

2021 VIRTUAL CONFERENCE
15-17 September

**Recognising the Contribution of
Children & Young People's Nurses**

Reflecting on the International Year of the Nurse & Midwife



Images courtesy of Joannee M. Jewell Lynch, Peter Lee, Evelyn Langford

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¹The University Of Queensland, St Lucia, Australia, ²Queensland Children's Hospital, Children's Health Queensland, South Brisbane, Australia, ³Queensland University of Technology, Herston, Australia, ⁴Southern Cross University, Gold Coast, Australia

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Improving Life Outcomes for Children in Early Childhood Education and Care

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¹Royal Children's Hospital,, Melbourne, Australia

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¹Royal Children's Hospital, Melbourne, Australia, ²Australian Catholic University - ACU, Melbourne, Australia, ³Western Health, Melbourne, Australia

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¹Queensland Children's Hospital, Brisbane, Australia, ²Griffith University, Nathan, Australia, ³University of Queensland, Brisbane, Australia

Oral Abstract Presentation

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Dr Jacqueline Jauncey-Cooke¹, Dr Adrienne Hudson^{1,2}, Dr Sandra Johnston³, Dr Felicity Walker⁴, Ms Rebecca Bundy²

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Oral Abstract Presentation

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Mrs Ainsley Stock¹

¹Hummingbird House, Chermside, Australia

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¹Children's Health Queensland, Brisbane, Australia

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¹The University of Queensland, St Lucia, Australia, ²Children's Health Queensland Hospital and Health Service, South Brisbane, Australia,

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Ms Kathy Bicknell¹

¹Royal Children's Hospital, Melbourne, Melbourne, Australia

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¹Queensland Children's Hospital, Brisbane, Australia, ²University of Queensland, Brisbane, Australia, ³Sunshine Coast University Hospital, Sunshine Coast, Australia, ⁴Clinical Excellence Queensland, Brisbane, Australia

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¹Children's Health Queensland, Brisbane, Australia, ²ACCYPN Member, Brisbane, Australia

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Dr Amy Mitchell^{1,2}, A/Prof Alina Morawska², Ms Emily Casey³, Ms Elana Forbes², Dr Ania Filus⁴, A/Prof Jennifer Fraser⁵

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Professor Jeanine Young¹, Mrs Roni Cole^{1,2}, Associate Professor Lauren Kearney^{1,2}, Associate Professor John Thompson^{1,3}

¹University of the Sunshine Coast, Sippy Downs, Australia, ²Sunshine Coast Health Institute, Birtinya, Australia, ³University of Auckland, Auckland, New Zealand

Oral Abstract Presentation

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Ms Cassie Weir¹

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Mrs Alicia Bell³

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¹The Royal Children's Hospital, ,

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¹Children's Health Queensland Hospital and Health Service, South Brisbane, Australia, ²Adjunct Research Fellow Menzies Health Institute Queensland Griffith University, Nathan, Australia, ³Adjunct Associate Lecturer School of Nursing, Midwifery and Social Work The University of Queensland, St Lucia, Australia

Rapid Fire Presentation

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Dr Linda Crowe^{1,2}, Ms Desiree Croft^{1,2}, Mrs Lynne Thurbon^{1,2}

¹Ellen Barron Family Centre, Brisbane, Australia, ²Children's Health Queensland, Brisbane, Australia

Rapid Fire Presentation

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Ms Sonya Preston¹

¹Children's Health Queensland, South Brisbane, Australia

Oral Abstract Presentation

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Mrs Ann-maree Sandeman¹

¹West Moreton Health Services, Ipswich, Australia

Oral Abstract Presentation

Karitane Virtual Breastfeeding Clinic.

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Mrs Sally Lee¹, **Mrs Sara Tulk**¹

¹Karitane, Carramar, Sydney, Australia

Oral Abstract Presentation

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Dr Amy Mitchell¹, A/Prof Alina Morawska², Ms Kavindri Kulasinghe², Ms Sally Arthur², Ms Kia Reddan², Dr Sabine Baker³

¹Griffith University, Brisbane, Australia, ²The University of Queensland, Brisbane, Australia, ³Queensland University of Technology, Brisbane, Australia

Oral Abstract Presentation

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Ms Clare Davies¹

¹University Of Sydney, Camperdown, Australia

Oral Abstract Presentation

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Dr Mary Tallon¹, Dr Ailsa Munns¹

¹Curtin University, Bentley, Australia

Oral Abstract Presentation

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Dr Robyn Penny^{1,2}, Dr Jocelyn Toohill^{3,4}, Ms Leah Hardiman⁵

¹Child and Youth Community Health Service, CHQ, South Brisbane, Australia, ²Clinical Fellow, School of Nursing, Queensland University of Technology, Kelvin Grove, Australia, ³Office of the Chief Nursing and Midwifery Officer Queensland, Herston, Australia, ⁴Adjunct Professor, School of Nursing and Midwifery, Griffith University, Queensland. Transforming Maternity Care Collaborative, , Australia, ⁵Consumer Representative, Mothers and Babies Queensland, , Australia

Oral Abstract Presentation

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Mrs Shirley Aubrey¹, Mrs Mary Smareglia¹, Mrs Julie Thomas¹, Mrs Lee-Anne O'Keefe¹, Ms Jeanelle Gibson¹, Mrs Catherine Alexander

¹Queensland Health, Caboolture, Australia

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Dr Sandra Miles¹

¹Australian Catholic University, Brisbane, Australia

Oral Abstract Presentation

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Dr Yvonne Parry¹

¹Flinders University, Adelaide, Australia

Oral Abstract Presentation

A Model of Student Supervision to Best Support the Unique Needs of the Paediatric Setting.

Dr Jacqueline Jauncey-Cooke¹, Dr Adrienne Hudson^{1,2}, Dr Sandra Johnston³, Dr Felicity Walker⁴, Ms Rebecca Bundy²

¹The University Of Queensland, St Lucia, Australia, ²Queensland Children's Hospital, Children's Health Queensland, South Brisbane, Australia, ³Queensland University of Technology, Herston, Australia, ⁴Southern Cross University, Gold Coast, Australia

A Model of Student Supervision to Best Support the Unique Needs of the Paediatric Setting., September 16, 2021, 13:00 -

14:04

A Model of Student Supervision to Best Support the Unique Needs of the Paediatric Setting

Aim

A tertiary paediatric facility undertook a review of student supervision models and subsequently adopted a Clinical Partnership Program (CPP) whereby student supervision is managed from within the organisation rather than university supplied facilitators or supervisors. This project aimed to evaluate the CPP model of student supervision from a range of perspectives; this presentation focuses on the experience of the student.

Method

Following HREC approval and securing consent students were provided with a QR code that linked them to an online survey hosted on Qualtrics™. The survey was comprised of some simple demographic data and the Clinical Learning Environment, Supervision and Nurse Teacher (CLES+T) tool. The CLES+T tool is a 30 point validated instrument used to evaluate the learning environment for student nurses.

Results

To date 293 students have completed the survey. Within the domain of relationships students overwhelmingly agreed that the relationships they formed were positive and respectful and this promoted learning (90.1%). In respect to the learning environment students felt staff were approachable (93.42%) and most (77%) felt comfortable taking part in handover/huddle conversations. The respondents (91%) also stated that they felt that the Nurse Educator and/or Clinical Practice Facilitator were accessible to them.

Conclusions

To strengthen the future paediatric workforce we must consider the experience of students on placement. Good supervision whilst on clinical placement is closely associated with a positive learning environment and improved student experiences. Experienced paediatric staff that are embedded in the organisation are well positioned to support students.

