ACCCN State and National Directory

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Despina Ktenas – Vic & WA Branches
Sara Bennet – WA Branch
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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 extraneous or unsubstantiated claims. Accompanying photographs, illustrations, graphs or tables are acceptable.

Submission format

All articles must be in Microsoft Word (.docx), with minimal formatting. Good quality photographs or illustrations should be submitted as a separate, high resolution 300 dpi JPEG file, and must be accompanied by captions. When scanning a hard copy of a photograph it should be scanned as CMYK at 300 dpi. 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 when 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@acccn.com.au

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

Cut-off dates for submissions:
March edition: 24 January
June edition: 24 March
September edition: 24 July
December edition: 24 October

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General Manager’s Report

BY LYNN HERSON

It is my pleasure to address all members in my capacity as ACCCN General Manager. ACCCN is moving towards a new level of professionalism and as a result will be implementing a number of exciting changes over the coming months all designed to improve your member experience.

The first of these changes will be a new website. The website will feature specific member only content, a member only online social network, and a new CPD tracker tool. The website will become more interactive and allow you to manage your own profile more easily.

We are also implementing a new database to better manage the membership and course administrative functions. This will enable us to provide our members with better service.

A warm welcome to our two new Corporate Members, 3M Australia and iNurse.

Remember to keep up to date with all the upcoming events and news at ACCCN via our weekly newsletter or visit us at www.acccn.com.au

I, together with the dedicated team at the ACCCN National office Edwin Eng, Elle Hofsteter, Kassandra Koudelka, Des Ktenas and Sara Bennett look forward to being of service to you.

Critical Times welcomes articles from nurses working in Intensive or Critical Care Units (or similar). If you would like your unit featured in Critical Times we would love to hear from you. Articles can be submitted in Word format and accompanying photos are encouraged.

For full submission details please refer to ‘Guidelines for Contributors’ on page 2, or email cteditor@acccn.com.au if you have any queries.

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

New Edition

Critical Care Secrets, 5th Edition

Polly E. Parsons, MD and Jeanine P. Wiener-Kronish, MD

Get the most out of your study and review with Critical Care Secrets! This easy-to-read book uses the popular and trusted Secrets Series® question-and-answer format to cover all areas of critical care medicine, focusing on the practical, “in-the-trenches” know-how you need to succeed both in practice, and on board and recertification exams. The easy-to-read approach of the Secrets books has been serving medical professionals for decades.

September 2012  9780323085007  Paperback 672pp  Mosby RRP AU$55.00

Use association code ACCCN for 15% discount and free delivery AU$46.75
It has been an eventful six 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. In the last report the issues below were highlighted as priorities and I outline their development over the last 3 months.

1. ACCCN Website and management systems
   The new website and management system is near completion and will be showcased at ICE 2014 in Adelaide. The new website will offer 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 which is important as recent staff retirements have not been replaced. In addition the system will restructure finances for a national approach that reduces fees and improves efficiencies.

2. Governance structure
   In March 2014, the ACCCN sourced the services of Accosec Consultants to provide company secretarial services and governance resources. A governance review has been conducted and risk management strategies have been put in place. Considerable work has been undertaken by the national office staff and the ACCCN board to do these in a timely manner.

3. Membership – categories and affiliations
   Membership categories have been reviewed and developed and will be instigated with the launch of the new website mid-year. There will be new categories of associate and student membership with all to be revealed in the very near future.

4. Income streams related to events and sponsorship
   The sponsorship dollar is harder to earn than ever. The ACCCN board has realised the need to work with industry partners and other health care organisations to enhance event timing and coordination and the share of the corporate sponsorship. Events of a grand scale are becoming increasingly unaffordable meaning that smaller more member engaged events will be realised to create a larger profit margin for the effort. Creativity and ideas are needed to engage members with events that are realized yet provide income.

5. Effective incorporation with ACCCN stakeholders, representatives and liaisons
   As ACCCN experiences growth it is evident that advisory groups, special interest groups and membership affiliates will take on new and exciting projects for the professional standing of ACCCN to place the organisation in a strong and prosperous position within the industry.

   The new ACCCN Competency Standards or Standards for Practice, the Workforce Standards and the Standards for Resuscitation: Clinical Practice Education are all near completion and we look forward to their launch later this year. In addition the new edition of the Critical Care Nursing text is underway for launch in 2015. I also wish to congratulate those involved with the advancement of Continuing Professional Development hours for the Australian Critical Care journal. This will provide further expansion to the CPD provision ACCCN can provide for its members and will bring the ACC Journal international readers to the ACCCN website and eLearning. Further projects discussion will be a priority in the next board meeting to be held at ICE.

Finally, as ICE 2014 approaches you may be interested to read the Guest Editorial about its history and plans for the future ICE 2016. Please scan this QR code to read the article in May issue of ACC (Vol 27, Issue 2) or refer to link.

I look forward to seeing you at ICE.

Warm regards to all.

Dr Diane Chamberlain
Competency Standards Revision Project – phase 2

Call for expressions of interest for Delphi panel members

Phase 1 focus group interviews were completed in 2013 and findings have resulted in a draft revision to the Standards.

We now invite you to participate in a Delphi panel to a) respond to a web-survey to indicate your level of agreement with the proposed changes and b) provide further suggestions

Panel selection criteria: critical care nurse with > 2 years experience

Please contact Fenella Gill f.gill@curtin.edu.au or 0402881604 by 20 June 2014 to register your interest or for more information.

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If you have any concerns or complaints regarding this study you can contact the Curtin University Human Research Ethics Committee (Secretary)

Tel 9266 2784
Email hrec@curtin.edu.au
C/- Office of Research and Development
Curtin University
GPO Box U1987
Perth WA 6845
Advisory Panels

Expression of Interest for the following Advisory Panels will open on the new ACCCN website on 1st July 2014.

- Education
- Organ and Tissue
- Paediatrics
- Quality
- Resuscitation
- Workforce

Please visit www.acccn.com.au from July 2014 for more information.

