

# Directors of Clinical Services Meeting

## Réunion des directeurs des services cliniques

### **REGIONAL CLINICAL SERVICES UPDATES**

#### **SUMMARY**

The Public Health Division (PHD) of the Pacific Community (SPC) plays a key role in clinical, biomedical and nursing support to Pacific Island Countries and Territories (PICTs), through its regional governance of hosting the Directors of Clinical Services (DCS) and the Pacific Heads of Nursing & Midwifery (PHoNM) as Secretariat with a helpdesk function, in supporting PICTs to cooperate regionally, to improve regional governance for clinical and nursing services strengthening, coordination and collaboration that enables scarce resources to be more effectively utilised. This is facilitated through the Clinical Services Program (CSP).

This briefing paper provides an update of support and activities implemented during the 2020-2021 period.

## 1. BACKGROUND

SPC is the principal scientific and technical organisation in the Pacific region, proudly supporting development since 1947. It is an international development organisation owned and governed by 26 PICTs. The CSP is one of three programmes in the PHD (one of the ten divisions of SPC). Recognising that stronger regional oversight is the key to better management of regional aspects of country health systems, the PHD plays a key role, through its regional governance of hosting the Directors of Clinical Services (DCS) and the Pacific Heads of Nursing & Midwifery (PHoNM) as Secretariat with a helpdesk function, in supporting PICTs to cooperate regionally, to improve regional governance for clinical and nursing services strengthening, coordination and collaboration that enables scarce resources to be more effectively utilised. To this end, SPC also plays a key role in strengthening networks of clinical and nursing professionals and institutions, and improving the production and exchange of current and relevant information between clinical and nursing health stakeholders<sup>1</sup>.

## 2. PROGRESS AND ACHIEVEMENTS

**2.1 Clinical Governance:** SPC hosts the DCS and PHoNM regional governance meetings for PICTs member countries. In February 2020, the PHoNM and partners identified Human Resources, Nursing Education and Research, Nursing into the Future, Primary Health Care (PHC) and Universal Health Coverage (UHC), and Health Emergency. Since this inaugural meeting, SPC has supported 5 PHoNM recommendations in the areas of perioperative nursing, critical care nursing, emergency medicine nursing, and leadership and management support and training.

Since the DCS meetings in October 2020, SPC has provided support to Critical Care (Emergency medicine, perioperative nursing), ENT<sup>2</sup>, Audiology, Infection Prevention and Control (IPC), Paediatrics, Radiology, Surgery.

*2021: Recruitment of PHD nursing adviser, to provide technical and policy advice, and oversight whilst supporting nursing services in the region. CSP and partners provided support for strengthening workforce capacity through Continuous Professional Development (CPD) for Intensive/Critical Care, Infection Prevention & Control, discipline specific clinician and nursing specialisation.*

**2.2 Strengthen PICTs networks and capacity to mobilise resources:** CSP hosts a Regional Help Desk function to assist PICTs with their Clinical, Nursing & Biomedical requests. Majority of requests were from Development Partners, followed by PICT's, Specialist Colleges/Associations and

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<sup>1</sup> PHD Business Plan 2019-2020

<sup>2</sup> Ear, Nose and Throat

Institutions. The areas supported included Anaesthesia, Biomedical, Critical care Nursing, ENT, Emergency Care Nursing, Infection Prevention & Control, Perioperative Nursing, and Radiology.

*2021: Total of 172 requests to date. Type of requests were on information sharing (38%), enquiry (16%), technical advice (15%), meetings (10%), resourcing (9%), training (7%) and advertising (4%). 21% (35) of linkages resulted in resource mobilisation.*

*PICTs requests were mainly for information sharing, enquiry, resourcing and technical advice (in that order). At least 92% of country requests were responded to within 3 days.*

**2.3: Improve regional collaborations on more cost-effective regional approaches that capitalise on economies of scale:** SPC continues to work in collaboration with RACS and the Harvard Global Safe Surgery Program to provide support to countries in their development of the NSOAP<sup>3</sup>. Due to travel restrictions in country, biomedical support has been conducted remotely to PICTs with face-to-face support in Fiji.

SPC and RACS continues to collaborate in Perioperative Nursing training support to Fiji, Kiribati, Marshall Islands, Micronesia (FSM), Nauru, Palau, Samoa, Solomon Islands, Tonga, Tuvalu & Vanuatu. Through the Australian College of Nursing (ACN), SPC has supported training in perioperative and critical care nursing. Additionally, is the support to peer-to-peer education and mentoring through the USAID funded ventilator programme to Fiji, Kiribati, and Nauru.

