

2019 Australasian Neuroscience Nurses' Association Annual Conference Abstracts

On behalf of the Executive of the Australasian Neuroscience Nurses' Association (ANNA) it was my pleasure to welcome the delegates, presenters and sponsors to the 2019 ANNA Annual Conference at the Intercontinental Hotel, Wellington New Zealand.

The Annual Conference provides an opportunity to promote the exchange of scientific ideas and knowledge, and to strengthen relationships with colleagues and this year the quality of the presentations were again outstanding. This year saw the inaugural awarding of the Sharryn Byers Prize for the best original nursing research presentation presented at the ANNA scientific program. As well as some incredibly inspiring guest speakers.

We would like to extend our sincere appreciation to our sponsors for their support of the conference. Also thanking our local hosts for ensuring we were prepared with our earthquake drill. Luckily for us the only shaking we felt was the dance floor at the dinner where many a delegate danced the night away.

We hope you enjoyed the 2019 Annual Conference and look forward to seeing you in Melbourne 2020, then in 2021 we will be heading north to Darwin for the WFNN Congress.

With kind regards

Linda Nichols and Leigh McCarthy
Australasian Neuroscience Nurses' Association

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The extinction of encephaloceles – a first world problem

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Neural tube defects (NTDs), including Spina Bifida and Encephaloceles have been linked to many causative factors one of which being the deficiency of maternal folic acid levels during conception and foetal growth (1). With the fortification of folic acid into Australian commercial bread in 2007 there has been a 14% - 74% decrease in recorded NTDs in children (2), leading to encephaloceles becoming a rare sight in Australian Paediatric or Neurosurgical units (particularly in isolation to any underlying congenital disorder). The precedence of adding folate to commercial breads and cereal products to reduce the occurrence of NTDs was most famously and successfully promoted in the United States commencing in 1992 and showed a 28% reduction in births affected by a NTD (3). These statistics are hugely significant, but what about low median income countries, particularly in developing nations, where mothers are not consistently consuming commercial food products and health promotion

is limited? Cross to the other side of the world, to a small port in a West African Country most people would not have heard of. Here there is a non government, not for profit hospital ship providing free surgeries and care to those who have not felt the effect of these dramatic reductions in preventable medical conditions. Here, mothers, fathers and grandparents travel days or even weeks with children affected by encephaloceles at birth, to visit this 'nomadic' hospital with the hope of having their lives changed and the length of their children's lives significantly extended. Their stories are those of love, commitment and tragic circumstance where a combination of poor health promotion/ disease prevention, suboptimal nutrition and lack of access to acute healthcare mean most if not all of these children would not otherwise make it past 1 year of age. As a clinician with a passion for and specialisation in Neurosurgery, it is almost impossible to find a non government (NGO) or not for profit (NFP) organisation servicing those in developing countries in which your skills can be utilised to their full potential. This floating hospital ship in a small port of a West African Country most people would not have heard of is the exception.

Implementation of a telehealth follow-up clinic improves access to stroke specialists for people living in regional NSW

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Background: Accessing stroke specialists is challenging for people living in regional areas. Telehealth has enabled access to acute stroke thrombolysis, however outpatient follow-up appointments still require travel to metropolitan-based neurologist clinics or care is provided by local General Practitioners.

Aim: To improve access to follow-up appointments with stroke specialists for outpatients living in the Lower Mid North Coast, NSW.

Methods: Telehealth appointments are scheduled into existing stroke neurology clinics. Outpatients ($\pm$ carer) attend the stroke nurse-led clinic at Manning Hospital (regional) and link via videoconference to the neurologist at John Hunter Hospital (JHH-tertiary referral hospital). Joint consultations provide assessment and ongoing management. Data including attendance outcomes, travel and telehealth acceptability has been collected. Descriptive analyses are presented.

Results: Since commencing in December 2018, 13 people [male: 46%, mean age: 69 (12) years] have attended 15 telehealth appointments (2 patients have had 2 appointments each). Nine people had a stroke. Four people initially diagnosed as TIA had a change in diagnosis (seizures=2, pre-syncope=1, non-specific=1) and 11/13 people had medication changes. For 10/15 appointments, a carer attended, and a friend drove a patient for 2 appointments. The mean return travel distance for outpatients to each hospital was Manning=46(42) km, and JHH=323(36) km. If attending JHH, the outpatient ($\pm$ carer) would have travelled an additional 4-5 travel hours for a 20-30min appointment, equating to an extra 4153km at \$277/visit (current Australian Tax Office rate:

68c/km). Telehealth audio and visual quality has been excellent for all appointments. Outpatients have reported the service is "fantastic", "very convenient" and "worthwhile".

