



**VIRTUAL EVENT**



Australian  
College of  
Nursing

# THE NATIONAL NURSING FORUM

*Champions of Change*

**26-28 OCTOBER 2021**

## **PROGRAM**

[acn.edu.au/nnf2021](https://acn.edu.au/nnf2021)



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# Contents

<b>With thanks to our valued Partners and Sponsors</b>	<b>5</b>
<b>Welcome from the ACN President</b>	<b>6</b>
<b>Welcome from the ACN CEO</b>	<b>7</b>
<b>General information</b>	<b>8</b>
<b>Exhibitor listing</b>	<b>9</b>
<b>Keynote Speakers - Tuesday</b>	<b>10</b>
<b>Masterclass: Reflections with the Experts</b>	<b>15</b>
<b>Keynote Speakers - Wednesday</b>	<b>18</b>
<b>Session two: Masterclass: Reflections with the Experts</b>	<b>19</b>
<b>With thanks to the 2021 speed leaders</b>	<b>21</b>
<b>Session three: Masterclass: Reflections with the Experts</b>	<b>22</b>
<b>Keynote Speakers - Thursday</b>	<b>24</b>
<b>Panel Session – 2021 Trailblazers - 2021’s Champions of Change</b>	<b>25</b>
<b>Panel Session – Nurses and Violence</b>	<b>27</b>
<b>Panel Session – 2020 Trailblazers “Some are born great, some achieve greatness and some have greatness thrust upon them”</b>	<b>29</b>
<b>Masterclass: Reflections with the experts - If you had your time again what would you do differently?</b>	<b>31</b>
<b>Program</b>	<b>34</b>
<b>With thanks to the 2020/2021 abstract review committee</b>	<b>41</b>
<b>Abstracts – concurrent sessions</b>	<b>42</b>
<b>Poster presentation and judging</b>	<b>82</b>
<b>Concurrent &amp; poster presenters index</b>	<b>92</b>





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## Welcome from the ACN President

### **Welcome to the 2021 National Nursing Forum.**

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

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

In 2021, the Forum will revolve around the theme, Champions of Change. This theme provides us with an opportunity to explore the pivotal role nurses play in policy development, implementation and reform in order to ensure systems meet the demands of a changing health environment, and that they are sustainable for the coming generations. At the frontline of care delivery and as advocates for our patients and residents, the nursing voice should and must be heard in policy discussions now, and into the future. Over the course of this three-day event, keynote, oral and poster presentations will examine how we can be a powerful force for system change through four different lenses: Influencing Change, Social Impact, Trailblazers and Rising Stars.

Bringing together Fellows, Members, nurses, students, industry leaders and distinguished guests, the Forum provides us with a unique setting in which to engage with colleagues from all over the country. Once again, we will be running our Speed Leading and Networking session, where delegates can meet a number of influential nursing leaders who have a wealth of professional experience and expertise to share. I encourage you all to embrace these opportunities to network, grow and learn from each other.

Thank you for joining us for the National Nursing Forum this year. Together, let's explore how we can maximise our influence and strengthen our voice in pursuit of a more integrated, contemporary and sustainable health care system. Considering the leadership, the nursing profession has shown through natural disasters and the pandemic, now is the time to exercise our power as leaders in health and aged care policy reform.

***Emeritus Professor Christine Duffield FACN  
ACN President***



## Welcome from the ACN CEO

Welcome to the 2021 National Nursing Forum!

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

The days ahead will bring together stories of how, during this intense challenge, we can all be Champions of Change and advocate for our profession no matter what roles we hold.

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

My hope for each of you is that you learn much, be filled with inspiration and most importantly, feel the joy of connecting with your tribe.

For those who have attended the ACN NNF previously, welcome back! And for those joining us for the first time, welcome! There is no substitute for the human connection, especially when hundreds of talented, motivated, and committed nurses, nursing students and retired nurses get together to celebrate and share our profession. This year as we continue to navigate through the global pandemic celebrating in person in Canberra wasn't possible. To help you feel the energy that normally fills us by being present, we have sent you all your welcome pack, filled with goodies and love. We hope that by receiving this in the post you know how important you are, and that what you do matters. We all deserve to feel special, especially each of you. More surprises will unfold during the NNF so sit back, relax and enjoy being part of the most trusted and respected profession in Australia.

Warmest regards,

**Adjunct Professor Kylie Ward FACN**  
**ACN Chief Executive Officer**



# General information

## E-PROGRAM

Download the e-Program [here](#).

## SOCIAL MEDIA – #NNF2021

Join the NNF conversation using #NNF2021 and follow:

**Facebook:** @acnursing

**Twitter:** @acn\_tweet

**Instagram:** @acn\_nursing

**LinkedIn:** australian-college-of-nursing

**YouTube:** Australian College of Nursing

## CPD HOURS

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

Forum Delegates will receive the following:

Attendance date	Session	CPD hours
Tuesday 26 October	Forum day one	7
Wednesday 27 October	Forum day two	7
Thursday 28 October	Forum day three	6

## CERTIFICATE OF ATTENDANCE

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

## DISCLAIMER

ACN reserves the right to make alterations to the program where necessary and without notice, either before or during the event. Please note, this program is correct at the time of publishing.



## Exhibitor listing

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Australian College of Nursing

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ACT Health (Office of the ACT Chief Nursing and Midwifery Officer)

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ASSIST Program - University of Adelaide

---

BEAT Bladder Cancer Australia

---

Cambridge University Press

---

CRANApus

---

Defence Force Recruiting

---

Department of Veterans' Affairs (DVA)

---

Health Roundtable & Potential(x)

---

Healthy Male

---

HESTA

---

Northern Territory PHN - Rural Workforce Agency NT

---

Nursing and Midwifery Board of Australia

---

Rural Locum Assistance Program (Rural LAP)

---

School of Nursing and Midwifery - Griffith University

---

Wolters Kluwer

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# Keynote speakers

**TUESDAY** (list by presentation order)



## **ELDER BRENDAN 'JAPANGARDI' KERIN** WELCOME TO COUNTRY

Brendan is a proud Aboriginal man whose cultural connections and two tribes are the Arrernte in Alice Springs Northern Territory and Barkindji which covers the area from Lake Mungo all the way along the Murray River to Wilcannia. His skin name is Japangardi. Brendan is a talented artist, musician, storyteller and dancer. As an artist, Brendan again brings to life Dreamtime stories through the style of iconography or dot art. Brendan is passionate and advocates for the environment and is a promoter of cross-cultural understanding. He uses his traditional knowledge of the bush and Aboriginal culture to educate other Australians and international visitors alike.

Brendan was one of the original Discovery Rangers teaching culture, traditional bush medicines and bush food when conducting tours around greater Sydney region and on Sydney harbour. Not only is Brendan a talented artist but an accomplished Yidaki (didgeridoo) player performing for over twenty years both in educational settings and festivals. He passionately trains/coaches Aboriginal youth in culture and performance. As a Yidaki player Brendan brings to life Dreamtime stories and native animals. He gives a full interpretation of the Yidaki, songs and the complexity of playing. Brendan is a recognised and respected Yidaki player amongst both non Aboriginal and Aboriginal communities. He has performed with both local artists James Morrison and Tommy Emmanuel and international artists such as The Fugees, Lauryn Hill. Yidaki Didj & Dance and Descendance are just a few dance troupes that Brendan has performed with here and around the world. Every day Brendan lives and breathes his traditions and culture.



## **DR VERONICA CROOME MACN** MASTER OF CEREMONIES

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

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

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

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

Ronnie featured as a keynote speaker at the National Nursing Forum in 2017 and was the Master of Ceremonies in 2018, 2019 and again in 2021.



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

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

Having published over 200 research papers, Christine was named in *Mendeley's Top 100,000 Cited Researchers of the World* in 2020. Christine is also the Associate Editor for the International Journal of Nursing Studies, the most highly ranked international nursing journal.



**THE HON. GREG HUNT MP**  
MINISTER FOR HEALTH AND AGED CARE

Greg is incredibly passionate about the health portfolio and his vision is to ensure that Australia has the best health care system in the world. Greg was born and raised on the Mornington Peninsula where he currently resides with his wife Paula and their two children.

Greg graduated from Melbourne University with First Class Honours in Law and subsequently won a Fulbright Scholarship to complete a Masters of International Relations at Yale University. Throughout university and his time on a kibbutz in Israel he worked in warehouses, as a metal worker and as a fruit picker.

In January 2017, Greg was appointed Minister for Health and Sport. In May 2019, Greg was appointed Minister for Health and Minister Assisting the Prime Minister for the Public Service and Cabinet.

Greg is incredibly passionate about the health portfolio and his vision is to ensure that Australia has the best health care system in the world.

Greg is guaranteeing Australians' access to health services and affordable medicines with the establishment of the Medicare Guarantee Fund to secure the ongoing funding of Medicare and the Pharmaceutical Benefits Scheme.

# Keynote speakers

**TUESDAY** (list by presentation order)



## **ANTHONY DOMBKINS**

**ACT CHIEF NURSE AND MIDWIFERY OFFICER**

Anthony Dombkins until appointed the ACT Health Chief Nursing and Midwifery Officer in January 2020 was the Director Nursing and Midwifery, Northern Sydney Local Health District.

Anthony Dombkins graduated as a Registered Nurse in 1987 and holds postgraduate clinical certificates in Renal and Transplantation Nursing and Intensive Care Nursing, as well as a Masters, Health Management (UNE).

Anthony Dombkins has held a variety of senior health management positions within the public and private health sectors across NSW. In June 2014, Anthony Dombkins was appointed an Adjunct Professor – Nursing with the University of Sydney and the Australian Catholic University.

Anthony Dombkins was a member of the Clinical Excellence Commission Advisory Board and a Board Director for Stewart House.



## **FIONA BREW MACN**

**CHIEF EXECUTIVE OFFICER, COLAC AREA HEALTH**

Fiona Brew has undertaken many roles in the Victorian health system during a career that spans over three decades. Her experience includes nursing, consulting and corporate roles giving her a breadth of experience and depth of knowledge of the Victorian health care system.

Fiona has held senior executive roles including Chief Nurse and Midwife Officer, Executive People and Culture and relieving Chief Executive Officer Positions in the rural and regional setting.

In 2018, Fiona was seconded to the ACT as part of an Independent Review into the Workplace Culture within the ACT Public Health Services delivering the final report in March 2019.

Fiona was appointed to the Chief Executive role at Colac Area Health in June 2019 leading a transformational change agenda. During her current tenure, Fiona has led the organisation successfully through a cyber-attack and more recently, two COVID 19 outbreaks (105 and 39 respectively). The outbreaks remain Australia's largest regional COVID outbreaks resulting in Fiona appearing in the Victorian Parliamentary Inquiry into contact tracing system and testing regime. The management of the outbreaks have been published internationally and been the subject of external reviews.

With a long-standing passion for building positive work cultures - investing in staff, building capability ultimately leads to positive patient experiences and outcomes. Fiona holds an Adjunct Research Fellow role at Federation University.





**ADJUNCT PROFESSOR DENISE HEINJUS**  
EXECUTIVE DIRECTOR NURSING SERVICES,  
MELBOURNE HEALTH

Denise trained as a general nurse at Albury Base Hospital and as a midwife at Preston and Northcote Community Hospital in Melbourne. She has a Graduate Certificate in Law and Management and a Masters (Honours) in Health Science Management.

Denise has a background in rural and regional health, managing community-based services in The Greater Murray Area Health Service for many years.

Previous nurse leadership roles include Area Director of Nursing and Midwifery, Northern Sydney Central Coast Health Service; Area Director of Nursing and Midwifery, Illawarra Health Service; and Executive Director Nursing and Midwifery at Monash Health prior to her appointment to the Royal Melbourne Hospital as the Executive Director of Nursing Services, Allied Health and Residential Aged Care in July 2007.

Denise has a strong interest in building clinical and operational leadership capability and facilitating a healthy workplace culture for all staff to thrive in their careers. Through her executive roles, she has a long history in both NSW and Victoria in emergency management preparedness and responsiveness. She was the RMH Emergency Commander following the Bourke Street attack in Jan 2017 and more recently has had been responsible for leading RMH in planning and responding to COVID-19.



**THE HON. NICOLA ROXON**  
CHAIR OF VICHEALTH

The Honourable Nicola Roxon is Chair of HESTA, the health and community sector industry super fund, and Chair of VicHealth, and independent statutory health promotion body in Victoria. She is also a non-executive director on listed and not-for-profit boards – Dexus, Lifestyle and HealthJustice Australia.

Nicola may be better known to you as Australia's first female Attorney-General (2011-2013) or as the Minister for Health and Ageing (from 2007-2011) in the Rudd/Gillard governments, where she initiated major reforms in hospital funding, primary health care and health prevention.

She has been recognised nationally and internationally for her work related to tobacco control and establishing the Royal Commission into Institutional Responses to child sexual abuse. These awards include an Honorary Doctorate of Laws from Sydney University, the Sidney Sax Public Health Medal and WHO Special Recognition Award.

Nicola is a lawyer by training and lives in Melbourne with her husband and teenage daughter.

# Keynote speakers

**TUESDAY** (list by presentation order)



## **SARAH ROWAN**

**ARTIST**

Sarah Rowan is an artist and thought-leader who empowers individuals and organisations to ignite a better future through creativity. As one of Australia's top Speed Painters, she has lived and breathed the dynamic process of transformation for over 20 years, turning blank walls and canvases into thought-provoking pieces of art, with limited time and often in front of a live audience. Merging her artistic talent with her passion for public speaking, Sarah has reimagined the role of the artist, pushing the boundaries of a studio-based pursuit into a trail-blazing performance genre that challenges the limitations of time and space.

After graduating from Converse College in 2003 with a BFA in Studio Art, Sarah started an art business in Greenville, South Carolina, USA before moving to Sydney to expand her horizons. It was here that she used the process of creative futurism to overcome depression, challenge chronic illness and create a new future for herself and her family. No longer shackled by societal norms, she has stepped into the full power of her truth personally and professionally.

Sarah's strong emotional storytelling, along with her ability to paint fast and think fast has captivated hundreds of clients like Google, ANZ, AMP, Hewlett Packard, Beam Suntory, Mi9, The Salvation Army and the Business Chamber of NSW. She has inspired audiences to embrace their own creativity which she believes is a "birthright to all" and to date has painted at over 400 events raising over \$200,000 for charity.

# Masterclass: Reflections with the Experts

## FACILITATED BY

Adjunct Professor Kylie Ward FACN, Chief Executive Officer, Australian College of Nursing

## PANELLISTS



### ADJUNCT PROFESSOR KYLIE WARD FACN

CHIEF EXECUTIVE OFFICER AUSTRALIAN COLLEGE  
OF NURSING

Kylie has served as the CEO of Australian College of Nursing (ACN) since 2015. Over that time, ACN has grown to become Australia's beacon for Nurse Leadership.

Kylie has led an extensive program of works including establishing the ACN Foundation, launched NurseStrong and has been instrumental in numerous key national policy campaigns which support greater access and equity for all.

Kylie holds honorary academic appointments with five Australian universities, was ministerially appointed to ADHA and NHMRC Health Translation Advisory Committee, won Telstra Businesswoman of the Year in ACT for Purpose and Social Enterprise in 2017 and was named as one of the Top 100 Health Voices for LinkedIn worldwide in 2020.



### FIONA BREW MACN

CHIEF EXECUTIVE OFFICER, COLAC AREA HEALTH

Fiona Brew has undertaken many roles in the Victorian health system during a career that spans over three decades. Her experience includes nursing, consulting and corporate roles giving her a breadth of experience and depth of knowledge of the Victorian health care system.

Fiona has held senior executive roles including Chief Nurse and Midwife Officer, Executive People and Culture and relieving Chief Executive Officer Positions in the rural and regional setting.

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With a long-standing passion for building positive work cultures - investing in staff, building capability ultimately leads to positive patient experiences and outcomes. Fiona holds an Adjunct Research Fellow role at Federation University.

# Masterclass: Reflections with the Experts CONTINUED



**ADJUNCT PROFESSOR DENISE HEINJUS**  
EXECUTIVE DIRECTOR NURSING SERVICES,  
MELBOURNE HEALTH

Denise trained as a general nurse at Albury Base Hospital and as a midwife at Preston and Northcote Community Hospital in Melbourne. She has a Graduate Certificate in Law and Management and a Masters (Honours) in Health Science Management.

Denise has a background in rural and regional health, managing community-based services in The Greater Murray Area Health Service for many years.

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**FRANCINE DOUCE MACN FACM**  
CHIEF NURSE AND MIDWIFE, DEPARTMENT OF  
HEALTH TASMANIA

With more than 35 years' experience as a registered nurse and midwife, Francine is passionate about giving back to the professions as an active member of the Australian College of Nursing (ACN) and a Fellow of the Australian College of Midwives (ACM).

In 2015, Francine completed the Global Nursing Leadership Institute at ICN, the first Tasmanian alumni for the GNLI. In October of the following year, 30 years to the day that she graduated as a registered nurse, Francine was appointed as Tasmania's Chief Nurse and Midwife.

Francine served as member and Chair of the Nursing Board of Tasmania/NMBA (Tas) 2005-2010, member National Council ACM 2015, Chair Australian and New Zealand Council of Chief Nursing and Midwifery Officers 2017-2019, current Chair Florence Nightingale Grants and Awards Committee and was recently appointed for a second term as the International Commissioner for Pathways to Excellence with the American Nurses Credentialing Centre.

Francine has postgraduate qualifications in nursing and midwifery; Graduate Certificate Business (Public Sector Management Program) and in 2021 completed the ANZSOG Executive Fellows Program.

Energy, courage and resilience have been characteristic of her professional leadership in Tasmania, nationally and more recently the international context.



# Masterclass: Reflections with the Experts CONTINUED



## **THE HON. NICOLA ROXON** CHAIR OF VICHEALTH

The Honourable Nicola Roxon is Chair of HESTA, the health and community sector industry super fund, and Chair of VicHealth, and independent statutory health promotion body in Victoria. She is also a non-executive director on listed and not-for-profit boards – Dexus, Lifestyle and HealthJustice Australia.

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She has been recognised nationally and internationally for her work related to tobacco control and establishing the Royal Commission into Institutional Responses to child sexual abuse. These awards include an Honorary Doctorate of Laws from Sydney University, the Sidney Sax Public Health Medal and WHO Special Recognition Award.

Nicola is a lawyer by training and lives in Melbourne with her husband and teenage daughter.

# Keynote speakers

WEDNESDAY (list by presentation order)



## **THE HON. MARK BUTLER MP** SHADOW MINISTER FOR HEALTH AND AGEING

Mark Butler has been a Labor Member in the Federal Parliament since 2007 and is the Shadow Minister for Health and Ageing. He served as the Member for Port Adelaide from 2007 – 2019 and after a federal redistribution, which saw the abolition of the seat of Port Adelaide, he was elected the Member for Hindmarsh.

Mark served as Minister for Ageing and Australia's first Minister for Mental Health in the Gillard Government. He has also held the ministries of Housing, Homelessness, Social Inclusion, Climate Change, Water and the Environment.

Before Mark was elected to Parliament, he worked for some of the most disadvantaged people in the community as an official with United Voice for over 15 years, including 11 years as State Secretary.

In 2003 he was awarded the Centenary Medal for services to trade unionism.

In 2013 Mark was awarded the Alzheimer's Disease International Award for Outstanding Global Contribution to the Fight Against Dementia.

Mark served as President of the South Australian Branch of the ALP from 1997- 1998 and as a member of the ALP National Executive from 2000 to 2014. He served as Labor's National President from 2015-2018; he is currently the Senior Vice President.

Mark is the author of *Advanced Australia - The Politics of Ageing*, published in 2015; and *Climate Wars*, published in 2017.



## **TANYA VOGT** EXECUTIVE OFFICER AT AUSTRALIAN HEALTH PRACTITIONER REGULATOR AGENCY, NMBA

Tanya Vogt was appointed the Executive Officer of the Nursing and Midwifery Board of Australia in July 2014. Tanya has been working in the area of health practitioner regulation in Australia since 2007, and was been directly involved in the development of the National Registration and Accreditation Scheme in Australia.

Tanya has qualifications in nursing and law and has practised in both areas. The combination of these qualifications has provided a solid foundation for her roles in health practitioner regulation and especially in the role of Executive Officer for the Nursing and Midwifery Board of Australia.

# SESSION TWO Masterclass: Reflections with the Experts

## FACILITATED BY

Adjunct Professor Kylie Ward FACN, Chief Executive Officer, Australian College of Nursing

## PANELLISTS



### ADJUNCT PROFESSOR DAVID PLUNKETT FACN

BOARD DIRECTOR, AUSTRALIAN COLLEGE OF  
NURSING

David Plunkett FACN GAICD, MBA, RN is Chief Executive Eastern Health Melbourne Victoria, where he operationalises the strategic plan, quality and financial plan for the current and future financial years of the health service.

David has been an Executive for Eastern Health in Melbourne for a number of years where he provided professional leadership to the nurses and midwives within Eastern Health. He has a deep understanding of the need to manage and mitigate risk, scope, assess and implement improvements to performance – on any aspect of health service performance.



### ADJUNCT PROFESSOR SUE HAWES FACN BOARD DIRECTOR, AUSTRALIAN COLLEGE OF NURSING

Sue is a registered nurse and has worked in numerous roles as a senior clinician and executive. She was the former Chief Nursing and Midwifery Officer of the Northern Territory (NT) and the Executive Director of the Hazard Management Authority, which held governance and accountability for NTs COVID-19 response.

Sue is committed to the developed of others and participates in regular coaching and teaching. She enjoys collaborating with health staff to solve wicked problems that deliver improvements to service delivery. Sue is a Fellow of ACN and Board member.

# SESSION TWO Masterclass: Reflections with the Experts CONTINUED



## **BELYNDA ABBOTT FACN**

BOARD DIRECTOR, AUSTRALIAN COLLEGE OF  
NURSING

Belynda Jane Abbott FACN, MHLM, GDipClinEd, CertIVTrngAssmnt, BN is currently a Clinical Nurse Consultant Neurosciences, Princess Alexandra Hospital. Belynda has over 17 years' experience within the Australian health care system working in the Northern Territory and Queensland.

She has previously been a Nurse Educator in infectious diseases and neurosciences. She has contributed to health policy and health service delivery within these roles, and has supported the education and training of health care staff as a part of becoming a large-scale digital hospital. Belynda has co-authored a textbook, and also held the position of ACN Key Contact for the Brisbane Region, been an Emerging Nurse Leader mentor and a member of the New Generation of Nurses Faculty.



## With thanks to the 2021 Speed Leaders



**CHRYSTA BRIDGE MACN**  
ACT REGION CHAIR



**JENNIFER MANNING  
MACN**  
NEW SOUTH WALES – CENTRAL  
& FAR WEST, CHAIR



**ASSOCIATE PROFESSOR  
JENNY WELLER-NEWTON  
FACN**  
VICTORIA – MELBOURNE, CHAIR



**AMANDA MOSES MACN**  
NEW SOUTH WALES –  
MURRUMBIDGEE, CHAIR



**NANCY ARNOLD FACN**  
TASMANIA, CHAIR



**ROBYN QUINN FACN**  
NEW SOUTH WALES – SYDNEY



**DIANNA BURR FACN**  
VICTORIA – GOULBURN &  
MURRAY, CHAIR



**YVONNE MCKINLAY  
FACN**  
ACN NATIONAL DIRECTOR,  
EDUCATION



**LINDA DAVIDSON FACN**  
ACN NATIONAL DIRECTOR,  
PROFESSIONAL PRACTICE



**PROFESSOR GEORGINA  
WILLETTS FACN**  
HEAD OF DISCIPLINE  
SWINBURNE UNIVERSITY

# SESSION THREE Masterclass: Reflections with the Experts

## FACILITATED BY

Adjunct Professor Kylie Ward FACN, Chief Executive Officer, Australian College of Nursing

## PANELLISTS



### EMERITUS PROFESSOR CHRISTINE DUFFIELD RN PHD FACN FAAN

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

Having published over 200 research papers, Christine was named in *Mendeley's Top 100,000 Cited Researchers of the World* in 2020. Christine is also the Associate Editor for the *International Journal of Nursing Studies*, the most highly ranked international nursing journal.



### ADJUNCT ASSOCIATE PROFESSOR VERONICA CASEY FACN, NMBA

Veronica Casey was appointed Chair of the Nursing and Midwifery Board of Australia in October 2020 and has been a National Board member since 2014 and prior to this, a member of the former Nurses Registration Board of Queensland. Veronica has held nursing executive leadership positions in Queensland Health since 1998 and is currently the Executive Director, Nursing Services at Princess Alexandra Hospital.

Veronica's experience and expertise extends to national and international platforms, having served as an inaugural International Magnet Commissioner for the American Nurses Credentialing Centre (ANCC) from 2010–December 2017. She has also been recognised for her contribution to the profession by being awarded the ANCC HRH Princess Muna Al-Hussein Award for international contribution to nursing in 2011, the Queensland University of Technology Outstanding Alumni Award, Faculty of Health in 2018 for contribution to nursing and healthcare, and appointment as a Member (AM) of the Order of Australia (General Division) in 2019.

# Masterclass: Reflections with the Experts CONTINUED



## **TONY DOLAN MACN**

CHIEF EXECUTIVE, NORTH METROPOLITAN HEALTH SERVICE

Tony Dolan is the North Metropolitan Health Service Acting Chief Executive. He is responsible for providing strategic and operational leadership, advice and direction on all issues and opportunities related to NMHS. He is a Registered Nurse, holds a Masters in Nursing and has strong clinical, managerial and leadership experience. Tony has an active interest in the promotion of health leadership, staff wellness as well as patient and clinical key performance indicators. mentor and a member of the New Generation of Nurses Faculty.

