



College Communiqué

WHAT'S INSIDE?

INTERESTING LINK

CHAPTER REPORTS

- Queensland Chapter
- Tasmania Chapter
- Western Australia Chapter

ACCYPN ADVOCACY IN ACTION

USING A FELLOWSHIP MODEL (ARTICLE FROM QLD MEMBER)

ACCYPN 2013 CONFERENCE EXPRESSION OF INTEREST FLYER

EMAIL LISTING

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Chairperson's Letter

Dear Members,

Welcome to the June issue of *College Communiqué*.

In the last few months, members have been active in representing ACCYPN and the health needs of children and young people.

- In March 2012 ACCYPN submitted a response to the House of Representatives inquiry into Foetal Alcohol Spectrum Disorder. ACCYPN was then invited to have a representative at the public hearing on the matter. Professor Jenny Fraser represented ACCYPN on this occasion. This public hearing was recorded in Hansard. ACCYPN attendance at the meeting was also reported in the Australian Newspaper. <http://www.theaustralian.com.au/news/breaking-news/alcohol-should-carry-clear-warnings/story-fn3dxity-1226325821992>.
- Members Ms Sally Wilson, Ms Karen Phillips and Mr Scott Stokes have all represented ACCYPN as a working party on a review of the Paediatric Indicators of the ACHS Clinical Indicators

The Board of Directors thanks the members for their contribution and representation.

ACCYPN has created another membership category. **Corporate membership** is available to Health Service Organisations, Academic Institutions and Associations that support the objectives of ACCYPN. The cost is \$2000-00 per annum.

The benefits include:

- Five (5) complimentary memberships
- 20% off any advertising as per the advertising rates for ACCYPN
- 20% off any exhibition/trade stall at the ACCYPN conference
- 20% off Corporate fee of any e-learning product
- Bi-monthly newsletter
- Corporate membership acknowledged on ACCYPN website with link to health service, institution or association website - this would provide 12 months exposure to the site of their choice to a targeted audience.

The link to join ACCYPN as a Corporate member is <http://www.accypn.org.au/membership/> If an organisation joins now, membership will be current to 30th June 2013. I would encourage all members to promote this membership to your Organisation.

Regards, Jan Pratt - Chairperson, Board of Directors, ACCYPN

Introducing ACCYPN Board Member – Catherine Marron RN, BHS (Nursing), MClInNursing

Catherine has worked in both paediatric and child health nursing since 1989. Originally from Tasmania, where she gained General Nursing and Family and Child Health qualifications, she has worked in a variety of children's health settings including paediatrics, child health, school health, adolescent health and immunisation programs. Moving overseas for three years, she was employed as the School Nurse at the International School Brunei, before settling in Brisbane in 2006. Catherine gained a Master of Clinical Nursing in 2008 and is currently a Clinical Nurse Consultant with the Community Child, Youth and Family Health Service, Children's Health Services Queensland and also a Visiting Fellow at Queensland University of Technology. Catherine looks forward to serving on the ACCYPN Board and is committed to the promotion and advancement of children's health and children's nursing.

Interesting Link

The Commissioner for Children and Young People (Western Australia), Michelle Scott writes:

Thinker in Residence 2012

Dear colleagues,

I am pleased to announce today my 2012 Thinker in Residence which will examine the importance of self regulation in children and young people, with a particular focus on strategies that can be used to develop and enhance their self regulation.

One of Canada's foremost child development specialists, Dr Stuart Shanker, will be my Thinker in Residence from 5 to 15 June 2012.

Self regulation is about the ability to monitor and modify emotions, to focus or shift attention, to control impulses and to tolerate frustration or delay gratification.

Research has shown self regulation can provide broad benefits to a child's wellbeing including the areas of education, relationships, mental health and resilience.

Dr Shanker will discuss learnings from a number of successful evidence-based programs in Canada that strengthen and improve self regulation in children and young people.

The residency will be of interest to parents, health and other professionals, early childhood practitioners and teachers and others in the community interested in the wellbeing of children and young people.

