



SOUTH PACIFIC NURSES FORUM

**FINAL REPORT ON THE 19TH SOUTH PACIFIC NURSES
FORUM (SPNF)
HELD MONDAY 15 OCTOBER TO THURSDAY 18 OCTOBER
2018
RAROTONGA, COOK ISLANDS**

**TRANSFORMING LEADERSHIP NURSES AS CHANGE
AGENTS FOR NON COMMUNICABLE DISEASES (NCDs) IN
THE PACIFIC**

Introduction

The 19th South Pacific Nurses Forum (SPNF) was hosted by the Cook Islands Nurses Association (CINA) in Rarotonga, Cook Islands. Building on successes from past forums the 19th SPNF brought together nurses from across the South Pacific including Australia and New Zealand to share and debate nursing knowledge and experiences.

Transforming Leadership, Nurses as Change Agents for Non-Communicable Diseases (NCD's) in the Pacific was the theme for SPNF.

SPNF conference welcomed over 300 nurses and midwives from 17 countries, to discuss and explore critical issues for nursing and midwifery in the South Pacific region, and provided an excellent opportunity for our nations to collaborate on continuing strategies and solutions to address these major issues confronting our professions and our communities.

Over 50 papers were presented including keynote speakers based on the following subthemes:

1. Celebrating nursing
2. Development of Health workforce
3. Transforming Leadership in Maternal and Infant health
4. Transforming the Profession of Midwifery
5. Regulating Midwifery and Nursing Profession and Practice
6. Enhancing pregnancy and newborn care
7. Breaking the cycle of NCD
8. Extending the Boundaries – Nursing and Midwifery Leadership Management and Education
9. Health Response to Climate Change, Disasters and Outbreaks
10. Extended Practice and Nurse Prescribing
11. Transforming Nursing and Midwifery Practice

The SPNF biennial general meeting provided an open and collaborative forum for our member nations to discuss key issues for national nursing associations, including:

- Workforce recruitment and retention
- Salaries and conditions
- Indigenous representation and voice, in our region and internationally
- Cultural safety
- Climate change.

These discussions culminated in resolutions from the SPNF BGM regarding indigenous representation on the Nursing Now Board and the International Council of Nurses and a nurse adviser within the World Health Organisation Pacific Regional Office.

Photographs taken at SPNF are available on the Cook Islands, Ministry of Health Facebook page: www.facebook.com/pg/CookIslandsHealth/photos/?ref=page_internal

DAY 1: Monday 15 October 2018		
Summary report –key messages		
Opening Address		
0915 - 1000	Mrs Elizabeth Iro, Chief Nurse WHO <i>Building Nursing And Midwifery Capacity To Achieve Universal Health Coverage And Sustainable Development Goals</i>	WHO plan to build Nursing and Midwifery capacity to achieve universal coverage with Sustainable Development Goals. With the Nurse and Midwife scope of practice extending such as Nurse Practitioner and Bachelor roles to continue to improve the health and meet increasing health needs especially in remote challenging settings. To reach people in hard to reach places, to bring about a patient centered care approach, shorten hospital stay for patients and better patient health outcomes. To improve Nursing and midwife care for e.g. by research and evidence based practice and improving quality education and keep up to date with new technology.
Session Theme: Celebrating Nursing		
10.30-1045	Mrs Debbie Sorenson, CEO Pasifika Futures Ltd	Topic – “Nurses are the world” Nursing is a passion not just a profession. Nurses are the back bone, run health system and work as part of teams which include doctors. Pacific Workforce, Pacific roles are important. We are the people that families come to when they need support. Pacific Futures Ltd encourage families to have a home health plan, more than 700 families involved. Encourage families e.g. Stop Smoking, Stop smoking Target was 30% but reached 35%. Reducing debt 67% reduced debt by 5%. Help families enroll into early childcare and encourage families to participate and embrace their culture.
1045-1100	Matafanua Hilda Fa'asalele, Chief Advisor Pacific Health, NZ MOH	Celebrating Nurses – Pacific Nursing Workforce. Having a prominent voice in policy making encouraging research in nursing and healthcare, best practice policies in order to progress into leadership, management roles and even PhDs. Majority of nurses are older therefore there is a need to bring in younger nurses and recruit more nurses. Learn from interaction and engagement in order to grow nursing leadership.
1100 - 1110	Dr Neti Tamarua Herman, CI RN	Outlined her journey and career in nursing journey and developments in health. Nursing is a life time career. Important to focus on clinical, education and research. She is writing a book to record her great work.
1110 -1120	Mrs Nikki Rattle, CI RN Speaker of CI Parliament	Nursing Journey as a RN to CI Speaker of Parliament. Important to learn from local people who learn from nature, they are very resourceful. Nurses must remember that the resources of the people of the land are not to be underestimated. Working conditions for nursing must take into account that it is a female dominated profession.
1120 - 1140	<i>Raising the profile and status of nursing globally. Introduction to Nursing NOW campaign -</i> Introduced by Professor Jill White, South Pacific Board Member Nursing Now	Nursing Now Global Campaign launched in Feb 2018 aimed at raising the profile and status of nursing worldwide that seeks to empower and enable nurses to take up their 21 st century health challenges and to ensure that everyone globally has access to healthcare. WHO and ICN committed to be partners in the campaign until 2020. This is an invitation to for SPNF countries to participate and join Nursing Now Pasifika. <i>Further discussion at SPNF meeting on Thursday as to how Nursing now may be implemented, global indigenous</i>