Overview of the most often cited articles published since 2011 in Scopus

1. Bedside nurse-patient interactions do not reliably detect delirium: An observational study
   Mistarz, R., Elliott, S., Whitfield, A., Ernest, D. 2011 Australian Critical Care

2. The severe sepsis bundles as processes of care: A meta-analysis
   Chamberlain, D.J., Willis, E.M., Bersten, A.B. 2011 Australian Critical Care

3. Creating an environment to implement and sustain evidence based practice: A developmental process

4. Assessing physical function and activity for survivors of a critical illness: A review of instruments
   Elliott, D., Denehy, L., Berney, S., Alison, J.A. 2011 Australian Critical Care

5. Pharmacological versus non-pharmacological antipyretic treatments in febrile critically ill adult patients: A systematic review and meta-analysis
   Hammond, N.E., Boyle, M. 2011 Australian Critical Care

6. Design and implementation of a virtual world training simulation of ICU first hour handover processes
   Brown, R., Rasmussen, R., Baldwin, I., Wyeth, P. 2012 Australian Critical Care

7. A national survey of Australian Intensive Care Unit (ICU) Liaison Nurse (LN) services
   Elliott, S., Chaboyer, W., Ernest, D., Doric, A., Endacott, R. 2012 Australian Critical Care

8. The effect of implementing a modified early warning scoring (MEWS) system on the adequacy of vital sign documentation


10. Designing observation charts to optimize the detection of patient deterioration: Reliance on the subjective preferences of healthcare professionals is not enough
    Preece, M.H.W., Hill, A., Horswill, M.S., Karamatic, R., Watson, M.O. 2012 Australian Critical Care

11. A questionnaire survey of critical care nurses’ attitudes to delirium assessment before and after introduction of the CAM-ICU
    Preece, M.H.W., Hill, A., Horswill, M.S., Karamatic, R., Watson, M.O. 2012 Australian Critical Care

12. Understanding the work of intensive care nurses: A time and motion study
    Abbey, M., Chaboyer, W., Mitchell, M. 2012 Australian Critical Care

13. Challenges and possible solutions for long-term follow-up of patients surviving critical illness
    Williams, T.A., Leslie, G.D. 2011 Australian Critical Care

14. The incidence of falls in intensive care survivors
    Patman, S.M., Dennis, D., Hill, K. 2011 Australian Critical Care

15. A qualitative exploration of nurse’s perception of Critical Outreach Service: A before and after study
    Athifa, M., Finn, J., Brearley, L., (...), Watt, M., Leslie, G. 2011 Australian Critical Care

16. Why don’t intensive care nurses perform routine delirium assessment? A discussion of the literature
    Wellis, L. 2012 Australian Critical Care

17. Nurse staffing levels and the incidence of mortality and morbidity in the adult intensive care unit: A literature review
    McGahan, M., Kucharski, G., Coyer, F. 2012 Australian Critical Care

18. A Delphi study on National PICU nursing research priorities in Australia and New Zealand
    Ramelet, A.S., Gill, F. 2012 Australian Critical Care

19. What are the factors in risk prediction models for rehospitalisation for adults with chronic heart failure?
    Bethivas, V., Davidson, P.M., Newton, P.J., (...), Macdonald, P.S., Stewart, S. 2012 Australian Critical Care

20. End-of-life care in the intensive care setting: A descriptive exploratory qualitative study of nurses’ beliefs and practices
    Ranse, K., Yates, P., Coyer, F. 2012 Australian Critical Care
eLearning Education Content Development

Webinars
We are seeking interest from Clinical Experts to present 50 minute webinars on their area of specialty.

Learning Packages
We are seeking interest for the development of learning packages – 20 minute lecture followed by readings/quiz and a completion certificate.

For further information on these opportunities, please email ice@acccn.com.au

ICE2016 & WFCC International Conference

Would you like to join the organising committee?
ICE2016 will be held in Brisbane at the Brisbane Convention & Exhibition Centre in April 2016. It will be an international meeting supported by the World Federation of Critical Care Nurses.

We are seeking Expressions of Interest from members from any State with a strong clinical background that would like to be involved in the planning of ICE2016.

If you are interested, please send an email to ice@acccn.com.au and include a short summary of your experience and copy of your CV.
ACCCN Event Calendar June–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.

<table>
<thead>
<tr>
<th>Date</th>
<th>Course/Event</th>
<th>State</th>
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<tr>
<td>1 June</td>
<td>QLD Adult ALS Recertification – Townsville</td>
<td>Queensland</td>
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<tr>
<td>6 June</td>
<td>NSW ALS Adult One Day Recertification</td>
<td>New South Wales</td>
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<td>13 June</td>
<td>WA ALS Adult 1 day Recertification – Geraldton</td>
<td>Western Australia</td>
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<tr>
<td>14–15 June</td>
<td>WA ALS Adult 2 day Certification – Geraldton</td>
<td>Western Australia</td>
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<td>19 June</td>
<td>SA Adult ALS Recertification</td>
<td>South Australia</td>
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<tr>
<td>20–21 June</td>
<td>WA ALS Paediatric 1 day – Geraldton</td>
<td>Western Australia</td>
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<td>22 &amp; 29 June</td>
<td>VIC Resuscitation Instructor 2 Day includes ALS recertification – St Vincents Private</td>
<td>Victoria</td>
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<td>25 June</td>
<td>NSW ALS Adult 1 Day Recertification – Norwest employees</td>
<td>New South Wales</td>
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<tr>
<td>17–18 July</td>
<td>NSW Resuscitation Instructor Certification 2 Day</td>
<td>New South Wales</td>
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<tr>
<td>25 July</td>
<td>WA ALS Adult 1 day Recertification – Narrogin</td>
<td>Western Australia</td>
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<td>26–27 July</td>
<td>WA ALS Adult 2 day Certification – Narrogin</td>
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<td>31 July – 1 August</td>
<td>NSW ALS Adult 2 Day Certification</td>
<td>New South Wales</td>
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<td>2–3 August</td>
<td>WA ALS Paediatric 2 day – Kalgoorlie</td>
<td>Western Australia</td>
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<td>15 August</td>
<td>WA ALS Adult 1 day Recertification – Perth Metro</td>
<td>Western Australia</td>
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<td>16–17 August</td>
<td>QLD Adult ALS Certification – Townsville</td>
<td>Queensland</td>
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<td>16–17 August</td>
<td>WA ALS Adult 2 day Certification – Perth Metro</td>
<td>Western Australia</td>
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<td>25 August</td>
<td>QLD Resuscitation Instructor Recertification – Brisbane</td>
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<td>28 August</td>
<td>NSW ALS Adult 1 Day Recertification – Norwest employees</td>
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<td>4 September</td>
<td>NSW ALS Paediatric 1 Day Recertification</td>
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<td>5–6 September</td>
<td>QLD Paediatric ALS Certification – Brisbane</td>
<td>Queensland</td>
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<tr>
<td>12 September</td>
<td>WA ALS Adult 1 day Recertification – Kalgoorlie</td>
<td>Western Australia</td>
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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.

