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

Australia Awards

UTS
UNIVERSITY OF TECHNOLOGY, SYDNEY

2015 CASE STUDY: Strengthening Palliative Care Services; Cook Islands

Cook Islands Team: Teio Kea; Mata Matamaki **Mentors:** Ngakiri Teaea

Action Plan: To enhance palliative care services in the community, through improving capacity of community care providers.
Purpose and Rationale: To increase awareness of importance of 'at home' care; to improve acceptance of family. To prevent/reduce the number of admission (elderly) and length of stay in hospital; to fulfill the desires of elderly to stay at home; reduce anxiety of carers about keeping elderly at home; improve quality care service—spiritual, mental, social, physical.

Problem: The community believe that the hospital is a place to care for their dying loved ones, and the geriatric ward will be closing soon.

Short term goal: Continuation of community nurse visits program to support home carers; promote less stress, and more interest on family members to care for their loved ones at home.

Long term Goals: More elderly being cared for at home; increase the satisfaction of the elderly with their living conditions; better partnerships with NGOs in care provision of elderly.

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

2015	July	Present project to ministry of health; present project to health care team.
	September—end of project life	Increase awareness of care of the elderly at home
		Strengthen Public Health nurses/service provider's home visits program
2016	July	Prepare report; submit report.
Primary Stakeholders: Charge nurses; staff in clinical; public health nurses; doctors; physiotherapy; liaison officer; NGOs; Community members		
Secondary Stakeholders: Director hospital health services; doctors in the ward; Chief Nursing Officer; Director of public health; manager of public health nurses; Chief Medical Officer		
Limitations: Disinterest from MOH staff, NGOs and stakeholders; Families still refuse or neglect to care; elderly might not want to stay at home; time demands on relatives from caring of the elderly; limited resources and funding; lack of support from service providers.		

FELLOWS QUOTES

"This is a very important program...continue this fruitful and knowledgeable training" - Teio Kea, AAF Fellow 2015, Cook Islands

"This program was really well-planned and we were cared for very well. Even the facilitators are so good in presentation—well spoken in a way I fully understand." - Mata Matamaki, AAF Fellow 2015, Cook Islands

2015 CASE STUDY: Standard support supervisory guideline—Primary Health Services (prevention); Kiribati

Kiribati Team: Tiareti Terawea; Teoraiti Bauia Tetoa **Mentors:** Helen Murdoch

Action Plan: To revise and develop a standard support supervisory guideline to improve the primary health services (prevention) to address the health issues and challenges.

Purpose and Rationale: To improve staff performance; to increase awareness on the use of a new guideline—amongst DPNOs, medical assistants, public health nurses, Island Council members; to improve the supervisory skills and attitude; engage supervisors to use new guidelines in order to monitor and evaluate the PHN & MA performance and progress of the programs; carry out three visits a year by each District Supervisor; document support supervision and report to DNS/DPHS/Secretary.

Problem: There are two supervisory issues: The 1st Guideline (2007) has too much to read and to follow; and the 2nd Guideline (draft) is too brief, with some areas missing. This action plan aims to strengthen the reporting system to address the issues from each island or clinic.

Short term goal: Preparation of new guideline and production of copies; inform/teach the DPNOs and Mas on the new guideline; increase awareness of the health providers on the importance of the SS guideline.

Long term Goals: Assess the practice change as a result of a new guideline; prepare the report of the new guideline.

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

2015	June	Present project plan to MOH, DNS, and NAC.
	October	Develop the new guidelines and review the previous guidelines
	November	Review the new guideline (draft)
	December	Formally accept the guideline (final)
2016	January	Guideline used in clinical practices by M/As, PHNs and District Supervisors
	March	Receive feedback from clinicians on the use of the new guideline
	Tentative	Submission of report
Primary Stakeholders: MOH (Senior Management Committee); PHNs, District Supervisors' Island Council Members		
Secondary Stakeholders: Recipients of primary health services		
Limitations: Funding unavailability; materials; running of the program: workshop on the new guidelines; ongoing support supervision visits; time constraints (multi-task); motivation of the staff and supervisor.		

