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## WORLD HEALTH ORGANIZATION COLLABORATING CENTRE FOR NURSING, MIDWIFERY & HEALTH DEVELOPMENT

### South Pacific Fellowships in nursing and midwifery: Supporting today's talent to become tomorrow's leaders

The successful Australian Leadership Awards Fellowship programs conducted by WHO CC UTS have revealed an urgent need to scale-up leadership capacity-building and professional development among nurses and midwives in the South Pacific.

**Background:** In 2009, 2011 and 2012 the World Health Organization Collaborating Centre for Nursing, Midwifery and Health Development at the University of Technology, Sydney (WHO CC UTS) secured AusAID funding to become a designated "Australian host organisation" under the Australian Government's Australian Leadership Awards Fellowships (ALAF) program. The ALAF "aims to develop leadership, address priority regional issues and build partnerships and linkages with developing countries". WHO CC UTS' practical approach seeks to develop the Fellows' skills, expose them to expertise and best practice, and requires them to implement an action plan that both benefits their country and earns them academic credits.



The ALAF process revealed the extent of undeveloped leadership capacity in Pacific nursing and midwifery.

**Application process:** The WHO CC UTS is the secretariat to the *South Pacific Chief Nursing and Midwifery Officers Alliance* (SPCNMOA), and supports leaders in nursing and midwifery, directly assisting the governments of 14 South Pacific Island Nations. The WHO CC UTS nominated SPCNMOA as its ALAF "counterpart organisation" and put out the call for applicants. Through wide collaboration and with the full participation of SPCNMOA, in-country mentors and external experts, the initial call for applicants saw the identification of 90 outstanding individuals who met the program criteria. They were either leaders or mid-career professionals in nursing and midwifery who had the potential to assume leadership roles. Each exhibited a capacity to influence policy reform and drive development outcomes, both in their own countries and the region.

ALAF Participant	2009	2011	2012
Cook Is.	✓	✓	
Fiji	✓		✓
Kiribati	✓	✓	
Nauru	✓	✓	
Niue	✓		✓
PNG	✓	✓	✓
Samoa	✓		✓
Solomon Is.	✓	✓	
Tokelau	✓		✓
Tonga	✓		✓
Tuvalu			✓
Vanuatu		✓	

**Program implementation:** By the end of 2012, 70 participants from 12 Pacific countries will have been supported by available ALAF funding which meets the costs of the 12-day study program and workshop hosted at UTS. Resources to conduct the extensive pre- and post-workshop activities are provided by UTS Faculty of Nursing, Midwifery and Health, WHO CC UTS, SPCNMOA, in-country mentors and technical experts, and the Fellows themselves. Before attending, Fellows establish Country Teams and then use the 12 day study program in Sydney to devise actual projects with action plans that are implemented upon returning to their home country. Post-workshop, WHO CC UTS evaluates the Action Plan implementation to award academic credits to the Fellows for their achievements.

**Program design:** The program is aligned with SPCNMOA's five priority areas: leadership, evidence-based policy, human resources for health, strengthened regulation, and data literacy skills. WHO CC UTS and its partners have devised a project component (action plans) and capacity building course in which Fellows are introduced to these priorities and given access to the tools, strategies, knowledge and expertise that enables them to:

- develop effective strategies to increase capacity to meet changing population and health system needs;
- establish supportive professional networks in nursing and midwifery across the region;
- devise a credible and detailed Action Plan which addresses identified priority issues in their home country.



"There are two winners in this situation - they are the patients and community and the nurses and midwives themselves. For the latter, gaining such skills equips them to demonstrate leadership wherever they may work in years to come."

**Rosemary Bryant, Chief Nurse & Midwifery Officer, Australia**



## AusAID Australian Leadership Awards Fellowship Program:

### Strengthening Nursing and Midwifery Leadership in the South Pacific

**Outcomes:** In follow up surveys, our Fellows praised the group approach and the opportunities to hear from experts, to network with peers, and to share knowledge and experiences with other Pacific cultures. They reported improved knowledge and skills resulting in broader outlooks, and greater self awareness, confidence and motivation.

Fellows were able to apply new knowledge and skills in using data in action plans and applying data to practice. They reported sharing information about the program content back home, and acting as role models, coaches or mentors to others, using teamwork to motivate others.

Completion of the short course and related assessments enabled the Fellows to gain credit points towards a UTS award and Fellows chose to be involved in this process. Some tangible individual success stories arising directly from the program include:

**Tokelau:** ALA Fellow promoted to Acting Chief Nurse

**Fiji:** ALA Fellow promoted to Chief Matron

**Nauru:** ALA Fellow promoted to Infection Control Nurse

**Review:** WHO CC UTS and its partners devoted extensive extra resources and added significant value to ensure not just the overall success of the program but to deliver long-term benefits to both the Fellows and their countries, going well beyond the scope of the ALAF-funded component. AusAID has recognised the benefits of the WHO CC UTS ALA program and WHO CC UTS will again participate in the ALAF in 2012. Ongoing evaluation will enable SPCNMOA and WHO CC UTS to develop other appropriate programs, projects and research based on the successes and lessons learnt from the ALA programs.

“The case studies in this publication are inspiring. They demonstrate that leadership at all levels is vital to reforming the health system and especially nursing and midwifery. Many health professionals have the desire to make change and indeed can often see where changes should be made to produce a better health system for the community. But with the best will in the world they may not have the skills to effect change. The SPCNMOA AusAID ALA program developed by WHO CC UTS provides these skills and this is amply demonstrated by the case studies cited.”

**Rosemary Bryant**  
Chief Nurse & Midwifery Officer, Australia

Country	Year	ALAF Action Plan Scope 2009 - 2012	Fellows
Cook Islands	2009	Establish a professional development program for nurses	2
	2011	Establish midwife-led antenatal clinic	2
Fiji	2009	Develop a program for sustainable succession planning for Nursing Leadership	3
	2012	Improve clinical services	2
Kiribati	2009	Produce draft Nursing Standards	2
	2011	Develop nursing and midwifery competencies	2
Nauru	2009	Develop a national infection control manual and scope-of-practice for nursing role in infection control	2
	2011	Establish succession planning committee	2
Niue	2009	Strengthen responses to emerging infectious disease and pandemic task force; improve pandemic plan	2
	2012	Increase number of trained nurses	2
PNG	2009	Develop Protocol Guidelines for data collection and cleansing on Nursing Information Systems	5
	2011	Establish training on maternal health care skills for community health workers	1
	2012	Strengthen maternal and child health	20
Samoa	2009	Implement the Nursing & Midwifery Practice (Clinical) Governance Framework	3
	2012	Develop discharge plan to comply National Standards.	2
Solomon Islands	2009	Develop a training program to strengthen supervisor leadership performance	2
	2011	Conduct KAP survey with the aim of improving performance of health workforce	2
Tonga	2009	Develop leadership competencies	3
	2012	Educate on family planning	2
Tokelau	2009	Develop and implement the Tokelau National Standards for Nursing Practice	1
	2012	Expand immunization program	2
Vanuatu	2011	Develop standard operating procedure manuals for all wards	2
Tuvalu	2012	Update and standardise existing emergency obstetric protocols	2
<b>Total WHO CC UTS SPCNMOA AusAID Fellows 2008-2012</b>			<b>70</b>



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WHO CC UTS ALA Brief 2012



## 2012 CASE STUDY: Strengthening Family Planning for Maternal & Child Health

**Family planning is proven to be one of the most cost-effective methods to reduce maternal mortality. Improving access to family planning methods is vital in reducing many risks associated with maternal deaths.**

**Tongan Team:** Sela Paasi and Tilema Cama **Mentor:** Siale Akau'ola

**Action Plan:** To increase access and use of Family Planning Methods, and to achieve the Health MDGs 4 and 5 by 2015 (4: Reduce child mortality; 5b: Improve maternal health through universal access to reproductive health).

**Purpose and Rationale:** To provide education to nursing staff on updated information regarding contraceptive availability and use; and to ensure that ongoing education activities by nurses are provided to the public/community; in order to increase knowledge and usage of modern family planning methods in Tonga.

**Problem:** Currently Tonga's Contraceptive Protective Rate (CPR) of 33% is low and falls below the World target of 50%. Low CPR has been associated with teenage pregnancies, unplanned pregnancies, increased fertility rates, and reduced spacing between births. As a result, women who are geographically isolated from Emergency Obstetric Care are at risk of severe birth complications, which could lead to maternal death. Therefore, poor access and usage of family planning methods could significantly affect maternal and infant mortality in Tonga, if appropriate measures are not implemented for the containment of risks. As Family Planning is one of two of the most cost-effective interventions to reduce Maternal Mortality; it is imperative that this measure should be implemented in Tonga.

**Short term goal:** To increase CPR to 36% and decrease Crude Birth Rate to 24% per 1000 Birth by December 2012.

**Long term Goal:** Our long term goal is to increase CPR to 40% and maintain Crude Birth Rate at 24% per 1000 Birth by December 2013.



**Proposed Timeline:** As per previous case studies, this timeline will be progressively updated.

2012	July—August	Updating nurses on Contraceptives availability and use
	July—December	Ongoing activities by nurses to the public / communities: radio, community & women's groups meeting, one to one
	October—November	Review of previous data & Report on access and usage of contraceptives
2013	March	Report on access and usage of contraceptive by Nurses Report to UTS / DOH
<b>Limitations:</b> Possible limitations and barriers include resistance to change by consumers, inadequate physical and financial resources, and poor transportation.		
<b>Primary Stakeholders:</b> Minister of Health, Director of Health, Obstetricians, Pediatrician, Reproductive Health Nurses throughout Tonga, WHO, UNFPA, Health statistician, health centers and clinics, Tonga Family Health Association, Community women's groups, National Youth Congress, Church leaders and community groups.		

## FELLOWS QUOTES

"This training is very valuable. I thought two weeks was a long time but it's not. The program works so that you look at yourself as a leader and assess yourself. Then you look at your work situation and can see why things happen. It covers the spiritual, cultural and professional parts of leadership and because it is linked with a specific project, you learn as you work on something very practical."