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<tr>
<td>13–14 September</td>
<td>WA ALS Adult 2 day Certification – Kalgoorlie</td>
<td>Western Australia</td>
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<tr>
<td>18 September</td>
<td>NSW ALS Adult One Day Recertification</td>
<td>New South Wales</td>
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<tr>
<td>16–17 October</td>
<td>NSW ALS Paediatric 2 Day Program</td>
<td>New South Wales</td>
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<td>18–19 October</td>
<td>WA ALS Adult 2 day Certification – Peel</td>
<td>Western Australia</td>
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<tr>
<td>20–21 October</td>
<td>NSW Resuscitation Instructor Certification 2 Day</td>
<td>New South Wales</td>
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<td>24 October</td>
<td>WA ALS Paediatric 1 day – Subiaco</td>
<td>Western Australia</td>
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<tr>
<td>25–26 October</td>
<td>WA ALS Paediatric 2 day – Subiaco</td>
<td>Western Australia</td>
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<tr>
<td>31 October</td>
<td>NSW ALS Paediatric 1 Day Recertification – Norwest Private Employees</td>
<td>New South Wales</td>
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<tr>
<td>8 November</td>
<td>QLD Adult ALS Certification – Townsville</td>
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<td>14–15 November</td>
<td>QLD Resuscitation Instructor Certification – Brisbane</td>
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<td>20–21 November</td>
<td>NSW ALS Adult 2 Day Certification</td>
<td>New South Wales</td>
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<tr>
<td>21 November</td>
<td>WA Resus Instructor 1 day – Perth Metro</td>
<td>Western Australia</td>
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<tr>
<td>22–23 November</td>
<td>WA Resus Instructor 2 day – Perth Metro</td>
<td>Western Australia</td>
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<td>13 December</td>
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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.
Statewide Intensive Care Clinical Information System (ICCIS)

BRETT ABBENBROEK
ICCIS Program Manager, Change and Delivery

Project Update May 2014

The ICCIS Program has been established to implement an enterprise-wide clinical information system across Intensive Care Units (ICUs) and High Dependency Units (HDUs) in NSW. It is part of a broader electronic medical record strategy to enhance the Information and Communications Technology (ICT) used throughout the NSW health system. ICCIS is the largest system-wide implementation of an intensive care clinical information system globally.

NSW Treasury funded the ICCIS Program in September 2011 and the Program formally commenced in November 2011. The Request for Tender and Procurement Phase was completed in August 2013 and awarded to iMDsoft, providers of MetaVision software and its project partner Litmus Group.

ICCIS will integrate with core enterprise clinical and corporate systems, such as the Electronic Medical Record (eMR), and with bedside devices to enable comprehensive and dynamic digital information management. ICCIS will improve patient care and clinician satisfaction by providing effective clinical decision support for the management of critically ill patients, increased automation of monitoring and reporting, and enhanced quality improvement and clinical research capability.

ICCIS Program objectives include:
- Establish digital documentation (electronic flow chart) in ICU/HDU
- Provide simultaneous access to multiple data and information sources at the point of care
- Interface to bedside devices
- Integrate with clinical, corporate and administrative systems at the point of care
- Enhance patient clinical management and review
- Link with electronic medication management
- Provide active clinical decision support
- Automate monitoring, data capture and reporting
- Support quality improvement initiatives
- Facilitate large scale, multi-site clinical research

The ICCIS Program is divided into two stages for delivery.

Stage 1 is funded and underway and includes:
- Implementation Planning Study (IPS)
- ICCIS solution Design & Build for adult, paediatric and neonatal ICU services
- Deployment to:
  - Adult and paediatric ICU/HDUs (Level 5 and 6) in the greater Sydney metropolitan area
  - Neonatal ICU at Children’s Hospital Westmead
- Transition to Business as Usual (BaU) for the deployment sites in stage 1

Stage 2 of the ICCIS Program is pending additional funding and is expected to include:
- Deployment to adult ICU/HDUs (Level 5) in the rural sector
- Deployment to adult ICU/HDUs (Level 4 and 3) State-wide
- Deployment to neonatal ICUs State-wide
- Transition to BAU for the deployment sites in stage 2

The Implementation Planning Study (IPS) commenced in September 2013 and will finalise in May 2014 following which the Program will move into the Design and Build Phase as illustrated in Figure 1.

There are several streams of work for the Design & Build Phase including:
- Functional – encompassing configuration of MetaVision software to meet the agreed functional requirements
Technical – encompassing integration, reporting, infrastructure, testing, configuration management and service delivery activities to support the delivery of the ICCIS (MetaVision) solution

Change and Delivery – encompassing business process review and creating a framework for users to transition to the ICCIS solution

Program management – encompassing control over the Design & Build Phase with respect to budget, schedule, scope, risks and issues

The dedicated program of work for change management and delivery of the ICCIS solution focuses on Organisational Change Management (OCM), Benefits Realisation and pre-deployment readiness and training activities in preparation for implementation and supported transition to business as usual in the ICU.

Change & delivery objectives include:

- Encourage active and visible change leadership through the ICU community, particularly from sponsors and senior leaders.
- Engage subject matter experts throughout the phase to ensure the ICCIS program continues to be a clinician led program.
- Develop stakeholders’ support for and willingness to change by engaging and informing them of the value and benefits that the project will deliver.
- Analyse training needs and develop training to equip stakeholders with the right skills and knowledge so they can effectively use the new systems and processes.
- Manage future risk of execution and ultimately realising the intended business benefits by developing a positive perception to encourage adoption of the new way of working.
- Support business readiness.

Specifically, the Change & Delivery stream will ensure that people related impacts and opportunities are considered and effectively managed during the Design & Build Phase, in preparation for the implementation of the solution.

Clinical engagement and clinical leadership are key to the success of the ICCIS Program and as such clinicians are intimately involved in the design and build of the solution. Clinical leadership is provided by the Agency for Clinical Innovation ICU Working Group and Subject Matter Expert Reference Groups.

The approach to the Design & Build Phase is based around a model that involves regular engagement with clinical stakeholders. This intensive engagement ensures a highly inclusive, transparent, and clinically led process. A short video showcases the enthusiastic involvement of ICU clinicians in the solution design and build process can be viewed by scanning this QR code or at vimeo.com/user19020418/review/91390334/00ca3802e0

Strong clinical leadership and engagement in the design, build and deployment of the ICCIS solution will ensure ICCIS supports clinicians across NSW to manage critically ill patients to the highest standards of care.

For more information contact:
Brett Abbenbroek
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ICCIS Manager, Communications and Engagement
Diane.Kowal@hss.health.nsw.gov.au

NSW Committee Report

We are nearly half way through another busy year. We have had excellent feedback on our Hot Topic evenings and attendance is growing. The NSW Committee members aim to provide great venues, great food and engaging speakers. From your feedback we are achieving all three. Please refer to the ACCCN Calendar, emails and Facebook and feel free to provide feedback to us.