Oral Abstract Presentation

Improving Life Outcomes for Children in Early Childhood Education and Care

Mrs Sonia Harris¹

¹*Goodstart Early Learning, , Australia*

Improving Life Outcomes for Children in Early Childhood Education and Care, September 16, 2021, 13:00 - 14:26

Improving Life Outcomes for Children in Early Childhood Education and Care

Aim

To work alongside early childhood educators to develop a deep understanding of the pivotal role they play in supporting the health and wellbeing of children in their community.

Method

A 12-month professional development program coordinated by a Child and Family Health Nurse Educator is delivered to groups of Early Learning and Care centre leaders. The program is developed and delivered by a multi-disciplinary team, including the professional lenses of, nurses, teachers, social workers, speech pathologists, and occupational therapists.

Results

Based on informal and formal evaluation this program is highly valued by education teams, families and organisational leaders. In QLD and WA, the program has been externally funded and is now offered in external communities. An external evaluation determined the program facilitates the development and wellbeing of children, an increased understanding of children's behaviour and needs, increased engagement with families and community connections. A positive change to centre culture due to engagement of educators and team was also noted. Overall evaluation stated that the program positively impacts educator practice to support deeper family engagements, increased community connections and enhances children's learning.

Conclusions

The health and wellbeing of children is a community responsibility. Delivering an education package that incorporates different professional lenses allows us to deliver a holistic approach to education, health and wellbeing. There is a richness to this interdisciplinary approach that inspires and strengthens the early learning workforce having a positive impact on children's outcomes for life.

Oral Abstract Presentation

Infant Burn injuries - does care change with age?

Ms Kathy Bicknell¹

¹Royal Children's Hospital,, Melbourne, Australia

Infant Burn injuries - does care change with age?, September 16, 2021, 13:00 - 14:26

Infant burn injuries - does care change with age

Aim

To determine the demographics and care requirements for infants

Method

Data obtained from the Burns Registry of Australia and NZ (BRANZ) 2018 - 2019 annual report, illustrates that the most common age group of children admitted to hospital with a burn injury are the 1- 2 year age group. There are however, a number of children under the age of one who sustain a burn injury. A review of two years of data pertaining to infants under six months was undertaken at a paediatric burn unit. All children in this age category, presenting for treatment as inpatients and outpatients were included. The focus was to examine the mechanism of burn injury in children who are relatively immobile and determine common causes of injuries and if extra supports or services were required.

Results

Results revealed that while the number of patients in this age group is relatively low, infants as young as 12 days were treated for burn injuries that required significant care. Mechanism of burn injury included scalds, radiation and contact.

Conclusions

Information gained from this data will help improve care of and direct future prevention education for this age group.

Oral Abstract Presentation

Management of atopic dermatitis and the impact of nurse led eczema clinics - A paediatric dermatology nurse led eczema clinic evaluation

Mr Tim Gartland³, Ms Robyn Kennedy¹, Ms Emma King¹, Ms Ella King¹, Ms Liz Leins¹, Ms Danielle Paea¹, Ms Elga Tarquinio¹

¹Royal Children's Hospital, Melbourne, Australia, ²Australian Catholic University - ACU, Melbourne, Australia,

³Western Health, Melbourne, Australia

Management of atopic dermatitis and the impact of nurse led eczema clinics - A paediatric dermatology nurse led eczema clinic evaluation, September 16, 2021, 13:00 - 14:26

Management of atopic eczema and the impact of nurse led eczema clinics - A paediatric dermatology nurse led eczema clinic evaluation

Aim

Atopic eczema is a common but complex chronic skin condition affecting a large proportion of infants and children in many countries. Initiation and expansion of nurse led eczema clinics at a large tertiary hospital in Melbourne has improved timely access to treatment and education for many children with eczema and their families.

To determine the effectiveness of nurse led eczema clinics in successfully treating eczema, reducing the negative impact of eczema on quality of life and to determine the level of parent or guardian satisfaction with the clinical experience.

Method

All families attending two weekly community based nurse led eczema clinics and two weekly hospital based nurse led eczema clinics were invited to take part in a survey based evaluation. A parents or guardian completed both the Infants' Dermatitis Quality of Life Index (IDQOL) [1] and the Family Dermatology Life Quality Index (FDLQI) [1] after the initial and follow up review visit. An Outpatient Experience of Care Survey [2] was completed by the attending parent or guardian after the initial consult and eczema severity was assessed at both visits using the scoring atopic dermatitis clinical tool SCORAD [3].

Results

Overall there were 342 participants. At initial consult 17 percent of participants had severe eczema and the mean SCORAD was 30. At follow up two percent of subjects had severe eczema and average SCORAD had fallen by 62 percent to 18. The average quality of life index score (0 – 30) for infants and children fell from 11 (10.1 – 11.8) – ‘a very large impact on patients life’ to 5 (4.5 – 6.8) – ‘a small effect on patients life’. The average quality of life index score for the impact of eczema on the family fell from 11 (9.8 – 11.6) - ‘a very large impact on patient’s life’ to 6 – ‘a moderate effect on the family’. 72 percent of parents completing the ‘outpatient evaluation of care survey rated the clinician as ‘excellent’ and 22 percent rated them as ‘very good’. 37 percent and 42 percent respectively rated the skills that they acquired to manage their child’s eczema as ‘excellent’ and ‘very good’. 65 percent of parents completing the clinic evaluation rated their overall clinical experience as ‘excellent’, while 26 percent, 8 percent and 1 percent rated it as ‘very good’, ‘good’ and ‘fair’ respectively.

Conclusions

The nurse led eczema clinics were effective in reducing the severity of eczema and the negative impact of eczema on the individual QOL and the families QOL. The magnitude of reduction in severity of eczema and impact on QOL was clinically and statistically significant. Clinic evaluation was conclusive in that most participants felt that their experience with the clinician, the clinic and the acquisition of eczema management skills was highly positive.

Oral Abstract Presentation

Comparison of midline catheters and peripherally inserted central catheters to reduce the need for general anaesthesia in children with respiratory disease: A feasibility randomised controlled trial.

Ms Tricia Kleidon, Dr Jessica A Schults^{1,2,3}, Dr Claire Wainwright¹, Ms Victoria Gibson^{1,2}, Mr Masnoon Saiyed², Professor Joshua Byrnes², Mr Gabor Mihala², Ms Paula Cattanach¹, Dr Fiona MacFarlane¹, Ms Nicolette Graham¹, Ms Elizabeth Shevill¹, Professor Amanda Ullman^{1,2,3}

¹Queensland Children's Hospital, Brisbane, Australia, ²Griffith University, Nathan, Australia, ³University of Queensland, Brisbane, Australia

Comparison of midline catheters and peripherally inserted central catheters to reduce the need for general anaesthesia in children with respiratory disease: A feasibility randomised controlled trial., September 16, 2021, 13:00 - 14:26

Comparison of midline catheters and peripherally inserted central catheters to reduce the need for general anaesthesia in children with respiratory disease: A feasibility randomised controlled trial.

Aim

To assess the feasibility of a randomised controlled trial (RCT) comparing midline catheters with peripherally inserted central catheters (PICCs) for children requiring intravenous antibiotic therapy for pulmonary optimisation.

Method

A 2-arm, pilot RCT in a tertiary paediatric hospital in Australia. Random assignment of 110 children to receive (i) midline catheter or (ii) PICC. Primary outcomes: feasibility (patient acceptability; recruitment; protocol adherence; missing data; and attrition) and primary clinical outcome: need for general anaesthesia to insert intravenous catheter. Secondary outcomes: insertion time, treatment delays, infusion efficiency, device failure, complications, and cost.