"Partnership is very important because at the end we own the project and can achieve it."

"The importance of an evidence base was highlighted throughout the program. Some say I'm elderly, but this program has really made me grow. Learning is for everyone no matter whether you are young or old."

*Sela Paasi, Chief Nurse and ALA Fellow, Tonga*

## 2012 CASE STUDY: Recruitment and Retention of Nurses in Niue

**Low nursing numbers in Niue prompts ALA Fellows to form a Succession Planning Committee to ensure qualified and skilled nurses are identified to take up positions of leadership.**

**Niue Team:** Rose Verona Jackson-Siohane and Thomas Tapakitogia Pita **Mentors:** Puasina Tatui and Ketu Fereti

**Action Plan:** To address the problem of staff shortage through the recruitment and training of new staff nurses, and retention of current nursing staff.

**Purpose and Rationale:** The purpose of this program is to increase the number of students choosing nursing as a career, and to implement incentives in order to encourage newly registered nurses and current nursing staff to remain at their current employment. This will lead to improved patient care as well as better working conditions, and reduced stress, for nurses.

**Problem:** There is currently a poor ratio of patients to staff, with only nine nurses and two nurse aids in Niue. Understaffing is an on-going problem and contributes to the difficulty of recruiting and retaining nursing staff. Inadequate quotas of registered nursing staff has resulted in nurses being required to work shorter shifts and therefore having less days off. Along with the ageing workforce, this increased responsibility has placed great stress on the nursing staff.

**Short term goal:** Form a Succession Planning Committee for nursing staff.

**Long term Goals:** Recruit and train new staff nurses, and retain current nursing staff.

**Proposed Timeline:** As per previous case studies, this timeline will be progressively updated.



<b>2012</b>	July	Prepare and submit report to ACNO and stakeholders - Report given to ACNO and nursing staff
	August	Present report to stakeholders and send final report to UTS
	September	Encourage students to take up nursing career - Have a career day and health expo days
	December – June 2013	Incentives for new graduate to stay and work - Involve stakeholders in the plan
<b>2014</b>		Select and send staff for post graduate studies - Candidates selected, course available.
<b>Primary Stakeholders:</b> Director of Health, Minister of Health, Principle Nursing Officer, Human Resource Health Manager, Public Service Commission, Chief Medical Officer, Nurses.		
<b>Secondary Stakeholders:</b> Members of the community		
<b>Limitations:</b> Potential limitations and barriers that may obstruct this project include a possible lack of motivation of school leavers to join the workforce, inadequate incentives for new and existing nurses, and a lack of consistent funding for the continuation of this project.		

## FELLOWS QUOTES

"We've collected a lot of information that we can take home and share with our nurses – how to do projects, write reports, collect evidence; things we don't always do."

*Rose Verona Pepemalua Jackson - Siohane, ALA Fellow 2012, Niue*

"This program helped me grow as a leader. I feel confident to know what to do when I get home. Also, because we learn to negotiate this will help with some of the barriers we will face."

*Thomas Tapakitogia Pita, ALA Fellow 2012, Niue*

## 2012 CASE STUDY: Clinical Service Improvement

**Inadequate clinic facilities may contribute to unsafe working environments for staff due to cramped work spaces, and are occupational health and safety issues. There is an urgent need to improve clinic facilities for mothers and babies, in order to improve service and working conditions for staff.**

**Fiji Team:** Merelita Tuiserua **Mentors:** Silina Waqa Ledua and Atelini Wainiveikoso

**Action Plan:** To improve the service and clinic facilities for mothers and babies, as well as improve staff working conditions.

**Purpose and Rationale:** The purpose of this program is to improve maternity services for women through the improvement of physical environment in clinics, which will contribute towards a safer working environment for staff and clients.

**Problem:** The current clinic facilities are small and do not provide adequate space for the provision of maternity care to women, and also contribute to cramped working spaces for staff.

**Short term goal:** To collect necessary statistics and data in order to provide reports to the appropriate stakeholders.

**Long term Goal:** To improve working conditions and provide a safe environment for staff and clients, through adequate clinic facilities.

**Proposed Timeline:** As per previous case studies, this timeline will be progressively updated.



<b>2012</b>	July	Give report to SDMO/SDHS
	August	Audit of Statistics, Information from staffs, Collect information from staffs and clients, Prepare audit information on clients and staffs
<b>2012/2013</b>	December 2012 - June 2013	Submit reports to SDHS/SDMO/DMO/DNS/PSH/AusAID
<b>Limitations:</b> Possible limitations and barriers may include a lack of appropriate support for this project, and other commitments of the team.		
<b>Primary Stakeholders:</b> Minister for health, Permanent Secretary for Health, Director of Nursing, Human resources/Finance, Divisional Medical Officer, Sub-Divisional Medical Officer, Sub-Divisional Health Sector, and Clients.		

## FELLOWS QUOTES

"The lecturers were focussed on how to make a project – obtain data, analyse to produce an evidence base, then put together a proposal. We now know how to apply for funding; how to make contact and negotiate to implement projects in our own workplace to improve the whole system."

*Merelita Tuiserua, ALA Fellow 2012, Fiji*

## 2012 CASE STUDY: Preparation of a discharge guideline

**Effective discharge planning with clear dates and times can reduce patient's length of stays, emergency readmissions and pressure on hospital beds. A lack of a discharge planning document can lead to increased pressure on hospital staff and therefore affect the overall quality of care for patients.**

**Samoan Team:** Ululima Maka & Tainefu Faaleolea Ah Fook **Mentors:** Prof Pelenate Stowers & Mrs Maatasesa Mathes

**Action Plan:** To establish and implement an effective discharge plan to be used by nursing and medical staff, in accordance with the National Standards for N&M Practice, 2007.

**Purpose and Rationale:** The purpose of this project is to facilitate and assure a continuing improvement of quality of health services, through the development of an official discharge plan document which will assist nursing and medical staff to provide safe and effective patient care in accordance with the appropriate plans and standards (Government of Samoa's SDS 2008-2012, Health Sector Plan 2007-2015, NHS Corporate Plan 2011-2014, National Standards for N&M Practice 2007).

**Problems:** There is currently a high demand for beds in hospital as many patients have extended lengths of stay. Along with poor staffing levels and multiple readmissions of patients, a lack of interest from nursing and medical staff to use a discharge plan has resulted. Therefore, no official discharge plan document exists.

**Short term goal:** Identify the perspectives of stakeholders regarding a discharge plan, conduct a situational analysis of the NHS, and produce a draft discharge plan document.

**Long term Goal:** To formulate and implement a Discharge Plan Guideline that is utilised by nursing

**Proposed Timeline:** As per previous case studies, this timeline will be progressively updated.

<b>2012</b>	August-October	Obtain funding for implementation of project plan - Submit funding proposal.
<b>2013</b>	Feb-April	Identify the perspectives of stakeholders about a discharge plan - Conduct a situational analysis of the NHS using a questionnaire form/ interview sessions.
	May—July	Formulate a Discharge Plan Guideline
	November-December	Ensure completion of project - Proceed with consultations as trainings of funding is available.
<b>2014</b>	January	Submit a Discharge Plan Guideline to approve as a policy to use in hospital setting
<b>Limitations:</b> Possible barriers to this project may resistance to change from stakeholders, staff shortage and limited funding.		
<b>Primary Stakeholders:</b> NHS Boards, Ministry of Health, Politicians, Faculty of Nursing, Nurses, Nurses Association		
<b>Secondary Stakeholders:</b> Allied Health, Donors, NGO's, the Private Sector./		



## FELLOWS QUOTES

"I have been through surveying, auditing and research. I have already done all the components but learning them alongside a project I have never done before. It has linked it altogether."

"This program has given me knowledge and skill of how and who to get help from. As a nurse manager we have different responsibilities to nurse consultants, we do a lot of discussing with all the different levels of nursing. This program has validated a lot of what we already do."

"I am already thinking of other projects we can do, if we get familiar with how to do a project then we can do the same process again and again. We already have plans for the coming year which a lot of what we have learnt will link in with."

*Ululima Maka, ALA Fellow 2012, Samoa*

"The aim for me is to learn how to improve our health service overall and this program focusses on that."

*Tainefu Faaleolea Ah Fook, ALA Fellow 2012, Samoa*

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WHO CC UTS ALA Brief 2012—Draft: final copy to be ratified by SPCNMOA

## 2012 CASE STUDY: Expanded Program on Immunisation

**In order to maintain the current levels of immunisation in Tokelauan infants and children, it is imperative that the knowledge and skills of nurses are maintained, and that mothers are continued to be informed of the importance of immunising their children. A failure to do so may result in reduced immunisation coverage, which could potentially have drastic effects on the health and wellbeing of not only the children but also the Tokelauan population.**

**Tokelauan Team:** Telesia Perez and Fenuafala Fafoi **Mentor:** Liza Kelekolio

**Action Plan:** To achieve 100% immunization coverage for all Tokelau infants and children.

**Purpose and Rationale:** To provide continuing education for nursing staff in order to improve knowledge and skills, keep them updated on new vaccines or changes that emerge in EPI; and to ensure mothers understand the importance of vaccinating their children.

**Problem:** Although current immunizations coverage in Tokelau is high, factors such as poor staffing levels, delay of receiving teaching materials from donor agencies, delay of provision of supply and equipment, out of supply stock, lack of directive from the Village Council to mothers, lack of funding for the program and mothers being too busy, all threaten to reduce the immunization coverage level that has been achieved in Tokelau.

**Short term goal:** To review current immunization data and plan nursing workshops for nursing staff

**Long term Goal:** To implement nursing workshops to ensure that nursing staff are provided with the latest information regarding vaccine and schedules, and skills and knowledge are up to date, in order to maintain 100% immunization coverage for Tokelau infant and children.



**Proposed Timeline:** As per previous case studies, this timeline will be progressively updated.

2012	July	Training workshops for Nursing staff
	November	Prepare report on current immunization activities
2012/2013	December 2012-March 2013	Submit report
<b>Limitations:</b> Possible limitations and barriers include staff shortage, inadequate supply of necessary resources, and poor transport.		
<b>Primary Stakeholders:</b> Village Councils, Tokelau Health Department, Nurses, UNICEF, WHO, AusAID		
<b>Secondary Stakeholders:</b> Mothers and babies/children		

## FELLOWS QUOTES

"One thing I have learned from these two weeks is a good leader is a good listener. When I was acting Nurse Manager I used to fight with staff. In order for them to listen to you, you need to listen to them, and then you can work together as a team."