ACCCN NSW Committee would like to invite members in NSW to submit short articles to be submitted to CT about an event you have attended, something you have implemented after attending an ACCCN event or useful pearls from the field. Please send to Margaret.Nicholson@sswhs.nsw.gov.au

Introducing Janet Wilks

We would like to welcome and introduce to you Janet Wilks – Clinical Nurse Specialist in the Intensive Care Unit at Macquarie University Hospital. Janet has 8 years of ICU experience in the United States and Australia. Janet is currently in her second year of her Masters of Intensive Care in Nursing at Sydney University. Janet is on the ACCCN committee for NSW and is passionate about all things ICU and is looking forward to being actively in the committee.
Education for Educators – The National Standards

Wednesday 11 June 2014, 6–9 pm • Macquarie University Hospital

ACCCN NSW is pleased to present our Hot Topic Evening featuring education on Advance Practice Nursing, Career Development, and education for the National Safety and Quality Health Service Standards. We invite all clinicians to share in an enjoyable evening of Education and Learning. Take this opportunity to network with other clinicians and educators as you mingle over a light supper and refreshments.

Program

6:00–6:15 pm  Registration
6:15–6:20 pm  Welcome with Helena Sanderson and Janet Wilks
6:20–6:50 pm  Topic 1: Capturing Leadership – Educational Preparation for Advanced Practice
Professor Janice Gullick, Director of the Intensive Care Master’s Program from the University of Sydney
6:50–7:20 pm  Topic 2: Making the Best out of a bad situation – How to turn a career you didn’t choose into your own.
Margaret Nicholson NP from Liverpool Hospital
7:20–7:50 pm  Supper
7:50–8:20 pm  Topic 3: Competencies, Compliance, and Customer Service – Tools to get through the National Standards and
maintain compliance.
Edwina Moran CNE and Marcella Grech CNE from Macquarie University Hospital
8:20–8.50 pm  Question and Answer Panel: A National Standards Panel discussion with a team who had outstanding
performance and lasting contributions to the National Safety and Quality in Health Service Standards and with
experts from the NSQHS standards commission.
8:50–9:00 pm  Evaluation and Conclusion

Date  Wednesday 11 June 2014
Time  6–9 pm 2.5 hrs CPD
Venue  Macquarie University Hospital, ASAM building Ground floor meeting room
Parking  Paid Parking is available at the venue
Public Transport: Trains, Buses and Taxis available
Cost  $44 ACCCN members
$66 non members
Questions  nsw@acccn.com.au
1300 308 828
Convenors  Helena Sanderson (ACCCN), Janet Wilks (MUH)
Register  Registration online for this and other ACCCN programs by visiting www.acccn.com.au under Education tab
and select NSW calendar use the link below:
www4.eventsinteractive.com/ACCCN/cm.esp?id=417008&pageid=NMEVCAL
Start getting your team together NOW for

The inaugural NSW ACCCN TRIVIA NIGHT (NATN)

Pit your intelligence and experience against other ICU’s and win the NATN trophy

• Free Entry
• A night of fun, frivolity & feverish competition
• General knowledge, geography, health, history, sport, arts and ICU questions
• Fabulous prizes including a mini ipad, wine & more
• Prizes for ‘best dressed table’
• Trophy engraved for the winners
• Pizza, wine and beer will be served
• To be an annual competition

Form a team and include members of the entire multidisciplinary team.

* Open to members and non-members – prize for the table for the table with the most ACCCN members.
At least one member of your team must be an ACCCN member.

SAVE THE DATE!

Friday
5 September 2014
Sydney
Better than being Basic

BY KATRINA GANE
SA Branch Committee Member

BASIC for Nurses
Basic Assessment and Support in Intensive Care (BASIC) is a 2 day course developed by the BASIC Collaboration, under the guidance of Dr Charles Gomersall and the BASIC Steering Group in Hong Kong. So commended in its delivery of professional development education in critical care units internationally, BASIC Courses are being recommended by the College of Intensive Care Medicine, providing links via www.cicm.org.au

BASIC Courses are principally intended as an introduction to the fundamental skills and knowledge that a physician will need during their first encounters in treating clients presenting with critical illness pathophysiologies and providing “Intensive Care” treatments. So popular has this become within critical care communities that there are now many BASIC Courses available, with Senior Critical Care Nurses not only participating, but being actively involved in their development.

In April this year I was fortunate enough to participate in a BASIC for Nurses Course at Royal North Shore Hospital (RNSH), Sydney. This course had been made possible through the work of Ashleigh Tracey – Clinical Nurse Specialist Neurosurgical Intensive Care Unit and Emily Fitzgerald, ICU Education. The two were involved in the development of the Course; BASIC for Nurses in Hong Kong in December 2013, with Dr. Gomersall producing a course text and other course resources. Feedback, reflection and consultation with the BASIC Collaboration resulted in an outstanding course being provided by the RNSH team.

Targeting
BASIC for Nurses conducted April 7 & 8 2014 was aimed for the Registered Nurse with limited experience, providing an introductory teaching package aimed at the novice ICU nurse specifically to bridge a gap in transitioning from a graduate nurse having some experience in the ICU environment to Post Graduate studies in Critical Care. Registration was free in this instance, with CSL Behring Biotherapies providing some funding. The dedication of the conveners, lecturers and multidisciplinary team of the newly developed RNSH ICU was obvious as they imparted valuable knowledge and skill sets to participants. Internationally and within Australia, BASIC often requires payable pre course books were well-read and worn before registration on Day 1. The day ‘kicked off’ with engaging and educational lecture presentations. Professor Carol Foot and Dr Liz Hickson delivered an excellent synopsis of “Basic Respiratory Physiology” and “Mechanical Ventilation-Principles & Settings”, followed by “Airway Management” Alex Slattery CNC, and, “Mechanical Ventilation-Trouble shooting” Melissa Passer CNS and “Routine Care of the ICU Patient” Rachel Grundy RN.

Following an interactive and enjoyable break, the afternoon sessions were concentrated on breaking up course participants into groups of 3-4 for 6 dedicated skills stations.

1. Mechanical Ventilation (set up and pre use check)
2. Mechanical Ventilation troubleshooting
3. Basic Nursing Respiratory assessment
4. Airway management
5. Care of intubated patient – (yes you can facially shave and brush teeth around an ETT and not be frightened for your life, or feel as if that’s the “stupid question your always too scared to ask)

These skills stations imparted knowledge about the practicalities, care and concepts that senior clinicians working within critical care environments may consider general knowledge, yet are fundamental in achieving better outcomes, preventing nosocomial infections or delays in treatment without the appropriate workforce skill set. All of these skills stations were scenario based and led by experts with advanced knowledge and credibility. I observed many thankful and relieved faces throughout the program.
Day 2 was held in the same format. Introducing “Basic Cardiovascular Physiology” by Dr Lachlan Donald, “Cardiopulmonary Resuscitation” Sarah Webb, Critical Care Nurse Practitioner and “Shock Management/Hemodynamic Monitoring” Larissa Sirotti RN, followed by “Neurological Assessment & Intracranial Hypertension” Vicki Evans CSC and Larissa Sirotti. The mornings presentations was rounded off with “Communication and Clinical Handover” Karina Reay RN.