Discussion: Using telehealth, the stroke nurse and neurologist now provide access to specialist follow-up appointments for regional people in the Lower Mid North Coast, NSW.

Bstreetsmart road safety forum

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Bstreetsmart is the inspiring initiative of the Trauma Service at Westmead Hospital. Westmead's Trauma Service is constantly reminded through their hands on work that young people aged between 15–30 are disproportionately represented in road trauma. As a result they have a strong commitment to Road Safety Education. The purpose of bstreetsmart is to reduce the fatality and injury rates of young people by promoting safe behaviour as drivers, riders and passengers. Attendance at the bstreetsmart event grows every year which means more students and teachers are experiencing and learning about the impact of dangerous/distracted driving and the consequences for those directly and indirectly involved in a crash. Going into its 15th year, the bstreetsmart forum is Australia's largest educational event on road safety with over 185,000 year 10, 11 and 12 students having participated from 435 schools. bstreetsmart continues to grow with 22,000 students attending in 2018 from government and non-government schools across NSW and the ACT. To date (April) 23,000 students are booked for 2019. The feedback continues to be positive with students, teachers and parents reporting they have come away feeling more aware of the consequences of taking risks on our roads and are more likely to modify their driving behaviour. bstreetsmart provides students with first hand experiences and:

- An understanding of their responsibilities as a driver and as a responsible passenger
- Information and strategies to avoid serious injuries and death
- Information on how to reduce risk taking behaviour through greater awareness of the consequences of distracted driving, inattention, speeding, drink and drug driving and driver fatigue.

This successful initiative receives support from the NSW government and our generous partners to ensure bstreetsmart can continue to be offered to all schools, as they recognize the important role it plays in the community.

The impact of AIRO on neurosurgical nursing and patient outcomes

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In January 2018, at the request of our Neurosurgeons, St Vincent's Private Hospital Melbourne invested in the purchase of AIRO; a mobile intra-operative CT system allowing on-table navigation and CT imaging. Such imaging enables the surgeon to gain a real time CT image of the patient, allowing greater accuracy when visualizing the field of surgery (for example pedicle screws in lumbar surgery). AIRO was considered to be ideal for cranial and spinal procedures with expected improvements in patient outcomes through seamless integration and accurate navigation of neurosurgical implants. This would in turn lead to a decrease in operative time, reduced reoperation rates, improved theatre utilization figures and potentially the recruitment of new neurosurgeons to the hospital. The impact of the AIRO for the operating suite was well recognized with all the focus on the theatre staff education and the work practices. However there was no consideration how this would have a positive impact on the nursing care and patient outcomes on the neurosurgical ward. The aim of this study is to compare data and to investigate the benefits of the intraoperative CT on patients' recovery from a nursing perspective.

Constructing the meaning of personhood for people with traumatic brain injury

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DOI: 10.21307/ajon-2017-019e

A recent integrative review suggested that for people with a Traumatic Brain Injury (TBI), their sense of personhood can be eroded by their experience of injury as well as their experience of hospital care. To understand this issue, and to better meet the needs of people with TBI it is necessary to have clarity about the meaning of personhood for people receiving illness and injury management. The discussion will draw from contemporary literature sources to provide a practical understanding of personhood that might inform the application of this concept for TBI care and research. People with TBI present as a rather complex cohort for neuroscience nurses. They are a diverse group of people, many are young, some may be caring for others or raising a family, many have significant work

and financial obligations. Due to this complexity, I argue that the concept of supporting "personhood" in TBI care has broad considerations and requires comprehensive exploration. Early findings from the literature suggest that themes of social dignity, respect for relational autonomy and lived relationships are important. Using an integrative review methodology (Whittemore & Knafl, 2005), diverse literature sources including scholarly and grey literature will be examined in a process of data reduction, display, and comparison. This critical synthesis will assist construction of a practical meaning of the concept of personhood in illness and injury contexts. This may provide a stronger foundation for care for people affected by TBI in a way that constructs and protects personhood.

