

National President's report

page 4

Home Care for long-term intensive care patients

page 6

"It's just part of the job": Violence against nurses in the Intensive Care Unit

page 10

ACCCN & Teleflex Nursing Excellence Award 2014

page 20

Corporate Members

ACCCN would like to thank the following Corporate Members for their continuing support:

3M Critical & Chronic Care Solutions	Fresenius Medical Care	iSimulate
Division	Gambro	Thermo Fisher Scientific
Elsevier	iNurse Pty Ltd	Your Nursing Agency
Fisher & Paykel		

ACCCN State and National Directory

NATIONAL OFFICE

Street Address:

Suite 1, 670 Canterbury Road
Surrey Hills Vic 3127

Postal Address:

Locked Bag 8, Surrey Hills Vic 3127
Tel: 61 3 9896 4100 or 1800 357 968
Fax: 61 3 9896 4199
Email: accn@accn.com.au

ACCCN General Manager: Lynn Herson

Secretariat:

Elle Hofsteter – NSW, Qld, Tas & SA Branches
Kassandra Koudelka – ICE Conference Organiser & Events Manager
Despina Ktenas – Vic & WA Branches
Edwin Eng – Accountant

BOARD MEMBERS

Term of Office: 18 October 2013 – October 2015

President: Diane Chamberlain

Vice President: Paul Fulbrook

Secretary: Suzy Ladanyi

Treasurer: Hugh Davies

NSW Branch President: Leonie Weisbrodt

NSW National Representative: Suzy Ladanyi

QLD Branch President: Michelle Wight

QLD National Representative: Paul Fulbrook

SA Branch President: Diane Chamberlain

SA National Representative: Dianne Callahan

Tas Branch President: Melanie Greenwood

Tas National Representative: Jenni Pyefinch

Vic Branch President: Wendy Pollock

Vic National Representative: Jason Watterson

WA Branch President: Pam Bell

WA National Representative: Hugh Davies

BOARD LIAISON/REPRESENTATIVE

CoNNO: Diane Chamberlain

Editorial Board: Diane Chamberlain

Education Advisory Panel: Melanie Greenwood

Global Sepsis Alliance: Diane Chamberlain

Nursing & Midwifery Stakeholder Reference Group: Diane Chamberlain

Organ & Tissue Donation & Transplantation Advisory Panel: Dianne Callahan

Paediatric Advisory Panel: Jacqueline Roberts-Thomson

Quality Advisory Panel: Melanie Greenwood

Research Advisory Panel: Leonie Weisbrodt

Resuscitation Advisory Panel: Michelle Wight

Workforce Advisory Panel: Wendy Pollock

The Australian Council of Healthcare Standards: Gabrielle Hanlon, Bernadette Grealy

OTD & T Authority Family Conversation Working Group: Marion Mitchell

ANZICS Education Committee EAP: Debbie Massey

Australian Resuscitation Council: Margaret Nicholson

Australian Commission on Safety & Quality in Healthcare: Suzy Ladanyi, Leonie Weisbrodt

WIFPICS International Representative: Natalie Dunns

BOARD PORTFOLIOS

Education Grants: Hugh Davies

Clinical Excellence Award: Pam Bell

Membership and Promotions: Pam Bell

Sponsorship and Corporate Membership: Dianne Callahan

STATE BRANCHES

ACCCN (NSW)

Locked Bag 8, Surrey Hills Vic 3127
Tel: 1300 308 828 • Email: nsw@accn.com.au

President: Leonie Weisbrodt

Vice President: Elizabeth Barrett

Treasurer: Natalie Dunns

Secretary: Alison Kingsbury

National Rep: Suzy Ladanyi

ACCCN (Qld)

PO Box 239, Darling Heights QLD 4350
Tel: 1800 357 968 Email: qld@accn.com.au

President: Michelle Wight

Vice President: Benjamin Mackie

Treasurer: Miriam South

Secretary: Petra Strube

National Rep: Paul Fulbrook

ACCCN (SA)

PO Box 101, Rundle Mall SA 5000
Tel: 1300 850 777 • Email: sa@accn.com.au

President: Diane Chamberlain

Vice President: Sue Sharrad

Treasurer: Tapaswi Shrestha

Secretary: Anne Richards

National Rep: Dianne Callahan

ACCCN (Tas)

PO Box 2183, Hobart Tas 7001
Tel: 1800 357 968 • Email: tas@accn.com.au

President: Melanie Greenwood

Vice President: Jenni Pyefinch

Treasurer: James Lloyd

Secretary: Anita Booker

National Rep: Jenni Pyefinch

ACCCN (Vic)

Locked Bag 8, Surrey Hills Vic 3127
Tel: 1800 357 968 Email: vic@accn.com.au

President: Wendy Pollock

Vice President: Simon Plapp

Treasurer: Jacqui Jeffery

Secretary: Zara Barstow

National Rep: Jason Watterson

ACCCN (WA)

PO Box 328, Subiaco WA 6904
Tel: 1800 357 968 • Email: wa@accn.com.au

President: Pam Bell

Vice President: Vacant

Treasurer: Lorraine Campbell

Secretary: Karen Bone

National Rep: Hugh Davies

Guidelines for contributors

Critical Times is published quarterly in March, June, September and December. The editor welcomes articles reporting news and views at local, state or national levels that are relevant to critical care nursing.

Article preparation

Individual submissions of up to 1000 words will be accepted. All articles must include the names of all authors involved, position title and affiliated organisation. A newsy and informal style of writing is encouraged, with content relevant to critical care nursing that does not make extravagant or unsubstantiated claims. Accompanying photographs, illustrations, graphs or tables are acceptable.

Submission format

All articles must be in Microsoft Word (.doc/x), with minimal formatting. Good quality photographs or illustrations should be submitted as a separate, high resolution 300dpi JPEG file, and must be accompanied by captions. When scanning a hard copy of a photograph it should be scanned as CMYK at 300dpi. If photographs of patients are included, their written permission must be sought and a copy sent to the National Office prior to the publication date.

Copyright

Manuscripts are accepted for consideration on the understanding that they have not been published or submitted elsewhere, and are submitted solely to *Critical Times* (except for published abstracts). Submitted manuscripts must contain an assignment of copyright as follows (If submitting an article by email the assignment must be contained within the text of that email):

"In consideration of Critical Times agreeing to review the manuscript [insert title], I (we) the undersigned author(s) confirm that the material has not been submitted or published elsewhere and copyright ownership of the manuscript is transferred to Critical Times."

If submitted electronically, electronic signing is assumed when the sender's name is included within the email. The editor reserves the right to accept, modify, reject and/or check material to corroborate information, and may refer material back to State executives or to the editor of *Australian Critical Care* where applicable.

NB. An assignment of copyright is not required for reports from state branches, e.g. presidents' reports.

If you require further information on these specifications, please email: cteditor@accn.com.au

Please submit all articles, photos etc. by email to: cteditor@accn.com.au

Cut-off dates for submissions:

- March edition: 24 January
- June edition: 23 April
- September edition: 24 July
- December edition: 24 October

For advertising inquiries please contact:

Medical Communications

Tel: +61 2 9422 8591

Fax: +61 2 9422 8562

Email: journalsadvertising.au@elsevier.com

The advertising ratecard can be viewed online at www.accn.com.au

Views expressed in any individual article in *Critical Times* are the contributors' and not necessarily those of the Australian College of Critical Care Nurses Ltd or the publisher. They cannot accept responsibility for the accuracy of any of the opinions, information, errors or omissions in this newspaper.

General Manger's Report

BY LYNN HERSON

It has been a busy few months at ACCCN National Office. We are settling into our new database, and encourage you to visit our redesigned website to view updated courses and events in your state.

Memberships are due. If you haven't renewed your membership, please do so to avoid missing out on the many benefits ACCCN offers. It is now much easier for members to log in to the members area using their email address.

Applications are open for EOI for Workforce, Education, Organ & Tissue Donation and Transplantation, Research, Quality, Paediatric and Resuscitation Advisory Panels. These panels serve as a resource to the ACCCN National Board and committees on interpretations of matters with the Panel's area and context of expertise. The term of membership on a panel is 2 years.

The ACCCN National Education Fund supports members to attend ACCCN educational conferences and seminars. If you have been an ACCCN member for more than a year and are seeking funding to attend an ACCCN event, we encourage you to apply for funding of the education grants. There are a number of grants available. Research grants for experienced and novice researchers are also available. Please visit www.acccn.com.au/grants-awards/grants-awards for more member only information.

ICE 2014 was held in Adelaide and proved to be a great success. Well done to everyone involved. Next year's ICE will be held at the Stamford Grand Hotel in Glenelg, Adelaide on 19th and 20th June 2015.

The upcoming ANZICS/ACCCN Annual Scientific Meeting on Intensive Care, which incorporates the annual Paediatric and Neonatal Intensive Care Conference, will be held at the Melbourne Convention and Exhibition Centre, 9-11 October 2014. We hope to see you there.

If you have been an ACCCN member for more than a year and are seeking funding to attend an ACCCN event, we encourage you to apply for funding of the education grants.

ALS licencing has been very successful with many hospitals and organisations already renewing their licence agreements with ACCCN.

Follow the ACCCN facebook page www.facebook.com/ACCCN and twitter account to stay connected via 'social' media.

Looking forward to seeing you in Melbourne in October. ●

Find us on Facebook!

Keep up to date with the latest information and



events. Make connections, laugh and find inspiration with the jokes and memes that only nurses understand.

If you have any information or pictures that you think other nurses will value, join at www.facebook.com/ACCCN



ANZICS/ACCCN Annual Scientific Meeting on Intensive Care

The 2014 ANZICS/ACCCN Annual Scientific Meeting (ASM) on Intensive Care is fast approaching. It incorporates the annual Paediatric and Neonatal Intensive Care Conference and will be held at the Melbourne Convention and Exhibition Centre, 9-11 October 2014.

The theme is "Critical Care: The High Performance Team", because we believe that the best patient outcomes result from the combined efforts of all team members to achieve the best healthcare tailored to each patient's needs.

The stimulating scientific program offers abundant variety and will showcase the best current critical care research and practice with relevance to clinicians in the emergency and anaesthetic fields. In addition, we have added new presentation formats including e-voting via audience response systems

and interactive sessions in the trade area during breaks to ensure the ASM remains vibrant and contemporary.