Lunch again was an interactive affair with a representative from CLS Behring providing the participants a brief introduction to the indications of and preparation of Prothrombinex, with the opportunity to practice correct reconstruction and delivery.

With lunch over the final skill stations commenced, incorporating:

1. Transport of the ICU Patient
2. ABG Interpretation
3. Cardiopulmonary Resuscitation
4. Communication and Clinical Handover
5. Lethal Arrhythmias

All of those presenting either in a formal morning sessions or leading the afternoon skills stations did so by taking the time out of their working day, some even coming in to lecture and assist on leave. BASIC for Nurses as developed by Ashleigh and Emily encompassed the integration of knowledge to practice, inner workings, cohesion and team spirit of Critical Care Nurses, and in the exemplary care we aim to deliver to those in our care.

Our final MCQ, no longer an open book exam, was thorough and incorporative in the expectation of what was learnt and achieved from attending the course. Participants are required to pass the MCQ to receive a Certificate from the BASIC Collaboration.

Our final reward after completing a course evaluation (which Ashleigh and Emily will work with to further develop BASIC for Nurses) was a tour of the new RNSH ICU facilities. The views alone from the enormous ICU Patient and Families Balcony would be enough to make you want to work New Year’s Eve!

Congratulations and Thank you to Ashleigh and Emily and the RNSH ICU Team for thoroughly enjoyable and educational experience.

Biography 2014 ACCCN Committee Member: Katrina Gane

Katrina began her nursing career at Royal Adelaide Hospital as a Graduate Nurse in 1991. Within that 1st year after sampling complexities in acute and chronic respiratory illness in High Dependency Unit/Intensive Care Unit and Respiratory Ward, (and that very first facial shave of an intubated patient) she realised a deep appreciation and respect of those involved in the extraordinary care of the critically ill.

Since then, moving to Perth WA in 1992 she has extensive clinical experience within ICU working within major tertiary institutions such as Fremantle and Royal Perth Hospital, having completed her Critical Care – Intensive Nursing Certificate in 1996. As a Clinical Nurse demonstrating leadership in Intensive Care Unit Coordination and Support Roles, she has achieved significant level of critical care nursing experience within tertiary acute primary care. Striving to maintain a high level of nursing practice utilizing complex therapies and interventions including mechanical and non-invasive ventilation; advanced pharmacology: Intra-Aortic balloon pump and ventricular assist devise; Cardiothoracic and cardiac transplantation post-operative management; Dialysis; Critical bleeding management; burns and trauma management.

Further achievements include ARC ALS1 and 2 Provider, ALS 1 Instructor and holds an Associate Clinical Title Holder at University of Adelaide.

Returning to South Australia in 2008 for family, Katrina now works within a dynamic team within a growing Health Service and Intensive Care Unit at Lyell McEwin Hospital.

Katrina was asked to act within the role of Nurse Education Facilitator, Intensive Care Unit, in 2011 for 6 weeks, and remains within this role. (Perhaps the longest and challenging 6 weeks of her life when asked)

Now with dual experience in both clinical and educational streams of Critical Care Nursing, her goal and passion is to contribute further to the specialised field of critical care nursing, and in the development of future Critical Care Registered Nurses.

Current projects include:

- Mentorship preparation for Critical Care Registered Nurses. Encouraging excellence in education and assessment. With impetus of post graduate students to become the clinical leaders of the future.
- Acknowledgement, preparation and fostering of high performance teams through motivation, respect, trust, kindness and knowledge. Ensuring best client outcomes, multi-personnel team collaboration, accountability and communication.
- Finally, realising even the most highly specialized nurse clinicians can’t do it alone! Empowering nurses to stand and deliver best practice for their patients, through professional responsibility, support and respect for colleagues and their own practice.

Katrina believes strongly in the ACCCN’s impact on practice, research and inclusivity amongst Australian specialist nurses within the critical care domain. Holding the SA Committee Portfolio for Education she endeavours to utilise this opportunity to further enhance professional stance of Critical Care Clinicians.
ACCCN ICE 2014

BY ALISON HODAK AND DIANE CALLAHAN

Critical Care Nursing is it Difficult, Dangerous or just Different? What do you think? Come along with ACCCN as we explore, challenge and consider the practices and opinions of critical care nursing at ICE 2014.

ICE will be held on the 20–21 June in Adelaide, ACCCN has collated interesting, innovative and knowledgeable speakers across a diverse range of topics. Adelaide ICE organising committee have developed a program with options to allow delegates to choose what suits their learning needs and preferences. New program innovations such as an expanded ‘hands-on’ program, a plenary lunch on Saturday and the choice to attend the ICE dinner.

Practical Clinical Intensives are ninety minutes sessions based around practical applications of critical care skills. ACCCN ICE 2014 is running eight different practical clinical intensives including; ‘Care of the Complex Trauma Patient’, Physical Assessment, Intra-Aortic Balloon Pump, Dialysis, MARS-liver support. Places are limited so please register early so you don’t miss out.

Three interesting and dynamic keynote speakers will provide interesting insights into diverse topics. The Opening Plenary speakers include Dr Jo Ankor discussing ‘The Differences and Delights’ of travelling. Jo will share with us some interesting insights into why we travel, where we travel. Associate Professor Sheryl de Lacey will be exploring the ethical and legal issues surrounding ‘Death and End of Life Choices.

Professor Leon Lack is well published and a leader in his field and will be talking on a subject that affects many nurses and critically ill patients – Sleep and the Body Clock, during our Luncheon Plenary on the second day. We are looking forward to having a lunch to finish the program, a nice way to learn how to manage your sleep better whilst enjoying delicious food and drink.

The program has been planned to ensure a wide variety of educational opportunities will be available to delegates topics include; rural nursing, all things obstetrics, case studies, professional care, the position of art in healthcare, paediatrics and experiences of working in developing countries, volunteering and trauma nursing in difficult conditions.

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The Friday night dinner promises to be great fun, we have added the cost as optional this year to give delegates a choice and to hopefully ensure a good turn out with no empty tables! Dinner will be held at the National Wine Centre of Australia which is a beautiful venue in the CBD. Enticing wine and chocolate tasting as part of pre-dinner drinks exquisite food and yes the opportunity to do lots of dancing and laughing with friends. Definitely an event you do not want to miss (great prizes on offer to lucky delegates). Hope to see you all there, not long to go now so make sure you book as soon as possible and secure your place.

Advanced Life Support Update

The Australian College of Critical Care Nurses South Australia offers Advanced Life Support courses 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.

The focus of these courses are not only to learn the concepts behind Advanced Life Support but also to have the ability to practice these concepts using simulated scenarios.