# Keynote speakers

**THURSDAY** (list by presentation order)



**SENATOR THE HON. RICHARD COLBECK**  
MINISTER FOR SENIOR AUSTRALIANS AND AGED  
CARE SERVICES, MINISTER FOR SPORT, SENATOR  
FOR TASMANIA

Richard Colbeck is a Liberal Senator for Tasmania, the Minister for Senior Australians and Aged Care Services and Minister for Sport.

He has helped lead the Australian Government in its comprehensive response to the Royal Commission into Aged Care Quality and Safety and the plan to protect senior Australians during the COVID-19 pandemic.

Minister Colbeck is a proud Tasmanian and lives in Devonport with his wife Gaylene. They have three adult children.



# Panel Session – 2021 Trailblazers - 2021's Champions of Change

## FACILITATED BY

Adjunct Professor Kylie Ward FACN, Chief Executive Officer, Australian College of Nursing

## PANELLISTS



**CAREY BLAIK MACN**  
OUR HOUSE OUR HAVEN

Carey originally trained as a nurse and has over 30 years' experience in both hospital and outpatient settings. She has undertaken additional study in mental health management and trauma awareness.

Carey is the Founder and Director of Our House Our Haven, which was established in 2016 after she recognised a distinct lack of services targeted at mental illness sufferers who had been either discharged or felt unsupported by the current hospital-based models of care.

Carey's vision was to provide a safe, non-clinical feeling space for her patients to feel comfortable to develop a sense of purpose and receive therapy through holistic experiences and social immersion in addition to the existing medical support.

Our House Our Haven is set on two acres and is a unique facility run largely by volunteers and has been successfully rehabilitating those most consumed by mental illness and helping them redevelop their sense of place within the community. Starting from very small beginnings, Carey continues to work pro bono with fierce dedication.

Carey is incredibly passionate about providing care to those who most need it, by breaking down the barriers that typically prevent them from seeking professional help. Carey hopes the service will reduce the stigma around mental health and normalise seeking help in an unconventional environment.



**SONIA MARTIN MACN**  
SUNNY STREET

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

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

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

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

# Panel Session – 2021 Trailblazers - 2021's Champions of Change CONTINUED



**JULIE WESTAWAY MACN**  
TOOWOOMBA HOSPITAL

Over the last 40 years, Julie Westaway has had extensive nursing experience as a Registered Nurse, midwife, lactation consultant, child and adolescent health nurse, and community continence clinical nurse consultant.

Julie initially developed the Continence Specialist Nurse position within the Darling Downs Hospital and Health Service in which she worked tirelessly providing specialist continence care for children and adolescents with chronic health conditions in acute and community sectors.

10 years ago, Julie collaborated with a consultant with a special interest in urogynaecology to undertake a review of international and national recommendations and guidelines after significant gaps in service provision were identified from clinical audits, wait lists and risk analysis.

As a strong advocate and pioneer for women's health, Julie embraced her passion and experience to transform Women's Health Services for Darling Downs Health. This has provided a platform to develop a unique specialist nursing model of care, and establishment of the Nurse Practitioner Urogynaecology and Continence role.

Julie has strong mentoring and leadership attributes, contributing to National webinars, forums, conferences and credentialling. She has been a content writer and reviewer for the Australian College of Nursing, Continence Foundation of Australia and Benchmark, developing Certificate 2 and post graduate training programs.



**LISA HELLWEGE MACN**  
EARWORX

Lisa identified a gap in the market for providing safe and gentle micro-suction procedures for earwax removal after working for many years in the ENT field. She believed there had to be a better way to access this procedure without extensive waiting times. This led to a process of discovery and entrepreneurship that resulted in the founding of Earworx in 2016; a nurse-led dedicated professional earwax removal service.

Lisa's idea to take a procedure previously only available via an ENT specialist to the Tasmanian community was embraced by both the medical and audiology professions, and by the public. Earworx has now expanded nationally with 26 (and growing) clinics across five states.

Lisa leads a vast national clinical team and has designed and now delivers extensive online education, practical-based training and ongoing support to 26 Registered Nurses working with Earworx.

Motivated and inspired by a desire to maintain excellence in standards of care, Lisa works each day to ensure Earworx Registered Nurses work to the highest-clinical levels and are professionally supported within their scope of practice. Lisa is passionate about Earworx clients receiving the same high-quality care, no matter where they live.

An advocate for the advancement of nursing, Lisa is inspired to empower nurses through their professional development as she believes their education, skills and expertise directly impacts on the efficiency of Australia's health care system.

Lisa has over 27 years' experience in nursing, holds a Bachelor of Nursing, qualifications in Micro-suction, Aural Hygiene and Aural Care. Lisa has now also cleaned 40,000 ears!

# Panel Session – Nurses and Violence

## PANELLISTS



**DR LEESA HOOKER MACN**  
SENIOR RESEARCH FELLOW, LA TROBE  
UNIVERSITY

Dr Leesa Hooker is a nurse/midwife academic and Senior Research Fellow at the La Trobe Rural Health School and the Judith Lumley Centre-La Trobe University. She leads the Child, Family and Community Health research stream and co-leads the Preventing and Reducing Violence against Women and Children research stream within the Centre. Leesa is the President of the Nursing Network on Violence against Women International (NNVAWI) and works with global experts to eliminate violence by advancing nursing and midwifery education, practice, research, and public policy.

She has established expertise in the epidemiology of family violence, women's mental and reproductive health and parenting. Her research includes intervention trials, observation studies and systematic reviews with a focus on improving maternal and child health outcomes, and the healthcare service response to abused women and children.

She has recently completed research for the Commonwealth Department of Social Services on the primary prevention of sexual violence and harassment and developed a theory of change to inform future development of the next National Action Plan to Reduce Violence against Women and their Children.



**DR JACQUI PICH MACN**  
SENIOR LECTURER AND DIRECTOR OF  
UNDERGRADUATE NURSING STUDIES UNIVERSITY  
OF TECHNOLOGY SYDNEY

Dr Jacqui Pich is a senior lecturer and the Director of Undergraduate Studies in the School of Nursing and Midwifery at the University of Technology.

Her areas of research interest include violence, aggression and bullying experienced by nurses working in healthcare. Her PhD explored patient-related violence against emergency department nurses (The VENT Study). She recently worked on the Australian College of Nursing's Sexual Harassment and Assault Taskforce and worked to develop a position statement on this important topic.

She also worked closely with NSW Nurses' and Midwives' Association on a large (n = 3500) survey of their membership on the issues of violence from patients and/or family and friends. Her research has been highlighted in a number of media stories, including print, radio and television, and was the focus of a 2020 edition of the 730 Report on the ABC.

# Panel Session – Nurses and Violence

CONTINUED



**RHEANNWYNN SNEESBY MACN**  
CHILD PROTECTION CLINICAL NURSE  
CONSULTANT, SYDNEY LOCAL HEALTH DISTRICT

Rheannwyn (Rhee) Sneesby is an advanced practice nurse with expertise in child protection across both acute hospital and community health settings. With 11 years working in this field, Rhee is skilled in action-research; practice and process enhancement; conference speaking (including internationally), and; report writing.

Most recently, Rhee has been working as a Clinical Nurse Consultant – Child Protection at Canterbury Hospital, Sydney Local Health District. She has been implementing a nurse-led, multidisciplinary model of child protection (action-research) in an acute hospital facility. This work has been awarded local funding. Rhee also holds a Graduate Certificate in Child and Family Health Nursing (NSW College of Nursing), has completed additional training in the Health Child Protection space and, completed the Child Protection and Domestic Violence units within a Master Social Work (Qualifying). Together, her combined experience and knowledge has convinced Rhee that nurses are critical to supporting children, their families and the community where child protection concerns exist.



**PROFESSOR GEORGINA WILLETTS FACN**  
HEAD OF DISCIPLINE SWINBURNE UNIVERSITY

Professor Georgina Willetts has 40 years nursing experience and more than a decade of experience in leading nursing and midwifery reform within the healthcare industry, moving to academia in 2011.

Currently she leads an Academic Nursing team at Swinburne University where she established a new nursing program introducing a contemporary nursing curriculum using innovative teaching strategies. Her clinical interests are medical/surgical nursing, models of care, interprofessional practice/education and professional identity. Her research interests include Practice Development and translational research into the areas of healthcare education, health care workforce, and the performance of professional identity in practice.

Georgina is a passionate nurse representing her profession whenever and wherever she can across industry, at a state and national level and internationally. She is both a Fellow and board Director of the Australian College of Nursing.



# Panel Session – 2020 Trailblazers

## “Some are born great, some achieve greatness and some have greatness thrust upon them”

### FACILITATED BY

Adjunct Professor Kylie Ward FACN, Chief Executive Officer, Australian College of Nursing

### PANELLISTS



#### SHANNON WALLIS MACN

NURSE MANAGER, WEST MORETON HEALTH QUEENSLAND

Shannon Wallis is the Virtual Care Nurse Unit Manager at West Moreton Health Service (WMHS) and is leading clinical teams to deliver virtual care closer to home. WMHS has a variety of virtual care models that facilitate a smooth transition for patients through different stages in their health care journey. These innovative programs use Remote patient monitoring, telehealth, clinical software and reporting to focus on delivering personalised care to patients in their own home.

Shannon has held a variety of senior nursing positions during her career including a background in general nursing, Intensive care nursing, Nurse manager in patient flow/after hours and Cancer care services. Shannon is passionate about caring for her community and understands the importance of empowering patients to become active participants in their own healthcare.

Shannon was fortunate to be nominated by the executive team at West Moreton Health and received the 2020 Health Minister's Award for Nursing Trailblazers.



#### LORNA COOK MACN

CO-FOUNDER, CHEMO@HOME

Lorna Cook has been a Registered Nurse for over 40 years. She has worked in both private and public hospitals, in industry, in the Public Health Department and in private enterprise.

She has been a lifelong learner, even as a single mother of three young children, having graduated with a Hospital Based Diploma, then a Bachelor of Health Science, a Master's Degree in Nursing and an MBA.

In 2013, she and her business partner started a Hospital-Substitution Health Service, chemo@home, which, as the name implies, administers chemotherapy and immune therapy to cancer patients and to patients with chronic diseases such as multiple sclerosis, rheumatoid arthritis and Crohn's disease.

The company has grown exponentially and since 2017 has won numerous business awards for its innovation and disruption of the health sector. The company now employs some 80 people across Australia and continues to expand its service offerings. Lorna is now a proud grandmother of five and says nursing has been the most wonderful career and life's privilege.

# Panel Session – 2020 Trailblazers

## “Some are born great, some achieve greatness and some have greatness thrust upon them” CONTINUED



**MATIU BUSH MACN**  
NURSE PRACTITIONER

Matiu is a Nurse Practitioner in Community Health with a focus on Infectious Diseases and over the past 19 years having developed experience in a range of healthcare settings locally and internationally, including Emergency, ICU, Aged Care, Oncology and Outpatients.

A Masters of Public Health has given Matiu a grounding in population health, a high-level understanding of COVID-19 transmission prevention and the pandemic response. In previous roles having managed large health initiatives in major tertiary hospitals. Matiu brings a hybrid approach which is simultaneously a multidimensional view of human experience and orientation of activity back to a set of principles that are psycho-socially supportive at the individual, community and organisational level.

# Masterclass: Reflections with the experts - If you had your time again what would you do differently?

## FACILITATED BY

Adjunct Professor Kylie Ward FACN, Chief Executive Officer, Australian College of Nursing

## PANELLISTS



### DAVID STEWART

INTERNATIONAL COUNCIL OF NURSES (ICN)

David Stewart, RN, BN, MHN, has been with ICN since 2016 and has led several seminal projects in the Health Policy and Nursing Team. Adjunct Professor at the Queensland University of Technology, David is committed to improving healthcare systems that deliver better outcomes and experiences for patients, clinicians, governments, and the public.

He has worked in both the public and private sector with high level experience regionally, nationally, and internationally. Over the course of his 20+ year in healthcare, David has developed expertise in consultancy, public policy development, patient safety, strategy and innovation, health service planning, management, strategic and transformational leadership.

Prior to working for ICN, David worked for the Queensland Government Ministry of Health in a number of senior leadership positions including the Director of Nursing, Office of the Chief Nursing and Midwifery Officer. In addition to a Bachelor's degree in nursing, he has a Masters' of Health Administration, and is a Certified Global Nurse Consultant (CGFNS International).



### ADJUNCT ASSOCIATE PROFESSOR JULIENNE ONLEY FACN (DLF)

UNIVERSITY OF TASMANIA COLLEGE OF HEALTH  
AND MEDICINE

Julienne has been a registered nurse since 1973 (retired from active registration in 2020). She has worked as a clinician, professional officer administrator, educator and academic. Her clinical specialties were aged care, dementia care and mental health particularly in older people. During Julienne's career she has been privileged to represent her profession and employers in various forums.

Spheres of advice and professional services encompassed; dementia care, mental health in older people; clinical practice placements in undergraduate nursing and paramedic practice degrees; curriculum development and regulatory compliance (tertiary and vocational sectors); community nursing for veterans; continence assessment and management of incontinence; infection control in residential and community care; compliance with Standards in aged care; training for quality assessors in aged care; development of funding instruments for aged care; et al.

She is also proud to be elected by members of her profession to serve on the Boards of the NSW College of Nursing, The College of Nursing and the Australian College of Nursing (Transitional Board).

# Masterclass: Reflections with the experts - If you had your time again what would you do differently? CONTINUED



**ADJUNCT PROFESSOR SHELLEY NOWLAN FACN**  
DEPUTY NATIONAL RURAL HEALTH COMMISSIONER, OFFICE OF THE NATIONAL RURAL HEALTH COMMISSIONER

A registered nurse with more than 34 years' experience, Adjunct Professor Nowlan holds a long-standing interest in the health outcomes of rural and remote Australians. Adjunct Professor Nowlan had worked for decades to ensure nurses and midwives were supported to meet the needs of people living in rural and regional Australia. As Deputy Rural Health Commissioner, Adjunct Professor Nowlan will play a key role in the Federal Government agenda to increase access to rural health services, address rural workforce and advise on key initiatives that support rural communities.

Shelley holds a number of Adjunct Professor appointments:

- School of Nursing and Midwifery, University of Queensland
- School of Nursing, Faculty of Health, Queensland University of Technology
- School of Nursing and Midwifery, University of Southern Queensland
- School of Medicine, Griffith University

Adjunct Professor Nowlan holds a Master Health Management (University of New England), Bachelor Degree Nursing (UNE), Graduate Certificate in

Policy Analysis (Griffith University), Diploma Project Management (TAFE Queensland) and is an Institute of Company Directors Graduate.

In her professional role, advocacy and contribution to nursing and midwifery at a state level, nationally and internationally, a Director on the Emergency Medicine Foundation and the Queensland Health Leadership Advisory Board. She is a Member of the Council of Australian and New Zealand Chief Nursing and Midwifery Officers, the International WONCA World General Practice Rural Practice Committee and a Fellow of Australian College of Nursing. Shelley is also an ICN Global Nursing Leadership Institute Alumni and virtually attended the WHO assembly as an Alumni delegate in 2021.

Adjunct Professor Nowlan has received numerous accolades for her leadership and contribution to population nursing, education, equity and the community. In 2007 she was recognised for her work on Cyclone Larry Relief, receiving the QLD Premier Award. In 2008 she was awarded the Australia Day Award for Queensland Health Development and Leadership from Caloundra Health. In 2012 she was the recipient of the Chief Executive Officer Encouragement Award, Central Queensland Staff Awards. In 2015 her leadership was recognised through an Australia Day Award for Nursing Executive Team Childrens Health Queensland HHS and in 2015 she was the recipient of The Association of Queensland Nurse Leaders: Outstanding Achievement in Nursing.





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**HEALTHY MALE**  
ANDROLOGY AUSTRALIA

# Program Day 1 – Tuesday 26 October 2021

8:45am	<b>Welcome to Country</b> Elder Brendan Kerin, Marrawarra and Barkindji Man
8:55am	<b>Welcome and Introduction</b> Master of Ceremonies, Dr Veronica Croome MACN
9:00am	<b>Ministerial Address</b> The Hon. Greg Hunt MP, Minister for Health and Aged Care
9:20am	<b>ACN President's Welcome</b> Emeritus Professor Christine Duffield FACN, ACN President
9:35am	<b>Keynote Address</b> Anthony Dombkins, ACT Chief Nurse and Midwifery Officer
9:45am	<b>Principal Partner Address</b> HESTA

## 9:55am Exhibition Viewing

### 10:30am CONCURRENT SESSION ONE

	<b>INFLUENCING CHANGE</b> Moderator: Lyn Brett MACN Co-Moderator: Carina Fernandes MACN	<b>RISING STARS</b> Moderator: Kathryn Connor MACN Co-Moderator: Kate Saw MACN	<b>SOCIAL IMPACT</b> Moderator: Koryn Roberts MACN Co-Moderator: Emma Reardon MACN	<b>TRAILBLAZERS</b> Moderator: Liam Jackson MACN Co-Moderator: Jon San Martin MACN
10:35am	<b>Visibility and voice what can be achieved?</b> Adjunct Professor Alanna Geary FACN	<b>Improving care quality through detection of complexity amongst older people in a community setting (ImPaCt)</b> Jennifer Boak MACN	<b>Introducing Voluntary Assisted Dying: Staff Perspectives in an Acute Hospital</b> Dr Robyn Digby	<b>Better Bedside Nursing Handovers</b> Professor Diana Slade Racheal Bennett MACN
10:55am	<b>The lived experience of registered nurses transitioning from clinician to academic</b> Dianne Maher MACN	<b>Where Are They Now? Transition to Professional Practice within Northern Sydney Home Nursing Service</b> Cherie Clarke MACN	<b>Exploring women's experiences of gestational breast cancer and their interactions with the health care system</b> Sara Hurren MACN	<b>Blame to Success: Utilising Change Champions to transform Nursing Culture</b> Bernadette Clarke MACN
11:15am	<b>What are the enablers and barriers to escalation of care in a subacute facility, and what can be addressed by nursing education? An exploration of acute clinical events</b> Katherine Mcbrearty	<b>Stage 5; Emerging Nurse Leaders experiences of nursing during COVID-19</b> Hollie Jaggard MACN Emma Bugden MACN Liam Jackson MACN Suzanne Volejnikova-Wenger MACN	<b>Bachelor of Nursing Students Resilience and Coping During a Pandemic</b> Samira Kerbage	<b>Comparing pivot nurse with traditional triage model for increasing patient flow through the emergency department</b> Janine O'Keefe
11:35am	<b>Stepping into better health - A nurse led foot care project</b> Liz Tomlinson	<b>Bullying in nursing: How has it changed over four decades?</b> Peter Hartin MACN	<b>The Effectiveness of Implementing Evidence-based Falls Preventions Strategies in Hospitals</b> Elizabeth Roberts MACN	<b>Improving PIVC assessment and care with an evidence-based decision tool</b> Dr Gillian Ray-Barruel MACN

11:55am	<p><b>Change in clinical workplaces: The influence of Nursing Unit Managers' learning facilitation practices</b></p> <p>Dr Margaret Yen MACN</p>	<p><b>Creating opportunities for future Nurse Leaders</b></p> <p>Caroline Henderson MACN</p>	<p><b>Neonatal Nurses' Professional Quality of Life: An Integrative Review</b></p> <p>Patricia Lowe MACN</p>	<p><b>Regional healthcare workers' experiences of reflectivity in a pandemic: a conduit for stillness and space</b></p> <p>Associate Professor Jennifer Weller-Newton FACN</p>
12:15pm	Exhibition Viewing			
1:15pm	<b>Keynote Address</b> Fiona Brew MACN, Chief Executive Officer, Collac Area Health			
1:35pm	<b>Keynote Address</b> Adjunct Professor Denise Heinjus, Executive Director Nursing Services Melbourne Health			
1:55pm	<b>Keynote Address</b> The Hon. Nicola Roxon, Chair of VicHealth			
2:15pm	Exhibition Viewing			
3:00pm	<p><b>Masterclass: Reflections with the experts; if you had your time again what would you do differently?</b></p> <p>Facilitated by Adjunct Professor Kylie Ward FACN</p> <p>Fiona Brew MACN, Chief Executive Officer, Collac Area Health</p> <p>Adjunct Professor Denise Heinjus, Executive Director Nursing Services Melbourne Health</p> <p>Associate Professor Francine Douce MACN, Chief Nurse and Midwife Department of Health Tasmania</p> <p>The Hon. Nicola Roxon, Chair of VicHealth</p>			
4:00pm	<b>Igniting a better future through creativity!</b> Sarah Rowan (Artist)			

# Program Day 2 – Wednesday 27 October 2021

8:00am	<b>Poster Presentations</b> Sponsored by Australian Nursing and Midwifery Accreditation Council
8:45am	<b>Welcome Back</b> Master of Ceremonies, Dr Veronica Croome MACN
8:50am	<b>Ministerial Address</b> The Hon. Mark Butler MP, Shadow Minister for Health and Ageing
9:10am	<b>Masterclass: Reflections with the experts - If you had your time again what would you do differently?</b> Facilitated by Adjunct Professor Kylie Ward FACN  Your time with the experts: Adjunct Professor David Plunkett FACN, ACN Board Director Adjunct Professor Sue Hawes FACN, ACN Board Director Belynda Abbott FACN, ACN Board Director

## 10:00am Exhibition Viewing

### 10:30am CONCURRENT SESSION TWO

	<b>INFLUENCING CHANGE</b> Moderator: Koryn Roberts MACN  Co-Moderator: Halley Pollock MACN	<b>RISING STARS</b> Moderator: Clare Newton MACN  Co-Moderator: Carina Fernandes MACN	<b>SOCIAL IMPACT</b> Moderator: Tammie Breneger MACN  Co-Moderator: Sheldon Omwamba MACN	<b>TRAILBLAZERS</b> Moderator: Kathryn Connor MACN  Co-Moderator: Simon Ross MACN
10:35am	<b>Clinical governance, nurse workarounds and regulation: A case analysis</b> Kate Rowan-Robinson MACN	<b>Nursing digital leadership through advanced analytics of electronic admission forms</b> Danielle Ritz Shala MACN	<b>Cultural Safety and Professional Regulation: what are the challenges and questions for nursing regulation?</b> Adjunct Professor Greg Rickard AOM FACN Dr Bethne Hart MACN	<b>Workforce Code Yellow; Supporting Staff during a COVID -19 Healthcare Worker Outbreak</b> Karrie Long MACN
10:55am	<b>Nurses leading delirium screening, assessment, prevention and management in hospital</b> Siobhan Cody MACN	<b>Building Cultural Capabilities in Nursing through a Vietnamese Study Tour</b> Amy Humme MACN	<b>Measuring the impact of COVID-19 related change on Australian nursing practice and nurse well-being</b> Dr Suzanne Sheppard-law	<b>Leading the way in Neonatal Skin Care!</b> Dr Margaret Broom MACN
11:15am	<b>Engaging men and promoting men's health: a nursing lens</b> John Brown FACN Dell Lovett Vanessa Jones MACN (Assoc)	<b>Digital Superheroes of Tomorrow</b> Adjunct Professor Naomi Dobroff FACN Rebecca Jedwab FACN	<b>Transforming the Future of Nurses in Medical Centres Through A Role Introduction</b> Michelle Thompson MACN	<b>Results of an innovative approach to STI testing contradict current recommendations for Trichomoniasis</b> Kelly Mercer MACN
11:35am	<b>Stop the Leaks: Promoting cost effective and dignified continence management in a Geriatric Setting – A Quality Improvement Project</b> Leslie Coe MACN	<b>Implementing A Nurse Led Toxicity Review Model of Care</b> Gabrielle Vigar	<b>Nurse led prostate biopsy?</b> David Heath	<b>Promoting communication, critical thinking and teamwork: an escape room with a twist</b> Associate Professor Jane Frost MACN
11:55am	<b>Clinical academics to guide the next generation in cardiovascular nursing: fostering integrated practice and research</b> Professor Jeroen Hendriks MACN	<b>Key areas of clinical practice that enable optimal inpatient palliative care: a mixed methods study</b> Dr Claudia Virdun MACN	<b>Demonstrating leadership during a pandemic- SA Health nurses response in Victorian Residential Aged Care Facilities</b> Hannah Rohrlarch Annabel Thomas	<b>Nurse Led COVID ward simulation ward and models of care development</b> Ashley Wheeler MACN



12:15pm	Exhibition Viewing
1:20pm	Speed Leaders Session Sponsored by Principal Partner, HESTA
2:50pm	Exhibition Viewing
3:20pm	<b>Keynote Address</b> Tanya Vogt, NMBA, Regulating the practice of Nursing and Midwifery
3:30pm	<b>Masterclass: Reflections with the experts - If you had your time again what would you do differently?</b> Facilitated by Adjunct Professor Kylie Ward FACN  Your time with the experts: Emeritus Professor Christine Duffield FACN, ACN President Adjunct Associate Professor Veronica Casey FACN, Chair, NMBA Tony Dolan MACN

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# Program Day 3 – Thursday 28 October 2021