*Telesia Perez, ALA Fellow 2012, Tokelau*

"It has been an eye-opener, especially in relation to looking after my own staff at home. Having the general knowledge and skills will help me change to a better system in my hospital."

*Fenuafala Fafoi, ALA Fellow 2012, Tokelau*



## 2012 CASE STUDY: Development and Dissemination of an Emergency Obstetric Protocol

**A lack of an up to date emergency obstetric protocol may contribute to poor obstetric care during emergencies, and as a result may lead to poor outcomes for mothers and babies. There is an urgent need for the development of a national emergency obstetric protocol to improve emergency obstetric services.**

**Tuvaluan Team:** Filoiala Sakaio and Alaita Faletapu **Mentor:** Stephen Homasi,

**Action Plan:** To develop a National Emergency Obstetric Protocol that includes common emergency obstetric cases, and disseminate to all medical centers across the country.

**Purpose and Rationale:** The purpose of project is to review and update the existing national protocols for emergency obstetric cases in order to disseminate these protocols to all medical centers in the country. As shipping is the main mode of an sport for women due to the geography of Tuvalu, and with each island having one midwife and no doctors, a standardized national protocol will ensure that all nurses and midwives have a uniformed understanding in practice, resulting in improved maternal and neonatal health services.

**Problem:** The current national emergency obstetric protocols in Tuvalu, which were adapted from Fiji, are out of date and have not been updated since 1997. Therefore, practice is not up to standard with best evidence, which is resulting in increased caesarean section rates. Nurses and midwives also do not have a uniform understanding in emergency obstetric care practice, and this is a major challenge for them when obstetric emergencies arise.

**Short term goals:** To collect existing protocols form Australia, new Zealand, Fiji and the NICE guidelines, and to develop a draft national obstetric emergency protocol for Tuvalu.

**Long term Goal:** To establish a national obstetric emergency protocol and disseminate it to all medical centres in Tuvalu.



**Proposed Timeline:** As per previous case studies, this timeline will be progressively updated.

<b>2012</b>	July	Get new protocols – Fiji, Tonga, NZ, Australia & England (NICE website)
	August	2nd meeting with stakeholders
	October	Discuss protocols with stakeholders
	December	Write protocols
<b>2013</b>	February	Disseminate draft to stakeholders
	April	Print final draft
<b>Limitations:</b> Possible limitations and barriers include inadequate resources, availability of stakeholders to have meetings with, time restraints, and the current national existing date does not clearly identify each emergency case.		
<b>Primary Stakeholders:</b> Mentor, Nurses and Midwives, Doctors, Pediatrician, Pharmacist, Women		

## FELLOWS QUOTES

“Training is very important to me and my country. All that I know now has to be transferred into our action plan which we have to go back and do. The training was very well organised to help with this starting with workbook 1. The project we are doing is for the benefit of our country.”

*Filoiala Sakaio, ALA Fellow 2012, Tuvalu*



## 2012 CASE STUDY: Clinic Improvement in the Accident & Emergency Department

**It is important for any clinical setting to have an appropriate dirty utility room in order to prevent contamination of clean area, to protect staff and clients, and to foster a safe and hygiene work environment. There is an urgent need to establish a proper dirty utility room within the accident and emergency department to ensure safety and prevent spread of disease.**

**Fijian Team:** Seini Kuru **Mentors:** Sr Silina Waqa Ledua and Atelini Wainiveikoso

**Action Plan:** To implement a proper dirty utility room within the accident and emergency department that will foster a safe environment for clients and staff.

**Purpose and Rationale:** The purpose of the project is to create a safe physical environment for clients and staff of the accident and emergency department in order to meet the National Infection Control Standards.

**Problem:** The Accident and Emergency Department is currently lacking an appropriate dirty utility room, thus compromising staff and client safety and failing to meet the current National Infection Control Standards.

**Short term goal:** To develop the appropriate reports in order to obtain approval of the project.

**Long term Goal:** To physically build/ establish a designated dirty utility room within the accident and emergency department and have it utilized appropriately.

**Proposed Timeline:** As per previous case studies, this timeline will be progressively updated.



2012	August	Propose and give reports to MS, Give reports to Chief Administrator/Finance Give reports to the Manager of Nursing, Head of Department A&E Interview staff from Clients and Staff
2012/2013	December 2012- June 2013	Submit reports to Minister for Health, PSH, DNS, AusAID
<b>Limitations:</b> Possible limitations and constraints include time, inadequate required resources and potential cultural barriers.		
<b>Primary Stakeholders:</b> Minister of Health, Permanent secretary for Health, Director of Nursing, Medical Superintendent, Chief Administrator/Finance, Manager of Nursing, Risk Manager, Infection Control personnel, Head of Department of Accident & Emergency.		

## FELLOWS QUOTES

"I learnt a lot from the group work. There is a lot of collective knowledge and wisdom from everybody."

"This program is very good for future leaders, it teaches us not to just sit in the office but to come out with the staff to see how things are working and progressing."

Seini Kuru, ALA Fellow 2012, Fiji

## CASE STUDY: Infection Control in Nauru

**Infection control strategies are vital in any healthcare setting to prevent the spread of infectious diseases. Without effective policies and protocols in place, Nauru saw deterioration in infection control. This situation has been turned around by the ALA Fellows who have implemented infection control policies and guidelines.**

**Team:** Vae Keppa, Elizabeth Giouba, Moralene Jeremiah **Mentor:** Gano Mwareow

**Action Plan:** Improve Infection Control (IC) through professional development of nurses, a National IC Manual and a Scope of Practice for an IC Nurse.

**Purpose and Rationale:** Nauru's ALA Action Plan is linked to the country health sector plan, and nursing reform. Recommendations exist for a full-time IC nurse to be employed full-time, where he/she will be collaborating with the National IC committee in developing IC guidelines and introduction of IC policies into healthcare facilities.

**Problem:** Nauru did not have an IC nurse trained and employed in the workplace was capable of introducing, training personnel and reinforcing IC guidelines to healthcare workers. Therefore over time IC practices had deteriorated. Even-though an IC Committee existed, members comprised senior personnel each responsible for their own departments, and thus not focused solely on IC issues. Nauru also did not have a country-specific IC Manual, and since 2006 was basing IC procedures on the Secretariat of the Pacific Community (SPC) Infection Prevention and Control Guidelines.

**Short term goal:** Increase nursing representation on the hospital IC committee – Achieved.

**Long term Goal:** Develop a draft scope of nursing practice for infection control & infection control manual – Achieved.

### Timeline:

2009	April	Team meets with Director of Nursing, Acting Director of Nursing and Strategic Health Planner to identify challenges and issues for ALA project
	May	Consultations with Director of Nursing and Acting Director of Nursing for contributions on the action plan.
	June	IC Committee (ICC) meets Team to discuss IC status in Nauru and the appointment of an IC Nurse.
	June 15-26	ALA study days at UTS: Consultations with ALA Facilitators and Fellows; group work; analysis of IC manual and Scope of Practice documents from Kiribati, Fiji, Niue and New South Wales (NSW), Australia.
	July	Nauru Fellows accepted as members of the ICC. Ms Giouba promoted to Assistant Director of Nursing
	September	Ms Jeremiah appointed the Infection Control Nurse (ICN) for Nauru Hospital.
	October	Ms Jeremiah implements the team's action plan with the support of Fellows and the ICC, commences work on National Infection Control Manual
	November	Ms Keppa accepted into Midwifery course in Fiji School of Nursing, Fiji.  Ms Jeremiah conducts a workshop on basic IC with the cleaners and laundress at Nauru hospital. Notes immediate improvement in practices.
	December	Ms Jeremiah holds consultations regarding IC manual and scope of practice for the ICN
2010	January	Ms Jeremiah works closely with housekeeping supervisor, cleaners and laundress. Develops cleaning schedules and checklist for cleaners to follow as adapted from the Kiribati Infection Control Manual. Works closely with Nurse Training Officer for orientation of new staff on infection control procedures.
	April	Draft Nauru Infection Control Manual completed and submitted to all IC Committee.
	September	Budget for IC passed. Fellows research the ordering of hand-dryers for all sections of the hospital.  Ms Jeremiah attends workshops "Critical Health Systems in Emergencies: A focus on workforce development Issues" and "Communicable Disease control and prevention in Emergencies". Ms Giouba and Ms Jeremiah attend "Consultancy to assist with Nauru Health Practitioner Regulation and Nursing Scope of Practice" where a Nursing Scope of Practice is drafted.
	December	Ms Keppa graduated from Diploma of Midwifery, Fiji
2011	January	"The completion of the Nauru Infection Control Manual draft has been a result of the AusAID ALA. Without the inspiration and ongoing support from the Fellows, Facilitators, Mentor and from our colleagues the outcome of the Nauru Action Plan would not have been possible," says Ms Jeremiah.
	February	Reviewed by WHO TB Consultant in Nauru to conduct a TB Workshop, and is in review by SPC Pandemic Preparedness Specialist
<b>Primary Stakeholders:</b> Director of Nursing and Assistant Director of Nursing, Director of Medical Services, Director of Administration, Director of Public Health and services; Ministry of Health		
<b>Secondary stakeholders:</b> Health Education; Health Environment; Donors; Healthcare workers, Community, Families, Police, Immigration		



## CASE STUDY: Leadership Competencies in Tonga

**Lack of competencies for nurse managers resulted in poor staff and patient management which led ALA Fellows to develop leadership competencies, impacting health outcomes for the whole population**

**Team:** Atalua Fatafehi Tei, Seilini Soakai, Mele'ana Coker Ta'ai **Mentor:** Ana Kavaefiafi & Amelia Mfuhaamango Tu'ipuloto

**Action Plan:** Develop Leadership Competencies Document for Nurse Managers in Tonga

**Purpose and Rationale:** There are no existing competencies for nurse managers. Lack of specific knowledge, skills, judgment and personal attributes can lead to poor staff and patient management which, in turn, leads to poor health outcomes for the population.