A big focus of the courses we offer is not only on the skills involved in Advanced Life Support but also focusing on the non-technical skills used in resuscitation. During our simulated scenarios we encourage participants to engage in behavioural principles such as team communication, task distribution and leadership, whilst working through the process of resuscitation of a patient. We use a variety of scenarios that appeal to the diverse range of participants that come through our courses.

The switch to a more practical based formula has been very well received by participants to date.

For more details or to register for an ALS course visit www.acccn.com.au. The online Event Calendar is updated regularly so keep an eye out for more upcoming dates or events in South Australia.
Rebuilding under pressure: The redevelopment of the Department of Critical Care Medicine, Royal Hobart Hospital, Tasmania

CINDY WEATHERBURN
Liaison Nurse, DCCM, Royal Hobart Hospital

On the 16th October 2013 the Department of Critical Medicine (DCCM) at the Royal Hobart Hospital (RHH) officially opened 11 new bed spaces to increase its bed capacity to 25 beds. Forming part of the Royal Hobart Hospitals overall redevelopment strategy, the project comprised of a single storey building insertion, bound on three sides by existing structures, and sited over the top of an inbuilt hospital substation. The insertion interconnected with the existing ICU/HDU, thus increasing capacity by 11 beds. This redevelopment presented numerous and complex situations, including the unique challenge of building within the existing critical care complex, whilst ensuring that there was no interruption in the safe delivery of critical care services to patients at the RHH.

The challenge of building within an existing structure provided constant and evolving difficulties for the hospital/critical care redevelopment team who worked with architects and builders over a three year period. Initial access to the site for builders was problematic and preparations included the development of a contingency plan for gas interruptions as the large crane was being lifted over the top of buildings into place to begin the rebuild. Imagine, trying to fit a square peg in a round hole! The potential threat of power/lighting outages and interruptions in essential gas supply had to be considered and preparations included the development of a contingency plan for gas interruptions as the large crane was being lifted over the top of buildings into place to begin the rebuild. Imagine, trying to fit a square peg in a round hole! The potential threat of power/lighting outages and interruptions in essential gas supply had to be considered and preparations included the development of a contingency plan for gas interruptions as the large crane was being lifted over the top of buildings into place to begin the rebuild.

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Building permits, action plans, contingency plans and infection control approval requests constantly circulated as the site developed and changed over time. Communicating to staff and keeping up with changes was a constant challenge as corridors and walls required frequent relocating to close off access to building sites yet maintain access to the existing critical care unit.

Working so closely alongside builders and an active building site provided numerous obstacles, which ranged from heads popping up unexpectedly outside patient bedside or staff office windows, muffled voices heard within wall cavities and the intermittent but piercing noise of drilling and jack hammers. At times the noise was so bothersome we were required to provide ear plugs and industrial head phones to patients, sometimes resorting to shuffling beds, to minimise the noise levels experienced by our patient’s.

Site meetings, redevelopment meetings, equipment trialling and procurement were weekly occurrences. ‘Decanting’ became an everyday word as removalists moved store rooms, the reception, staff facilities and conference room (sometimes more than once) during the many stages of the project. The visitors waiting area moved four times in total, even taking over office space at one point!

On completion, the working environment of the DCCM has been vastly improved by introducing natural light to bed areas with skylights running the length of the central corridor. The patient cubicles are fully equipped with new monitors, ventilators, electrical and gas pendants and overhead lifting hoists to assist in the manual handling of patient’s and each cubicle is divided by electronic switchable glass, windows and doors. Our very old, existing staff amenities, including staff teatoom and conference room, have also received a long over due refurbishment to complement the new patient spaces.

As you can imagine, educating and orientating staff to the new environment and equipment was a massive undertaking. The educators developed an interactive intranet orientation manual which included links to video and internet based demonstrations. It is a credit to all involved that patient care continued to be delivered to its usually high standard under such extreme and challenging conditions.

The DCCM redevelopment was an ambitious and enormous challenge that we wouldn’t like to revisit any time soon, but the co-ordination of all stages is a credit to the redevelopment Project Team, with the project being free of any major incidents. I would like to acknowledge the committed efforts of the DCCM redevelopment team of Felicity Geves (Nurse Unit Manager), Belinda Cooper (Clinical Nurse Consultant), Andrew Turner (Medical Director DCCM), and Mathew Douglas (Equipment Nurse). I would also like to acknowledge the DCCM education team (Anita Booker, Jenni Pyefinch and Sarah Kelly) for the massive challenge of educating and orientating 160 plus staff, including nursing, medical, ancillary, etc, that are part of the DCCM team, not to mention the numerous staff that pass through the area. We are proud of our new unit and slowly settling into enjoying the ‘tranquillity’ of critical care.
Tasmanian Branch Presents a One Day Seminar:

**Trauma**

Friday 5th September 2014, 09.00–16.00
University of Tasmania, Domain Campus
Nursing and Midwifery, Brooker Avenue, Hobart

Tasmania Branch invites you to bring along to the day a poster showcasing a trauma related practice initiative. Be in the running to win a spot prize for the best poster.

Planned topics include:
- Traumatic Brain Injury
- Spinal injuries and spinal care
- Complex trauma
- Retrieval

ACCCN members $80 Non-members $120

Registration available via the ACCCN website: accn.com.au

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- Stay informed of new developments in nursing
- Australian specific journals, guidelines and texts

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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 Annual Australian and New Zealand Scientific Meeting on Intensive Care. The inaugural prize was awarded in 1997.

Requirements
Each applicant may submit only one original paper for the Best Nursing Review Prize. The review shall primarily be the work of the applicant, although a co-supervisor or up to three authors is permissible.

- The applicant and majority of the author team must be nurses and the applicant must be a member of ACCCN.
- The award shall be based on the quality of the review. The judges shall award marks for:
  - quality and 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
  - addressing important nursing issues
  - the quality of the writing
  - conformity to the Instructions for Authors as specified in Australian Critical Care (ACC)
  - containing original ideas of the reviewer
  - comprehensiveness in scope whilst remaining clear and concise in style.

Candidates are expected to make their own registration and travel arrangements, including funding, to participate in the presentation.

Applications:
- Download the application form from www.accn.com.au
- Complete this form and upload as your Cover Letter to Australian Critical Care Elsevier Editorial System at http://ees.elsevier.com/aucc/
- Select “Best Nursing Review Paper” as the manuscript type

Closing date for applications is 5.00 pm, 27 June 2014.

