ACCYPN

Australian College of Children & Young People's Nurses

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The New Age of Children and Young People's Healthcare

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BOOK OF ABSTRACTS

Developing an online educational program toward enhancing the competence of nurses and midwives regarding neonatal pain management, September 14, 2023, 11:46 - 11:49

Mrs Onanong Mala[1,2,3], Associate Professor Elizabeth Forster[1,2], Associate Professor Dr Victoria Kain[1,2]
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Developing an online educational program toward enhancing the competence of nurses and midwives regarding neonatal pain management.

Background and identifying the problem

Nurses and midwives caring for neonates need a comprehensive understanding of neonatal pain management to provide effective care. However, education for neonatal pain management in both pre-licence nursing and midwifery programs and in-service professional development in the Thai context remains inadequate. Hence, developing a tailored educational program that enhances nurses' and midwives' competence is needed to deliver optimal care to this vulnerable patient cohort.

The aim or purpose of the initiative

To develop an online educational program to enhance nurses’ and midwives’ competence regarding neonatal pain management in neonatal intensive and special care units (NI/SCUs).

Target group or population for the initiative

A purposive sample of Thai NI/SCU nurses and midwives at all experience levels and full-time employment.

What were the methods and strategies used?

A convergent mixed-method design was undertaken to identify the educational needs. An online survey was used to evaluate participant competence in neonatal pain management and data were quantitatively analysed using descriptive statistics (n = 68), and semi-structured interviews were qualitatively explored using an inductive thematic analysis (n = 12). The findings from both types of analyses were then mapped to inform the development of an online educational program.

Describe the outcomes and impact of the implemented initiative

Nurses’ and midwives’ educational needs and preferences for delivery enabled the development and implementation of an online educational program. Responsiveness to these needs and preferences potentially contributed to the program’s effectiveness in enhancing participant competence in neonatal pain management.

The Inspire Project: Implementing postgraduate Nursing Student Paediatric Industry Mentoring Relationships for Employability, September 14, 2023, 11:50 - 11:53

Associate Professor Elizabeth Forster[1], Ms Beck Doyle[2], Associate Professor Dr Victoria Kain[1], Dr Amy Mitchell[3], Dr Helen Petsky[1], Ms Catherine Marron[2], Ms Loretta Scaini[2], Dr John Gilmour[1,3]
[1]Griffith University School of Nursing & Midwifery, Brisbane, Australia, [2]Children's Health Queensland, South Brisbane, Australia, [3]The University of Queensland, St Lucia, Australia

The Inspire Project: Implementing postgraduate Nursing Student Paediatric Industry Mentoring Relationships for Employability

Background and identifying the problem

Mentorship is a developmental, empowering and nurturing relationship facilitating mentee growth and learning. It provides support for health professionals in the early phase of their career development, potentially enhancing the mentee's critical thinking, work satisfaction and professional identity.

The aim or purpose of the initiative

To develop, implement and evaluate a pilot online industry and academic mentoring program for postgraduate students in paediatric nursing. The Australian College of Paediatric and Child Health Nurses (ACCYPN) competency standards for Registered Nurses working with children and young people were used to underpin the mentoring sessions.

Target group or population for the initiative

Postgraduate students studying Graduate Certificate or Masters programs in paediatric nursing at an Australian university agreed to take part in the mentoring project and were mentored by key industry paediatric nursing clinicians and academic staff.

What were the methods and strategies used?

Postgraduate students (n=7) and their industry/academic mentors participated in a series of four online formal mentoring sessions to guide them towards meeting the ACCYPN competency standards. This presentation reports on the qualitative analysis of student interviews using Terry et al.'s (2017) thematic analysis.

Describe the outcomes and impact of the implemented initiative

Analysis of student interviews revealed the mentoring program informed participants about the competency standards for working with children and young people, their application to practice and addressed a mentoring need in paediatric nursing not always perceived as available or accessible in the clinical setting.

Using the Common Approach to improve Children & Young People's Holistic Wellbeing. Find out how to shift your practice to prevention by discussing the six Nest domains of wellbeing with children, young people and their parents and carers in a strengths-based, child-centred, holistic and collaborative way, September 14, 2023, 12:00 - 12:15

Ms Caitlin Winter[1]
[1]ARACY, Canberra, Australia

Using the Common Approach to improve Children & Young People's Holistic Wellbeing.

Background and identifying the problem

ARACY developed Australia's first child wellbeing framework from consultations with over 4000 children, young people, parents and carers and child development research. From this process six domains of wellbeing were identified that all children need in order to thrive. The Common Approach is a practice offshoot of the Nest to guide a way of working for practitioners with 0-24 year olds.

The aim or purpose of the initiative

By implementing the Common Approach, practitioners flip their thinking from tertiary intervention to prevention. The aim is not for practitioners to have the skills in all wellbeing areas to solve needs arising. It is to generate awareness early to empower children and families with next steps.

Target group or population for the initiative

The Common Approach is designed universally for any practitioner to use with any child, young person or their parents/carers from age 0-24. It is being used across Australian, and Finnish government and non-government education, health and community service providers.

What were the methods and strategies used?

The Common Approach is best practice for having conversations about wellbeing with a shared, plain language that is non-stigmatising. It is an evidence-based way of working to explore all aspects of wellbeing, identifying strengths, needs and next steps. The Common Approach is supported by a suite of resources that facilitates conversations with families and children and improves continuity between interactions.

Describe the outcomes and impact of the implemented initiative

Research has shown that the four practices underpinning the Common Approach have a variety of benefits for practitioners, children and families in education, health and family support contexts. Common Approach practitioners have identified that using the Common Approach:

- improves relationship with families
- increases the ability to identify strengths and needs
- increases awareness of the practitioner's role in prevention
- improves collaboration
- makes their job easier!

Sticky notes, drop-in sessions and calls after 8-engaging consumers in the co-design of paediatric care coordination for children with medical complexity, September 14, 2023, 12:00 - 12:15

Ms Stephanie Hodgson[1], Ms Kirsten Noack[1]
[1]Hunter New England Local Health District, Newcastle, Australia

Sticky notes, drop-in sessions and calls after 8 - engaging consumers in the co-design of paediatric care coordination for children with medical complexity

Background and identifying the problem

Navigating and coordinating healthcare is particularly difficult for families of children with medical complexity (CMC). CMC represent approximately 10% of children attending children's hospitals, but account for approximately 60% of expenditure.

The aim or purpose of the initiative

To enlist and retain consumers and staff in the co-design process through flexible, creative and meaningful co-design strategies.

Target group or population for the initiative

Children with medical complexity and their parents/guardians, paediatric staff members and community representatives involved in the care of CMC.

What were the methods and strategies used?

The project employed a reflexive co-design approach to develop a model of connected and coordinated care for children with medical complexity. This involved:

- 31 in-depth semi-structured interviews to understand the lived experience of complex paediatric care. Some interviews were conducted outside work hours to accommodate consumer participation.
- 8 co-design workshops that were drop-in style and enabled asynchronous collaboration whereby attendees built on each other's ideas by adding sticky notes to real-world scenarios.
- Consumer representative included in project Steering Committee and recruitment panels.
- Regular engagement with around 25 consumer representatives for feedback and iteration on designs.

Describe the outcomes and impact of the implemented initiative.

Over 150 people attended the co-design workshops. They generated 3,000 sticky notes of improvement ideas. In a post-workshop survey, attendees gave the workshop an overall average rating of 4.8/5, with 99% of attendees indicating their desire to be involved in subsequent stages of the project.

virtualKIDS initiative within Sydney Children's Hospital Network Emergency Departments, September 14, 2023, 12:18 - 12:33

Ms Eunice Toriola[1]
[1]The Sydney Children's Hospital Network, Sydney, Australia

virtualKIDS initiative within Sydney Children's Hospital Network Emergency Departments

Aim

SCHN receives high levels of children presenting at the two paediatric Emergency Departments (ED) resulting in wait times for non-urgent conditions being lengthy. The effects cause numbers of families each day choosing to leave ED prior to being reviewed. These children are identified under two categories; Did Not Wait (DNW) and Left At Own Risk (LOAR).

virtualKIDS is an innovative service following up on those families who choose to leave. virtualKIDS Clinical Nurse Consultants (CNC's) ascertain if any assistance is required after the families have left and subsequently provide redirection to other health service pathways to ensure that children remain clinically safe. The overall objective is to provide advice, support, education and resources to families and to reduce representations to SCHN EDs.

