

# Pacific Heads of Nursing & Midwifery Meeting

## Réunion des directeurs des soins infirmiers et obstétricaux du Pacifique

### **NURSES TOGETHER: A FORCE FOR GLOBAL HEALTH**

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#### **Basic Emergency Care for Nursing: The WHO Basic Emergency Care 25 x 25 x 25 Initiative**

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Most of the frontline care in the Pacific is delivered by nurses. For Emergency Care (EC) to evolve, efforts must focus on ensuring education for nurses in EC is available and accessible. The Basic Emergency Care (BEC) course has been developed as a resource for sharing EC knowledge, and the WHO 25 x 25 x 25 initiative aims to grow a community of Emergency Care clinicians with the skills to rapidly assess critically ill or injured patients and treat life-threatening injuries. BEC training supports improved clinical care and patient outcomes, and training can be held in country, increasing participation and reducing cost.

Challenges include competing priorities for funding and limited budgets, the need to train local nurses to deliver the material, and creating sustainable change which requires commitment to ongoing training to mitigate attrition and knowledge becoming 'rusty'.

Future directions for BEC should include ensuring this is not a one-off effort to increase EC skills in nurses, but is part of an ongoing program of training and EC development that is embedded in each country's health plan.

## 1. BACKGROUND

More than 90% of frontline care in the Pacific is delivered by nurses. There is a demonstrated need for nurses to have access to education that provides them with skills to safely assess and manage acutely unwell or injured patients.

To-date there has been no coordinated regional approach to delivering this type of training to nurses. Recognising the global need for improving front-line care, the World Health Organisation (WHO) & International Committee of the Red Cross (ICRC), in collaboration with International Federation for Emergency Medicine (IFEM), developed the [Basic Emergency Care](#) (BEC) course as an open-access resource for clinicians in low resource settings. The BEC course teaches an ABCDE approach to assessing and managing life-threatening illness and injury.

The WHO, BEC 25 x 25 x 25 is an initiative that seeks to see 25% of nurses in 25 countries receive BEC training by the year 2025. It is hoped that Pacific Island Countries and Territories (PICTs) can benefit from this focus on improving emergency care skills for nurses.

## 2. PROGRESS AND ACHIEVEMENTS

### 2.1 Training delivered

Since 2017 (when BEC was still in draft form) there have been seven BEC courses delivered in the Pacific, resulting in 140 nurses in three PICTs successfully completing the training. Many PICT nurses are not able to access post-graduate education, either because they don't have the financial means, have responsibilities that prevent travel, or don't meet current university selection criteria. This short course can provide all nurses with an opportunity to acquire core frontline skills.

### 2.2 Direct impact on clinical care

Feedback from nurse participants and senior hospital management is that there is an improvement in clinical care provided by nurses who've attended BEC training. This improvement in clinical care corresponds to an improvement in patient outcomes. After BEC training not only are the skills of the participants lifted, but other staff also benefit and learn from seeing emergency care demonstrated.

### **2.3 Short duration & in-country delivery**

Short courses are less taxing on rosters and staffing in the context of acute and chronic clinician shortages. Delivery of courses in-country allows for higher levels of participation and are much more cost effective when compared with sending nurses off-shore for training.

### **2.4 Development of systems within health care services**

When all clinicians are using the same language and tools, the workplace can develop systems that enhance competence and patient safety. Nurses with emergency care skills can reduce reliance on the over-stretched medical resources, allowing for other services to be provided.

## **3. CHALLENGES**

### **3.1 Geographical challenges**

Nurses in many PICT's have geographical challenges to accessing education. Outer island and remote clinic nurses (often those who gain the most from this training), are limited by the distances to centralised training.

### **3.2 Funding for training**

Currently there is no identified funding stream for this initiative. Health budgets in PICT's have little stretch. Funding not only has to cover the training, but also travel and accommodation for participants not located centrally, and the means to pay staff to cover the roster absences. Relying on donor funding is unreliable and dependent on donor priorities.

### **3.3 Lack of regional or local consistency**

There is no clear regional plan for ongoing nurse education, particularly development of Emergency Care skills. Training is often ad hoc and without regional consistency.

### 3.4 Need for nurse specific training

Most short courses are designed and delivered for medical staff. It is appreciated that nurses are invited to join some training, however, the material is not always well suited for nurses. Nurses have different roles and responsibilities to their medical colleagues and benefit from targeted education delivered by nurses.

Few PICT hospitals have Nurse Educator roles supporting Continuing Nurse Education (CNE). There is a lack of local preceptors for EC nurses.

### 3.5 Workforce issues

Shortages of health care workers exist across all regions and specialities. This makes it difficult to release nurses for training, and contributes to staff fatigue and burnout. The migration of senior nurses seeking opportunities for education or better pay and conditions, leaves a very junior workforce, often with little senior support.

## 4. FUTURE DIRECTIONS

- 4.1 **One of the important aspects of this initiative is to highlight, recognise and value the work of Pacific nurses.** Recognising the life-saving value of front-line training designed to support nurses is a first step in creating a regionally applicable capacity building plan.
- 4.2 BEC needs to fit within each country's program for ongoing nurse education and nurse capacity building.
- 4.3 Maintenance of frontline skills requires access to regular and coordinated skills refresher training. BEC could sit as a cornerstone of this.
- 4.4 Recognition of the value and importance of nurses receiving training from nurses should be a key criterion when planning training.
- 4.5 As part of wider capacity building in nursing, a strategy that creates and fosters local nurse educators aligns with the need to sustainably maintain and develop local skills and knowledge among frontline clinicians.