The social program will continue the fun tradition of ASM hospitality including Friday Party night at the iconic MCG with optional access to the Sports Museum and tour of the MCG included. Then on Saturday at the Conference Dinner, the social highlight, you can enjoy Melbourne's finest food and wine, and take in the city views from the Melbourne Room at the Melbourne Convention and Exhibition Centre.

We invite you to magnificent Melbourne for a cutting edge meeting which explores, inspires and challenges our concepts of critical care high performance teams.

We look forward to seeing you there,

2014 ANZICS/ACCCN ASM Organising Committee

National President's Report

DR DIANE CHAMBERLAIN

National President: Australian College of Critical Care Nurses

This is indeed a time for change for ACCCN. Change is an inherent characteristic of any organisation and like it or not, all organisations must change to remain relevant. Irrespective of the way the change originates, change management is the process of taking a planned and structured approach to help align an organisation with the change. In its most simple and effective form, change management involves working with an organisation's stakeholder groups to help them understand what the change means for them, helping them make and sustain the transition and working to overcome any challenges involved. From a president's perspective it involves the organisational and behavioural adjustments that need to be made to accommodate and sustain change. Factors common to successful change management involve:

- **Planning:** Developing and documenting the objectives to be achieved by the change and the means to achieve it.
- **Defined Governance:** establishing appropriate organisational structures, roles, and responsibilities for the change that engage stakeholders and support the change effort.
- **Committed Leadership:** ongoing commitment at the top and across the organisation to guide organisational behaviour, and lead by example.
- **Informed Stakeholders:** encouraging stakeholder participation and commitment to the change, by employing open and consultative communication approaches to create awareness and understanding of the change throughout the organisation.
- **Aligned state committee members:** identifying the human impacts of the change, and developing plans to support the changing organisation

It has been an eventful nine months since I have committed to the role of ACCCN president.

The momentum and transforming of ACCCN as a secure and functioning organisation is progressing well. This has required considerable effort from the ACCCN board to advance improvements. While rapid change is in action there will be and have been hurdles and challenges to overcome and I request support and endorsement from our members as ACCCN re-emerges as the successful organisation it needs to be to advocate for members, community and those we represent into the challenging 21st century.

Here in particular I would like to underline the exciting developments over the last 3 months.

1. ACCCN Website and management systems

The new website and management system was launched on July 1st 2014. The new website offers ACCCN members an improved sense of engagement and interaction with events, news, publications, other members and a continuous professional development portfolio. The website management system will streamline and improve efficiencies within the ACCCN office. In addition the system will restructure finances for a national approach that reduces fees and improves efficiencies

While rapid change is in action there will be and have been hurdles and challenges to overcome and I request support and endorsement from our members as ACCCN re-emerges as the successful organisation it needs to be to advocate for members, community and those we represent into the challenging 21st century.

allowing ACCCN to move into electronic transfer payments. The move to the new system is a challenging time, but things will become easier as it is adapted to ACCCN needs.

2. Membership – categories and affiliations

The new Membership categories were launched along with the new financial year and the new website. The new categories of associate and student membership are a welcome addition for an inclusive and comprehensive membership choice. See the website for detailed information on these categories. Notably, for the first time maternity leave membership is now offered at a reduced rate.

3. ICE 2014

ICE 2014 was a huge success and I personally thank all of the delegates, trade and organising committee who came together to make it a real celebration of critical care nursing. This special sense of community made it an experience to be remembered. For 2015, ICE is returning to Adelaide to "Let's get clinical at the beach." Other states will be providing speakers for various trending clinical topics. The clinical intensives, a favourite component of ICE will be front and centre, providing education and training that in the current financial climate is seen as a rare but an in demand commodity. When the program is finalised and registration opens early next year I suggest that these sessions will be booked out quickly, so be in haste.

The next focus for ACCCN is the incorporation of advisory groups, special interest groups and membership affiliates so that they will feel engaged in the professional standing of ACCCN to place the organisation in a strong and prosperous position within the industry.

The applications for advisory groups have been circulated and I encourage members to apply for these positions.

Nominations for the state committees is underway. ACCCN welcomes members to nominate and become part of our extended team.

The Annual General Meeting is to be held on Friday October 10th at the Melbourne Exhibition Centre as part of the ACCCN ANZICS 39th Australian and New Zealand Annual Scientific Meeting on Intensive Care

I look forward to seeing you all at the ASM.

Warm regards to all.

Apply theory to practice with the new Clinical Cases series!

If you enjoy learning from real life cases, the Clinical Cases textbook series is the perfect educational suite to support your nursing education.

Based on real life scenarios the *Clinical Cases series* presents quality case studies, complete with answers, to provide nursing students with an opportunity to explore scenarios they are likely to encounter in a variety of practice settings.

The *Clinical Cases series* can be used in conjunction with key nursing textbooks 'Potter & Perry's Fundamentals of Nursing 4e' by Crisp, Taylor, Douglas and Rebeiro, 'Lewis's Medical-Surgical Nursing 4e' by Brown and Edwards and 'Tabbner's Nursing Care: Theory and Practice 6e' by Koutoukidis, Stainton and Hughson.

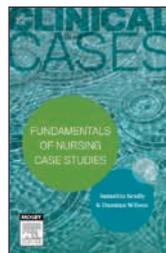
Prefer An App?

Each book in the *Clinical Cases series* is also available as an App with the same content as the books allowing you to choose the format that is right for you.

Clinical Cases: Fundamentals of nursing case studies

By Natasha Scully and Damian Wilson

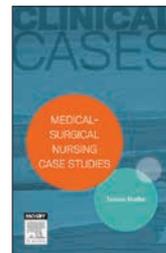
June 2014 • 9780729542098
RRP AU\$39.95



Clinical Cases: Medical-surgical nursing case studies

By Janine Bothe

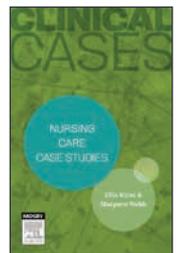
June 2014 • 9780729542074
RRP AU\$39.95



Clinical Cases: Nursing care case studies

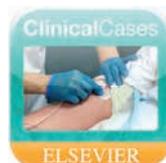
By Ellie Kirov and Margaret Webb

June 2014 • 9780729542081
RRP AU\$39.95



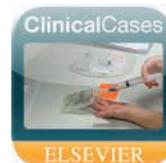
Clinical Cases: Fundamentals of Nursing App features:

- 24 progressive case studies with MCQs integrated throughout and rationales provided for all answers
- 150 flash cards testing the app user on key terms and definitions
- Timed Word games
- Glossary



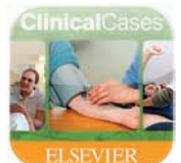
Clinical Cases: Medical-Surgical Nursing App features:

- 22 progressive case studies, with MCQs integrated throughout and rationales provided for all answers.
- 150 flash cards testing the app user on key terms and definitions
- Word games
- Glossary



Clinical Cases: Nursing Care App features:

- 24 progressive case studies, with MCQs integrated throughout and rationales provided for all answers.
- 150 flash cards testing the app user on key terms and definitions
- Timed Word games
- Glossary



The initial download for each of these Apps can be purchased for \$4.99 and includes 2 case studies, flash cards, word puzzles and a glossary.

Empowering Knowledge

For more information about these titles please visit: elsevierhealth.com.au

Apps are available via



Elsevier empowers knowledge, which empowers those who use it. elsevierhealth.com.au



ELSEVIER

Home Care for long-term intensive care patients

BY PATRIK HUTZEL

Critical Care Nurse, Founder and Director
Intensive Care at Home Pty Ltd

Compared with many European countries, home care as a genuine alternative to an indefinite stay in intensive care seems to be somewhat too far outside of the current Australian intensive care paradigm for patients with chronic respiratory insufficiency requiring long-term mechanical ventilation. That's how Patrik Hutzel, founder and director of Intensive Care at Home Pty Ltd felt when he first came to Australia and started work as a critical care nurse in intensive care in Sydney 2005. Having worked in intensive care in the United Kingdom prior to moving to Australia, he also spent two years in Munich pioneering one of the first intensive home care nursing services to be established in Germany. The service opened its doors in 2001 so that long-term ventilated adults and children in Germany who were dependent on mechanical ventilation using an artificial airway (tracheal cannula) to the trachea could be cared for in their own home.

Intensive home care as the next natural evolution

Home care for this group of intensive care patient seemed to be the next natural evolution of mainstream home care services already established in Germany. After these services had proven to be of benefit to patients recovering from hospitalisation it only required a small shift in thinking to consider extending the service so that long-term ventilated patients who were otherwise stable could be instead looked after in their own home.¹ It would improve the quality of life for these patients and ease demands made on family members, reduce the number and duration of beds in intensive care being blocked by long-term ventilated patients, and offer the potential to save money for



healthcare managers.^{2,3} For more than 15 years the concept of looking after patients who require long-term ventilation at home is now established in Germany as an extension to hospital intensive care services and is accepted as the best choice for the on-going management of these patients.

His goal is to offer a similar service to what is currently available in Germany by providing patients the opportunity to be managed in their own home and thereby improve the quality of life and/or quality of end of life despite the requirement for long-term ventilation.

Long-term ventilated patients in intensive care are facing a massive dilemma and it hasn't been addressed properly here in Australia

After having looked after many long-term ventilated patients here in Australia, Patrik realised that these patients had nowhere else to go other than to remain in intensive care. On the other hand Patrik knew what opportunities long-term ventilated patients and their families had in Germany.

The Australian health care system is very different compared to Germany as it relates to funding.⁴ However, the issues that long-term ventilated patients face in regards to poor quality of life and the problem for managers of limited health care resources remain the same. In reflecting upon his experiences in Germany Patrik decided to do something about the dilemma here in Australia and started his own nursing service Intensive Care at Home Pty Ltd. His goal is to offer a similar service to what is currently available in Germany by providing patients the opportunity to be managed in their own home and thereby improve the quality of life and/or quality of end of life despite the requirement for long-term ventilation. The limited competitiveness of the Australian health care system compared to the European health care system has nevertheless proved to be an obstacle in delaying such an important innovation. At present it might get delayed but certainly won't be stopped due to the



problems of an ageing population with multiple co-morbidities increasing the demand for intensive care beds, and the health care consumer whose increased expectations of what should be provided need to be somehow managed by Governments faced with escalating healthcare costs. Patrik is of the belief that the provision of home care even for high acuity patients such as those who require long-term ventilation is not a matter of if, it's a matter of when it's going to happen!

Only critical care trained nurses who demonstrate they have the skills to care for these patients safely are employed who have the additional mindset and "can-do" attitude that is needed to facilitate a transfer home.