Method

The DNW and LOAR follow up Model of Care (MOC) collected data over a 12 month duration. The CNCs filter all ED presentations to obtain the DNW and LOAR families and generate an automated text message to them. Families would self-initiate a reply back and a phone call would then be instigated by the CNC for a consult.

Results

The results depicted on average close to 7,000 patients presenting collectively to SCHN EDs monthly and on average 850 patients categorised collectively as DNW or LOAR per month. From those, 324 families within 12 months responded with concerns for their child, resulting in a mean of 28 patients per month. Majority of the DNW and LOAR presenting symptoms were triaged category four of fevers, vomiting and coryzal symptoms. A large portion of patients were provided general advice, redirected to General Practitioners and given SCHN information factsheets. A small volume were redirected back to ED.

Conclusions

virtualKIDS MOC illustrates a safety netting for families who are seeking further assistance whilst reducing representations and redirection into primary health services.

Grieving the loss of a healthy term baby: Australian dads' experiences of preterm birth, September 14, 2023, 12:18 - 12:33

Dr Esther Adama[1], Ms Annie Chang[1], Dr Eric Adua[2], Prof Sara Bayes[1], Professor Evalotte Morelius[3]
[1]Edith Cowan University, Joondalup/Perth, Australia, [2]University of New South Wales, Sydney, Australia, [3]Linkoping University, Linkoping, Sweden

Grieving the loss of a healthy term baby: Australian dads' experiences of preterm birth

Aim

To explore the experiences and needs of fathers of preterm infants in Australian neonatal units.

Method

Narrative Inquiry methodology guided the study; 13 fathers from three Australian states whose child was admitted to a neonatal unit were interviewed. In-depth in-person and online interviews lasting between 22-72minutes were analysed deductively using the three-dimensional narrative framework and inductively using thematic analysis.

Results

Four main narrative threads/themes arose from the analysis of interview data namely, (1) supporting the birthing partner and baby (2) emotional response (3) fathers needs and (4) support following discharge. These threads/themes show that fathers have unique needs that are inadvertently overlooked by health professionals. The neonatal unit experience impacted on fathers' relationship with their partners. Fathers were appreciative of staff support during their admission but also suggested recommendations to improve the neonatal unit experience for other fathers.

Conclusions

This study provides insights into fathers' roller-coaster experiences and how they deal with stress. They felt devastated by the traumatic start of their fatherhood journey, grieving the loss of their healthy pregnancy. Father's role in the neonatal unit is not well defined and fathers felt mothers were given more attention. Nonetheless, many fathers executed their supportive role while hiding their emotional difficulties. Health professionals must be aware of unconscious bias toward gender roles in the neonatal unit and utilise active strategies to invite fathers to participate in caring and parenting in the neonatal unit.

The QualKIDS model: Paediatric nurses' perceptions of good experiences of care for children with intellectual disability, September 14, 2023, 12:36 - 12:51

Dr Laurel Mimmo[1], Dr Michael Hodgins[2], Ms Nora Samir[3], Professor Joanne Travaglia[5], Associate Professor Reema Harrison[4], Professor Sue Woolfenden[7,6,3]
[1]The Sydney Children's Hospital Network, Sydney, Australia, [2]AIHI, Macquarie University, Sydney, Australia, [3]University of New South Wales, Sydney, Australia, [4]Macquarie University, Sydney, Australia, [5]Queensland University of Technology, Brisbane, Australia, [6]The University of Sydney, Sydney, Australia, [7]Sydney Local Health District, Sydney, Australia

The QualKIDS model: Paediatric nurses' perceptions of good experiences of care for children with intellectual disability

Aim

To explore and describe good experiences of care for hospitalised children with intellectual disability as perceived by paediatric nurses.

Method

Focus groups with clinical nursing staff from specialty neurological/neurosurgical and adolescent wards across two specialist tertiary children's hospitals in Sydney, Australia. Data analysis followed interpretative analysis methods to develop themes and codes. Using the Framework method, the themes were mapped to a previously developed conceptual model of safe care.

Results

Between March and May 2021 six focus groups with 29 nurses were held. Themes and codes were mapped to the six themes of the conceptual model: use rapport, know the child, negotiate roles, shared learning, build trust and relationships, and past experiences. Two new themes were developed during analysis that extended the conceptual model; the unique role of a paediatric nurse, and joy and job satisfaction, with a third contextual theme, impacts of COVID-19 pandemic restrictions. Merging the perspectives of paediatric nurses, we have enhanced our model to become the QualKIDS care partnership Circle - where optimal Quality of care Keeps children with Intellectual Disability Safe with the care partnership Circle.

Conclusions

Including perceptions of paediatric nurses reinforces the child with intellectual disability at the centre of safe care, where care is delivered as a partnership between nursing staff, child and their parents/family and the hospital systems and processes. The QualKIDS care partnership Circle model offers a specialised framework for paediatric clinical staff and health managers to optimise the delivery of safe care for children with intellectual disability in hospital.

The outcomes of in-utero cannabis exposure within the first week of extra-uterine life: experiences from neonatal health professionals, September 14, 2023, 12:36 - 12:51

Mrs Jessica Dantaz[1], Dr Esther Adama[1], Professor Evalotte Morelius[1]
[1]Edith Cowan University, Perth, Australia

Abstract Title: The outcomes of in-utero cannabis exposure within the first week of extra-uterine life: experiences from neonatal health professionals.

Aim

The aim of this study was to explore the experiences of nurses and midwives who have cared for babies born to mothers who have used cannabis whilst pregnant, within the first week of life. Secondary aims included investigating nurses' and midwives' feelings of working with these neonates; and their thoughts on health promotion and education around in-utero cannabis use. Limited evidence on the observations from healthcare worker's perspectives on the outcomes of cannabis affected neonates exist across the globe.

Method

Using a qualitative descriptive design, 10 consented semi-structured interviews were conducted and recorded via Microsoft TEAMS and in person, to gather their recollections of such experiences to gain an insight into working with affected neonates. The interviews lasted from 10-30 minutes, were initially transcribed verbatim by the primary author. Using a six-step guide and the NVIVO.12 software for coding, thematic analysis of the data began.

Results

Preliminary results reveal that health professionals' experiences of the effects of in-utero cannabis align with global pre-existing evidence, and preliminary themes include neonatal feeding issues and impacts on behaviour. This study found further evidence suggesting an impact on parental bonding, which existing literature has rarely mentioned.

Conclusions

This study is focusing on the experiences of health professionals of in-utero cannabis use and the impact on affected neonates; including how care is given to these babies, as well as the education provided to nurses, midwives, and consumers on the topic of cannabis. Data analysis is ongoing.

From Fraught to Flow; Forging a New Path in Care for Children with Medical Complexity, September 14, 2023, 12:54 - 13:09

Ms Stephanie Hodgson[1], Ms Kirsten Noack[1]
[1]Hunter New England Local Health District, Newcastle, Australia

From Fraught to Flow; Forging a New Path in Care for Children with Medical Complexity

Aim

To develop and implement a model of care (MoC) that enhances care coordination for children with medical complexity (CMC) and create an evaluation plan to assess its effectiveness.

Method

A co-design process was conducted, involving active participation from children, families, paediatric staff, and key community members. Existing evidence and local and international models of care were considered in the development of the MoC.

Results

Through the co-design process, the MoC was developed, incorporating several core components:

1. An intensive, time-limited dose of care coordination provided by a dedicated Paediatric Complex Care Coordinator (PCCC).
2. A mobilised internal network that connects key existing paediatric roles to work collaboratively with the PCCC to improve integrated care experience and outcomes across the district.
3. A family-centred approach that includes routine screening for unmet family psychosocial needs, appropriate support and referrals, identification of goals, and coaching to enhance partnerships in care.
4. An aligned mixed methods evaluation protocol to monitor the MoC impact and implementation factors.

Conclusions

The MoC incorporates novel and innovative elements tailored to meet the specific needs of the CMC cohort, as identified through the co-design process. Ongoing evaluation is underway to assess the effectiveness of these novel ideas and their impact on enhancing the care experience as intended.

