help people injured in the London Bridge attack.

At the time of her death, Kirsty was working as a nurse at Guy's and St Thomas' Hospital in London. Colleagues described Kirsty as "one in a million" who "never saw bad in anybody" and always went the extra mile for the patients in her care. Kirsty's heroic and selfless act is indicative of the person that she was and epitomises nursing values of putting others before one's self.

ACN would like to acknowledge Kirsty's incredibly bravery and send our heartfelt condolences to all those who knew and loved her.

Anne Leach AM

ABC

ACN would like to pay tribute to World War II Army Nurse Veteran Anne Leach who passed away at the age of 102 this June.

Born in Meekatharra in 1914, Anne joined the Australian Army Nursing Service in 1939. During her years of dedicated service, she provided care to those in need in Palestine, Syria and Egypt.

After she left the service, Anne continued to make a valuable contribution to our profession as a volunteer and through her ongoing associations with various professional nursing organisations. Amongst her many accolades, she was awarded the Florence Nightingale Medal and an Order of Australia Medal.

ACN would like to take this opportunity to thank Anne for her service to both our country and profession. Our thoughts are with her loved ones during this difficult time.

Upcoming election of Directors to the Board

Board performance is crucial to ensure the growth and sustainability of ACN as the national leader of the nursing profession.

In the coming months, ACN will undertake the bi-annual election process to appoint four Directors to the Board. Nominations will open in September and the newly elected Directors will be announced at the Annual General Meeting in December.

CORPORATE GOVERNANCE

ACN is a large and complex not-for-profit company limited by guarantee and a charity regulated by the Australian Charities and Not-for-profits Commission (ACNC). ACN holds assets in excess of $22 million, which include an investment portfolio of $18.5 million, and has annual revenues in excess of $12 million.

The current macro-economic environment presents significant challenges and opportunities for the not-for-profit sector, the fastest growing sector in the Australian economy. Against this dynamic backdrop, the Board provides the strategic oversight and direction to ensure that ACN continues to grow and develop, remains contemporary, enhances its reputation and continues to provide value to its members and to the broader nursing profession in accordance with the objects set out in our Constitution.

BOARD COMPOSITION AND DIVERSITY

ACN has a diverse membership base which spans across all nursing disciplines and specialties. Our Members and Fellows are both registered and enrolled nurses working throughout the country in a range of clinical, management, policy and academic settings.

It is imperative that the Board collectively possesses an appropriate mix of skills, knowledge and experience to provide the strategic oversight required for an organisation the size and complexity of ACN. Directors *must* have a comprehensive understanding of their role in setting strategic directions, governance and financial matters. The Board must also reflect the composition of our membership in terms of age, gender, geographic location and experience.

We are seeking to elect an experienced skills-based Board which collectively has the governance skills and industry knowledge to lead ACN forward as an organisation. The professional skillset required of the Board will evolve in response to the challenges and opportunities ACN encounters in the market place.

The seven elected Directors are complemented by two Independent Directors who are appointed to provide additional skills and perspectives to the Board. The Board undertakes annual reviews and assessments of its performance and skill set to ensure it continues to meet changing requirements as ACN evolves.

GENERAL DUTIES OF DIRECTORS

Being a Board Director comes with a range of responsibilities and duties.

Board Directors play a key role in the development and review of ACN's strategic direction. Directors collectively develop, approve and monitor performance, budgets and policies against the strategic direction of ACN.

The Board of Directors is ultimately responsible for the governance and oversight of ACN. This includes reviewing the Constitution, organisational structure and financial management, as well as ensuring compliance with laws, regulations and the requirements of accreditation bodies.

Board Directors are advocates for ACN who raise the organisation's profile with Government, consumers and other health care professions.

ACN provides a comprehensive induction for newly appointed Directors and supports their on-going development.

COMMITMENTS OF BEING A DIRECTOR

Board Directors are elected to the Board for a period of four years. The bi-annual election process ensures continuity and the preservation of corporate knowledge.

Directors meet face-to-face six times a year at either the Canberra or Sydney offices. Board meetings are scheduled for three hours and on occasion, additional meetings are held via teleconference. It is expected that Directors will be a member of at least one Board Committee.

Directors are required to disclose any conflicts of interest prior to their appointment and throughout their tenure. Any member in a position of authority to make decisions regarding the funding, responsibility, management, design and offerings of educational courses for both registered and enrolled nurses may have a perceived, actual or potential conflict of interest in nominating for the ACN Board.

Directors must also comply with ASIC and ACNC governance standards.

All members must be current financial members to be eligible to nominate and vote in the bi-annual election.

For more information, Members and Fellows may login into the MyACN portal, contact the Company Secretary by email at company.secretary@acn.edu.au or call us on 02 9745 7551.

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CONTRIBUTORS

SHARE YOUR STORY WITH US

Thank you to all of our wonderful Members and Fellows who contributed to the 2017 winter edition of *The Hive*.

The theme for the next edition of *The Hive* is *Respiratory Disease*. If you have a research piece, clinical update, profile piece or personal story to share that addresses this theme, please contact us at publications@acn.edu.au.

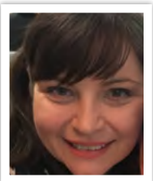
Thank you to all of our authors!

JAMES BONNAMY MACN
Dementia – the silent thief

TOMICA GNJEC MACN
The Dementia journey

LAURIE BICKHOFF MACN
Geriatric nursing

ADJUNCT PROFESSOR CHEYNE CHALMERS FACN
The role of the nurse leader/manager in Dementia and Alzheimer's



ALICIA HURST MACN
Dementia care

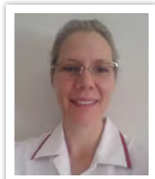
KAREN DANSEY
A personal journey

WENDY MCLOCHLAN MACN
Music therapy

DAVID DWYER MACN
I remember

ANNE KNOBEL MACN
Advance care planning

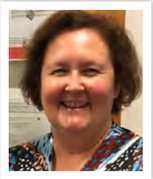
MARILYN GENDEK RN FACN
Commemorating the courage and work of nurses



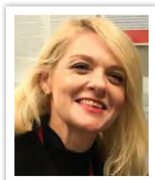
SAMANTHA SPENCE MACN
My undergraduate experience

MARGARET HOW-ELY MACN
Aged behavior cognition nurses

HELEN FRAZER MACN
Dementia and PTSD

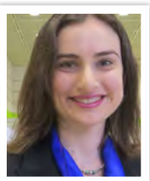


DR LAURIE GREALISH RN PHD FACN
Hospital-acquired delirium



DR JO-ANNE TODD
Hospital-acquired delirium

LAUREN MCCABE
Novel thoughts



ELIZABETH MATTERS FACN
Nursing matters

ACN CEO ADJUNCT PROFESSOR KYLIE WARD FACN
Out and about with the CEO

ACN would also like to thank our exceptional Emerging Nurse Leaders Andrew Dean MACN, Suzanne Lee Volejnikova-Wenger MACN and Melanie Eslick MACN for their valuable contributions to our *Ask our ENL's* article.

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