*2021: SPC provides support to Tonga's NSOAP. Biomedical remote support provided to Kiribati, Nauru, Tuvalu and Vanuatu and face to face support to Fiji.*

*32 nurses enrolled in the Graduate Certificate of Critical Care Nursing (GCCCCN) at the ACN. Support from RACS have ensured access to ProQuest (e-book database) for these 32 nurses. Eight nurses (25%) from the 2020 cohort of 32 GCCCCN PICTs nurses, have completed their training. 22 nurses have enrolled into the 2021 GCCCCN cohort. 36 nurses have enrolled into the Graduate Certificate in Perioperative Nursing (GCPN) of which 11 are supported by SPC and 25 by RACS. At least 190 HCWs, majority nurses, were trained in critical care management of a COVID-19 and critically ill patient, and use of the ZOLL ventilator through the USAID funded ventilator programme to Fiji, Kiribati and Nauru. The Standards for Perioperative Nursing in PICTs (SPNP) manual is in its final stages of editing and will be available in hard copy and electronically for member countries. The development of the manual is a collaboration between SPC and RACS, initially titled as the Pacific perioperative*

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<sup>3</sup> National Surgical Obstetrics and Anaesthesia Plans

*practice bundle (PPPB), and funded through DFAT. The development of the Online Module of the SPNP is a RACS funded initiative in collaboration with SPC and Interplast. The latter has been engaged to develop the online module using the Praxhub platform.*

*With the COVID-19 funding support from partners, the CSP procured 8 Hamilton Transport ventilators, ventilators, mannequins for critical care training, oxygen concentrators and accessories, monitors, capnography monitors, laryngoscopes, pulse oximeters and critical care equipment and resources to PICTs. User and installation training was conducted for the Hamilton transport ventilators for 11 PICTs and preparation is underway for the biomedical technical training.*

**2.4: Improve evidence-based planning & decision making by DCS and PHoNM:** CSP in collaboration with other partners supports research and analytical work to support informed decision making by DCS and PHoNM. A critical care follow up capacity survey was conducted in June-July 2021 as an adjunct to the 2020 needs analysis critical care capacity survey.

*2021: Preliminary findings of the 2021 Critical Care Survey indicated the concerns raised by ICU specialists, anaesthetists and nursing management, of the need for more skilled and trained HCWs in ICU/HDU<sup>4</sup> facilities, more consumables and resources for ICU/HDU equipment, and space with better infrastructure. The 17 survey facilities in the 13 PICTs reported their main challenges as equipment and consumables, workforce shortage, lack of trained staff and biomedical capacity.*

*54% (7/13) of the survey countries provided a nurse: patient ratio of 1:2 in critical care support however this situation may vary should there be COVID-19 cases to manage. 23% (3/13) of the survey countries reported a nurse: patient ratio of more than 1:5 indicating the shortage and the need for upskilling and training of nurses in critical care.*

**2.5: Strengthen Pacific Clinical and Nursing Networks (PCNNs) capacity to identify, prioritise and address discipline-specific issue/challenges common to PICTs:** CSP continues to support the PCNNs discipline-specific regional/sub-regional issues through continuing professional development and leadership development initiatives.

*2021: Support provided to PCNNs - Anaesthesia, Emergency Medicine, Paediatrics, Mental Health, Surgery, Nursing and Radiology. Support to PIORNA<sup>5</sup> affiliation to ACORN<sup>6</sup>*

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<sup>4</sup> Intensive Care Unit/High Dependency Unit

<sup>5</sup> Pacific Islands Operating Room Nursing Association

<sup>6</sup> Australian College of Perioperative Nurses

### **3. CHALLENGES**

- COVID-19 in country travel restrictions has limited support to PICTs – provided remotely. Adapt to what is available and can be done remotely.
- Health technology and internet connectivity in country remain a challenge in accessing virtual trainings, meetings with PICTs.
- Continuity to complete online education programs remain a challenge due to internet connectivity, absence of training equipment (e.g. laptops etc), study time allocation
- Competing priorities in PICTs – COVID 19 & Vaccination.

### **4. FUTURE DIRECTIONS**

#### **4.1 Recommendations for governments:**

- Political will and leadership to advocate and support clinical services and nursing priorities
- Strengthen biomedical support
- Nursing priorities
  - To continue support for nursing education and specialisation e.g. study time, study space
  - Establish and/or strengthen career pathways for nursing specialisation e.g. critical care, emergency nursing, perioperative nursing

#### **4.2 Recommendations for development partners:**

- To continue to provide and support PICTs in priority clinical and nursing needs, both regionally and at the national level
- To provide ongoing support for workforce strengthening, service delivery and improving quality of clinical and nursing services.
- Support to strengthen biomedical capacity in country.