I invite you to view the 2012 Thinker in residence program and participate in the debate about what we can do to better support children and their families. Website: <http://www.cyp.wa.gov.au/forumThinker.aspx?cld=568>

Yours sincerely

Michelle Scott, Commissioner for Children and Young People (Western Australia)

Chapter Reports

Queensland Chapter

Chapter Event – Wednesday 13 June 2012 – 2.00pm arrival for 2.30-4.00pm (1.5 CPD hours)

Topic: *"New choices in Paediatric Health Care" - DART*

DART was established in 2007 with the aim of providing an alternative treatment model for families where clinicians deem equivalent care can be delivered safely in the community setting. DART Paediatrics currently administer Hospital in the Home and Post-Acute Care Services, High Cost Home Support Program and Tracheostomy in the Home Care Program. This presentation will discuss models of care, challenges and successes. DART is a multidisciplinary team and case studies will also be presented highlighting how disciplines work together.

Presenters: Marissa Ehmer - NUM, DART Paediatrics, Katrina Jess - Clinical Nurse, DART and Yolande Steyn - DART Paediatrics, OT Team Leader

Venue, Costs & More Information: Face to Face or Video Conference Options. Members and Non-Members Welcome.

Please check the ACCYPN website for how to register – www.accypn.org.au/chapters/chapters/queensland/

Networking Evenings

Come and enjoy the networking opportunity with your peers - have a tea/coffee or a meal. (The drinks and food are self-funded)

Dates: 3rd Tuesday of each month (February to November)

Time: 6.00pm - 8.00pm

Venue: The Greek Club, 29 Edmondstone Street, South Brisbane

Tasmanian Chapter

Professional Development Day – Saturday 11 August 2012 – 9.45am-4.00pm (approx)

Venue: Launceston General Hospital, Old 3D sitting Room

Cost: Members \$30.00 / Non Members \$50.00 (Lunch & Afternoon Tea will be included in Registration)

FINAL PROGRAM OUT SOON.

Email enquires to: rosiemacleavy@gmail.com

Rosie MacLeavy, Chapter Co coordinator.

Western Australia Chapter

Upcoming event

Mid Year Dinner – Thursday 21 June 2012 – commencing at 5.30pm

Topic: “*Cyber Space – The Good, The Bad and The Ugly*”

Venue: Lake Monger Recreation Club, 144 Gregory St, Wembley (free parking at the venue)

Registration includes a two course dinner. Drinks available for purchase at the bar

Members \$25.00 / Non-members \$35.00

Register online: www.accypn.org.au/chapters/chapters/western-australia/ (Registrations close 14 June 2012)

More information: email Di Juliff – Dianne.Juliff@health.wa.gov.au

Recent event

Clinical Supper – Autism Recognition and Early Intervention

Dr Brad Jongeling, Developmental Paediatrician was our guest speaker for the WA Chapter Clinical Supper conducted on 1 May 2012. Brad is clearly passionate about the topic and gave a very informative and engaging presentation. Brad used excellent video footage to demonstrate the aspects of diagnosis which was greatly valued by those that attended.

Autism has an incidence of 1:38 so all of us will have contact with children and adults with Autism in our professional and personal lives, as demonstrated by the attendance of 46 people at the supper.

The evaluations were extremely positive with the overwhelming majority wanting more time and more information:

“I thought it was very interesting and very well presented, thank you”

“I wish the presentation could have lasted longer”

“Relevant to practice, a good update on autism. Good video clips to demonstrate behaviours”

“Very useful, perhaps part II in the future?”

“Excellent presentation, would love to see you again”

“Video segments were well received”

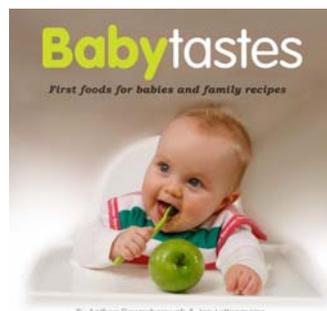
“Excellent presentation, would love to have had more time”

In response to this feedback the WA Chapter committee is planning a half day session later in the year. The seminar will cover diagnoses, intervention, outcomes and parent perspective of having a child with Autism.