Results

There was 80% recruitment, 100% retention, no missing data, and high patient/staff acceptability. Mean patient experience assessed on a 0–10 numeric rating scale was 8.0 (PICC) and 9.0 (midline catheters) respectively. Participant eligibility was not achieved (49% of screened patients) and moderate protocol-adherence across groups (89% PICC vs 76% midline catheter). Insertion of a midline catheter for pulmonary optimisation reduced the requirement for general anaesthesia compared to PICCs (10% vs 69%; odds ratio=0.01, 95% confidence interval: 0.00–0.09). Midline catheters failed more frequently (18.1 vs 5.5 PICCs per 1,000 catheter-days), however this reduced over trial duration. Insertion of midline catheters compared to PICCs resulted in AUD\$1,451 cost-saving per pulmonary optimisation episode.

Conclusions

An efficacy trial is feasible but requires expanded eligibility criteria and intensive staff training when introducing a new device. Midline catheters used to administer peripherally compatible infusions is acceptable to patients and staff, might negate the need for general anaesthesia and results in significant cost savings.

Oral Abstract Presentation

Student supervision in paediatric settings: How equipped are our registered nurses to support student placement?

Dr Jacqueline Jauncey-Cooke¹, Dr Adrienne Hudson^{1,2}, Dr Sandra Johnston³, Dr Felicity Walker⁴, Ms Rebecca Bundy²

¹The University Of Queensland, St Lucia, Australia, ²Queensland Children's Hospital, Children's Health Queensland, South Brisbane, Australia, ³Queensland University of Technology, Herston, Australia, ⁴Southern Cross University, Gold Coast, Australia

Student supervision in paediatric settings: How equipped are our registered nurses to support student placement?, September 16, 2021, 13:00 - 14:04

Student supervision in paediatric settings: How equipped are our registered nurses to support student placement?

Aim

A tertiary paediatric facility undertook a review of student supervision models and subsequently adopted a Clinical Partnership Program (CPP) whereby student supervision is managed from within the organisation rather than university supplied facilitators or supervisors. This project aimed to evaluate the CPP model of student supervision from a range of perspectives; this presentation focuses on the experience of the bedside clinician, the buddy nurse.

Method

Following HREC approval and securing consent, all clinicians were emailed a link to an online survey hosted on Qualtrics™. The survey was comprised of simple demographic data and the Clinical Supervision Self-Assessment tool. This validated tool asks participants to self-assess their knowledge, skills and confidence with a range of tasks associated with supporting students on placement.

Results

To date 182 nurses have completed the survey. Most respondents rated themselves highly across most domains particularly in respect to conducting a variety of clinical education activities aimed at assisting students to achieve learning goals and assessing student performance. The domains where knowledge, skills and confidence were reduced relate to supporting different approaches to learning, providing critical feedback and managing a student who displays challenging behaviours.

Conclusions

Bedside clinicians have a significant role in supporting students. They are generally well positioned to develop effective relationships with students but lack confidence in some aspects of the role such as providing critical feedback. Training of the buddy role must consider these more challenging aspects of the role and the staff must have organisational support particularly regarding managing performance concerns.

Oral Abstract Presentation

A nurse falls in love with a baby and gives a TED talk. Another nurse shares the vision and starts networking. A nurse from the UK who has done it before builds a new service, Hummingbird House, where a team of nurses care for life limited children and their families

Mrs Ainsley Stock¹

¹*Hummingbird House, Chermside, Australia*

A nurse falls in love with a baby and gives a TED talk. Another nurse shares the vision and starts networking. A nurse from the UK who has done it before builds a new service, Hummingbird House, where a team of nurses care for life limited children and their families, September 16, 2021, 13:00 - 14:26

A nurse falls in love with a baby and gives a TED talk. Another nurse shares the vision and starts networking. A nurse from the UK who has done it before builds a new service, Hummingbird House, where a team of nurses care for palliative children and their families

Aim

To highlight the achievements of all levels of nurses at Hummingbird House who apply the skills, knowledge, self-awareness and compassion needed to provide a world standard children's hospice for 0-18 year olds, from the point of maternal foetal medicine appointments through to transition to adult health services.

Method

Key case studies will identify how the day to day provision of care alongside strategic service growth and development is led by nurse practitioners both in the hospice and in the community. A clinical nurse facilitator ensures that the clinical team can meet the unique and complex care needs of each child, while the recently appointed nurse navigator provides continuity throughout the care trajectory.

Results

Nurses are supported to extend their clinical skills determined by patient complexity and disease progression. Nurses are empowered to lead which is critical to safety and quality while improving job satisfaction and teamwork. Workforce and succession planning is fostered through peer mentoring, debriefing processes, supporting emerging leaders and a newly implemented pilot graduate program.

Conclusions

Alongside the multi-disciplinary team, Hummingbird House nurses work within a model that enables provision of essential holistic, family centred care including respite, memory making, symptom management, end-of-life care, advanced after death care and bereavement support.

Oral Abstract Presentation

Paediatric Nurses Understanding of the Role of Health Literacy

Mrs Maria Ronan¹, Mrs Philippa Fielden¹, Mrs Nicola Sutton¹, Ms Karen Eagleson¹, Ms Sharon Gilchrist¹, Mrs Loretta Scaini¹, Mrs Sandra Schilling¹, Mrs karen Turner¹, Ms Juliana Buys¹

¹*Children's Health Queensland, Brisbane, Australia*

Paediatric Nurses Understanding of the Role of Health Literacy, September 16, 2021, 13:00 - 14:04

Paediatric Nurses Understanding of the Role of Health Literacy

Aim

The importance of health literacy for the provision of safe and effective quality care is identified by The Australian Commission of Safety and Quality in Health Care and in existing studies. However, limitations to nurses' knowledge of health literacy have been identified, with limited evidence of the understanding of nurses working in paediatric settings.

Method

This study aimed to gain an understanding of health literacy amongst paediatric nurses and identify the need for future health literacy education strategies and promotion.

Results

An online survey was developed and distributed across all nursing levels within the quaternary paediatric hospital and community health division settings. In total, 248 nurses completed the survey (15% response rate). Whilst 95% of respondents identified the importance of health literacy and the nurse's role to assess it, over half (58%) had limited or no clear understanding of the term 'health literacy'. Further, 80% of respondents reported having no, or no recollection of receiving health literacy education. Education sessions (82%) and online education (65%) were identified as the most beneficial methods for nursing education, with the need for a range and combination of methods identified.

Conclusions

Paediatric nurses are uniquely positioned to partner with families to improve both access to and use of health information. To improve nursing health literacy knowledge and subsequent quality care, an organisational approach to address identified gaps through development and implementation of education strategies is recommended. Potential for collaboration with academic partners to promote change is also identified.

Oral Abstract Presentation

The IV Passport: A consumer-led innovation for children and families

Professor Amanda Ullman^{1,2,3,4}, Ms Tricia Kleidon^{2,3}, Ms Emily Larsen^{3,4}, Ms Victoria Gibson^{2,3}, Ms Francesca Boyte⁴, Ms Karen Winterbourn, Mr Ryoma Ohira³, Dr Sebastian Binnewies³, Dr Nicole Marsh^{1,3,4}

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The IV Passport: A consumer-led innovation for children and families, September 16, 2021, 13:00 - 14:26

The IV Passport: A consumer-led innovation for children and families

Aim

This research aimed to improve outcomes for children and families relying on long term, intravenous (IV) access dependent treatment, by partnering with paediatric consumers to co-create an "IV Passport".