8:45am	<b>Welcome back</b> Master of Ceremonies, Dr Veronica Croome MACN
8:50am	<b>Ministerial Address</b> Senator the Hon. Richard Colbeck, Minister for Senior Australians and Aged Care Services
9:05am	<b>Panel Session – 2021 Trailblazers - 2021's Champions of Change</b> Facilitated by Adjunct Professor Kylie Ward FACN  Carey Blaik MACN, 2021 Trailblazer finalist Sonia Martin MACN, 2021 Trailblazer finalist Julie Westaway MACN, 2021 Trailblazer finalist Lisa Hellwege MACN, 2021 Trailblazer finalist
9:45am	<b>Corporate Partner Address</b> NMBA

9:55am Exhibition Viewing

## 10:15am CONCURRENT SESSION THREE

	<b>INFLUENCING CHANGE</b> Moderator: Koryn Roberts MACN  Co-Moderator: Emma Bugden MACN	<b>RISING STARS</b> Moderator: Kathryn Connor MACN  Co-Moderator: Jon San Martin MACN	<b>SOCIAL IMPACT</b> Moderator: Catherine Clifford MACN  Co-Moderator: Simon Ross MACN	<b>TRAILBLAZERS</b> Moderator: Beau Dupen MACN  Co-Moderator: Kate Saw MACN
10:15am	<b>Transformational surgical model of care in response to the evolving COVID-19 pandemic</b> Ashley Wheeler MACN Laura Steadma	<b>A labour ward-based Champion program in Tanzania, a resource-limited setting increased clinical practice skills</b> Cpt. Jan Becker	<b>Intercultural Communication within Nursing Teams: Championing Change in Practice</b> Dr Ylona Chun Tie MACN	<b>Essential Clinical Dataset: A nursing/ midwifery and eMR optimisation framework</b> Danielle Ritz Shala MACN Jordanna Davis
10:35am	<b>Influencing change – Keeping rural and remote nurses safe</b> Adjunct Professor Sue Hawes FACN Rhonda Powell MACN	<b>Socialising undergraduate nursing students to global leadership through an international cross institutional virtual conference</b> Associate Professor Melanie Bish MACN	<b>Changing the Perception of Men in Nursing in Australia</b> Luke Yokota MACN Ben Chiarella MACN Professor David Stanley MACN	<b>Sensible Pathology Monitoring in Paediatric Haematology/Oncology Patients</b> Andrew Grant
10:55am	<b>The impact of definitional uncertainty: how child and adolescent mental health data can change policy</b> Lisa Sealey	<b>Patient isolation in an acute hospital: the effect on patients, families and staff</b> Dr Robyn Digby	<b>Obesity prevention in infants: what role for nurses?</b> Professor Elizabeth Denney-Wilson MACN	<b>New ways of nursing leadership in 2020 and beyond: Achieving the extraordinary</b> Dr Kate Cameron MACN Donna Stevens MACN
11:15am	<b>The National Nursing and Midwifery Digital Health Capability Framework: digitising Australia's largest health workforce</b> Vandana Chandnani	<b>Effect of Acute Stroke Nurse on Door-to-Needle time</b> Tanya Frost MACN	<b>Nursing Innovations in Clinical Education (NICE)</b> Amanda Naumann	

11:35am Exhibition Viewing

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12:05pm	<p><b>Panel Session – Nurses and Violence</b></p> <p>Professor Georgina Willetts FACN Dr Leesa Hooker MACN Dr Jacqui Pich MACN Rheannwynn Sneesby MACN</p>
1:00pm	<p><b>Panel Session – 2020 Trailblazers</b> “Some are born great, some achieve greatness and some have greatness thrust upon them” Facilitated by Adjunct Professor Kylie Ward FACN</p> <p>Shannon Wallis MACN, 2020 Trailblazer winner Lorna Cook MACN, 2020 Trailblazer finalist Matiu Bush MACN, 2020 Trailblazer finalist</p>
1:55pm	<p><b>Masterclass: Reflections with the experts – If you had your time again what would you do differently?</b> Facilitated by Adjunct Professor Kylie Ward FACN</p> <p>Your time with the experts: David Stewart ICN MACN Associate Professor Julianne Onley FACN (DLF) Associate Professor Shelley Nowlan FACN</p>
2:45pm	<b>Exhibition Viewing</b>
3:05pm	<b>Closing Session</b> Master of Ceremonies, Dr Veronica Croome MACN
3:10pm	<b>Igniting a better future through creativity!</b> Sarah Rowan (Artist)
3:40pm	<b>Announcement of poster winners and prizes</b>
3:55pm	<b>NNF 2022 Announcement &amp; Close</b>

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# Abstracts – concurrent sessions

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## DAY 1 TUESDAY 26 OCTOBER 2021 CONCURRENT SESSION ONE

### INFLUENCING CHANGE (01)

10:30 AM - 12:15 PM

#### **VISIBILITY AND VOICE WHAT CAN BE ACHIEVED?**

ADJUNCT PROFESSOR ALANNA GEARY<sup>1,2,3</sup>

*<sup>1</sup>Metro North Hospital and Health Service, Herston, Australia, <sup>2</sup>Queensland University of Technology, Kelvin Grove, Australia, <sup>3</sup>Griffith University, Nathan, Australia*

The strategic nursing and midwifery leaders within an Australian Hospital and Health Service employing over 9000 nursing and midwifery staff have applied a reflection in action method to reframe their approach to influence others, work collaboratively to achieve common goals and be involved in any decision impacting on nursing and midwifery.

While much has been achieved over the past 5 years to enhance the profile and voice of nursing and midwifery changes in roles, individuals and health service direction afforded the opportunity for the Executive Director of Nursing to re-examine how effectively this cohort was engaging and representing the profession and how stronger connections, relationships and trust within a positive workplace culture can be 'taken to the next level' (Kerfoot, 2013).

Through a multi-pronged approach including engaging with senior nursing and midwifery colleagues to workshop their views of executive effectiveness in how they influence, serve, lead, and advocate. Similar ideas were canvassed from other classifications via feedback sessions, forums and meetings.

Following discussions with the group the collective view was that participation in an externally facilitated two-day workshop with equality in participation would provide opportunity to explore distinctive sets of personal qualities; initiative and ability to handle stress; challenge 'thinking and doing'; and probe the views expressed by colleagues within a safe environment.

Although challenging, workshop interaction led to different perspectives being voiced, acknowledged and actioned and enhanced appreciation of each other's attributes, and camaraderie. Moreover, mutual agreement regarding role modelling and presenting a united voice for the benefit of the profession and a focused marketing and rebranding of nursing in care provision were achieved.

Ongoing work continues, however enhanced feedback, networking, engagement and expressions of appreciation of genuine group interest and visibility have been noted. Positive influences on work place culture through a focus on wellbeing are also reported.

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## DAY 1 TUESDAY 26 OCTOBER 2021 CONCURRENT SESSION ONE

### INFLUENCING CHANGE (01)

10:30 AM - 12:15 PM

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### THE LIVED EXPERIENCE OF REGISTERED NURSES TRANSITIONING FROM CLINICIAN TO ACADEMIC

DIANNE MAHER<sup>1</sup>, PROFESSOR JENNIFER KELLY<sup>2</sup>,  
ASSOCIATE PROFESSOR KAREN LIVESAY<sup>2</sup>  
<sup>1</sup>USQ, Ipswich, Australia, <sup>2</sup>RMIT, Melbourne, Australia

**Introduction:** Registered nurses who are effective practitioners can feel overwhelmed with the change in role from clinician to academic due to having limited experience and formal knowledge of theories and practices surrounding learning and teaching when entering academia. Without specific pedagogical preparation and induction, academics are expected to acclimatise to the culture and processes of the university with little support or mentorship.

**Purpose:** This study proposed to uncover the perceptions, impressions and challenges experienced by new academics moving into a teaching role in an undergraduate nursing degree. As such, this study will suggest initiatives that can support academics to feel safe, valued and connected when teaching the next generation of nurses.

**Methods:** To capture and gain deep understanding of clinicians' lived experiences of transitioning to a new role, the methodology of interpretive phenomenology was employed. The study recruited 11 novice academics from six universities across Australia who have transitioned into employment in the tertiary sector. Data was collected via in-depth one on one, semi-structured interviews. Digitally recorded interviews were de-identified and transcribed verbatim.

**Results:** The study clearly identifies the challenges and responsibilities that novice academics face when transitioning into the academic role. Such unpreparedness and unrealistic expectations of the role no doubt obstructs successful transition. As such, this study will suggest initiatives that can support academics to feel safe, valued and connected when teaching the next generation of nurses.

**Conclusion:** Given the evidence of inadequacies of induction and mentoring programs in universities, there remains a paucity of effective and focused programs to meet the needs of new nursing academics transitioning to academia. Subsequently, the interpretations revealed through this study are anticipated to inform universities on effective methods to successfully transition expert clinicians into their new role and guide future recruitment and retention efforts.

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# Abstracts – concurrent sessions

Abstracts are printed here as submitted to ACN

## DAY 1 TUESDAY 26 OCTOBER 2021 CONCURRENT SESSION ONE

### INFLUENCING CHANGE (01)

10:30 AM - 12:15 PM

#### **WHAT ARE THE ENABLERS AND BARRIERS TO ESCALATION OF CARE IN A SUBACUTE FACILITY, AND WHAT CAN BE ADDRESSED BY NURSING EDUCATION? AN EXPLORATION OF ACUTE CLINICAL EVENTS**

KATHERINE MCBREARTY<sup>1</sup>, DR KAREN DAWS<sup>1</sup>, DR RACHEL ZORDAN<sup>1</sup>

<sup>1</sup>St Vincent's Hospital Melbourne, Fitzroy, Australia

**Introduction:** Demands for care in acute facilities, the aging population and the burden of chronic disease have created an increase in patient acuity in subacute care facilities. This has meant that these facilities need to adapt to respond to patient deterioration. Educators are often requested to contribute to improvements in practice, but process factors will also impact on the response to deterioration. In order to effectively develop education resources in support of the response to the deteriorating patient both process and practice factors need to be distinguished.

**Methods:** We undertook a mixed methods study to describe processes and practices around incidents of clinical deterioration and escalation of care in a subacute facility in Melbourne, Victoria. Using tools developed for the assessment of rapid response systems (RRS) in acute care facilities, we conducted a retrospective medical record audit of patient events which resulted in rapid response system activation and/or unplanned transfers back to acute care.

**Results:** There were 58 events in the period between 1 April and 30 September 2018 in patients aged between 40 and 93 years (mean 76.24). Thirty were female (51.7%). The most common reasons for RRS activation or unplanned transfer were fever (13) and infection (10) followed by altered conscious state (9). Clinical deterioration was identified in this group in a timely manner, and multiple interventions were

conducted at the subacute facility prior to transfer out. Of the 58 incidents of unplanned acute transfer or RRS activation, 17 (29.3%) occurred within the first three days of subacute admission, revealing process issues and increased patient acuity.

**Conclusion:** Patient demographic and process factors impacted on the acuity of the subacute facility. Nursing education could be directed at managing the deteriorating patient but did not need to be implemented to improve adherence to processes directed at identifying deterioration.

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#### **STEPPING INTO BETTER HEALTH - A NURSE LED FOOT CARE PROJECT**

LIZ TOMLINSON<sup>1</sup>

<sup>1</sup>SVHA, Darlinghurst, Australia

In 2016 a nurse led foot care program was developed within the Renal Ambulatory Care (RAC) unit, St Vincent's Public Hospital, focusing on 3 key areas: development of a foot screening tool, referral pathway for the high-risk foot and staff and patient education.

Catalyst for this project was the trend of increasing hospitalisations and rates of amputations in our patient population.

The aim of this program was to integrate monthly nurse led foot screening into the patients existing care setting and early referral. In addition, the program has created an innovative partnership between podiatrists, specialist renal nurses and consumers. The podiatrists educated the staff on foot screening and collaborated in the design of a foot screening tool and referral pathway for management of the high-risk foot. Consumers receive ongoing education on self-care practices which allow



# Abstracts – concurrent sessions

Abstracts are printed here as submitted to ACN

## DAY 1 TUESDAY 26 OCTOBER 2021 CONCURRENT SESSION ONE

### INFLUENCING CHANGE (01)

10:30 AM - 12:15 PM

them to actively collaborate with the Multidisciplinary Team (MDT) in prevention, early detection and management of ulcers during their scheduled dialysis treatment.

Since the project implementation, patients receiving regular podiatry services during their dialysis treatment has now grown to 40% of our total cohort of patients. There has also been a significant reduction in RAC outpatients requiring admission to the inpatient setting for management of lower limb wounds and amputations. From 338 days in 2016 to 59 days in 2019. There has also been a decrease in the number of below knee amputations from 3 in 2016 to none year to date.

This project continues to strive to deliver truly integrated care, with health promotion, screening and referral now taking place at one point of care in the patient's journey. It is envisaged that this model for nurse-led foot screening could be implemented across renal services and other speciality areas with consumers at high risk.

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### CHANGE IN CLINICAL WORKPLACES: THE INFLUENCE OF NURSING UNIT MANAGERS' LEARNING FACILITATION PRACTICE

DR MARGARET YEN<sup>1</sup>

ASSOCIATE PROFESSOR NARELLE PATTON<sup>2</sup>,  
ASSOCIATE PROFESSOR JUDITH ANDERSON<sup>3</sup>

<sup>1</sup>Charles Darwin University, Sydney, Australia, <sup>2</sup>Charles Sturt University, Albury, Australia, <sup>3</sup>University of Tasmania, Burnie, Australia

**Introduction:** Hospital clinical units are complex workplaces, characterised by constant change. The nature of Nursing Unit Managers' (NUMs) roles in this environment has been the focus of previous research. One aspect of their work that has received little

attention in the literature is their facilitation of staff learning. This is important as learning at work enables qualified nurses to adapt their patient care practices in response to constant change that is characteristic of hospital work environments.

**Purpose:** The aim of this PhD research was to gain deeper understanding of NUMs' roles in facilitating learning in clinical workplaces.

**Methods:** A philosophical hermeneutic approach was chosen to guide this research. Thirteen NUMs from two large metropolitan hospitals volunteered to participate in semi-structured interviews and nine participated in a period of observation. Text, as the source of understanding in philosophical hermeneutics, was constructed from interview transcripts and fieldnotes. Iterative text interpretation supported a spiral of understanding that informed the final research findings and model.

**Result:** NUMs' learning facilitation practices were found to be complex, fluid, and embedded within their every-day work routines. Their learning facilitation practices engaged staff individually, within teams, and through workplace artefacts, and were shaped by NUMs' inherent qualities including their beliefs, identities, motivations and knowledge of staff capability. Power, as a key finding from this research, together with NUMs' inherent qualities and a complex network of contextual factors that shaped their learning facilitation work, was meaningfully represented in a Model of Nursing Unit Managers' Learning Facilitation Practices.

**Conclusions:** This research makes an original contribution to existing knowledge about the learning facilitation work of NUMs. The Model of Nursing Unit Managers' Learning Facilitation Practices establishes a basis for NUMs to more deeply understand the learning facilitation aspects of their practice, as they respond to and lead change within clinical workplaces.

# Abstracts – concurrent sessions

Abstracts are printed here as submitted to ACN

## DAY 1 TUESDAY 26 OCTOBER 2021 CONCURRENT SESSION ONE

### RISING STARS (01)

10:30 AM - 12:15 PM

#### IMPROVING CARE QUALITY THROUGH DETECTION OF COMPLEXITY AMONGST OLDER PEOPLE IN A COMMUNITY SETTING (IMPACT)

JENNIFER BOAK<sup>1</sup>

<sup>1</sup>*Bendigo Health, Maiden Gully, Australia*

**Introduction:** Older people (over 65 years of age) are living longer and are becoming more complex. Detection of this complexity is currently restricted which is impacting how care and supports are allocated to remain in their home. The purpose of this study was to explore the feasibility of using the Patient Complexity Instrument (PCI) in addition to usual assessment to enhance clinical judgement regarding detection of complexity, support the time allocated to patient care and referrals to other services.

**Methods:** A pilot parallel-group randomised controlled trial was conducted within a regional Victorian community setting. Patient Participants were randomised into one of two groups (i) the control group receiving the usual assessment process and (ii) the intervention group receiving usual assessment plus the PCI. The staff participants involved with assessment were those staff currently employed in the Community Nursing Service. Patient participants were those patients referred to the service and who are eligible for Commonwealth Home Support Programme funding.

**Results:** This presentation will include a summary of the data analysis and outcomes of this study.

**Conclusion:** It was determined that the PCI could be a suitable tool to enhance the detection of complexity and support resource and time allocation for patients living in the community. Nursing staff are changing the way they think about complexity as a result of using the PCI. Key words: Home nursing, older people, aged, community, patient complexity.

#### WHERE ARE THEY NOW? TRANSITION TO PROFESSIONAL PRACTICE WITHIN NORTHERN SYDNEY HOME NURSING SERVICE

CHERIE CLARKE<sup>1</sup>, MICHELLE LEMOINE<sup>1</sup>, KATHERINE DAWSON<sup>1</sup>

<sup>1</sup>*Northern Sydney Home Nursing Service, North Ryde, Australia*

**Introduction:** Northern Sydney Home Nursing Service (NSHNS) pioneered an initiative in 2016 developing a new graduate program for Transitional Registered Nurses (TRN's) in community healthcare. In the five years since implementation, NSHNS has successfully retained a significant number of new graduates. Testament to the success of this program, the TRN's have demonstrated their contribution to high quality care and in improving patient outcomes.

**Body:** It is well recognised that the transition from nursing student to registered nurse is a time of intense stress and anxiety. It has also been identified, that a gap exists between university education and the commencement of employment in the healthcare setting. This led to a collaborative approach by NSHNS to develop a community specific education program for TRN's which would foster confidence and improve clinical practice within a structured and supportive environment. Since the implementation of this combined Community Nursing / Rehabilitation program 5 years ago, NSHNS have been able to retain 54% of the TRN's. All of the participants were surveyed in 2020, with a 60% response rate. The majority of TRN's (96 %) felt that their experience with NSHNS adequately prepared them to enter the workforce as a RN 2, providing them a platform for career development.

# Abstracts – concurrent sessions

Abstracts are printed here as submitted to ACN

## DAY 1 TUESDAY 26 OCTOBER 2021 CONCURRENT SESSION ONE

### RISING STARS (01)

10:30 AM - 12:15 PM

Of the participants surveyed, 63% have commenced post graduate studies, post completion of their TRN program. Strong evidence indicates post graduate studies can promote a highly skilled workforce and a better future in nursing practice. Following the new graduate program, staff who were successfully retained have integrated exceptionally well into the community nursing workforce.

**Conclusion:** These positive results have been encouraging for NSHNS. It demonstrates that this structured and supportive new graduate program for TRN's has prepared them to be well equipped for the challenges presented to them in the ever-changing future of community healthcare.

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### STAGE 5; EMERGING NURSE LEADERS EXPERIENCES OF NURSING DURING COVID-19

BEAUDAN DUPEN<sup>1</sup>, CATELYN RICHARDS<sup>2</sup>, LUCY OSBORNE<sup>3</sup>, HOLLIE JAGGARD<sup>4</sup>, EMMA BUGDEN<sup>5</sup>, LIAM JACKSON<sup>1</sup>, LAVANYA NAIDOO<sup>1</sup>, JON SAN MARTIN<sup>1</sup>, LUKE YOKOTA<sup>1</sup>, SUZANNE VOLEJNIKOVA-WENGER<sup>6</sup>

<sup>1</sup>Australian College of Nursing, Canberra, Australia, <sup>2</sup>ANMF, Melbourne, Australia, <sup>3</sup>The Royal Children's Hospital, Melbourne, Australia, <sup>4</sup>Monash University, College Emergency Nursing Australasia (CENA), Monash, Australia, <sup>5</sup>Tasmania Health Service, Flinders University, Australia, <sup>6</sup>University of the Sunshine Coast, Sunny Street, Australia

**Aim:** To reflect on the experiences of nurses in ACN's stage five Emerging Nurse Leader program, from various locations and specialties throughout Australia and their experiences regarding readiness and the COVID-19 pandemic.

**Introduction/background:** The events of 2020 and the COVID-19 pandemic forced the healthcare industry and nursing profession to respond swiftly and cohesively to ensure the safety of our patients. The Stage Five Emerging Nurse Leaders (ENLs) encountered differing experiences of clinical skill and development opportunities in their various work environments. In some clinical areas, ENLs found they weren't 'ready', due to multifaceted systemic barriers. Others, however, were 'ready' but found their organisation was not prepared to make necessary investments in progressing nursing expertise. Some positive experiences were noted, with red tape being removed to accommodate and advance nursing skills. Irrespective of the variance in experiences, the COVID-19 pandemic exemplified that clinical skill progression in care settings can be optimised. The following is a narrative case study on the experiences of Stage Five ENLs in meeting clinical demands during COVID-19.

**Conclusion:** Readiness and clinical progression in nursing require diligence and constant communication between the facilitator of the progression and the nurse. The COVID-19 pandemic has highlighted the importance of timely progression for nurses to maintain staff satisfaction and optimal patient care. There was a noted change in progression across different workplaces, thus presenting opportunities to explore these further.

# Abstracts – concurrent sessions

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## DAY 1 TUESDAY 26 OCTOBER 2021 CONCURRENT SESSION ONE

### RISING STARS (01)

10:30 AM - 12:15 PM

#### **BULLYING IN NURSING: HOW HAS IT CHANGED OVER FOUR DECADES?**

PETER HARTIN<sup>1</sup>, PROFESSOR MELANIE BIRKS<sup>1</sup>,  
ASSOCIATE PROFESSOR DAVID LINDSAY<sup>1</sup>

<sup>1</sup>James Cook University, Townsville, Australia

**Introduction:** Bullying in nursing is recognised as a pervasive problem. While much attention has been given to demonstrating the existence and impact of bullying in the nursing profession, little is understood about the evolution of this phenomenon and factors that contribute to its persistence. This study sought to explore how bullying in the nursing profession in Australia has changed over four decades, and why it continues to persist.

**Methods:** This study employed an historical methodology using the testimony method of data collection. Testimonies were collected online and via interview from seventy registered nurses across Australia. Data were analysed using a three-dimensional analysis to produce a chronological historiography.

**Results:** This study found that the antecedents, manifestations, responses to and impacts of bullying in the nursing profession changed according to context and over time. The findings shed light on the role of nurse managers in the prevention and appropriate management of bullying in the workplace.

**Conclusion:** This study shows the role that management play in tackling the problem of bullying in nursing. It can no longer be acceptable for culture to be used as an excuse for unacceptable behaviour, nor for power to be abused to protect perpetrators of workplace bullying. The findings revealed that

inexperienced nurse managers are often ill-equipped to identify and manage bullying. Nurses in management positions must recognise and acknowledge this deficit if the problem of bullying is to be effectively tackled.

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#### **CREATING OPPORTUNITIES FOR FUTURE NURSE LEADERS**

CAROLINE HENDERSON<sup>1</sup>, REBECCA BROUGH<sup>1</sup>

<sup>1</sup>Alfred Health, Melbourne, Australia

Alfred Health is one of Melbourne's largest tertiary referral and trauma centres in Australia. Alfred Health provides a comprehensive range of healthcare services in Victoria through a large network of community programs and 14 state-wide services supported by over 4100 nursing staff.

In 2019 a key project to build capability in nurse leaders and develop an education pathway was undertaken. Three Leadership and Management Programs (LaMP) were developed to grow talented nurse leaders across all levels of nursing and build a nursing workforce who engage others, achieve outcomes and drive innovation to shape systems that influence better health outcomes.

An essentials skills matrix informed the development of the education pathway across three domains, leadership, management and governance. The pathway includes Foundations, Intermediate and Advanced programs each comprised of various courses and modules relating to organisational structure, quality processes, leading and managing people, leading and managing operations and personal leadership skills.



# Abstracts – concurrent sessions

Abstracts are printed here as submitted to ACN

## DAY 1 TUESDAY 26 OCTOBER 2021 CONCURRENT SESSION ONE

### RISING STARS (01)

10:30 AM - 12:15 PM

Intermediate LaMP, the largest component of the pathway was successfully piloted in 2019 including: online learning modules, study days and a 90-day Quality Improvement Project. In 2020, with the challenges COVID 19 presented the program was successfully adapted to a virtual/online alternative. Intermediate LaMP incorporates a high level of application-based activities with group work to maintain engagement and interaction.

One of the most positive outcomes included the opportunity for participants to network with colleagues, learn from others' experience and build relationships with peers and nurse leaders throughout the organisation. Both participants and managers identified a significant increase in knowledge and confidence after the program.

The Nursing Leadership and Management Programs at Alfred Health provide a valuable, effective nurse leadership sequential development pathway and opportunity within a flexible delivery format to accommodate the dynamic environment of an acute hospital and throughout a global pandemic.

### SOCIAL IMPACT (01)

10:30 AM - 12:15 PM

#### INTRODUCING VOLUNTARY ASSISTED DYING: STAFF PERSPECTIVES IN AN ACUTE HOSPITAL

DR ROBIN DIGBY<sup>1</sup>, DR ROSALIND MCDOUGALL, DR MICHELLE GOLD, DR DANIELLE KO, LISA O'DRISCOLL, PROFESSOR TRACEY BUCKNALL  
<sup>1</sup>Deakin University, Portsea, Australia, <sup>2</sup>Alfred Health, Melbourne, Australia

**Introduction/ purpose:** Voluntary assisted dying (VAD) was legalised in Victoria, Australia in June 2019. Physicians are now permitted to assist patients to end their lives by prescribing drugs for self-administration at their voluntary and competent request (or for physician administration in limited circumstances). This study explores the view of clinicians on the implementation of the legislation in one Victorian hospital.

**Methods:** Exploratory survey study was conducted at a 600-bed acute hospital in Melbourne, Australia in Jan 2019. 382 clinicians completed one or more qualitative questions. Participants commented on VAD, workplace challenges and staff support required. Free-text responses were analysed using inductive content analysis.