"IT WILL BE IN HER TIME" : Navigating Hospital Life and Death Under Covid Rule - Baby J's Story., September 14, 2023, 12:54 - 13:09

Miss Wendy Londal[1]
[1]Sydney Children's Hospital, Randwick, Australia

"IT WILL BE IN *HER* TIME" : Navigating Hospital Life and Death Under Covid Rule – Baby J's Story

Description

The Covid-19 pandemic brought uncertainty, fear and isolation to many including the carers of chronic and complex paediatric patients who spent many months in an ever-changing hospital landscape. Hospital isolation procedures and policies, visitor restrictions and close contact exposures challenged staff and carers daily. Overcoming these systemic barriers meant finding novel ways to optimise child-centred care, especially for those with life-limiting disorders.

Introduction

Baby J, diagnosed with infantile epileptic encephalopathy and severe developmental delay spent 180 days in hospital. The uncertainty surrounding her life expectancy challenged staff professionally, ethically, and emotionally. For her family, their nuanced journey at a time of tightly imposed restrictions brought both positive and negative outcomes despite continuous conflicts in navigating her deteriorating health, hope for cure, memory making, and keeping family connections between hospital and home strong.

Methods

A reflective anecdotal narrative from my experience as the Nurse Consultant (CNC) : Chronic & Complex Care with shared reflections from Baby J's family with her life-limiting disorder during the Covid-19 pandemic.

Outcomes

Baby J's death was managed with dignity, care, compassion, and nurturing support that wholly incorporated family and child-centred care during challenging times and in very difficult circumstances.

Key Learning Points

1. During a pandemic emotional, social, physical and clinical needs are amplified and require an innovative approach to care planning and ways of working.
2. Traditional approaches to palliative care including focusing on family, memory making and extended interactions/visits were logistically not achievable. Consequently, our clinical practices, whilst still meeting said needs, had to be adapted in line with public health orders and constraints.
3. Regardless of restrictions, pastoral care in the context of a long-term hospital stay is difficult. However, clinicians who are prepared to work outside of their usual practice approaches and thinking can still effectively meet the family's needs.

References

1. Grandmother/Mother

Supporting Schools to Build Capacity to enable Students with Complex Health needs to attend school and have the chance to succeed through inclusive Education., September 14, 2023, 13:40 - 14:05

Mrs Lisa McDonald[1]
[1]Education Queensland

Supporting Schools to Build Capacity to enable Students with Complex Health needs to attend school and have the chance to succeed through inclusive Education.

Aim

Nurses Supporting Schools to Build Capacity to enable Students with Complex Health needs to attend school and have the chance to succeed through inclusive Education.

Method

The Queensland State School Nursing Service supports School staff to manage students identified as having health needs. Multiple stake holders collaborate and are involved with a student's care and support to keep them safe and meet all their needs during school. Health needs such as asthma, anaphylaxis, epilepsy, gastrostomy care and meals, catheters, diabetes, tracheostomies. We are not limited to these diagnoses.

Initial discussions are undertaken with the student's parents/carers and school team. Multi- disciplinary health care teams collaborate to assess a student's needs and we work to formulate Individual plans for the Student and Emergency plans. Training and education sessions are delivered to staff to adequately prepare them to safely manage the specific health needs of each student.

State School Registered Nurses are responsive to the needs of each of their schools and travel to schools or use online, or virtual training platforms to engage and train.
Regular review and ongoing support is maintained.

Results

Our team of dedicated nurses aim to ensure that each young person with complex health needs and disabilities who attend school are well supported and the impacts of their medical needs on learning and participation are adjusted for. The Nursing team ensure staff are confident and competent and we continue to develop and strengthen their skills.

Conclusion

The State School Nursing team have an established education-based health support team across Queensland willing to provide professional, clinical support to enable and empower schools to make reasonable adjustments and provide care for students with complex needs.

Not a minute to waste. A study exploring factors that influence nurses' recognition and response to paediatric deterioration in rural and remote hospitals., September 14, 2023, 13:40 - 14:05

Ms Lucinda Brown[1], Associate Professor Pauline Calleja[1], Associate Professor Elizabeth Forster[2], Dr Danielle Le Lagadec[1]
[1]Central Queensland University, Cairns, Australia, [2]Griffith University, Brisbane, Australia

Not a minute to waste. A study exploring factors that influence nurses' recognition and response to paediatric deterioration in rural and remote hospitals.

Aim

This study aims to investigate the factors influencing nurses' ability to recognise and respond to clinical deterioration in children in rural and remote hospital settings. This PhD project aims to provide practical recommendations and strategies to enhance nursing practice and overcome barriers in these resource-constrained settings.

Method

A pragmatic, three-phased sequential mixed methods research approach is employed. This approach allows for a comprehensive exploration of the factors impacting nurses' recognition and response to paediatric deterioration.

Results

As the study is ongoing, specific results are not yet available. Anticipated outcomes include identifying key factors influencing nurses' recognition and response to clinical deterioration in rural and remote hospitals. The study aims to develop evidence-based recommendations and strategies that strengthen positive nursing practices, address unique challenges, and ultimately improve patient outcomes and care delivery.

Conclusions

This study fills an important gap in the existing research by focusing on the factors that impact nurses' recognition and response to paediatric deterioration in rural and remote hospitals. By identifying these factors and providing evidence-based recommendations, this PhD project aims to enhance nursing practice and diminish barriers faced by nurses in these challenging environments. The findings will help bridge the gap between rural and metropolitan healthcare settings, acknowledging the resource limitations and providing strategies to optimise care for children in rural and remote areas.

The child and family centred care approach: a concept analysis, September 14, 2023, 13:40 - 14:05

Dr Maggie Zgambo[1], Dr Mandie Foster[2,1], Dr Julie Blamires[2], Prof. Evalotte Mörelius[1,3]
[1]Edith Cowan University, Joondalup, Australia, [2]Auckland University of Technology, Auckland CBD, New Zealand, [3]Linköping University, Sweden

The child and family centred care approach: a concept analysis

Aim

To explore, analyse, describe and clarify the child and family-centred care (CFCC) approach and its associated principles and attributes.

Method

We used a three-phased principle-based concept analysis approach to systematically search for evidence in Medline, Embase, PsycINFO, Scopus, ProQuest Central, CINAHL, Web of Science databases, and Google Scholar. Irrespective of study design and article type, we included peer-reviewed articles 1) published from inception to 2022; 2) discussed CFCC; 3) had children and young people, healthcare workers, and/or caregivers of sick or healthy children and young people aged 0 to 17 years. Data were extracted onto a table. A concept quality criteria assessment was performed independently using an adapted and recommended appraisal tool. Disagreements were resolved by discussions to reach a consensus. Thematic analysis is currently being undertaken to synthesise data.

Results

The search yielded 223 titles, which were exported to the EndNote software. After removing duplicates in EndNote, 122 titles were uploaded to Rayyan software for screening. Full texts of the retained 21 titles and abstracts were included in the analysis. Preliminary findings indicate a lack of agreement on how CFCC is defined, linked to associated terms and applied to healthcare. However, CFCC is rooted in the principle that children and their families should be central to healthcare decision-making.

Conclusions

Understanding CFCC is crucial in improving health outcomes, patient satisfaction, and healthcare system. CFCC approach places children and their families at the forefront and fosters collaborative partnerships for improved healthcare outcomes.

Inspiring care in our student nurses/ Innovations in Nursing Education, September 14, 2023, 13:40 - 14:05

Ms Serah Douglas[1]
[1]Flinders University, Bedford Park, Australia

Abstract Title - Inspiring care in our student nurses/ Innovations in Nursing Education

Aim

To inspire first year student nurses at Flinders University to explore meaningful care, empathy, and communication to patients across the lifespan continuum.

Method

Applying the concepts of person- and family-centred care through 'art-led' and 'object-based learning' pedagogical approaches to challenge first year students to develop compassionate, ethical and altruistic qualities in their professional development.

Results

The introduction of artwork into the curriculum allowed students to actively engage in the learning experience and encouraged rich interaction between students and staff. When students needed to start preparing for their group presentations, discussions naturally arose focusing on the different artworks they had selected, providing an 'ice-breaker' for them to develop a sense of connection and teamwork. A literature review of arts-based pedagogy (Obara et al., 2021) identified that art-led activities can inspire enhanced learning of values such as care, empathy and compassion.

