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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 extravagant 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 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 (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.”

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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

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A Letter from the Editor

Dear CT Reader,

Welcome to the December issue of CT. At a time when hospitals face budgetary restraints it is pleasing to read the article on page 6, “Transitioning into Paediatric Intensive Care” by Grace Larson, Beth Semple & Melissa Culka. The continued financial commitment by the hospital executive to support this programme means supernumerary support is provided to nurses wishing to transition from adults to children and from this example we see the benefits for both clinicians and managers. Although teaching theoretical concepts is important it is how this knowledge is applied in practice that is vital. Making that connection between theory and practice for new employees is sometimes difficult to achieve if clinical support is not available at the bedside. The importance of providing clinical support during induction is acknowledged under Standard Four of the recently updated ACCCN Workforce Standards for Intensive Care Nursing.1

I would like to take this opportunity to wish you a very merry Christmas. Here at the office we are interested in reading about what is going on in your State. So keep on sending your submissions in the New Year!

Kind Regards,

Dr Hugh Davies
Editor, Critical Times, ACCCN
Email: cteditor@acccn.com.au

References

ACCCN General Managers Report

BY LYNN HERSON

ACCCN has been busy as ever this year hosting successful events and offering some new and exciting additions – The Practice Standards, 2015 Position Statement: Partnering with Families in Critical Care, Critical Care Nursing Text book 3rd Edition, Webinars and ACCCN T-Shirts. Members can access these items and purchase those for sale at members’ prices when you log into your account on the ACCCN Website.

The annual ANZICS/ACCCN Intensive Care ASM was held in Auckland, NZ in October 2015. This was a major success and well attended. Congratulations to our ACCCN National President Diane Chamberlain on her achievement of being awarded Life Membership. I would also like to take this opportunity to congratulate the ASM prize winners on their achievements too. The Education Grant was awarded to Tapaswi Shrestha; the Best Adult Nursing Free Paper winner was shared by Tina Kendrick, Melanie Greenwood and Fenella Gill; Best Nursing Poster was shared by Hugh Davies and Gavin Leslie, Best Paediatric or Neonatal Nursing Free Paper winner was Debbie Long and the Best Nursing Review Paper winner was Leanne Aitken. The Best Allied Health Paper, shared by ANZICS and ACCCN, was awarded to Amy Freeman-Sanderson. Well done to all. A special thank you must go to the Commonwealth Bank of Australia and Elsevier who sponsored some of our prizes. The 2016 ASM will be held in Perth.

Next year the annual ICE meeting will host the 12th Congress of the World Federation of Critical Care Nurses (WFCCN) and is taking place in Brisbane from 21st to 23rd April 2016. You can register on the ACCCN website, but don’t delay as this event is proving to be very popular!

2016 is already proving to be inspiring as State branches plan ahead for their many ALS Courses and Events. Keep an eye out on the ACCCN website for more information: www.acccn.com.au

I’d like to take this opportunity to thank all the ACCCN staff at the National Office and interstate for your dedication and professional work ethic.

I wish everyone a safe and joyful festive season and I look forward to catching up in 2016.

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

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.
Warm regards to all ACCCN members.

It was good to catch up with many of you recently at the ANZICS/ACCCN 40th Australian and New Zealand Annual Scientific Meeting on Intensive Care at the Auckland Sky City Convention Centre. The feedback from the conference was excellent and I would like to personally thank the organising committee and especially Debbie Massey (ACCCN) and Alison Pirett (NZCCCN – New Zealand College of Critical Care Nurses) as nursing convenors for a successful and memorable event.

The ACCCN annual general meeting (AGM) was held on the 30th October 2015 at the ASM. I presented on behalf of the ACCCN board, the Annual Report which is on the ACCCN website. Hugh Davies, as ACCCN Treasurer presented the financial report and ACCCN statement of audit which is also freely available on the website. This year we have returned to financial profit for the first time in four years after experiencing enormous financial challenges. These challenges will continue and the Board remains vigilant to the many challenges in the current financial climate. There is a substantial period of growth to come and the Board now meets monthly to keep the momentum on track.

The AGM concluded with Dianne Callahan, on behalf of the ACCCN SA committee nomination, presenting me with ACCCN Life membership. I thank them very much for their nomination and acknowledgement of my contribution to the college. This will inspire me to continue and meet the many challenges that lie ahead for the college.

This year nominations for executive positions on the Board were due and after the AGM these have not changed significantly. I will be continuing in the role of President, but Leonie Weisbrodt has been elected as Vice President. Suzy Ladenyi remains as Secretary and Hugh Davies will continue as Treasurer.

The Strategic Plan 2015–2020 was presented at the AGM. This is a living document and I welcome suggestions and ideas in regard to the main strategic goals. Since suggestions from the AGM, the plan has developed further and I present twelve strategic goals for the 2015–20 term:

GOAL 1 Long term financial security
GOAL 2 Marketing the College
GOAL 3 Increase membership benefits
GOAL 4 Increase the number of members and income from membership
GOAL 5 Increase collaboration with other organisations
GOAL 6 Increase income from events
GOAL 7 Develop online education
GOAL 8 Develop professional resources
GOAL 9 Review Resuscitation Course Materials/Processes
GOAL 10 Review Board selection, training and the ACCCN constitution
GOAL 11 Engage Advisory Panels in specific projects
GOAL 12 Support the development of nursing research

Included in the strategic plan are the actions, measures, targets and responsibilities that are required to meet the twelve goals outline in the plan. A marketing plan is presented showing the college’s financial position of the past five years with projections for the future. The strategic plan gives a very considered and detailed strategy to the business and professional trajectory of the organisation for the next five years.

I wish to acknowledge our members who actively participate, attend and contribute to our state and national events to ensure the College is well respected and remains current and relevant. The ACCCN National Board is privileged to receive support from state management committees, advisory panels, special interest groups and the Australian Critical Care editorial board whom provide guidance in the decision making of the College. The annual report is available on the ACCCN website. The valuable and substantial contribution that is made at representative positions, advisory panels, special interest groups and state management committees is evident in this report.

Looking forward to 2016, there are several large events to add to your calendar and to plan around your vacation. The 12th Congress of the WFCCN - Incorporating the 17th Annual ICE Meeting will be held in Brisbane, 20–23 April; the 41st Annual Scientific Meeting will be held in Perth, 20–22 October 2016, “Where to from here.” Further events are advertised on the ACCCN website.

As this year draws to an end, I wish you all a happy and safe festive season. It has been a full, challenging and successful year. I look forward to a prosperous and exciting 2016.