**Results:** Six themes: 1) Polarised views; 2) Fear of conflict; 3) Emotional burden; 4) Vulnerable patients; 5) Organisational challenges; 6) Decision-making. Responses were diverse, from vehement objection to VAD for religious or ethical reasons, to unequivocal support on compassionate grounds and the right of patients to self-determination. Participants feared conflict between colleagues, families and patients, and aggression towards staff. Educational and psychological support for staff was considered essential. There was concern that vulnerable patients may be coerced to choose VAD to minimise the burden on families or the health system. Participants feared that the workload would increase with the introduction of VAD. It is essential that patient decision-making capacity in this context is firmly established before

# Abstracts – concurrent sessions

Abstracts are printed here as submitted to ACN

## DAY 1 TUESDAY 26 OCTOBER 2021 CONCURRENT SESSION ONE

### SOCIAL IMPACT (01)

10:30 AM - 12:15 PM

proceeding. Thorough assessments for depression, and optimal symptom management must be implemented before VAD is approved.

A dedicated VAD team was suggested to support staff and manage VAD patients.

**Conclusions:** Participants expressed polarised opinions about voluntary assisted dying and showed considerable anxiety about its introduction. Clinicians require targeted education and support to ensure that they understand details of the legislation and their professional and personal options. Tolerance and respect for alternative viewpoints must be advocated within the organisation and more broadly.

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### EXPLORING WOMEN'S EXPERIENCES OF GESTATIONAL BREAST CANCER AND THEIR INTERACTIONS WITH THE HEALTH CARE SYSTEM

SARA HURREN<sup>1</sup>, DR KAREN YATES<sup>1</sup>, PROFESSOR CATE NAGLE<sup>2</sup>, DR MARIE MCAULIFFE<sup>1</sup>  
*<sup>1</sup>College of Health Care Sciences, James Cook University, Townsville, Australia, <sup>2</sup>Townsville Institute of Health Research and Innovation, Townsville Hospital and Health Service, Townsville, Australia*

Exploring women's experiences of gestational breast cancer and their interactions with the health care system: a scoping review.

**Information:** Gestational breast cancer (GBC) is defined as breast cancer diagnosed during pregnancy or in the first twelve months postpartum. A diagnosis of breast cancer during pregnancy is an uncommon occurrence, yet it is one of the most common types of cancer occurring during pregnancy. Cancer management for GBC is complex and multifaceted. Gestational breast cancer management involves multiple nurses and other health care professionals, which can add to the impost of diagnosis.

**Purpose:** This scoping review aimed to report the evidence of women's experiences following a diagnosis of GBC and their interactions with the health care system. Methods: Guided by the Arksey and O'Malley framework (2005), this review included systematic searches of Medline; CINAHL; Psych INFO; EMBASE, and SCOPUS databases in addition to six grey literature databases.

**Results:** A total of 15 articles were included. Thematic analysis identified an overarching theme of adjustment which underpinned the narratives of the women and was reinforced with four major themes and several minor themes. The four major themes were: psychological impact; motherhood; treatment and communication. The relationship between the themes contextualises the enormous complexity in relation to the experiences of women with GBC.

**Conclusion:** A better understanding women's experience of GBC will potentially improve the support and communication for these women with GBC and their families. At a time of conflicting emotions for women, nurses and midwives are well placed to provide support, normalise the woman's experience of motherhood, demonstrate an understanding of treatment effects and communicate in a considerate and empathetic manner with information that is timely and relevant.

# Abstracts – concurrent sessions

Abstracts are printed here as submitted to ACN

DAY 1 TUESDAY 26 OCTOBER 2021  
CONCURRENT SESSION ONE

## SOCIAL IMPACT (01)

10:30 AM - 12:15 PM

### BACHELOR OF NURSING STUDENTS RESILIENCE AND COPING DURING A PANDEMIC

SAMIRA KERBAGE<sup>1</sup>, DR LORETTA GARVEY<sup>1</sup>, DR MICHAEL OLASOJI<sup>1</sup>, PROFESSOR GEORGINA WILLETS

<sup>1</sup>*Swinburne University of Technology, Hawthorn, Australia*

**Introduction:** The outbreak of coronavirus (COVID-19) in 2019, resulted in a global pandemic. Teaching at Australian universities was paused and replaced by online delivery. This presented challenges for undergraduate nursing programs due to the hands-on teaching requirements and clinical placements. Questions were raised regarding how this period of uncertainty might impact on students' resilience and the potential ramifications on the future nursing workforce.

**Objective:** This project aimed to investigate undergraduate nursing students' resilience and explore challenges experienced and supports utilised by nursing students during the pandemic.

**Methods:** Convenience sampling was used to recruit students from one nursing program (n=340). Quantitative and qualitative data were collected. A modified version of the Connor-Davidson Resilience scale (CD-RISC-25) which included narrative responses was utilised to examine resilience scores through non-parametric analysis. Narrative responses were analysed using inductive thematic analysis.

**Results:** 121 surveys (40.3%) were completed. Most participants were from the second year (n=77, 63.6%). The difference in the median resilience scores amongst participants undertaking work was statistically significant (p=0.029) and higher than those undertaking no work. The median scores of students working in nursing related roles was higher than those who worked in a non-nursing role. The major themes identified in relation to challenges were: fear of the virus, isolation

and mental health problems. The coping strategies centred around three key themes developing daily routines; staying connected and self-help techniques.

**Conclusion:** This research provided insight into nursing students' challenges and level of resilience during a global pandemic. It had implications on educators to consider how to optimise the students' learning experience and enhance students' resilience to promote mental health and wellbeing and better support them to develop resilience in uncertain times.

### THE EFFECTIVENESS OF IMPLEMENTING EVIDENCE-BASED FALLS PREVENTIONS STRATEGIES IN HOSPITALS

JOANNE TAYLOR<sup>1</sup>, ELIZABETH ROBERTS<sup>1</sup>, SIOBHAN CODY<sup>1</sup>, ADJUNCT PROFESSOR ANNA THORNTON<sup>1</sup>  
<sup>1</sup>*St Vincent's Health Network Sydney, Darlinghurst, Australia*, <sup>2</sup>*St Joseph's Hospital, Auburn, Australia*

**Introduction:** Falls with harm (fracture or intracranial injury) are a leading cause of hospital-acquired morbidity and mortality in older Australians. Incidence of falls with harm were higher at our institution compared with peer A1 hospitals. A number of evidence-based strategies cited in the literature were implemented, resulting in a reduction of falls with harm.

**Methods:** Between Sep19-Aug20, our organisation implemented falls prevention plans (that included prevention strategies according to risk) and focused on delirium management, close observation and intentional rounding. Policies, tools, education, practice-development strategies and promotional materials were developed. Accountability for implementation was supported through Nursing Unit Manager (NUM) led action plans, with quarterly reporting to senior nurse managers and the Director of Nursing. Implementation of strategies were measured

# Abstracts – concurrent sessions

Abstracts are printed here as submitted to ACN

## DAY 1 TUESDAY 26 OCTOBER 2021 CONCURRENT SESSION ONE

### SOCIAL IMPACT (01)

10:30 AM - 12:15 PM

using retrospective post-fall audits of healthcare records. Outcomes (total falls) were measured using incident management system (RISKMAN) data and (falls with harm) using Quality Information Data System (QIDS) data.

**Results:** Between Jun20-Nov20 post-fall audits of healthcare records (n=217) were undertaken within 72hours by NUMs. These revealed omission of the following falls prevention strategies: postural hypotension assessment (43%); accurate falls risk-screen (36%); proactive toileting (35%); engaging patient/carer in strategies (35%); close observation for very high falls risk (26%); supervision in toilet (26%); and creation of an adequate falls prevention plan (23%). In addition, 37% of patients did not receive sufficient post-fall observations. Despite the omissions, total number of falls reduced from n=777 (Jan19-Dec19) to n=596 (Jan20-Dec20), a 23% decrease over 12months. Rate of falls with harm reduced from 9.4 (Jan19-Dec19) to 4.5 (Jan20-Dec20) per 10,000 episodes-of-care, which is below peer A1 hospitals and the State average across the same timeframe (5.6 and 5.0 per 10,000 episodes-of-care respectively).

**Conclusion:** Implementation of evidence-based falls prevention strategies, frequent audit, and leadership and accountability strategies significantly reduced total falls and falls with harm in hospital.

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### NEONATAL NURSES' PROFESSIONAL QUALITY OF LIFE: AN INTEGRATIVE REVIEW

PATRICIA LOWE<sup>1</sup>, DR. SAMANTHA JAKIMOWICZ<sup>2</sup>, PROFESSOR TRACY LEVETT- JONES<sup>2</sup>

<sup>1</sup>Australian College of Nursing, Parramatta, Australia,

<sup>2</sup>University of Technology Sydney, Sydney, Australia

**Introduction/purpose:** Nurses working in acute care environments, such as neonatal intensive care units, are susceptible to reduced professional quality of life.

The purpose of this integrative review was to appraise the extant literature relating to neonatal nurses' professional quality of life and propose practice, policy and research recommendations for the neonatal nursing specialty, and the nursing and midwifery professions more broadly.

**Method:** This integrative review was conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) framework and Whittmore and Knaf's five-stage methodology. A systematic search of the Cumulative Index of Nursing and Allied Health Literature (CINAHL), Medline and PsychInfo databases and grey literature was conducted. Peer-reviewed articles published in English language between 1990-2020, which referred to neonatal nurses' work-related stressors and satisfiers, were included.

**Results:** The results of this integrative review indicated the reported prevalence of burnout, secondary and post-traumatic- stress increased with years' clinical experience, but that neonatal nurses could remain satisfied by their work, while experiencing these ill-effects. However, neonatal nurses' resilience levels were lower, and emotional exhaustion higher, than those reported by their medical colleagues. Neonatal nursing staff benefited from strong workplace safety cultures, high-level interprofessional collegiality and the provision of ongoing psychological support. Yet, despite workplace adjustment, some nurses remained disproportionately at risk due to factors associated with their personality, state and trait affect, and practice environments.

**Conclusion:** Due to growing requirements for a skilled and capable neonatal nursing workforce, the multifactorial sources of stress and satisfaction, must be better understood. A pragmatic research methodology and explanatory sequential design will guide the first study to analyse these phenomena as they relate to Australian neonatal nurses.



# Abstracts – concurrent sessions

Abstracts are printed here as submitted to ACN

## DAY 1 TUESDAY 26 OCTOBER 2021 CONCURRENT SESSION ONE

### TRAILBLAZERS (01)

10:30 AM - 12:15 PM

#### BETTER BEDSIDE NURSING HANDOVERS

PROFESSOR DIANA SLADE<sup>2</sup>, SATOMI OHOSHI<sup>1</sup>, JOANNE TAYLOR<sup>1</sup>, LIZA GONCHAROV<sup>2</sup>, BERNADETTE BRADY<sup>2</sup>, ADJUNCT PROFESSOR ANNA THORNTON<sup>1</sup>, RACHEL BENNETT<sup>1</sup>

<sup>1</sup>St Vincent's Health Network Sydney, Darlinghurst, Australia, <sup>2</sup>Institute for Communication in Health Care, Australian National University, Canberra, Australia

Communication failure in healthcare contributes to clinical incidents and patient harm. Bedside-handover was mandated by Garling in 2008 however implementation was not accompanied with recommended training. Patient involvement in handover is critical for preventing errors and patient harm. In our organisation, bedside-handovers were occurring at the foot of the patient's bed or in the corridor, and did not involve patients or families.

St Vincent's Hospital Sydney partnered with the Australian National University to analyse nursing handover practice. Patients and staff were interviewed, actual handovers were recorded and linguistically and thematically analysed. A tailored bedside-handover intervention was developed using verbatim re-enacted videos of actual handovers.

Prior to interventions, data analysis revealed extensive handover inefficiencies. Information was duplicated or omitted, unsupportive handover tools used, interaction with patients and families lacking. There were large variations in practice, and one-way dialogue by outgoing nurses led to misunderstandings. Researchers developed fourteen recommendations to improve communication. These included redeveloping group handover to ten-minute 'ward forecasts' communicating only critical information to all shift nurses; individual bedside-handovers involving patients and families; redevelopment of the handover sheet; implementation of the ISBAR-protocol to facilitate structured, logical information delivery; and the CARE-protocol (connect, ask, respond, empathise) to

improve interpersonal and interactional elements of handovers.

Two-months post intervention, 100% of handovers involved patients and families at the bedside utilising ISBAR and CARE-protocols. Nurses demonstrated increased active listening, eye contact and clarification seeking from colleagues. At 5-months, inpatient falls had reduced by 52%, hospital-acquired pressure injuries by 22%, and medication errors by 21%. Further, 81% (n=92) of patients reported positive satisfaction with nurses' communication.

Effective, person-centred, bedside-handover can be achieved through targeted training to improve communication. The Better Bedside Handover intervention promotes inclusive, collaborative involvement of patients and families during handover and is associated with reduced hospital-acquired complications and increased patient satisfaction.

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#### BLAME TO SUCCESS: UTILISING CHANGE CHAMPIONS TO TRANSFORM NURSING CULTURE

BERNADETTE CLARKE<sup>1</sup>

<sup>1</sup>Princess Alexandra Hospital, Brisbane, Australia

The distress of recognising the pain and struggle for nurses working in a toxic culture led the late Joy Vickerstaff to take the very brave first step of measuring the depth of the problem. In 2000, as the Executive Director of Nursing Services of the Princess Alexandra Hospital (PAH) she engaged an external company to undertake a Nurse Satisfaction Survey which identified nursing services as being in a culture of Blame. It was this result that led her to implement the largest scale change intervention ever experienced at PAH to profoundly improve culture.

# Abstracts – concurrent sessions

Abstracts are printed here as submitted to ACN

## DAY 1 TUESDAY 26 OCTOBER 2021 CONCURRENT SESSION ONE

### TRAILBLAZERS (01)

10:30 AM - 12:15 PM

The Magnet Recognition Program® recognises excellence in nursing services. Magnet empowers nursing through creating a culture that values nurse's participation in decision making, transparent review of work practices, and support for personal and professional development with a focus on evidenced based patient outcomes.

Once the journey to be taken was identified, the challenge became "How do we get there?" and the answer at the PAH was Magnet Champions. These direct care nurse Change Champions led by example from the bedside with tenacity and a never give up attitude. They were the catalysts in changing the culture of an entire nursing service, with approximately 2500 nurses, from Blame to Success

Evidence tells us that an engaged, motivated, supported workforce creates better patient outcomes, is fiscally positive, reduces nursing turnover and sick leave, and attracts staff to an organisation.

Resulting from a strong, brave and visionary leader, a top down, bottom-up organisation change management approach was implemented and resulted in the development of the Magnet Champion program. 19 years later it continues and has been reviewed, evaluated and has evolved to meet the ever-changing needs of the organisation. There are now over 300 registered Magnet Champions at PAH who are proudly dedicated to supporting our Culture of Success.

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### COMPARING PIVOT NURSE WITH TRADITIONAL TRIAGE MODEL FOR INCREASING PATIENT FLOW THROUGH THE EMERGENCY DEPARTMENT

JANINE O'KEEFE<sup>1</sup>

<sup>1</sup>Qld Health, Caboolture, Australia

**Background:** Triage is the first point of contact for patients presenting to the Emergency Department (ED), and is one of several processes that can negatively impact patient flow through the department contributing to increased patient length of stay. ED waiting rooms have been identified as high risk, high liability areas for patients, minimising the time to be seen by a physician correlates with increased patient satisfaction and reduction of risk.

The pivot nurse model involves a quick assessment by an experienced nurse at the point of entry, producing minimal documentation but including chief complaint and Australasian Triage Scale category. Compared with traditional triage, the primary difference for the pivot process lies in the omission of additional tasks and extensive documentation.

**Aim:** This submissions aim is to describe the planning and implementation of the pivot nurse model in a regional emergency department and the supportive flow models.

**Objective:** The pivot nurse at triage has the potential to enhance patient flow in the Emergency Department.

**Methods:** This observational study measured the time taken for patient triage in an Australian public ED and compared it to a simulated pivot nurse triage model. We will report on an observational study comparing data from four sources: 1) Retrospective data for ED triage times over one year, 2) Real time observation of the time taken for patients to reach triage from time of entry to ED, 3) Simulation data for triage time using a pivot nurse model and, 4) Real time observation from the implementation of the pivot model.

# Abstracts – concurrent sessions

Abstracts are printed here as submitted to ACN

## DAY 1 TUESDAY 26 OCTOBER 2021 CONCURRENT SESSION ONE

### TRAILBLAZERS (01)

10:30 AM - 12:15 PM

**Results:** The pivot nurse simulation saw six times more patients in the same timeframe as the traditional model.

**Conclusions:** The pivot nurse model may significantly reduce the time that all patients including the critically ill spend waiting to be seen in a busy ED.

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### IMPROVING PIVC ASSESSMENT AND CARE WITH AN EVIDENCE-BASED DECISION TOOL

DR GILLIAN RAY-BARRUEL<sup>1,2,3</sup>, PROFESSOR MARIE COOKE<sup>1,2</sup>, PROFESSOR CLAIRE RICKARD<sup>1,2</sup>

<sup>1</sup>Griffith University School of Nursing and Midwifery, Nathan, Australia, <sup>2</sup>Menzies Health Institute Queensland, Griffith University, Nathan, Australia, <sup>3</sup>QEII Jubilee Hospital, Coopers Plains, Australia

**Introduction:** Each year, around 7 million Australians receive at least one peripheral intravenous catheter (PIVC) for intravenous fluids and medications. However, up to 69% of PIVCs experience complications (including phlebitis, infiltration and occlusion) and need to be re-sited for treatment completion. Up to 25% of PIVCs are left in without medical indication, 'just in case' they might be needed, placing patients at risk of bloodstream infection. The aim of this study was to identify if PIVC failure rates and idle cannula rates could be reduced with an innovative approach to assessment and decision-making. I-DECIDED® is the first mnemonic evidence-based decision tool for device assessment, education and audits.

**Method:** This interrupted time-series study evaluated the impact of a PIVC assessment and decision tool in 7 medical/surgical wards at 3 Australian hospitals. Nurses each shift assessed the patient's PIVC with the tool. Chart audits and PIVC assessments were completed at each site over 16 time-points. Staff focus

groups were conducted pre- and post-implementation of the tool. Idle catheters were identified as not used in the previous 24 hours and no plans for use in the next 24 hours.

**Results:** Chart audits and PIVC assessments were completed for 867 PIVCs. After an education program and implementation of the tool, idle catheter rates decreased from 12.7% to 8.3% ( $p = .044$ ) and phlebitis rates decreased from 16.1% to 11.9% ( $p = .028$ ). After using the tool for 4 months, nurses at all sites reported the tool was simple to use and gave them increased autonomy and confidence when conducting PIVC assessments and care.

**Conclusion:** Implementation of the I-DECIDED® tool for PIVC assessment and decision-making led to a reduction in idle catheters and phlebitis rates, and increased nurses' awareness of PIVC assessment and management.

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# Abstracts – concurrent sessions

Abstracts are printed here as submitted to ACN

## DAY 1 TUESDAY 26 OCTOBER 2021 CONCURRENT SESSION ONE

### TRAILBLAZERS (01)

10:30 AM - 12:15 PM

#### REGIONAL HEALTHCARE WORKERS' EXPERIENCES OF REFLECTIVITY IN A PANDEMIC: A CONDUIT FOR STILLNESS AND SPACE

ASSOCIATE PROFESSOR JENNIFER WELLER-NEWTON<sup>1</sup>, DR ROWAN O'HAGAN<sup>1</sup>, SARAH WHITE<sup>2</sup>, DR NICOLE MCGILL<sup>1</sup>

<sup>1</sup>The University of Melbourne, Shepparton, Australia,

<sup>2</sup>Albury Wodonga Health, Albury / Wodonga, Australia

**Background:** Healthcare workers have been on the frontline of the COVID-19 pandemic, dealing with the pandemic response in their professional lives, whilst managing family and households outside of their work. However, regional healthcare services experienced additional unique challenges as the pandemic unfolded given their geographical isolation from metropolitan centres, more limited equipment availability, limited staff who possess the desired skillsets, and border closures.

**Aims:** This study sought to explore what does it mean to be a frontline healthcare worker in a regional healthcare service in the COVID-19 pandemic, and if the use of reflection could be an adjunct to supporting healthcare workers sense of well-being during these challenging times.

**Method:** A qualitative research design underpinned by van Manen's phenomenology was used. Healthcare workers whose normal day-to-day working roles had been impacted upon by the pandemic were invited to provide a monthly reflection of their lived experience represented as an anecdote, story, poem, collage, image, or painting over a six-month period. At the end of the 6 months, participants were interviewed to explore their experiences of reflecting. Thematic analysis was undertaken on the reflections and interview transcripts.

**Findings:** Twelve participants from three regional health services submitted reflections (n=36) and seven interviews were conducted. Emergent themes centred on: relentless fatigue, adapting to new ways of working, and finding new coping strategies. Undertaking the reflections was found to offer an opportunity for participants to collect their thoughts, take time out, and, for several participants, it was a cathartic exercise.

**Conclusion:** Being reflective is an important attribute and skill required of healthcare professionals. Despite the impact and disruption of COVID-19 on professional work and personal lives, reflectivity in this situation offered a conduit for a moment of stillness and space. Further innovative avenues need to be considered to enable ongoing reflectivity in everyday practices.

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# Abstracts – concurrent sessions

Abstracts are printed here as submitted to ACN

## DAY 2 WEDNESDAY 27 OCTOBER 2021 CONCURRENT SESSION TWO

### INFLUENCING CHANGE (02)

10:30 AM - 12:15 PM

#### CLINICAL GOVERNANCE, NURSE WORKAROUNDS AND REGULATION: A CASE ANALYSIS

KATE ROWAN-ROBINSON<sup>1</sup>

<sup>1</sup>*Sonic Health Plus: A Sonic Healthcare Company, Osborne Park, Australia*

**Introduction:** Clinical governance systems provide a foundation for safe and high-quality nursing care; however, some nurses view the system as excessively bureaucratic, with policy becoming unworkable in conjunction with some complex patient care needs. Nurses may use 'workarounds', characterised by non-standard shortcuts or divergence from standard nursing practice, policy or procedure to manage the competing demands of patients. Workarounds may achieve positive outcomes for some patients, however, when used without consideration for wider safety systems they can result in poor patient outcomes. This presentation will discuss a case analysis of disciplinary action taken against nurses who have used workarounds, the implications of workarounds upon clinical governance systems in Australia, and how this may influence policy in the future.

**Methods:** A doctrinal research method was applied to identify and analyse nurse disciplinary cases in Australia between 1 July 2010 and 31 December 2019. Disciplinary cases were included for review if the definition of nurse workaround applied to any alleged conduct against the nurse, and analysed in the context of current legislation, regulatory standards and clinical governance systems. A total of 1753 cases were reviewed, with thirteen cases meeting inclusion criteria.

**Results:** Nurses who used workarounds that resulted in disciplinary action were disengaged, overworked, overburdened, and/or did not understand the layers of governance regulating the profession. Augmenting current nurse regulation models from responsive regulation to smart regulation may provide opportunity for genuine nurse input into policy development.

**Conclusion:** Current Australian nurse regulation and clinical governance systems are generally effective, but may be improved by engaging nurses in the development of healthcare policy, and improving nurse education in the relationships between legislation, state policy, facility policy and professional regulation. Engaging nurses in the development of meaningful and workable healthcare policy would enhance patient safety and support quality patient care.

#### NURSES LEADING DELIRIUM SCREENING, ASSESSMENT, PREVENTION AND MANAGEMENT IN HOSPITAL

SIOBHAN CODY<sup>1</sup>, SERAFINA LEVAK<sup>1</sup>, OLIVIA MISA<sup>1</sup>, CHRYSAFI TSIGOUNIS<sup>1</sup>, MARIA SENATORE<sup>1</sup>, JULIA NAVARRO<sup>1</sup>, AMY BARZEN<sup>1</sup>, CHRIS BENELLIE LADERA<sup>1</sup>, BETH MCALARY<sup>1</sup>, DANIELLE AUSTIN<sup>1</sup>, LUCYLYNN LIZARONDO<sup>2</sup>, ALEXA MCARTHUR<sup>2</sup>, JOANNE TAYLOR<sup>1</sup>, ANNA THORNTON<sup>1</sup>

<sup>1</sup>*St Vincent's Hospital Darlinghurst, Darlinghurst, Australia*, <sup>2</sup>*Joanna Briggs Institute, Faculty of Health and Medical Sciences, University of Adelaide, Adelaide, Australia*

**Introduction:** Delirium is a serious medical condition that can develop in hospitalised patients particularly among older individuals over the age of 65, although it can occur at any age. Hospital-acquired delirium can lead to increased risk of death, functional decline, dementia and falls. Evidence-based delirium management focuses on primary prevention, and requires early detection, identification of the cause, and management of symptoms. The aim of this project was to improve care delivery to hospitalised patients at risk of or with delirium.



# Abstracts – concurrent sessions

Abstracts are printed here as submitted to ACN

## DAY 2 WEDNESDAY 27 OCTOBER 2021 CONCURRENT SESSION TWO

### INFLUENCING CHANGE (02)

10:30 AM - 12:15 PM

**Methods:** In 2019, 12 clinical nurses participated in the Joanna Briggs Institute Clinical Fellowship Program to facilitate the implementation of evidence-based delirium care. An audit of delirium care practices against best practice recommendations from clinical guidelines and the Australian Commission on Safety and Quality in Healthcare Delirium Clinical Care Standard was undertaken. Following the retrospective baseline audit of 144 healthcare records which showed poor compliance to practice recommendations, a delirium screening, assessment, prevention and management tool and policy was developed and implemented. An education and training intervention was also delivered to 340 multidisciplinary staff. A post intervention audit (n = 152) was completed three months later.

