

2009 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.
2011	December	Ms Keppa graduated from Diploma of Midwifery, Fiji	
	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	
Primary Stakeholders: Director of Nursing and Assistant Director of Nursing, Director of Medical Services, Director of Administration, Director of Public Health and services; Ministry of Health			
Secondary stakeholders: Health Education; Health Environment; Donors; Healthcare workers, Community, Families, Police, Immigration			



2009 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:

2009	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.
2010	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.
2011	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.
Primary Stakeholders: 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.		
Secondary Stakeholders: 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

Contact: Michele Rumsey, Director of Operations and Development **phone:** +61 2 9514 4877 **email:** whocc@uts.edu.au **web:** www.nmh.uts.edu.au/whocc

WHO CC UTS ALA Brief 2009—Draft: final copy to be ratified by SPCNMOA

2009 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:



2009	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.
2010	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.
2011	February	Submit the final Nursing Standards to Council of the Ongoing Government for endorsement & implementation.

Primary Stakeholders: 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.

Secondary Stakeholders: 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

Contact: Michele Rumsey, Director of Operations and Development **phone:** +61 2 9514 4877 **email:** whocc@uts.edu.au **web:** www.nmh.uts.edu.au/whocc

WHO CC UTS ALA Brief 2009—Draft: final copy to be ratified by SPCNMOA

2009 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:

2009	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).
2010	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>Lessons Learnt: 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>Primary Stakeholders: 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>Secondary Stakeholders: 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

2009 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 Anau 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.
Primary Stakeholders: Ministry of Health, National Health Service, Health Minister, General Manager NHS, Assistant CEO N&M, Nursing & Integrated Community Health Services Manager		
Secondary stakeholders: 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

2009 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
Primary Stakeholders: PNG Nursing Council, Minister and Health Secretary, Human Resource Health, Senior Executive Management, Regulatory bodies, NDoH IT (technical support)		
Secondary Stakeholders: Churches Medical Council, Universities, Media		

2009 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:** Keti 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)
Primary Stakeholders: Principal Nursing Officer, Department of Health, Ministry of Health, Health Sectors (Nursing Division, Pharmacy, Health Manager), National Pandemic Task Force		
Secondary Stakeholders: NGOs, national youth, women, village councils, churches, private sector, media		

2009 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.
Primary Stakeholders: 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		
Secondary Stakeholders: 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

2009 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.
Primary Stakeholders: Director of Nursing, Fiji School of Nursing, Ministry of Health, Nurse Leaders			
Secondary Stakeholders: Human Resources policy makers, Donors, Families, Communities.			

2009 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.
Primary Stakeholders: Director of Nursing, Quality Managers, Charge Nurses, Nursing school, IT technology support, Nursing council, Director of outer island services.		
Secondary Stakeholders: 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