Conclusions

Students demonstrated a commitment to the art-led learning activities, inspiring discussion around topics such as empathy, exploring diversity of thought, acknowledging unconscious bias and teamwork.

Not the ED – Outcomes of Paediatric Virtual Urgent Care Audiovisual Assessments in NSW, September 14, 2023, 13:40 - 14:05

Mrs Kirsten Newton[1], Ms Julie Evans[2], Ms Lyn Biviano[1], Ms Amie Donnelly[1]
[1]Sydney Children's Hospital Network, Sydney, Australia, [2]John Hunter Children's Hospital - Hunter New England Kids Health, Newcastle, Australia

NOT THE ED – OUTCOMES OF PAEDIATRIC VIRTUAL URGENT CARE AUDIOVISUAL ASSESSMENTS IN NSW

Aim

Demands on emergency departments are increasing. The Virtual Urgent Care Service was developed to provide alternatives to the ED and connect patients and their families to care when and where it is needed.

Method

The Virtual Urgent Care Service launched in December 2022, providing audio-visual, nursing-led, standardised assessments, to assess symptoms and direct to care at the appropriate place and time.

Results

The Virtual Urgent Care Service has conducted 418 assessments between December 2022 and June 2023. 87% were under 5 years of age with 42.5% of this group under 1 year of age. Primary symptoms were gastrointestinal like illness, 27%, fever 26.5%, respiratory 22.5% with others such as rash, poor intake and mixed symptoms, 24%.

Following assessment performed by specialized a paediatric nurse, 21.5% were directed to ED, with a further 6% sent to ED following a virtual medical review, resulting in an ED avoidance of 72.5%.
From parent feedback, 98.8% felt that the service met their needs and 98.8% stated that they would use the service again.

Conclusions

The service, while in its infancy, has demonstrated a reduction of ED presentations combined with a very high parental satisfaction. On its own, it is not a solution to the ED crisis, however, the Virtual Urgent Care programme is a simple and effective model of care that can be a viable and valuable option. Moving forward, Virtual Urgent Care plans to service wider areas, extend hours and include a broader range of clinical presentations referred for assessment.

Improving universal health and development assessments and access to referral services for children aged 0 to 5: A Paediatric RN and Nurse Practitioner led response for 800+ children., September 14, 2023, 13:40 - 14:05

Associate Professor Yvonne Parry[1], Dr Nina Sivertsen[3], Prof Eileen Willis[4], Professor Annette Briley[2], Lecturer Lauren Lines[2], Mrs Alicia Bell[1], Dr Matthew Ankers[1], Mrs Ariane Plowright[1]
[1]Flinders University, Adelaide, Australia, [2]Caring Futures Institute, Flinders University , Adelaide, Australia, [3]UiT Arctic University of Norway, Faculty of Health Sciences, Hammerfest, Norway, [4]Central Queensland University, Research Lead, Rockhampton North, Australia

Improving universal health and development assessments and access to referral services for children aged 0 to 5: A Paediatric RN and Nurse Practitioner led response

Aim

This study piloted a universal, and sustainable Nurse led service, which provides a comprehensive health assessment and developmental screening services for children 0-5 years.

Method

This mixed methods research used a community embedded Paediatric Specialist Nurse Practitioner and Registered Nurse led model of care to measure the deficits in current health access for children in community childcare centres in South Australia by (1) providing in-depth assessments of child health needs, (2) management of referrals to appropriate health care providers, (3) support for referral adherence, and (4) parental education regarding child developmental health checks.

Results

This service provides primary health care to sixteen urban and two rural sites. Over 2000 children were offered the screening, with parents of 852 providing consent for screening. Of these referral needs were identified in 42% of children. Fifteen percent of whom were identified as having some level of developmental delay.

Conclusion

This model of providing childhood screening test is feasible and acceptable to parents and children. The assessments identified significant health or developmental concerns in this population. Early identification and assistance to complete applications for timely therapy through linkage with a variety of local GP and Allied Health services, optimises the potential to limit longer term, or further health and developmental issues.

Identifying research priorities for paediatric nursing in Queensland: A modified James Lind Alliance Project, September 14, 2023, 13:40 - 14:05

Dr Helen Petsky[1], Dr Hui (Grace) Xu[1], Associate Professor Elizabeth Forster[1], Prof Marie Cooke[1], Dr Jessica Schults[2], Anne McKenzie AM[3], Prof Amanda Ullman[2,4]
[1]Griffith University, Logan, Australia, [2]The University of Queensland, Brisbane, Australia, [3]Telethon Kids Institute, Perth, Australia, [4]Children's Health Queensland, Brisbane, Australia

Identifying research priorities for paediatric nursing in Queensland: A modified James Lind Alliance Project

Background and identifying the problem

High quality research is necessary to inform nursing practice within paediatrics to prevent harm and promote recovery. An up-to-date prioritisation setting project in which patients, carers and clinicians work together to agree on the most important research priorities was needed.

The aim or purpose of the initiative

The aim of this study was to identify and prioritise the most important research questions in paediatric nursing.

Target group or population for the initiative

Paediatric nursing researchers, consumers and stake holders

What were the methods and strategies used?

A modified four staged James Lind Alliance (JLA) Priority Setting Partnership methodology was adopted, comprising “Ideas-gathering” and “Prioritisation” surveys, “Top-ten” consensus workshop and an Online survey to rank final 15 (due to Covid-19).

Describe the outcomes and impact of the implemented initiative

Stage one provided 111 responses of key priorities from stakeholders including nurses, consumers, interdisciplinary clinician and Indigenous health worker from which 25 themes arose. Stage four ranked the top 10 as: health promotion and prevention, children and families in regional and remote settings, complications associated with healthcare delivery, Indigenous child, family and community needs, pain and symptom management, health professional-child/family communication, partnership and value-based family-centered care, enhancing quality of life for children with complex health needs, paediatric nursing roles across the continuum, and transition from paediatric to adult care.

Conclusion

The top ten priorities reflect the diverse specialisations seen in paediatric and child health nursing, and the diverse interactions consumers have with paediatric nursing.

More than a feeling: how paediatric nurses assess, identify and respond to deterioration in the hospitalised child., September 14, 2023, 14:10 - 14:25

Ms Lisa Sealey[1], **Dr Laurel Mimmo**[1,2], Mr Andrew Grant[1,3], **Professor Marilyn Cruickshank**[1,3]
[1]The Sydney Children's Hospitals Network, Sydney, Australia, [2]AIHI, Macquarie University, Sydney, Australia, [3]Faculty of Health, University of Technology, Sydney, Australia

More than a feeling: how paediatric nurses assess, identify and respond to deterioration in the hospitalised child

Aim

To identify what influences the ability of paediatric nurses to effectively assess and monitor hospitalised children for clinical deterioration?

Method

Following PRISMA-ScR guidelines, systematic searches of databases published from January 2005, to coincide with the introduction of Paediatric Early Warning Systems (PEWS), to July 2022. Identified papers were screened independently by two authors. Quality appraisal was undertaken using the Quality Assessment with Diverse Studies (QuADS). Data were extracted using a standardised form and data synthesis using the PAGER framework: Patterns, Advances, Gaps, Evidence and Research.

Results

Analysis of 19 review papers identified four themes: (1) paediatric patients present complex and unique challenges; (2) the paediatric environment is dynamic and multifaceted; (3) both objective and subjective data are required for early and optimal assessment; and (4) paediatric nurses require specialist education and experience to develop sound clinical judgement.

Conclusions

To recognise deterioration, nurses require the ability to observe and respond to physiological changes in clinical condition that can be nuanced, applicable to a particular patient, and specific to a patient’s illness. There can be overlap between deviations with multiple potential diagnoses, which may not be clinically relevant. While there are practical tools for recognising deterioration that have been universally adopted, these systems have limitations. The ability to link patient data with anticipated status or situational awareness was found to play an important role in early and accurate recognition of deterioration. In the context of patient assessment situational awareness and parental input should be integrated into decision-making to improve patient outcomes.