**Results:** The post intervention audit compared to baseline audit revealed: -66% (n=95) of patients who presented to hospital with one or more risk factors were screened for risk of delirium, compared with 21% at baseline. -94% (n=34) of patients with delirium underwent a comprehensive assessment to determine the cause of the delirium, compared with 57% at baseline. -94% (n=34) of patients with delirium who were distressed receive non-medication interventions as first-line therapy, and their cause of distress was investigated, compared with 65% at baseline.

**Conclusion:** The nurse-led development and implementation of a delirium screening, assessment, prevention and management tool and policy, and educational interventions significantly improved delirium care in hospitalised patients.

### ENGAGING MEN AND PROMOTING MEN'S HEALTH: A NURSING LENS

JOHN BROWN<sup>1</sup>, DELL LOVETT<sup>1</sup>, VANESSA JONES<sup>1</sup>  
<sup>1</sup>*Healthy Male Ltd., Melbourne, Australia*

The National Men's Health Strategy 2020-2030, developed by Healthy Male for the Commonwealth Department of Health, is one of the key strategic drivers of Healthy Male. In turn it drives the Healthy Male Nursing Reference Group (HMNRG) to positively influence men's health and improve outcomes for Australian males.

The HMNRG translates the Strategy into action, build capacity and increase engagement of the nursing workforce to improve outcomes for Australian males by:

- Acknowledging the influence of gender on health
- Developing new and enhancing existing programs
- Ensuring equitable actions
- Focusing on prevention
- Developing and delivering health promotion campaigns
- Implementation of campaigns that promote positive, healthy, strengths-based role modelling and self-determination.

The HMNRG are guided by the objectives of the Strategy, to support all men and boys to optimise health and wellbeing across all stage of their lives and strengthen the capacity of the healthcare system to provide quality care for all males. The activities of the HMNRG demonstrate that nurses are well placed to advocate for change and support for men, particularly those from priority populations including, Indigenous males, males in rural and remote areas, males from CALD backgrounds, those identifying as LGBTI+, veterans, and males in the criminal justice system.

# Abstracts – concurrent sessions

Abstracts are printed here as submitted to ACN

## DAY 2 WEDNESDAY 27 OCTOBER 2021 CONCURRENT SESSION TWO

### INFLUENCING CHANGE (02)

10:30 AM - 12:15 PM

This presentation will share successes and future opportunities to influence better outcomes in men's health and challenges nurses to be champions of change. It highlights the ways in which nurses can influence the health system for improved outcomes for Australian boys and men from a systems-level through to the grassroots.

The National Men's Health Strategy 2020-2030, developed by Healthy Male for the Commonwealth Department of Health, is one of the key strategic drivers of Healthy Male. In turn it drives the Healthy Male Nursing Reference Group (HMNRG) to positively influence men's health and improve outcomes for Australian males.

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### STOP THE LEAKS: PROMOTING COST EFFECTIVE AND DIGNIFIED CONTINENCE MANAGEMENT IN A GERIATRIC SETTING – A QUALITY IMPROVEMENT PROJECT

LESLIE COO<sup>1</sup>

<sup>1</sup>*St. Vincent's Hospital Melbourne, Fitzroy, Australia*

**Background:** Incontinence places a significant carer and financial burden leading to a poor quality of life among the older population. Continence pads account for 70% of the personal financial cost of incontinence. It is projected that by 2020, Australia will spend \$450 million on continence care. The cost of continence aids is amongst the highest of medical-surgical supplies for hospitals and there is evidence that continence aids are overused.

**Aim:** To promote cost-effective continence practices in an inpatient setting and to improve nursing staff knowledge of appropriate continence aid use.

**Setting:** A 30 bed Geriatric Evaluation Management Unit in a sub-acute facility.

**Method:** A before-after study evaluated the impact of staff education, patient communication and streamlined ordering on use and cost of continence aids. Data were obtained from finance reports, medical records, and fortnightly bedside audits.

The intervention included: i) staff education on identifying reversible causes of incontinence rather than passively relying on containment aids; ii) making available a wide range of continence products to suit varying levels of urinary incontinence thus allowing the use of cost-effective pads for light incontinence; iii) encouraging patients to bring their own underwear during hospital stay instead of wearing a disposable pad; iv) developing a close collaboration with the procurement department to streamline the ordering process to prevent oversupply and potential overuse of aids.

Data were analysed descriptively.

**Results:** At the end of the project, the unit's expenditure on continence aids reduced by 20%; patients were given the appropriate aid over 90% of the time, and up to 61 % of fully continent patients were wearing their own underwear.

**Conclusions:** Multifactorial strategies that included staff education, patient communication and streamlined ordering were effective in reducing the use of aids and increasing the use of appropriate continence aids. Evaluating the intervention in other settings is warranted.

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# Abstracts – concurrent sessions

Abstracts are printed here as submitted to ACN

## DAY 2 WEDNESDAY 27 OCTOBER 2021 CONCURRENT SESSION TWO

### INFLUENCING CHANGE (02)

10:30 AM - 12:15 PM

#### **CLINICAL ACADEMICS TO GUIDE THE NEXT GENERATION IN CARDIOVASCULAR NURSING: FOSTERING INTEGRATED PRACTICE AND RESEARCH**

PROFESSOR JEROEN HENDRIKS<sup>1,2</sup>, DONNA STEVENS<sup>2</sup> REBECCA BADCOCK<sup>2</sup>

<sup>1</sup>Flinders University, Adelaide, Australia, <sup>2</sup>Central Adelaide Local Health Network, Adelaide, Australia

**Introduction:** There is a growing interest in accelerating nursing impact and roles within the continuum of care. Besides clinical excellence and leadership, the academic focus is crucial to generate quality improvement and foster evidence-based practice. In collaboration with Flinders University a novel clinical academic chair in cardiovascular nursing has been appointed at the Central Adelaide Local Health Network (CALHN), to develop a collaborative of academic and clinical excellence to lead the next generation in cardiovascular nursing.

#### **Clinical academic at CALHN**

A clinical academic engages in clinical practice and research to provide leadership aiming to encourage innovation and achieve excellence in evidence-based healthcare. Given that clinical practice and research are inseparable, the role is based on a joint appointment between the clinic facilitated by the academic affiliation to provide the academic infrastructure. The aim of the role is to provide leadership and vision in cardiovascular nursing and setting strategic goals to foster clinical practice and developing and expanding research endeavours within a multidisciplinary approach. Main focus is the implementation of a novel model of care delivery: nurse-driven, specialised care for patients with atrial fibrillation (most prevalent cardiac arrhythmia). Applying the concept of Integrated Care, the nurse has a significant role in engaging and educating the patient, coordinating comprehensive care and treatment provided by a multidisciplinary team, steered by decision support technology. The

iCARE-AF (integrated care in AF) aims to investigate the effectiveness of this approach in comparison with usual care provided by one single health care professional (i.e. cardiologist) in a randomised controlled trial.

**Conclusion:** The clinical academic nursing leader contributes to best practice, continuity and evidence-based patient care, positions the nursing profession within the multidisciplinary team, which results in safe, efficient and best possible care of patients, as well as in significant career opportunities for the nursing profession.

# Abstracts – concurrent sessions

Abstracts are printed here as submitted to ACN

## DAY 2 WEDNESDAY 27 OCTOBER 2021 CONCURRENT SESSION TWO

### RISING STARS (02)

10:30 AM - 12:15 PM

#### NURSING DIGITAL LEADERSHIP THROUGH ADVANCED ANALYTICS OF ELECTRONIC ADMISSION FORMS

DANIELLE RITZ SHALA<sup>1</sup>, AARON JONES<sup>1,2</sup>, DR GREG FAIRBROTHER<sup>1,2,3</sup>, DR DUONG TRAN<sup>4</sup>

<sup>1</sup>Sydney Local Health District, Camperdown, Australia, <sup>2</sup>University of Sydney Faculty of Medicine and Health, Sydney, Australia, <sup>3</sup>Sydney Research, Sydney, Australia, <sup>4</sup>University of New South Wales Centre for Big Data Research in Health, Kensington, Australia

**Introduction:** Electronic medical record (eMR) systems have the potential to improve care quality and efficiency in the healthcare system. Electronic nursing documentation is an essential aspect of inpatient care however there is limited Australian research focusing on electronic completion of nursing admission assessment in hospitals. Applying advanced analytics in eMR data can shape the way nurses conduct research, understand their practice, and develop policy.

**Methods:** Records of 37512 adult inpatient admissions (November 2018-November 2019) in three hospitals were extracted from the eMR. A dichotomous variable descriptive of completion of the admission assessment form (Yes/No) was created. Timeliness of form completion was calculated as the interval between date and time of admission and form completion. Univariate and multivariate multilevel logistic regression were used to identify factors associated with form completion. The program for data cleaning, analysis, and visualisation was built using R programming.

**Results:** An admission assessment form was completed for 78.4% (n=29421) of inpatient admissions. Of those, 46.3% (n=13635) were completed within the first eight hours of admission, 23.5% (n=6926) within 8-16 hours of admission, 4.2% (n=1237) within 72 hours of admission, 3.6% (n=1072) within 120 hours of admission, and 5% (n=1486) more than 120 hours after admission. Patient length of hospital stay, admission time, and admitting

unit's nursing hours per patient day were associated with form completion. Patient gender and age were not statistically associated with form completion.

**Conclusion:** Form completion was high, however more emphasis needs to be placed on completing the form in a timely manner for adequate patient care planning. Education among nursing staff, exploration of reasons for form completion delay, and standardisation of nursing admission guidelines and eMR use are recommended. Exploring eMR nursing practice data through data science techniques showcases nursing ingenuity and digital leadership in this rapidly evolving age of health and technology.

#### BUILDING CULTURAL CAPABILITIES IN NURSING THROUGH A VIETNAMESE STUDY TOUR

AMY HUMME<sup>1</sup>

<sup>1</sup>Monash Health, Australia

**Introduction:** Bridging cultural and language barriers when delivering healthcare to consumers is a challenging, yet necessary component of nursing. With such a diverse community in Australia, the need for undergraduate nursing students to acquire cultural capability skills is essential. Through a Strengths-Based Nursing approach, Swinburne University of Technology provided the opportunity for undergraduate nursing students to immerse themselves in culture and deliver healthcare education sessions in Vietnam as part of an overseas nursing study tour. This presentation will reflect the positive impacts of the study tour and how these have influenced nursing practice during learning and subsequently as a graduate nurse.



# Abstracts – concurrent sessions

Abstracts are printed here as submitted to ACN

## DAY 2 WEDNESDAY 27 OCTOBER 2021 CONCURRENT SESSION TWO

### RISING STARS (02)

10:30 AM - 12:15 PM

**Main Body:** During July 2019, eleven undergraduate nursing students from Swinburne University of Technology partook in a two-week nursing study tour to Can Tho, Vietnam. The study tour was run in partnership with Antipodeans Abroad and based at both Can Tho University of Medicine and Pharmacy Hospital (CTUMP) and Truong Long Medical Station, a rural health clinic in Can Tho, Vietnam. A component of the Study Tour was delivering healthcare education sessions within the rural health clinic. With no technology and an audience with minimal-English, the presentations were delivered with support from interpreters and with use of creative props and demonstrations. Furthermore, the presentations were delivered collaboratively between second- and third-year nursing students, which additionally promoted dynamic learning experiences between both year levels and encouraged self-empowered learning. Reflecting on the study tour now as an early career nurse, it significantly influenced my cultural nursing capabilities.

**Conclusion:** Nurses play vital roles in patient education, and learning how to educate effectively is crucial, especially when language and cultural barriers are evident. With opportunities such as overseas study tours that provide cultural immersion and challenge undergraduate nurses to build their capability in patient communication and education, nursing practice can be positively influenced.

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### DIGITAL SUPERHEROES OF TOMORROW

ADJUNCT ASSOCIATE PROFESSOR NAOMI DOBROFF<sup>1,2</sup>, REBECCA JEDWAB<sup>1,2</sup>, JANETTE GOGLER<sup>1</sup>, ANTHONY PHAM<sup>1</sup>

<sup>1</sup>Monash Health, Melbourne, Australia, <sup>2</sup>Deakin University School of Nursing and Midwifery, Melbourne, Australia

As the largest group of end-users, nurses' engagement and clinical expertise was fundamental to the planning,

development and implementation of an organisational-wide EMR system throughout an Australian healthcare organisation. A nursing informatics (NI) team was established to lead and support the nursing and midwifery workforce during the design, implementation and adoption of the EMR.

The NI team includes: Chief Nursing Information Officer, Deputy Chief Nursing Information Officer, Nursing and Midwifery Informatics Analyst, EMR research nurse and Subject Matter Experts (SMEs). The SMEs were well respected nursing clinical specialists and were brought in to assist with the design, testing and implementation of an EMR with the support of the NI and broader EMR teams. During their two-year secondment and the subsequent COVID-19 pandemic, these SMEs became the nursing digital superheroes of tomorrow.

Incorporating SMEs into the NI team from their various clinical areas ensured representation and inclusion of the broader workforce through a familiar face in their established networks. SMEs collaborated within the EMR team to embed clinical accuracy within the EMR design, which ensured accurate representation of clinical workflows, end-to-end testing and a smooth implementation. By validating the EMR system with future workflows, SMEs facilitated clinical relevance of the system, which encouraged better adoption by clinicians across the network. One major challenge during the COVID-19 pandemic was the need for new and re-designed information within the EMR. The nursing SME contribution to working groups, in conjunction with the organisation's COVID-19 response team, helped in the development and testing of these changes.

The personal and professional growth of the NI team within the healthcare organisation ensures an expert nursing informatics workforce presence to lead with clinical, organisational and management decision-making.

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# Abstracts – concurrent sessions

Abstracts are printed here as submitted to ACN

## DAY 2 WEDNESDAY 27 OCTOBER 2021 CONCURRENT SESSION TWO

### RISING STARS (02)

10:30 AM - 12:15 PM

#### IMPLEMENTING A NURSE LED TOXICITY REVIEW MODEL OF CARE

GABRIELLE VIGAR<sup>1</sup>, NICOLE SULLIVAN<sup>2</sup>, ANGELA LUPPINO<sup>3</sup>

<sup>1</sup>Royal Adelaide Hospital, Adelaide, Australia, <sup>2</sup>Royal Adelaide Hospital, Adelaide, Australia, <sup>3</sup>Royal Adelaide Hospital, Adelaide, Australia

**Introduction:** Usual care for patient receiving radiotherapy treatment was a weekly review by medical and nursing staff to assess and manage any radiation induced skin toxicities. Due to COVID-19 usual review clinics were ceased to ensure patients were not delayed in the department. However, nurses identified an increase in patients' approaching them with radiation induced skin toxicities. As a result of the increase in patient presentations the nurses established a nurse led toxicity review model.

**Main body:** The aim of the nurse led toxicity review model was to assess patients for radiation induced skin toxicities proactively, at an already existing treatment time and early in their treatment course. Consultation with Principal Radiation Therapists about the new model of care occurred and the new model was communicated to all staff. The nurse led review occurred either during treatment set up or following the completion of the radiotherapy treatment. Patients were able to again develop a rapport with nursing staff, which allowed them to feel connected and comfortable enough to discuss any treatment concerns. It also ensured that toxicities were managed early. As a result, skin toxicities lessened as patients were being seen proactively rather than reactively.

**Conclusion:** By identifying a gap in practice due to COVID-19, a new nurse led toxicity review model was developed and implemented resulting in all patients being reviewed by nurses weekly. Outcomes of the nurse led model were no patients were delayed in the radiation oncology department, all patients were comprehensively reviewed by nurses, an increased collaboration occurred between nurses and Radiation

Therapists and nurses worked at full scope of practice leading them to feel more engaged with and connected to their patients. Nurses' demonstrated leadership during COVID-19 to establish the nurse led care that improved patient outcomes.

#### KEY AREAS OF CLINICAL PRACTICE THAT ENABLE OPTIMAL INPATIENT PALLIATIVE CARE: A MIXED METHODS STUDY

DR CLAUDIA VIRDUN<sup>1</sup>, DR TIM LUCKETT<sup>2</sup>, PROFESSOR PATRICIA M DAVIDSON<sup>2,3,4</sup>, PROFESSOR KARL LORENZ<sup>5</sup>, PROFESSOR JANE PHILLIPS<sup>1,2</sup>  
<sup>1</sup>QUT, Brisbane, Australia, <sup>2</sup>UTS, Sydney, Australia, <sup>3</sup>Johns Hopkins University, Baltimore, United States, <sup>4</sup>St Vincent's Hospital, Sydney, Australia, <sup>5</sup>Stanford University, Stanford, United States

**Background:** The epidemiology of dying is changing with people dying at an older age from an expected death. A high proportion of people require hospital care with the need to strengthen the quality of this care well-articulated. Evidence about what enables optimal inpatient palliative care is available. Articulating how to enable this within clinical practice is required.

**Aim:** To identify the domains of care that are most important to inpatients with palliative care needs and their families and inform how these can be achieved within clinical practice.

**Methods:** Meta-inference of data obtained via: 1) systematic review and metasynthesis to articulate domains of palliative care that inpatients and their families describe as being important; and 2) qualitative research with Australian patients (n=21) and carers (n=29) to enhance understanding of these priorities and how they apply to clinical practice. Meta-inference included: 1) verifying data with palliative care consumers and clinical leaders; and 2) populating joint display tables.

# Abstracts – concurrent sessions

Abstracts are printed here as submitted to ACN

## DAY 2 WEDNESDAY 27 OCTOBER 2021 CONCURRENT SESSION TWO

## DAY 2 WEDNESDAY 27 OCTOBER 2021 CONCURRENT SESSION TWO

### RISING STARS (02)

10:30 AM - 12:15 PM

**Results:** Three categories and 14 domains informing optimal inpatient palliative care, reflecting 1233 patient and 3818 family perspectives, were identified: 1) Person-centred care including respectful and compassionate care; effective communication and shared decision making; effective teamwork; enabling family involvement; and maintaining role, meaning and identity; 2) Expert care including excellence in physical care; impeccable assessment and care planning; effective symptom management; technical competence; patient safety; and supported access to senior clinicians; and 3) Optimal environment for care including patient and family focused structural factors; and cleanliness to support infection control. Data integration identified 68 practice points informing care provision.

**Conclusions:** This study confirmed three categories of care, 14 domains of importance and 68 practice points that enable optimal inpatient palliative care. Opportunity for nurses to champion change within Australian hospitals through careful analysis of areas of importance and innovations that will enable these is clear.

### SOCIAL IMPACT (02)

10:30 AM - 12:15 PM

### CULTURAL SAFETY AND PROFESSIONAL REGULATION: WHAT ARE THE CHALLENGES AND QUESTIONS FOR NURSING REGULATION?

PROFESSOR GREG RICKARD<sup>1</sup>, PROFESSOR BETHE HART<sup>1</sup>

<sup>1</sup>*Nursing and Midwifery Council NSW, Sydney, Australia*

**Introduction:** The National (Regulation) Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025, highlights that cultural safety is determined by Aboriginal and Torres Strait Islander people, families and communities. Culturally safe practise is the ongoing critical reflection of the health practitioner's knowledge, skills, attitudes, practising behaviours, and the power differentials in delivering safe, accessible and responsive healthcare, free from racism.

**Purpose/Research Question:** Acknowledging the intersectionality of Cultural Safety and Regulation: what are the challenges and questions for nursing regulators when responding to complaints from Australian Aboriginal and Torres Strait Islander people, families and/or communities?

**Methods:** Using a case study approach, the NSW Nursing and Midwifery Council will be constituted as an expert panel to examine the complaints received from Aboriginal and Torres Strait Islander people to determine the key themes and findings. The project will engage with the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) for cultural leadership. The Project will "start a conversation" as the Nursing and Midwifery Council continues its progress towards cultural safety, beginning with reflections on its contemporary regulatory practices and its professional development.

# Abstracts – concurrent sessions

Abstracts are printed here as submitted to ACN

## DAY 2 WEDNESDAY 27 OCTOBER 2021 CONCURRENT SESSION TWO

### SOCIAL IMPACT (02)

10:30 AM - 12:15 PM

**Results:** Initial findings from the examination of complaints from Aboriginal and Torres Strait Islander people will be presented. Progress of the NSW Nursing and Midwifery Council towards cultural safety will also be explored.

**Discussion:** Cultural safety is embedded within the Code of Conduct for Nurses. As a regulator, the NSW Nursing and Midwifery Council must uphold culturally safe practice. Within the context of the National (Regulation) Scheme's Strategy 2020-2025, the Council is reflecting on its progress towards cultural safety and the challenges that need exploration. This reflective progress must be undertaken collaboratively with all those who have key roles to play in ensuring the philosophy and practices of cultural safety are upheld.

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### MEASURING THE IMPACT OF COVID-19 RELATED CHANGE ON AUSTRALIAN NURSING PRACTICE AND NURSE WELL-BEING

DR SUZANNE SHEPPARD-LAW<sup>1,2</sup>, DR DEBORAH DEBONO<sup>1</sup>, ANNA DOAB<sup>1</sup>, PROFESSOR MARGARET FRY<sup>1,3</sup>

<sup>1</sup>University of Technology Sydney, Broadway, Australia,

<sup>2</sup>The Sydney Children's Hospital Network, Randwick campus, Australia, <sup>3</sup>Nursing and Midwifery Directorate NSLHD, St Leonards, Australia

**Background:** In February 2020 nurses experienced an unprecedented concurrent introduction of social behavioural controls, rapid changes to health-care and ways of working. To date, the impact of COVID-19 on the practice and well-being of nurses in Australia has not been described.

**Aims:** This study aims to provide insight into the impact of the pandemic on nursing practice and nurse well-being.

**Methods:** A cross-sectional survey was circulated via social media platforms between May and September 2020. Nurses working in health-care settings were invited to participate. The self-administered on-line questionnaire collected data on: demographic/workforce; exposure to COVID-19; knowledge; perception/fear of COVID-19 and wellbeing (generalised anxiety score 3). Data were collected via a Redcap digital platform and exported into SPSS for analysis.

**Results:** A vast number of COVID-19 related changes were reported at a health service and individual practice level by 100% (n=225) and 49% (n=86/175) of participating nurses respectively. During the study period, nurses reported having access to current COVID-related information (n=129/158, 84%), personal protective equipment training (n=153/158, 96%) and felt confident in their knowledge to prevent transmission (n= 153/158, 96%). COVID-19 related fears of infection, transmission to significant others and avoidance were reported. Of the nurses who responded (n= 159), 80% reported generalised anxiety. Nurses who reported that changes to nursing practice impaired their ability to complete a patient safety assessment (OR 3, p=0.019, 95%CI: 1.2-7.7) or were unable to communicate with their patient (OR 2.6, p=0.012, 95%CI: 1.2-5.4) reported higher generalized anxiety scores. Conversely, nurses who accepted the risk of caring for a COVID-19 infected patient were 0.35 times less likely (p=0.25, 95%CI: 0.14-0.9) to experience generalized anxiety.

**Conclusion:** Our study reports the impact of COVID-19 related changes. Findings inform nurse leaders as to which practice scenarios compromise nurse well-being; and where supportive strategies may need to be implemented.

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# Abstracts – concurrent sessions

Abstracts are printed here as submitted to ACN

## DAY 2 WEDNESDAY 27 OCTOBER 2021 CONCURRENT SESSION TWO

### SOCIAL IMPACT (02)

10:30 AM - 12:15 PM

#### TRANSFORMING THE FUTURE OF NURSES IN MEDICAL CENTRES THROUGH A ROLE INTRODUCTION

MICHELLE THOMPSON<sup>1</sup>

<sup>1</sup>*ForHealth Group, St Leonards, Australia*

**Introduction:** Nurses working in large medical centres have an important role to play in delivering evidence-based patient care. The ability to work to full scope of practice without having all the policies, procedures and a training curriculum in place though, can hold nurses back from reaching their full potential in improving the health and wellbeing of our population.

**Main Body:** In November 2017, a new role was introduced into the organisation titled 'Nursing Policy and Curriculum Developer' and so the journey of transforming nurses into the future began.

Prior to November 2017, nurses employed as Treatment Room Assistants were performing general treatment room duties such as immunisations, wound management, plastering, sterilisation, vital signs and occupational health medicals. New procedures hadn't been introduced for some time and there was little internal education for nurses to increase their scope.

Three and a half years on, there has been a dramatic increase in the scope of nurses. Nurses are now conducting cervical screening, intravenous infusions, chronic disease management and preventative health care. This has been achieved through the introduction of 9 policies, 38 procedures, 6 standing orders, multiple guidelines, 15 learning modules and new training schedules containing onboarding, ongoing and optional training. A monthly education calendar was also introduced where nurses can take away their learning and implement health events into their medical centre to participate in health promotion activities. The nurses are now known as Practice Nurses and feel more valued in their everyday work.

**Conclusion:** The introduction of a Nursing Policy and Curriculum Developer has helped transform the future of many nurses in a large organisation. The implementation of new initiatives are ongoing, and with the help of the business to implement these, the nurses can be proud of their transformation and what they are undertaking today.

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#### NURSE LED PROSTATE BIOPSY?