Health service accreditation achieved as major milestone for Intensive Care at Home Pty Ltd

In order to make Patrik's vision a reality Intensive Care at Home Pty Ltd has achieved full health service accreditation with the Australian Council on Healthcare Standards and has also been accredited against ISO 9001/2008 in meeting customer and statutory requirements. The health service accreditation has been a major milestone in moving Intensive Care at Home Pty Ltd towards reality and in achieving its goal. The process for accreditation was fairly similar to accreditation that is required for Australian intensive care units. Instead of a hospital setting

the standards, as well as policies and procedures are just being applied to a home health care setting. It is however a fairly lengthy process. It was especially difficult for Patrik since he was required to start the process from scratch!

Intensive Care at Home Pty Ltd can provide services that are similar to those provided in intensive care in situations where long-term ventilated patients with a tracheostomy are either in situations where they are going through:

- A long term weaning process such as required for Guillan Barre Syndrome or other neuromuscular diseases
- A life-long ventilator dependency due to a cervical spinal code injury affecting respiratory function
- An end of life situation where they have remained on a ventilator in intensive care for an extended period of time

Intensive Care at Home Pty Ltd can provide a twenty four hour, seven day a week service for patients who are eligible to be managed in their own home while continuing to require long-term ventilation. Only critical care trained nurses who demonstrate they have the skills to care for these patients safely are employed who have the additional mindset and "can-do" attitude that is needed to facilitate a transfer home. You can learn about what it means to finally have the opportunity to go home by accessing Intensive Care at Home Pty Ltd website and reading about the real life story of Leon who was a ventilator dependent patient <http://intensivecareathome.com.au/case-studies/>.

Evidence based practice is key to the success of Intensive Care at Home Pty Ltd

As far as evidence based practice is concerned the German society of respiratory physicians has published the "Mechanical Home Ventilation Guidelines" and Intensive Care at Home Pty Ltd has published these guidelines on its website <http://intensivecareathome.com.au/mechanical-home-ventilation-guidelines/>. Intensive Care at Home Pty Ltd is of the opinion these guidelines, as well as accreditation by the Australian Council on Healthcare Standards <http://intensivecareathome.com.au/accreditationquality/> is a great starting point to do what has for many years been done successfully in Germany. For more information about Intensive Care at Home Pty Ltd you can contact Patrik Hutzel at patrik@intensivecareathome.com.au or visit www.intensivecareathome.com.au

References

1. World Health Organisation. Home care in Europe, the solid facts 2008; Retrieved from www.euro.who.int/_data/assests/pdf_file/0005/96467/E91884.pdf accessed 21st August 2014.
2. Geiseler J, Karg O, Borger S, Becker K, Zimolong A. Invasive home mechanical ventilation mainly focused on neuromuscular disorders. GMS Health Technology Assessment. 2010;6: Doc 08. doi 103205/hta000086.
3. Markstrom A, Sundell K, Lysdahl M, Anderson G, Schedin U, Klang B. Quality-of-life evaluation of patients with neuromuscular and skeletal diseases treated with noninvasive and invasive home mechanical ventilation. Chest. 2002;122(5):1695-1700.
4. International Profiles of Health Care Systems 2012; Retrieved from www.commonwealthfund.org/~media/Files/Publications/Fund%20Report/2012/Nov/1645_Squires_intl_profiles_hlt_care_systems_2012.pdf accessed 21st August 2014.

Invitation



This is your opportunity
to participate in an
Australian Flight Nursing Research



Are you willing to be a significant influence in increasing the knowledge about, and promoting the image of Flight Nurses from Australia across the globe?

I would like to have a 30–40 minute conversation with you about your work. The interview will be conducted at your convenience, where you choose and be anonymous

Interested?

Please contact: Genevieve Brideson 08 8201 5992 | genevieve.brideson@flinders.edu.au
or my supervisors Associate Prof Lidia Mayner 08 8201 3377

FLINDERS UNIVERSITY • School of Nursing and Midwifery
Faculty of Medicine, Nursing and Health Sciences • GPO Box 2100

This research project has been approved by the Flinders University Social and Behavioural Research Ethics Committee (Project number 6568). For more information regarding ethical approval of the project the Executive Officer of the Committee can be contacted by telephone on 8201 3116, by fax on 8201 2035 or by email human.researchethics@flinders.edu.au

Participant information sheet

An exploration of Flight Nurses work in Australia



Investigators:

Mrs Genevieve Brideson
School of Nursing and Midwifery
Flinders University
Ph: 08 8201 5992

Supervisor(s):

Associate Professor Lidia Mayner
School of Nursing and Midwifery
Flinders University
Ph: 8201 3377

Professor Eileen Willis, Deputy Executive Dean
Faculty of Medicine, Nursing and Health Science
Flinders University
Ph: 8201 3110

Description of the study:

This study is part of a larger project entitled 'An exploration of Flight Nurses work in Australia'. This phase of the project consists of interviews with individual flight nurses and will investigate the work that flight nurses perform during their work day. This project is supported by the Flinders University School of Nursing and Midwifery.

Purpose of the study:

This project aims to:

- Explore the work that flight nurses perform during their work day.
- Investigate the policies, and procedures that guide flight nurse's work

What will I be asked to do?

Genevieve Brideson would like to interview you face to face, one-on-one to discuss the work you perform on a daily basis, by asking you a few questions that have arisen from the study aims. The interview will take between 30–40 minutes and will be conducted at your convenience, at a place of your choosing. The interview will be recorded using a digital voice recorder to help with analysing the results. Once recorded, the interview will be transcribed (typed-up) and stored as a computer file on a password protected computer. Once the results have been finalised, the audio file will be destroyed. Involvement in the interview is entirely voluntary and you may withdraw or chose not to answer a particular question at any time.

What benefit will I gain from being involved in this study?

As a participant you will not directly benefit from participation in this study. The major benefit of the study will be an increased body of knowledge about the work Flight nurses perform on a daily basis in Australia. This unfunded research forms part of Genevieve Brideson's PhD Research project and she is not receiving any sponsorship or in-kind arrangements with any company.

Will I be identifiable by being involved in this study?

No you will not be identified in the study. You will be given a pseudonym immediately post the interview, that will de-identify you and any information that you provide, so that your responses are anonymous. Your name will not be used during the interview. Your comments will not be linked directly to you at any time.

Should the organisation that you work for be mentioned during the interview it will be provided with a pseudonym or removed, to further de-identify both yourself and the organisation, and allow for anonymity and confidentiality of the information you provide. All records containing personal information will remain confidential and no information which could lead to your identification will be released, except as required by law. Once the interview has been typed-up and saved as a file, the voice file will be destroyed. Any identifying information will be removed and the typed-up file stored on a password protected computer that only the investigator (Mrs Genevieve Brideson) will have access to. The data will be stored in the Flinders University

School of Nursing & Midwifery for 5 years following the NHMRC guidelines.

Are there any risks or discomforts if I am involved?

It is unlikely that you will experience any undesirable effects from participating in the study. However, should you require, follow up counselling may be sought Lifeline crisis support – ph: 131114.

How do I agree to participate?

Participation is voluntary. A consent form accompanies this information sheet. If you agree to participate please read and sign the form and send it back to the main investigator (Genevieve Brideson) at the Flinders University School of nursing and midwifery, GPO Box 2100 Adelaide 5001 SA or scan and email it to genevieve.brideson@flinders.edu.au. You may answer 'no comment' or refuse to answer any questions and you are free to withdraw your consent from the observation or interview at any time without effect or consequences.

How will I receive feedback?

Genevieve will clarify the work that you have performed during your work day at the time of the interview to ensure clarity of meaning. If Genevieve finds any issues with clarity of any of the data at a later date, these will be clarified with you via your personal email. If still further clarity is required, Genevieve may need to return to ask you further questions at a time and place convenient to you. A short summary of the project outcomes will be given to you by Genevieve, if you would like to see them.

Thank you for taking the time to read this information sheet and we hope that you will accept our invitation to be involved.

This research project has been approved by the Flinders University Social and Behavioural Research Ethics Committee (Project number 6568). For more information regarding ethical approval of the project the Executive Officer of the Committee can be contacted by telephone on 8201 3116, by fax on 8201 2035 or by email human.researchethics@flinders.edu.au

“It’s just part of the job”: Violence against nurses in the Intensive Care Unit

BY SARAH MAWBY RN, MCLINNurs (ICU)

Have you ever been abused by your patient’s visitor? Punched or spat on by your patient? If you have, it’s quite likely that you work in an Emergency Department. Emergency nurses experience the most violence out of all specialties in nursing, but what about those in other areas, do they experience violence too? Violence against nurses in the Emergency Department is widely reported,¹⁻⁴ and universally acknowledged as a serious issue, but violence against nurses in the Intensive Care Unit (ICU), that’s something which to date has not been widely explored in the literature.

Statistics show that nurses are between 6 and 16 times more likely to be violently attacked at their workplace than any other profession.⁴⁻⁶ Statistics like that are scary and not what nurses signed up for! It gets worse when you consider that violence across all areas of healthcare has become accepted as something that is just “part of the job”.^{1,5}

Nurses who experience violence, both verbal and physical, experience a range of flow-on effects such as increased absenteeism from work, complaints of physical and emotional trauma, avoidance of “troublesome” patients, low morale leading to depression with poor job satisfaction and reduced ability to provide quality patient care.^{3,4,6,7} One study even suggests that workplace violence is responsible for 16% of nursing resignations.¹

Working in the ICU it is likely that the majority of staff will unfortunately experience violence in one form or another, but exactly how much, what type, and by who is difficult to ascertain. There is very little literature available about violence in the ICU, and large inaccuracies in current reporting rates. Inaccurate reporting rates are a well-known issue in all areas of healthcare, and some studies state that up to 80% of all violent incidences in healthcare go unreported.^{3,5,8} As a result the true incidence of violence in the ICU is unknown and difficult to evaluate. I can recall an incident where a patient continually attacked nurses, doctors and others yet only a small number of reports had been filed for further investigation through the incident monitoring system, which was not a true reflection of the number of incidents that had actually occurred over several days.

The issue of violence in the ICU seemed like a relevant and important topic to explore when, as a student at Curtin University, I was required to undertake a healthcare project as part of my Master of Clinical Nursing degree. To explore the issues of violence against nurses it was important to look at the reporting rate of violent incidents at the study site, and then survey nursing staff to gauge how much violence was going unreported. I also looked into the reasons that influenced nurses to report or not to report episodes of violence. The overall objective of the project was to make recommendations to address the issues of under reporting and provide information on how to better deal with episodes

of violence in ICU. Since the survey would require nurses to recount a possibly harrowing experience approval for the project was sought from the hospital’s Ethics Committee.