Method

Via a co-creation approach, a multi-phase project was undertaken at the XXXX Hospital and Health District over 2019-20. A Passport advisory panel was convened, representing the diverse consumer groups involved in IV insertion and care, including consumers, key opinion leaders (including patient advocate groups), health service personnel and policy makers. The IV Passport was then developed by this panel via completion of a two-round, modified Delphi technique including prioritisation survey and consensus meeting. The early Passport model then underwent external content/face validity and feasibility testing.

Results

The advisory panel reached consensus on the IV Passport format, features and content at the conclusion of the two-phase Delphi process (Likert scale >8/9 across all domains; >90% consensus across all domains). External validity and feasibility was established. The IV Passport has been built in mHealth application and paper format, and released for consumer and clinical use via Google and Apple platforms, with appropriate training resources.

Conclusions

The IV Passport has been designed by consumers and clinicians to act as a lifelong travel document to record historical, planned and current procedures, and support problem-solving. The IV Passport has been developed in partnership with consumers to improve experience and outcomes of all children and their families relying on IV devices.

Oral Abstract Presentation

Exploring the diversity in the role of a Burns Clinical Nurse Consultant (CNC)

Ms Kathy Bicknell¹

¹*Royal Children's Hospital, Melbourne, Melbourne, Australia*

Exploring the diversity in the role of a Burns Clinical Nurse Consultant (CNC), September 16, 2021, 13:00 - 14:26

Exploring the diversity in the role of a Burns Clinical Nurse Consultant (CNC)

Aim

This presentation will explore the specialised diversity of a burns CNC, their involvement in the multidisciplinary team and the demographics of the burns patients cared for.

Method

The key responsibilities of the Burns CNC are multi factorial. They involve care coordination, facilitation, education, data collection, policy development and nursing care procedures and guidelines. These areas and the scope of practice will be explored in depth. The Burns CNC has contact with patients from the emergency department through to outpatient care encompassing the entire patient journey. The Burns CNC works within a multidisciplinary team and across interdisciplinary teams to coordinate and promote best practice and evidence based care. Education is delivered to patients and families as well as health care professionals both internal and external to the hospital. The Burns CNC faces many challenges but overcoming these can lead to a sense of achievement. The role provides an opportunity for a nurse to develop both personally and professionally.

Results

The role of the Burns CNC promotes a holistic approach to patients, their families and health care workers with an aim to improve the standard of care for patients with a burn injury and achieve best practice clinical outcomes.

Conclusions

The role of the Burns CNC is diverse and fulfilling and results in best possible care for paediatric patients who have sustained a burn injury.

Oral Abstract Presentation

Recognition and management of paediatric sepsis in Queensland: a multidisciplinary approach to improve outcomes for children

Ms Amanda Harley^{1,2}, A/Prof Paula Lister^{2,3}, Ms Kate Weller⁴, Ms Jayde Archer⁴, Ms Nicolette Graham¹, Mr Bruce Chio⁴, Ms Suzanne Hamblin⁴, Dr Adam Irwin^{1,2}, Dr Sai Raman^{1,2}

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Recognition and management of paediatric sepsis in Queensland: a multidisciplinary approach to improve outcomes for children, September 16, 2021, 13:00 - 14:26

Recognition and management of paediatric sepsis in Queensland: a multidisciplinary approach to improve outcomes for children

Aim

Reduce the burden of sepsis on Queensland children, young people, families, clinicians and the health system

Method

State-wide Quality Improvement initiative incorporating five pillars to address the identified issues associated with paediatric sepsis recognition and management

Results

The program has secured the position of Australia's first paediatric sepsis Clinical Nurse Consultant (CNC), within the Queensland Paediatric Sepsis Program (QPSP). The QPSP has designed, implemented and is evaluating a sepsis pathway for Emergency Departments and inpatient units throughout Queensland. The CNC is responsible for the clinical implementation and evaluation of the pathway, supporting local nurses, alongside the development and delivery of a holistic clinical education package inclusive of support and upskilling for metropolitan, regional and rural hospital and health services and families affected by sepsis and the broader community

Conclusions

As part of the multi-disciplinary team, nurses play a vital role in the recognition and management of sepsis and are paving the way throughout Queensland by leading local implementation of a paediatric sepsis pathway. Education packages will enable easy access to education and ensure sustainability through standardised work introduction, virtual learning and professional development to increase awareness and knowledge of sepsis, a leading cause of preventable harm in children. Health services across the globe are continually striving for value-based care to address clinician and consumer needs, the QPSP will facilitate long-term clinical and financial sustainability of sepsis related health service resources. The QPSP reflects Australia's commitment to support the global sepsis resolution as outlined in the Australian Sepsis Network Stopping Sepsis: National action plan.

Oral Abstract Presentation

The Future is looking Bright: A summary of the Primary School Nurse Health Readiness Program in Queensland.

Mrs Shelley Duffy¹

¹Children's Health Queensland, Brisbane , Australia, ²ACCYPN Member, Brisbane , Australia

The Future is looking Bright: A summary of the Primary School Nurse Health Readiness Program in Queensland., September 16, 2021, 14:28 - 15:10

The future is looking bright for the Primary School Nurse Health Readiness Program

Aim

The Primary School Nurse Health Readiness Program was established in 2015 to optimise the health and wellbeing of Queensland children during their transition to Primary School.

Method

The program utilises a primary health care/nurse-led approach, with a focus on vision screening prep aged children in all Queensland Primary Schools. This is conducted by Registered Nurses to identify children with amblyopia and to facilitate their timely access to intervention services. Amblyopia is the leading cause of preventable blindness in children in the world and can be managed and treated if identified prior to 8 years of age. The program operates on a hub and spoke model whereby CHQ houses the core components of the program including project co-ordination, administration of state-wide protocols and guidelines, nursing education and research and the Registered Nurses are based in communities across Queensland and work with the support of the hub to deliver consistent services and capture clinical and project data. Registered Nurses utilise 2 tools to vision screen a child, including a subjective visual acuity assessment and an automated Spot Vision Screening device which captures measurements of the child's eye to compare against normal parameters for that age group.

Results

To date, more than 171 000 prep aged children have been vision screened and nearly 13 000 children have been referred to an eye health professional for further assessment and diagnosis. Of those children referred, diagnostic data indicates true positive results of 46% (38% results remain outstanding). False positive rates are currently sitting at 17%. Lost to follow up rates (where no diagnostic data has been obtained) is between 13-19%.

Conclusions

Hundreds of Queensland prep children are being identified with visual abnormalities each year and supported to follow through with referral recommendations. There is a significant impact on their life trajectories as a result.

Oral Abstract Presentation

Healthy Living Triple P: Outcomes from a randomised controlled trial of a brief group parenting program for families of children with eczema

Dr Amy Mitchell^{1,2}, A/Prof Alina Morawska², Ms Emily Casey³, Ms Elana Forbes², Dr Ania Filus⁴, A/Prof Jennifer Fraser⁵

¹Griffith University, Brisbane, Australia, ²The University of Queensland, Brisbane, Australia, ³Queensland Children's Hospital, Brisbane, Australia, ⁴DaVita Clinical Research, Denver, United States of America, ⁵University of Sydney, Sydney, Australia

Healthy Living Triple P: Outcomes from a randomised controlled trial of a brief group parenting program for families of children with eczema, September 16, 2021, 14:28 - 15:10

Healthy Living Triple P: Outcomes from a randomised controlled trial of a brief group parenting program for families of children with eczema

Aim

Children affected by eczema can exhibit challenging behaviours, making treatment regimens stressful and exhausting. Parenting difficulties are commonly reported and eczema management suffers, leading to worse outcomes. We aimed to test the efficacy of a brief, 2-session group-based parenting program for parents of young children with eczema. The aim was to reduce eczema severity, increase treatment adherence, and improve psychosocial outcomes for parents and children.

