

# Directors of Clinical Services Meeting

## Réunion des directeurs des services cliniques

### **Strengthening Critical Care Capacity – the Nauru experience**

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 the Clinical Services Programme (CSP), the PHD supports PICTs to co-operate regionally to improve regional governance for clinical and nursing services by strengthening, coordinating, and collaborating enabling resources to be effectively utilised.

The National Critical Care and Trauma Response Centre (NCCTRC) located in Darwin, Australia, has been working in partnership with SPCs PHD since November 2020.

Together, the PHD and the NCCTRC have developed programmes designed to develop, enhance, and support existing Critical Care nursing capabilities throughout the Pacific Region.

## 1. BACKGROUND

The care of critically ill patients remains an essential component of International Health systems. There are many definitions of what Critical Care is;

The World Federation of Societies of Critical Care Medicine (WFSICCM) defines it as ‘*a multi-disciplinary and inter-professional specialty dedicated to the comprehensive management of patients having, or at risk of developing, acute, life-threatening organ dysfunction (p7;2021)*

Critical illness can occur at any point of patient contact – the pre-hospital setting, the Emergency Department, the inpatient wards, or the Intensive Care Unit (ICU). Critical Care does not require a physical ICU space – and neither should it be seen as a silo – it is an integral part to the system that the patient moves through during illness. (World Health Organisation 2022)

During the COVID-19 pandemic there was a worldwide drive for the rapid upskilling of the Healthcare workforce to provide a Critical Care surge capacity. The Critical Care survey undertaken by SPC in 2020 indicated the need for more skilled and trained Health Care Workers who are competent in managing Critically unwell patients throughout the Pacific region.

Since November 2020, the PHD of SPC, specifically the CSP has been working in partnership with the NCCTRC to increase capacity and sustainability in the Critical Care workforce throughout the Pacific region.

## 2. PROGRESS AND ACHIEVEMENTS

Strengthening Critical Care Services requires a multi-faceted approach incorporating three core pillars: education, research, and policy. Similarly, the World Health Organization’s building blocks for Emergency Care development can be applied to Critical care development, namely, Human Resources and Training, Infrastructure and Equipment, Processes and data and Leadership and Governance.

### 2.1 The provision of Critical Care education – human resources and training

SPC operate on a ‘*on demand*’ basis whereby partner countries ask for assistance for education and training and procurement of resources. During 2021-2022, a total of seven training sessions were delivered remotely to five PICTs (Fiji, Nauru, Tokelau, Vanuatu, and Kiribati) in partnership with

Critical Care and Infection Prevention Specialists throughout the Pacific and the NCCTRC. This provided a blended approach to learning and promoted peer to peer teaching and learning.

One face to face education session has been delivered in Nauru in April 2022 once international borders started to open. Over 170 Health Care workers have received training in management of COVID -19 patients and Critical Care.

## **2.2 Development and implementation of clinical guidelines**

Clinical guidelines need to be adapted to each context and carefully implemented. In Critical Care, deteriorating patient guidelines and processes for rapid recognition and action are key to saving lives.

Through the mentorship programme and peer to peer collaboration, standard operating procedures (SOPs) were also developed to support the COVID-19 response to 5 PICT's – Fiji, Vanuatu, Tokelau, Nauru, and Kiribati. These SOPs were developed in consultation with local clinicians

## **2.3 Coaching and mentorship**

Coaching and mentorship are essential for nurses to translate learning into practice. Through the partnership with SPC, we have mentorship programmes occurring in both Fiji and Nauru.

## **2.4 Just in time training**

Just in time training improves confidence, prevents attrition of skills and knowledge and also develops leadership and advocacy skills. During the Pandemic when international borders were closed, AUSMAT deployed to numerous PICTs as part of the Australian Government COVID -19

response. Whilst the NCCTRC co-ordinate AUSMAT deployments, the Regional Engagement Team within the NCCTRC and SPC, along with local clinicians were able to build on these just in time trainings to provide a more strategic and sustained programme.

## **3. CHALLENGES**

- COVID-19 in country travel restrictions has limited in-country training to PICTs.
- The only current option for formal recognised postgraduate Critical Care training includes the *Graduate Certificate of Critical Care Nursing* through the Australian College of Nursing. This course is delivered online.
- Continuity to complete online education programmes remain a challenge due to the reliability and financial challenges of internet connectivity and Information Technology resources.

- The availability of protected study time and space for healthcare workers to attend training.
- Enabling nurses and other healthcare workers to work in a system where procurement and distribution of resources, consumables and equipment is equitable and seamless.

#### **4. FUTURE DIRECTIONS**

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

- Nursing priorities
  1. Leadership at Ministry level to prioritise Critical Care development.
  2. Formalise partnerships with organisations so that partnerships can flourish and grow. These partnerships can support and grow the nursing leaders of the future so that they can grow the next generation of nurses and healthcare workers.
  3. To continue support for nursing education and training in Critical Care both informally through short courses and formally via post graduate University study.
  4. Establish and/or strengthen career pathways for nursing specialisation in Critical Care by providing protected study time and attendance at trainings.

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

1. To continue to provide and support PICTs in priority clinical nursing needs, both regionally and nationally.
2. To provide ongoing support for workforce strengthening, service delivery and improving quality of clinical and nursing services
3. Training is required to be ongoing so that the nursing workforce is empowered, competent and autonomous. Training needs to go beyond virtual learning. Face to face learning with clinical support and exchange programmes and mentoring.

#### **REFERENCES**

International Federation for Emergency Medicine (2021). White paper on early critical care services in low-resource settings in low and middle income countries. Critical care in Emergency Medicine special interest group. [www.ifem.cc/resource-library/](http://www.ifem.cc/resource-library/). Accessed 12/7/22

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