Cortrak for the insertion of nasogastric tubes amongst neuroscience patients – how effective is it?

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Nasogastric tube feeding is common amongst neuroscience patients and are placed blindly at the bedside. However the procedure for inserting feeding tubes has remained time consuming and misplacement or complications can occur. Methods for checking nasogastric tubes have evolved over time but complications remain. The Cortrak 2 insertion system uses an electromagnetic approach to avoid the complications of blind tube insertion. A trial was commenced to determine whether the Cortrak 2 is accurate for nasogastric tube placement and whether this prevents the use of x-ray. The trial also examined whether the Corgrip bridle system would prevent the need for reinsertion of nasogastric tubes and the need for a one on one watch to prevent removal. Superusers were trained to insert the Cortrak nasogastric tubes and the Corgrip bridles. The trial demonstrated favourable results and these will be presented.



Why was it so hard to implement practice changes for management of stroke in ED? Results of a process evaluation from the T3 trial

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Background: Rapidly commencing evidence-based care for acute stroke in the emergency department (ED) improves outcomes. The T3 Trial, a nurse-initiated, multidisciplinary intervention was implemented in 26 Australian EDs to improve stroke care. Despite a robust process for identifying barriers and behaviour change strategies and an evidence-based implementation strategy, there were no significant improvements in 90-day patient outcomes or nursing processes of emergency care.

Aims: To identify organisational and clinician-level factors that influenced uptake of the T3 clinical protocols.

Method: Qualitative face-to-face semi-structured interviews based on the TDF were conducted with a purposive sample of 25 ED and stroke clinicians (n=21 nurses, n=4 doctors) at intervention sites who were involved in implementation, and with 3 site coordinators responsible for supporting clinical champions at each intervention site. Data were thematically analysed and checked by two researchers.

Results: ED staff reported that the protocols were difficult to implement within the complex

ED setting. Professional boundaries, medical staff rotation, staff turn-over and beliefs about the evidence for thrombolysis, fever and glycaemia monitoring, mitigated against practice change. Nurse clinical champions responsible for driving change felt that their influence in facilitating practice change was limited because of these factors.

Conclusion: System and workplace factors that fell outside the control of the clinical teams and the site clinical champions influenced the ability to change practice in EDs. Alternative models of improving ED care for patients presenting to hospital with stroke need to be investigated.

Continence Assessment and Management Plan (I-SCAMP) Scampering across Northern NSW –the study protocol.

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Background: Urinary incontinence is common after stroke and has negative effects for patients, carers and health systems. In recent Stroke Foundation national audits, up to 41% of inpatients after stroke had urinary incontinence, but only half of these people had a continence management plan created or implemented. Clinical guidelines provide evi-

dence-based recommendations for urinary continence assessment and management. However, translating these recommendations into routine clinical practice can be challenging.

Aim: To determine if broader implementation (ie multiple Health Districts, across phases of care) of our previously-piloted multidisciplinary Structured urinary Continence Assessment and Management Plan (SCAMP) interventions (including clinically-applicable tools, processes and education; audit and feedback) improves inpatient post-stroke urinary incontinence assessment, diagnosis and management.

Methods: We are conducting a before- and after-implementation study at six acute stroke/ medical units, two comprehensive stroke and five rehabilitation services in three New South Wales Local Health Districts.

Our primary outcome is the change in the proportion of incontinent patients who have a continence management plan. Secondary outcomes include the change in the proportion of patients who have a urinary continence assessment, a documented urinary incontinence diagnosis and receive continence education. We will also determine the intervention effect on clinician knowledge, skills and confidence, and potential cost-effectiveness (hospital perspective).

Data will be collected for 3 months before and after the 7-month implementation period using medical record audits, clinician questionnaires and site-specific teams identifying local barriers and enablers to continence management. Sustainability will be evaluated 16 months after implementation commences.

Results: Ethics is approved. Before-implementation data collection commenced February 2019. The project will be completed by July 2020.

Discussion: Our SCAMP interventions have the potential to operationalise high-level concepts outlined in the Australian stroke guidelines into effective evidence-based, best practice clinical care across hospitals and phases of care. If successful, SCAMP can be readily-adopted nationally.