Warm regards to all.
Reflection on ASM 2015 – “Intensive Care under Pressure”

AUTHOR: TAPASWI SHRESTHA

The 40th ANZICS/ACCCN Intensive Care Annual Scientific Meeting 2015 was held in Auckland, New Zealand on 29th, 30th and 31st October 2015 at the SkyCity Convention Centre. This year the theme of the conference was “Intensive Care under Pressure”.

An exciting powhiri and welcome speeches from A/Prof Andrew Turner (ANZICS President), Dr Dianne Chamberlain (ACCCN President) and Sarah Walker (NZCCCN Chairperson) marked the opening of the conference (and the Wallabies vs All Blacks friendly rivalry). The first opening plenary speaker, Dr Catherine Lewis Kenedi (volcanologist) explained the types of volcanoes and the pressure volcanologists face. In her informative talk, Catherine assured us that any volcanic activity in Auckland during the conference was most unlikely (and she was right!). Rod Oram, an international business journalist then explored the concept of sustainable healthcare in his thought-provoking presentation.

The scientific programme was well thought-out. Over the 3 days, we heard from many great national and international speakers on some of the pressures exerted worldwide in critical care from clinical, organisational and economic perspectives. For me some of the highlights included listening to international nursing speakers including Professor Martha Curley and Professor Ruth Kleinpell both from the USA. Professor Martha Curley’s presentation on ICU environment from a toxic vs healing perspective was highly interesting and very relevant as delirium and post ICU syndrome are prevalent in our workplace. In her topic “ICU: It’s Intensive for Other Reasons: Managing the intensity of the ICU”, Professor Ruth Kleinpell explored burnout in ICU and some fascinating strategies such as meditation/relaxation and pet therapy to manage this intensity and to promote wellness. Ruth also presented an insightful session on the global demand of improving quality care in ICU and some strategies for achieving this. The strategies included evaluating appropriateness of ICU care, encouraging application of innovation and promoting a healthy work environment. I also thoroughly enjoyed attending the 9 by 9 session (9 topics, 9 minutes each). An update on wide range of topics including poison purification, sodium balance and fluids in burns patients were delivered by the expert speakers in a lively and entertaining manner.

With such an exciting programme, at times it was a dilemma to choose which sessions to attend. Discussion amongst the delegates, regarding the sessions frequently flowed into break times. The break times were also utilised to check out the posters on display and the wonderful work that many were carried out across different hospitals, states and countries. It was also an opportunity to peruse the trade exhibition including the interactive zones. Drilling holes in eggs and labelling Prismaflex blindfolded was always going to be fun!

As with all conferences, the social programme which showcased the ‘city of sails’ deserves a worthy mention. It started with the welcome reception drinks and canapes on Thursday 29th October. The highlight of the social programme was the Friday Night Dinner held at the Orams Marine Boathed, boasting views of Marina and Auckland Harbour Bridge. Great food, great band, outstanding performances from aerialist and dancers and the drinks made it a night to remember. The Saturday Gala Dinner, held at the Shed 10, a historic cargo shed on Queens Wharf, with its Halloween theme was a great way to end the 2015 ASM. There were some interesting choice of costumes, the table centrepiece particularly the masks and balloons were well used and the photo kombi proved to be very popular.

I would like to take this opportunity to thank ACCCN Ltd for financially supporting me to attend this ASM. I look forward to the 41st ANZICS/ACCCN Intensive Care Annual Scientific Meeting 2016 to be held in the city of Perth, Australia.

ACCCN meets NZCCCN

AUTHOR: HUGH DAVIES

The holding of the 40th ANZICS/ACCCN ASM this year in Auckland provided the opportunity for an informal gathering of Board members from both critical care nursing colleges – ACCCN and NZCCCN.

The NZCCCN (New Zealand College of Critical Care Nurses) was formally established as a college in 2014. The college remains under the umbrella of the New Zealand Nurses’ Organisation (NZNO) but represents the professional voice of NZ critical care nurses. So at the end of ACCCNs scheduled Board meeting we invited the Board members of NZCCCN for light refreshments and the opportunity for informal discussions on the challenges we both face in supporting critical care nurses. In holding this meeting it is hoped that regular interaction between the colleges can be established instead of the usual hiatus that occurs between the years when the ANZICS/ACCCN ASM is not held in NZ.
Transitioning into Paediatric Intensive Care

AUTHORS: GRACE LARSON, BETH SEMPLE & MELISSA CULKA

The paediatric intensive care unit (PICU) at the Royal Children’s Hospital (RCH) in Melbourne is a 23 bed unit. It is a nationally funded centre for heart transplantation and the state wide major trauma centre for paediatrics. The unit also provides advanced treatments such as Extra Corporeal Life Support (ECLS) to children in Victoria, Tasmania and southern NSW.

In 2003 the PICU at RCH identified that supporting nurses new to the area through a structured programme, would be advantageous to both the new staff member and the orientating team. The Practical Preparation Programme (PPP) was developed, and has evolved over time with significant input from the nursing education team and feedback from participants. Support from senior nursing staff to preceptor and mentor nurses has been integral to the success of the programme.

In 2011 the programme underwent a name change and became the Advancing Competencies in Paediatric Intensive Care (ACPIC) programme to reflect the alignment with the RCH Competency Framework. It also coincided with the RCH moving to a new facility changing from a unit that was made up of predominantly shared rooms, to one that has only single rooms. This led the PICU team to investigate how the ACPIC programme could assist with the orientation and development of staff new to the unit. Nurse Unit Manager Melissa Culka stated that “For staff new to the areas of paediatric critical care, being exposed to new and complex therapies for patients ranging from 2.5 kilograms to 80 kilograms can be overwhelming. We receive consistent feedback from programme participants that the support structures put in place for the ACPIC programme are invaluable for staff new to the area of critical care. The introduction of the ACPIC Lead Preceptor has not only provided participants of the ACPIC programme with a mentor to assist in their development, but it has also provided staff on the unit an opportunity for career progression and development, feeding into a positive experience for all. With the ongoing success of the induction of staff to the unit through the ACPIC programme, we are looking forward to expanding our structured induction to the unit for staff with critical care skills and experience, ensuring they are able to recognise their potential within the area of paediatric critical care”.

Left to right – Clinical Support Nurse Jessica Appleyard performs a nursing assessment on a neonatal patient with ACPIC participant Dianna Sarra

ACCCN’s Critical Care Nursing, 3rd edition

Leanne Aitken, Andrea P Marshall and Wendy Chaboyer

A revised new edition of this comprehensive critical care nursing text, developed with the Australian College of Critical Care Nurses (ACCCN).