For further details contact:
ACCCN Ltd.
Phone (03) 9896 4100 | Fax (03) 9898 4199 | Freecall 1800 357 968
ACCCN Victoria Branch

‘Best Critical Care Nursing Student’ winners for 2013

The Australian College of Critical Care Nurses (ACCCN), Victorian Branch, awards an annual prize for the best graduate in a critical care nursing program at each university program in Victoria. The attainment of a critical care nursing qualification is a great achievement and excellence in critical care nursing practice should be celebrated. The judging for the prize is made by each university according to ACCCN Vic criteria and is determined by both academic and clinical performance over the duration of the program. Thank you to the course coordinators and clinical educators who helped to nominate each prize winner. The prize includes one year’s membership to ACCCN, a complimentary attendance to an ACCCN Victoria Hot Topic Night and a certificate. Congratulations to the 2013 prize winners – we hope that you have a long, enjoyable and fruitful career in critical care nursing.

<table>
<thead>
<tr>
<th>Name</th>
<th>University &amp; clinical agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elianna Johnson</td>
<td>Monash University</td>
</tr>
<tr>
<td></td>
<td>Sale Base Hospital</td>
</tr>
<tr>
<td>Stephanie Sprogis</td>
<td>Deakin University</td>
</tr>
<tr>
<td></td>
<td>Austin Health</td>
</tr>
<tr>
<td>Candece Haines</td>
<td>La Trobe University – (Bendigo campus)</td>
</tr>
<tr>
<td></td>
<td>Bendigo Health</td>
</tr>
<tr>
<td>Charissa Code</td>
<td>La Trobe University – (Melbourne campus)</td>
</tr>
<tr>
<td></td>
<td>Frankston Hospital, Peninsula Health</td>
</tr>
<tr>
<td>Alexandra Miller</td>
<td>The University of Melbourne</td>
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<tr>
<td></td>
<td>Royal Children’s Hospital</td>
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<tr>
<td>Felicia Neo Rong Xi</td>
<td>Australian Catholic University</td>
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<td></td>
<td>St Vincent’s Private Hospital</td>
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ACCCN Victoria

Critical Care Nursing Scholarship Awards 2014

Congratulations to the ACCCN Victoria critical care nursing scholarship awardees for 2014. The ACCCN Victoria scholarship is awarded to students enrolled in a postgraduate critical care nursing qualification program in 2014. Three awards have been made consisting of $500 and a one year’s membership to ACCCN. Undertaking a postgraduate study program is a significant commitment and the scholarships are intended to assist with study costs. We look forward to welcoming these three ‘new’ critical care nurses to our profession.

<table>
<thead>
<tr>
<th>Scholarship winner</th>
<th>Associated University</th>
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<tbody>
<tr>
<td>Clinton Grenfell</td>
<td>La Trobe University (Bendigo Campus)</td>
</tr>
<tr>
<td>Sarah Neill</td>
<td>Deakin University</td>
</tr>
<tr>
<td>Peter Terzi</td>
<td>Monash University</td>
</tr>
</tbody>
</table>
Welcome to Nick Demaio –
a new member of the ACCCN Victoria committee

Nick Demaio has been a Registered Nurse since 1996 and a Clinical Nurse Educator in Intensive Care at Monash Medical Centre, Clayton for the last seven years. His responsibilities lay principally with the support and development of all Intensive Care Staff especially Postgraduate and Introductory Program Nurses. Nick has a keen interest in facilitating an interactive learning environment and active participation in learning in order to promote further advanced understanding and professional development in Critical Care patient management.

Nick has been an ACCCN member and supporter for a number of years. His contributions include active involvement on the ACCCN convening committee for ICE in Melbourne 2012 as well as a presenter and regular attendant of the ACCCN NoCCE Conferences.

He looks forward to being able to utilise his experience to represent Critical Care nurses as a new addition to the ACCCN Committee Victorian Branch.

Proposed Calendar for July–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)

<table>
<thead>
<tr>
<th>Date</th>
<th>Course Title</th>
<th>Course Duration</th>
<th>Venue</th>
</tr>
</thead>
<tbody>
<tr>
<td>23 &amp; 30 July</td>
<td>ALS 2-day ALS/ALSI (hospital employees only)</td>
<td>08:30–16:30</td>
<td>Werribee Mercy Hospital</td>
</tr>
<tr>
<td>30 July</td>
<td>Hot Topic Evening “Updating Haemodynamic Monitoring in Sepsis” and “What is Hemolung...?”</td>
<td>17:45–21:00</td>
<td>Rooms B &amp; C Academic Centre Frankston Hospital 2 Hastings Rd Frankston VIC 3199</td>
</tr>
<tr>
<td>6 August</td>
<td>Hot Topic Evening TBA</td>
<td>17:45–21:00</td>
<td>The Royal Melbourne Hospital</td>
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<tr>
<td>2 September</td>
<td>Hot Topic Evening “The In’s &amp; Out’s of Ventilation”</td>
<td>17:45–21:00</td>
<td>Monash Clayton</td>
</tr>
<tr>
<td>9–11 October</td>
<td>Conference “ANZICS ACCCN ASM”</td>
<td>08:30 Registration 09:00–17:00</td>
<td>MCEC</td>
</tr>
<tr>
<td>30–31 October</td>
<td>ALS 2-day ALS/ALSI (hospital employees only)</td>
<td>08:30–16:30</td>
<td>Mildura</td>
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<tr>
<td>28 November</td>
<td>Conference “11th Annual Cardiac Seminar”</td>
<td>08:30–16:30</td>
<td>Darebin Arts &amp; Entertainment Centre</td>
</tr>
<tr>
<td>November</td>
<td>Hot Topic Evening TBA</td>
<td>17:45–21:00</td>
<td>The Alfred</td>
</tr>
<tr>
<td>5 December</td>
<td>Conference “Rural Matters”</td>
<td>17:45–21:00</td>
<td>Monash University Gippsland Campus Churchill</td>
</tr>
</tbody>
</table>

For further details and online registration please visit www.acccn.com.au
ALS = Advanced Life Support    ALSI = Advanced Life Support Instructor   TBA – To be advised
ACCCN VIC chapter event
Paediatrics by the Bay conference
Friday May 2nd, 2014

SARAH DUNCANSON
Paediatric Representative, ACCCN VIC committee

The little people of Critical Care were well represented in the inaugural Paediatrics by the Bay conference, held on the 2nd of May.

Enthusiastic Critical Care Nurses from regional and metro hospitals state wide (as well as some dedicated Queenslanders), embarked on a day of learning and networking at the event held at “The Rocks” in Williamstown, Victoria. Paediatric Critical Care centres from around Victoria were represented with speakers from the Royal Children's Hospital (RCH), Monash Medical Centre (MMC) and Barwon Health.