How I changed my practice: an end-of-life journey of a patient with a severe stroke

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DOI: 10.21307/ajon-2017-019i

Severe stroke is a life-threatening condition often resulting in early death due to a rapid increase of intracranial pressure from ischaemic brain oedema or haemorrhage. At several points critical decisions have to be made regarding ongoing treatment. Studies have shown that surgical intervention may benefit patients 60 years of age or younger. For patients older than 60 the focus shifts more to end-of-life care. We present the case of a patient with severe stroke on the background of advanced dementia. Mrs TN, a 93-year-old lady of Vietnamese descent, presented to our hospital with dense left sided hemiplegia and aphasia with unknown time onset. Her brain Computed Tomography (CT) and CT Angiography (CTA) showed an established right middle cerebral artery (MCA) infarct and a correlating right M1 occlusion. This was explained to the family and a decision was made for end-of-life care. Palliative care team review was sought at an early stage of the patient hospital admission. The case presentation will focus on the complexities of Mrs TN's journey and, in particular, the difficulties regarding evidence-based medicine versus individual patient care needs when it comes to palliative care nasogastric feeding. The experience of Mrs TN's case changed my practice since it taught me the importance of understanding the patient's previous life experiences and cultural background in palliative nursing care planning. In addition, it highlighted to me the significance of involving the palliative care team (early on) in the care of patients with severe stroke for whom withdrawal of life-sustaining treatment is considered.

Direct admission and transfer for treatment of Aneurysmal Subarachnoid Haemorrhage – effects on time to treatment and intervention

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DOI: 10.21307/ajon-2017-019j

Background and aim: Little known about the time to treatment or patient pathways from onset of symptoms of aSAH to intervention following an aSAH. This lack of knowledge may be contributing to less than optimal care for people with aSAH.

Methods: A statewide retrospective cohort study of confirmed or probable aSAH was undertaken within Tasmania (population ~500,000), Australia from 2010-2014. Data

were collected from administrative records, medical records and the death registry. We calculated the median (IQR) times from symptom onset to intervention and the proportion of time spent pre-hospital, before diagnosis and to intervention for directly admissions and transfers to the neurosurgical centre.

Results: From a cohort of 205 aSAH admissions, n=175 (85.4%) received endovascular or neurosurgical treatment and n=101 (81.5%) of the 124 regional admissions were transferred. The median (IQR) time to treatment was 17.17 (IQR 7.82, 24.47) hours for direct admissions and 24.52 (IQR 18.40, 40.29) hours for transfers ($p<0.05$). Pre-hospital time was similar for direct admissions and transfers while transfers spent 28% of their time being transferred.

Conclusion: The time to intervention was negatively influenced by inter-hospital transfers, which are necessary in a large proportion of people with aSAH due to their need for specialized treatment and management. Efforts to improve workflow in aSAH, including through regional clinical pathways, should be explored.

Amantadine – the new wonder drug that awakens patients from a persistent vegetative state

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DOI: 10.21307/ajon-2017-019k

We will report the case study of a patient who had a sub arachnoid (SAH). He remained in a persistent vegetative state for many months unable to participate in therapy and was on the verge of nursing home placement. The introduction of the drug Amantadine showed a stunning awakening in this patient. The patient started talking, eating and participating in therapy within days and was able to be transferred to a rehabilitation facility within weeks. We are now introducing Amantadine to all patients in a persistent vegetative state from a wide variety of conditions and seeing great improvements in their wakefulness. Amantadine is a Parkinson drug known to increase indirectly dopamine synthesis and dopamine release in the striatum. This report will outline the indications for Amantadine, the doses and possible side effects of the medications, including sudden cessation of the drug which can lead to a sudden decrease in the patient's level of consciousness. Amantadine has successfully been fully evaluated for use as a neuro stimulant in traumatic brain injury and is regularly used in

brain injury units. However, it is an unknown drug in the acute care setting and an unknown drug for patients after a SAH and other neurological conditions. More trials are needed to investigate the use of Amantadine in the acute care setting.

Let's reflect on a fall!

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DOI: 10.21307/ajon-2017-019l

Introduction: Falls contribute to 40% of injuries in acute care and despite the use of multiple prevention strategies continue to be a major challenge in hospitals. Evidence suggests that many health professionals fail to reflect on their practice which can contribute to errors. There is paucity of research around utilising a reflective model to prevent falls. This projects aims to investigate whether reflection by staff and patients post-fall has an influence on falls reduction in the acute care setting.