FELLOWS QUOTES

"I really appreciate this program in developing my skills in leadership and my country to bring change." - Teoraiti Bauia Tetoa, AAF Fellow 2015, Kiribati

"The program is very important because we have gained skills and knowledge in order to become good leaders in our working units." - Tiareti Terawea, AAF Fellow 2015, Kiribati

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

Australia Awards

UTS
UNIVERSITY OF TECHNOLOGY, SYDNEY

2015 CASE STUDY: Standard Operational Procedure for Triaging Patients of Niue Foou Hospital; Niue

NiueTeam: Tesl Tahafa Viliamu; Juvena Tufaina Siataga **Mentors:** Puasina Tatui

Action Plan: To ensure, provide, and achieve efficient and effective triage and outpatient services to improve service delivery and enhance customer satisfaction.

Purpose and Rationale: Challenges and limitations experienced in the Healthcare system affects the level of efficiency of the services provided for the general public.

Problem: Prolonged patient waiting time; Categorization of patients to be seen first is not clear. Current practice is the "first come, first serve basis"; Staff shortages throughout the hospital further delays patient waiting times to be seen by a Doctor; lack of resources to use (sometimes staff have to share equipment, due to the delay in the procurement of resources from overseas).

Short term goal: Develop a triage scale and categorization system for patients.
Long term Goals: Update a patient database; obtain funding for more resources; efficient flow of patients/satisfied customers.
Proposed Timeline: As per previous case studies, this timeline will be progressively updated.

2015	August	Present project to health system managers; Work on categorization system for patients/develop a triage scale
	December	Obtain funding for more resources; Order equipment's for Triage/OPD Unit.
		Update a Patient database—patient register using MedTech.
2016	January	Deliver quality data/complete patient register using MedTech; Prepare and submit report of new triage system and results
	Ongoing	Monitor and evaluate changes over time on a regular basis (e.g. monthly); Re-conduct another questionnaire to obtain customer feedback
Primary Stakeholders: Minister of Health; Director General—MoSS; Director of Health; Principal Nursing Officer; Principal Public Health Officer; Medical Officers; Charge Nurses; Staff Nurses; Customers; Community		
Secondary Stakeholders: See above		
Limitations: Doctor preference; nurse distraction; cultural beliefs; language barrier; short staff; lack of resources; patient confidentiality.		

FELLOWS QUOTES

"This is a very beneficial training, not only obtaining knowledge from speakers/presenters, but also strengthens the nursing society in different countries. For example, learning about current successful projects implemented by nurses and moving up to a higher level position. An awesome experience meeting those in leadership roles, and also great inspiration." - Tesl Tahafa-Viliamu, AAF R15 Fellow, Niue

"This is a very good program that supports Pacific Island Nations in providing information and assistance to develop project plan to address issues in the Health Care Setting. Would like to encourage the continuation of this project in years ahead." - Juvena Siataga, AAF R15 Fellow, Niue

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

World Health Organization
Western Pacific Region

Australia Awards

UTS
UNIVERSITY OF TECHNOLOGY, SYDNEY

2015 CASE STUDY: Preceptorship Training for Clinical Supervisors and Unit Managers for training hospitals in Papua New Guinea; PNG

Papua New Guinea Team: Elizabeth Seto and Jimmy Boromio **Mentors:** Mary Kililo, Julianne Aihi

Action Plan: To improve the assessment of student trainee nurses through better assessment forms and processes.

Purpose and Rationale: The main purpose of this preceptorship training for the clinicians (unit managers in a hospital context) and rural facility manager nurse is to;

- Improve quality of nursing care prepared by the nursing students
- Give clinicians broader and wider understanding of the assessment used for the Diploma in General Nursing (DGN) student's in their clinical placements.
- To give the clinicians confidence in the assessment of the DGN students.
- To teach their colleagues about the assessment tool used for the training.
- Enable them to critique the assessment tool and make necessary changes as required to suit the different levels of training in the general nurse program in PNG.

