

INTERNATIONAL DEVELOPMENT FUND – 2011 GRANT REPORT

NURSING CAPACITY BUILDING FOR EMERGENCY CARE IN PNG A PARTNERSHIP BETWEEN ST VINCENT'S HOSPITAL, MELBOURNE, AUSTRALIA AND THE PORT MORESBY GENERAL HOSPITAL, PAPUA NEW GUINEA

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1. BACKGROUND

The ACEM International Development Fund 2011 Grant was awarded to a team of senior nurses from the emergency department (ED) St. Vincent's Hospital, Melbourne (SVHM) to assist with a long term project of nursing capacity building for emergency care in Papua New Guinea (PNG). The amount of \$20,991 was allocated to fund exchange visits between SVHM nurses and nurses from the ED of the Port Moresby General Hospital (PMGH) for the purposes of peer support, knowledge expansion, teaching and training and professional development. The project was timed to coincide with the opening of a new ED at the PMGH and designed to focus on the skill, staffing, equipment and management needs of the PNG senior ED nurses. Whilst PNG emergency physicians have received longstanding peer support from FACEMs, it was recognised that their nursing colleagues were working in isolation. This project sought to educate and support the PMGH ED nurses in order to build a sense of teamwork and a shared understanding of emergency care.

2. AIMS OF PROEJCT

The specific aims of the project were to work towards meeting the locally identified needs of the PNG emergency care team, which include:

- To continue to develop the professional links.
- To support the professional development of the PNG emergency nursing team
- To support the emergency team in their transition to a new department.
- To support the development of systems and processes that assist in patient flow and the delivery of care.
- To assist in the development of a multidisciplinary approach to patient care.
- To assist in the education of staff and their utilization of new equipment.

3. ACTIVITES

Two phases of the project were completed. A visit of three SVHM ED nurses to PNG occurred in late 2012, and in mid-2013, two PMGH senior nurses spent time at SVHM. The reports of both of those visits (from the SVHM perspective) and the itinerary of the PNG nurses for their Melbourne visit are included as attachments to this final report.

Overall the activities of both visits matched the planned activities as outlined in the original IDF Grant Application, although only two (instead of the proposed three) nurses participated in each exchange. For the visit to PNG, these included observing the new ED, meeting with stakeholders and providing education and strategic advice on key ED systems and management issues such as triage, patient flow, “fast-track” care and ED equipment. For the PNG nurses visiting SVHM, activities included participatory observations, meetings, formal teaching and reflective discussion around the topics of triage, ED nursing leadership, clinical assessment, teamwork, documentation and quality, safety and infection control. Of course there were also opportunities for social events which consolidated friendships and a sense of comradeship and peer support outside of the normal ED environment. In Melbourne, a special “Trivia Night” event focussed on raising funds to purchase essential equipment and other crucial items for the PMGH nurses and their new ED.

4. OUTCOMES

Direct feedback from all participants was extremely positive. From the PNG nurses, they highly valued the opportunity to see mature systems of triage, learn about a variety of ED topics and receive directed mentoring and professional peer support. The SVHM nurses received valuable insights into the delivery of emergency care in the PNG context and the resource challenges faced by their PNG colleagues. This has enabled them to adapt teaching and other exchange activities to the PNG context in order to ensure high relevance and facilitate sustainable changes. Work is ongoing to enhance the desired regional ED nursing peer support networks through increased engagement with the College for Emergency Nursing Australasia (CENA).

No formal reports have been received from the PNG nurses after their visit in mid-2013, so it has been difficult to comment on longer term outcomes from the PNG side. Furthermore, as the third exchange visit (SVHM nurses back to PNG) has not yet occurred, direct observation of the impact of these educational visits has not been made and a formal evaluation through directed stakeholder interviews is yet to be performed. All parties, however, are extremely supportive of further exchange visits with the possibility of multidisciplinary involvement and longer visit duration (see the attachment entitled “Future Plans 2013-14”).

5. CHALLENGES AND CHANGES

One of the biggest (and regular) challenges is actually getting the PNG nurses mobilized and ready to travel to Australia. The process for the Phase 2 visit began several months before the trip was scheduled and even then could not meet the target dates for travel. Despite Dr. Georgina Phillips meeting in person (in PNG in March 2013) with the nurse in charge of coordinating and approving this visit and encouraging activation of the passport, visa and other processes, there was significant delays in this area. A large part of the delay lies on the Australian side, with overly officious scrutiny of travelers from PNG and unacceptable delays in obtaining reports from required investigations, such as Chest XRays. Extensive preparation had gone in to this trip and many events were planned in Melbourne, which were thwarted when the PNG nurses did not arrive as scheduled (due to delay with visas). A fundraising evening ran without the ‘Guests of Honour’ and their whole trip was truncated significantly due to late arrival.