DAVID HEATH<sup>1</sup>, AMANDA COLLINGS

<sup>1</sup>*Bendigo Health, Bendigo, Australia*

Nurses have been performing prostate biopsy procedures in the United Kingdom for a number of years. This model has been proven to be safe with patient outcomes equal to or slightly better when the nurses perform prostate biopsy compared to their medical counterparts. Using nurses to undertake this task frees up consultants to undertake the more complex procedures. This can lead to an overall reduction in the patient waiting list and a reduced time to diagnosis and treatment for patients.

This presentation will describe one nurse's journey towards becoming the first nurse accredited to perform prostate biopsy in Australia. It will explore the reasons behind the introduction of this unique service to a regional health institution as well as discussing the many hurdles faced in bringing this service from conception to fruition. This journey has taken several years of development prior to being offered to patients at Bendigo Health. Key stakeholder support from consultants, the Chief Nursing and Midwifery officer and business managers throughout the process has been critical to the models success.

The presenter will describe the mechanics of how the training for this trailblazing initiative was undertaken and endorsed at the organisation.

# Abstracts – concurrent sessions

Abstracts are printed here as submitted to ACN

## DAY 2 WEDNESDAY 27 OCTOBER 2021 CONCURRENT SESSION TWO

### SOCIAL IMPACT (02)

10:30 AM - 12:15 PM

Six months of outcome data will be presented as the final information to support this key change to nursing practice and will show that a nurse led prostate biopsy model can be replicated in other regional health services with support and perseverance. It will candidly discuss some of the barriers experienced in the introduction of this innovative new model of practice for interested and appropriately trained nurses in Australia.

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#### DEMONSTRATING LEADERSHIP DURING A PANDEMIC- SA HEALTH NURSES RESPONSE IN VICTORIAN RESIDENTIAL AGED CARE FACILITIES

HANNAH ROHRLACH<sup>1</sup>, ANNABEL THOMAS<sup>1</sup>

<sup>1</sup>Nursing and Midwifery Office, Adelaide, Australia

**Introduction:** In July 2019 the Commonwealth Government put out a call nationally for Registered Nurses (RNs) to provide leadership and support in response to the COVID-19 outbreaks in Victorian Residential Aged Care Facilities (RACF). South Australia responded with a variety of skilled RNs from around SA Health, empowering the RACF staff to lead practice change within their facilities benefitting both the staff and residents.

**Main Body:** On arrival to Victoria, SA Health RNs experienced staff in the RACFs communicating concerns around the facility being short staffed and overwhelmed, which led the RACF staff to be frightened and fatigued within the venues. SA Health observed that minimal infection control processes were in place and there were issues around communication. The RNs identified staffing, education, lack of resources and communication as the core areas for them to address. The SA Health RNs used their leadership and skills to develop PPE stations, clean and contaminated zones, face-to-face education on COVID-19 and infection control practices. Appointment of change champions

and communication strategies such as huddles and ISBAR handover were introduced in the RACFs. The implementation of these strategies led to staff in the RACFs reporting they felt safer and indicated they would continue to carry out the implemented changes to improve outcomes in the RACFs.

**Conclusion:** At the end of the 3-week SA Health deployment, and as a result of the practice changes implemented, staff in the RACF reported they felt considerably safer at work and felt their residents were also safer. There was a reduction in the number of COVID-19 positive cases in the RACFs following the 3-week deployment.

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# Abstracts – concurrent sessions

Abstracts are printed here as submitted to ACN

## DAY 2 WEDNESDAY 27 OCTOBER 2021 CONCURRENT SESSION TWO

### TRAILBLAZERS (02)

10:30 AM - 12:15 PM

#### **WORKFORCE CODE YELLOW; SUPPORTING STAFF DURING A COVID -19 HEALTHCARE WORKER OUTBREAK**

KARRIE LONG<sup>1</sup>

*<sup>1</sup>The Royal Melbourne Hospital, Parkville, Australia*

From mid-June 2020, Victoria experienced a COVID-19 second wave of over 20,000 cases. Located in the Northern suburbs, the Royal Melbourne Hospital (RMH) was at the geographical epicenter of the outbreak. RMH cared for a high volume of Victoria's COVID-19 cases and led an external public health response into both residential aged care and public housing sectors in the area.

As cases in the population increased so did the rate of staff infections. RMH experienced the highest incidence of healthcare worker (HCW) infection in Victoria. Two hundred and sixty-two staff were infected, 68% of which were nurses (1). In response, the organisation deployed a nurse led, interdisciplinary Staff Monitoring Team (SMT) to provide health monitoring, wellbeing and logistical support and care to colleagues who were either COVID-19 positive, or close contacts in quarantine for a 14-day period. This program was delivered to over 800 staff over 4 months.

As a new initiative designed and led by nurses, the SMT used an agile and adaptive approach to recruit staff, build knowledge, create resources, define protocols and deploy IT platforms while the outbreak evolved. Staff were recruited from a pool of senior nurses, doctors and allied health staff who were high risk or unable to work clinically. Stage 4 public health lockdown forced the team of over 30 to be a remote workforce supporting their colleagues through technology, while working from home.

There is no published literature describing the operation or effectiveness of programs that support impacted HCW's during isolation/quarantine. The evaluation of the SMT activity with participant perspectives, provides an opportunity to share, review and translate this initiative to support both the wider national and international workforces. With the trajectory of the pandemic, there is an opportunity for nurses to collaborate and lead this work across the world.

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#### **LEADING THE WAY IN NEONATAL SKIN CARE!**

DR MARGARET BROOM<sup>1,2</sup>, ANN-MARIE DUNK<sup>3</sup>, DEBBIE CRUICKSHANK<sup>1</sup>, PROFESSOR MOHAMED ABDEL-LATIF<sup>1,4</sup>

*<sup>1</sup>Department of Neonatology, Woman's and Children's Hospital, Garran, Australia, <sup>2</sup>University of Canberra, Belconnen, Australia, <sup>3</sup>Tissue Viability Unit, Canberra Hospital, Garran, Australia, <sup>4</sup>Men, Women and Children's Health, The Medical School, College of Health and Medicine, Canberra, Australia*

**Background:** Due to the sensitivity of neonatal skin, infants are at high risk of skin injuries. Research has shown the incidence of skin injury in neonates admitted to a Neonatal Intensive Care Unit (NICU) range from 9.25% to 43.1%. In 2009 staff at the Canberra NICU undertook a prospective audit of acquired skin injuries. Results highlighted an incidence rate of 61.7%. Over the past 10 years our team has undertaken a continuous Quality Improvement project aiming to reduce the incidence of skin injuries.

**Methods:** A staged approach utilising the Quality Improvement Cycle: Plan, Do, Study, Act has been implemented to identify key problems and work towards improving neonatal skincare. Project methods have included: observational studies, clinical audits and expert group forums.

# Abstracts – concurrent sessions

Abstracts are printed here as submitted to ACN

## DAY 2 WEDNESDAY 27 OCTOBER 2021 CONCURRENT SESSION TWO

### TRAILBLAZERS (02)

10:30 AM - 12:15 PM

**Results:** We have undertaken a variety of projects such as the development of the: Skin Risk Assessment and Management Tool (SRAMT), hydrocolloid nose, nappy rash protocol and a nasal pressure injury care plan. We have completed a comparison of CPAP interfaces as well as product testing in the neonatal population. In 2016 our team undertook a prospective study to evaluate the predictive value of the SRAMT, results from this project showed a reduction in SI to 38%. Since 2018 a monthly point prevalence (PP) of skin injury incidence is completed. A recent 6-month review of PP (Aug19-Jan20) reported an incidence of 15% (23/154). The most common injuries related to: 1) medical devices and procedures; 2) factors related to routine skincare. Our team has published two articles on the SRAMT, the tool and many of our strategies has been implemented nationally and internationally.

**Conclusions:** Evidence based skincare is an essential part of providing holistic care to critically ill neonates. Improving neonatal skincare requires a dedicated team willing to challenge current practice, keen to foster innovation to improve clinical practice.

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### RESULTS OF AN INNOVATIVE APPROACH TO STI TESTING CONTRADICT CURRENT RECOMMENDATIONS FOR TRICHOMONIASIS

KELLY MERCER<sup>1</sup>, DR SEAN RUNACRES<sup>1</sup>

<sup>1</sup>Correct Care Australasia, Southbank, Australia, <sup>2</sup>Justice Health, Melbourne, Australia

**Introduction:** As the part of the development of a new Nurse Practitioner Candidacy a strong need for a sexual health focus was identified with an aim to deliver an increase in STI screening, testing, education and patient engagement within a female correctional setting. Innovation was required when contact and consultation

restrictions arose due to the covid pandemic. As all women entering the facility were encouraged to undergo urine pregnancy testing it was implemented that the urine sample would be sent for formal testing. Chlamydia and Gonorrhoea were included as routinely recommended STI tests. Though Trichomoniasis is not a routinely recommended test, it was included as an easy to check test and the NPC was curious to compare literature reported prevalence and populations, to a snapshot of this female correctional setting.

**Methods:** Between June and November 2020, 383 women were tested for Chlamydia, Gonorrhoea and Trichomoniasis via reception urine samples.

**Results:** 125 positive infections were identified; 67 Trichomoniasis, 33 Chlamydia and 25 Gonorrhoea. The majority infected were aged in their twenties.

**Conclusion:** All three STI's had higher than expected prevalence. This correctional 'snapshot' is contrary the literature claims that Trichomoniasis prevalence is in older women located in rural or remote communities. As an easily tested and treatable STI, recommendations should be updated to incorporate these results and ensure wider testing. The literature and recommendations also note that 50% of positive women are asymptomatic so health professionals would have no prompt to test. Women from disadvantaged backgrounds have often experienced trauma and are often reluctant or unable to engage in their preventative healthcare leading to missed testing and treatment opportunities or increased potential distress if reporting embarrassing symptoms and/or undertaking intimate examinations when a urine sample (NAAT) may be all that is required.

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# Abstracts – concurrent sessions

Abstracts are printed here as submitted to ACN

## DAY 2 WEDNESDAY 27 OCTOBER 2021 CONCURRENT SESSION TWO

### TRAILBLAZERS (02)

10:30 AM - 12:15 PM

#### **PROMOTING COMMUNICATION, CRITICAL THINKING AND TEAMWORK: AN ESCAPE ROOM WITH A TWIST**

ASSOCIATE PROFESSOR JANE FROST<sup>1</sup>, SARAH CHAPMAN<sup>2</sup>, BRIANNA FLYNN<sup>2</sup>

<sup>1</sup>University Of Canberra Health Centre - Bruce, Act, Canberra, Australia, <sup>2</sup>Canberra Health Services, Garran, Australia

**Introduction and Background:** Gamification has proven benefits in increasing engagement and motivation in participants. An Escape Room is an is a live-action team-based game where players discover clues, solve puzzles and complete tasks to accomplish a specific goal in a designated time. Mask-Ed™ is a simulation technique where an educator dons silicone props to portray a character. This project combined the two teaching and learning strategies to bring together students in an immersive simulation where they could learn with, from and about each other. This appears to be the first combination of these two modalities to promote interprofessional competencies in health professional students.

#### **Aims/objectives:**

The educational experience aimed to:

- enhance student's confidence in communication and reflective practice,
- improve knowledge of interprofessional collaboration across health disciplines,
- demonstrate the importance of teamwork within the multi-disciplinary team.

**Method:** After each escape room simulation, a structured group debrief was conducted using a standardised tool. Verbal feedback allowed reflective discussion to assist participants to consider their individual and team performance. A post intervention survey assessed participants evaluation of the activity and its ability to meet learning outcomes.

**Results:** Qualitative data suggested that the experience, specifically the reflective de-brief activity, would change participants future practice. Most participants rated the escape room experience as good-excellent, with 88% of the students stating that they would recommend this activity to others.

**Conclusion:** Innovative interactive escape rooms such as the one presented have the potential to increase engagement and change practice

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#### **NURSE LED COVID WARD SIMULATION WARD AND MODELS OF CARE DEVELOPMENT**

ASHLEY WHEELER<sup>1</sup>, THERESA HERON<sup>1</sup>, RUSSELL JONES<sup>1</sup>

<sup>1</sup>St. Vincent's Hospital Melbourne, Fitzroy, Australia

**Introduction:** Pandemic preparedness is Australia has not been fully tested until the arrival of the SARS-CoV-19 virus. It quickly became apparent that the healthcare system was relatively under prepared to respond to a global pandemic on this scale. Racing the clock in the face of an escalating public health crisis, St Vincent's Hospital in Melbourne seized on a unique opportunity to commission a 'COVID-19 simulation ward'.

# Abstracts – concurrent sessions

Abstracts are printed here as submitted to ACN

## DAY 2 WEDNESDAY 27 OCTOBER 2021 CONCURRENT SESSION TWO

### TRAILBLAZERS (02)

10:30 AM - 12:15 PM

**Main Body:** Early in wave 1 of the pandemic hospital activity decreased due to the suspension of elective surgery. This provided an opportunity to consolidate vacant beds to one ward and convert the environment to a simulation and training hub. Through nurse led leadership and engagement new multidisciplinary models of care were mapped, tested and refined to support staff to safely and efficiently care for positive and suspected COVID-19 patients. The model was applied broadly to further support the multidisciplinary workforce to undertake the same process and also facilitate the integration of care between the different disciplines. Using the organisational Continuous Improvement framework and problem-solving methodology, the nurse led teams worked collaboratively to develop new and specific workflows and modify the physical ward environment. This action learning methodology facilitated the rapid development of an organisational manual with key workflows, clinical practice guides and instructions to set up and safely implement a COVID-19 ward. This provided a robust framework for St Vincent's public health service to respond to and manage the pandemic response as Melbourne entered wave 2.

**Conclusion:** This intervention was positively evaluated post wave 2 and may provide a template for future health service preparation to respond to major public health crises.

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# Abstracts – concurrent sessions

Abstracts are printed here as submitted to ACN

## DAY 3 THURSDAY 28 OCTOBER 2021 CONCURRENT SESSION THREE

### INFLUENCING CHANGE (03)

10:30 AM - 12:15 PM

#### TRANSFORMATIONAL SURGICAL MODEL OF CARE IN RESPONSE TO THE EVOLVING COVID-19 PANDEMIC

ASHLEY WHEELER<sup>1</sup>, LAURA STEADMAN<sup>1</sup>, NIKKI DENNIS<sup>1</sup>, CHANTELE ROBINSON<sup>1</sup>

<sup>1</sup>St. Vincent's Hospital Melbourne, Fitzroy, Australia

**Introduction:** St. Vincent's Hospital is a major tertiary hospital in Melbourne. As a response to the rapidly evolving COVID-19 pandemic, a surgical nursing team developed a dynamic and responsive surgical model of care to support urgent surgery, whilst also accommodating postponement of non-urgent procedures, to ensure patient and staff safety was prioritised.

**Main Body:** In response to the escalating COVID-19 situation in Victoria, work commenced on a transformational surgical framework and model of care for the entire patient journey from referral through to discharge and follow up. Multi-disciplinary pre admission telehealth services were implemented rapidly, completely transforming the traditional face to face model that had remained unchallenged and under-utilised for decades. In addition, pre-operative COVID-19 patient swabbing commenced for all patients creating a range of challenges and logistical constraints for both the patient and the workforce. The framework allowed teams to adapt quickly and practicably. The multidisciplinary team worked together in new ways, with consultant led triage clinics established to ensure the safety and monitoring of surgical patients postponed during the height of pandemic, providing a clear pathway to escalate outpatient clinical deterioration. Flexible work models were implemented which has since led the way for the development of a permanent model that has resulted in reduced sick leave and improved staff satisfaction. The framework at times became too description however these learnings became critical to the development of a dynamic and adaptive model.

**Conclusion:** Nurses were key in leading the transformational and adaptive surgical model of care and rapidly implementing changes as required. The model of care can be reactivated with any change in Victoria's COVID situation. Components of the model have now been adopted into business as usual due to the success of these initiatives in improving patient and staff satisfaction.

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#### INFLUENCING CHANGE – KEEPING RURAL AND REMOTE NURSES SAFE

RHONDA POWELL, ADJUNCT PROFESSOR SUE HAWES

The Northern Territory (NT) Department of Health has been unrelenting in its efforts to mitigate safety risks to nurses working in remote areas. This focused work is in direct response to the murder of remote nurse Ms Gayle Woodford and an independent safety review in the NT. This presentation will outline how influencing change, at the senior policy level, created urgency and resource allocation in order to successfully implement strategies that strengthen safety in rural and remote NT.

In 2017 NT Health endorsed the implementation of 14 recommendations following an independent review and with the establishment of a robust governance framework ensured outcomes were achieved and timelines met.

The program of work has delivered; significant policy reform; 100% completion of repairs and maintenance works related to safety; GPS tracking and roll over alerts fitted into all (n=215) remote government vehicles and ambulances; personal duress alarms; internet installation to all (n=318) health dwellings; and the development and implementation of nine bespoke on-line professional development modules mandated as part of orientation.

# Abstracts – concurrent sessions

Abstracts are printed here as submitted to ACN

## DAY 3 THURSDAY 28 OCTOBER 2021 CONCURRENT SESSION THREE

### INFLUENCING CHANGE (03)

10:30 AM - 12:15 PM

The ability to deliver outcomes within expected timeframes can often be in tension with each other. New and unexpected complexities are often revealed during the change process requiring a new approach to what was thought to be simple and straightforward. As the project comes to an end, there continues to be the need to influence senior government stakeholders as three recommendations remain incomplete.

NT Health is committed to providing a safe work environment for all staff working in remote locations and isolated practice. The learnings from this project has provided insight into new opportunities for further work and this will be critical in our ability to recruit and retain highly skilled, experienced and qualified staff.

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### THE IMPACT OF DEFINITIONAL UNCERTAINTY: HOW CHILD AND ADOLESCENT MENTAL HEALTH DATA CAN CHANGE POLICY

LISA SEALEY

**Background:** Physical restraint and seclusion (restrictive practices) are among the most highly regulated practices in mental health care. Nationally, the reported rates of physical restraint are higher in child and adolescent mental health (CAMH) units compared to adults. The national definition for physical restraint applies to all mental health units implying that the physical restraint of children, adolescents and adults is similar in nature. The aim of this study was to investigate the rates of physical restraint in two tertiary level paediatric CAMH units in New South Wales.

**Method:** A retrospective review of restraint and seclusion data spanning four years (2015-2018) was conducted. Data from four sources were collected and merged for statistical analysis to explore the demographic/clinical variables associated with restrictive practices.

**Results:** There were 109 children and adolescents aged seven to 17 years who collectively experienced 484 episodes of restraint and/or seclusion across the two study sites. There were 90 episodes of physical restraint that did not align with the national case definition, such as brief holds for <10 seconds and walking escorts to the seclusion room.

**Discussion/Conclusion:** Inconsistencies between the local, state, and national definitions of physical restraint may lead to variations in interpretation by staff, and consequent over-reporting of physical restraint. As these data are used for national benchmarking across mental health units, it is paramount that local, state, and national definitions are aligned, appropriate and consider different patient populations. Children and adolescents progress through a series of developmental stages, and both causes and approaches to treatment for mental illness differ to that of the adult population. A consistent, paediatric-specific, definition of restrictive practice will facilitate reliable and accurate reporting, and assist frontline staff in understanding their practice in the ongoing effort to minimise restraint and seclusion.

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### THE NATIONAL NURSING AND MIDWIFERY DIGITAL HEALTH CAPABILITY FRAMEWORK: DIGITISING AUSTRALIA'S LARGEST HEALTH WORKFORCE

HELEN PURDY<sup>1</sup>, VANDANA CHANDNANI<sup>1</sup>,  
<sup>1</sup>*Australian Digital Health Agency, Sydney, Australia*

**Introduction:** The National Nursing and Midwifery Digital Health Capability Framework (the framework) was developed in consultation with key professional bodies and industry stakeholders and released in October 2020. The framework recognises the unique roles and specific digital health capabilities of nurses and midwives and outlines core capabilities required to support individuals and organisations extend their digital health development across five key domains:



# Abstracts – concurrent sessions

Abstracts are printed here as submitted to ACN

## DAY 3 THURSDAY 28 OCTOBER 2021 CONCURRENT SESSION THREE

### INFLUENCING CHANGE (03)

10:30 AM - 12:15 PM

1. Digital Professionalism
2. Leadership and Advocacy
3. Data and Information Quality
4. Information-enabled Care
5. Technology

**Body:** In January 2021 the Australian Digital Health Agency (Agency) partnered with the Australasian Institute of Digital Health (AIDH) to develop an Action Plan for Implementation to promote and progress the adoption of the framework across the nursing and midwifery professions. Consultation sessions focused on the framework itself, a supporting self-assessment tool developed by the Agency, and practical resources to support the framework. The approach to implementation includes improving awareness of the framework and digital health, influencing education and professional standards, embedding digital health training at workplaces, and building an evidence base.

**Conclusions:** The Action Plan was released in June 2021 and outlines key priorities and timelines for broader awareness and application of the Framework. Priorities and associated actions outlined in the plan will be progressed by a range of key stakeholders, working in collaboration to support its implementation. As one of the first resources of its kind developed in Australia, the framework will provide a unique opportunity to demonstrate Australia's leadership in digital health workforce development within the nursing and midwifery professions.

## DAY 3 THURSDAY 28 OCTOBER 2021 CONCURRENT SESSION THREE

### RISING STARS (03)

10:30 AM - 12:15 PM

#### A LABOUR WARD-BASED CHAMPION PROGRAM IN TANZANIA, A RESOURCE LIMITED SETTING INCREASED CLINICAL PRACTICE SKILLS

CPT JAN BECKER<sup>1,2,5</sup>, ASSOCIATE PROFESSOR CHIUNG-JUNG (JO) WU FACN<sup>1,4</sup>, ASSOCIATE PROFESSOR FLORIN OPRESCU<sup>1</sup>, CHASE BECKER<sup>6,7</sup>  
*<sup>1</sup>University Of The Sunshine Coast (USC), Sippy Downs, Australia, <sup>2</sup>Midwife Vision Global Ltd, Clinical Midwife, and University of Nicosia, Cyprus, Greece, <sup>3</sup>Midwife Vision Global Ltd, Tanzania, <sup>4</sup>Honorary Research Fellow, Royal Brisbane & Women's Hospital, Brisbane, Australia, <sup>5</sup>Member (AM) in the General Division of the Order of Australia, Australia, <sup>6</sup>University of Nicosia, Cyprus, Greece, <sup>7</sup>St. George's University London, Cyprus Campus, University of Nicosia (UNIC), Cyprus*

**Introduction:** Approximately 10 percent of newborn babies require immediate intervention to prevent death. A program named Helping Babies Breathe was developed as an in-class option to train midwives in core basic neonatal resuscitation skills using simulation. However, simulated bag and mask ventilation skills failed to transfer into clinical practice in Sub-Saharan Africa. A Midwife Champion program was developed and implemented into a Tanzanian urban maternity ward in order to increase the transfer of bag and mask skills into clinical practice.

**Main body:** The Midwife Champion program was based on Bandura's Social Cognitive Theory. It aimed to improve midwives' confidence in performing skilled neonatal resuscitation techniques. The program was implemented in a Tanzanian urban labour ward where midwives manage around 50 deliveries per day with limited resources. After covering fundamentals of resuscitation techniques in-class, the practical training was delivered in frequent and short timeframes (up to 15 minutes) at the bedside and supported by a mentor/champion. The mentors created frequent opportunities for immediate feedback by focusing on

# Abstracts – concurrent sessions

Abstracts are printed here as submitted to ACN

## DAY 3 THURSDAY 28 OCTOBER 2021 CONCURRENT SESSION THREE

### RISING STARS (03)

10:30 AM - 12:15 PM

bag and mask ventilation as first line of action after stimulation. Mentors guided the trainees through live real time troubleshooting. The program was evaluated by conducting semi-structured interviews. The narratives highlighted the specific challenges faced in the clinical setting, as well as the barriers and enablers that impacted on a successful resuscitation. This low-dose high-intensity approach to training increased the transfer of theoretical skills into clinical practice. Half of the midwives on the ward completed the training program and became champions. These new champions are highly skilled in performing appropriate resuscitation techniques and now provide mentorships to new midwives.

**Conclusion:** Addition of low-dose high-intensity practical training to classroom training can increase transfer of theoretical skills in clinical practice. Development of champions could ensure the sustainability of the program long term.

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### SOCIALISING UNDERGRADUATE NURSING STUDENTS TO GLOBAL LEADERSHIP THROUGH AN INTERNATIONAL CROSS INSTITUTIONAL VIRTUAL CONFERENCE

ASSOCIATE PROFESSOR MELANIE BISH<sup>1</sup>, MELISSA DEACON-CROUCH<sup>1</sup>, RON PICARD<sup>2</sup>

<sup>1</sup>La Trobe University, Bendigo, Australia, <sup>2</sup>La Trobe University, Albury Wodonga, Australia

**Introduction:** In the context of a pandemic, the need to strengthen individual and collective capacity as nursing leaders in a global society is stronger than ever. This starts with undergraduate nursing education through approaches to internationalisation that are not dependent on mobility and provide opportunity for professional development in leadership via virtual programs. This presentation discusses a Virtual

Advanced Learning Opportunities and Relationships (VALOR) program. An online event created by nursing academics from La Trobe University (Australia), West Coast University (US), CHA University (South Korea) and Comillas Pontificas University (Spain) designed to facilitate student engagement on current global healthcare events and systems.