Problem: A call has been made during Nursing School Principal's meeting in March, 2015 and a resolution was passed that: "on going preceptorship training was urgently needed through support from the NDoH". Since changed took place in nursing from the certificate course to a Diploma program, there has been some changes to the students' assessments tools. These assessment tools were adapted from the Australian nursing council competency standards; therefore the language is too technical and is often not understood by the clinical supervisors in the PNG health care system. This training is necessary to improve the understanding of the clinical supervisors to be competent in evaluating the students' clinical performances.

Short term goal: Review current students assessment forms; Develop specific assessment forms for: DGN1, DGN2, DGN3 and Bachelor of midwifery students

Long term Goals: Improve quality of nursing care prepared by the nursing students.

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

2015	August	Work commenced with nursing school clinical facilities on development of new clinical supervisory guidelines
	September	Hold workshop for clinical supervisors and unit managers on new assessment forms;
	October	Trial of student assessments using new assessment forms ; Prepare funding proposal;
2016	April	Prepare report; Submit report;
	TBC	Track the number of preceptors within the health facility and hospital units. (goal: at least one preceptor for each facility); 'The outcomes of the results will be communicated to our stakeholders: PNG Nursing Council, NDoH, NGOs, funding agency, WHO CC UTS
Primary Stakeholders: NDOH, Hospitals, Rural health facilities; NGOs.		
Secondary Stakeholders: Health workers from the NGOs, and NDOH care workers.		
Limitations: Funding may not be available on time; Venues not possible/ or may be occupied; Clinical supervisors may not be available due to work commitments; Facilitators may not be available as well due to work or other commitments; Bad weather may have implications on transportation		

FELLOWS QUOTES

"I very much enjoyed this workshop, and it enabled me to see issues from a wider perspective." - Jimmy Boromio, AAF R15 Fellow, Papua New Guinea

" This program is a resourceful one because it is broadening our knowledge. By being brought together, we are learning from each other as well as our facilitators [who] are encouraging...I have learnt a lot of things which will help me to improve a lot of things in my workplace to help nursing and midwifery services to be delivered to our people." - Elizabeth Seto, AAF R15 Fellow, Papua New Guinea

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

Australia Awards

UTS
UNIVERSITY OF TECHNOLOGY, SYDNEY

2015 CASE STUDY: Development of Code of Ethics and Conduct for Tongan Nurses and Midwives; Tonga

Tonga Team: Pinomi Latu; Mele Fifita'ila **Mentors:** Amelia Afuha'amango; Tilema Cama

Action Plan: This project aims to complete the Code of Ethics and Conduct for Tonga Nursing and Midwifery

Purpose and Rationale: To Improve quality of nursing and midwifery care at all times; Nursing practice will be aligned to code of ethics and conduct; Nursing and midwifery mission and vision will be achieved; Nurses Board-Nurses Act 2001 and 2004 amendment – Requirements; (d) to ensure maintenance of the required Standards of practice and conduct among nurses and midwives and to promote the development of guidelines and codes of conduct; (e) to advise the Minister on any matter relating to nurses and midwives; and (f) to review the implementation of the Act, the regulations , guidelines and code of conduct and to propose any changes or modifications, as may be deemed necessary; Mission and Vision of the Ministry of Health will be met.

Problem: No guidelines for ethical and conduct practice; Guidelines will make teaching of students clearer; Often receive negative feed back from patients and community of poor ethical and conduct practices of nurses

Short term goal: Revise drafted ethical and conduct framework by TNRA; present revised draft of Code to Nursing Organisation.

Long term Goals: Develop a finalized copy of the Code of Ethics and conduct.