Method

Fifty-nine (59) parents of 2- to 10-year-old children with eczema participated in a 2 (intervention vs. care-as-usual) x 3 (baseline, 4-weeks post-intervention, 6-month follow-up) randomised controlled trial. Eczema severity was measured by expert nurses blinded to intervention status. Electronic monitoring (MEMS TrackCaps) was used to track treatment adherence. Participating parents completed validated questionnaires that assessed parenting style; parents' eczema management self-efficacy and task performance; eczema-specific child behaviour difficulties; parents' self-efficacy for managing child behaviour; and child and family quality of life.

Results

Statistically significant improvements in outcome measures (moderate effect sizes, $d=.44-.84$) were found for the intervention group compared to care-as-usual on measures of parenting style (laxness, overreactivity, verbosity, and overall); eczema management self-efficacy and task performance; eczema-specific child behaviour difficulties; and parents' self-efficacy with managing child behaviour. There was no significant effect on eczema severity or treatment adherence. Differences between intervention effects for hospital-recruited versus community-recruited parents were found.

Conclusions

Healthy Living Triple P is effective in improving condition management and psychosocial outcomes for families of children with eczema. Future research will explore strategies to improve intervention accessibility and reach.

Oral Abstract Presentation

Informing the next safe infant sleep public health campaign: a national consensus exercise to determine priorities in supporting parents of young infants

Professor Jeanine Young¹, Mrs Roni Cole^{1,2}, Associate Professor Lauren Kearney^{1,2}, Associate Professor John Thompson^{1,3}

¹University of the Sunshine Coast, Sippy Downs, Australia, ²Sunshine Coast Health Institute, Birtinya, Australia,

³University of Auckland, Auckland, New Zealand

Informing the next safe infant sleep public health campaign: a national consensus exercise to determine priorities in supporting parents of young infants, September 16, 2021, 14:28 - 15:10

Informing the next safe infant sleep public health campaign: a national consensus exercise to determine priorities in supporting parents of young infants

Aim

To develop focused priority areas to inform the revision of Australia's next public health safe sleep campaign to reduce the risk of Sudden Unexpected Death in Infancy (SUDI).

Method

A national content expert consensus research activity was designed using two consensus techniques. This two-phase study employed a Delphi process (phase 1) rounds and a Nominal Group workshop technique (phase 2). The Delphi invited 56 national and international content experts to participate on 3 on-line surveys. The 5-stage Nominal Group comprised 17 Australasian experts and stakeholders to ensure priority setting was relevant to the Australian context of safe sleep and public health SUDI risk reduction recommendations.

Results

Phase 1 established a ranked thematic list of 10 key SUDI risk reduction themes. Phase 2 addressed three nominal questions producing prioritised lists for: key-message wording; contextual information and strategies to support caregiver implementation of key messages; and considerations in redesigning and dissemination of a safe sleep campaign. The top four priority themes which will inform revision of the next national safe sleep campaign are: sleep position, sleep space, smoking and surface-sharing.

Conclusions

This two-phase priority setting established clearly defined infant safe sleep priorities. International content expert participation in phase 1 strengthened priority setting outcomes while phase 2 ensured final outcomes provided a strong national focus reflective of identified needs of Australian families. Findings provide a foundation from which important components can be considered when revising future safe sleep health promotion programs to be contemporary and effective during the First 1000 Days.

Oral Abstract Presentation

Partnering with Parents- improving developmental outcomes for premature babies and their families.

Ms Cassie Weir¹

¹West Moreton Health Service- Child Development Service, Ipswich, Australia

Partnering with Parents- improving developmental outcomes for premature babies and their families.,
September 16, 2021, 14:28 - 15:10

Partnering with Parents- improving developmental outcomes for premature babies and their families.

Aim

The Special Care Nursery Discharge Clinic (SCN-DC) provides a cross-sector integrated and interdisciplinary model of care approach in partnership with Parents to provide support, education and understanding of the needs of a pre-term infant.

Method

The Child Development Service (CDS) Multi-Disciplinary Team plays a significant and pivotal role in partnering with parents in the SCN-DC. The SCN-DC is the conduit in supporting and empowering parents in their transition from hospital to primary health care and facilitating linkage with other appropriate community services- ie: Child Health. The service model of care provides a cross sector clinical approach to improving the long term developmental outcomes of pre-term babies.

Results

A recent consumer satisfaction feedback survey reported that families considered the SCN-DC to be extremely helpful, informative and supportive.

Conclusions

Utilisation of a Multidisciplinary Team approach in the SCN-DC offering early recognition and intervention for pre-term babies to optimise developmental outcomes.

Oral Abstract Presentation

Paediatric Nurse Practitioner Support for Homeless Children: My Experiences

Mrs Alicia Bell³

¹Flinders University, Bedford Park, Australia, ²Uniting Care Wesley Bowden, Marion, Australia, ³Health2Go, Bedford Park, Australia

Paediatric Nurse Practitioner Support for Homeless Children: My Experiences, September 16, 2021, 14:28 - 15:10

Paediatric Nurse Practitioner Support for Homeless Children: My Experiences

Aim

Homelessness affects more families in South Australia than most people realise, with 65% of the homeless population being families with children aged 0-14 years. A paediatric nurse practitioner (NP) was introduced to the Inner Southern Homelessness Service with the aim of linking vulnerable families into appropriate health services.

Method

The nurse practitioner commenced in December 2019. Clients were referred to the NP by case managers who identified people with children in immediate housing crisis or instability. The NP worked predominantly in an outreach capacity, performed comprehensive health assessments, provided early intervention care and education and referred families into appropriate local health services.

Results

56 children from 34 families were seen by the NP over a 12-month period. Children had varying issues including developmental delay, dental caries, obstructive sleep apnoea, scoliosis and poor immunisation compliance. Some families were severely affected by trauma, financial insecurity and housing crisis. Navigating the health system can be overwhelming for families. The nurse practitioner provided a holistic approach to assessment and management of complex issues and followed the patient journey. The NP received significant insight into how additional stressors and complexities can lead to disengagement from available health and support services.

Conclusions

Nurse practitioners play a vital role in linking vulnerable children and families into appropriate health services. With advanced assessment skills and the scope to review and coordinate care, nurse practitioners help children and families navigate a complicated health system, providing hope and expert care.

Oral Abstract Presentation

Under Pressure: Assessing the Feasibility of Hourly Pressure Injury Checks in Paediatric Patients

Ms Emily Thomson¹, Catelyn Richards

¹*The Royal Children's Hospital, ,*

Under Pressure: Assessing the Feasibility of Hourly Pressure Injury Checks in Paediatric Patients, September 16, 2021, 14:28 - 15:10

“Under Pressure: Assessing the Feasibility of Hourly Pressure Injury Checks in Paediatric Patients”

Aim

The following was a quality improvement project analysing the feasibility of conducting hourly device-related pressure injury (DRPI) assessments in a paediatric population. Pressure injuries have long-term consequences on patient quality of life and have significant financial impact to health services. Current hospital guidelines recommend device sites should be checked hourly. This project sought to identify whether hourly device checks result in excellent clinical outcomes or does this approach need to be reviewed to reflect clinical feasibility.

Method

A literature review was conducted utilising scoping methodology. Four databases and national hospital guidelines were searched. Search terms included barriers, feasibility, compliance, pressure injury care, pressure assessment, device related pressure ulcer, pressure injury, pressure ulcer, pressure area, paediatrics, neonates, infants, children, nursing and nurse. Of the 20 articles retrieved and analysed against our inclusion and exclusion criteria, six were retained. Lastly, an online survey of nurses on a paediatric ward was conducted, to investigate barriers they experience relating to device-related cares.