**Main body:** The virtual conference, held over four consecutive days saw 60 students (15 from each university) participate in the program that was underpinned by an internationalisation at home pedagogy. The conference, embedded into each university's respective curriculum, had three sequential parts: (1) pre-conference workshop; a home University based meeting to discuss involvement; (2) a "get to know you session" with partner university students; (3) the virtual conference with each university hosting one session, lead by a nursing academic providing a lecture on the impact of the COVID-19 pandemic and their country's response, with an emphasis on the healthcare system and the role of the nursing profession, followed by student led breakout sessions closing with a whole group facilitated discussion. The post program survey student feedback score of 4.8/5 attests to the value of this educational experience.

**Conclusion:** Students declared that the main benefit of participating in the program was that it instilled a global perspective by broadening their education on healthcare systems, nursing education and nursing. The facilitation of international discourse enabled the students to develop an international network, improve their cultural awareness and increase their understanding of the importance of nursing leadership.

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# Abstracts – concurrent sessions

Abstracts are printed here as submitted to ACN

## DAY 3 THURSDAY 28 OCTOBER 2021 CONCURRENT SESSION THREE

### RISING STARS (03)

10:30 AM - 12:15 PM

#### **PATIENT ISOLATION IN AN ACUTE HOSPITAL: THE EFFECT ON PATIENTS, FAMILIES AND STAFF**

DR ROBIN DIGBY<sup>1</sup>, KETHLY FALLON, DR GORDON BINGHAM, JOHN BREGUET, MICHELLE TUCK, LEANNE HUGHES, CRAIG SPIERS, PETER HUNTER, DOUG MCCASKIE, GARY MCLACHLAN, INGRID HOPPER, NICOLE RASMUSSEN, FRANKI MCMAHON, DANA FORCEY, PROFESSOR TRACEY BUCKNALL  
<sup>1</sup>*Deakin University, Portsea, Australia*

**Introduction/purpose:** In response to the 2020 COVID-19 pandemic there was strict isolation of patients and tight infection control policies for several months including extreme visiting restrictions for families across Australia. Movement of medical and allied health staff was restricted. Work practices and communication channels changed to accommodate the restrictions. This study explored staff perceptions of the impact of isolation and infection control policies during the pandemic on patients, families and staff in one Victorian acute metropolitan hospital.

**Methods:** A qualitative descriptive design was used to examine staff opinions from all disciplines working on the frontline including nurses, medical staff, allied health and support staff. Fifty-eight staff were interviewed in 8 focus groups. The interviews were audio-recorded, transcribed and analysed using qualitative content analysis.

**Results:** Six main themes were identified: 1) Communication; 2) Family; 3) Patients; 4) Staff; 5) Standard of care; 6) Infrastructure and the Organisation. Clear communication at all levels was pivotal to successful outcomes. Adapting to rapidly changing circumstances was difficult for staff. Technology including teleconferencing was effective in some situations. Isolating patients from families caused distress on both sides. Some patient care was perceived as compromised due to restrictions on staff and patient movement. Wearing PPE was a barrier to

staff/ patient communication and rapport. Staff stress and increased workload was supported by teamwork. Existing infrastructure and equipment were frequently inadequate.

**Conclusion:** Isolating large numbers of patients, restricting visitors and limiting staff movements within the hospital resulted in good pandemic management, however it was perceived as being at considerable cost to patients, families and staff. The importance of good communication was highlighted by all groups. Adopting alternative communication channels facilitated good communication while maintaining adherence to the restrictions. Developing infrastructure and means of communication to cope with future pandemics is recommended.

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#### **EFFECT OF ACUTE STROKE NURSE ON DOOR-TO-NEEDLE TIME**

TANYA FROST<sup>1</sup>, MS KAREN STEPHENS<sup>1</sup>, DR PETER SI WOO PARK<sup>1</sup>, DR JOSEPH WONG<sup>1</sup>, PROFESSOR HELEN DEWEY<sup>1,2,3</sup>, DOCTOR PHILIP CHOI<sup>1,2</sup>  
<sup>1</sup>*Eastern Health, Box Hill, Australia*, <sup>2</sup>*Eastern Health Clinical School- Monash University, Box Hill, Australia*, <sup>3</sup>*Florey Institute of Neurology and Mental Health, Melbourne, Australia*

**Introduction:** Door-to-needle time (DTN) is an important measure of overall hyper-acute stroke treatment efficiency. A full-time acute stroke nurse (ASN) became an integral member of the stroke team during working hours (0800 – 1700 Monday to Friday) at a high volume metropolitan primary stroke center in 2012. The role ensures consistent support for “code stroke”, education to ED nursing staff and allows long term implementation of quality improvement initiatives such as “direct to CT” protocol in ED. We examined the trend of DTN pre and post 2012 and the uptake of “direct to CT” protocol since 2012.

# Abstracts – concurrent sessions

Abstracts are printed here as submitted to ACN

## DAY 3 THURSDAY 28 OCTOBER 2021 CONCURRENT SESSION THREE

### RISING STARS (03)

10:30 AM - 12:15 PM

**Method:** A retrospective review of all patients treated with intravenous thrombolysis at Box Hill Hospital between January 2009 and December 2018. A 24 hour period was divided into working hours (0800-1700), extended hours (1700-2200), overnight (2200 to 0800) and weekends/Public Holidays to reflect different staffing levels.

**Results:** 921 patients were included. 201 and 300 patients were thrombolysed with median DTN of 88 mins (IQR 70 – 113) versus 57 mins (IQR 41 – 76) respectively in the 3 years pre and post 2012. Median DTN plateaued at 54 minutes with stable IQR (around 40-65 minutes) from 2016 to 2018. ASN was present in 30-40% of thrombolysis cases annually since 2013. “Direct-to-CT” cases gradually increased from 27% in 2013 to 58% in 2016 and to about 74% in 2017 and 2018. In 2018, 87%, 81%, 44% and 55% of cases went “direct-to-CT” during working hours, extended hours, overnight and weekends/public holidays respectively.

**Conclusion:** The introduction of full time ASN coincided with a 35% decrease of median DTN with sustained outcome. There is successful uptake of “direct-to-CT” protocol including outside of working hours. Specialist nursing support overnight, on weekends and public holidays should be examined. The lack of ongoing improvement in DTN requires further examination.

## DAY 3 THURSDAY 28 OCTOBER 2021 CONCURRENT SESSION THREE

### SOCIAL IMPACT (03)

10:30 AM - 12:15 PM

### INTERCULTURAL COMMUNICATION WITHIN NURSING TEAMS: CHAMPIONING CHANGE IN PRACTICE

DR YLONA CHUN TIE<sup>1</sup>, CAROLINE BROWNE MACN<sup>2</sup>, MELISSA HOZJAN MACN<sup>4</sup>, ELIZABETH MATTERS FACN<sup>3</sup>

<sup>1</sup>James Cook University, Townsville, Australia, <sup>2</sup>Murdoch University, Murdoch, Australia, <sup>3</sup>Tertiary Education Facility, Germany, <sup>4</sup>Médecins Sans Frontières., Sydney, Australia

**Introduction:** In an increasingly globalized healthcare environment, nurses can expect to work alongside colleagues from a range of cultural backgrounds. Effective communication is at the forefront of ensuring safe, quality person-centered care. International nurses add significant value to the nursing workforce, however there are challenges associated with bringing together a multicultural team. In any setting where individuals from diverse cultural or linguistic backgrounds interact, there is the potential for communication challenges. Personal, professional or dominant cultural beliefs can contribute to miscommunication and become barriers to quality care. Yet when difference in cultural and language backgrounds are embraced, opportunities to develop new perspectives and learning can occur. Intercultural communication forms the foundation for enhancing cultural understanding and promoting the value of cultural differences.

**Main Body:** Nurses can lead professional and social change and ensure effective healthcare delivery for all persons regardless of cultural background by collaborating to discuss and highlight both successes and challenges around intercultural professional communication. Within the ACN International Nursing Community of Interest (COI), nurse members identify themselves as: Australian nurses working abroad, overseas qualified nurses working in Australia, nursing educators working with international students, and undergraduate nursing students wishing to study



# Abstracts – concurrent sessions

Abstracts are printed here as submitted to ACN

## DAY 3 THURSDAY 28 OCTOBER 2021 CONCURRENT SESSION THREE

### SOCIAL IMPACT (03)

10:30 AM - 12:15 PM

abroad. This presentation will draw on a variety of experiences from members of the International Nursing COI to explore intercultural communication strategies designed to enhance the efficiency of nursing teams.

**Conclusion:** The aim of the session is to explore how the cultural and linguistic experiences of nurses can be utilized to: guide and inform practice, promote communication within teams and deliver culturally sensitive person-centered care. Attendees will be encouraged to consider how they can promote equity, cultural diversity and intercultural communication within their own workplace.

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### CHANGING THE PERCEPTION OF MEN IN NURSING IN AUSTRALIA

LUKE YOKOTA<sup>1</sup>, BEN CHIARELLA, PROFESSOR DAVID STANLEY

*<sup>1</sup>Australian College of Nursing, Brisbane, Australia*

**Aim:** Showcasing the success and resources produced by the ACN Men in Nursing Working and how it has stimulated national discussion and promotion for men considering nursing as a career.

**Introduction/background:** Men in Nursing remains an unrepresentative demographic within the nursing profession. The ACN Men in Nursing Working Party was tasked with promoting and normalising men in nursing, no matter your gender you should not be obstructed to pursue a career in nursing. This presentation will detail how the ACN Men in Nursing Working Party spearheaded social change that challenged the very fabric of normalised gender stereotypes within Australian and how they affect young men and boys to discount a career in nursing. The national success of the ACN Men in Nursing working party is shown from local and national media coverage and the production of numerous resources including the ACN Men in Nursing

e-book, ACN Nursing Career Toolkit, The ACN Guiding Principles of Men in Nursing and more. These resources have been the pinnacle of the successful delivery of the message 'it's ok to care' to Australian men. The future of Men in Nursing in Australian will also be discussed of what still needs further emphasis such as research within the Australian context, engagement with schools, education providers and workplaces.

**Conclusion:** Inspiration is something we seek in all walks of life. It enables us to become better people and embrace new ideas. Inspiration has been a key theme behind the success of the ACN Men in Nursing Working Party and will continue to inspire the next generation of nurses no matter their gender.

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### OBESITY PREVENTION IN INFANTS: WHAT ROLE FOR NURSES?

PROFESSOR ELIZABETH DENNEY-WILSON<sup>1,2</sup>

*<sup>1</sup>University of Sydney, Sydney, Australia, <sup>2</sup>Sydney Local Health District, Camperdown, Australia*

**Background:** Rapid, or excess weight gain (RWG) in the first year of life is a major risk factor for obesity-both during childhood and into adulthood. It is more common in infants from disadvantaged backgrounds and in infants who are fed with formula. RWG can be identified if infants are routinely weighed and measured and have their measurements plotted on a growth chart.

**Methods:** Data were collected from Child and Family Health nurses (CFHN) in two local health districts through surveys (N=90) and semi structured interviews (N=20). We collected data on nurses' knowledge of obesity risk factors, their current practices in terms of growth monitoring, provision of advice regarding infant feeding and barriers to obesity prevention.

# Abstracts – concurrent sessions

Abstracts are printed here as submitted to ACN

## DAY 3 THURSDAY 28 OCTOBER 2021 CONCURRENT SESSION THREE

### SOCIAL IMPACT (03)

10:30 AM - 12:15 PM

**Results:** CFHNs frequently advised parents on breastfeeding, introducing solid foods, and techniques for settling infants. They rarely provided advice on formula feeding practices. Although nurses frequently weighed and measured children, they did not always use growth charts to identify those at risk of becoming overweight or obese. The health service policies on breastfeeding promotion were cited as a reason for not engaging in discussion of formula feeding. Nurses identified several barriers to promoting healthy weight gain in infants, including limited parental recognition of overweight in their children or motivation to change diet or lifestyle; socioeconomic factors (such as the cost of healthy food); and preferences, beliefs and attitudes about infant weight among parents and family members.

**Conclusion:** CFHNs require further support for their role in promoting optimal child growth and development, especially in behaviour change techniques to increase parents' understanding and commitment to healthy weight gain. Parent information resources should be accessible and address cultural diversity. Resources should highlight the importance of healthy rather than excessive growth, emphasise the benefits of breastfeeding, appropriate formula feeding, suitable first foods, and responsiveness to infant feeding cues.

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### NURSING INNOVATIONS IN CLINICAL EDUCATION (NICE)

AMANDA NAUMANN<sup>1</sup>, DR LORRAINE THOMPSON<sup>1</sup>, ANNETTE FAITHFULL-BYRNE<sup>1</sup>, SHANE CONVEY<sup>1</sup>, MEGAN CORCORAN<sup>1</sup>

<sup>1</sup>*Sunshine Coast Hospital and Health Service, Birtinya, Australia*

**Introduction:** Generations Y and Z have been immersed in technology all their lives. They enter the workforce with expectations that professional education will be delivered in a flexible, online manner using

familiar technologies. This presentation describes the trial of an innovative approach to providing clinical skills education at the point of care.

**Main body** TUTEs, video-based resources, were designed to provide rapid access to evidence-based clinical skills educational instruction. Best practice was demonstrated with expert clinicians, using our suite of criterion-based CAT TOOLS for guidance. The TUTEs were filmed by an Instructional Designer eLearning, a Nurse Educator and/or a Clinical Nurse Consultant. A suite of TUTEs now exists on a wide variety of topics.

This innovation has meant that educational instruction on clinical skills best practice was readily available to all staff, anywhere at any time; 24 hours a day; 7 days a week; on the floor; in the lunchroom; at home; late at night; early in the morning; Saturdays and Sundays. The use of a QR code also meant that staff could access the TUTEs through a mobile phone when off site with no desktop computer.

The on-demand feature meant that rural and remote staff, or those working at times when there were no coaches or educators available, still had access to educational instruction as they required it.

Since the TUTEs have gone onto the QHEPs intranet, there has been over 4,000 hits. Key stakeholders enjoy using the resource and strongly agree that it has had a positive impact on their practice.

**Conclusion:** TUTEs are a powerful, flexible resource that provides point of care education, "just in time" as clinicians require it, just by scanning a barcode. Such innovations have the potential to reduce practice variability and promote best practice consistently across the organisation.

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# Abstracts – concurrent sessions

Abstracts are printed here as submitted to ACN

## DAY 3 THURSDAY 28 OCTOBER 2021 CONCURRENT SESSION THREE

### TRAILBLAZERS (03)

10:30 AM - 12:15 PM

#### ESSENTIAL CLINICAL DATASET: A NURSING/MIDWIFERY AND EMR OPTIMISATION FRAMEWORK

MS DANIELLE RITZ SHALA<sup>1</sup>, AAARON JONES<sup>1,2</sup>, JORDANNA DAVIS<sup>3</sup>, NATHANIEL ALEXANDER<sup>1,4,5</sup>, DR GREG FAIRBROTHER<sup>1,2,6</sup>, DR MELISSA BAYSARI<sup>7</sup>  
<sup>1</sup>Sydney Local Health District, Camperdown, Australia, <sup>2</sup>University of Sydney Faculty of Medicine and Health, Sydney, Australia, <sup>3</sup>Cerner Corporation, North Sydney, Australia, <sup>4</sup>Charles Sturt University, Darlinghurst, Australia, <sup>5</sup>Western Sydney University, Penrith, Australia, <sup>6</sup>Sydney Research, Camperdown, Australia, <sup>7</sup>University of Sydney Discipline of Biomedical Informatics and Digital Health, Camperdown, Australia

**Introduction:** Electronic documentation for nurses and midwives can be lengthy, repetitive, and time-consuming, taking valuable time away from direct patient care. Sydney Local Health District is the first Australian site to systematically address this by adopting the Essential Clinical Dataset (ECD) approach. Partnering with nurses, health informatics, industry, and academic leaders in rationalising data elements/questions for nursing admission ensures that appropriate information is captured and data fields with little or no value for patient care are removed.

**Methods:** The North American ECD framework was localised for the Australian context. Data elements in the Adult Admission Assessment (AAA) form were rationalised through four phases: 1) Review of data (November 2018–November 2019) with Cerner eMR to determine usage rates of 165 data elements in 92,957 AAA forms; 2) Review of guidelines and policy for evidence directly relating to AAA form questions; 3) Review of admission information practices and workflow; and 4) ECD workshop with nurses, health informatics, Cerner, and academics to discuss findings and identify data elements that could be removed.

**Results:** Out of 165 data elements in the AAA, 32.1% (n=53) were never completed by nurses (usage=0%), 42 (n=25.5%) were always completed (usage=100%), and 42.4% (n=70) had variable usage. The National Standards for Quality in Health Safety (NSQHS) and Ministry of Health (MOH) policy documents form the principal regulatory basis for ECD. Nurses identified key steps of admission and various purposes for the AAA. A 91.5% reduction in the form, from 165 to 14 data elements is proposed for optimisation.

**Conclusion:** A rigorous, participatory, and evidence-based approach is required for effective eMR optimisation. Identifying an essential dataset for patient care will improve nursing workflows, multidisciplinary communication, patient outcomes, and data quality. Streamlining nursing documentation will give time back for nurses and pave the way for information-enabled nursing care.

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#### SENSIBLE PATHOLOGY MONITORING IN PAEDIATRIC HAEMATOLOGY/ONCOLOGY PATIENTS

MR ANDREW GRANT<sup>1</sup>, RENEE BYRNE<sup>1</sup>, LAURA CHAPMAN<sup>1</sup>, DR MATTHEW O'CONNOR, ASSOCIATE PROFESSOR TRACEY O'BRIEN<sup>1</sup>  
<sup>1</sup>The Sydney Children's Hospitals Network, Sydney, Australia

**Introduction:** Paediatric haematology/oncology inpatients routinely have standard pathology tests taken on a daily basis during their admission. These blood tests do not always take into consideration a patient's diagnosis, reason for admission, clinical condition or previous reported pathology results. With all blood collections via a central venous line there is an inherent risk of infection, particularly in an immunocompromised patient population. Additionally, frequent sampling has

# Abstracts – concurrent sessions

Abstracts are printed here as submitted to ACN

## DAY 3 THURSDAY 28 OCTOBER 2021 CONCURRENT SESSION THREE

### TRAILBLAZERS (03)

10:30 AM - 12:15 PM

the potential to cause clinician induced hypovolaemia in patients with diagnoses relating to haemodynamic compromise. There is a paucity of evidence providing guidance on safe retesting intervals across both adult and paediatric specialties and no research has been identified specific to paediatric haematology/oncology. The research that does exist advocates for a clinically mindful approach, however what this looks like in practice is unclear. Benchmarking practice across haematology/oncology centres identified significant variations in practice and often comes down to individual clinicians' preference.

**Method:** The authors consolidated information from various sources. This included a literature review performed independently by two of the authors as well as a structured question sent to the centre's library department as a third source. International guidelines including paediatric haematology/oncology treatment protocols and febrile neutropenia guidelines from multiple paediatric haematology/oncology centres were examined. Finally, drug information from three resource manuals were consolidated focussing on frequently used chemotherapy agents within the centre.

**Conclusion:** A multidisciplinary approach was taken towards practice change including guideline development, education on rationale for blood tests, challenging clinicians to take greater consideration towards why tests are ordered and requiring explicit documentation for the clinical rationale of each test. The guidelines recommended the frequency of the most commonly ordered blood tests for patients admitted for 'chemotherapy', 'fever' and 'other admissions'.

### NEW WAYS OF NURSING LEADERSHIP IN 2020 AND BEYOND: ACHIEVING THE EXTRAORDINARY

DR KATE CAMERON<sup>1</sup>, DONNA STEVENS<sup>1</sup>

<sup>1</sup>Central Adelaide Local Health Network, Adelaide, Australia

A new governance structure was implemented in the Central Adelaide Local Health Network (CALHN) establishing new ways of working. Key drivers of clinical change include the CEO (Nurse Midwife), new EDON, and new Nurse Leads (NL) and Clinical Practice Directors (CPD) across eight new clinical programs. One of these clinical programs, Heart and Lung Program is a single service multi-site model primarily located at Royal Adelaide Hospital and The Queen Elizabeth Hospital.

The NLs and CPDs drive delivery of the organisation's strategic priorities by working together to influence change through leadership and empowering colleagues to deliver exemplary outcomes. An example of the approaches used includes supporting senior nurses to have open and frank discussion with families about management of complex and significant complaints. Cultural change goals include identifying better ways of working collaboratively in multidisciplinary teams, supporting all levels of nurses to think 'outside the box' and initiate change. Shifting the focus from being risk averse to risk aware is allowing nurses to be more assertive to generate and support change. The inclusion of 'critical friends' is allowing nurses to be challenged to think more broadly about change and the impact on patient safety and quality.

This presentation will showcase the impact recent leadership changes in CALHN are having in enabling nurses to lead. The crucial role of nurses in meeting CALHN strategic directions will be discussed, and the progress being made in improving outcomes of care to demonstrate an exemplar service. Patient and nurse stories will be shared to identify and map successes and areas where nursing leadership can facilitate improvements in the patient journey.



# Poster presentation and judging

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

**DAY 2 WEDNESDAY 27 OCTOBER 2021**

**08:00 AM – 08:45 AM**

## **WHEN BREATHING STOPS...IMPROVING CPAP COMPLIANCE FOR SURGICAL INPATIENTS WITH OSA**

RACHEL CALDWELL<sup>1</sup>

<sup>1</sup>Queensland Health, Coopers Plains, Australia

**Introduction:** Obstructive Sleep Apnoea (OSA) is prevalent among surgical inpatients, increasing susceptibility to sedating medications and opioid analgesia, and risk of respiratory arrest, anoxic brain injury and death. The Acute Pain Service (APS) identified 9% of surgical patients had diagnosed OSA and 13% had suspected OSA. After observing some patients did not use their continuous positive airway pressure (CPAP) machine in hospital, the CNC decided to review CPAP use and improve compliance among patients at risk.

**Methods:** We implemented a hospital-wide quality initiative. Contributing factors for non-compliance were identified via observation on the pain round, interviews at pre-admission joint clinic, and the APS referral sheet. Education provided to staff included literature review, staff quiz, posters, in service sessions, networking, case studies and document reviews.

**Results:** During the first half of 2019, 9/14 (64%) of surgical patients with diagnosed OSA did not use CPAP while in hospital. Patients with suspected OSA also had higher rates of sedation than recommended. Contributing factors for non-compliance with CPAP included:

- Patient factors: bruised face; unaware of CPAP importance
- Staff factors: unaware of CPAP importance; failure to document in medical record
- Equipment factors: CPAP machine in bedside cupboard; incompatibility with oxygen connector
- Process factors: lack of prescribing high-flow nasal prongs as replacement; staff handovers did not flag OSA/suspected OSA
- Organisational factors: hospital instructions advising patients not to bring electrical equipment; policies banning the use of equipment not tagged and tested.

In the 6 months post-initiative, 3/37 (8%) of surgical patients were CPAP non-compliant, indicating a 55% reduction in non-compliance.

**Conclusion:** This program has improved surgical patient compliance with CPAP. With OSA rates predicted to increase (aging population and increasing obesity), raising awareness of the importance of CPAP will reduce patient harm and hospital length of stay.

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## **ENSURE UNIVERSAL, HIGHLY TRAINED NURSING PROFESSIONALS FOR ADULT AND PAEDIATRIC PATIENTS OVER FIVE MAJOR HOSPITALS**

SUSAN WATERS<sup>1</sup>

<sup>1</sup>South Australia Medical Imaging, Adelaide, Australia

A standard of care implemented throughout the state in 2020/2021 to deliver improved vascular access delivery.

The need to improve State-wide health care systems in a pandemic, budget conscious environment, focussing on preferred and measurable patient outcomes.

Vascular access should be accessible to all vulnerable acute and chronic patients, providing exceptional health services with a focus on providing “the right care, at the right time, for the right person, in the right way”. The single service, multiple site challenge of SA Health warranted a collaborative approach with patient-centred care remaining our priority. Research driven practices and utilising latest technologies and systems were key drivers in achieving these outcomes across multiple campuses and greatly improved the consumers experiences.

Purpose of Project (Trailblazing) Improve vascular access for short-, medium- and long-term therapies and support difficult access throughout SAMI campuses. To deliver the best care available, every single time, to every SAMI patient, without expecting un-well patients to travel distances, to obtain care.

- Improve services across the state in vascular access insertion

- Ensure universal, highly trained nursing professionals for adult and paediatric patients over five major hospitals.
- Training of 18 advanced care vascular access nurses in ultrasound and central line insertion at all five campuses -this is an increase from 4 previous trained providers
- To give patients consistently the same care, every single time, in all regions, removing the need for excess patient travel Major Outcomes
- All patients have same care delivered, every single time, for medium, long term or difficult access which has improved
  - o Decrease waiting times
  - o Reduce travel time for patients
  - o Improve patients satisfaction
  - o Improve Patient vascular outcomes
 Ensuring dynamic state-wide access to timely appropriate intravenous devices in a rapidly changing health landscape

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## OUTCOMES OF HOSPITAL AT HOME REGISTERED NURSE ROLE ANALYSIS: CLAIMING A SEAT

ANGELA ELLIS<sup>1,2</sup>, DR MELISSA TAYLOR<sup>1</sup>, ASSOCIATE PROFESSOR CLINT MOLONEY<sup>1</sup>

<sup>1</sup>University of Southern Queensland, Toowoomba, Australia, <sup>2</sup>Hospital in the Home (HITH) Australasian Society, Adelaide, Australia

**Background and Aims:** The COVID-19 pandemic has added greater pressures on Hospital at Home (H@H) Registered Nurses (RN) to maintain the health and well-being of people with acute & chronic illness and for those in residential aged care. Understanding the work of H@H Registered Nurses is critical as current position descriptions vary considerably across health services. Currently, no evidence shares the successes and challenges experienced by H@H nurses with respect to their role.