Communication with the PNG side from Melbourne is significantly impaired by essentially non-existent IT infrastructure. None of the nurses have ready access to email and do not use it. Telephone numbers of often incorrect or change frequently, or are simply not answered. It has taken several months to make a telephone connection with the nurses at the PMGH – only to discover that they are all on strike. This makes any meaningful follow-up (without actually being in the country) virtually impossible. Pressure on PNG nurses is also significant and makes their travel and emancipation highly tenuous. Shortly after arriving in Melbourne, one of the PNG nurses heard that her male partner / husband was unhappy about her travelling and had cut up and destroyed all of her clothes back in PNG

as a punishment. The threat and reality of violence and retribution for individual independence and improvement is very real for PNG women and is an unmeasured risk to any ongoing work with female (who are the vast majority) nurses.

Originally, this project was to include 3 exchange visits; two from a SVHM team to PNG and one with the PNG nurses visiting Melbourne. Only two visits have occurred and there are insufficient funds from the IDF to sponsor the return visit. Partially this is because the original grant money was a smaller amount that applied for, and part of it is related to costs inflating from delayed and complicated travel arrangements with the PNG team. The SVHM team have incorporated the funding issues into their strategic thinking about the future sustainability of the project and have delayed the plans for the next visit to PNG in preference to organizing a longer visit to SVHM as outlined above.

Evaluating outcomes as outlined in the IDF application (through the return visit of SVHM nurses to PNG at the end of exchange program) has not been able to happen for reasons outlined above. Attempts to receive feedback and discuss potential impacts of the visit to the nurse roles and function of the ED at PMGH have been impossible due to absent communication channels. It is for these reasons that the program has been adapted to a longer SVHM visit followed immediately by a Melbourne team travelling with the nurses back to PNG. Despite the difficulties in observing and evaluating any changes in PNG, the direct feedback from the visiting nurses during their time in Melbourne has highlighted the enormous value of the experience (as mentioned above). Similarly, the time in PNG for the SVHM nurses involved has led to a sophisticated understanding of emergency care in a resource challenged environment and enabled the creation of an extremely relevant and focused educational program for the visiting PNG nurses at SVHM.

Ongoing funding for future visits and more sustainable follow-up remains an ongoing challenge. In light of significant changes to the Australian national political landscape and nature of Australian aid into the future, we can no longer hope to attract government funding for this project (despite the obvious need and potential strategic importance to Australian interests). We plan to approach the private and corporate sector to secure ongoing funds and have some preliminary networks in this area. We are confident that our program will continue and expand to incorporate a wider network of clinicians, allied health and administrators working together to support the development of the PMGH and PNG emergency care more generally.

6. RECOMMENDATIONS AND FUTURE PLANS

This project has been highly valued and represents the only known focussed support for emergency nursing in PNG. Relationships between senior SVHM ED nurses and senior nurses at PMGH and in the ED were established in 2009 have been solidified through these exchange visits funded by the ACDM IDF Grant. Long term, sustained and consistent peer support is crucial to the professional development of our regional nursing colleagues, and therefore the SVHM team and PNG nurses are extremely grateful to the ACEM IDF for their support of this program.

In response to the challenges faced over the last two years, the SVHM team have formed plans to adapt our program into 2014 and beyond. Details of future plans can be found in the "Phase 2 Report" and "Future Plans 2013-14" which are attached to this report. They include a longer and more structured visit from a PNG ED team (possibly including a doctor) to SVHM in 2014 followed immediately by a multidisciplinary team from SVHM who will accompany the PNG team back to Port Moresby and facilitate the transition back to the PMGH ED directly. Funding for these future visits will be secured through a range of fundraising, philanthropic, corporate and individual donations. Naturally, we will continue to attempt to engage the Australian government to support this program, which clearly addresses an enormous need in the PNG community as well as meeting the strategic goals of Australian aid.

7. ACKNOWLEDGEMENTS

We thank the IDF Committee and ACEM leadership for their generous support of this program. Clinicians and leaders of both the PMGH and SVHM are also thanked for enabling these exchange visits, generously hosting nurses at both their hospitals and having the vision of improving emergency care for their communities and building capacity for their staff.

Attachments:

- Phase 1 Report 2012
- Phase 2 Report 2013
- Itinerary for PNG nurses, June 2013
- Future Plans 2013-14
- Budget acquittal (Excel file)

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