The clinical supper was generously sponsored by Babytastes

Babytastes was written by two of our Western Australian child health nurses, Anthea Downsborough and Jan Lettenmaier. This book offers an evidence-based approach to introducing solids. It provides information on why, when, what and how to introduce first foods and follow-on foods to your baby. An A-Z of information about food in the first year of life; recipes are included to encourage the use of raw, fresh and unprocessed ingredients so babies can develop their tastes by eating natural, flavoursome foods. Many recipes contained in the book can be used to prepare meals for the whole family to share, negating the need to prepare different meals.

“This book emphasises going back to the kitchen and, in developmentally appropriate steps, creating healthy, nutritious foods.” Dr Bradley Jongeling [Paediatrician]



For further information email Anthea and Jan on info@babytastes.com.au or visit the website www.babytastes.com.au

ACCYPN Advocacy in Action

The following is a report from the members who represented ACCYPN at the Australian Council of Healthcare Standards Paediatric Indicator Working Party Meeting – held 16 February 2012 at ACHS office, Ultimo, Sydney.

Representing ACCYPN:

Karen Phillips, Nurse Manager, Mater Children's Hospital, Queensland

Scott Stokes, Nurse Practitioner, Broome Hospital, Western Australia

Sally Wilson, PhD Candidate, University of Western Australia

Further membership of the Working Party consisted of representatives from:

- Royal Australasian College of Physicians (P&CH Division)
- Women's and Children's Hospitals Australasia
- Consumers' Health Forum
- Australian Council on Healthcare Standards
- Paediatric Clinicians from SA, NSW, NT and Qld, incorporating RN's and Dr's, covering general paediatrics and specialities of PICU, day surgery and surgery, and hospital safety and quality.

Objectives of the day:

- Review current paediatric indicators and consider new indicators for general paediatrics, PICU, day surgery and surgery.
- Discuss inclusion criteria relating to age limits of children
- Discuss stratification necessary for benchmarking
- Brainstorm how to promote use of indicators across paediatric settings

Promotion of indicators across paediatric settings:

Currently few healthcare agencies are reporting any of the general paediatric indicators. The number has been decreasing over the years. It is hoped this is because the indicators provided are out dated therefore not relevant for agencies to waste resources. (Current ACHS indicators were last reviewed in 1998.)

Some ACHS surveyors don't ask for reports of clinical indicators when surveying an organisation – education suggested so it becomes part of accreditation.

CHA rep was present so brief discussion about ensuring organisations worked together and did not duplicate.

RACP and ACCYPN are 'custodians' of these indicators therefore, it is important that they are used. Consequently, it is our job to promote the indicators.

Where to from here?

- Members of the Working Party to prioritise the top five indicators – those that will most benefit patients and minimise duplication with CHA.
- Staff of ACHS will search the literature for evidence and the level of evidence to support the inclusion of each indicator suggested. That is, if it is a process indicator, is there evidence that by doing the task, it leads to the outcome desired. Eg. Does recording every child's weight, height and head circumference on admission decrease the number of children with growth retardation, FTT?
- This will result in some suggested indicators being recommended for exclusion. Remaining indicators will then have to be described and numerators and denominators defined.
- It is expected the process will take one year before a final list of indicators are ready to be used.

Although no 'conceptual framework' was discussed to assist in the decision of suitable indicators, reference was made to the 10 Standards of the Australian Commission on Safety and Quality in Health Care (ACSQHC) released in September 2011 in their report: *National Safety and Quality Health Service Standards*. During the workshop, no indicators were suggested that covered standard 5, Patient Identification and Procedure Matching, or Standard 7, Blood and Blood Products.

Submitted by Sally Wilson, PhD Candidate, University of Western Australia and member ACCYPN

Using a fellowship model to support clinical staff undertaking Evidence-Based Practice (EBP) or Quality Assurance (QA) activities: a Community Child, Youth & Family Health Service (CCYFHS) example

Background

In August 2011, a need was identified to support and assist clinical staff members within CCYFHS (Central) to conduct activities to improve services provided. To address this need, the Nurse Researcher proposed and developed two fellowship programs. One of these fellowship programs focused on Evidence-Based Practice (EBP) while the other focused on Quality Assurance (QA)/Program Evaluation.

