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LETTER FROM NEW ZEALAND

# Christchurch neonatal conference 2014

There could not have been a more significant location for the neonatal conference than Christchurch with the focus well and truly on the future, embracing change and technology. As keynote speaker, Philip Darbyshire, Professor of Nursing and global health care consultant pointed out, the good old days are not coming back, we have to move forward and accept change. We can no more hold onto the past than King Canute could hold back the incoming tide. There is no going back for Christchurch either. Everywhere you look there is construction and progress but no one could have prepared me for the reality and shock at seeing such widespread destruction. It's all still very raw and the stark contrast to my previous visit, when the square was a bustling centre, could not be more striking; much like the contrast between conventional paper documentation compared to digital data entry (Fig. 1).

In the space of a few years, cell phone technology has advanced to the point of holding access to everything in the palm of your hand. Once you use that technology, you can never go back to one with less specification, if anything; expectations are raised for the next upgrade. Christchurch is on the way to being upgraded to a city of the future, behind construction site walls decorated in fabulous, colourful art work, the very latest in technology is being used to ensure that what is under construction is built to the very latest specification and design. Ironically and paradoxically all good things take time and in an age where we expect instant, immediate results, Christchurch's recovery is going to be long and protracted.

The same could be said for implementing change, the potential to improve health documentation and communication is profound and I can hardly wait to chart and document on line and yet the process for rolling out systems that deliver the time saving promises are paradoxically doubling the time conventional documentation takes by the need for recording a hard copy and digital copy simultaneously. Many hours of unpaid overtime are needed to fulfil the task, whilst there is anxiety that the digital format might not be fool proof guaranteed. It rather tarnishes technology with a dread of having to adapt to another system to learn, which is unfortunate because the

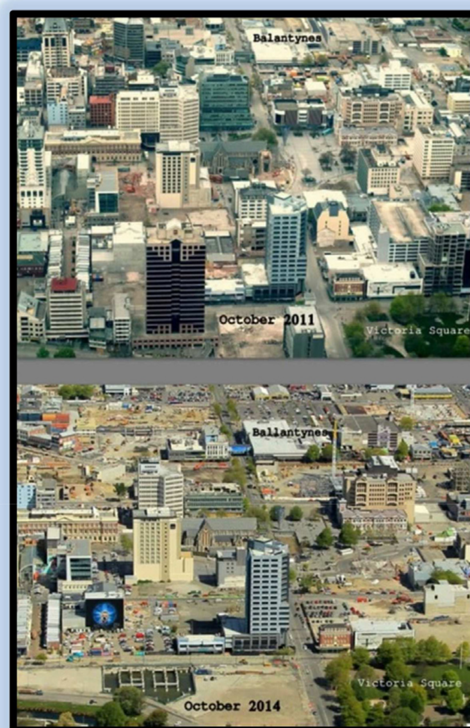


**Fig. 1** Christchurch City Centre, then and now. http://www.rebuildchristchurch.co.nz/blog/2014/11/new-photo-book-compares-christchurch-pre-earthquake-to-2014.

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opportunities that digital data entry brings, are huge and exciting.

The thought of having all information at your finger-tips to cross reference, is a long time coming. To be able to access history, pathology, clinical progress notes, etc., **and** be able to read them, is way overdue. It was exciting to hear about the Badgernet neonatal electronic programme that is being rolled out after being trialled in a couple of unit, streamlining the interface between the neonatal unit, delivery suite, postnatal ward and emergency department.

It was equally exciting to hear the passionate enthusiasm from for the eMedication Management programme (known as eMED) that will be rolled out across Canterbury District Health Board in the next 18 months, where an even greater need for legible hand writing is a quality improvement initiative of the highest order. However, the revelation that neither Badgernet or eMed can interface, means that there is still room for improvement and that much anticipated upgrade will be very welcome.

One self-confessed, technophobe, gave an insightful presentation about a tricky transfer that utilised all the technological devises to hand, whilst away from the safe NICU environment and reminded all of us that whilst many of us are reluctant to embrace technology, we have already become comfortable with so many, almost by osmosis and use them without a second thought. These skills are transferable and, as Philip pointed out, if we can navigate our way around a vital signs monitor, we are already tech savvy!

We find ourselves in a dilemma, with a foot in both camps and a reluctance to commit to integrating social media and all things digital for fear of burning bridges and numerous "what ifs", namely "what if we lose the data", perish the thought! It is imperative that skilled, supportive IT technicians are on hand for when the system is down and to have a robust back up system in place but still there is serious hesitancy on the part of DHB IT departments, to run with technology ideas that embrace apps or use social media, for fear of litigation or breaching code of conduct and professional boundaries. To that end it was apparent, from several presentations, that there is hesitancy to use instant media file transfer, such as sending photos for review of a condition, or to include parents that are long distant in a moment of care; the focus being on privacy and confidentiality concerns, not the benefit to the parents of seeing their baby or consultation for diagnosis. Looking for ways to embrace and harness this potential, to bridge the distance as opposed to looking for reasons to block, citing the risk factors to privacy being too high, is an upgrade that I would like to see. It's not a matter of throwing caution to the wind but establishing a safe means of integrating the phenomenal potential social media brings, to safe guard both parents and staff, not to mention the hospital, from redress.

A really thought provoking presentation, showed how a family shared their baby's journey through the neonatal unit on social media. It was a revelation to read their posts and see how their perceptions of care and condition were at odds with facts; and how their photos unwittingly captured nurses on duty. They respectfully removed the photos from the site but it highlights that at every moment on duty, we have the potential to be captured on video and uploaded to Utube or included on other social media platforms without knowing it. Attempts to resuscitate an infant at birth or in the unit could be being scrutinised and critiqued on line within minutes of the event. How do we manage this in a positive way, aside from always keeping our lippy handy?

The positive links between social media and health care, in particular the benefits of how Twitter has been used constructively to connect interested groups, advance sharing of research, facilitate bold discussion delivered in bite sized pieces that are easily assimilated in our time short lives; building networks around the world by tapping into resources with hitherto unprecedented immediacy; was discussed in earnest, encouraging us all to have a professional social media profile and since taking that advice, I have found it to be far more interesting and constructive use of time than Facebook. It was invaluable following World Prematurity Day and staggering to witness my own tweets being re "tweeted" and "favourited" by others around the world that are now following me!! Really!! Prior to the conference I had not engaged much in Twitter, believing it to be nothing more than mindless chit-chat, sharing drivel about Hollywood scandals and gossip. Since attending the conference, I have found several really good articles about the use of Twitter (http://www.ausmed.com.au/twitter-for-nurses/?utm_content=buffer5de8a&utm_medium=social&utm_source=facebook.com&utm_campaign=buffer) so take a look at this and be encouraged to try it.

Aside from navigating our way through the opportunities and the risks associated with security and privacy, there was several pithy research papers presented that need to be acknowledged for their influence on current practise. Developmental care was discussed from a maternal and nursing perspective and, just like the case study on the social media journey revealed the gulf between

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