DAY 1: Monday 15 October 2018		
Summary report –key messages		
Session Theme: Development of Health Workforce		
13.00 – 1330	<p>Key Note: Professor Jill White, Representing ICN President <i>Working for Health: Building nursing capacity and leadership to improve health outcomes</i></p>	<p>ICN continues to have a major relationship with WHO and UN. It is giving a voice to Nurses. ICN has two roles – the right of communicating to UN and the World Health Assembly, informing and being informed by nurses of the world. If ICN is not doing what you want, you have a voice for change through your National Nurses Association. New interest in economics of health at the impact of health on the economy. For e.g. the voices of nurses were heard in Geneva for NCD reduction and how sugar companies can influence sugar tax suggestions. David Stuart – ICN Consultant, discussed outbreaks e.g. Spanish Flu and Ebola where there were more nurses there were better outcomes. 80% of Countries are not prepared for outbreaks. Also discussion on violence against health professionals that can weaken healthcare systems.</p>
	Open Discussion	<p>Tonga – The importance of relationships and of leadership to raise profile, increase nurses plus nurses leaders, work to top of scope and improve access.</p> <p>FIJI – NNA challenges; losing nurses to other countries and no job security, inexperienced nurses being pushed into leadership roles they are not equipped for, Retirement aged nurses , Quality and qualifications for nurses, losing numbers mainstream nursing and NP to specialized programs because better pay, increase in number of nurses succumbing to communicable diseases.</p> <p>David Stewart Response – Change in how voting system works, Issues in wages, security and education.</p> <p>NZ –To address issue of importance of relationships, establish a sub-region of ICN, which will address issue of presence on global board.</p>
Session Theme: Development of Health Workforce		
1400 -1500	<p>Presentations</p> <ol style="list-style-type: none"> George Pego: Solomon Is Planning health workforce to meet service demand in SI Seilini Soakai: Tonga. Empower The Health Workforce To Fight Against NCDs In Tonga Dr Terri Gibson, Julie Brown, Assoc Professor Rachael Vernon, Uni South Australia Development and Evaluation of a Nursing and Midwifery Professional Practice Framework to facilitate person centered care in South Australia 	<p>George Pego – Moving better healthcare closer to the people, Advocate for socioeconomic status, quality and safety of care inclusiveness, cultural and gender sensitivity, Addressing Human Right problems to reach this goal and ongoing study.</p> <p>Seilini Soakai – empower the health workforce in reducing NCDs – NCD specialist nurses towards the fight against NCDs. NCD 75% of all deaths in Tonga. Challenges, getting accurate data and implementing nurse led initiatives led to better data collection and reduction in numbers of NCD. Follow up with training more NCD nurses.</p> <p>Terri Gibson – Caring with kindness Nurses have lost focus on patient centered care and compassion, mainly due to lack of 5 components of caring and fairness Person centered care, fundamental care, care continuum, system efficiency and effectiveness, manage risks and monitoring safety.</p>
15.30 - 1645	<p>Presentations</p> <ol style="list-style-type: none"> Assoc. Professor Rachael Vernon, Professor Mary Chiarella. Uni South Australia Insight, competence and performance is there a relationship? 	<p>Rachel Vernon – If competency standards are working well there would be fewer notifications to regulators on practice issues. Understanding of competence is key to patient safety rather than self-reporting or assessment against competency indicators.</p> <p>Mary Chiarella - 4 top areas where complaints came from - aged care, mental health, midwifery/maternity and emergency department. How does insight manifest in practice, elements demonstrating insight versus lack of insight and reason for concern.</p>