Results

No literature was found to suggest that feasibility of enacting hourly pressure area checks had been considered in the development of clinical practice guidelines. The literature suggests that compliance is a widespread nursing issue regarding pressure area checking and the staff poll confirmed poor compliance and sense of low feasibility due to numerous barriers.

Conclusions

This project analysed whether the nursing perspective of feasibility was considered in the development of hospital guidelines. Including the nurse’s voice ensures that the contribution of nurses is recognised. Further insight to barriers and the creation of feasible guidelines will aid projects to improve the compliance of device checks with the aim to reduce DRPIs. This aims to reduce the financial burden on health services and reduce the number of patients burdened by pressure injuries.

Rapid Fire Presentation

The important role of Immunisation Program Nurses in strengthening immunisation.

Ms Mary Barnett¹, Ms Leanne Philips^{1,3}, Ms Laurelle Nelson¹, Ms Rebecca Doyle^{1,2}

¹Children's Health Queensland Hospital and Health Service, South Brisbane, Australia, ²Adjunct Research Fellow Menzies Health Institute Queensland Griffith University, Nathan, Australia, ³Adjunct Associate Lecturer School of Nursing, Midwifery and Social Work The University of Queensland, St Lucia, Australia

The important role of Immunisation Program Nurses in strengthening immunisation., September 17, 2021, 12:20 - 12:33

The important role of Immunisation Program Nurses in strengthening immunisation

Background and identifying the problem

Immunisation Program Nurses (IPN) possess advanced skills and knowledge in vaccine service delivery. Vaccine side effects can cause significant anxiety and when not appropriately addressed can decrease vaccine confidence. This lack of confidence may contribute to vaccine hesitancy. IPNs play an important role in addressing vaccine concerns and may be instrumental in facilitating continuation of vaccination after a negative vaccine experience.

The aim or purpose of the initiative

To use a case study to demonstrate an increase in parental confidence with vaccination by utilising the concepts of family centred care and providing the opportunity for the family to discuss their concerns through a dedicated consultation.

Target group or population for the initiative

Patient referred to a specialist immunisation service with parental concern regarding symptoms reported following the 4th dose of tetanus containing vaccine. The child was accepted for consultation by an IPN to address concerns and determine whether symptoms were associated with a common side effect or an adverse reaction.

What were the methods and strategies used?

The IPN assessed parental concerns and provided counselling regarding expected side effects of vaccination versus adverse events following immunisation. Unbiased evidence-based information was provided verbally and in the form of fact sheets and government resources. The risks of disease versus the benefits of vaccination were discussed in detail with the family.

Describe the outcomes and impact of the implemented initiative

Parental concerns were adequately addressed and patient was vaccinated on the day of consultation. The IPN consultation facilitated vaccine confidence and assisted in fostering trust in immunisation providers. Parental confidence is essential for capacity building of immunisation programs and strengthening immunisation coverage.

Rapid Fire Presentation

Responsive parenting videos – empowering families with sleep and feeding challenges

Dr Linda Crowe^{1,2}, Ms Desiree Croft^{1,2}, Mrs Lynne Thurbon^{1,2}

¹Ellen Barron Family Centre, Brisbane, Australia, ²Children's Health Queensland, Brisbane, Australia

Responsive parenting videos – empowering families with sleep and feeding challenges, September 17, 2021,
12:20 - 12:33

Responsive parenting videos – empowering families with sleep and feeding challenges

Background and identifying the problem

It was recognised that there was limited evidence-based information on feeding for infants and young children for parent and their carers. Our service decided to apply for funding and being successful created responsive feeding videos that supplemented our online responsive settling videos already available.

The aim or purpose of the initiative

To provide families with easily accessible information that enables and empowers parents/caregivers to implement evidence-based strategies at home to improve their children's sleep and nutrition.

Target group or population for the initiative

Families with children up to three years of age.

What were the methods and strategies used?

Parents of young children (n=107) and Child Health nurses (n=64) were surveyed from across Queensland to understand parental information needs and preferences. From feedback received, five targeted videos were developed to be freely accessible on the internet. Consumer engagement continued throughout the project. Specific consideration was given to consumers with low literacy levels and/or English as a second language.

Describe the outcomes and impact of the implemented initiative

Five videos were developed that are freely available on the internet. An initial evaluation is currently being undertaken to assess the impact of the videos on parental and child outcomes. These results will be available for the presentation.

Rapid Fire Presentation

Leading the Workforce to Create Certainty in Uncertain Times

Ms Sonya Preston¹

¹Children's Health Queensland, South Brisbane, Australia

Leading the Workforce to Create Certainty in Uncertain Times, September 17, 2021, 12:20 - 12:33

Leading the Workforce to Create Certainty in Uncertain Times

Background and identifying the problem

The first case of COVID 19 in Australia was discovered in January 2020 and it struck with very little warning for health services to respond. Healthcare leaders and their workforce were faced with many challenges in reorientating healthcare services to address the emerging needs.

The aim or purpose of the initiative

The purpose of this presentation is to reflect on the strategies implemented from a healthcare leadership perspective and identify what systems, processes and behaviours need to change in order to rapidly respond to future events

Target group or population for the initiative

Children and young people nurses played a critical role in the efficacy of the health interventions implemented in response to the COVID19 pandemic. Healthcare leaders need to understand what is required to strengthen the workforce to enable a timely response to emerging healthcare needs during such events.

What were the methods and strategies used?

Healthcare leaders needed to build trust with the workforce, foster effective collaborations across different agencies and provide clear rationales behind their decision making. As a healthcare leader showing strength and resilience was important, but so was flexing your leadership style to demonstrate essential skills such as openness, compassion, empathy and understanding. Vulnerability in a crisis is crucial to earning the trust of nurses and taking them on a journey with you. It was important to be highly personable, authentic and genuine.

Describe the outcomes and impact of the implemented initiative

Many changes made in response to the COVID 19 pandemic will influence healthcare delivery into the future and influence the way we manage and strengthen the workforce.

Oral Abstract Presentation

Challenging times requires responsive action in Child Health at West Moreton health Queensland

Mrs Ann-maree Sandeman¹

¹*West Moreton Health Services, Ipswich, Australia*

Challenging times requires responsive action in Child Health at West Moreton health Queensland, September 17, 2021, 13:15 - 14:19

Challenging times requires responsive action in a Queensland Child Health Service.

Aim

To present, demonstrate and highlight strategies a Queensland Health Child Health (CH) Team has taken to review how care delivery planning is undertaken and delivered to the community, with focus on identification of varied delivery models in response to the ever changing needs of the community. The challenges impacting this CH team has been increased population growth, financial constraints whilst also being cognisant of community needs. Within the identified delivery models there has been collaboration between CH Services and Child Development Services (CDS) to provide a streamlined seamless service, ensuring its availability to vulnerable children and their families within varied community groups.

Method

An ongoing review of current services including, all team members - data analysis, demand versus capacity on a yearly basis, factoring in an environment with rapidly increasing population and financial budget restraints. Identification of the need for a Clinical Development Facilitator (CDF) position and a Referral Triage (RT) position. Additionally, the requirement to increase liaison and expansion of partnerships with the CDS to provide this seamless-streamlined range of services to vulnerable children and their families.

Results

The successful review of services, the implementation of a CDF and Triage Clinical Nurse. Additional changes to services to allow the increase of Assessment and referral of vulnerable children to CDS without the requirement additional finance or increased staffing levels.