Method: This action research study uses a Plan-Do-Study-Act model (Carr and Kemmis, 2003). The aim is to minimise falls by involving staff and patients in critical reflection of what has occurred, developing ideas about how things could be safer, implementing a number of potential solutions and evaluating them to see what works in reducing falls. A reflection template is completed by staff and patient stories are collected after a fall or near-miss fall. The reflection includes questions about how the incident could have been prevented and ideas staff or patients have to reduce future incidents. The data from the reflections is themed and fed-back to the staff in focus groups. Action(s) are then developed, implemented and evaluated. This cycle is repeated. This research is conducted on three wards in an acute hospital.

Results: Cycle one results of the action research project included the following themes - predisposition for falls, impact of the fall and potential solutions. These themes will be presented and discussed incorporating any influence on practice change and the decrease in falls rates.

Conclusion: This research is aimed at culture change for which an action-orientated approach is used and through staff engagement, they are able to find solutions to help change their own practice and improve falls rates on their wards.

Cognitive Function Training – Brain fitness in neuroscience**Hollie Heaton, Elizabeth Marshall***Macquarie University Hospital, NSW, Australia*

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With the continuous development of neurosurgery, the focus of surgery is not limited to resect lesions and treat diseases, but more of protect the nerve anatomy and the "traditional" brain function area. The continuous development and application of new technologies and the continued understanding of the functional divisions of the cortex will help people identify more clearly the relevant mechanisms of brain processing for cognitive processes. The available evidence suggests that the brain is a flexible organ that can regenerate, that, regardless of age, can maintain or even improve its current performance levels, through brain fitness. The term brain fitness has become more widely known, due to more scientists have realized that how important it is to maintain our brains and our bodies in good shape. This terminology is still controversial where some people believe that a well-designed intellectual brain fitness program can improve cognitive ability and improve the quality of lives; while the other side believes that this improvement is only short-term and cannot be passed on to other cognitive areas. Following this, we want to hypothesise that the cognitive functions can also be re-trained and exercised following traumatic brain injury or brain operation. Current brain fitness programs may be able to optimize the patient outcome through the early rehabilitation. This article will review the current literature around cognitive function training and various brain fitness programs that currently exist. These programs will be critically analysed to assess if such programs can be recommended for, and implemented in, to a neurosurgical setting, as a result to promote better recovery following brain injuries and operations.

Epilepsy surgery: a paediatric perspective**Lauren Bollard***The Children's Hospital at Westmead, NSW, Australia*

DOI: 10.21307/ajon-2017-019n

More than 250,000 people in Australia live with Epilepsy and more than 40% of those are children. Medication is a first line, effective treatment however, not all patients have the desired outcome for seizure reduction or cessation. In fact, 1 in 3 do not gain full seizure control with medication alone. Epilepsy

surgery, while not a new concept of treatment for seizure management, has gained significant traction in the past decade and has become a particular focus of the Neurology Department at The Children's Hospital, Westmead. This is evident by the expansion of the Neuroscience ward for the precise purpose of surgical intervention for the treatment of Epilepsy and other seizure conditions. The paediatric patient journey to surgery is a complex and intricate one. It involves a collaborative approach of the multidisciplinary teams from diagnosis and beyond, whilst maintaining a high standard of holistic, family centred care. This presentation aims to discuss this journey and the impact it has on the patients, families and the nurses involved.

Mentorship in neuroscience nursing**Catherine Hardman***Westmead Hospital, NSW, Australia*

DOI: 10.21307/ajon-2017-019o

Mentorship is a relationship of reciprocal and collaborative learning which is formed between two individuals with common goals and shared accountability for the success of that relationship (Hnaituk, 2012). Mentoring can occur as a formal or informal process. In nursing, mentorship can also occur in a variety of settings and in a variety of ways. The mentor is usually a nurse with specific clinical experience who is in the position of an expert to guide and be a role model, while the mentee is a newer or less experienced nurse. The role of mentors in the graduate nurse's development as a clinician, including impacts on nursing retention and nursing satisfaction has been discussed in a number of research papers (Block et al., 2005). This integrative review will examine the impact of nursing mentorship and the potential benefits and pitfalls described in the literature, including anecdotal experience of mentors and mentees. Recommendations will be presented regarding the commencement of a mentorship program for neuroscience nurses for the Australasian Neuroscience Nurses' Association.

