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:

2011	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.
2012	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.
Primary Stakeholders: Ministry of Health, Director Hospital Health Services, Obstetrician, Quality Manager, Chief Nursing Officer, Charge Nurse Maternity, Doctor in Outer islands, Midwives.		
Secondary Stakeholders: Mothers, fathers, partners, and family.		
Lessons Learned: Difficulties we have experienced have been in coordinating our mainland efforts with our outer islands efforts. But we feel we can duplicate similar out-comes 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.
Limitations: 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.		
Primary Stakeholders: 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		
Secondary Stakeholders: 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 Manger 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

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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 Verzilyn 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: • indicated strengths and weaknesses of health workers skills that can be addressed; • gathered an evidence base that will be used to improve MCH Programs; • generated information that is measurable so that training programs can be focused on areas where nurses need to build their skills; • indicated that health workers attitude has contributed to poor attended practices; • shown inconsistencies and also discrepancies in the knowledge and practices at all three levels of nursing care.
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.
Limitations: 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%.		
Primary Stakeholders: 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		
Secondary Stakeholders: Faith based Organization, Non-Government Organizations		

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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.
Evaluation: 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).		
Primary Stakeholders: 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.		
Secondary Stakeholders: 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 Kililo Samor, Deputy Director Maternal Health Command Post, Papua New Guinea

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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 Eaoeo (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.
Limitations: 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.		
Primary Stakeholders: 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		
Secondary Stakeholders: 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	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 **Actions from workshop:** • Train all midwives and nurses working in Maternity Unit/Betio Hospital/South Tarawa/Midwifery students/Third Year student nurses • "Partogram Assessment Tool" – IEC/forms in place • Set up a Review Committee: Case analysis • Explore funding support from WHO and others
2012	January	Training of midwives and nurses in other three hospitals on outer islands.
Limitations: Financial support; human resources; training facilities and materials; time; distance to remote areas.		
Primary Stakeholders: 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		
Secondary Stakeholders: 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*