Conclusions

The commitment of the clinicians through team work and determination has allowed the progression of the changes in this Child Health Team ensuring continued ongoing delivery of service to the community.

Oral Abstract Presentation

Karitane Virtual Breastfeeding Clinic.

Face-to-face virtual support for breastfeeding mothers in their own homes at the times support is needed. Using the Help Me Feed app, qualified child and family health RN's, RM's and lactation consultants provide individualised assessment and breastfeeding plans using live video call, texts, videos and resources.

Mrs Sally Lee¹, Mrs Sara Tulk¹

¹Karitane, Carramar, Sydney, Australia

Karitane Virtual Breastfeeding Clinic.

Face-to-face virtual support for breastfeeding mothers in their own homes at the times support is needed. Using the Help Me Feed app, qualified child and family health RN's, RM's and lactation consultants provide individualised assessment and breastfeeding plans using live video call, texts, videos and resources., September 17, 2021, 13:15 - 14:19

Karitane Virtual Breastfeeding Clinic - A Live Virtual Model of Care for Breastfeeding Support and Education.

Aim

The VBC program aims to improve efficiency and efficacy in breastfeeding support and to increase breastfeeding rates in Australia, leading to a range of well-documented beneficial lifetime health outcomes.

Method

WHO recommends breastfeeding to 6mths, however just 15% of Australian infants are breastfed at 6mth. Karitane's Virtual Breastfeeding Clinic (VBC) uses the Help Me Feed (HMF) app to connect breastfeeding mothers with lactation consultants and personalised resource packages. The VBC service is client-driven and provides practical and emotional support in an easy to access, virtual platform for parents. The online app-based care model has strong appeal to millennial and gen-Z mothers who show strong preference for accessible digital healthcare.

Results

As a result of this project, we expect to see: •Parents receiving virtual, specialist breastfeeding education and support within 1 week of referral to VBC •>15% of mothers accessing VBC services are breastfeeding when the child is 6mths of age •Parents have access to resources on the Help Me Feed App to enhance experience and education of breastfeeding •Karitane staff have increased skills and knowledge of delivering breastfeeding and parenting support via a virtual model of care

Conclusions

Achievement of the project will create the following benefits: •Increased breastfeeding rates •Improved accessibility and positive client experience •Available to rural and remote families •Increased digital capacity for Karitane Service delivery •Increasing efficiency of staffing resources •A safe virtual model of care for families

Oral Abstract Presentation

Promoting the development of healthy habits in early childhood: barriers and enablers to implementation of healthy lifestyle behaviours with young Australian children

Dr Amy Mitchell¹, A/Prof Alina Morawska², Ms Kavindri Kulasinghe², Ms Sally Arthur², Ms Kia Reddan², Dr Sabine Baker³

¹Griffith University, Brisbane, Australia, ²The University of Queensland, Brisbane, Australia, ³Queensland University of Technology, Brisbane, Australia

Promoting the development of healthy habits in early childhood: barriers and enablers to implementation of healthy lifestyle behaviours with young Australian children, September 17, 2021, 13:15 - 13:57

Promoting the development of healthy habits in early childhood: barriers and enablers to implementation of healthy lifestyle behaviours with young Australian children

Aim

Lifestyle factors are important predictors of short- and long-term health outcomes. Parents are key to helping children develop healthy habits from the earliest years of life; however, most Australian children do not adhere to national child health guidelines. We aimed to examine parents' perspectives on barriers and enablers to establishing healthy habits with their young children.

Method

An Australia-wide cross-sectional online survey of parents (N=477) of young children (<5 years) examined adherence to national recommendations across the domains of diet, physical activity, oral health, sleep, pedestrian/vehicle safety, screen use, sun safety, personal hygiene, and medical care. Open-ended questions collected parents' perspectives on barriers and enablers for each domain.

Results

Highest rates of non-adherence were found for recommended behaviours in the domains of sun safety (50.0-99.8%), personal hygiene (12.4-93.5%), screen use (7.2-84.2%), oral health (19.6-66.9%) and nutrition (14.3-61.8%). Thematic analysis revealed frequently-endorsed barriers that were common across the domains, including child behaviour (e.g., lack of cooperation, resistance), parenting behaviour (e.g., modelling unhealthy behaviours, difficulties with limit setting) and family factors (e.g., lack of day-to-day routines). Enablers included child compliance and cooperation, parents establishing and enforcing rules and routines, and parental modelling and encouragement.

Conclusions

Many barriers and enablers to establishing healthy habits in early childhood are common across health behaviour domains. Development and testing of family-based intervention approaches to reduce child resistance and help parents to develop the parenting skills, confidence and competence to modify their own behaviour and ensure that their child engages in recommended health behaviours is needed.

Oral Abstract Presentation

Children and young people's right to be heard: listening to their experiences in healthcare using child-centred qualitative methods.

Ms Clare Davies¹

¹University Of Sydney, Camperdown, Australia

Children and young people's right to be heard: listening to their experiences in healthcare using child-centred qualitative methods., September 17, 2021, 13:15 - 13:57

Children and young people's right to be heard: listening to their experiences in healthcare using child-centred qualitative methods

Aim

The aim of this study was to explore children's experiences of expressing their views and having them heard in healthcare.

Method

A child-centred qualitative research approach (Bessell, 2013) using the 'draw, write and tell' method (Angell, Alexander, & Hunt, 2015) was employed to collect data for a content analysis. Inductive and deductive analyses were completed (Elos & Kyngas, 2007). The deductive analysis was undertaken using the Lundy framework for understanding voice (Lundy, 2007).

Results

Within Lundy's categories of space, voice, audience and influence, eighteen subcategories were identified that described both positive and negative experiences of children and young people expressing their views and having them heard. The preliminary results of the inductive content analysis showed that the development of children and young people's voices in healthcare is a transactional process, with the categories of communication, relationships, conflict, teamworking and time being key to this process

Conclusions

Children are capable of forming their own views, have the right to express those views and are entitled to be listened to (Article 12, United Nations Convention on the Rights of the Child [UNCRC], 1989). Although healthcare has made some progress in implementing Article 12 into practice, children and young people can still struggle to have their views heard. Despite this, they are consistently active in a transactional process of developing their voices, engaging and interacting with parents and healthcare professionals as they move through the liminal space of finding voice in healthcare.

Oral Abstract Presentation

Implementation and evaluation of a Community Mothers' Program in south metropolitan Perth.

Dr Mary Tallon¹, Dr Ailsa Munns¹

¹*Curtin University, Bentley, Australia*

Implementation and evaluation of a Community Mothers' Program in south metropolitan Perth., September 17, 2021, 13:15 - 14:19

Implementation and evaluation of a peer-led Community Mothers' Program in south metropolitan Perth.

Aim

This study aimed to investigate, develop and evaluate a peer-led, home visiting program for mothers of pre-school infants and children from the perspective of the peer support workers.

Method

Participatory Action Research was used. This qualitative method of co-design allowed the peer-led evidenced based home visiting program to be adapted by participants to respond to and support the needs of recipient mothers. Development and implementation of the program was led by two researchers during regular focus groups called Action Learning Sets, guided by the fundamental principles of the peer-support model. Peer-support initiatives have been shown to positively influence maternal confidence, self-esteem, and motivation.

Results

The program involved fortnightly visits with recipient mothers of one hour duration by participating peer-support volunteers known as Community Mothers. Thirty-six Community Mothers completed peer-led training which included skills in strength-based communication, community engagement and safety. Twenty-eight families with 72 children engaged in the program totaling 137 visits and 197 hours of support. Using therapeutic communication Community Mothers provided encouragement and shared knowledge and information about local community resources and facilities. Recipient mothers reported feeling supported, more confident, and better connected to their local community, while Community Mothers reported improved skills and confidence.