Added to the survey were the contact details of several counselling services in case a nurse required additional support when recounting a violent episode which had happened to them.

Our current practice for the reporting of violent incidents involves the staff member documenting the incident using the *Staff Accident & Incident Reporting Form* (SAIRS form). This form contains a few short answer questions about the incident – who, what, when, where and how. The completed SAIRS forms are forward by the Nurse Unit Manager after review to the hospitals’ Occupational Health and Safety Committee and the Health Department for follow-up. Based on the type of incident being reported recommendations are suggested and changes to hospital policies are sometimes required. A review of SAIRS forms in 2013 revealed 7 out of 23 forms submitted referred to an incident occurring in ICU where physical or verbal violence had been reported.

For the next stage of the project nurses were asked to complete a survey on violence they had experienced from patients or their visitors in the past six weeks. The survey was developed from Rose⁹ and some of the questions included are shown in **Box 1**. Although the return of completed survey questions was only 31% it did reveal 36% of nursing staff had experienced 33 episodes of violence from a patient or visitor in the six weeks prior to being given the survey.



Box 1

- In the past six weeks have you personally experienced any violent (physical/verbal) events from a patient or visitor in the ICU?
- How many events of violence from a patient or visitor in the ICU have you experienced personally in the past six weeks?
- What factors influenced your decision to NOT submit a SAIRS form about the violent event/s?
- Would you encourage another staff member to report a violent event that you witnessed/heard about later?

Table 1. Amount of Violence Experienced

Type of Violence	Total Incidents	Reported Number	Reported Percentage	Unreported Number	Unreported Percentage
Physical	17	6	35%	11	65%
Verbal	16	1	6%	15	94%
Other	0	0	0%	0	0%

Working in the ICU it is likely that the majority of staff will unfortunately experience violence in one form or another, but exactly how much, what type, and by who is difficult to ascertain. ... As a result the true incidence of violence in the ICU is unknown and difficult to evaluate.

As shown in **Table 1** of the 33 violent events that occurred 51% were physical, leaving 49% of the incidents as verbal violence. All physical incidents were perpetrated by patients, whilst the majority (80%) of verbal incidents was attributed to a patient visitor. Of the physical incidences, 65% were not reported, and 94% of verbal incidences were not reported. Given the evidence from the literature that up to 80% of all violent incidences go unreported, the statistics from this stage of the project were unsurprising. It was surprising to find that 78% of all nurses surveyed agreed that all violent incidences should be reported on a SAIRS form, but given the results of the survey it suggests this resolve to report violent episodes does not translate into practice.

Nurses surveyed who experienced violence were asked why they did or did not report the violent incident. The reasons for reporting an attack was influenced by the degree of support they experienced from their colleagues or management, or because the nurse was hoping that reporting the incident would change practice in the future. For those who did not report the violent incident reasons cited included a lack of time, forms being too difficult or confusing to complete. Of concern was the finding that some nurses were discouraged to report the event as their colleague believed nothing would be done about the incident, or they felt the event was within the "normal expectations" of what to experience when caring for that type of patient. Some of the unreported violent incidences that were described by the nurses' survey were quite eye-opening, examples of these incidences are shown in **Box 2**.

Based on my findings the reasons why nurses decide not to report a violent event is the acceptance that violence is just part of a nurses' job, or lack of education on the procedure to follow when reporting violence against them. Coupled with these issues are those few nurses who reported an event because they received support from their colleagues, speaks further to needing a culture change within nursing in relation to this issue. I suspect this will not be something that can be achieved

Box 2

- Aggressive and agitated patient grabbed nurse's left hand and dug his fingernails into the soft skin breaking the skin in two places causing it to bleed. Told staff to "go f*** yourself" (ICU Nurse, SAIRS form)
- A confused patient repeatedly attempted to strike me and my colleagues. The patient also attempted to bite me, she eventually succeeded in scratching me, breaking skin with the mark on my arm still visible! I also got told to "go back to where I come from"!! (ICU Nurse, Survey)
- A visitor started threatening and swearing when the doctor said the patient had to be sedated and could not be extubated (ICU Nurse, Survey)

Box 3

- Past or current history of alcohol abuse
- Past or current history of drug abuse
- Past or current history of violent or aggressive behaviour
- Unstable mental health issues or history of mental illness
- Medical history of Dementia or Alzheimer's
- Previous history of confusion, restlessness or agitation
- Current weaning from analgesics, sedatives or recreational drugs

overnight but by implementing some changes in the short-term, this could lead to longer-term change and perhaps correct the misconception that "violence is just a part of the job" within nursing.

From this survey and a review of the literature certain characteristics were commonly associated with violent incidents. These highlight alerts that nursing staff could be made aware of so as to flag potentially violent situations that could develop when dealing with patients and their visitors – see **Box 3**. By being aware of "red flags" that could lead to violent outbursts, especially where there may be more than one of these factors present, the bedside nurse can take steps to limit the risk of a violent incident and prepare themselves to be on the lookout for further warning signs.

“It’s just part of the job”: Violence against nurses in the Intensive Care Unit – continued

As a result of this project, recommendations were made to the operational team regarding future management of violent episodes in the ICU. These are shown in **Box 4**.

Box 4

- The reporting on SAIRS forms at fortnightly Quality Improvement Meetings
- To advertise the hospital’s Zero Tolerance Policy more prominently to patient visitors in and around the ICU
- The development of a violence risk assessment tool for admission, discharge and conscious level changes (such as de-sedation)
- Buddying junior staff with a senior nurse for support with violent patient allocations
- Education of nursing staff on how to complete SAIRS forms
- Encouragement to report all incidences of violence against nurses and other healthcare workers.

Overall this project highlighted to me that violence, from patients and their visitors, is an issue that ICU nurses deal with on a regular basis. The fact that a large portion of the ICU nursing staff surveyed felt violent behaviour was a “normal part” of nursing in the ICU is a reality check. The hard work ahead is for nursing staff to attempt to change this culture, and improve reporting rates so that an accurate picture of how much violence ICU nurses experience can be uncovered. This will support appropriate measures being implemented so that violent

episodes in ICU can be minimised and nurses need not to be exposed to unwarranted violence when attending the needs of patients and their visitors.

I would like to thank my Masters supervisors Prof Gavin Leslie and Dr. Hugh Davies for their assistance in developing, undertaking and analysing this project.

References

1. Araujo S, Sofield L. Workplace violence in nursing today. *Nursing Clinics of North America*. 2011;46(4):457–464. doi:10.1016/j.cnur.2011.1008.1006.
2. Greenlund L. ED violence: Occupational hazard? *Nursing Management*. 2011;42(7):28–32
3. Hodge AN, Marshall AP. Violence and aggression in the emergency department: A critical care perspective. *Australian Critical Care*. 2007;20(2):61–67. doi:10.1016/j.aucc.2007.1003.1001.
4. Lancman S, Mangia EF, Muramoto MT. Impact of conflict and violence on workers in a hospital emergency room. *Work*. 2013;45:519–527. doi:10.3233/WOR-131638.
5. Ericksen AB. Violence in the workplace: How to care for your own safety whilst providing care to your patients. 2008:Retrieved from <http://www.modernmedicine.com/modern-medicine/news/modernmedicine/modern-medicine-feature-articles/violence-workplace-protect-your> on August 1st 2013.
6. Keely BR. Recognition and prevention of hospital violence. *Dimensions of Critical Care Nursing*. 2002;21(16):236–241.
7. Ferns T. Violence, aggression and physical assault in healthcare settings. *Nursing Standard*. 2006;21(13):42–46.
8. Ferns T. Violence in the accident and emergency department: An international perspective. *Accident and Emergency Nursing*. 2005;13(3):180–185. doi:10.1016/j.aen.2005.1003.1005.
9. Rose M. A survey of violence toward nursing staff in one large Irish accident and emergency department. *Journal of Emergency Nursing*. 1997;23(3):214–219.



Confident clinical decisions begin here: IntelliVue MX800.

In healthcare, information is key. More information at the point of care leads to better decisions, and ultimately, better care. That’s why Philips has developed the IntelliVue MX800, a patient monitor with a clinical informatics workstation. Designed to blend into existing IT infrastructures, it combines real-time monitoring views with better integrated access to patient information at the bedside – where it is needed most.

To find out how the IntelliVue MX800 can enhance your diagnostic confidence and workflow, please visit www.philips.com/IntelliVueMX800.

PHILIPS

ACCCN Event Calendar

September–December 2014

Upcoming Courses & Events

ACCCN's national ALS programs are based on the latest ARC guidelines and ILCOR statements. All programs contribute towards annual CPD requirements and meet the requirement of ALS certification for critical care nurses. Visit www.acccn.com.au for more details and online registration. The online Event Calendar is updated regularly so keep an eye out for more upcoming dates or events in your state.

Date	Course/Event	State
4 September	NSW ALS Paediatric 1 Day Recertification	New South Wales
5–6 September	QLD Paediatric ALS Certification – Brisbane	Queensland
12 September	WA ALS Adult 1 day Recertification – Kalgoorlie	Western Australia
13–14 September	WA ALS Adult 2 day Certification – Kalgoorlie	Western Australia
18 September	NSW ALS Adult One Day Recertification	New South Wales
16–17 October	NSW ALS Paediatric 2 Day Program	New South Wales
18–19 October	WA ALS Adult 2 day Certification – Peel	Western Australia
20–21 October	NSW Resuscitation Instructor Certification 2 Day	New South Wales
24 October	WA ALS Paediatric 1 day – Subiaco	Western Australia
25–26 October	WA ALS Paediatric 2 day – Subiaco	Western Australia
31 October	NSW ALS Paediatric 1 Day Recertification – Norwest Private Employees	New South Wales
8 November	QLD Adult ALS Certification – Townsville	Queensland
14–15 November	QLD Resuscitation Instructor Certification – Brisbane	Queensland
20–21 November	NSW ALS Adult 2 Day Certification	New South Wales
21 November	WA Resus Instructor 1 day – Perth Metro	Western Australia
22–23 November	WA Resus Instructor 2 day – Perth Metro	Western Australia
13 December	QLD Adult ALS Recertification – Townsville	Queensland

Please note that all programs listed here and online are subject to change or cancellation. For general enquiries about ALS programs, a specific course or event, contact the relevant state branch.