DAY 1: Monday 15 October 2018

Summary report –key messages

	<p>2. Heaven Isaia, Rouruina Taraare, Pacific Perioperative Nursing Group. Advancement and Innovations in Pacific Perioperative Nursing Practice.</p> <p>3. Catelyn Richards; Lucy Osborne, Australia. The missing piece' are we validating junior nurses as valuable leaders in the healthcare team?</p> <p>4. Doris Taripo, Parau Nio, Tohoa Cummings, Cook Is. The Challenge of Universal Health Coverage for remote islands. 1. The project</p> <p>5. Doris Taripo, Parau Nio, Tohoa Cummings, Cook Is. The Challenge of Universal Health Coverage for remote islands. 2. The results</p>	<p>Try to develop and recognize insight, reflection plus ownership of your role for the complaint.</p> <p>Heaven Isaia –Empowering nurses and improving compliance with perioperative standards. Through auditing, mentoring, debates and inspections, teamwork towards meeting compliant practices.</p> <p>Nerrie Raddie – Inconsistent supply of resources limit favourable results in Samoa and Solomon Islands in certain areas however positive changes such as higher standards for perioperative practices. Challenges -lack of man power, shortage of hospital resources, infrastructure issues.</p> <p>Catelyn Richards & Lucy Osborne – Validating junior nurses as valuable members of the healthcare team. Emerging leadership Nursing program (9 months). All Nurses regardless of their experience are valuable and should be seen as such. It is difficult to advocate for your patient if you as a junior nurse don't feel respected by senior staff. Numerous benefits from participating in Program confidence, mentoring, and support networks.</p> <p>Doris Taripo, Parau Nio & Tohoa Cummings – Northern Group 2017 Outreach Program – Reasons for visiting these islands was due to their remoteness and lack of access. NCD specialist, Eyes/Ears specialist, Obs and Gynae specialist and Circumcision.</p>
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DAY 2: Tuesday 16 October 2018		
Summary report –key messages		
Session Theme: Transforming Leadership in Maternal and Infant Health		
0815-0900	<p>Mrs Mary Kirk, ICM Vice President <i>Building midwifery capacity and leadership to ensure quality and respectful care</i></p>	<p>International Confederation of Midwives (ICM) –Association of midwives, 132 Midwives representing 113 countries. ICN strengthen midwives associations and advance the profession of midwifery globally by promoting autonomous midwives. Key stakeholder, partner towards achievement of the SDGs by 2030.</p> <p>Advocate for midwives to work close where women live. It is about women and what produces the best outcomes for women. Thriving mothers and thriving babies. ICM is low resourced; however member association is the greatest resource. Particular need for Pacific islands – small nations join together to form alliance and membership rights.</p>
0900 – 0920	<p>Nancy Pego, Midwife Pacific Society for Reproductive Health: <i>Midwifery practice in Pacific islands</i></p>	<p>PSRH a charitable trust designed to contribute to the improvement of reproductive health and health services in the Pacific region (membership with 15 Pacific Island Countries) They support midwives in their professional development with the PMLFP program (7week course) that focuses on leadership and communication skills and provides encouragement and skills in research. Support the development of PMA and to become members of ICM. Role is to build capacity in midwives and support developments so they can address the rate of NCDs in pregnancy's and provide quality care for mothers and babies. Going Forward for PSRH is to encourage small pacific countries to be members, Need for mentors for pacific midwives, need to develop a Pacific midwifery regulation, to find a budget to support international forum, train more midwives and offer scholarships for career pathways for Midwives.</p>
	<p>Open discussion</p>	<p>PNG – How PNG became a member of ICN. The increased mortality rate, the need for more midwives and the education they receive. Aided by WHO, 248 of midwives before WHO stepped in. Midwifery initiative for 5 Midwifery schools and Midwifery Association developed which gave the midwives pride in their work. All midwives are registered under the Nursing Council.</p> <p>Tonga – People moving to more remote areas that makes the Midwives job more challenging. Midwives need to meet these challenges, women in Tonga expect to have midwives for their births, there is a need for midwives in order to leave “No one behind” 2025 aim is to have 100 Midwives.</p> <p>Kiribati – 2014 assessment showed a need for availability and accessibility from Midwives – funding restricts this. Also a need for resources in Kiribati.</p> <p>Vanuatu – 2014-2015 the Midwife course has strengthened and upgraded to a diploma. 14 new graduates in 2017, training of trainers by Obs/Gynae team Oct 2018 in order to upgrade their skills.</p> <p>Samoa – utilizing the traditional birth attendants.</p> <p>NZ – How can ICN help with hands on instead of just observing?</p> <p>Cook Islands – Maintaining 0% mortality rate</p> <p>Mary's response – Good example of best practice in PNG in training the trainers at the same time as students for relevant and updated practice. It is right and proper that a birthing mother has who she wants and feels comfortable with during and leading up to birth. This could be a traditional birthing attendant. Highlighting the specific needs of Midwives and the challenges of remote areas. This doesn't just cover pregnancy and birth it also covers family planning and reproductive health.</p> <p>Australia – Even the best hospitals in Australia, do not have the best outcomes, especially with our indigenous people. How can we work with ICM to ensure the best outcome for our indigenous people?</p>