Does the implementation of NIHSS (National Institute of Stroke Scale) in monitoring post-thrombolysis patients improve early recognition of neurological deterioration?**Sheila Jala, Tegan Carter, Sarah Woodbridge, Carin Bertmar***Royal North Shore Hospital, NSW, Australia*

DOI: 10.21307/ajon-2017-019p

Background: Recognising worsening changes in acute stroke is crucial in order to ad-

dress the reversible causes of post-thrombolysis neurological deterioration and to provide urgent treatment. We implemented the use of NIHSS in monitoring patients post-thrombolysis in the acute stroke unit to recognise early signs of deterioration.

Aim: To determine if the use of NIHSS in monitoring patients post-thrombolysis, compared with Glasgow Coma Scale (GCS), improves early recognition of neurological deterioration.

Methods: An observational study was undertaken of patients admitted in the acute stroke unit 24 hours post-thrombolysis from 2013 to 2014 (pre-NIHSS group) and 2016 to 2017 (post-NIHSS group). Patients admitted during the NIHSS training period (2015) were excluded. During this period the NIHSS tool was not consistently used.

Results: A total of 398 patients were included in the observational study. The pre-NIHSS group included 161 patients (51% females, median age 78) and the post-NIHSS group included 237 patients (42% females, median age 77). Both groups had moderate strokes with a median NIHSS score of 7, and premorbid function (Rankin) score of 1 in 88% of patients in pre-NIHSS group and 86% of patients in post-NIHSS group respectively. In the pre-NIHSS group, 21 patients (13%) experienced neurological deterioration and only 9 patients (5%) (detected using GCS) had urgent imaging and 1 patient had decompressive craniectomy. In the post-NIHSS group, 17 patients (7%) (detected using NIHSS) had urgent imaging; 3 had endovascular clot retrieval (ECR) and 1 had decompressive craniectomy. There was no difference in the length of stay (both groups median = 6 days); and in-hospital deaths in both groups.

Conclusion: The NIHSS is a more accurate tool, compared with GCS, in early recognition of neurological deterioration in patients post-thrombolysis. Early recognition of deterioration is essential to ensure urgent treatment and management.

Nurse-led stroke education for secondary stroke prevention (NURSED)

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DOI: 10.21307/ajon-2017-019q

Background: Stroke is a leading cause of preventable death and disability in Australia. The risk of recurrent stroke is high among stroke survivors, with subsequent strokes often being more severe and disabling. They account for 20 – 30% of all preventable strokes. This rate could be reduced by improved evidence-based strategies in secondary stroke prevention during hospital admission. In 2017, the National Stroke Audit showed that only 53 and 56 per cent of our patients are discharged on a statin, antihypertensive medication, and antiplatelets or anticoagulation, respectively. In addition, it revealed an inadequate multidisciplinary input into the discharge summary.

Aim: The aim of this initiative is to strengthen our secondary stroke prevention, with this analysis we want to assess patients' acceptance and the feasibility of a nurse-led stroke education discharge care plan (NURSED).

Methods: A review of 20 stroke patients' investigation results, initiated secondary prevention management and relevant documentation. Three stroke champions were trained as stroke educators/facilitators. The role of the champion is to support the patient in developing their own discharge care plan by identifying present risk factors, setting goals, planning activities and monitoring strategies. Allied health members were consulted in the development of this initiative.

Results: One month after implementation, 20 stroke patients were screened for NURSED participation. One third of these patients had language or cognitive problems. Five patients provided verbal consent to participate in the NURSED project. They all stated that the process increased their awareness and confidence to control their risk factors.

Conclusion: NURSED is an ongoing project in our hospital. Despite a low number of participants so far, we could show that NURSED empowered them to control their risk factors. Our team experienced the time investment for education and discharge plan development as feasible.