KEY FEATURES
• Content based on the latest evidence
• Case studies
• Research vignettes
• Practice tips
• Content covering all aspects of critical care nursing including patient care and organisational issues

NEW TO THIS EDITION
• Care of the post-anaesthetic patient
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Currently the programme is structured to provide 10 professional development days where essential concepts required for critically ill paediatric patients are covered. The participants are provided with three weeks supernumerary time, which includes hospital general and nursing orientation, unit orientation and shifts (doubling with experienced PICU nurses) in order to be exposed to a variety of patient types and their management. Once supernumerary time is completed, they continue to be supported as a group by two lead preceptors and the education team. “The main principle behind the ACPIC program is to combine a clinically challenging program with a high level of support” commented Grace Larson, Clinical Nurse Educator. With their successful completion of the programme it is expected that nurses participating in the programme are able to perform the majority of the specialty nursing competencies. Grace went on to say “Beyond the adaption of new skills and acquiring new knowledge, the participants in the course become a valued part of the PICU team and see their confidence in themselves and their abilities as paediatric intensive care nurses improve exponentially”. The overall objective of the programme is for participants to become competent in caring for critically ill children over a period of 10 weeks. The PICU aims to run two ACPIC courses each year, welcoming nurses from a variety of clinical backgrounds and experiences into the unit.

Beth Semple worked for several years in the Emergency Department of a busy metropolitan hospital before deciding to take the plunge into paediatric critical care in March of this year. Despite having completed postgraduate studies in critical care and had previously encountered children in the department they often presented quite infrequently. Beth explains: “Children are not just little adults. There are so many differences anatomically and physiologically”. It was a desire to improve her confidence and competence in caring for critically unwell children that she decided to enrol in the programme. As with other ACPIC students Beth received a portfolio book with weekly tasks to complete, and formal practical assessments around life support and mechanical ventilation.

After starting the ACPIC programme Beth said: “Congenital heart disease was a whole new world to me. When caring for babies with normal oxygen saturations of 75 to 85% due to shunting, giving oxygen can be deadly. Everything is just so much more complicated in the paediatric world. In the adult world, patients often receive the same generic treatment with standard doses of medications and fluid boluses. Drug doses are simple and not based on weight. Fluid balance is less particular. Only after administering a few litres of fluid would we become concerned about possible shock. It is so much more precise when you are dealing with babies that have the total blood volume of a can of coke”. Beth recommends the ACPIC programme as a great pathway to entering the challenging and specialised environment of PICU.

Following the success of the ACPIC programme the PICU team has now developed a programme to attract nurses from adult and neonatal intensive care backgrounds. The NATPIC (Neonatal and Adult Transition to Paediatric Intensive Care) will provide a six week programme to equip nurses with the additional knowledge and technical skills for nursing children and their families. The NATPIC programme commenced for the first time in November 2015.

Introducing nursing staff into the unit through supported programmes has been beneficial for supporting the education and development of the staff; over the last 18 months 88% of participants have found the clinical experience to be very useful. Development and review of the programme is a continuous process, however its success has ensured there is ongoing support for this type of introductory programme.
Life membership awarded to Dr Diane Chamberlain

AUTHOR: DIANNE CALLAHAN

Dr Diane Chamberlain was nominated for life membership by the South Australian Committee. The award was presented to Di at the 40th ANZICS/ACCCN Intensive Care AGM in Auckland, New Zealand.

Di has made a significant contribution to ACCCN and critical care nursing as a clinician, academic and educator. As a continuous member of ACCCN since the early 90’s, she has given selflessly of her time and contributed in so many ways for the benefit of our organisation. As an active participant of the college, Di has been a member of the state branch committee since 1998 and has held the portfolios of Education Coordinator, ALS Coordinator, Vice President, National Representative and President.

Dr Chamberlain’s contribution to South Australian critical care nursing has been outstanding and reflects her strong ongoing links to clinical practice. Di has worked tenaciously to ensure post graduate students not only receive a pedagogically sound educational program, they also learn to translate their knowledge through to clinical skills in order to provide excellence in clinical care at the bedside. This focus and advocacy to ensure critical care education programs value the practical application of knowledge, has produced quality critical care nursing graduates who continue to provide excellent clinical care and in doing so, improve patient outcomes in Australian ICUs every day. In recognition of this, Di was awarded an Australian Learning and Teaching Council of Australia Postgraduate Program Award 2008 for the Flinders University Critical Care Program. This prestigious award looks at all postgraduate programs across Australia and highlights the high calibre of work Di is known and respected for in the critical care community. Di continues to be active in research, sharing evidence through publication and presentations at national and international forums. The experience and knowledge she has acquired over her many years made her an obvious choice as a chapter author in the respected ACCCN Critical Care Nursing text book. Di is acknowledged as an expert in the field of Sepsis and is the ACCCN representative on the World Sepsis Alliance.

Di’s contribution to ACCCN as National President has highlighted her leadership qualities in the way she has introduced significant organisational change including the development of ACCCN Governance Framework, ACCCN strategic plan, national office restructure and efficiencies, and the introduction of webinars. These are again all examples of Di’s commitment and determination to ensure ACCCN has a strong and successful future.

Di’s generosity, kindness and leadership displayed to her colleagues, the critical care and nursing communities and to the next generation of critical care nurses make her a valued member of ACCCN and a worthy recipient of Lifetime Membership.
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 organising 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 last Thursday of June. For candidates to be eligible an application form must be uploaded through the Elsevier Editorial System (EES).
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 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:
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Closing date: 5 pm EST Thursday, 30 June 2016.
NSW Committee News

MARGARET NICHOLSON

ACCCN NSW committee have had an enjoyable and busy year. We hope you have enjoyed the Hot Topic evenings as much as we have. We have seen an increase in attendance at these events. The paediatric evenings have up to 40 people attending with an increase in nurses from adult units.

The 2016 calendar is out for you to plan your leave, scholarships are available. Please head to the ACCCN website for further information. Enjoy the photos taken at the “Collaboration – Unlocking Potential” seminar.

Our ACCCN NSW President Leonie Weisbrodt was nominated and successful in becoming the National Vice President of ACCCN. Congratulations on this achievement.

We say “till next time” to a valuable long-standing NSW committee member, Helena Sanderson, who held the education portfolio and represented rural nurses ensuring they had a voice. Helena has enjoyed her time on the committee and has suggested she may be back in the future. We wish her well in her future endeavours.

We welcome Malcolm Green to the committee and look forward to seeing a bio in the 2016 CT. It has been some time since we had a male colleague on the committee and Malcolm brings a wealth of experience to the table.