Courses at a Glance

ALS Certification Adult 2-day Program

This program is for those completely new to adult ALS or those wanting a comprehensive review. Both days cover aspects of the algorithm with skill stations and scenarios along with theory component. Assessment occurs on the 2nd day of the program.

ALS Certification Paediatric 2-day Program

This program is for those completely new to paediatric ALS or those wanting a comprehensive review. This is a great program for adult nurses who may be required to respond to a paediatric emergency. Both days cover aspects of the algorithm with skill stations and scenarios along with theory component. Assessment occurs on the 2nd day of the program.

ALS Recertification 1-day Program (Adult or Paediatric)

This is for experienced ALS providers who have current working knowledge of ALS and are seeking to obtain recertification in Adult or Paediatric ALS. Practice scenarios and testing are conducted during the program.

Resuscitation Instructor Certification 2-day Program

This program is for those who are involved in the delivery of resuscitation education including ALS and/or BLS in their facility. The program reviews adult learning principles, discussions on content and delivery techniques as well as a chance to be assessed as an instructor. This program is a great opportunity to network and share challenges and solutions around ALS/BLS delivery.

Resuscitation Instructor Recertification 1-day Program

This is for people who have done ALS before but want an update and practice before the assessments in the afternoon. The morning is a review only of concepts/rationales underpinning the ARC algorithm with a chance to practice before assessment for accreditation in the afternoon.

NSW Branch Committee Report

BY MARGARET NICHOLSON

The NSW Branch Committee have worked hard to offer further Hot topic Evenings to the State. We have enjoyed increasing attendance, as can be evidenced by the photos of attendees enjoying themselves, as are the presenters. Please visit the Calendar on the new and improved website to see what is coming to a venue near you. We are already planning next year's events.

ACCCN NSW Branch Committee has a vacancy and we would like to invite you to consider a great and rewarding opportunity to join a like minded team that enjoys their contributions to the Critical Care Profession. We would love to have another

rural representative to ensure our rural members are represented. We have Helena Sanderson who is our longstanding rural representative who works hard on the education portfolio and rural matters. Helena would be happy to mentor a rural representative. We welcome Elyce Green from Wagga Wagga Base hospital who has provided a biography and great photographs.

A reminder to send in snippets for contributions to CT from NSW ACCCN members and if you have been the recipient of a scholarship we would be delighted to have the members hear of your experience.

Introducing.....

ELYCE GREEN from Wagga Wagga Base Hospital recently took on the role of NSW ACCCN Clinical Liaison Nurse (CLN). Here is her story.

I began my nursing career in 2008 as an Assistant in Nursing and in 2011 graduated with a Bachelor of Nursing/ Bachelor of Clinical Practice (Paramedics). I moved to Broken Hill to experience a new place and a more remote type of nursing. After six months on the medical ward I transferred to the ICU. This was a new and exciting experience and I immediately fell in love with this specialty area of nursing. Since my first experience in ICU I haven't looked back and have focused on enhancing my knowledge in the area through research and postgraduate studies. I am in the final year of my Master of Nursing (Critical Care) and am particularly interested in ventilation, both invasive and non-invasive. As a Clinical Nurse Specialist in this area I hope to continue with research and procedure development to improve nursing practice and share my enthusiasm with others. I am now employed at Wagga Wagga Base Hospital, a regional hospital situated in the Murrumbidgee Local Health Network (MLHD). It is the largest hospital within the MLHD and is therefore a referral centre for patients across the region. The Intensive Care Unit at Wagga Wagga Base Hospital is



a general ICU catering for a diverse range of patients. Our service provides respiratory and haemodynamic support for patients with a critical illness.

As a passionate critical care nurse I jumped at the opportunity to join the ACCCN. I joined primarily for the educational opportunities they provide and have since been pleasantly surprised by the additional benefits. My role as the ACCCN Clinical Liaison Nurse (CLN) has allowed me to share these benefits with others. It involves me promoting the activities of the ACCCN within my unit and assisting others to find information, join the organisation, or participate in education. Despite being new to this position, I have already had the opportunity to liaise with other members and I hope to continue to network with others who have a passion for critical care. The CLN role has allowed me to share my passion with others within my own unit. It has enabled me to identify colleagues within my unit that are members of ACCCN or interested in the activities of the organisation. This role has provided me with both personal and professional benefits and I look forward to sharing the opportunities provided by the ACCCN with others.

Look out for future Expressions of Interest for the CLN role in NSW.



New South Wales contribution coordinator – Margaret Nicholson • ACCCN (NSW) Locked Bag 8 Surrey Hills Vic 3127 | Email: nsw@accn.com.au

Hot Topic Evening: Education for Educators

BY JANET WILKS

The “Education for Educators” Hot Topic evening was held at Macquarie University Hospital (MUH). A lovely evening was had by all with great people, great opportunities for networking and fantastic information being presented. There were two wonderful speakers at the beginning of the night, Margaret Nicholson from Liverpool and Janice

Gullick from University of Sydney. Both provided information on professional development and their point of view. One was from the educator’s perspective and another from the clinical nurse perspective. Both were very inspiring and motivating talks.

The second half of the night focused on the National Standards. From Macquarie University Hospital, Edwina Moran and Marcella Grech spoke about educating to the National Standards and how the hospital has maintained competency and continual education around these standards. Edwina and Marcella joined Sharon Kuhn (MUH), Geoffrey Mathews (MUH) and Kathy Baker from the Australian Commission on Safety and Quality in Health Care for an open forum panel discussion about the National



Standards. Kathy Baker was a highlight and a valuable resource, we were lucky she could join us for the night! There was a lively discussion about preparing for the commissions’ visit. There were a lot of great ideas and great questions. A special thanks to Leonie Weisbrodt and Helena Sanderson for helping to set up and plan the event.



TELEFLEX Academy 

Clinical workshops in Non-Invasive & Invasive Ventilation, CVC & PICC insertion and management, IABP, Airway Management and Respiratory Care.

To browse our catalogue, visit us at www.teleflex.com/academyaustralia

TELEFLEX ACADEMY

Innovative and expert education from the team that you know

State News

BY BEN MACKIE

ACCCN Qld Branch Committee Member

ACCCN QLD – Dr Debbie Long granted \$5,000 to lead a clinical audit of a HOT topic in children

The Queensland branch is pleased to announce that Dr Debbie Long (CNC, Royal Children's Hospital, Brisbane & NHMRC Centre for Research Excellence in Nursing, Centre for Health Practice Innovation – Griffith Health Institute, Griffith University) has been successful in securing \$5,000 from ACCCN Queensland to lead the research project titled: **Occurrence, management and outcome of fever in critically ill children: Retrospective clinical audit of a HOT topic.** In late, 2013 the committee received several high quality grant submissions, however, the significance and quality of this project stood out. Outlined below is the statement of significance for this project and overall aims:

Despite fever being a common problem and antipyretics being the most widely used medication, little research has looked at the epidemiology and management of fever in paediatric critical illness. Mixed messages about the danger of fever and aggressive over-treatment contribute towards parental fears and fever phobia continues to influence decision making around the management of fever in acute care settings. To date, only two studies have examined the paediatric intensive care (PICU) population (Gordijn et al. 2009, Toltzis et al. 2001). While these studies are important contributions, they have been limited in part by their small size, single centre reports and limited generalisability. Given the

frequency of febrile episodes in paediatric intensive care and the numerous potential risks and benefits of fever treatment, further research into fever epidemiology and management in paediatric critical illness is required.

The overall aim of this project is to investigate the occurrence and risk associations of fever and its effect on outcome in critically ill children. Specifically, the objectives of this project are to:

1. Compare the risk adjusted association between peak temperature in the first 24 hours after PICU admission and hospital mortality in critically ill children with infection and non-infection related admission diagnoses.
2. Describe the pattern of fever in PICU over 5 days of admission, and
3. Explore fever management practices during the first 24 hours of PICU admission

The Queensland ACCCN committee wish to thank all applicants for submitting their project for funding support and encourage those who were unsuccessful and those considering commencing new projects in 2014–2015 to apply this year for funding support when advertised again in September.

References:

- Gordijn, M., Plotz, F. & Kneyber, M. (2009) Fever during pediatric intensive care unit admission is independently associated with increased morbidity. *Journal of Intensive Care Medicine*, 24(5), 317–322.
- Toltzis, P., Rosolowski, B. & Salvator, A. (2001) Etiology of fever and opportunities for reduction of antibiotic use in a pediatric intensive care unit. *Infection Control and Hospital Epidemiology*, 22(8), 499–504

Now with even more Australian content

Mosby's Nursing Consult is the most trusted and comprehensive online resource for nurses offering authoritative information to help make informed clinical decisions and provide the best patient care possible.

- Access anytime, anywhere online
- Find evidence-based answers quickly
- Educate patients: 11,000+ handouts
- Connect to Electronic Medical Record
- Stay informed of new developments in nursing
- Australian specific journals, guidelines and texts

Mosby's Nursing Consult
Australian Edition



Speak to your librarian today!

Now over 200 additional ebooks available as add on packages – both international and Australian texts available

Queensland contribution coordinator – Michelle Wight • ACCCN (Qld) PO Box 239 Darling Heights QLD 4350 | Email: qld@accn.com.au

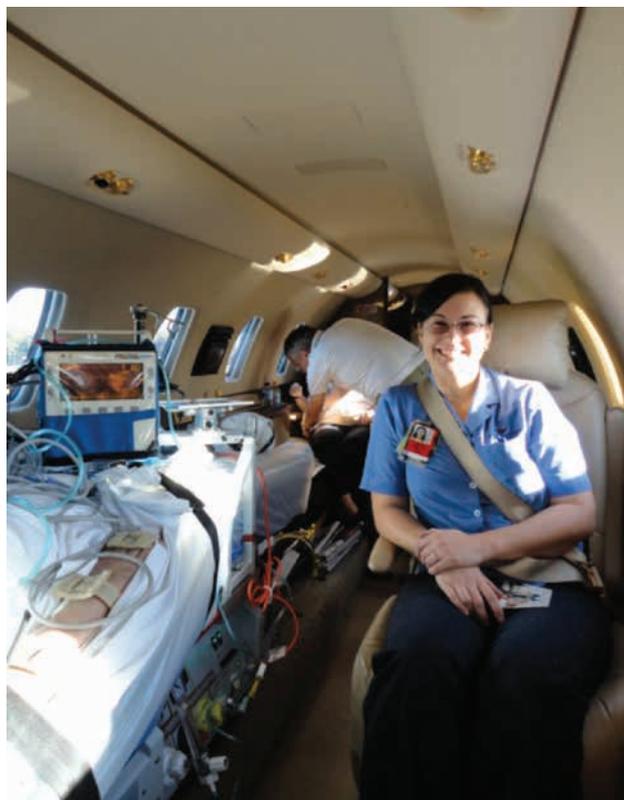
Biography 2014 ACCCN Committee Member: Ms Miriam South

Bachelor in Nursing; RN; Grad Dip Midwifery; RM; Grad Cert in Intensive Care Nursing; RIPRN; IPN; Grad Cert. in Health Sciences (Health Management); Certificate IV in Assessment and Training.

