WORLD HEALTH ORGANIZATION COLLABORATING CENTRE
FOR NURSING, MIDWIFERY & HEALTH DEVELOPMENT
World Health Organization
Western Pacific Region

UNIVERSITY OF TECHNOLOGY SYDNEY

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 Keti 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.

2012	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
2014		Select and send staff for post graduate studies - Candidates selected, course available.
Primary Stakeholders: Director of Health, Minister of Health, Principle Nursing Officer, Human Resource Health Manager, Public Service Commission, Chief Medical Officer, Nurses.		
Secondary Stakeholders: Members of the community		
Limitations: 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.

2012	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
2012/2013	December 2012 - June 2013	Submit reports to SDHS/SDMO/DMO/DNS/PSH/AusAID
Limitations: Possible limitations and barriers may include a lack of appropriate support for this project, and other commitments of the team.		
Primary Stakeholders: 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

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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.

2012	August-October	Obtain funding for implementation of project plan - Submit funding proposal.
2013	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.
2014	January	Submit a Discharge Plan Guideline to approve as a policy to use in hospital setting
Limitations: Possible barriers to this project may resistance to change from stakeholders, staff shortage and limited funding.		
Primary Stakeholders: NHS Boards, Ministry of Health, Politicians, Faculty of Nursing, Nurses, Nurses Association		
Secondary Stakeholders: 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

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 Faafoi **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
Limitations: Possible limitations and barriers include staff shortage, inadequate supply of necessary resources, and poor transport.		
Primary Stakeholders: Village Councils, Tokelau Health Department, Nurses, UNICEF, WHO, AusAID		
Secondary Stakeholders: 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 Faafoi, ALA Fellow 2012, Tokelau

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 (CRP) of 33% is low and falls below the World target of 50%. Low CRP 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
Limitations: Possible limitations and barriers include resistance to change by consumers, inadequate physical and financial resources, and poor transportation.		
Primary Stakeholders: 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: 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.

2012	July	Get new protocols – Fiji, Tonga, NZ, Australia & England (NICE website)
	August	2nd meeting with stakeholders
	October	Discuss protocols with stakeholders
	December	Write protocols
2013	February	Disseminate draft to stakeholders
	April	Print final draft
Limitations: 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.		
Primary Stakeholders: 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
Limitations: Possible limitations and constraints include time, inadequate required resources and potential cultural barriers.		
Primary Stakeholders: 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