The ACCCN NSW Critical Care Seminar “Collaboration – Unlocking Potential” was an outstanding success. It was held on Friday 20th November at the Colombo House Theatres, University of NSW. The speakers not only provided up to date information but, explained content clearly and added humour, which critical care nurses always appreciate. The buzz from attending delegates was noticeable, the venue and food

Professor Elliott had some of us reminiscing (Bird Mark 7) and excited (mobile Wi-Fi monitoring) for the future.

Panel discussion on organ donation with positive feedback given to the inclusion of case studies.

Leonie Weisbrodt, ACCCN NSW President opened the seminar with benefits of membership.

Delegates enjoying a delicious lunch and somewhere to relax and network.
It was great to see the younger nurses attending and enjoying themselves.

Delegates were able to swap their evaluations for their certificate of attendance in a streamlined fashion.

outstanding. Having the paediatric and adult stream in close proximity allowed for smooth transition between rooms.

The evaluations were overwhelmingly positive; we are working on ways to improve signage/maps to parking.

We would like to thank the trade sponsors who help us keep costs down and provide our much loved freebies and competitions as well as informing us of new technology.

The 2016 calendar is out for you to plan your leave, scholarships are available. Please head to the ACCCN website for further information. Enjoy the photos taken at the “Collaboration – Unlocking Potential” seminar.

We wish you all a safe and peaceful Christmas and New Year and hope to see you at an event in 2016.
On the 6th November the Queensland branch of ACCCN held its third and final educational event for the year titled: Paediatrics on the Hill, at St. Vincent’s Hospital, Toowoomba. With a diverse range of speakers and topics it was certain to draw clinician’s interest and promote robust discussion on present and future challenges. The event even attracted the local WIN News T.V. who covered the event to highlight the importance of regional critical care education and paediatric nursing.

Elesha Toscano’s (Lady Cilento Children’s Hospital) opening session was as moving as any “Australian Story” as she shared the personal story of a family and their experience of what can go wrong with a child’s IV. The current evidence and practice standard for IVC/CVADs was a keen topic of discussion at the end of her session.

Joshua Clarke from Fisher & Paykel provided an engaging update on the direction high flow (Optiflow) is heading with leading research to be published soon providing clear direction on the titration of this novel therapy. The take home message here read like a line from the film “Zoolander”… ‘humidification is so hot right now’.

A number of sessions by critical care nurses from Lady Cilento Hospital gave us all food for thought after lunch. A highlight was Natasha Pool’s presentation on congenital cardiac anomalies in children. Of significance was her emphasis that all clinicians must listen to family but also must assess the child noting the value that peripheral pulses may play in identifying the correct diagnosis.

Adam Coltzau’s (Medical Superintendent, St. George Hospital) provided a tremendous background to the early warning tools currently in practice and the risks of using adult charts to assess little people! His take home message was: 1) call someone to help, 2) call early and 3) document clearly all your concerns. The need for clinical acumen was emphasised throughout his session and support for the value of specialised paediatric education. At very short notice, Ms Jenny James (Lactation Consultant, Toowoomba Hospital) filled in to present on the challenges of assessing a child who is ‘failing to thrive’. The use of several key case studies on ankyloglossia (tongue tie) were fascinating and demonstrated again the need to assess the child, gain a full history and “watch them feed”.

Again thanks to all those who presented, made the trip up the range (several from Lismore!), joined ACCCN for the first time, and renewed their membership and to the staff at St. Vincent’s Hospital, Toowoomba for unwavering support on the day.
SAAS MedSTAR Clinical Practice Consultants – retrieval coordination a “niche” market

AUTHOR: ANNE RICHARDS

SAAS MedSTAR Clinical Practice Consultants – retrieval coordination a “niche” market

SAAS MedSTAR is a part of the South Australian Ambulance Service (SAAS) and provides 24-hour emergency medical retrieval and transport services. MedSTAR operates as a mobile medical facility that can be deployed anywhere in the State to the most appropriate medical facility.

This “one stop shop” is staffed by a multi-disciplined team consisting of: nursing clinical practice consultants (CPC) for retrieval coordination; medical retrieval consultants (MRC) specialising in intensive care, emergency medicine, anaesthetics, rural medicine, paediatric and neonatal; rescue and retrieval paramedics; and ambulance emergency coordinators and dispatchers – all of whom are experts in their field.

When the service commenced in February 2009, CPCs worked from a couple of telephones at the SAAS MedSTAR base at Adelaide Airport. In September 2009, the CSC’s co-located with SAAS’s ambulance coordination and dispatch teams in their Emergency Operations Centre.

CPCs are an essential link between MRCs, retrieval teams, rural and metro health care practitioners and agencies, aeromedical resources, and other SAAS personnel.

On average each month, SAAS MedSTAR receives over 600 adult, paediatric and neonatal referrals. Around 200 of these become medical retrievals; the other 400 are clinically assessed and triaged, advised of clinical management options and if necessary appropriate transfer arranged. In addition, 400-500 patients each month are clinically assessed and triaged for RFDS transfer by the CPCs.

SAAS MedSTAR employs 40 (29.4 full-time equivalent), highly skilled CPCs; 13 of whom are responsible for the coordination of adult, paediatric and neonatal retrieval teams in consultation with the MRC and SAAS coordination staff. Each CPC is a registered nurse with post graduate qualifications in critical care and retrieval. CSCs have a diverse range of skills and experiences including intensive care, emergency thrombolysis? Will they need a level 3 ICU; neurosurgery? The questions are endless but usually answered and ‘fixed’ without any undue delay.

It can be demanding work and often challenging decisions need to be made quickly to accommodate changes in circumstances such as weather, transport mode, crew availability. The taking and management of telephone calls has to be transparent - every phone call and computer entry is recorded in real time.

The role includes determining the best turnaround time for the patient and the most appropriate mode of transport for the retrieval or transfer. Transport options for the SAAS MedSTAR retrieval teams include road vehicles, ambulances, helicopters, RFDS aircraft, chartered jets and even commercial airliners. The appropriate destination for the patient needs to be organised: are they a paediatric trauma patient or a stroke patient needing emergency thrombolysis? Will they need a level 3 ICU; neurosurgery? The questions are endless but usually answered and ‘fixed’ without any undue delay.

CPCs aim to facilitate the provision of quality appropriate care to critically ill patients and others in a timely manner, fulfilling SAAS’s Mission Statement:

“To save lives, reduce suffering and enhance quality of life, through the provision of accessible and responsive quality patient care and transport.”

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Other experience includes medical support services in a variety of sporting and motor events, ambulance service (full time and voluntary), overseas nursing/first aid roles, lifesaving/rescue, and members of medical teams who responded to the Bali Bombing.