Flight Nurse, RFDS Qld

Miriam has been nursing for 18 years, and during that time her specialities have included Midwifery, Intensive care, and Aeromedical nursing. She has a particular passion for Critical Care in the Retrieval environment.

For the last 8 years, Miriam's full-time position has been as a Flight Nurse for the Royal Flying Doctor Service (RFDS) based at the Brisbane Airport. The aeromedical work out of Brisbane is focused on inter-hospital transfer, including the retrieval and transport of critically ill patients to tertiary facilities. The retrieval of the critically ill patient can be particularly challenging and requires appropriate planning. It presents problems such as the effects of altitude, isolation, long distances, restrictive space, resources, and personnel. Having worked from most of the RFDS Queensland bases, she has also been involved in the pre-hospital care of critically ill patients. She has worked within Retrieval Services Queensland as a Nurse Coordinator to provide clinical coordination of patients within a telephone and telemedicine coordination centre to provide access to high level clinical care. She has also had the opportunity to provide critical care nursing in the international repatriation of a patient through RFDS. Miriam has worked in the Flight Nurse Training role within the RFDS and has been a guest lecturer for Bond University for "Retrieval Medicine" students. She is faculty on the RFDS' Specialised Training And Retrieval (STAR) course. She is currently Queensland State Treasurer for the Australian College of Critical Care Nurses. ●



ACCCN Queensland Branch "Best Critical Care Nursing Student" award 2014

On the 20th May, 2014, Griffith University in Brisbane held its Academic Awards Presentation Ceremony. The Australian College of Critical Care Nurses – Queensland branch is proud to sponsor the award for the best student in a critical care nursing programme. The ACCCN takes great pride in acknowledging students who have achieved academic excellence in the area of critical care nursing, and recognises and supports their outstanding achievements. This year, the ACCCN Queensland branch best student in the Master of Advanced Practice (Critical Care Nursing Program or Master of Nursing – Critical Care Nursing) Prize was awarded to **Georgina Neville**.

Congratulations to Georgina for her excellence within critical care nursing studies, and we wish her well in her future endeavours. ●

Queensland's \$5,000 Research Grant 2014 – Opens Soon!

The Queensland committee is pleased to advise that applications for the 2014 Research Grant opens on the 1st October 2014. ACCCN Queensland seeks to fund state based quality research projects with a grant of \$5,000.

All research funded by ACCCN should be in accordance with the National Health and Medical Research Council guidelines on research practice (Visit www.nhmrc.gov.au/guidelines/ethics_guidelines.htm)

For full details applicants are advised to review the Grant Guidelines on the ACCCN website (Grants & Prizes) before downloading and completing the official Application Form.

Completed applications may be submitted via email to qld@accn.com.au no later than **Friday 13th February 2015 at 6 pm (EST)**. The successful applicant will be announced by NLT 20th April 2015.

Benjamin Mackie
Vice-President
Queensland Branch – ACCCN

ICE Conference

20th and 21st June 2014 in Adelaide

Congratulations to the ACCCN on presenting a world class conference in Adelaide.

The conference started each day with interesting breakfast sessions and keynote speakers set the tone with presentations that fired up the desire to listen and learn.

A wide variety of topics were available concurrently for professional development and learning opportunities relevant to all health professionals not just critical care nurses.

All presenters were of a high calibre and their topics were well presented in a manner that covered from novice to senior clinicians learning needs.

The venue was excellent with catering and facilities impeccable and trade displays interesting and easy to access in breaks. The lay out of the program ensured the mind remained fresh and able to absorb the information delivered. The 2 days went very quickly and maximised learning and networking opportunities.

While all sessions were of a very high standard, I particularly enjoyed the

sessions presented by the Royal Flying Doctor Service clinicians. They were dynamic and informative while presenting both the challenges and rewards of remote area nursing. Listening to their presentations would inspire any person in the audience to consider remote area nursing as a very rewarding career pathway.

At the end of the conference I was delighted to hear the 2015 ICE Conference will be held in Adelaide again. I look forward to attending and highly recommend this conference to all health professionals who want to maximise their learning needs in a wide variety of critical care topics.

I look forward to attending and highly recommend this conference to all health professionals who want to maximise their learning needs in a wide variety of critical care topics.

Judy Bagg
Nurse Practitioner
Murray Bridge Soldiers Memorial
Hospital

Notice to all Members about 'up-and-coming' events



1. ACCCN SA Branch Education Evening Dinner

The SA Branch committee is proposing to hold an Education Evening dinner soon either late October or early November. At the dinner a guest speaker will address the audience on an important critical care issue and the 2013 Student Prizes will be awarded.

Please keep your eye on the website for additional details and registering information.

2. SA Branch Committee Elections

How you ever thought of joining the SA Branch Committee? Nominations for available committee positions will be called for soon prior to the 2014 Elections. If you have ever thought of joining a committed and enthusiastic team with a view to supporting and advancing critical care nurses and nursing in SA and nationally then this is an opportunity for you.

Again, please keep your eye on the website or email for election and nomination information.

Victoria contribution coordinator – David Thomas • ACCCN (Vic) Locked Bag 8 Surrey Hills Vic 3127 | Email: vic@accn.com.au

ACCCN Vic Branch Education Report

BY NATALIE CHECCUCCI

ACCCN Victorian Education/ALS Coordinator

The ACCCN Vic branch held the Hot Topic Evening “The Ins & Outs of Ventilation” on the 2nd September at the Monash Medical Centre, Clayton. This was a fun and educational evening that provided an opportunity to refresh the registrants understanding of some key respiratory & ventilator skills.

The three insightful presentations included:

- Greg Fletcher (Clinical Nurse Educator, Intensive Care Unit, Dandenong Hospital) “A Practical and systematic approach to interpreting chest x-rays”
- Vincent Bacon (Clinical Nurse Educator, Intensive Care Unit, Monash Medical Centre) “NIV – How and Why”
- Mary Hawkins (Clinical Nurse Educator, Intensive Care Unit, Epworth Richmond) “How respiratory waveforms can help you manage your ventilated patient”

The annual ACCCN Cardiac Seminar will be held at the Darebin Arts Centre on Friday 28th November.

This year’s theme is “A Cardiac Journey”, and will take nurses with a particular interest in cardiology on a patient journey from pre hospitalisation (including latest systems of care from Ambulance Victoria, and an update on current trials), through

A key feature of the program will be a release of the results from the AVOID study: <http://alfredicu.org.au/assets/Documents/Reserach-Docs/Full-Publications/AVOID-methods.pdf> conducted by the Australian Resuscitation Outcomes Consortium (Aus-ROC).



Also keep an eye out for these upcoming events on the ACCCN website:

19 November 2014	Hot Topic Evening “Nutrition in ICU” TBC	Royal Melbourne Hospital
20 February 2015	Paediatrics by the Bay Conference	The Rocks, Williamstown
Early May 2015	ACCCN Critical Care Victorian Symposium	Melbourne

the “secret world” of the Cath Lab, onto the Cardiac Floor (including the latest evidence and application of NIV to patient’s with cardiogenic associated APO), and finally to the Cardiac Rehab unit where the latest trends and evidence will be revealed. Be sure to put this date in your diary!

As a part of my role, I coordinate the ALS courses for ACCCN Victoria. The “Host Hospital” ALS model is proving to be very successful with many hospitals & universities around Victoria booking ACCCN for their ALS requirements. Up to this point in the calendar year, we have run courses at The Kilmore & District Hospital, Barwon Health, Epworth Richmond, Werribee Mercy, with still more courses booked for Mildura Base Hospital, HMAS Cerberus and Deakin University, Geelong, to name a few.

The feedback from the participants and hospitals has been very positive. Here

are a couple of examples from a recent ALS Adult Resuscitator Instructor course-

- “Great use of media, provision for adequate feedback along the way – providing an interactive 2 days that was enjoyed”
- “There was not one part of that program that I didn’t take something out of – a great overall program”
- “Practical sessions were fantastic – providing positive feedback and encouragement all the time”

For more information about the ACCCN Vic ALS “Host Hospital” Model please look for the information in the Critical Times or contact Natalie Checcucci at vic.ed@accn.com.au

Kind Regards,
Natalie Checcucci

A job well done!

BY ACCCN VICTORIA COMMITTEE

Congratulations to Liz Moore, from the ACCCN Victorian Branch Management Committee on passing her PhD. Her thesis, ‘A prospective study of the effects of erythropoietin and early sustained hypothermia on renal function and renal biomarkers in patients with traumatic brain injury’, involved carrying out the Renal Substudies of the EPO-TBI and POLAR trials. Liz has a critical care nursing background and has also completed a Master of Public Health involving investigation of the effect of renal function on cardiac surgery outcomes.

Since submitting her thesis last December, Liz was awarded a Faculty Postdoctoral Fellowship with ANZIC Research Centre at Monash University. For her fellowship, she is conducting a retrospective study at the Alfred Hospital to investigate whether a more positive fluid balance is associated with elevated intracranial pressure in patients with severe traumatic brain injury.

Liz is also a Research Coordinator with the Victorian Infectious Diseases Service at the Royal Melbourne Hospital and enjoys her clinical work at St Vincent’s Hospital ICU. She is a member of the Research Advisory Panel of the ACCCN, Monash Human Research Ethics Committee, and the Organising Committee for the ANZICS/ACCCN Annual Scientific Meeting 2014. She has an ongoing interest in improving the outcomes of critically ill patients but says that her current priority is to improve her position at the bottom of the ladder of 16 in her footy tipping group.