Is Sharing Caring? – Exploring the Experiences of Registered Nurses with disclosing medical information to seriously ill children, September 14, 2023, 14:10 - 14:25

Mrs Mandy El Ali[1]
[1]Australian Catholic University, Fitzroy, Australia, [2]The University of Melbourne, Parkville, Australia

Is Sharing Caring? – Exploring the Experiences of Registered Nurses with disclosing medical information to seriously ill children

Aim

To explore the experiences of nurses with medical information sharing to seriously ill children, particularly when given a non-disclosure directive.

Method

A systematic review of the literature with a key word search of truth-telling, non- disclosure, serious illness, nurse and child, was undertaken to identify publications on the experiences of nurses with truth-telling to seriously ill children. 4552 articles were screened by title and abstract, resulting in 69 requiring full text screening. A thematic analysis of the included articles was undertaken to identify themes relevant to the research question and aims.

Results

Seventeen articles were included in the review, with only one directly reporting on the experiences of nurses asked to withhold the truth from patients. Empirical studies were limited to HIV positive children, children diagnosed with cancer and the dying child. The themes identified in the review discuss the role of the nurse in disclosure practices, when where and how to tell the child, honesty, cultural and cognitive consideration in truth telling, and why children are not told.

Conclusions

The literature demonstrated a lack of focus on the paediatric nurses' contribution to communication to children and their families in a hospital setting. The nurse is portrayed as a support person during and after the delivery of information. Further research is indicated to identify implications for practice and the effect on therapeutic relationships when nurses are given a non-disclosure directive.

Safer care for children in hospital: Strengthening and sustaining the paediatric ESCALATION system (SPECS) in Western Australia (WA), September 14, 2023, 14:28 - 14:43

Dr Eileen Boyle[2,3], **Dr Esther Adama**[1,3], Dr Jo Zhou[2,3], Emeritus Professor Gavin Leslie[2,8], Dr Pamela Laird[4], Mr Scott Stokes[5], Jon Howard[5], Ms Melanie Robinson[3], Ms Tania Harris[6], Professor Meredith Borland[3], Jason Belcher[2,7], Associate Professor Fenella Gill[2,3]
[1]Edith Cowan University, Joondalup, Australia, [2]Curtin University, Bentley, Australia, [3]Perth Children's Hospital, Child and Adolescent Health Service, Nedlands, Australia, [4]Telethon Kid Institute, Nedlands, Australia, [5]West Australian Country Health Service, Australia, [6]Health Consumers' Council, Mount Lawley, Australia, [7]St John Western Australia, Belmont, Australia, [8]Fiona Stanley Hospital, Murdoch, Australia

Safer care for children in hospital: Strengthening and sustaining the paediatric ESCALATION system (SPECS) in Western Australia (WA)

Background

Delays in detecting clinical deterioration in children in hospital can result in tragic consequences. The ESCALATION System is an evidence-based paediatric early warning system inclusive of sepsis screening and integrated family involvement. The ESCALATION System is designed for use with hospitalised children and has been implemented in all WA hospitals.

Aim

To optimise ESCALATION System to support health professionals and families in early detection and timely management of children with clinical deterioration.

Methods

Working in partnership with stakeholders including a health consumer reference group, the multi-method study consists of four sub-studies (SS): SS1; audits, surveys and interviews to identify and address factors impacting implementation of ESCALATION in regional and remote hospitals, SS2; surveys, focus groups and interviews to identify and address influencing factors for health professional and family engagement with ESCALATION, SS3; co-design and test solutions for families of Aboriginal children to raise concerns about their child's condition in hospital, SS4; a multivariable model to determine optimal escalation of care thresholds and early warning score variables and parameters independently associated with clinical deterioration or sepsis for pre-hospital paediatric cohort and Emergency Department and in-hospital case-control groups

Expected outcome

The study will (a) provide a comprehensive understanding of fidelity, adaptions, and family engagement with ESCALATION (b) develop and test solutions to support optimal use of ESCALATION (c) identify predictive performance of ESCALATION for detecting clinical deterioration in children.

Conclusion

Measuring ESCALATION System performance, understanding and addressing factors influencing implementation will promote sustainability and optimisation of the System.

Walking the Talk: Engaging with Young People in Healthcare, September 14, 2023, 14:28 - 14:43

Ms Elizabeth Harnett[1], Ms Isabella Spongberg-Ross[1], Mr Anthony Brown[2]
[1]Association For The Wellbeing Of Children In Healthcare, Gladesville, Australia, [2]Health Consumers NSW, Sydney, Australia

Walking the Talk: Engaging with Young People in Healthcare

Aim

The Walking the Talk project is a collaboration between organisations and young people. Aims of the project were to engage a diverse group of young people to gain insight into their experiences with the healthcare system and health engagement, and to collaborate with young people to identify ideas and solutions to address issues emerging from their various experiences.

Method

We ran three workshops over three weeks with a group of 17 young people (aged 14-25). Workshops were run online, and were highly interactive and flexible to accommodate various communication styles, choices, and needs. Young people and facilitators collaborated to open and foster discussions around various aspects of their experiences within the healthcare system including consumer-provider relationships, system navigation, access, stigma, and so on.

Results

Through discussion of their lived experiences, young people expressed significant concerns about the healthcare system and the devaluation of their voices within it. A universal feeling among the group was the utmost importance of effectively, genuinely, and equally involving young people in their care. They also identified the crucial need to involve young people in the design and implementation of healthcare services, processes and policies.

Conclusions

The project exhibits the importance and effectiveness of collaboration and partnership between professionals and young people. It also exhibits the depth of concern and passion among young people regarding the healthcare system. Implications of this include the necessity to involve young people in policy, engagement, service design, implementation, and most importantly, in their own healthcare.

RADAR Paediatrics: Evaluating the learning., September 14, 2023, 14:46 - 15:01

Mrs Allira Riley[1], Isabelle Skinner
[1]Tasmanian Health Service North West, Burnie, Australia

RADAR Paediatrics: Evaluating the learning.

Aim

To evaluate the effectiveness of RADAR (Recognise Acute Deterioration and Respond) Paediatrics in providing nursing staff with the confidence, skill set, and knowledge base required for caring for acutely unwell paediatric patients. The RADAR paediatrics program was developed to address the identified gap of a formal education program being available for nursing staff to improve their knowledge and skill set when caring for acutely unwell paediatric patients

Method

Mixed method evaluation. Participant feedback and self-assessment of knowledge and skills pre and post workshop, auditing of the CEWT chart and escalation of care pathway, and Paediatric Code blue.

Results

The scale utilised for analysis has an internal consistency of Cronbach's Alpha of 0.96. It was found that a statistically significant difference existed pre and post for the course $p<0.01$, with overall more than 1 standard deviation increase. We were able to match pre and post samples of 21 participants and analyse the differences for each element of the course. Findings show that there is a statistically significant difference pre and post for each of the 8 elements of the course.

Conclusions

The RADAR Paediatric program has shown to make a significant contribution to a nurses' confidence, paediatric nursing knowledge and skill set required to care for deteriorating paediatric patients. All eight elements of the course statistically had a significant result difference between pre and post workshop knowledge and skill level. The greatest improvement shown to be in airway management and the ability to recognise and manage deterioration in the paediatric patient.

Community Health Nurse in Primary School Program, September 14, 2023, 14:46 - 15:01

Ms Elyce Jones[1], **Ms Selina Northover**[1]
[1]Latrobe Community Health Service, Churchill, Australia

Community Health Nurse in Primary School Program

Aim

The Community Health Nurse in Primary School Program (CHNiPS) is an innovative program that was co-designed with local primary schools. The program developed from a head lice outbreak in a local primary school, which identified the students at the school had other health care needs that were impacting their ability to learn. A pilot program commenced in 2017 in one primary school and has now increased to nine local schools.

Method

The Latrobe Valley is one of Victoria's most socially and economically disadvantaged areas. The CHNiPS program is based on the principles of early intervention and the social model of health. The CHNiPS nurses are place based in the schools and are part of the school wellbeing team, this allows for early identification of children with health concerns as well as a collaborative approach to assisting the children.