**Problem:** The government redundancy program in 2007 affected nurse leader posts, however, the new leaders were too young and inefficient to take on the same roles. There are currently no existing competencies outlined for nurse leaders and without strong leaders, the quality of nursing care is threatened.

**Short term goal:** Work with others to develop leadership competencies

**Long term Goal:** Improve leadership skills and knowledge of nurse managers in Tonga, and maintain the safety of the community and nurses as well by providing quality nursing practice.

**Timeline:**

<b>2009</b>	April	Lack of nurse manager competencies is recognized as an issue following a shock redundancy program which left the nursing workforce short of experienced leaders. To ensure this isn't repeated in the future, nurse leader competencies will be developed to enable appropriate succession planning
	June	ALA study days at UTS: Consultations with ALA Facilitators and Fellows; group work.
	July	Reported to Chief Nursing Officer and the three sectional nurse managers including providing the action plan. Feedback was very encouraging.
	September	Informed all nurses in Tonga including those in the outer islands about the Action Plan and competencies. Atalua informed public health nurses, Mele'ana informed the Nursing School and Seilini informed the clinical nurses as well as the Diabetes Team to inform the nurses working in the outer islands.
	October	Productive and critical feedback was gained from senior nurses - the Fellows were able to handle this feedback appropriately after undertaking leadership training.
	November	These Fellows assist senior nurses with their leadership and management skills. One of the Fellows is promoted to a higher position as the Supervisor for all the Reproductive Nurses in Tonga. They continue collecting data for the competencies.
<b>2010</b>	February	The Fellows help lead the preparation for the first Tongan Nurses International Conference.
	May	Data compilation continues.
	June	Completed the first draft ready to photocopy and distribute to the primary stake holders, secondary stakeholders and senior nurses for their comments.
<b>2011</b>	February	Unfortunately a fire destroyed all the hard work done so far. The Fellows are currently trying to recover what they can from this unfortunate event.
<b>Primary Stakeholders:</b> Chief Nursing Officer, Matron, Principle of Queen Salote Nursing School, Senior Public Health Supervising Sister, Student Nurses, Tongan Nurses Association, Nurses Board, Minister of Health.		
<b>Secondary Stakeholders:</b> Other health workers, WHO, AusAID, NZAID, NGOs, Community and Church Leaders, Neighboring Countries		

"The two weeks course that I did in Sydney enabled me to critically reflect on my current nursing practice and my new post as a Senior Public Health sister. My new post required leadership skills and knowledge which are my weaknesses and this training has identified the potential of a good leader."

*Atalua Afu Tei, Public Health Sister*

"After being promoted to a higher nursing post last year, I was happy because of the pay rise, but reluctant to think about it for I knew I had only very limited leadership skill and knowledge. This ALA training program has opened the door for me to reflect on my daily practice and make changes to improve my capabilities."

*Seilini Soakai, Sister in Charge, Diabetes Centre*

"At the beginning of this program I didn't fully understand what we were asked to do...I have the skills and knowledge that I have gained from this training to enable the implementation of our action plan for quality and safety in nursing practice."

*Mele'ana Ta'ai, Clinical Tutor Sister*

**WHO Collaborating Centre for Nursing, Midwifery and Health Development; University of Technology, Sydney**

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## CASE STUDY: Nursing Standards in Tokelau

**The poor standard and safety of nursing practice in Tokelau led ALA Fellows to rapidly adapt Nursing Standards - ensuring guidance for nurses and midwives on the quality and safety of their care.**

**Team:** Liza Lister-Kelekolio **Mentor:** Fenuafala Faafoi & Pelenate Stowers

**Action Plan:** To develop and implement the Tokelau National Standards for Nursing Practice in order to monitor and regulate the standard and safety of nursing practice in Tokelau.

**Purpose and Rationale:** Quickly implement a National Standard for Nursing by adopting and adapting the Samoan Nursing Standards framework. This collaborative process ensures support from the Taupulega, National Public Health Service and nurses throughout Tokelau. This will allow the development of a clinical governance education program for Tokelau Nurses.

**Problem:** A lack of a regulatory framework in Tokelau for nursing impacts on the competencies, standards and safety of nursing practice.

**Short term goal:** Tokelau National Standards for Nursing Practice to monitor and regulate the standard and safety of nursing practice in Tokelau – Achieved.

**Long term Goal:** Train nurses using the Tokelau National Standards of Nursing Practice – Ongoing

**Timeline:**

<b>2009</b>	April	Start negotiations to work with Samoa on nursing standards to monitor the quality and safety of practice, to enable local development of a clinical governance education program for Tokelau Nurses.
	May	Stakeholders represented in collaborative & consultative processes. It was decided to adopt and adapt the Samoa Nursing Standards and competencies for Tokelau in the areas of Nursing & Midwifery.
	June 15-26	ALA study days at UTS: Consultations with ALA Facilitators and Fellows; group work; draft National Standard for Nursing commenced.
	September	National sector meetings allow for presentation of Action Plan & Draft Nursing Standards for comments before rolling it out to the three Taupulega (village councils of elders on each atoll) for consultation & gaining their support for the draft standards to be presented to nurses.
	November	Workforce planning and development done at local, regional & national levels mandate is given by the Taupulega to roll out standards & competencies for nurses.
<b>2010</b>	January	Ms Lister-Kelekolio presented paper on "Primary Health Care in the Tokelau Context" at global nursing symposium for nurses of Samoan descent. Also completed Post Graduate Diploma Course in Tertiary Teaching for Nurses and Health Workers.
	February	The standards and competencies area of the draft completed. At present there are no enrolled nurses for Tokelau but there is an intention to revise the National Standards when necessary to include standards and competencies for enrolled nurse.
	April	National workshops for all nursing staff conducted to present the draft standards and give an opportunity to the workforce to present their views & comments.
	June	In-depth discussions were conducted with nurses on how they would relate the draft standards to their work areas, how they interpreted the standards, and whether they considered the draft standards as culturally appropriate in the context of Tokelau.  It was agreed that the philosophy of Nursing from a Tokelau perspective is not very different to the Samoan nurse and reflects the traditional roles of the women in the Samoan Society and that of the Tokelauan women and their expected roles in the kaiga (family), Nuku (village) and kaulotu (church).
	August	Draft nursing standards forwarded to a legal advisor. Many discussions on the legal perspective of how the standards could be used as a benchmark for regulating standards.
	October	Establishing a regulatory body is a priority. Start to develop a concept paper to present to council to look into establishing a medical council. The Action Plan started for just the nurses to be regulated; now it is being expand to include the medical profession.
	November	Since introducing the draft nursing standards, the nurses have been reported to be using the standards.
<b>2011</b>	February	Submit the final Nursing Standards to Council of the Ongoing Government for endorsement & implementation.
<b>Primary Stakeholders:</b> Taupulega (village councils of elders on each atoll), Senior management team at national level made up of all the Directors of all Department of Public Service, Nurses.		
<b>Secondary Stakeholders:</b> Health Education, Public Health, Donors, Healthcare workers, Community, Families		

"The networking and knowledge gained from SPCNMOA and the AusAID ALA program have strengthened me to carry out my work confidentially. It has also enabled me to understand the broader health issues for Tokelau and how to think critically to deal with those issues. But also in terms of the knowledge I've gained, the networking, the people I have met - it has been a remarkable journey. It's strengthened my capacity to fit in the role I've been given in terms of management and leadership."

*Liza Lister-Kelekolio, Health Manager, Tokelau*

**WHO Collaborating Centre for Nursing, Midwifery and Health Development; University of Technology, Sydney**

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## CASE STUDY: Improving Standard of Nursing Care in the Solomon Islands

**A decline in the standard of nursing performance, attitude and behavior in the Solomon Islands was attributed to lack of training for nurse managers; this led the ALA Fellows to identify areas of nurse management that needed addressing and to facilitate training for managers and supervisors.**

**Team:** Stewart Kaipua, Sannath Talo, Anne Punufimana, Jessie Larui, Stephen Seniga **Mentors:** Michael Larui, Verzilym Isom

**Action Plan:** Improve management and leadership skills of nurse managers and supervisors

**Purpose and Rationale:** A recent restructure of the nurse's scheme of service has improved the nurses' conditions but work performance does not yet meet the expected standards of the nursing profession, nursing council and the public. Strong nurse leaders will impact the whole of the nursing profession which will, in turn, improve the standard of nursing care.

**Problem:** The standard of nursing care is in decline, evidenced by negligence of duty; poor performance, attitude and behavior of nurses; dissatisfaction and complaints from the public; nurse training lacking focus on patient oriented care; and no available training for nurse managers and supervisors.

**Short term goal:** Identify areas of nursing management and supervision that need to be addressed then develop strategies and conduct training to improve management and leadership for competencies of nursing supervisors and managers – Achieved.

**Long term Goal:** Improve standard of nursing through strengthening leadership of nurse managers and supervisors – Ongoing.