**Method:** This research explores the role and key functions of the H@H Registered Nurse in two ways: firstly, a qualitative phenomenological approach uses semi-structured interviews to gain participant perspectives to understand H@H RN's roles. Secondly

a critical evaluation of participant position descriptions determines key capabilities and core position indicators.

**Results:** The research identifies a complex role that encompasses tiers of communication, autonomous practice, accountability and decision-making in practice. Three emergent themes highlight the challenges and successes of H@H roles: professionalism, knowledge and responsiveness. Professionalism includes the explicit need for accountability and responsibility; knowledge identifies with autonomous practice and innovation and; responsibility highlights the need for responsiveness in care decisions reflective of diverse working environments.

**Conclusions:** The outcomes share the challenges that exist in the role of the H@H RN, who deliver acute hospital care in the community. H@H nurses undertake complex roles, working with generic position descriptions often absent of core components of autonomous practice, experience and knowledge. The paper presents the outcomes and recommended strategies to enhance the H@H Registered Nurses capacity in the Australian nursing context. Claiming a seat at the table to further advance the role, reward achievements and develop position descriptions reflective of the role through policy development, and scaffolding the education pathways that are required.

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## SIMULATION, NURSING ORIENTATION AND THE MULTICULTURAL HEALTH TEAM

NICOLE LYONS<sup>1</sup>, ANGEL BOGICEVIC

<sup>1</sup>Logan Hospital Metro South Health, Logan, Australia

**Introduction:** Effective communication with healthcare consumers is paramount for providing safe, person-centred care. Clinicians working in an acute care hospital that serves a culturally diverse community need to be aware of the available resources to allow them to communicate and engage with their patients in a timely and effective manner. A novel collaborative approach between the Nursing Education team and the Health Equity and Access Unit was commenced to empower and engage nursing staff entering the organisation to recognise when and how to access interpreter and other services for culturally and linguistically diverse healthcare consumers.

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**DAY 2 WEDNESDAY 27 OCTOBER 2021**

**08:00 AM – 08:45 AM**

**Summary:** Simulation based education scenarios were used to engage nursing staff entering the organisation to experience caring for a healthcare consumer from a culturally and linguistically diverse background. The simulation scenarios were designed and supported by the Nurse Educator Simulation and the Multicultural Clinical Support Officer. The aim of the simulation scenarios was to support knowledge to promote timely and effective engagement with interpreter services and to have an experiential learning experience that promotes discussion and problem solving of potential challenges and barriers to accessing services. The immersive experience of simulation replicates a snapshot of the challenges in a clinical environment whilst allowing for active reflection and problem solving through debriefing with both colleagues and experts.

**Conclusion:** The formative evaluation of this intervention is very positive and illustrates a knowledge change in staff entering the organisation. Further evaluation of behaviour change and knowledge retention is being collected. The data suggests potential for expansion of this initiative to nursing, midwifery and other professions currently working in the organisation. Supporting our clinicians to use their resources to communicate with their patients, families and communities will promote positive, engaged and safer health care experiences for our culturally and linguistically diverse consumers.

that Indigenous patients are more likely to access health services where Indigenous Australians are part of the health care team (Department of Health [DoH], 2014).

Whilst Indigenous Australians are underrepresented in the health workforce, the health needs of Indigenous communities are unable to be fully met because of the lack of a diverse, proficient and, culturally appropriate health workforce (Curtis et al., 2012). Lai et al. (2018) express that the deficit in the Indigenous health workforce places pressure on the existing pool of Indigenous health professionals, including nurses, and compounds the health disparities experienced by Indigenous Australians. This pressure, amongst other things, contributes to recruitment and retention issues.

Many actions have been taken over the past three decades to address this situation across the nursing and broader health workforce, however, the number of Indigenous nurses remains low when compared to other ethnic groups. It is paramount that strategies are put in place to reduce the barriers to the recruitment and, retention of Indigenous Australians into the nursing and health workforces and to enhance educational opportunities that will expand the representation of Indigenous Australians in the health workforce. In turn, this will no doubt aid in reducing the burden of disease within the Australian Indigenous population and build a more sustainable Indigenous health workforce.

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## ADDRESSING THE UNDER-REPRESENTATION OF INDIGENOUS AUSTRALIANS IN THE AUSTRALIAN HEALTH WORKFORCE

LESLEY-ANNE MORGAN<sup>1</sup>

<sup>1</sup>Charles Darwin University, Melbourne, Australia

Representing 3.3 percent of Australia's total population (Australian Bureau of Statistics [ABS], 2018), Indigenous Australians comprise only 1.6 percent of Australia's health workforce and a higher proportion of patient populations (Lai et al., 2018). Indigenous Australians are severely under-represented in Australia's nursing workforce. The impact that this has upon the health of Indigenous Australians is profound. Evidence suggests

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## PATHWAYS TO ACUTE CLINICAL CARE – FROM SUB-ACUTE NURSING TO NEXT GEN LEADER

ANNA NOLAN<sup>1</sup>, JACQUELINE NIPPERESS<sup>1</sup>

<sup>1</sup>St Vincent's Hospital Darlinghurst, Darlinghurst, Australia

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

The PPP offers a 12-month Transition Program to experienced Registered Nurses (RNs) and Enrolled Nurses (ENs) from three (3) distinct categories;

1. Nurses working in non-hospital areas; such as general practice and aged care
2. Overseas trained nurses who have completed a bridging course
3. Nurses who have had a short break from clinical work

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

Over the last eight (8) years of the PPP, retention is high (55 retained from 88) with many who have completed the program going on to complete post-grad studies, work in critical care and take leadership roles across the organisation. Their stories describe how the support, safety and encouragement of a Transition Program has enabled them to achieve their career goals. The common theme is that the program graduates feel they would not have come so far without being accepted in to, and supported by the PPP.

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

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## MEANINGFUL MATE HELPING RESIDENTS IN AGED CARE DEAL WITH SOCIAL ISOLATION DURING COVID- 19 LOCKDOWN

SHELDON OMWAMBA<sup>1</sup>

*<sup>1</sup>Opal Aged Care, Coffs Harbour, Australia*

The Covid – 19 pandemic has caused unprecedented restricted access and lockdown across aged care facilities. This robust measure is aimed at preventing the spread of the virus to the most vulnerable demographic. This consequently has had the potential of increasing social isolation to the already socially disadvantaged population. Family and friends were no longer allowed to visit. Lack of social connection can negatively contribute to the deterioration of physical and mental wellbeing of older people, more especially those living in residential aged care facilities.

The need to overcome social isolation amongst our residents led to meaningful mate program being rolled out. Meaningful mate is a program whereby team members are encouraged to pick a resident to be a meaningful mate, to share social time together based on shared common interests. Team members spend at least 15 minutes per shift having a meaningful interaction with the resident. Any new insights gathered from the interaction is updated in the care plans, enabling other team members to provide a customised dignified high-quality care and services to residents.

Preliminary findings indicate that the program has helped gain deeper understanding of resident's personal preferences and the things that bring them joy. Residents have been able to maintain social interaction with their meaningful mates, and also with friends and family through the use of technology facilitated by the meaningful mate. Residents living with dementia have highly benefited, by being able to see a familiar face on regular base for social interaction based on shared interests makes a difference for a person living with dementia.

Overall, the general vulnerable population has been protected against the virus through the robust lockdown and restricted access, as well as maintaining their wellbeing through friendship and kindness demonstrated by the Meaningful Mates Program.

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# Poster presentation and judging

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**DAY 2 WEDNESDAY 27 OCTOBER 2021**

**08:00 AM – 08:45 AM**

## **ONLINE SCHOOL HEALTH CARE PLANS: IMPROVING EPIDERMOLYSIS BULLOSA MANAGEMENT, AND REDUCING PARENT CARE COORDINATION BURDEN**

REBECCA SAAD<sup>1</sup>

*<sup>1</sup>National Epidermolysis Bullosa Dressing Scheme, Randwick, Australia*

**Introduction:** Epidermolysis Bullosa (EB) is a rare genetic skin disease, where wounds and blistering occur from friction from everyday activities. The National EB dressing scheme (NEBDS), funded by the Department of Health provides wound care products, training and education to families living with EB. Starting a new school can be daunting, for children with EB, who have upwards of 10 care teams including; specialist, local hospitals, allied health, and NDIS, the task of coordinating disease specific health management for school is overwhelming. This NEBDs education takes a rare disease focus by implementing the core pillars awareness/education and care/support from Australia's first National strategic action plan (2020).

**Purpose/Aim:** The aim of the EB school health care plan is to streamline the transition to school, promote communication, and ease the burden of coordination required by parents, using an adaptable EB specific document.

**Methods:** A quality improvement project included; reviewing available health care plans, current literature, and discussion with EB nurse specialists about current practice. Production of an online accessible document covering major areas of EB care was completed. A multi-tiered review was undertaken by schools, consumers, industry, and Department of health. Parents with children enrolled in the NEBDS trialed the form, providing feedback, this process was repeated until consensus was reached. This document passed through review by the NEBDS scheme staff at Independence Australia and the Department of Health before being approved and made public online.

**Results and conclusions:** School support offered by the NEBDS has completed its first year of EB education with schools using the online management plan. This plan has been used in 8 schools and 6 day care centres to date. The completed document is now available on line. The document prompts communication between school and health professionals, easing the burden on the parents to coordinate all communication.

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## **LEAPING INTO THE FUTURE: A PROGRAM TO SUPPORT OUR WORKFORCE**

KATELYN STEVENS<sup>1</sup>, CATHERINE CARBERY  
*<sup>1</sup>Royal Melbourne Hospital, Parkville, Australia*

**Introduction:** The Royal Melbourne Hospital (RMH) promotes an environment that encourages staff development and workforce retention through the implementation of education initiatives. RMH employs between 120-170 Graduate Nurse Program (GNP) participants each year, constituting a significant component of the organisations workforce.

### **Graduate Nurse of Today, Leader of Tomorrow**

There is limited information to support the professional development of RNs following their first year of practice. Research demonstrates whilst 77% of GNPs are committed to developing a professional career in nursing, almost a third of GNPs under the age of 24 expect to change their role within 2-years from graduation (Casey, Fink, Krugman, & Propst, 2004). The LEAP program provides nurses a sustainable approach to support professional growth, as they transition into the next phase of their career. This initiative strongly reflects and promotes our organisation's values, The Melbourne Way - People First, Leading with Kindness and Excellence Together. Across the three, eight-week modules of the LEAP program, participants will be equipped with the foundational knowledge of a person-centred approach, as well as skills in clinical leadership and quality improvement through online workbooks, fortnightly tutorials and module hurdle activities. Experiences of nurse educators and graduate nurses involved in the LEAP program will be shared.

**Conclusions:** Supporting our early career nurses is essential to promote professional and workforce development within healthcare organisations. Aligning with the Melbourne Way, the LEAP program is one initiative to support the future workforce of RMH and may inform other healthcare networks educational strategy.

Casey, R. K., Fink, M. R., Krugman, J. A., & Propst, J. F. (2004). The Graduate Nurse Experience. *JONA: The Journal of Nursing Administration*, 34(6), 303-311. doi:10.1097/00005110-200406000-00010

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## ROSTERING SUCCESSION - AN INITIATIVE TO PROVIDE RISING STARS WITH THE OPPORTUNITY TO EXPLORE SUCCESSION OUTSIDE OF THEIR SUBSTANTIVE ROLE

JORDAN WAUGH<sup>1</sup>

<sup>1</sup>*Metro South HHS - Logan Hospital, Brisbane, Australia*

**Introduction:** Opportunities for rising stars to experience secondments within nursing and midwifery education roles are limited. The struggle for experience and exposure into education is further compounded by assumptions, that clinical facilitators require “years” of experience to be successful and that a rising stars desire to remain contemporary and progress clinically will be jeopardised in an education role.

**Method:** Clinicians applied to an expression of interest to support graduate nurses and midwives’ transition. This secondment was offered on a part time basis, allowing rising stars the opportunity to pursue a career pathway in education whilst continuing to work part time clinically. Strong collaborative partnerships between the graduate coordinator and line managers were established to support both the upskilling and clinical progression of successful applicants. Post secondment meetings were conducted to discuss benefits of the initiative. Benefits, skills and attributes developed in the seconded role were discussed along with how they could be utilised upon return to the substantive position.

**Results:** Rising stars had an opportunity and enhanced confidence to explore a career pathway in education; increasing their understanding of education principals, clinical bedside teaching and assessment, whilst remaining contemporary and progressive in their substantive role.

- 75% of applicants chose to job share their first secondment to an education role.
- 77% of applicants have had further secondments at high duties.
- Minimal disruption to units FTE and roster.

**Conclusion:** Creative rostering and strengthened line manager - educator relationships have the potential to increase the number of rising stars exposed to the education pathway, whilst minimising the impact on the clinical units and clinical career progression. Rising stars are the future of our profession, opportunities for them to be exposed to education roles are imperative if education is to remain cutting edge and serve the needs of future generations.

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## A PATHWAY TO MOTHER-INFANT BONDING IN THE ADULT INTENSIVE CARE UNIT

CHRISTINA WHITEHEAD<sup>1</sup>, E BARRET<sup>1</sup>, L SCOTT<sup>1</sup>, L GUYATT<sup>1</sup>, D HANSEN, A DOUGLAS<sup>1</sup>, M HOULIHAN<sup>1</sup>  
<sup>1</sup>*Nepean Blue Mountains Local Heath District, Kingswood, Australia*

**Introduction:** Post-partum women admitted into the adult Intensive Care are often separated from their newborn infant. The adult critical care environment itself, maternal critical illness factors, as well as infant stability all pose significant barriers to facilitating contact between a new mother and her child. Providing the opportunity for maternal-infant bonding and skin to skin contact is traditionally considered a nursing role that is often overlooked in the adult Intensive Care Unit (ICU) environment.

# Poster presentation and judging

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**DAY 2 WEDNESDAY 27 OCTOBER 2021**

**08:00 AM – 08:45 AM**

**Purpose:** To optimise clinical nursing practice around mother-infant bonding in the early post-partum phase in the adult ICU.

**Methods:** A sequential mixed methods study with 4 key areas of inquiry

1. A systematic review of primary research and policy about what enables optimal mother-infant bonding in the adult ICU
2. Qualitative surveys exploring nurse perceived barriers and facilitators to mother-infant bonding in the adult ICU.
3. A single unit data audit applying a multivariate regression analysis to identify predictors of shorter time-to-first-contact between mother and baby when mother requires an ICU admission.
4. A phenomenological exploration applying semi-structured Interviews with women who were admitted to an Australian ICU post-partum to understand their experience of care and connection to their baby.

**Results:** Nurse led facilitation of connection between mum and bub can be optimized by care that centers on safety, advocacy, competence, the infant care environment (PICU/NICU) collaboration, and managerial and collegiate support within the ICU.

**Conclusion:** Mother-Infant bonding in the adult critical care environment is extremely challenging. ICU nurses can be empowered through clear nurse-led pathways to support this essential component of care.

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## **HOSPITAL STAFF WELL-BEING DURING THE COVID-19 PANDEMIC: STAFF PERSPECTIVES**

DR TOBIN DIGBY<sup>1</sup>, DR TOBIAS WINTON-BROWN<sup>2</sup>, FELICITY FINLAYSON<sup>2</sup>, DR HANNAH DOBSON<sup>2</sup>

<sup>1</sup>Deakin University, Geelong, Victoria, Australia,

<sup>2</sup>Alfred Health, Melbourne, Victoria, Australia

**Introduction/ purpose:** Australian hospitals are largely unfamiliar with high consequence infectious disease pandemics because they have occurred so rarely in this country. With an increasing threat of surging COVID-19 patients, working conditions were required to change for many hospital staff, clinical and non-clinical. The purpose of this research was to determine the impact of working during the early stage of the COVID-19 pandemic on the well-being of staff at one major health service with 6,000 staff in metropolitan Melbourne, Australia.

**Methods:** This exploratory study is part of a larger mixed methods project, reporting qualitative data from an on-line survey of a convenience sample of clinical and non-clinical support staff between April 16th and May 13th, 2020. Responses to five free-text questions were analysed using inductive content analysis.

**Results:** In total, 321 medical, nursing, allied health and non-clinical staff responded to the survey. Respondents reported anxiety, fear and uncertainty related to the pandemic, from the perspectives of work, home, family and community. They were confused by inconsistent messages received from government, hospital executive, managers and media. Seven themes: 1) worrying about patient care, 2) changed working conditions, 3) working in the changed hospital environment, 4) impact of the pandemic, 5) personal isolation and uncertainty, 6) leadership and management and 7) additional support needed for staff. All disciplines reported a high degree of anticipatory anxiety.

**Conclusion:** Managing a pandemic has little precedent in Australia. This study of health care workers' experiences has highlighted opportunities to improve processes to prepare and protect staff wellbeing in the event of a surge in cases or future pandemic. Healthcare staff need practical and psychological support and regular clear communication to minimise anxiety, promote wellbeing, foster resilience and ensure that they are in a strong position to deal with the health crisis as it continues to evolve.

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## OPTIMISING TREATMENT FOR DEPRESSION IN PRIMARY CARE (OPTIMA2)

RASA KABAILA<sup>2</sup>, DR RICHARD TRANTER<sup>2</sup>, PIA LATIMER<sup>2</sup>, ROBERT OAKESHOTT<sup>1,2</sup>  
*1UNSW, NSW, Australia, 2NSW Health, NSW, Australia*

**Introduction:** OptiMA2 is an on-line system utilised by nurse practitioners to provide specialist mental health care into the primary care setting. This system enables NP led support to GP's to optimise management for clients presenting with moderate to severe depression. OptiMA2 is supported by 'Psynary', an online system which optimises treatments for patients with moderate to severe depression which monitors the effectiveness of medication, prescribed by the NP for depression and anxiety. Treatment plans prescribed by the NP follow NICE guidelines and are inclusive of medication, talking therapies, sleep hygiene as well as behavioural activation strategies and the client's individual goals.

**Methods:** This is a mixed methods implementation study, informed by a literature review of published service implementation models and utilising service data gap analysis; qualitative interviews and focus group methodology. The goal of this project is to test the feasibility of implementing a NP led depression clinic with the assistance of Psynary.

**Results:** Focus groups for GP's and clients held in October 2020 have shown that GP's are confident in the timely and specialist treatment provided by the NP. Clients reported that they feel that the NP assessments and care plans are thorough, holistic and that they feel cared for and heard. Final results incorporating the second round of focus groups are pending and are expected to be available in early 2021.

**Conclusions:** The long-term goal of this project is to support the development of community-based care-extension models to improve consumer access to specialist mental health services, including NP's, pharmacists and GPs, to extend specialist mental health expertise to larger primary care populations where the greatest burden of mental illness occurs.

**Implications:** Future research will examine the cumulative clinical outcomes, to determine if increased rates of remission are achieved and identify potential predictive factors.

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## THE IMPACT OF AN AGEING PRIMARY HEALTH CARE NURSING WORKFORCE

HAYLEY MORRIS<sup>1</sup>  
*<sup>1</sup>QLD Health, Brisbane, QLD, Australia*

**Introduction:** Concerns exist for the sustainability of the Primary Health Care (PHC) nursing workforce, inclusive of community health nurses. The ageing workforce is well documented in the literature as a national and global issue of significance due to the impending retirement of the baby boomer generation. In Australia, many PHC services employ a high number of this generation of nurses because of their accumulated wealth of knowledge and expertise. A compounding issue for replacing this group is the lack of formal pathways into PHC nursing.



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**DAY 2 WEDNESDAY 27 OCTOBER 2021**

**08:00 AM – 08:45 AM**

This poster examines the impact of an ageing PHC nursing workforce and the effects on population health and nursing practice. It also seeks to explore initiatives which address this issue.

**Method:** A systematic review was undertaken of peer reviewed literature from Australia, New Zealand, Canada, United Kingdom and United States of America, limited to articles published between 2010 and 2020.

**Results:** Twenty-four papers were considered in the review. Impacts related to population health and nursing practice were identified.

Literature identified three initiatives either in the development phase or already implemented to address this issue. These include a Transition Support Program, Strength with Immersion Model program and nurse led models of care coordination. The review also indicated mentoring and graduate support programs successfully created formalised pathways into PHC to help build a sustainable PHC workforce in the future.

**Conclusion:** The impending retirement of an ageing Australian PHC workforce will result in many experienced nurses leaving PHC nursing practice settings. The new initiatives that are now emerging have the potential to bridge this gap, but further research is required to evaluate their success. With the implementation of appropriate initiatives, support programs and new models of care, retiring PHC nurses can be confident that they are handing over to the next generation of knowledgeable and skilled colleagues.

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# Concurrent & poster presenters index

## A

Professor Mohamed Abdel-Latif  
Nathaniel Alexander MACN  
Associate Professor Judith  
Anderson FACN  
Danielle Austin

## B

Rebecca Badcock MACN  
E Barret  
Amy Barzen MACN  
Dr Melissa Baysari  
Cpt Jane Becker  
Chase Becker  
Chris Benellie Ladera MACN  
Rachel Bennett MACN  
Dr Gordon Bingham  
Alison Bell  
Professor Melanie Birks FACN  
Associate Professor Melanie Bish  
MACN  
Jennifer Boak MACN  
Angel Bogicevic  
Bernadette Brady  
John Breguet  
Margaret Broom MACN  
Rebecca Brough MACN  
John Brown FACN (retired)  
Caroline Browne MACN  
Professor Tracey Bucknall MACN  
Emma Bugden MACN  
Renee Byrne

## C

Rachel Caldwell  
Dr Kate Cameron MACN  
Catherine Carbery  
Vandana Chandnani  
Sarah Chapman  
Laura Chapman  
Ben Chiarella MACN  
Dr Philip Choi  
Dr Ylona Chun Tie MACN  
Cherie Clarke MACN  
Bernadette Clarke MACN  
Siobhan Cody MACN  
Amanda Collings MACN  
Shane Convey  
Leslie Coo MACN  
Professor Marie Cooke  
Megan Corcoran  
Debbie Cruickshank  
Melita Cummings

## D

Professor Patricia M Davidson  
FACN  
Jordanna Davis  
Dr Karen Daws MACN  
Katherine Dawson  
Melissa Deacon-Crouch MACN  
Dr Deborah Debono  
Professor Elizabeth Denney-Wilson  
MACN  
Nikki Dennis  
Professor Helen Dewey

Dr Robin Digby MACN  
Anna Doab  
Naomi Dobroff  
A Douglas  
Ann-Marie Dunk MACN  
Beaudan Dupen MACN

## E

Angela Ellis MACN

## F

Dr Greg Fairbrother  
Annette Faithfull-Byrne  
Kethly Fallon MACN  
Brianna Flynn  
Dana Forcey  
Associate Professor Jane Frost  
MACN  
Tanya Frost MACN  
Professor Margaret Fry MACN

## G

Dr Loretta Garvey MACN  
Associate Professor Alanna Geary  
FACN  
Janette Gogler  
Michelle Gold  
Liza Goncharov  
Nikesh Gopalkumar  
Andrew Grant MACN  
L Guyatt

## H

D Hansen  
 Professor Bethe Hart MACN  
 Peter Hartin MACN  
 Associate Professor Sue Hawes  
 FACN  
 David Heath  
 Caroline Henderson MACN  
 Professor Jeroen Hendriks MACN  
 Theresa Heron MACN  
 Ingrid Hopper  
 Jessica Horne  
 M Houlihan  
 Melissa Hozjan MACN  
 Leanne Hughes  
 Amy Humme MACN  
 Peter Hunter  
 Sara Hurren MACN

## J

Liam Jackson MACN  
 Hollie Jaggard MACN  
 Dr Samantha Jakimowicz FACN  
 Rebecca Jedwab MACN  
 Vanessa Jones MACN (Associate)  
 Aaron Jones FACN  
 Russell Jones

## K

Professor Jennifer Kelly  
 Samira Kerbage MACN  
 Dr Danielle Ko

## L

Michelle Lemoine  
 Serafina Levak  
 Professor Tracy Levett-Jones  
 Associate Professor David Lindsay  
 MACN  
 Associate Professor Karen Livesay  
 Lucylynn Lizarondo  
 Karrie Long MACN  
 Professor Karl Lorenz  
 Dell Lovett MACN  
 Patricia Lowe MACN  
 Dr Tim Lockett  
 Angela Luppino  
 Nicole Lyons MACN

## M

Dianne Maher MACN  
 Elizabeth Matters FACN  
 Beth McAlary  
 Alexa McArthur  
 Dr Marie McAuliffe  
 Katherine Mcbrearty MACN  
 Doug McCaskie  
 Dr Rosalind McDougall  
 Dr Nicole McGill  
 Gary McLachlan  
 Franki McMahan MACN  
 Kelly Mercer MACN  
 Olivia Misa  
 Associate Professor Clint Moloney  
 Lesley-Anne Morgan MACN

## N

Professor Cate Nagle  
 Lavanya Naidoo MACN  
 Amanda Naumann  
 Julia Navarro  
 Jacqueline Nipperess  
 Anna Nolan

## O

Associate Professor Tracey  
 O'Brien  
 Dr Matthew O'Connor  
 Lisa O'Driscoll  
 Dr Rowan O'Hagan  
 Satomi Ohoshi  
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Lisa Sealey FACN  
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Dr Suzanne Sheppard-Law  
Dr Peter Si Woo Park  
Professor Diana Slade  
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Karen Stephens MACN  
Donna Stevens MACN  
Katelyn Stevens  
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