Results

In 2020 the program was evaluated by CEI global (Centre for Evidence and Implementation) which highlighted the benefits of the program and the recommendation for ongoing funding for the program. In 2022 Ernst and Young undertook a cost benefit analysis of the program that found qualitative benefits like improved education performance, improved health and wellbeing in the broader community, improved health literacy and engagement to name a few.

Conclusions

The CHNiPS nurses as part of the school community build relationships with students and their families, ensuring that children with complex health and social needs receive the support and treatment required to allow them to participate in school and improve health outcomes in the future.

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Do paediatric nurses document their physiological assessments of hospitalised children? A Retrospective Chart Review of inpatient observations, September 14, 2023, 15:04 - 15:19

Mr Connor Hawken[1], **Dr Laurel Mimmo**[1,2], Ms Lisa Sealey[1], **Professor Marilyn Cruickshank**[1,3]
[1]The Sydney Children's Hospitals Network, Sydney, Australia, [2]AIHI, Macquarie University, Sydney, Australia, [3]University of Technology, Sydney, Australia

Do paediatric nurses document their physiological assessments of hospitalised children? A Retrospective Chart Review of inpatient observations

Aim

To compare the completeness of vital sign and observations set documentation by nurses of inpatient children who have or have not had a deterioration event across two tertiary children's hospitals.

Method

A retrospective chart review of inpatient medical records across two tertiary children's hospitals in Australia in February 2020 was undertaken. Data extracted included the number and type of observations, and observation sets in 24-hour period compared to local policy requirements.

Results

We reviewed 449 individual medical records Of the 15,596 observations needed for these patients, 12,898 (82.7%) were complete. Heart rate, respiratory rate, oxygen saturation were the most frequently completed observations. Subgroup analysis was conducted in each age group; 0–3 months, 3–12 months, 1–4 years, 5–11 years, and 12–15 years. Infants aged 0-3 months had the highest frequency of observation completeness while adolescents aged 12-15 years had the lowest frequency, and were most likely to have a missed set of observations. One code blue and three unplanned transfers to intensive care were recorded across the sample.

An unexpected finding was the number of competing and conflicting policies that nurses were required to follow in the care of their paediatric patients.

Conclusions

Clinical deterioration events in hospitalised children that result in an admission to paediatric intensive care are uncommon. Adolescents aged between 12-15 years were most likely to have missed observation sets. Documentation of physiological assessments such as vital signs is inconsistent may be the result of conflicting policy directives.

Do paediatric nurses document their physiological assessments of hospitalised children? A Retrospective Chart Review of inpatient observations, September 14, 2023, 15:04 - 15:19

Mr Connor Hawken[1], **Dr Laurel Mimmo**[1,2], Ms Lisa Sealey[1], **Professor Marilyn Cruickshank**[1,3]
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COVID-19 restrictions and psychological well-being of fathers with infants admitted to NICU—an exploratory cross-sectional study, September 14, 2023, 15:04 - 15:19

Dr Esther Adama[1,2], Dr Koliouli Flora[3], Associate Prof Livio Provenzi[4], Prof Nancy Feeley[5], Prof Edwin Van Teijlingen[6], Ms Jillian Ireland[8], Dr Frances Thomson-Salo[7], Professor Minesh Khashu[8]
[1]Edith Cowan University, Joondalup, Australia, [2]Perth Children's Hospital, Nedlands, Australia, [3]University of Athens, Athens, Greece , [4]McGill University, Ingram School of Nursing, Quebec, Canada, [5]Bournemouth University, UK, [6]University Hospitals Dorset NHS Foundation Trust, Poole, UK, [7]Murdoch Chldren's Research Institute, Australia, [8]University Hospitals Dorset and Bournemouth University, Dorset, UK

COVID-19 restrictions and psychological well-being of fathers with infants admitted to NICU—an exploratory cross-sectional study

Aim

This study examined the effects of COVID-19 restrictions on the caregiving responsibilities and psychological well-being of fathers with infants admitted to neonatal units.

Methods

A cross-sectional study was conducted using modified versions of the Coronavirus Perinatal Experiences Impact Survey (COPE-IS) and Coronavirus Perinatal Experiences Impact Survey (COPE-IU) tools. Participants were recruited online through social media platforms and Neonatal Intensive Care Unit (NICU) parents' associations. Online surveys were distributed in English, French and Italian, and promoted via parent association websites and social media channels. Data was collected from 12 countries across Asia, Australia, Africa, and Europe and analysed using SPSS version 21.

Results

A total of 108 fathers of NICU infants completed the survey. COVID-19 restrictions were classified into three categories: no restrictions, partial restrictions and severe restrictions. Fathers who experienced partial restrictions reported higher levels of involvement in caregiving activities but also exhibited increased emotional difficulties and sleeping problems compared to those who experienced full or no restrictions.

Conclusion

Considering the psychological impact on fathers, it is recommended to minimize restrictions as much as possible in the neonatal unit. Fathers should be granted unrestricted access to their infants while adhering to appropriate infection control measures. This approach could promote the well-being of both fathers and infants in the neonatal care setting.

Helpful versus Harmful: The experiences of young Simulated Patients in health professions education, September 14, 2023, 15:50 - 16:05

Dr Andree Gamble[1], Professor Debra Nestel[1], Professor Margaret Bearman[2]
[1]Monash University, Clayton, Australia, [2]Deakin University, Melbourne, Australia

Helpful versus Harmful: The experiences of young Simulated Patients in health professions education

'Not about me without me' is a key philosophy in paediatric nursing. While involving children and young people as simulated patients (SPs) in education seems appropriate, this may not actually be the case.

Aims

This research explored the experience of children and young people who work as SPs. It particularly focused on the ethical imperative to safeguard their development and wellbeing in environments where this may not always be a simple undertaking.

Method

This research incorporated qualitative analysis of existing research in combination with phenomenological interviews with young people to explore their perceptions of being an SP in a variety of programs for undergraduate and postgraduate nursing, medical and allied health students.

Results

Young people are not routinely employed as SPs, however there is recent research that indicates an increased interest in their involvement given the current dearth of quality paediatric clinical experiences. Although young SPs can make a valuable contribution to education, and many value their SP experiences, significant harm can arise from a variety of sources: the environment, preparation and support during role portrayal, involvement in feedback delivery and debriefing. In addition, the expectations of the role, the focus of the scenario and the requirements during role portrayal must be explained in a developmentally appropriate manner and informed consent gained regardless of the SPs age.

Conclusion

Children and young people can be a valuable addition to simulation-based education. However, the need to safeguard their wellbeing must usurp all other considerations and potential adverse effects mitigated or removed before young people are exposed to SP roles.

Fostering the retention of a skilled paediatric clinical workforce through undergraduate and postgraduate nurse education, September 14, 2023, 15:50 - 16:05

Mrs Mandy El Ali[1], **Ms Geraldine Rebeiro**[1]
[1]Australian Catholic University, Fitzroy, Australia

Fostering the retention of a skilled paediatric clinical workforce through undergraduate and postgraduate nurse education

Aim

To support the recruitment and retention of a qualified paediatric nursing workforce through undergraduate and post graduate education opportunities and partnerships between industry and tertiary education providers.

Method

Since the COVID-19 pandemic, the nursing workforce has faced significant recruitment and retention challenges particularly in specialist settings (Mannix, 2021). ANMAC does not specifically require a standalone subject on caring for the paediatric patient in UG curriculum hence UG nursing students may not necessarily receive adequate theoretical and practical preparation even if offered a paediatric clinical placement experience (Gamble, 2017). The uptake of post graduate studies in paediatric nursing is dependent on attitudes of registered nurses towards postgraduate education for specialty practice (Ng et al., 2016). As the Bachelor of nursing degree is a generalist program that offers sporadic exposure to paediatric clinical nursing experience, the risk is a paediatric workforce that may be challenged by children's diverse physical, psychological and social presentation.

Results

Despite advocating for children to be cared for by paediatric specialist nurses, the commonwealth only funds a generalist RN degree (Mould, 2012). Focussed paediatric subjects are no longer offered in most contemporary nursing curriculum. Since generalist nurses have the required registration to work across diverse clinical spaces, there is no post graduate education requirement to work with children.

However, the challenges of working in paediatric and family health settings do not become apparent until graduate nurses begin employment in paediatric clinical settings (El Ali, 2006).