Poster Abstracts

eXtreme Lateral Interbody Fusion (XLIF)

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DOI: 10.21307/ajon-2017-019r

eXtreme Lateral Interbody Fusion (XLIF) is a relatively new surgical procedure in the treatment of extensive degenerative lumbar spinal diseases. Since being developed in the 1990's by spinal surgeon Luiz Pimenta, the XLIF procedure has become globally recognised as a minimally invasive approach for lumbar fusions by providing surgeons with the ability to dissect, remove and fuse the disc space through a smaller incision site. This is accomplished via a lateral retroperitoneal trans-psoas approach meaning it has the ability to preserve the posterior muscles, bones and ligaments. Other advantages of an XLIF are that it is minimally invasive, can be performed at multiple levels and has an excellent disc height restoration due to the larger sized cages. This poster identifies indications and surgical approaches for lumbar surgery and a general surgical overview of the positioning and technique used during an XLIF. The main focus of this poster was to provide nursing staff with the knowledge and education on nursing rationale behind the care provided to patient's after an XLIF procedure and to individualise patient care to minimise specific post operative complications.

Identifying nurses perceived enablers and barriers to providing evidence-based, best practice urinary continence assessment and management: a cross-sectional study.

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Background: In Australia, 35% of people admitted to hospital with acute stroke are incontinent of urine, however only 18% of these people have a urinary continence management plan.

Aim: To identify the perceived enablers and barriers to urinary incontinence (UI) assessment, diagnosis and the development of management plans from nurses who regularly care for patients after stroke.

Methods: Nurses from 13 wards that admit patients following an acute stroke at 9 hospitals in NSW completed an online questionnaire investigating their perceptions on UI assessment, diagnosis and management. The 58 questions (5-point Likert scale) were aligned to 13/14 domains of the Theoretical Domains Framework. Responses were dichotomised to "strongly agree/agree" and "unsure/disagree/ strongly disagree". Descriptive analyses are presented.

Results: The 162 respondents were predominantly female (79%), had mixed clinical experience (0-1yrs=14%, 1-10 years=45%, >10yrs=41%) and on ≥ "some days of your working week" were involved in UI assessment (78%), diagnosis (61%) or management (90%).

Nurses perceived that accurate assessment (Ax) and individualised management plans (IMP) for UI were beneficial to themselves (Ax=95%, IMP=96%), their patients (Ax=100%, IMP=99%) and their wards (Ax=98%, IMP=99%). Regarding performing UI care, approximately half reported not having the time (Ax=53%, IMP=55%), personnel (Ax=57%, IMP=43%), equipment (Ax=45%, IMP=42%), knowledge (Diagnosis=46%, IMP=44%) or skills (Diagnosis=49%, IMP=39%). Respondents perceived UI assessment (57%) and developing management plans (54%) were something they did well. Regarding how well their ward did, this

perception reduced to 39% for both assessment and management.

Discussion: In a large cohort of nurse from different health services, we identified important enablers (Beliefs about Consequences and Goals domains) and barriers (Environmental Context and Resources, Skills, Knowledge, Behavioural Regulation, and Beliefs about Capabilities domains) to current nursing assessment, diagnosis and management of UI. Strategies to improve UI care need to harness the enablers and target the barriers.

Oral care for neuroscience patients in New Zealand: A survey.

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Introduction: Oral care is a pertinent issue in neuroscience nursing although often based on tradition or experience rather than evidence based.

Aim: To understand the experience and knowledge of neuroscience nurses working in acute ward settings in New Zealand and to determine what educational requirements were needed to standardize oral care.

Design: An online survey using qualitative and quantitative data was developed with

three out of the five New Zealand units participating from the north and south island. The response rate was 34% (n=34). Quantitative data was exported into the Statistical Package for Social Sciences (SPSS) and analyzed using descriptive statistics and frequencies. Qualitative data was analyzed using a content analysis approach.

Results: Oral hygiene education was provided to the majority of respondents during their nursing training, but most did not receive any education within their nursing career. There was a lack of oral care assessment tools, guidelines and evidence based practice. Inconsistencies over product choice and frequency of care existed. Barriers to effective oral care included the uncooperative patient, lack of access to the mouth and a lack of time to provide oral care.

Conclusion: The experience and knowledge of neuroscience nurses varied. An oral assessment tool and guideline would improve the oral care of the neuroscience patient and standardize care throughout New Zealand. Oral hygiene education is fundamental for nursing students, registered nurses, health care assistants, patients and family.

Impact: Following this study, a guideline and assessment flowchart were created with an online e-learning experience and distributed nationwide.

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Oral care for neuroscience patients in New Zealand: A survey.

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