On any given day CPCs deal with an average of 150 phone calls; from routine assessments of country patients requiring royal flying doctor service (RFDS) transfer to rehabilitation or step down care in a health service near their home, or talking to country doctors and nurses who require advice for their patient. In this instance, their role is to get the relevant information necessary to determine the urgency of the situation prior to escalating to the MRC.

Previous experience is crucial for CPCs to identify the capabilities of the caller and to assess the availability of hospital resources. The ability to stay calm and de-escalate any anxiety from the caller is essential for collecting appropriate information to determine the next steps in the patient’s journey.

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“To save lives, reduce suffering and enhance quality of life, through the provision of accessible and responsive quality patient care and transport.”
The ACCCN SA October Hot Topic evening was once again held at the Benjamin on Franklin. We were very fortunate to have two excellent speakers present on this balmy night.

Toni Radford, one of only three Islet Transplant Coordinators in Australia spoke about the first successful paediatric auto islet transplant that occurred in South Australia at the Women’s and Children’s Hospital in July. This was presented as a case study about a young boy, who had suffered most of his life with severe pain associated with chronic pancreatitis. The opportunity to undergo this auto islet transplant surgery has now enabled him to return to school and enjoy a normal, pain free childhood. Toni spoke about the preparation and planning involved over an 18-month period, which was instrumental in allowing the surgery to take place. This case study was very insightful and enjoyed by all who attended.

During the break attendees spent some time chatting and networking while enjoying a drink and sampling some of Benjamin on Franklin’s tasty cocktail canapés.

The second speaker, Tracy Emsley Commissioning Manager – Critical Care for the new Royal Adelaide Hospital (nRAH), spoke about the nRAH and what can be expected for those who work in the critical care area. She also spoke about some of the cutting edge technological equipment that will be available to staff in the new hospital. Attendees found this presentation incredibly interesting and Tracy was inundated with questions from attendees eager to learn more about the new hospital.

Overall it was an informative night, in a beautiful location enjoyed by all who attended. The ACCCN SA would once again like to thank the speakers for their excellent presentations and the members who attended on the night.

Keep an eye out for SA’s next upcoming Hot Topic evening, to be held on the 15th February 2016. The Evening will explore advanced patient assessment in the ICU and discuss donation after circulatory death. It will be a great night; we hope to see you there.
We were delighted to have Dr Theodore “Jack’ Iwashyna present at our Tasmanian Critical Care Seminar. Dr Iwashyna from the US (currently on sabbatical at Monash University, Melbourne) presented on a range of critical care topics, including sepsis, early mobilisation and outcome after critical illness.

On the topic of sepsis, Dr Iwashyna highlighted some areas of agreement amongst clinicians around the world – the main one being – giving IV antibiotics as soon as possible (ideally within three hours of diagnosis, but the sooner the better) improves outcome. He also talked about areas of differing opinion around early goal directed therapy (EGDT), especially how much fluid to give and which type of fluid to use.

Dr Iwashyna then changed the topic to discuss the use of lighter sedation leading to less delirium and the importance of early mobilisation. Outcomes can be improved when core strength is increased by assisting patients to sit on the edge of the bed, with the added benefit of also improving lung function. However, some recent research has suggested that too much early exercise may not be so helpful.

The last topic Dr Iwashyna covered looked at research published on patients’ long term functional outcomes. Patient diaries are often used to help patients “fill in the gaps” of their days spent sedated in ICU. There is new research to look at “survivorship” after critical illness. Cancer patients have strong and effective support groups for survivors….could ICU patients have the same networks? There is a new initiative called THRIVE that aims to address this and the website is certainly worth having a look: www.myicucare.org/Thrive/Pages/default.aspx

Other highlights from the day were Vince Macri (CNE, ICU, Launceston General Hospital) and Dr Matthew Brain also from Launceston, who talked about how they have set up training for medical and nursing staff to manage patients on ECMO. Dr Brain also ran through some frequently encountered trouble shooting scenarios that can arise when patients require ECMO.

Dr David Cooper (Intensivist, Department of Critical Care Medicine, Royal Hobart Hospital) presented an overview of research projects that the DCCM has participated in over the past 40 years. This demonstrated that we have contributed to some world-wide clinical trials (SAFE, RENAL, NICE-SUGAR, CHEST, BLING11, EPO-TBI) which have all changed clinical practice. This was an excellent opportunity to feedback to clinicians the positive benefits of participating in research trials and the impact this can have on patient care and outcome.

Dr Andrew Turner (Director DCCM RHH) gave an overview of the discussions which have been taking place around the State looking at critical care bed and service provision.

I got into nursing nearly seven years ago as I wanted more patient contact after having done Bio-medical research for around five years. I graduated from La Trobe University and did my grad year at the Royal Eye and Ear Hospital, Melbourne. After that I was lucky enough to get into a discovery program and off I went to gain experience in emergency nursing. I obtained a postgraduate qualification in the emergency department and three States later I am now combining ICU and research at Launceston General Hospital, Tasmania. I love critical care nursing and being able to do research as well is immensely enjoyable. I am currently looking at doing further studies.

Dr Theodore ‘Jack’ Iwashyna, Cindy Weatherburn (Tas ACCCN National Rep) and Ass Prof Dr Andrew Turner (Director DCCM Royal Hobart Hospital)
This report begins by acknowledging the tireless efforts of my predecessor, Wendy Pollock, who has taken a well-deserved rest from the role of President. Together with Gabby Hanlon, the Vic committee is well served and supported by their continued passion and experience. I would also like to acknowledge the contribution this year of Jason Watterson who resigned from the position of Victoria’s National Board Representative, for personal reasons. The committee is very appreciative of the time and commitment he has given.

The Vic committee see its 4 key performance areas to be in:

1. Providing quality education opportunities for its members
2. Providing quality ALS and ALS Instructor courses
3. Providing opportunities to support Victorian post graduate critical care students by offering Scholarships and Awards
4. Representing members on various organisational committees

I am very pleased to provide this report feeling that the committee has achieved these goals and delivered them in a profitable manner.

Educational events held:

Hot Topic Nights
The Hot Topic Night programme has been very successful again over the past year. A number of hospitals have ‘hosted’ topics of interest with ACCCN Victoria coordinating speakers and organising the event. Hot Topic Nights regularly attract 40–50 or more participants and with a light dinner included, is a very effective way to gain 2-3 hours of professional education.