Conclusions

Recruitment and retention of a qualified and prepared paediatric nursing workforce is best supported in undergraduate and postgraduate nurse education through partnerships between industry and tertiary education providers.

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Child and Adolescent Virtual Urgent Care Service (CAVUCS), September 14, 2023, 16:08 - 16:23

Ms Angela Black[1]
[1]Women's And Children's Hospital, Adelaide, Australia

CHILD AND ADOLESCENT VIRTUAL URGENT CARE SERVICE (CAVUCS)

Aim
To provide virtual urgent care to the consumer in the comfort of their own home and prevent or reduce presentations to Paediatric Emergency Department. To provide safe clinical health pathways for consumers.

Method
Providing consumer centred model of care.

Results
The CAVUCS pilot commenced on August 30, 2021. Initially one shift per day progressing to two shifts per day for both Medical and Nursing staff. Since inception of CAVUCS has consulted 22,225 patients. Diverted over 19,580 to alternative services, and 17,600 presentations from Emergency Departments. CEIH state-wide data demonstrates avoidance of over 16,000 low acuity paediatric presentations to Emergency Departments in 2022.

Partnerships with South Australian Ambulance Service have been fostered, facilitating the transfer of care. Since this branch has been implemented 90% of these ambulance referrals have resolved and enabled consumers to stay at home, freeing the ambulance team to attend other emergency cases. A total of 900 SAAS crews have avoided patient transportation.

Approximately 10 % of CAVUCS presentations may be referred to Emergency Department.

Approximately 32% of CAVUCS presentations being from outside metropolitan area of Adelaide.

Conclusions
The Child and Adolescent Virtual Urgent Care Service has now experienced exponential growth. Developing a 9 am – 9.30 pm service. Overall increasing equity in the community by providing consumers in metropolitan and non-metropolitan areas the ability to access urgent care virtually instead of leaving their home or community.
The CAVUCS team has been humbled and proud to receive many awards at National and State level.

“Working with babies brings me a lot of joy – also brings me routine, money and stability” Keeping paediatric nurses in nursing: survey results from a tertiary paediatric health service., September 14, 2023, 16:08 - 16:23

Professor Marilyn Cruickshank[1,2], Dr Laurel Mimmo[1,3]
[1]SCHN, Randwick, Australia, [2]University of Technology Sydney, Ultimo, Australia, [3]Macquarie University, North Ryde, Australia

“Working with babies brings me a lot of joy – also brings me routine, money and stability” Keeping paediatric nurses in nursing: survey results from a tertiary paediatric health service.

Aim

Since the COVID-19 pandemic, the need for skilled nurses has increased dramatically. Retaining nurses in the profession is an urgent priority globally. Little is known of the specific and current issues facing the paediatric nursing workforce in Australia. This study explored the needs of paediatric nurses regarding their motivation to continue in paediatric nursing.

Method

A cross-sectional survey of nurses working across an Australian paediatric health service was undertaken in 2023 using REDCap. The survey incorporated qualitative and quantitative elements to capture years as a nurse, current role, positive and challenging aspects of current role, using a validated instrument to measure exhaustion and fatigue, and questions used in a recent national survey of Australian nurses.

Results

Over 217 nurses completed the questionnaire. Findings show paediatric nurses value working with their colleagues (31%) caring for children and their families (24%), and the paediatric environment (24%). Financial security (15%) and professional opportunities (6%) were also important. Challenges include skill mix, staffing ratios, taking breaks, and taking periods of leave. Levels of reported exhaustion and fatigue within this speciality group are consistent with recent surveys undertaken by Australian nurses.

Conclusions

Nurses caring for children in a tertiary paediatric setting enjoy their specialised roles, and while they do experience workforce challenges, they find teamwork, professional opportunities, support of managers, flexibility, and stability of work as incentives to remain. Innovative strategies to better manage breaks, adequate staffing and skill mix, and ensuring leave relief may assist to increase paediatric nurse retention in the future.

Delayed Autism Spectrum Disorder Diagnose and treatment plans can be aided by a Paediatric NP initiated care. NP roles in diagnosis presented in this presentation illustrates the impact of delays on children and families and the interventions provided by Paediatric NP, September 15, 2023, 11:15 - 11:30

Mrs Alicia Bell[1], Associate Professor Yvonne Parry[1], Dr Sarah Hunter[2]
[1]College of Nursing and Health Sciences, Flinders University, Adelaide, Australia, [2]Caring Futures Institute, Flinders University, Adelaide, Australia

Delayed Autism Spectrum Disorder diagnosis by Peadtiric NP and the impact on children and families.

Aim

Autism Spectrum Disorder (ASD) is a life-long condition that broadly affects language and communication development in children worldwide. There is a significant gap in care delivery, particularly for vulnerable children, when considering the impact of delay in identification and diagnosis of the condition. The aim of this review was to identify current clinical processes and highlight gaps in the literature to support the direction of future research. Along with identifying the important role of NP in assisting diagnosis and access to support services.

Method

Inclusion criteria for the scoping review included Autism Spectrum Disorder or developmental delay, children under 18 years of age, qualitative and quantitative research and literature analysis. The data from the literature and research involving adult participants, drug trials and articles published in languages other than English were excluded. All relevant articles were analysed using the PCC form of the PICO method.

Results

Of the 36 articles, 27 Cochrane reviews, 8 Cochrane protocols, 2603 trials and 7 Google Scholar articles: only 23 articles were used in this scoping review. The themes arising from synthesis included: Diagnosis delays, screening tools and treatment measures, other interventions and the impact of low SES on ASD children.

Conclusion

The impact of early identification, intervention and treatment is pivotal to supporting children with ASD. In Australia a small number of health professionals can diagnose and support children with ASD. The use of Nurse Practitioners would facilitate better care for children with ASD.

Experiences of health care professionals in intensive care when families participate in clinician handovers: a qualitative systematic review, September 15, 2023, 11:15 - 11:30

Dr Andree Gamble[1], Ms Ruofei Chen[1], Professor Ruth Endacott[1], Dr Pauline Wong[1]
[1]Monash University, Clayton, Australia

Experiences of health care professionals in intensive care when families participate in clinician handovers: a qualitative systematic review

Involving families in care of the critically ill patient is essential to patient-and family-centred care and to quality health outcomes. One strategy to achieve this is to involve families in clinician handovers. However, healthcare professionals' attitudes toward family participation in clinician handovers are diverse, and we do not fully understand the barriers, enablers and outcomes for the patient, families and healthcare professionals.

Aim

To evaluate healthcare professionals' experiences when families participate in clinician handovers in intensive care.

Methods

A comprehensive search of key databases along with grey literature was undertaken with limiters including language and date of publication. Two independent reviewers screened titles and abstracts for methodological quality using the JBI data extraction tool. Disagreements were resolved by a third reviewer. Meta-aggregation was then used to synthesise the findings.

Results

A total of ten studies published between 2003-2021 were included. Although most studies focused on adult ICU (7), three studies specifically discussed handovers in paediatric or neonatal ICU settings. When families participated in clinician handovers, healthcare professionals experienced barriers and enablers to communication. Barriers included restrained discussions that limited frank discussions, information-sharing, and education between healthcare professionals; while communication for clinicians was enabled when they engaged families to provide 'expert advice' about the patient.

Conclusions

While healthcare professionals generally support family participation in clinician handovers, strategies to overcome communication barriers need to be considered. The next phase of this research focuses on consumer involvement designing strategies for including families in paediatric / neonatal ICU handovers and indeed, via telehealth should visitation to ICU settings again be restricted.

Needle phobic patients- Lessons learned from the Covid-19 vaccine roll out, September 15, 2023, 11:33 - 11:48

Ms Lynne Addlem[1]
[1]The Royal Children's Hospital, Melbourne, Australia

Needle phobic patients: Lessons learned from the COVID-19 vaccine roll out.

Aim

During the roll out of the COVID-19 vaccine in 2021/2022, many services experienced increased demand from needle phobic and neurodevelopmentally disabled patients who required additional time and resources to facilitate the vaccination process. At the beginning of 2021 our tertiary immunisation service was the only specialised sedation service in Victoria for the purpose of vaccine administration and demand increased significantly when covid-19 vaccines were mandated for >12-year-olds.