Conclusions

This study contributes to the emerging evidence on the development and implementation of acceptable, sustainable, peer-led home visiting parent support in Kwinana and Cockburn. The Community Mother's Program continues in the area under the direction of an established community-based service.

Oral Abstract Presentation

Are we keeping up? Meeting the Needs of Parents in the Postnatal Period in Queensland, Australia.

Dr Robyn Penny^{1,2}, Dr Jocelyn Toohill^{3,4}, Ms Leah Hardiman⁵

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Are we keeping up? Meeting the Needs of Parents in the Postnatal Period in Queensland, Australia., September 17, 2021, 13:15 - 14:19

Are we keeping up? Meeting the Needs of Parents in the Postnatal Period in Queensland, Australia.

Aim

There are 16 hospital and health service areas within the large state of Queensland. As such services and models of care vary. To improve outcomes in the first 1,000 days of life (conception to age two) this research sought to explore the needs of women and families beyond the immediate postnatal period to develop integrated models of care.

Method

Data were collected through group and individual interviews. A qualitative methodology using thematic analysis captured the experience of 58 participants including women and their families.

Results

Four key themes were generated: Caring for self, Being connected, Getting direction and Having options. Being connected with care providers and peers was highly valued by participants as was having a sense of direction. Having a relationship with a carer who knew them personally throughout pregnancy and postnatal care avoided retelling stories and facilitated information sharing. Relationship-based care enabled women to better meet their personal needs necessary to fulfil the parenting role. Without this, many points of disconnect were identified including lack of information about services, inconsistencies in information and gaps in care.

Conclusions

These findings demonstrate a range of unmet needs, situated within a lack of relational continuity that has sustained over time. Maternity and child health professionals, service managers and policy makers must reorient systems by listening, acknowledging and keeping the voice of women and families at the centre of care to meet current needs.

Oral Abstract Presentation

Starting Well Initiative: An integrated pathway of antenatal and postnatal care for families with complex needs in Queensland

Mrs Shirley Aubrey¹, Mrs Mary Smareglia¹, Mrs Julie Thomas¹, Mrs Lee-Anne O'Keefe¹, Ms Jeanelle Gibson¹, Mrs Catherine Alexander

¹Queensland Health, Caboolture, Australia

Starting Well Initiative: An integrated pathway of antenatal and postnatal care for families with complex needs in Queensland, September 17, 2021, 13:15 - 14:19

Starting Well Initiative- An integrated pathway of antenatal and postnatal care for families with complex needs in Queensland

Aim

This presentation will describe the development of the Starting Well Initiative (SWI) in Metro North Hospital and Health Service (MNHHS), an area with complex need.

SWI is an innovative pathway of integrated antenatal and postnatal care for families from pregnancy through to child health care. It is designed to improve engagement in antenatal care, increase uptake of well child health care and improve transition from maternity to child health by providing relational care.

Method

Local government and non-government stakeholders were engaged in a co-design process which began with appreciative inquiry to identify solutions to disengagement in antenatal and postnatal care.

Developed through a co-design process, the pathway links women with a named midwife and child health nurse (CHN), in collaboration with their General Practitioner (GP).

The integrated pathway was implemented using a continuous quality improvement process. Data collection includes demographics, client engagement outcomes and consumer satisfaction.

Results

SWI reduces disengagement through a seamless pathway that improves birth outcomes, increases child health uptake and retention, evidenced by documented positive feedback from families.

Integrated clinical leadership is central to the success of the initiative resulting in a shared vision and ownership

Conclusions

SWI demonstrates how integration of two services can be achieved if local clinicians and families are engaged at all levels.

Working in partnership to provide relational continuity improves health outcomes, enabling health systems to work more effectively.

Oral Abstract Presentation

Recognising the contribution of Nurse Immunisers and nurse-led vaccination

Dr Sandra Miles¹

¹*Australian Catholic University, Brisbane, Australia*

Recognising the contribution of Nurse Immunisers and nurse-led vaccination, September 17, 2021, 13:15 - 14:19

Recognising the contribution of Nurse Immunisers and nurse-led vaccination

Aim

To determine the extent of national recognition of Nurse Immunisers as leaders of immunisation practices and the scope and reach of nurse-led vaccination.

Method

A 12-month document analysis was undertaken of media releases pertaining to national vaccination to determine the extent of content pertaining to nurses as immunisers and leaders of vaccination programs. An evaluation study of graduate destination from one course was undertaken to determine the reach of nurse-led vaccination practice.

Results

Over 12 months, only 1% of media releases pertained to the role of nurses in leading or contributing to immunisation practices. Significant media attention was given to medical- and pharmacy-led vaccination, with particular emphasis on GP-provided vaccination, despite significant nurse-provided vaccination in the COVID-19 vaccine rollout. Only 35% of nurse immuniser graduates remain employed in a specific immunisation setting. Immunisation practice is undertaken across a wide variety of settings, with few nurses undertaking a nurse-led role, despite their qualification. Nurse-led practice in rural and remote outreach clinics was noted to significantly improve vaccination rates for Aboriginal and Torres Strait Islander peoples in hard-to-reach populations.

Conclusions

There is significant lack of recognition of the contribution of nurse immunisers and nurse-led vaccination practices at a national government level and across media types. There is urgent need for a national voice for immunisation nurses to improve recognition of the importance of this role. Nurse immunisers contribute significantly to improving childhood and adult immunisation rates across all settings and populations.

Oral Abstract Presentation

Community based ED Paediatric NP leading interprofessional care of marginalised children

Dr Yvonne Parry¹

¹*Flinders University, Adelaide, Australia*

Community based ED Paediatric NP leading interprofessional care of marginalised children, September 17, 2021, 13:59 - 14:19

Community based ED Paediatric NP leading interprofessional care of marginalised children

Aim

The aim of this evaluation research project was to identify the needs of children impacted by housing instability. The needs of the children were identified, and their referral needs defined. This project also identified the numbers of the interdisciplinary practitioners required to address the needs of the children.

Method

The mixed methods research and innovative service delivery provided by the NP across 3 sites to provide a substantial comparison and address a broader population of marginalised children via phases:

1. Will measure the needs of children living with housing insecurity (SDH) and its developmental, health, and wellbeing impacts using mixed research methods.
2. A comprehensive physical and mental health assessment and consumer led, referral access plan through a NP service situated at the NGO homelessness service site (quantitative measures).
3. Tracks the uptake of referral compliance to health and educational services using supported preventative interventions e.g. mental health assessments, trauma assessments, immunisation rates, and management of chronic health conditions (NP assessment and Research Reference Group meetings [consumer led] data collection processes and analysis. Provides quantitative data for a correlational analysis and confidence interval analysis.
4. Determines parent and child satisfaction with the referral process (NP satisfaction measure Phase 4)
5. Measures Improvements in children's (4-17) health and wellbeing outcomes using a supported model of health access (Phases 1-4).pe over this text.

Results

This presentation identifies the role of the ED Paediatric NP in organising referrals and referral pathway. We have identified the number of referrals required, the types of referrals, we have developed a comprehensive health assessment, a monitoring of referral compliance, a qualitative evaluation and the quantitative family evaluation.

Conclusions

NP led care connects families to a wide range of services The use of NP care is essential in decreasing the costs of ACE. Care for children that is as connected as possible to a variety of services is often the best care. Interdisciplinary care takes a collaborative and co-design approach that is inclusive, facilitates communication and is child focused.