Three Hot Topic Nights were held during 2015:
• March: “Every Breath I take” – Warrnambool
• April: From Active care to Palliative care – Royal Melbourne Hospital
• October: Clinical Ethics at the bedside – Shepparton

Cardiac Nursing Seminar
The 11th annual Vic ACCCN Cardiac Seminar, held on November 20th and conducted at the traditional Darebin Arts Centre, attracted approximately 120 delegates.

See report in this issue.

Paediatrics by the Bay
Following on from the success of the previous year’s “Paediatrics by the Bay” seminar another very successful day was held again at The Rocks in Williamstown.

ALS & ALS Instructor Courses
Natalie Checucci in her role as Vic Education Co-ordinator, has overseen the transformation of ALS and ALS Instructor courses delivered by Vic ACCCN to a point where demand for courses is exponentially increasing. A team of instructors has been providing a consistent but flexible model of teaching, focusing on communication and role allocation in a non-threatening, team-based scenario environment. The result is that we have conducted one and two day programmes at many venues over the past year including Ballarat, Geelong, HMAS Cerberus, Werribee, Kilmore, and even Mildura. Significantly, Vic ACCCN has established a wonderful mutually beneficial relationship with the Epworth Hospital. Particular thanks to Tess Vauser and Tom Halloran for their on-going support. The ACCCN Vic program continues to develop with hospitals able to host ACCCN instructors to implement the program in-house with familiar equipment and clinical environment.

Grants and scholarships awarded:

ACCCN Victoria Best Critical Care Nursing Graduate Prize
Congratulations to the winners of the ACCCN Victoria “Best Critical Care Nursing Graduate Prize” for the 2014 cohort of critical care nursing students completing their first postgraduate critical care nursing qualification were awarded in 2015.

The winners were:

- Lauren Bulfin
- Kevin White
- Samantha Gregory
- Michele McMillen
- Alissa Starritt
- Rajesh Kuriakose

Lauren Bulfin
Monash University – Monash Medical Centre

Kevin White
Deakin University – Monash Medical Centre

Samantha Gregory
La Trobe University – (Bendigo campus) – Bendigo Health

Michele McMillen
La Trobe University – (Melbourne campus) - Alfred Hospital

Alissa Starritt
The University of Melbourne – Western Health

Rajesh Kuriakose
Australian Catholic University – St John of God, Ballarat

The prize consisted of a one-year membership to the ACCCN, registration for a Hot Topic Night, a copy of the book “There’s a Bird in my Hand and a Bear by the Bed – I must be in ICU: The Pivotal Years of Australian Critical Care Nursing” by Valda Wiles and Kathy Daffurn (2002), and a certificate. All six winners joined us at the Critical Care Collaborative where they received their awards.

ACCCN Victoria Critical Care Nursing Scholarships
These scholarships assist with education costs for students enrolled in and undertaking their first postgraduate qualification in critical care nursing at a Victorian university in 2015. Following objective evaluation and review by two Victorian committee members, three were selected to receive a scholarship. Each scholarship consisted of a cheque for $500 and a one-year membership to the ACCCN. Congratulations to the winners:
Monica Anderson (University of Melb - Footscray), Jessica Sauvarin (ACU – St Vs Private) & Emma-Jane Lush (Deakin – Mildura)

Representations:

- Victorian Department of Health, Victorian Intensive Care Data Review Committee: Andrea Doric & Susan Shadbolt (From November 2011)
- Victorian Branch of Australian Resuscitation Council: Simon Plapp
- Vic ACCCN also made submissions to the Department of Health & Human Services (and was accepted) for registered nurses and midwives to administer specified medicines in the event of person going into a state of cardiac arrest.

Thanks to:

- Co-ordinators of postgraduate critical care nursing programmes and clinical educators for their ongoing support for the "Best Critical Care Nursing Graduate Prize"
- ACCCN Vic Education Coordinator, Natalie Checcucci, for the enormous amount of work she puts in to enable the large number of events to run
- All Vic Branch Committee members for their commitment, contribution and efforts over the past year
- Staff at the ACCCN National Office for administrative support
- The hospitals that have enabled us to host "hot topic" evenings in their facilities: Royal Melbourne Hospital, Warrnambool Base Hospital and Shepparton Hospital – their support is much appreciated.

ACCCN Victoria Education & ALS Events Calendar

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>20 &amp; 27 January</td>
<td>2-day Adult ALS Certification</td>
<td>09:00–17:00</td>
<td>ANMF Education Centre 540 Elizabeth St, Melbourne</td>
</tr>
<tr>
<td>6 February</td>
<td>1-day Adult ALS Recertification</td>
<td>08:30–16:30</td>
<td>Manningham Day Procedure Centre, 3rd Floor, 200 High Street Templestowe Lower 3127</td>
</tr>
<tr>
<td>22–23 February</td>
<td>2-day Adult ALS Instructor Certification</td>
<td>08:30–16:30</td>
<td>Epworth HealthCare Clinical Education &amp; Simulation Centre, 89 Bridge Road, Richmond</td>
</tr>
<tr>
<td>2 &amp; 9 March</td>
<td>2-day Adult ALS Certification</td>
<td>09:00–17:00</td>
<td>ANMF Education Centre 540 Elizabeth St, Melbourne</td>
</tr>
<tr>
<td>8 March</td>
<td>1-day Adult ALS Recertification</td>
<td>08:30–16:30</td>
<td>Epworth HealthCare Clinical Education &amp; Simulation Centre, 89 Bridge Road, Richmond</td>
</tr>
<tr>
<td>14 April</td>
<td>1-day Adult ALS Instructor Recertification</td>
<td>08:30–16:30</td>
<td>Epworth HealthCare Clinical Education &amp; Simulation Centre, 89 Bridge Road, Richmond</td>
</tr>
<tr>
<td>21–23 April</td>
<td>12th Congress of the WFCCN-incorporating the 17th Annual ICE Meeting</td>
<td>3 days</td>
<td>Brisbane</td>
</tr>
<tr>
<td>May TBC</td>
<td>Hot Topic Evening- Cardiac</td>
<td></td>
<td>TBC</td>
</tr>
<tr>
<td>18 May</td>
<td>2 x ½ day Adult ALS Recertification</td>
<td>08:30–12:30 or 13:00–17:00</td>
<td>Epworth HealthCare Clinical Education &amp; Simulation Centre, 89 Bridge Road, Richmond</td>
</tr>
<tr>
<td>18 &amp; 25 May</td>
<td>2-day Adult ALS Certification</td>
<td>09:00–17:00</td>
<td>ANMF Education Centre 540 Elizabeth St, Melbourne</td>
</tr>
<tr>
<td>20 May</td>
<td>Paediatrics 2016: SHOCK to the System Conference</td>
<td>08:15 Registration 08:45–17:15</td>
<td>Darebin Arts &amp; Entertainment Centre Cnr Bell St &amp; St Georges Rd, Preston</td>
</tr>
<tr>
<td>29 July TBC</td>
<td>Network of Critical Care Educators Conference</td>
<td>08:00–16:30</td>
<td>Royal Australasian College of Surgeons, 250-290 Spring Street, East Melbourne</td>
</tr>
<tr>
<td>3 &amp; 10 August</td>
<td>2-day Adult ALS Certification</td>
<td>09:00–17:00</td>
<td>ANMF Education Centre 540 Elizabeth St, Melbourne</td>
</tr>
<tr>
<td>August TBC</td>
<td>ACCCN/ANZICS Critical Care Collaborative Conference</td>
<td></td>
<td>TBC</td>
</tr>
<tr>
<td>15 September</td>
<td>1-day Adult ALS Recertification</td>
<td>08:30–16:30</td>
<td>Epworth HealthCare Clinical Education &amp; Simulation Centre, 89 Bridge Road, Richmond</td>
</tr>
<tr>
<td>20–22 October</td>
<td>ACCCN/ANZICS 41st Annual Scientific Meeting</td>
<td>3 days</td>
<td>Perth</td>
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<tr>
<td>27–28 October</td>
<td>2-day Adult ALS Instructor Certification</td>
<td>08:30–16:30</td>
<td>Epworth HealthCare Clinical Education &amp; Simulation Centre, 89 Bridge Road, Richmond</td>
</tr>
<tr>
<td>2 &amp; 9 November</td>
<td>2-day Adult ALS Certification</td>
<td>09:00–17:00</td>
<td>ANMF Education Centre 540 Elizabeth St, Melbourne</td>
</tr>
<tr>
<td>4 November TBC</td>
<td>ACCCN 12th Annual Cardiac Conference</td>
<td>1 day</td>
<td>Darebin Arts &amp; Entertainment Centre Cnr Bell St &amp; St Georges Rd, Preston</td>
</tr>
<tr>
<td>17 November</td>
<td>1-day Adult ALS Instructor Recertification</td>
<td>08:30–16:30</td>
<td>Epworth HealthCare Clinical Education &amp; Simulation Centre, 89 Bridge Road, Richmond</td>
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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
Greetings from members of the Victorian Branch Committee