ACCCN & Teleflex Nursing Excellence Award 2014

Winner: Sean Sullivan
Associate Nurse Unit Manager
Epworth Healthcare (Richmond) Intensive Care Unit

Nominee: Marnie Price
Nurse Unit Manager
Epworth Healthcare (Richmond) Intensive Care Unit

Clinical practice – demonstrates excellence in critical care nursing

Sean's clinical expertise is practiced at a high level each and every day. During his work he not only cares for critically ill patients, but coaches the nursing staff, educates the rotating doctors through the unit and is very confident imparting his wealth of knowledge. Sean acts as an ambassador for Epworth Healthcare, he champions the Epworth values at all times and drives peer to peer accountability. Sean consistently works as a member of the ICU team ensuring best possible outcomes for the patients and their families, and ensures staff are working to the best of their ability. Sean consistently provides a high level of care that reflects critical thinking and reflective practice in line with legislative requirements and Epworth Healthcare policies. Staff of all abilities and levels within the ICU come to Sean with clinical questions which he is more than willing and capable of answering. He does this in a way that also allows the critical thinking of other staff around him. As a member of ACCCN, Sean is consistently updating the ICU team on changes and new best practice initiatives within healthcare.

Congratulations to the ACCCN & Teleflex Nursing Excellence Award winner for 2014 – Sean Sullivan

The ACCCN & Teleflex Nursing Excellence Award is awarded to a Registered Nurse who is recognised by their peers as consistently providing high quality care to their patients commensurate with their role or practice level. ACCCN received a number of high quality nominations from around the country and the ACCCN Victoria committee is very pleased to congratulate Sean Sullivan as the winner. Sean is an Associate Nurse Unit Manager (ANUM) at Epworth Healthcare (Richmond) ICU and was nominated by his NUM, Marnie Price.

Marnie had very high praise for Sean's contribution to the ICU at Epworth, across all five domains by which the award is judged: clinical practice, clinical innovation, clinical leadership, education and mentorship, and quality improvement. Marnie wrote "Staff of all abilities and levels within the ICU come to Sean with clinical questions which he is more than willing and capable of answering. Sean's clinical expertise is practiced at a high level each and every day." She is also grateful that "Sean manages and coordinates the flow of an extremely busy unit on daily basis and has a positive and even

Clinical innovation – demonstrates a high level commitment to their profession and role

Sean is always striving towards maintaining the highest standards for patients, employees and visitors. He often takes the initiative to suggest improvements to processes and procedures, however more significantly, over the past few months Sean has developed the following two key initiatives to improving our service at Epworth Healthcare:

1. Patient and family brochure on choices and end of life care, aligning with National Standard 2 (Partnering with consumers)
2. Systematic approach and process in place to ensuring patients and their carers can escalate concerns via the MET/Code Blue system. This aligns with National Standard 9 (Deteriorating patient).

Education and mentorship

Sean is consistently up to date with his knowledge. He updates the ICU policies and procedures and researches constantly through journal articles and the ACCCN guidelines. He imparts his knowledge onto all nurses and medical staff that work in ICU. As previously mentioned, Sean not only educates nurses but also doctors within the unit on current best practice and he is well respected by his peers and colleagues. On multiple occasions each shift, I see Sean teaching staff at the bedside



tempered approach to difficult situations." Sean is active at the bedside providing care, supporting novices and experienced nursing and medical staff, updating unit policies and procedures and initiates changes to improve care for patients and families. This includes the development of a 'Patient and family brochure on choices and end of life care'. He truly is "an absolute asset to the team" and we wish him the best for his future endeavours as an excellent critical care nurse. We would also like to thank Teleflex for sponsoring the ACCCN & Teleflex Nursing Excellence Award – Sean has won \$2,500 for being an 'excellent critical care nurse' along with a plaque to note his achievement.

Victoria contribution coordinator – David Thomas • ACCCN (Vic) Locked Bag 8 Surrey Hills Vic 3127 | Email: vic@accn.com.au

from a range of pathophysiology to equipment and disease processes, and is always in depth and of a high standard. Many staff including other ANUMs aspire to be as knowledgeable and level headed as Sean and he is an absolute asset to the team. Sean has taken staff under his wing both as students and as new ANUMs to mentor them into outstanding achievers.



Clinical Leader

Sean is an outstanding leader, he currently works as an ANUM in ICU and has on numerous occasions stepped up to cover NUM relief. Sean is often the leader in the unit whom all staff, including those in the medical field look to for advice and clinical knowledge in this specialty field. Sean is well respected by the staff and patients that come through Epworth Healthcare

each and every day. Sean participates to a great extent on developing plans for patient care and offers suggestions for treatment in a collaborative approach with the medical team. His ability to troubleshoot equipment and educate staff in the same manner is of an extremely high standard. Sean manages and coordinates the flow of an extremely busy unit on daily basis and has a positive and even tempered approach to difficult situations. Sean is currently undertaking a leadership course through Swinburne University and Epworth Healthcare to further advance his leadership skills and through this he has been able to influence and build positive attendance, support myself with recruiting for excellence, proactively resolve any workplace conflict in a professional manner using appropriate processes, drive peer to peer accountability, and effectively manages the budget in working with numbers.

Quality improvement

Sean is always striving towards maintaining the highest standards for patients, employees and visitors. He often takes the initiative to suggest improvements in policies and procedures, however more significantly over the past few months Sean has developed the following two key initiatives to improving our service at Epworth Healthcare:

1. Patient and family brochure on choices and end of life care, aligning with National Standard 2 (Partnering with consumers)
2. Systematic approach and process in place to ensuring patients and their carers can escalate concerns via the MET/Code Blue system. This aligns with National Standard 9 (Deteriorating patient).

Proposed Calendar for September–December 2014 for ACCCN Victoria Education & Advanced Life Support Programs

(Please note: Course dates, title and venues are subject to change at the discretion of ACCCN)

Date	Course Title	Course Duration	Venue
9–11 October	Conference "ANZICS ACCCN ASM"	08:30 <i>Registration</i> 09:00–17:00	Melbourne Convention & Exhibition Centre
14 & 28 October	ALS 2-day ALS/ALSI (Limited availability)	08:30–16:30	The Geelong Clinical School, Deakin University
30–31 October	ALS 2-day ALS/ALSI (hospital employees only)	08:30–16:30	Mildura Base Hospital
28 November	Conference "11th Annual Cardiac Seminar"	08:30–16:30	Darebin Arts & Entertainment Centre
19 November	Hot Topic Evening TBA	17:45–21:00	Royal Melbourne Hospital
5 December	Conference "Rural Matters"	17:45–21:00	Monash University Gippsland Campus Churchill

For further details and online registration please visit www@accn.com.au

ALS = Advanced Life Support ALSI = Advanced Life Support Instructor

TBA – To be advised

ACCCN Vic Advanced Life Support Education – ‘Host Hospital’ Model

The ACCCN Victorian branch offers a comprehensive range of ‘Host Hospital’ Adult ALS and Resuscitation Instructor programs for critical care staff working in public or private hospitals or nursing agencies across regional and metropolitan areas. These programs are suitable for all healthcare professionals (nursing, medical, allied health) to attend, but are specifically aimed at nurses and medical staff working in a critical care environment or with critically ill patients, who require external certification. All ALS programs are based on the latest 2010 Australian Resuscitation Council (ARC) guidelines.

The ‘Host Hospital’ Programs run as follows:

- Host hospitals nominate dates and times that best suit their needs (pending availability of course instructors).
- Host hospitals can choose participants (maximum of 10) from within their own organisation and if unable to fill all the vacancies would be happy to open up registrations to external participants.
- Host hospitals are responsible for providing their own defibrillator with training simulator and shockable manikin. This ensures participants receive the benefit of training on their own equipment in familiar surroundings.
- Host-hospital participants would be charged the ACCCN member’s discounted rate to compensate the organisation for the use of their venue and equipment.
- Advertising, access to online registration, course materials and certificates, as well as the course instructors will be provided by ACCCN Vic Branch.

Registration Costs for ACCCN Vic Advanced Life Support Programs

(Effective 1 July 2014 to 30 June 2015)

Program	Host Hospital/ACCCN Member Fee	External/Non-member Fee
1-day ALS	\$200	\$280
2-day ALS/Instructor	\$360	\$460

Course costs are per participant and include:

- All administrative functions (course set up and online advertising).
- Course materials, including program manual, e-learning access and certificates.
- Provision of course instructors.

Please note the following is not included in the above costing:

- Course catering – Host hospitals may elect to provide catering in the form of morning tea, lunch and afternoon tea, or alternatively course participants may be advised to bring their own.

To arrange a booking, or for further information about ACCCN Vic’s ALS programs, please email the ACCCN Vic Education Coordinator, Natalie Checcucci at vic.ed@accn.com.au



Following is a detailed description of the ALS programs being offered by ACCCN Vic:

Adult ALS Certification: 2-day program

Most suitable for those with little or no experience/knowledge of ALS or those wanting a comprehensive update. Prior reading is expected.

This two-day Adult Advanced Life Support program is for healthcare professionals who are required to provide Adult Basic and Advanced Life Support in a clinical setting. The program incorporates theoretical lectures, clinical skill stations and scenarios.

Program includes:

- Priorities of care
- Basic Life Support algorithm and principles
- Adult Advanced Life Support algorithm and principles
- Advanced airway management
- Cardiac Rhythm recognition
- Electrical therapy – defibrillation, synchronised cardioversion, external pacing
- ALS Pharmacology including intraosseous cannulation (where applicable)
- Post Resuscitation care
- Team roles
- Legal and ethical

A total of 16 CPD hours are assigned to this program (based on 12 hours program contact and 4 hours self-directed learning).

Adult ALS Recertification: 1-day program

Most suitable for those working in a critical care environment who have previously attended an ALS course and require an annual update.

ACCCN recommends annual recertification in Advanced Life Support and offers this one-day theoretical and practical Adult ALS Recertification program for healthcare professionals. The content covered is the same as the 2-day course above but at a faster pace, so prior knowledge of ALS is required. The morning is a review of ALS content with the opportunity to apply those concepts in practice scenarios. The theoretical and scenario training for recertification will follow in the afternoon.

A total of 10 CPD hours are assigned to this program, (including 6 hours program contact and 4 hours self-directed learning).

Resuscitation Instructor Certification: 2-day program

Most suitable for those working in a critical care environment/previously attended an ALS course and are now wishing to become an ALS instructor. This program incorporates ALS training & certification on the first day and teaching resuscitation education on the second day. Attendance at both days is compulsory to become an instructor.