Although stand-alone educational sessions on different topics could have been provided, it was believed that a fellowship model would provide clinical staff with not only the knowledge but would also give participants the opportunity to apply this knowledge to current and future projects. Fellowship programs to support staff in areas such as EBP have been successfully implemented previously in other organisations in Australia and internationally.

Aims

The primary aim of the fellowship programs was to provide the participants with the skills and knowledge to conduct a specific EBP or QA/Program evaluation activity. Secondary aims include:

- Promote a greater awareness of evidence based practice and QA activities throughout the organisation
- Foster a culture in which staff are encouraged to reflect on their own as well as the organisation's "current" practice
- Provide participants with enduring knowledge and skills that could be used for future projects

The Fellowship Program

The target group for the fellowship programs was frontline clinical staff including both nurses and allied health staff. The programs were developed in such a manner in which participants were not expected to have completed previous post-graduate study. A total of six (6) clinical staff members participated in one of the two fellowship programs, with the majority of participants (n=5) participating in the QA/evaluation program.

The fellowship participants were provided with at least 64 hours of paid offline time over a six (6) month time period to conduct their project as well as attend workshops. Some participants negotiated additional offline time depending on the scope of their project with their line managers.

The fellowship program involved providing participants with the time, support and guidance needed to manage their own projects. One strategy utilised to support the participants was the nurse researcher prepared and presented face-to-face workshops. Topics for these face to face workshops were based on either the five (5) steps of EBP (EBP fellowship) or the PDSA cycle model (QA fellowship). In addition, each of the fellowship participants attended a session on "How to prepare an oral presentation, poster and report".

Participants were also supplied with one-to-one assistance by the Nurse Researcher when required. Individualised support was required due to the unique nature of each of the projects as well as the different existing skill sets of each of the participants.

All fellows completed the fellowship program and produced each of the following outcomes:

- Presented an oral presentation at CCYFHS QA & EBP Forum
- Created a poster to be displayed at the CCYFHS QA & EBP Forum
- Wrote a final report

Topics covered by the participants included:

- Complex care client care plan audit and planned intervention
- Health promotion in schools – What's happening?
- Understanding attendance at First Steps Groups (First-time parent group)
- Attendance and Referrals for Child Development Community Information Sessions
- Review of Responsive Settling Terminology used by nursing staff at Ellen Barron Family Centre
- Implementation of a Feeding Management Protocol at the Ellen Barron Family Centre which is based on evidence and will ensure consistency of information is delivered to clients.

Conclusion

Both the QA and EBP fellowship programs were successful with positive feedback received from fellowship participants. Participants in the fellowships not only gained knowledge, but were also able to apply their new knowledge and skills to specific projects. The CCYFHS service also benefited as the fellowships were a relatively cost effective way to contribute towards the service's quality improvement activities while "growing" their own staff.

Dr Linda Crowe, Nurse Researcher
Community Child, Youth & Family Health Service (Central), Queensland Health

Express your interest *today!*

The conference theme is
**Connecting in children
and young people's
health care**

Key program themes will include:

- Innovations in nursing
- New technologies and resources in nursing
- Evaluation of nursing practice

Important dates

Now!	Save the date and express your interest online
August 2012	Call for abstracts opens
January 2013	Deadline date for submission of abstracts
February 2013	Authors notified of acceptance into the program
March 2013	Registration opens
June 2013	Earlybird registration closes
24–27 August 2013	ACCYPN Conference



ACCYPN

Australian College of Children & Young People's Nurses

CONFERENCE 2013

in association with the

4th International Congress on Paediatric Nursing

ACCYPN 2013 Conference Managers

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Conference fast facts

Dates	Saturday 24 – Tuesday 27 August 2013
Venue	Melbourne Convention and Exhibition Centre, Victoria, Australia

Visit
www.accypnconf.com.au
for the latest conference
updates

**We look forward to seeing you
in Melbourne in August 2013!**