The Victorian Branch ACCCN Committee has continued to grow and add to its skill mix to promote the needs of Victorian Critical Care Nurses. Our committee would like to wish you a very happy festive season and a safe and enjoyable New Year.

CATE STEVENS
Cate holds the positions of Secretary for the Vic Committee, Cardiac Seminar chair and is on the Cardiac Advisory Panel. When not tracking changes on Word, Cate works at The Valley Private in Mulgrave as an ANUM in Coronary Care and nurse bank at Cabrini. As a critical care nurse, she is passionate about supporting novice critical care nurses, electrophysiology and yelling at the cricket.

WENDY POLLOCK
Wendy has been on the ACCCN Vic committee for the last few years. She is passionate about critical care nursing and has special interests in maternal critical care and research. Apart from family, her other main passion is travel and she loves to read about and plan trips across the globe.

DAVID THOMAS
David currently holds the position of Critical Times submissions representative for Victoria and as the rumour file checked out, was nominated and is now the National Representative. Employed as an ANUM at Austin Health in ICU, David enjoys the rigors of critical care nursing and project management mostly balanced by family life and gardening pursuits.

LIZ MOORE
Liz is a critical care nurse at St Vincent’s Hospital, Melbourne and has worked as a Research Fellow with the ANZIC Research Centre and the Transfusion Research Unit at Monash. She has completed a Master of Public Health and a critical care-related PhD. Liz also has experience as a Research Coordinator for RMH ICU and the Victorian Infectious Diseases Service. She loves eating out and catching up with friends and family in her spare time.

JACQUI JEFFREY
Jacqui holds the position of Treasurer on the Vic committee and has done so for the past 4 years. She juggles numerous casual positions, including a clinical support nurse at Cabrini ICU and Monash Health. Other than creating spreadsheets, in her spare time she enjoys playing netball, listening to music and spending time with her young family.

SIMON PLAPP
Simon is the President of the Victorian Management Committee and National Board Liaison to the Cardiac Advisory Panel. Despite his incredibly youthful appearance, Simon has been an ICU nurse for over 20 years and an ICU educator for 10 years. He is currently employed at St Vincent’s Private Hospital as ICU Education Consultant. In his “spare time”, he wears lycra (and rides a bicycle) and enjoys watching his two children compete at sports, whilst perfecting his ‘dad jokes’.

NAT CHECCUCCI
Nat has worked part-time for the ACCCN Vic Branch for over three years as the Education Coordinator which she has enjoyed immensely. Nat also works for St Vincent’s Private Hospital Melbourne as a Quality Improvement Officer, after having worked as an ICU educator for 10 years. With a special interest in critical care education, clinical safety and quality, ALS and simulation, Nat balances her “spare” time studying her Masters and caring for her three kids.

GABBY HANLON
Gabby is the ICU Research Coordinator at Cabrini, and has been on the Victorian Committee & its precursors, for longer than she likes to admit. She has held office bearer roles in Victoria, and was on the national board for many years; and numerous other committees. She remains passionate about critical care nursing, ACCCN and very much enjoys mentoring the “young ones”. She is also the nursing convener for the 2019 Critical Care World Congress in Melbourne. She loves good
food, markets and trams. One day she will finish her house renovations.

KEVIN WHITE
Kevin has 15 years cardiac care and Cath lab nursing experience and is the first full time Cath lab educator in Australia. Kevin set up an interventional cardiology stream of the critical care course in partnership with Deakin University and now guest lectures in contemporary Cath lab nursing practice. Kevin is on the ACCCN National Cardiac Advisory Board and the organising committee for the ACCCN cardiac seminar. In his spare time, Kevin is a die-hard soccer supporter and relaxes by making noise on the guitar and drums.

MONIQUE MORSMAN
Monique is a critical care nurse with over 10 years’ experience. She has completed a Graduate Diploma in Cardiac Care, and is currently working at the Royal Children’s Hospital in PICU and undertaking a Graduate Certificate in Paediatric Intensive Care. Dominique has a passion for bed flow and patient access. She was a co-organiser of the successful Critical Care Collaborative: “Keeping it Real conference”. In her spare time she can be found at the beach surfing and running.