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The afternoon session was based around the character Finding Nemo, providing invited speakers with the opportunity to share an innovation, experience, or initiative based on the advancement of Paediatric Critical Care Nursing. These new and experienced PICU clinicians are all working to advance the profession and their commitment to ensuring that the smaller, but no less critical population of paediatrics, is receiving the highest quality care is commendable. The 2013 ACCCN best student prize winner, Lexie Millar, presented an engaging experience on family witnessed CPR in the PICU, which was a confronting phenomenon to many. Associate Unit Manager, Alex Angel, was responsible for overseeing a rather significant challenge in the formation of the Geelong PICU. He enlightened the audience on the challenges and experience of being involved first hand in this program. The experience of working in a combined Adult and Paediatric Intensive Care Unit is unique. Ashleigh Butler, from the combined Paediatric/Adult ICU at MMC, discussed the results of her Masters project examining the perception of staff on the presence of families in the PICU. This generated much discussion surrounding the models of care which can differ greatly between the two populations. The Nemo Effect Session was completed with a presentation by RCH PICU warrior, Jo Barrie. Jo’s experience and dedication to the development of PICU nurses, both new and experienced is outstanding. Committed to such a cause, Jo has been heavily involved in the implementation of a transition program for new staff to the PICU. She presented this initiative and provided delegates with insight into the difficulties and challenges of working in a highly specialised area which can be overcome with excellent mentorship and attention to learning needs.

“Paediatrics by the Bay” was a great success. Delegates engaged in learning, development and the opportunity to network with Critical Care Nurses from a variety of backgrounds. The large attendance highlighted the need for critical care nurses to be updated on their Paediatric knowledge. The attending delegates provided support to advancement of the profession regardless of the size of the patient they care for in their ICU.

We thank Baxter, Deakin University and Heart Kids for supporting us and recognising the importance of a Paediatrics Conference in Victoria. Furthermore, we look forward to continuing this vital tradition of sharing information and advancing the skills and knowledge base of delegates in the care of paediatrics in the ICU.
The experience of single patient rooms in PICU

SARAH DUNCANSON
Clinical Support Nurse, RCH PICU, Melbourne

In October 2011, with the move to the brand new campus in Royal Park, the Paediatric Intensive Care Unit (PICU) at the Royal Children’s Hospital (RCH) transitioned into a single room unit.

The evolving design of the new PICU was focused on creating an environment conducive to family and patient satisfaction with the aim to increase privacy, decrease infection rates and gain greater control over environmental surroundings affecting care delivery. RCH is 80% single rooms with the PICU containing 100% single rooms. The unit now consists of 3 pods stemming from a central station (see picture below). The cardiac and general pod both consist of 12 beds, with a space at the end known as the “breakout area”. The views from these areas look out across Royal Park and the city and families find solace in the bright open space as they take a moment to recuperate. The flexipod is an overflow area for periods of increased patient influx, containing an additional 6 beds. Both the general and the flexipod areas contain negative and positive pressure rooms for immunocompromised or infectious patients, thus every room in PICU can now be an isolation room.

Central to all of the pods there is a write up room with glass windows allowing for visualisation to the pods. This is where the shift coordinator activities and negotiations between the AUM’s and medical staff occur. At the centre of each pod, there is an area for health care teams to write notes, view imaging studies and check pathology results prior to or after visiting the patient. With the increased availability of technology to nursing staff, the majority of the nursing work can occur from within the patient room. The provision of desktop computers in every room providing access to the internet to search patient conditions, medical records, pathology results and imaging studies has encouraged autonomous learning and provides staff with immediate information regarding their patient.

In order to adapt to the new PICU environment, new models of care have been implemented to ensure that patients continue to be provided with the highest quality care. The education model of care has had to be adapted to account for the single room environment. In the previous PICU, learning could occur informally through novice nurses watching experienced nurses in the open spaces. As a result of this change, a number of initiatives have been put in place. The introduction of supernumerary up skilling shifts for junior staff increases situational exposure and the increased presence of education staff on the unit allow the time for intense learning opportunities at the bedside as well as participation in in-services and training. New staff participate in a supported transition program to ensure that the modelling and education regarding appropriate care continues to occur. This is aligned with programs offered through campus partners, the University of Melbourne and Murdoch Research Children’s Institute. The Post Graduate Diploma in Paediatric Intensive Care, run through the University of Melbourne, continues to be of vital importance in advancing the skills and knowledge of our PICU staff.

Furthermore, the Nursing competency framework for all RCH nurses, which was introduced prior to the move, has been vital in promoting consistency of excellent nursing practice from an organisational perspective. Every nurse in the PICU participates in the hospital framework, which outlines the characteristics of a competent nurse in this specialised environment, assisting in the guidance of safe practice. Furthermore, a competency workbook provides staff with many of the tools and resources required to attain, demonstrate and maintain these competency standards.

With the move to the new environment, nursing staff identified a change in unit operations and with the increase in bed
numbers, the organisation responded effectively through the increase in nursing FTE. This has allowed extra support nurses to be added to the daily staffing which provides relief and assistance to staff. Furthermore, a strong emphasis has been placed on role clarification of key personnel in the unit. This ranges from the pre-allocation of nursing roles during emergencies to Patient Service Attendants becoming essential in ensuring that daily tasks such as restocking bedside and dressing trolleys occur to minimise time spent away from the patient room. Technological advancements, including the provision of ASCOM wireless web phones for all staff members ensures that communication delivery is not hindered and the staff member continues to feel supported when requiring assistance or essential supplies. It is also a crucial way for emergency responders within the unit to be alerted of the whereabouts of the critical incident in which they are required to attend. This has been integral in continuing to provide excellent resuscitation care in the new PICU.

The unit layout has presented many challenges. Prior to the move, extensive work was undertaken to develop new models of care as well as implement modern advances in technology to ensure that we continued to function effectively despite the new environment.

The space is adaptable to encompass the family centred approach by allowing families to be actively involved in essential components of their child’s care. The space is adaptable to encompass the family centred approach by allowing families to be actively involved in essential components of the child’s care. Medical procedures which occur in the unit would previously require families to leave for extended periods of time. However, due to the single room environment, these can now be performed solely in the patient’s own space. The opportunity for families to be involved in the provision of end of life care continues to occur, but is now made easier in a private domain where they are fully supported at such a vulnerable time.

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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)

<table>
<thead>
<tr>
<th>Program</th>
<th>Host Hospital/ACCCN Member Fee</th>
<th>External/Non-member Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-day ALS</td>
<td>$200</td>
<td>$280</td>
</tr>
<tr>
<td>2-day ALS/Instructor</td>
<td>$360</td>
<td>$460</td>
</tr>
</tbody>
</table>

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@acccn.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 20 CPD hours are assigned to this program (based on 16 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 20 CPD hours are assigned to this program (based on 16 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 12 CPD hours are assigned to this program, including 8 hours program contact and 4 hours self-directed learning.
ANZICS/ACCCN
Intensive Care ASM
9-11 October 2014
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The 39th Australian and New Zealand Annual Scientific Meeting on Intensive Care and the 20th Annual Paediatric and Neonatal Intensive Care Conference

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