**Timeline:**

<b>2009</b>	April	Team meets with Director of Nursing at Ministry of Health to identify challenges and issues for ALA project.
	June	ALA study days at UTS: Consultations with ALA Facilitators and Fellows; group work.
	July	High level support achieved through debriefing sessions with Secretary for Health, AusAID Health Development Specialist, Director of Policy and Planning, Heads of Nursing Departments and other senior health officials.
	August	Write proposal and seek funding for a Training of Nurse Leaders course.
	September	Training of Nursing Leaders, National Referral Hospital (first group).
	October	Training of Nursing Leaders, National Referral Hospital (second group).
	November	Training of Nursing Leaders, National Referral Hospital (third group).
<b>2010</b>	February	Jesse Larui is accepted into a Masters of Midwifery at Flinders University, Adelaide. She reports the ALA program has really helped her and leadership is included in her university course.
	March	Sannath Talo, through learning of regulation is helping to review the Nursing Culture Act based on nursing regulation.
<p><b>Lessons Learnt:</b> Fellows distance from each other proved to be an issue. For the following ALAs the Fellows will be chosen from one province so they can work closely together. If this is not possible, the Fellows will be implementing their Action Plans into their own province with the Ministry of Health and Chief Nursing Officer supporting from the main city.</p> <p>Also, due to budget constraints no money was assigned for the projects thus slowing down progress. Future ALAs will have money assigned to the Ministry of Health's nursing and midwifery budget which will feed directly into the Action Plans.</p>		
<p><b>Primary Stakeholders:</b> Nursing administration, Nursing Council, Solomon Islands Nurses Association, Solomon Islands Midwifery Association, Nursing institutes, Executive Committee of Ministry of Health, Donor partners, NGOs, Paramedics/doctors</p>		
<p><b>Secondary Stakeholders:</b> Solomon Island Population, Patients, Nursing Profession, Nursing institutes, Government, Paramedics, Nursing Council Board</p>		



"I cannot thank you enough for this program; one which I believe is a way forward in building the leadership capacity of our nurse leaders. Our challenge is to co-facilitate this end and we're optimistic of achieving results of this year's fellows work plan."

*Michael Larui, Director of Nursing, Solomon Islands*

## CASE STUDY: Clinical Governance in Samoa

**A change in health service delivery led ALA Fellows in Samoa to develop clinical governance to ensure quality of care is maintained for patients.**

**Team:** Katenari Pogi Aofia, Natasha Anaua Mamea Maa, Ana Lesoa Tafafunai Akapo. **Mentor:** Professor Pelenatete Stowers

**Action Plan:** Activate the implementation of the Nursing & Midwifery Practice (Clinical) Governance Framework in line with National Standards for Nursing & Midwifery Practice 2007.

**Purpose and Rationale:** A clinical governance framework will enable nurses to continually highlight and practice accordingly. A framework that will focus on nursing clinical practice during a time of corporatization is required.

**Problem:** There is a split between the Ministry of Health and the National Health Service which separates the governance and policy role from delivery of services. The nurses recognize that the Department of Nursing at the Ministry of Health had, in the past, been responsible for assuring quality care. The reformed National Health Service has the philosophy that it is going to be a corporation. The fear of the nurses is that the focus on funding will take away the focus on patient care.

**Short term goal:** Identify stakeholder perspectives on national Nursing & Midwifery (N&M) Clinical Governance Framework.

**Long term goal:** Facilitate understanding of N&M workforce about clinical governance & assist implementation of National Standards for Practice Clinical Governance Framework.

### Timeline:

2009	April	Team and mentor meet to identify and discuss key issue of the division between governance and policy role from delivery of services.
	May	Team isolate key stakeholders to be approached for collaboration and approval of clinical governance framework.
	June 15-26	ALA study days at UTS: Consultations with ALA Facilitators and Fellows; group work. Written report to NHS key stakeholders: Health Minister, General Manager NHS, Assistant CEO N&M, Nursing & Integrated Community Health Services Manager. Fellows accessed and used resources to draft survey for health services users and senior N&M on clinical governance. Presentations scheduled to all N&M in the NHS.
	July	Fellows present to all nurses and midwives in the National Health Service.
2010	January	Stakeholders have reviewed the draft clinical governance framework in line with the standards to ensure it can be implemented now. The National Health Service Board has not yet formally accepted the clinical governance framework.
	June	The Fellows write the job descriptions of key nurse consultants - the first part of implementation of clinical governance.
	December	The clinical governance framework was again submitted to the Board for consideration. The redefined job descriptions are accepted and approved by the Board.
2011	January	A directive is issued to the management of the National Health Service board to review the organizational structure of the National Health Services to ensure it reflects the vision of the National Health Service.  The nurses use this as an opportunity to fit the redefined roles and these positions of clinical leadership into the formal organizational structure, even though it hasn't been fully implemented.
	February	Workshops continue to inform the nurses in explaining what the redefined roles are and how they can contribute to Nursing and Midwifery.
<b>Primary Stakeholders:</b> Ministry of Health, National Health Service, Health Minister, General Manager NHS, Assistant CEO N&M, Nursing & Integrated Community Health Services Manager		
<b>Secondary stakeholders:</b> Health Education, Health Environment, Public Health; Donors; Healthcare workers, Community, Families		

"The main thing, as a mentor, is to see an increase in the Fellows skills as leaders. The process itself has enabled them to articulate and have confidence...they presented to the medical meetings, they presented to the management and they presented to the Nurses Association. The more they were exposed to stakeholder consultation the more confident they were."

*Professor Pelenatete Stowers, Assistant Chief Executive Officer, Ministry of Health Samoa*





## CASE STUDY: Human Resource Information Systems in PNG

**Good healthcare requires effective healthcare professionals to be in the right place at the right time.  
Poor HRH information systems in PNG led the ALA Fellows to refine and review the accuracy of their systems.**

**Team:** Magdeline Dokup, Thelma Ali-Asimi, Molly Marava, Betty Francis **Mentor:** Mary Roroi

**Action Plan:** Developing protocol guidelines for data cleansing on nursing information systems.

**Purpose and Rationale:** PNG has several human resource issues including a lack of capacity, an ageing workforce, lack of workforce planning, and failure to meet the health priorities. In 2007, Health Ministers in the Pacific agreed to strengthen health workforce planning and management. In line with this, the Action Plan addresses the need for good accurate human resource information systems which will ensure an appropriate workforce is managed.

**Problem:** Poor human resource information systems have weakened the health system and therefore is unable to respond to health needs, resulting in social indicators worsening (eg. maternal mortality). In response, 16 data entry officers were employed to fast track input of data for regulation and human resources for health. A lot of errors were made because the data entry officers did not understand the system, therefore this data needs to be cleansed in order to have accurate information available.

**Short term goal:** Ensure department will have accurate nursing information system in place— Achieved.

**Long term Goal:** Ensure there is awareness regarding registration prior to registration and renewal. Work with regulatory boards to disseminate guidelines – Ongoing.

**Timeline:**

2009	April	Statement and presentation on AusAID ALA program participation and Action Plan to a Ministerial Briefing for the Honorable Minister for Health & HIV/AIDS Minister Saza Zibe on behalf of Mr Mark Mauludu, Acting Secretary, National Department of Health
	June	ALA study days at UTS: Consultations with ALA Facilitators and Fellows; group work.
	July	Met with PNG Nursing Council Chairman and Committee and Senior Executive Management. Reviewed instructions for filling in and entering data forms.
	August	Formulate protocol guidelines for data cleansing
	September	Distribute draft protocol guidelines for data cleansing and received feedback
	October	Awareness workshops/meetings of new registration form – Health Care Practitioner Licensure & Registration
	November	Attended nursing and medical symposium. Met with nursing leadership and professional unions
2010	March	New entry of correct data begins
	April	Final report submitted
2011	February	Thelma Ali promoted to senior position in Ministry of Health
<b>Primary Stakeholders:</b> PNG Nursing Council, Minister and Health Secretary, Human Resource Health, Senior Executive Management, Regulatory bodies, NDoH IT (technical support)		
<b>Secondary Stakeholders:</b> Churches Medical Council, Universities, Media		



## CASE STUDY: Infection Control Training in Niue

**Outbreaks such as Avian Flu highlighted the need for both increased infection control training for healthcare workers as well as public education in Niue. This led ALA Fellows to develop training materials, workshops and public awareness campaigns on infection control.**

**Team:** Puasina Tatui, Palahemoka Kalauni **Mentor:** Ketí Fereti

**Action Plan:** Review and update infection control guidelines and develop infection control (IC) training for healthcare workers.

**Purpose and Rationale:** The previous outbreak of Avian Flu and Swine Flu highlighted the need for collaboration and implementation of infection control and response measures. Through IC training for healthcare workers and managing and controlling the limited available resources, more efficient delivery of care will be possible to the most vulnerable populations. An increase in the population's understanding of IC through effective community education and good IC practices, will help lessen the spread of infection and avoid public fear and panic.

**Problem:** Niue does not have the capacity in terms of human resources or supplies to respond effectively to a pandemic.

**Short term goal:** Review and update IC guidelines for infectious diseases – Achieved.

**Long term Goal:** Develop and implement training program on IC for healthcare workers. Plan and implement health education and a health awareness program on IC for the community – Ongoing.

**Timeline:**

2009	April	Lack of preparedness for infectious disease pandemic is recognized as an issue for Niue. Team agrees a two pronged approach is needed: IC training for health workforce and education of community.
	June	ALA study days at UTS: Consultations with ALA Facilitators and Fellows; group work. Identified training and resource needs in order to address critical areas. Develop workshops in IC.
	July	Consultation with Principal Nursing Officer who is supportive and will be instrumental in the implementation process. Training materials identified and ordered.
	August	Training plan developed and facilitators identified.
	September	Hand hygiene demonstrations, proper waste/sharp disposal, clean surfaces and distancing from contact workshops conducted. Health education strategy for the public developed
	October	Agreement with TV Niue for IC media campaign, signs on IC designed and displayed in waiting areas, public toilets, schools and workplaces. Consultations with village groups regarding IC sessions (hand hygiene, isolation at home if sick, social distancing measures etc)
<b>Primary Stakeholders:</b> Principal Nursing Officer, Department of Health, Ministry of Health, Health Sectors (Nursing Division, Pharmacy, Health Manager), National Pandemic Task Force		
<b>Secondary Stakeholders:</b> NGOs, national youth, women, village councils, churches, private sector, media		



## CASE STUDY: Nursing Standards Developed in Kiribati

**Urgent health issues in Kiribati led ALA Fellows to produce globally and regionally adapted Nursing Standards - ensuring guidance for nurses and midwives on the quality and safety of their care.**

**Team:** Ms Helen Murdoch **Mentor:** Ms Mamao Robate

**Action Plan:** To develop the Kiribati National Standards for Nursing Practice in order to monitor and regulate the standard and safety of nursing practice in Kiribati.

**Purpose and Rationale:** Several immediate health issues need to be addressed such as an increase in infant mortality, high prevalence of TB and increasing prevalence of non-communicable diseases. A national standard on nursing practice will guide nurses in their roles and responsibilities and ensure they provide quality health care.