ACCCN Vic offers this two-day instructor program for healthcare professionals who are required to teach resuscitation education including Basic Life Support or Advanced Life Support. The focus is to develop skill and understanding of resuscitation education. A significant amount of time is spent with participants developing and practicing their instructor skills through practical stations and assessments. This external credentialing gives hospitals the confidence that instructors are equipped with the knowledge and skills to coordinate internal ALS courses based on evidence-based teaching principles and the recommendation of the Australian Resuscitation Council (ARC).

Program content includes:

- Content delivery
- Simulation and scenario development and implementation
- Debriefing as a learning tool
- Conducting assessments
- Providing feedback
- Opportunity for resuscitation educators to network with their peers

A total of 16 CPD hours are assigned to this program (based on 12 hours program contact and 4 hours self-directed learning).

WA Branch President's Report

BY PAMELA BELL

Hi all,

While it has not been as busy for the WA Branch as it has for ACCCN overall, there are still a number of changes and interesting things that have been happening. Back at the beginning of the year, it was, as it always is, a great pleasure for ACCCN to be involved in presenting Awards to the two Postgraduate programmes conducted in WA. The winners for the Sir Charles Gairdner QEII Awards were Helene Topaloudis and Tatum Adams and for the collaborative Curtin University, Royal Perth Hospital, Princess Margaret Hospital for Children, King Edward Memorial Hospital, Fremantle Hospital programme were Jemma Humman HDU SCGH (Critical Care Prize and Natalie Middleton PICU PMH (President's Award).

Sadly this year ACCCN saw the resignation of our very hard working colleague Karen Bone from the Resuscitation co-ordinator position. Karen took on this role back in 2010 and has worked extremely hard to develop not only the role but also ALS education throughout WA. A huge thank you to Karen for all her hard work and time she has so generously put into the role. At present, Karen continues to liaise with sites across the state in regard to the ALS programmes until a new co-ordinator is appointed.

WA adult ALS programmes continue to provide strong support for the training of Nurses in this important area of our day to day work. Adult courses continue to be run across the State with our highly skilled instructors travelling far and wide to places such as Kalgoorlie and Geraldton. The Paediatric Special Interest Group has this year been exceptionally busy as they have recommenced the delivery of Paediatric ALS courses around the State with these courses being strongly welcomed in the remote and regional centres of WA. Our PSIG colleagues have also demonstrated their adaptability when earlier this year one group who had been up to Exmouth found themselves stranded for a few extra days due to flooding. Along with the PALS courses, the PSIG group have developed a Deteriorating Child programme and will run this for the first time later in the year. A lot of work has gone into this and the WA Management Committee would like to acknowledge and congratulate PSIG for their exceptional work.

Fenella Gill and Hugh Davies continue to work hard with other members of the National review committee in updating the Competency Standards for critical care nurses. A lot of invaluable information was gathered from the focus groups held in each State as part of the

The Paediatric Special Interest Group has this year been exceptionally busy as they have recommenced the delivery of Paediatric ALS courses around the State with these courses being strongly welcomed in the remote and regional centres of WA.

first phase of the Competency Standards Revision Project. The second phase of the project is about to commence using the Delphi method to gather additional information from a panel of experts.

Nationally the big news for this year is the launch of the new ACCCN website. It is quite a pleasure to navigate around the new website. If you haven't had the opportunity to have a look at it, I urge you to do so.

Have you "liked" us on Facebook yet? If not, take the opportunity to do so and contribute to our very own Facebook page.

Cheers,

Pamela

WA Branch Education Funding

The West Australian Branch of the Australian College of Critical Care Nurses is pleased to announce the offer of financial support for members to attend a professional development event. Grants are only available to current WA members with more than 12 months' continuous membership.

Applicants must provide evidence of registration along with copies of receipts or quotes for other costs associated with attending the event (i.e. travel and accommodation).

All applications will be considered by the WA Committee with funding decided according to the ACCCN, Education Grant Guidelines for Applicants. Please download and read the Guidelines prior to completing the electronic application form below.

Please note:

- Full or part funding may be awarded
- Grants are available to a maximum value of \$800 to any one person
- Retrospective funding of conference/seminar related costs is not available

Applicants must also give permission for details of their application (name, workplace and conference details) to be published by ACCCN on the website or in print.

Closing date for applications is Monday 15th September 2014 at 5pm.

We welcome your application.

Pamela Bell
President, WA Branch



EXPRESSIONS OF INTEREST

The WA Branch Management Committee are pleased to announce an Excellent Development Opportunity

Expressions of Interest are sought from suitably qualified WA members for the position of

WA Branch Resuscitation Coordinator

12 hours per week – ANF Level 2.4 \$87,583 pa pro rata

The WA Branch Resuscitation Coordinator is integral to the delivery of the ACCCN National Advanced Life Support courses in Western Australia. The position will liaise with the ACCCN WA President and Management Committee, as well as the ACCCN Executive Officer and National Office staff to ensure that all ALS related enquiries and requests for courses are met.

To be considered for this position you must meet the following selection criteria:

Qualifications

- Current AHPRA Registration with the Nursing and Midwifery Board of Australia
- Postgraduate qualification in Critical Care Nursing

Essential

- Current ACCCN Membership
- 5 Years post graduate experience in critical care speciality
- Demonstrated knowledge of Australian Resuscitation Council (ARC) and International Liaison Committee on Resuscitation (ILCOR) guidelines
- Current ALS Accreditation (similar in content to ACCCN Course)
- Demonstrated experience in clinical teaching, presentation and competency assessment
- Demonstrated excellent written and verbal communication skills
- Demonstrated excellent organisational skills
- Demonstrated computer skills in Microsoft Word, Excel and Power Point
- Drivers Licence and use of own vehicle

Desirable

- Reside within the Perth Metro Area
- Certificate IV in Workplace Training and Assessment (or equivalent)

Expressions of interest should be submitted via email to wa@accn.com.au with the subject heading of 'attention WA President Resuscitation Coordinator'. Applications should include a letter (maximum 2 pages) addressing the selection criteria and a current Curriculum Vitae.

All applications will be considered by the WA Management Committee.

Closing Date for applications: **Tuesday September 30th 2014 5pm**



A personal invitation from the WA President

Are you looking for a new challenge in your professional life? ✓

Are you ready to step up into a leadership role and make a difference in Critical Care Nursing? ✓

Maybe it is time to consider becoming a WA State Management Committee member?

Life as an ACCCN WA Management Committee member is filled with exciting possibilities including:

- Professional development opportunities
- The chance to develop leadership skills through mentorship
- The opportunity to influence and contribute to the development of Critical Care Nursing both nationally and internationally
- Educational Opportunities
- Professional Opportunities
- Professional Recognition

Keen to find out more?

You are invited to come along to our meetings or teleconference/skype in and get a feel for how the organisation runs at a State level.

Meeting dates are posted on the ACCCN website and teleconference details can be obtained by contacting WA Secretary Karen Bone at karenbone1@gmail.com or myself at pamela.bell@health.wa.gov.au

Hope to see you soon.

Cheers,
Pamela Bell (WA President)

Best Nursing Review Paper Prize Guidelines

The award for Best Nursing Review Paper is designed to acknowledge an outstanding contribution to the specialty of critical care nursing through a substantive and rigorous review of the literature. The prize is awarded annually at the Australian and New Zealand Scientific Meeting on Intensive Care (ASM). The inaugural prize was awarded in 1997. The prize is sponsored in accordance with the ASM organising committee sponsor arrangements. The winner will receive the award at the Conference Dinner.

Requirements

1. Each applicant may submit only one paper for the Best Nursing Review Prize.
2. The review shall primarily be the work of the applicant, although co-authorship is permissible. The lead author must be a critical care nurse and hold current membership of ACCCN.
3. The prize is awarded to the applicant, who is the lead author. The primary purpose of the prize money is to support attendance at the ASM to present the paper in a designated session as identified through the conference organizing committee.
4. The judges will be appointed by the Editor of ACCCN Publications. There will be at least three judges, one representative of Australian Critical Care and others selected on expertise. The final recommendation will be ratified by the ACCCN National Executive.
5. The award shall be based on the quality of the review. The judges shall award marks for:
 - originality of the review
 - the value of the review as a resource on the topic chosen
 - the relevance and importance of the review topic to current critical care practice
 - the rigour with which the review is conducted
 - the quality of the writing
 - containing original ideas of the author
 - comprehensiveness in scope whilst remaining clear and concise in style and conforming to the Guide for Authors as specified in Australian Critical Care (ACC)
6. If no application is of a satisfactory standard, the award will not be made.
7. Candidates shall be required to submit their manuscript by midnight on the first Friday of June. For candidates to be eligible an application form must be uploaded through the EES system. A signature is not required as uploading the application form signals intent for your manuscript to be considered in the Best Nursing Review Paper category.
8. All entrants will be notified of the outcome by the Editor approximately one month prior to the ASM. In accepting this prize, the winner is obliged to present an oral form of the paper at the Conference as scheduled by the meeting organisers. Details of the timing and duration of the oral paper will be provided by conference organisers. Failure to present the oral paper will forfeit the prize.
9. Candidates are expected to make their own registration and travel arrangements, including additional funding if required, to present at the ASM.
10. The judges' decisions will be final.
11. The winning paper will be considered for publication in ACC and will be subject to the usual peer review and editorial processes of ACC subsequent to awarding the prize.
12. Unsuccessful applicants will be encouraged to submit their reviews to ACC for possible publication. These reviews will be subject to the ACC's usual review and editorial process.

For further details contact:
 ACCCN Ltd. Email accn@accn.com.au | Phone (03) 9896 4100 |
 Fax (03) 9898 4199 | Freecall 1800 357 968

Closing date: First Friday of June annually





ANZICS/ACCCN
Intensive Care ASM

9-11 October 2014
Melbourne Convention
and Exhibition Centre

The 39th Australian and New Zealand Annual Scientific Meeting on Intensive Care and the 20th Annual Paediatric and Neonatal Intensive Care Conference



CRITICAL CARE: THE HIGH PERFORMANCE TEAM



CONTACT

EECW Pty Ltd
Suite 614, St Kilda Road Towers
1 Queens Road, Melbourne VIC 3004
T: +61 3 9863 7606
E: eecw@eecw.com.au

**REGISTRATIONS AND
CALL FOR ABSTRACT NOW OPEN**

www.intensivecareasm.com.au

 @ANZICSACCCN_ASM

 ANZICSACCCN_ASM

 **ANZICS**

 **ACCCN**
Australian College of Critical Care Nurses