PAUL ROSS
Paul coordinates the Alfred ICU & La Trobe University postgraduate intensive care course. As a Lecturer Practitioner his students are exposed to an array of educational resources and innovative technologies such as FOAMed (Free Open Access Medical Education). Currently he is actively developing his research skills. Paul supports Newcastle United football club and is an ice-hockey fan. He is a currently the ACCCN representative for Victorian intensive care Data Review Committee (VicDRC).

ROX JOHNSTON
Rox is new to the ACCCN committee, with a special interest in of all things cardiac. She has 20 years of experience in the field of cardiac nursing in various positions, and is currently working at the Alfred Hospital as a research nurse coordinator for interventional structural heart procedures. The work life balance is a juggl...
On the 20th November, ACCCN held its 11th Annual Cardiac Seminar in Victoria at the Darebin Arts & Entertainment Centre. The focus of this year’s seminar was exploring the evolution of cardiac care and highlighting the truly collaborative approach of all critical care areas in delivering contemporary clinical practice to our patients. Recent trends in clinical practice have seen a shift in focus towards percutaneous treatments and minimally invasive surgery.

This is the first year that the Cardiac Seminar has run two concurrent sessions focusing on both the medical and interventional management of cardiac disease. The day was a resounding success with around 120 delegates attending presentations and plenary discussions on the most challenging issues facing critical care nurses in today’s practice.

Highlights included:

- The opening plenary looking at contemporary management of a prolonged cardiac arrest complicated with cardiogenic shock with a mechanical compression device and post resuscitation ICU and CCU care.
- Examination of the latest cutting edge technology with Dr Phil Hayward exploring minimally invasive surgery and Dr Logan Bittinger discussing percutaneous treatment of atrial arrhythmias.
- Mr Mick Stevenson returned by popular demand from last year’s success giving our rural colleagues great insight into how to prepare critically ill patients for retrieval by ambulance Victoria.
- The challenge of supporting postgraduate nurses in the critical care environment was expertly discussed by Mr Paul Ross from the Latrobe University and the Alfred ICU. This included imparting his wise advice to current and future mentors and clinical educators.
- Mr Stuart Cox and Dr Wendy Pollock highlighted the unique challenges of cardiac care in specialised patient groups. Mr Cox engaged us all with his images of echocardiography work in Tonga with children who had rheumatic heart disease and Dr Pollock giving some fascinating and expert analysis of resuscitating the maternity patient.

Most importantly, the seminar once again highlighted the excellent nursing research and evidence-based initiatives taking place around Victoria with Deakin University graduates Ms Lisa Kuhn (Eastern Health) and Rox Johnston (Alfred Health) discussing their Masters research projects. Ms Kuhn’s topic of interest being gender-based differences in cardiac disease outcomes and Ms Johnston’s topic of examining post-procedural outcomes in percutaneous valve outcomes.

Ms Tina Asker highlighted her fascinating work as a hospital and community-based heart failure nurse specialist, with a focus on minimising readmissions to hospital.

Special mention must also go to Mr Shermal Rodrigo who presented his postgraduate critical care certificate project, highlighting inappropriate cardiac defibrillator activation in end of life care.

A massive thank you must go to all our presenters for a fantastic seminar, to our sponsors for their support and representation on the day, and to our delegates for their discussion and participation. The 2016 Cardiac Seminar is already shaping up to be a show-stopping event. The race is already on to get your tickets.
Australian Critical Care is the official journal of The Australian College of Critical Care Nurses and publishes peer-reviewed scholarly papers that report research findings, research-based reviews, discussion papers and commentaries which are of interest to an international readership of critical care practitioners, educators, administrators and researchers.

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ACCCN members can access the journal articles via the Australian Critical Care website www.acccn.com.au

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A Job Well Done

Author: Hugh Davies

Sadly this year has seen the resignation of our colleague Pamela Bell as WA President of ACCCN. Pam took on the role back in 2011 having previously served two terms as National Representative.

Pam has had a long association with the college. At a local State level Pam’s commitment to ALS training has been outstanding. The number of courses she co-ordinated are too numerous to mention. Pam was also the Co-ordinator for the 12th ICE meeting held in Perth 2011. Her organisational skills helped to ensure the meeting was a success. In the role as WA President, Pam brought in a number of changes that included updating guidelines on the Critical Care Prize and the President’s Award.

Pam’s contribution as a Director of the National Board will be greatly missed too. She regularly attended meetings and made significant contributions to activities undertaken by the Board. Pam was a strong advocate for the college at her workplace and took every opportunity to promote the core mission of the college – “to lead, represent, develop, and support Australian critical care nurses”.

On a personal note I would like to offer a huge thank you to Pam for all her hard work and time she so generously gave to the role.

Her organisational skills helped to ensure the meeting was a success. In the role as WA President, Pam brought in a number of changes that included updating guidelines on the Critical Care Prize and the President’s Award.

Upcoming Courses for 2016

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>20 &amp; 27 January</td>
<td>ALS 2 day Certification ANMF (Vic Branch)</td>
<td>Victoria</td>
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<tr>
<td>6 February</td>
<td>Adult ALS 1 day Recertification Mannigham Day Procedure Centre – Members &amp; Non- members Welcome</td>
<td>Victoria</td>
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<tr>
<td>13–14 February</td>
<td>Adult ALS Certification – Townsville</td>
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<td>14 February</td>
<td>ALS Adult One Day Recertification – Townsville</td>
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<tr>
<td>19–20 February</td>
<td>Adult ALS 2 day Certification</td>
<td>SA/NT</td>
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<td>22 &amp; 23 February</td>
<td>Resus Instructor Certification 2-day (includes ALS Recertification) – Epworth HealthCare</td>
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<td>25–26 February</td>
<td>ALS Adult 2 Day Certification</td>
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<td>26 February</td>
<td>ALS Adult 1 Day Recertification</td>
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<td>27–28 February</td>
<td>Resuscitation Instructor ALS Certification – Brisbane</td>
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<td>Resus Instructor ALS Recertification – Brisbane</td>
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<td>2 &amp; 9 March</td>
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<td>7–8 March</td>
<td>Resuscitation Instructor ALS Certification</td>
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<td>8 March</td>
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<td>14 &amp; 15 May</td>
<td>ALS Adult Certification – Albany</td>
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<td>21–22 May</td>
<td>ALS Paediatric Certification– Kalgoorlie</td>
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<td>11–12 June</td>
<td>ALS Paediatric Certification – Geraldton</td>
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<td>ALS Adult Recertification – Narrogin</td>
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<td>14 October</td>
<td>ALS Adult Recertification – East Perth</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.

### 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.
Submit Your Abstract
8th World Congress on Pediatric Intensive and Critical Care

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