**Problem:** A lack of a regulatory framework in Kiribati for nursing impacts on the competencies, standards and safety of nursing practice. Other problems include a lack of specialized nurses, such as midwives and a high staff turn-over.

**Short term goal:** Review Nursing Standards from Pacific Islands & western countries & adapt as relevant to the Kiribati context to produce a draft Nursing Standard – Achieved.

**Long term Goal:** To ensure the nursing care provided to the public is of the highest possible standard and nurses have a clear career path – Ongoing

**Timeline:**



2009	April	Consultation with senior managers of the Ministry of Health, nurses and teachers were carried out to share the ideas and get their support for the project.
	June	The curriculum review which was being undertaken was timely as we could incorporate our proposal.
	July	Comparing and compiling nursing standards relevant to Kiribati context. Implementation plan developed and presented to the Director of Nursing Services and Senior Management Committee.
	August	Draft Nursing Standard written.
	September	Consultation meetings take place with Nurses Advisory Committee and Nursing Council.
	October	Compilation of comments and recommendations produced from consultations with decision makers.
	November	Presentation of document to Nursing Council for legal advice and Senior Management Committee for endorsement.
2010	June	Three series of workshops were conducted in order to share the proposed regulatory document. The workshops were conducted at the same time as when the outer island nurses were called for other workshops such as IMCI and EPI.
2011	February	Nursing Council will be approached to discuss and to get their agreement for the inclusion of the regulations into their document.
<b>Primary Stakeholders:</b> Director of Nursing Services (DNS) & Deputy DNS, Kiribati Nurses Association (KNA), Nurses Advisory Committee (NAC), Quality Assurance committee (QAC), Nursing Education Training Committee (NETC), Nursing Council (NC), Senior Management Committee (SMC), Patients, Public		
<b>Secondary Stakeholders:</b> patients, public, Doctors Association, donors		

"To me the ALA was very useful because we learnt a lot. I was just new to the post (Director of Nursing) and was trying to organise myself so it was very helpful at that time... It gave us an idea about how to further develop ourselves and how to run projects. I know now we need to look into our programming and the development of that. Now we want to learn more about research - we have more things to do!"

*Mamao Robate, Director of Nursing, Ministry of Health, Kiribati*



## CASE STUDY: Succession Planning in Fiji

**Retirement of experienced nurses and midwives at age 55 has forced Fiji ALA Fellows to explore succession planning options.**

**Team:** Mrs Adi Miliika Narogo, Mrs Talatoka Tamani, Mr Raymond St John.

**Mentor:** Silina Waqa Ledua

**Action Plan:** Updated data system of nursing workforce.

**Purpose and Rationale:** By recording the nursing workforce and having an effective data system, issues such as succession planning and leadership development are made possible.

**Problem:** In Fiji nurses are forced to retire at age 55. This has a huge impact on the nursing workforce including loss of expertise, experience and leadership.

**Short term goal:** Ensure an effective & updated data system of nursing workforce is implemented. Promote a culture that ensures succession planning is ongoing in all sections within the nursing division – Achieved.

**Long term Goal:** Ensure there is a succession plan in place for all strategic nursing positions within the Ministry of Health. Develop leadership competencies at all levels of nursing within the Ministry of Health, Fiji – Achieved.

**Timeline:**



2009	April	Lack of succession planning is recognized as an issue for Fiji. Team agrees the first step is to record and track the nursing workforce so potential leaders can be recognized.
	June	ALA study days at UTS: Consultations with ALA Facilitators and Fellows; group work.
	July	Presentation by the ALA team to Acting Director of Nursing. This results in the following actions through ensuing months.
	August	Post Processing Unit (Human resource data unit) was instructed to review the data of nursing workforce in Fiji & give the update on vacant positions & new services that have been rendered. This is currently in progress.
	September	All nursing heads are asked to identify five potential future leaders in each position & the incumbent of the position is to mentor & coach them in the position.  Nurse leaders who were retired at 55 years are now reengaged in the position for a further 6 months and have 2 days a week for succession training.
	October	One of the Fellows has been promoted to Chief Matron.
	November	Mentoring and coaching is tied in with Fiji's 'New Directions in Nursing' for 2009 and beyond. The action plan is being integrated with national training program. Fiji School of Nursing has been instructed to review its management course for nursing leaders.
	December	New Director of Nursing presents to all nursing leaders in all divisions in Fiji and the Fiji School of Nursing explaining the need to start mentoring & coaching future nursing leaders in Fiji. She presents examples of past nursing leaders that haven't passed on their good management skills & strongly suggests this generation makes a change in the culture of Nursing in Fiji.
2010	February	Presentations have been made to divisions about the AusAID ALA program & action plan. All queries have been answered and everybody agrees to implement the succession plan.
	June	Mentoring & coaching have been incorporated in each management position & Fellows are developing an assessment tool for all nursing leaders.
	December	The Fiji School of Nursing has been instructed to review its management course for nursing leaders & the decision has been made to resume the course again next year.
2011	February	Ongoing mentoring takes place.
<b>Primary Stakeholders:</b> Director of Nursing, Fiji School of Nursing, Ministry of Health, Nurse Leaders		
<b>Secondary Stakeholders:</b> Human Resources policy makers, Donors, Families, Communities.		

## CASE STUDY: Professional Development in the Cook Islands

**An urgent need to provide patient safety and reduce errors in the Cook Islands led the ALA Fellows to Strengthen professional development strategies.**

**Team:** Kura Loane, Nga Manea, Ngariki Teaea. **Mentor:** Iokopeta Ngari

**Action Plan:** To strengthen & maintain the Continuing Professional Development (CPD) program in key clinical skill areas for nurses in the Cook Islands

**Purpose and Rationale:** Cook Islands ALA Action Plan encompasses the need for nurses and midwives to maintain their competencies. The provision and delivery of safe practice and services to patients will be enabled through: updating nursing clinical skills, appropriate and timely nursing assessment, and verified nursing assessment skills.

**Problem:** Nursing services in the Cook Islands have never had a continuing professional development program. This has resulted in a failure to ensure patient safety, improper recording of procedures, failure to monitor and report, medication errors, failure to follow nursing procedure and falls and injuries.

**Short term goal:** Draft continuing education program – Achieved.

**Long term Goal:** Strengthen & maintain professional development for nurses in the Cook Islands – Ongoing.

**Timeline:**



2009	April	Issues of lack of continuing professional development for nurses have been recognized. Team agrees the development of a country wide CPD program is needed. Target areas include: Wound Care management; IV Cannulation; Interpreting ECG; NCD (Diabetes & Hypertension); IV Certification course; Drug Calculation; A & E triaging; First Aid
	June	ALA study days at UTS: Consultations with ALA Facilitators and Fellows; group work. Report to hospital grand round, meeting of charge nurses & first 2 months sessions scheduled for CPD program.
	July	Action plan presented to key stakeholders, however, challenges with communication and meeting everyone at once exist as one of the Fellows is located on the outer islands .
	September	In country nurses request information sessions to be run by the Fellows. Implementation on track except for one teaching session.
	October	Information sessions provided by Team to nurses.
	November	First Aid course for nurses completed. Delivered by the Red Cross.
2010	February	Wound care session completed.
	May	IV cannulation session delivered. When the participants have inserted IV cannulation with 10 patients they will be awarded a certificate of completion.
	June	Negotiations take place with diabetes nurse specialist from New Zealand to arrange workshop for Diabetes and Hypertension session.
2011	February	The beginning of a program for nurses for continuing professional development has been developed and will be expanded to a bigger project for all health professionals beyond nursing.
2012	March	Fellows are accepted into the Drug and Therapeutic Committee. This has been a big step forward for nursing in the Cook Islands as it is an example of how nursing is being included in decision making processes. The fellows have a say in essential medicines and are making decisions together with the pharmacists.
<b>Primary Stakeholders:</b> Director of Nursing, Quality Managers, Charge Nurses, Nursing school, IT technology support, Nursing council, Director of outer island services.		
<b>Secondary Stakeholders:</b> Director of Hospital Services, Director of Clinical services, media, Human Resources policy makers, Donors, Families, Communities.		

"The ALA program has strengthened me as the Chief Nursing Officer for Cook Islands. There were a lot of challenges that came my way in this position and I will continue to seek the support of the South Pacific Chief Nursing and Midwifery Officer Alliance in my role for Cook Islands."

*Iokopeta Ngari, Director of Nursing, Ministry of Health, Cook Islands*

## CASE STUDY: Midwife-led antenatal clinic in the Cook Islands

**Lack of choice for antenatal care, lengthy waiting times for pregnant mothers and a large qualified midwife workforce led Cook Islands Fellows to establish a midwife-led antenatal clinic.**

**Team:** Joyce Matamaki and Teina Windy **Mentor:** Elizabeth Iro

**Action Plan:** To establish a midwife-led antenatal clinic from first booking to 36 weeks gestation.

**Purpose and Rationale:** Develop a midwife-led clinic to enable mothers to have the choice of who to see from early pregnancy and also to allow qualified midwives to continue developing their knowledge and skills.

**Problem:** Lengthy waiting times for pregnant mothers to access care, lack of choice for their antenatal care and many underutilized midwives within the public health service.

**Short term goal:** To establish a midwife-led antenatal clinic to provide a service that: is more accessible for the mothers and convenient; provides early detection of complications; minimizes waiting hours; allows a more patient centered approach; provides continuity of care; and increases the attendance of mothers to antenatal clinics.

**Long term Goals:** To strengthen nursing and midwifery leadership skills. To increase capacity within nursing and midwifery services to enable them to meet changing population and health system needs. To improve and support nursing and midwifery networks across the country and region. To improve antenatal care for pregnant mothers overall.