Method

To facilitate timely and successful appointments for sedation, our service addressed our current method of referral triage as well as increasing appointment availability in three settings, the immunisation centre (IC), nurse led clinic (NLC) and day medical unit (DMU). Families were contacted to create a medical profile and explore options for their child. Many neurodevelopmentally disabled children required a multidisciplinary approach with internal referrals placed for disability liaison, comfort kids, child life therapy and code grey teams to help facilitate the admission.

Results

The initial vaccine roll out period 30/6/2021-30/6/2022, saw demand for sedation appointments increase threefold. 315 patients were sedated with nitrous oxide in the IC and NLC, a further 189 sedated on the DMU with midazolam and nitrous. For the more challenging patients a polypharmacy approach was used involving at home pre-medication to ensure the safety of all involved.

Conclusions

There were many logistical challenges faced during the Covid-19 vaccine roll out, one being the needle phobic cohort. Alterations to our triage and booking processes, allowed for patients to be admitted and vaccinated in a timely and safe environment.

Voices of families and children living in temporary accommodation during the COVID-19 pandemic: Comparisons of the Australian and UK experiences, September 15, 2023, 11:33 - 11:48

Associate Professor Yvonne Parry[1], Dr Matthew Ankers[1], Associate Professor Nadia Svirydzenk[4], Dr Nina Sivertsen[1], Prof Eileen Willis[3], Dr Rosemary Roberts[5], Prof Monica Lakhanpaul[2]
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Voices of families and children living in temporary accommodation during the COVID-19 pandemic: Comparisons of the Australian and UK experiences.

Aim

To compare the experiences of children and families living in Temporary Accommodation (TA) during the COVID-19 pandemic, in the UK and Australia.

Methods

In the UK study, a qualitative longitudinal approach, was utilised with members of the same cohort, at two different time points. Initially, 11 children aged 10-18 years, and one mother were interviewed regarding their experiences of living in TA during the pandemic in mid 2021; then follow up interviews with 4 members of the original cohort were conducted in late 2021. In the Australian study, 5 mothers and their children, living in TA during the COVID-19 pandemic, were interviewed regarding their experiences of these events, in late 2020.

Results

A combination of inappropriate TA and lockdowns in the UK study, resulted in repetitive routine within the same limited physical space, which made children feel like they were no longer 'normal kids'. Similarly, children in the Australian study noted being confused when they were no longer able to attend their normal social institutions. Australian First Nations participants discussed how lockdowns and travel restrictions impacted their ability to engage in cultural/community obligations. Interestingly, in both studies participants noted how charities, community groups, and even neighbours stepped up during lockdowns to help them source food, access welfare services, and/or to find accommodation.

Conclusion

The impact of TA and COVID-19 lockdowns on people's well-being was considerable. On children it is even more profound. However, charities, community groups and neighbours helped prevent people's circumstances from further deteriorating. Some services failed some children.

Parents’ awareness of antimicrobial resistance: a qualitative study utilising the Health Belief Model in Perth, Western Australia, September 15, 2023, 11:51 - 12:06

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Parents’ awareness of antimicrobial resistance: a qualitative study utilising the Health Belief Model in Perth, Western Australia

Aim

This study aimed to determine local factors that promote or prevent parents’ responsible use of antibiotics for their children in Perth, Western Australia.

Method

The Health Belief Model was used to guide this study. Four focus group discussions were conducted, with 26 participants. Participants were recruited purposively through a parent group organisation. The Framework Method was utilised to analyse the data.

Result

Participants agreed that antimicrobial resistance (AMR) is a serious health problem. However, participants admitted that they lacked awareness of AMR, inhibiting their ability to assess the risks of developing AMR infections among their children. Participants knew the indications and risks of antibiotic use but still viewed antibiotics as a time-saving solution that minimised disruption to their routine. Participants’ previous experiences in managing their children's illness increased their confidence and linked their positive and negative experiences with their general practitioners in their judicious use of antibiotics.

Conclusion

While parents demonstrated awareness of the indications of antibiotics, they continue to lack AMR awareness and overvalue antibiotics.

Why are we waiting: The wait times for children 0 to 5 with an identified health and/or developmental need, the screening of 800+ children., September 15, 2023, 11:51 - 12:06

Associate Professor Yvonne Parry[1], Dr Nina Sivertsen[1], Prof Eileen Willis[2], Mrs Alicia Bell[1], Dr Matthew Ankers[1], Mrs Aleisha Banks[3], Nurse Practitioner Catherine Keil[3], Dr Elizabeth Goble[1]
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Why are we waiting: The wait times for children 0 to 5 with an identified health and/or developmental need, the screening of 800+ children.

Aim

To develop a universal, and sustainable Nurse led practice, to deliver a model of care for children 0-5 years that maps the timeliness of the referral pathways required.

Method

This research reports on the referral pathways and the referral waiting times for children with an RN and NP assessed need for health and/or developmental interventions using mixed methods data within a practice change research project. Comprehensive referral mapping of the health and developmental services required by the children with previously unidentified conditions provides an insight into the waiting times for services and the availability and access to developmental interventions.

Results

The study drew on data from 14 sites across urban, rural and remote South Australia and there were 800+ children screened. Of these 32% required a referral to another service. These included Health such as GP (42), Paediatrician (74), developmental specialist such as KUDOS, CDU, and Speech Pathology. The numbers of sites visited, children screened, referral needs identified and referrals provided represents a substantial number of children waiting for services. The waiting time for referral provision by the service was up to 18 months in some areas.

Conclusion

Children have developmental windows of opportunity for growth and development. Timely referral provision is imperative for families to meet children's needs. These are not being met by services. Almost half of the children screened required some form of support and 1/3 required referrals.

It's only childhood constipation. Isn't it?..., September 15, 2023, 12:09 - 12:24

Mrs Davina Houghton[1], Associate Professor Diana Arabiat[2], Dr Deborah Ireson[3], Professor Evalotte Morelius[4]
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It's only childhood constipation. Isn't it?...

This question is often the response I get when I tell interested people about my PhD research project entitled *"Contemporary Idiopathic Childhood Constipation Health Education within the Primary Health Care Setting and its Utilisation by Families living in Perth, Western Australia: A Mixed Methods Study"*. Idiopathic childhood constipation has no underlying medical cause and is a common childhood condition that affects almost one third of all children.

While its causes are widely-known and well-documented in the evidence-base, many people are unaware of the facts, myths, and more importantly, the adverse impacts that this common condition has on the lives of the child and family, on society, and on the economy of both national and international health services.

This talk will clearly outline these three aspects of childhood constipation to raise awareness of, and to bring this common childhood condition into the evidence-based arena. It is hoped that this talk will increase the potential to promote ongoing discussion and that this research project will ultimately improve the health education provided to families within primary care.

Can healthcare be family-centred - a critical exploration, September 15, 2023, 12:09 - 12:24

Ms Claire Cox[1], Professor Carol Windsor, Assoc. Professor Amanda Fox, Dr Robyn Penny
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Can healthcare be family centred – A critical exploration

Aim

This research explored the concept of family-centred care (FCC) from the perspective of parents of children with complex healthcare needs, nurses, and hospital managers. State, national and international policies were also analysed to identify institutionalised FCC discourse.

Method

The institutional sociological approach of Dorothy Smith was adopted to explore social processes and social and power relations in the research context. Purposeful sampling was undertaken to recruit participants from two outer metropolitan hospitals with paediatric units. Semi-structured interviews were conducted with six families (primarily women/mothers), seven nurses and eight hospital managers. Relevant and key local, national and international healthcare policy documents were subject to textually mediated analysis.

Results

The key concepts of the good citizen, motherwork and partnership-in-care depicted the positioning of women as mothers/carers in hospital institutions. The positioning of women in the research context brought into focus covert tensions between organisational processes and the dominant discourse of FCC.

Conclusions

The concepts of FCC and centred care more generally, are embedded within contemporary healthcare approaches. The research findings pose as problematic the dominant discourse around these concepts. As a product of a dominant neo-liberal ideology FCC reinforces individual responsibility, risk mitigation and moral decision-making. Indeed, centred care in all its forms is produced and reproduced in ways that obscure the unequal power relations that exist in healthcare systems. The research findings justify a more critical approach to FCC discourse as the guiding framework for care of families in the hospital system.