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

2015	July	Project presented to Medical Superintendent and Tongan Nurses Borad; Revise of drafted ethical and conduct framework by TNRA; Present revised draft of Code to the Tongan Nurses and Midwives Board
	August	Submission of Revised copy to Tonga Nurses and Midwives Board (TN&MWB)
	Aug—September	Final revise of the drafted code with the Nursing Organisation
	October—November	Editing of Code of Ethics and Conduct, by the TNRA.
	November - December	Final Review of Edited Code—Publication of Code of Conduct and Code of Ethics booklet
2016	March-April	Launching of the Final Publication of the Code of Ethics and Conduct booklet; Distribution of Booklet
	April	Publication of Code of Conduct and Code of Ethics booklet; Submit report
Primary Stakeholders: Ministry of Health; Nursing Organisation; Chairperson of Tonga Nurses and Midwives Board; Tonga Nurses Research Alliance; Patients and Clients.		
Secondary Stakeholders: WHO CC UTS; Australian Government		
Limitations: Financial support; time management; core team has other responsibilities; core team not residing in same island; suppliers (foreign)		

FELLOWS QUOTES

"I will be sure to utilize the new knowledge and skills that I have gained from the training to promote quality services at my organisation."
- Pinomi Latu, AAF R15 Fellow, Tonga

"Please continue this program; it is very useful to us Pacific Islanders, especially to become a good leader. You have shown us tools to use as a leader in our nursing organisation" - Mele Fifitaila, AAF R15 Fellow, Tonga

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

Australia Awards

UTS
UNIVERSITY OF TECHNOLOGY, SYDNEY

2015 CASE STUDY: Reducing incidence of reports of negative attitude at Northern Provincial Hospital; Vanuatu

Vanuatu Team: Marie Rose Dingley; Tousei Lesteour **Mentors:** John Tasserei; Matariki Leipakoa

Action Plan: Reduce reports of incidences of unsatisfactory staff attitudes through: recongising own poor personal attitudes; accepting importance of 'good' attitudes; developing positive attitudinal skills.
Purpose and Rationale: Increase satisfaction in patient care; Reduce number of complaints of staff; Importance of consistent nursing practice; Counselling of all nursing staff with reports of poor nursing attitudes
Problem: Estimate an average of 1 complaint each month; 74 nursing staff; recognition of poor nurse attitude on patient care; patient perception of staff attitude reducing willingness to seek health care; nursing satisfaction with the care they provide is poor.

Short term goal: Inform charge nurses and senior staffs; prepare resources.
Long term Goals: inform and counsel each individual staff; organize meeting and workshops for NPH nursing staff; reduce incidence of reports of negative attitude at Northern Provincial Hospital.

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

2015	August	1. Present the project to the Medical Superintendent of NPH 2. Present project plan to NSM and Nurse in charge. 3. Present project plan to Vanuatu Nursing Council. 4. Present project to Vanuatu Centre for Nurse Education. 5. Present project plan to HRO of the MOH
	September	Increase awareness of the importance of project to NPH nursing staffs.; Review of available resources including evidences/ data
	December	Implement reviewed evaluation forms;
2016	March	Review project achievements identifying achievements and weaknesses and reasons for occurrences
	July	Preparing reports of project activities; Review project achievements and identifying achievements and weaknesses and reasons for occurrences; Submit report to stakeholders.
	Ongoing	Implementation of meetings, counseling and workshops on related topics on staff attitudes; Receive additional staff participation.
Primary Stakeholders: Charge Nurse Services Manager; Charge Nurses; Nursing Staff; Human Resource Officer; Public Services.		
Secondary Stakeholders: Vanuatu Nursing School; Vanuatu Nursing Council		
Limitations: Disinterested staff; time demands for Project Leaders; Skills and knowledge from Facilitators and Human Resource Officers; Funds for additional resources.		

FELLOWS QUOTES

"This program must continue every year, so that leadership skills will be improved in the Pacific countries." - Marie Rose Dingley, AAF R15 Fellow, Vanuatu

"[I will] share this knowledge to colleagues in the managerial levels [and] work in partnership with them for the improvement of nursing in the