**Timeline:**

<b>2011</b>	April	Develop Action Plan through identifying problems in maternal and child care in the Cook Islands.
	June	ALA study days at UTS: Consultations with ALA Facilitators and Fellows; group work. Set up meeting with stakeholders to present project proposal which has an aim of strengthening midwifery practice through establishing a midwife-led antenatal clinic from first booking to 36 weeks gestation.
	July	Met with Chief Nurse to present report on ALA project. The Action Plan was then presented to key stakeholders. The support received from the stakeholders was tremendous, providing the confidence to the Fellows to progress with the action plan. Understanding the benefits for establishing this service has also been well received. Benefits: Strengthen midwifery skills; reduce waiting time for women; woman/family centered approach; provide continuity of care; free-up obstetrician/doctor to attend to other (obstetrics and gynecological) cases.
	August	Met with midwives to set up program and room to deliver service. Explored opportunities for antenatal education classes. Discussed using radio program to advertise service. Thursday was recommended as midwifery led clinic day.
	September	Action plan progress carried out by midwives to date.
	October	Implementation of services and monitoring of action plan.
	November	Reviewed action plan. Space for midwifery-led clinic secured (used by obstetrician/gynecologist on days when it is not a midwifery-led clinic). Two midwives supported to work with ob/gyn doctor and lead the midwifery clinic.
<b>2012</b>	January	Received feedback from midwives, women and obstetrician through survey questionnaire. Midwifery-led clinic started, once a week.
	February	Approach of the ALA fellows has changed; their professionalism has increased and communication skills have improved. Patient satisfaction survey has had a very positive outcome and attendance to antenatal classes has doubled. Evening antenatal classes have been moved to bigger rooms to accommodate the increase in numbers. Doctors are supporting the clinic and classes.
<b>Primary Stakeholders:</b> Ministry of Health, Director Hospital Health Services, Obstetrician, Quality Manager, Chief Nursing Officer, Charge Nurse Maternity, Doctor in Outer islands, Midwives.		
<b>Secondary Stakeholders:</b> Mothers, fathers, partners, and family.		
<b>Lessons Learned:</b> Difficulties we have experienced have been in coordinating our mainland efforts with our outer islands efforts. But we feel we can duplicate similar outcomes in the two locations.		

"This ALA program has really boosted my confidence in becoming a future leader within the area of work I'm in at the moment. This has inspired me to become more assertive and become an efficient leader and manager."

*Joyce Matamaki, Fellow, Cook Islands*

"The fellows' confidence and ability to articulate concerns and address nursing issues has been evident since the ALA. Taking the lead in discussions with stakeholders and following through on projects are good indicators of leadership skills."

*Elizabeth Iro, Chief Nursing Officer, Cook Islands*

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## CASE STUDY: Developing Procedure Manuals in Vanuatu

**A shortage of skilled, qualified nurses is undermining patient safety in Vanuatu. ALA Fellows aim to help improve the situation by developing standard operating procedures for all wards.**

**Team:** Jacques Honore Maurice and Marie Madeleine Mermer **Mentor:** Leipakoa Matariki

**Action Plan:** Develop relevant nursing and midwifery standard operating procedures and procedure manuals for all wards.

**Purpose and Rationale:** Improve the quality of nursing care by developing standard operating procedures / procedure manuals for all wards, especially for addressing maternal and child health.

**Problems:** Three main issues are: doctors are making nursing orders, rather than nurses; there is a mismatch between students' learning from classroom to practice; a shortage of professional nurses, midwives and nursing assistants undermine best practice, patient centered care and patient safety.

**Short term goal:** Research, develop and receive endorsement of standard operating procedures for all wards.

**Long term Goal:** To strengthen and improve nursing and midwifery practices, patient centred care and patient safety within Vila Central Hospital and promote nursing and midwifery scope of practice.



### Timeline:

2011	April	Develop Action Plan through identifying problems in nursing care, in particular for maternal and child health in Vanuatu.
	June	ALA study days at UTS: Consultations with ALA Facilitators and Fellows; group work. Present the idea and project plan to Vila Central Hospital (VCH) Management for endorsement and approval
	July	Plans to present the project plan to the Ministry of Health and donors for funding and technical assistance; establish a working committee; research and collect information; produce first draft copy of standard operating procedures/procedure manuals are put on hold.  Funds are needed for the Action Plan to move forward. To engage stakeholders, space for meetings needs to be hired but with no available funds are available at the moment.  A major restructuring of the Ministry of Health along with the redevelopment of the hospital – including the outpatient and emergency departments require all key stakeholders time and energy. Furthermore, all available funding from AusAID and NZAID is being directed towards these major changes.  These changes will ultimately benefit the Fellows and the nursing profession. A Principal Nursing Officer position will be created within the Ministry of Health. Therefore a dedicated senior level position within the Ministry can work to strengthen and improve nursing and midwifery practices, patient centred care, patient safety and promote nursing and midwifery scope of practice
2012	February	The ALA experience supports Fellow Jacques to write and develop a nursing policy framework and other nursing policies.
<b>Limitations:</b> The major barriers that obstructed this work from happening: restructuring of the Ministry of Health and redevelopment of hospital both demand the time of senior decision makers and also use the available funding. No chief nurse within the Ministry means nursing issues are not a high priority.		
<b>Primary Stakeholders:</b> Community of care provider within Vila Central Hospital, Vila Central Hospital Management, Directorate of the Southern Health Care, Department of Health, Vanuatu College of Nursing Education (VCNE), Donor partners		
<b>Secondary Stakeholders:</b> UTS WHO CC for Nursing and Midwifery & Health Development, patients, community		

"The work during the ALA study days helped me with my professional thinking. The project process of identifying a problem and trying to solve it has helped me in my management role."

*Jacques Honore Maurice, Nursing Services Manager VCH, Vanuatu*

"I have learnt the roles and responsibilities of a good leaders; how to develop a project and have improved my leadership skills."

*Marie Madeleine Mermer, Registered Midwife, Vanuatu*

## CASE STUDY: Improve Health Workforce in the Solomon Islands

**With the ultimate goal of improving the performance of the health workforce, Solomon Island Fellows conduct a Knowledge, Attitude and Practice (KAP) survey to identify where improvement is needed most.**

**Team:** William Timba and Jeffrey Korini **Mentor:** Michael Larui and Verzily Isom

**Action Plan:** KAP Survey on, registered nurses, nurse aids and midwives to understand their knowledge, attitude and practices in maternal and child health care management in Western and Choiseul Provinces

**Purpose and Rationale:** Find out the gaps in the health workforce knowledge, attitude and skills so a program can be developed to improve the health workforce and ultimately maternal and child health.

**Problem:** Inconsistent level of skills, practice and attitude of midwives, registered nurses, and nurse aides.

**Short term goal:** Conduct a survey to find out where the gaps are in health work force performances in order to help determine where the health system needs strengthening with regards to addressing maternal and child health programs.

**Long term Goal:** Improve standard of care to the population through strengthening health workers' skills, practice and attitudes toward maternal and child health care.

**Timeline:**



2011	April	Start to develop KAP survey in line with World Health Organization guidelines.
	June	ALA study days at UTS: Consultations with ALA Facilitators and Fellows; group work. On return to Solomon Islands meet with nursing administration and mentors, head of school of midwifery, director of reproductive health, and director of child health. Apply for approval of KAP survey through ethics committee of the Ministry of Health. Negotiate for funding from local and national sources; secure AU\$6,000 (SBD\$50,500) for training and logistics (transport, petrol etc).
	July	Continue to develop KAP survey tool in consultation with WHO CC UTS and other key stakeholders.
	August	Pretest KAP tool and train staff who will implement the KAP survey in two provinces: Western Province and Choiseul Province.
	September	Implement KAP survey: selection of participants through systematic sampling; data collection. 42% (95) of the total nurses and midwives in the Solomon Islands were surveyed at three levels of care: 16 midwives, 29 registered nurse, 50 nurse aids.
	November	Compile data; analyse data. It was found that there are inconsistencies noted in knowledge, as well as attitude and practice in the three levels of nurses; indicating a need of up skilling and refresher training.
	December	Write and present report to Ministry of Health. The survey has: <ul style="list-style-type: none"> <li>indicated strengths and weaknesses of health workers skills that can be addressed;</li> <li>gathered an evidence base that will be used to improve MCH Programs;</li> <li>generated information that is measurable so that training programs can be focused on areas where nurses need to build their skills;</li> <li>indicated that health workers attitude has contributed to poor attended practices;</li> <li>shown inconsistencies and also discrepancies in the knowledge and practices at all three levels of nursing care.</li> </ul>
2012	February	Training recommendations arising from the KAP survey and analysis: Specific training for nurses including emergency obstetric care; midwifery students should undergo a competency assessment period of 6 months; portable scan to be included in midwifery curriculum. Further recommendations given on deployment of health workers; and specific equipment upgrades.
<b>Limitations:</b> Due to financial difficulties the survey couldn't capture the total nursing workforce in the three levels: nurses, midwives and nurse aides. The focus was narrowed to Western Province and Choiseul Province, ultimately capturing 42%.		
<b>Primary Stakeholders:</b> Ministry of Health and Medical Service, Nursing Administration, Reproductive Health Division, Child health Division, International Partners, WHO Collaboration Centre UTS, UNFPA, AusAID, Mother & Child &Men, Nurses and Midwives		
<b>Secondary Stakeholders:</b> Faith based Organization, Non-Government Organizations		

## CASE STUDY: Increase Supervised Child Birth Deliveries in PNG

Papua New Guinea has one of the highest maternal death rates in Asia Pacific, prompting ALA Fellow, Mary Samor, to action a training program on maternal health care skills for community health workers.

**Fellow:** Mary Samor

**Action Plan:** Increase coverage of supervised deliveries by up-skilling community health workers with maternal health care and emergency skills in order to reduce maternal mortality rate.

**Purpose and Rationale:** The midwife shortage (1 midwife to 10,000 population) is directly related to an increase in maternal deaths. Community health workers (CHW) are in rural areas where most maternal deaths occur and almost 90% of the population lives. Therefore, it is important for the CHW to be able to recognise a problem and make an early referral, or manage the manageable, and slow the maternal mortality rate.

**Problem:** PNG's maternal mortality rate has doubled in the last 10 years and is now 733/100,000 live births which equates to 1300 women dying every year. PNG has pledged to reduce the maternal mortality rate by 75% by 2015, however to meet PNG's commitments, significant efforts to improve maternal health must be undertaken.

**Short term goal:** Training of community health workers to provide maternal health services, provide referral services for high risk mothers and manage immediate or urgent maternal health emergencies in line with the PNG Maternal Health Review.

**Long term Goal:** Increase supervised child birth deliveries and decrease the overall maternal mortality rate.

**Timeline:**

2011	April	An initial meeting was held to discuss how to initiate the up-skilling of community health workers. Discussions included: the approach in developing a training program, identifying the criteria for selection of the applicants, identifying the provinces where the training will take place and the certification of the people trained. The outcome of the meeting included activities that would be done before the development of the training materials. This included writing letters to the provinces informing them about the support needed in terms of accommodation and supervision.
	May	A workshop was conducted with the Community Health Workers with the assistance of an obstetrician/gynecologist specialist. The PNG midwifery competency standards were used as a guide to develop the community health workers competency for maternal health skills. There were some conflicting issues regarding the training package design including more advance skills, e.g vacuum extraction and induction of labor. However, it was agreed that once the document is compiled and in place a second meeting will convene to critically look at the training package before its implementation.
	June	ALA study days at UTS: Consultations with ALA Facilitators and Fellows; group work. It was decided tutors themselves would design the package.
	November	Another meeting with seven educators from many provinces in PNG convened to discuss the training package design with ALA fellow facilitating. A training package was designed including: delivery, antenatal care, neonatal care, management in emergencies and referral/decision making skills. The package was designed in line with the competency logbook (recently introduced)
	December	Four hospitals informed about clinical attachments with community health workers, which will run for 6 months.
2012	February	Community health worker training is ratified within the department; next step is for the provinces to own this project to facilitate implementation.
	March	Fellow contacted by many nurses who want to complete an ALA course.
<b>Evaluation:</b> A tool will be developed to evaluate the outcome of the training and clinical attachment. The impact of the training will be demonstrated by increase in ratio of supervised deliveries by skilled birth attendants (Long term).		
<b>Primary Stakeholders:</b> Midwives and Nurses; HR (incentives have to be tied to additional skills); donors; health facility managers; church health secretaries; National Department of Health; community health worker schools; obstetricians and gynecologists, midwives, registration board and the Community Health Training Institutions.		
<b>Secondary Stakeholders:</b> World Health Organization; United Nations Population Fund; AusAID; NZAID		



"I have gained confidence, new knowledge and a good learning experience. UTS is well set up and has a very friendly environment. The hardest thing for me is standing up for what I think should be happening, having a view of how things should start and end. I know I have to say this is what's going to happen...then make it happen."

Mary Killo Samor, Deputy Director Maternal Health Command Post, Papua New Guinea

## CASE STUDY: Succession planning in Nauru

**With lack of succession planning policies in place, qualified and skilled nurses are not being identified to take up positions of leadership prompting ALA Fellows to form a Succession Planning Committee.**

**Team:** Nemesia Capelle and Isabella Dageago **Mentor:** Gano Mwareow

**Action Plan:** To develop a Succession Planning Program for Nauru Department of Health – Nursing Division; as part of the overall management system which is linked to the Nursing Services Review 2008.

**Purpose and Rationale:** To contribute to the improvement of health care services through development of leadership roles within nursing division at all levels.

**Problem:** Succession planning is non-existent within the work force. The current process for promotion of nursing staff is by hierarchical selection rather than by merit (skilled /qualified). As there is no policy in place, there is a lack of identified, qualified or skilled nurses to take up key roles and responsibilities.

**Short term goals:** To form a succession planning committee within the workforce and to use developed criteria to identify a pool of qualified nurses who have the potential to hold key roles and responsibilities in the future.

**Long term Goal:** Develop a succession planning policy procedure which will encourage leadership roles within nursing at all levels, ensuring the improvement of health care services.

**Timeline:**



2011	April	Develop Action Plan through identifying problems with nursing workforce in Nauru it was decided a Succession Planning Program was needed.
	June	ALA study days at UTS: Consultations with ALA Facilitators and Fellows; group work. Presentation given to the ALA Fellows.  Upon returning home a presentation of the Action Plan was given to the nurses at the Curative Section, twenty two nurses including the Health Educator and Assistant Director of Nursing attended. The main issue raised by the nurses was regarding whether nurses would receive an increased salary.
	July	Presentation of Action Plan to Public Health nurses and staff, held in the Public Health Section, twenty six nurses and staff attended.  Review of draft and amendment of Succession Planning Terms of Reference and selection of chairpersons for the succession planning committee: the committee was named Succession Planning Program Committee (SPPC) and consists of 9 members: Chairperson – Isabella Dageago (Amwano) (ALA Fellow member 2011) Assistant Chairperson – Nemesia Capelle (ALA Fellow member 2011) Secretary – Moralene Capelle (Jeremiah) (ALA Fellow member 2009) Assistant Secretary – Celestine Eaeo (Supervisor Public Health Section)  Other committee members are: Director of Nursing; Assistant Director of Nursing; Health Educator; Supervisor in Acute Block; Midwife in Maternity Section
	August	Next meeting for SPPC held. Succession planning committee developed criteria for each role to be filled by potential candidates. Amended terms of reference and reviewed nursing structure.
	September	Holdups due to members of the committee going on their annual leave, attending workshops and conferences overseas.
2012	February	Further holdups occur because of conflicting priorities within the department. Expressions of Interest are advertised but this is for temporary vacant positions and not for future key positions.
	April	Fellows plan to continue succession planning in our own departments/units to be in line with the current nursing establishment.
<b>Limitations:</b> Personal attitudes of nurses accepting changes within nursing workforce; resistance from nurses to hold key role areas and responsibilities; salary not attractive; use of proper and transparent selection of criteria for the right nurses to hold key roles and responsibilities. Conflicting priorities within the Department of Health.		
<b>Primary Stakeholders:</b> Director of Nursing/Acting Director of Nursing (DON/ADON); Health Educator/Nurse Training Officer (HE/NTO); Director of Medical Services (DMS); Health Service Advisor; Director of Administration; Director of USP; Human Resource; Director of Public Health; Nauru ALA fellows (from both 2009 and 2011); Unit Managers; Primary Health Care Manager; Supervisors; Nursing Staff at all levels; School/Health Promoting Officer; Secretary of Education; Secretary of Health and Medical Services; Minister of Health		
<b>Secondary Stakeholders:</b> All health care workers; Ministry of health; Nursing unit; Participants; Other Pacific countries role (Fiji's role in support?)		

"Attending the UTS program was really helpful and informative. Previously my knowledge was focused only towards my position back on my island. Now I have learnt quite an enormous amount of stuff on leadership, collecting of data, human resources and how important that is in my role as a leader and how it will help me make myself a better leader."

*Nemesia Capelle, Unit Manager, Dialysis, Nauru Island*

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## CASE STUDY: Develop nursing/midwifery competencies in Kiribati

**An increase in maternal and infant deaths over the last 10 years has prompted Kiribati Fellows to develop midwifery competencies through training workshops.**

**Team:** Agnes Bauro Nikuata & Tabiria David Kamantoa **Mentor:** Mamao Robate

**Action Plan:** Development of Nursing & Midwifery Competencies

**Purpose and Rationale:** Set up a Review Committee to re-develop nursing and midwifery professional competencies in key priority areas, beginning with a partogram to ensure that vital data is recorded accurately, thereby providing a good record of the progress in labour, so that any issues may be detected quickly and treated accordingly.

**Problem:** Several problems have led to the need for a review and monitoring of staff compliance to nursing competencies: Increase of maternal and infant deaths over time; increase in outer-islands referral cases (to main island); increase in number of admissions to maternity unit; increase in number of newborns admitted to NICU and increase in length of stay in hospital.

**Short term goal:** Establish training workshop for midwives and nurses working in the maternity unit in South Tarawa to develop their competency with the use of partograms, including competency to determine cervical dilation and ability to plot findings on a partogram.

**Long term Goal:** To increase the use of a partogram by midwives and nurses throughout Kiribati. To train midwives and nurses on how to use partograms effectively during labour so that mothers can be monitored closely and life-threatening complications are identified, allowing both mother and child to be managed appropriately.



### Timeline:

2011	April	Develop Action Plan through identifying problems in maternal and child care in Kiribati.
	June	ALA study days at UTS: Consultations with ALA Facilitators and Fellows and group work.
	July	Consult with mentor and other stakeholders regarding Action Plan.
	August	Met with key stakeholders regarding training workshop on "partogram" competencies.
	September	Prepare for and develop training activities.
	Oct - Dec	<p>Conduct 2-day training workshops for Midwives/nurses working in Maternity Unit and Betio Hospital, Public Health nurses on South Tarawa, Midwifery students – Post Basic School and Third year student nurses – Kiribati School of Nursing</p> <p><b>Actions from workshop:</b></p> <ul style="list-style-type: none"> <li>• Train all midwives and nurses working in Maternity Unit/Betio Hospital/South Tarawa/Midwifery students/Third Year student nurses</li> <li>• "Partogram Assessment Tool" – IEC/forms in place</li> <li>• Set up a Review Committee: Case analysis</li> <li>• Explore funding support from WHO and others</li> </ul>
2012	January	Training of midwives and nurses in other three hospitals on outer islands.
<b>Limitations:</b> Financial support; human resources; training facilities and materials; time; distance to remote areas.		
<b>Primary Stakeholders:</b> Director of Nursing Services; Deputy of Nursing Services; Director of Hospital Services; Director of Public Health Services; Principle School of Nursing, Midwifery Training School and Public Health Training School; WHO; UNICEF; UNFPA; MHMS		
<b>Secondary Stakeholders:</b> Health Statistics Information Unit; Hospital Medical Record Unit; Health Promotion Unit; Pharmacy and Medical Stores Dept.; Laboratory Dept., X-ray Dept.; Local NGOs; Health Nutrition Unit; Nursing Advisory Committee; Nursing Education Training Committee.		

"I have gained so many things, but the one highlight was the learning to work with stakeholders, because if you work on your own you cannot achieve things, but I have seen now that liaison and consulting with these bodies will make your work or target reachable."

Tabiria Kamantoa, *Principal Nursing officer, Kiribati*