DAY 2: Tuesday 16 October 2018

Summary report –key messages

Session Theme: Transforming the Profession of Midwifery

<p>10.30-1200</p>	<p>Reproductive Health Presentations</p> <ol style="list-style-type: none"> Nga Marsters, Dr Diane Austin, Associate Professor Judith McAra-Couper, Midwifery Council New Zealand. Developing Pasifika midwifery workforce in New Zealand – a collaborative approach Manafonu Siola'a; & Atalua Tei, Vaiola Hospital Tonga. Paving Robust Sexual and Reproductive Health services in Tonga Dr Karen New, Queensland, Australia. Preconception health and primary prevention – a challenge for all. Dr Neti Tamarua Herman, Rarotonga, Cook Is. The Significance of Developmental Origins of Health and Diseases: Hemaima Hughes, New Zealand. Hapai Taumaha Hapūtanga: Crisis Pregnancy Support Hellen Polosovai, Atoifi, Solomon Is. Malaria in pregnancy 	<p>Nga Marsters & Dr Diane Austin - Developing Midwife workforce in NZ. More Cook Islanders in NZ than in the Cook Islands and higher birthing population. Funding really helps in the developing the workforce, it is always needed. There has been an increase in Pacific Midwife students since 2014 with the Pacific Midwifery Courses available.</p> <p>Manafonu Siola'a – Paving healthy sexual reproductive health. Through data collection from 1995-2018 all data was collected via paper trail. Labour intensive way of collecting data collection from monthly reporting is very timely. The solution was to change from paper to electronic to improve faster reporting, real time reporting, aggregated data and reproductive unit spearheaded. Also comes with its challenges of teaching staff about how to use tablets and electronics from weak supervision, lack of supervision and lack of skills. Objectives of supervision, quality of service, supportive environment, communication and information. Now reviewing RH guidelines and policies to ensure updating evidence based learning, this is updated annually.</p> <p>Dr Karen New- Preconception health and Primary prevention 2013 WHO “Preconception policy framework care” as a national policy framework. Should start at adolescents’ right through their reproductive lives. Opportunity to prevent and control disease and evidence of what a women does repercussion for the unborn child. Malnourishment and low birth weight of baby influences baby’s brain development. A problem in both developing countries as well as developed countries. It is too late for education of a pregnant mother once pregnant, that needs to start before conception. A challenge as only 50% of pregnancies are planned, 50% of DNA from male, therefore males also need pre-conception education.</p> <p>Dr Neti Tamarua – Globally small Pacific Islands, have the highest rates of NCDs, the importance of educating young girls before they get pregnant. Alarming increase in obesity in adolescents 2013-2015 therefore schools should be prevention setting. 2015 commission on ending childhood obesity, health, nutrition education and literacy in young children. The health of the mother is critical for protecting the unborn child against disease.</p> <p>Hapai Taumaha – Crisis Pregnancy Support “Seek the right path to benefit your world” access to reliable sustained care and support for all women with unplanned pregnancy and or/loss of pregnancy weather they decide to keep or terminate the pregnancy or adoption. 97% of TOP in NZ 2016 occurred on grades of danger of mental health, services that provide support post-natal. A free service by trained health professionals, also available is free emergency accommodation; want this model to be used elsewhere in NZ and the wider Pacific. Bridge gaps between primary & secondary care and improve on going for 17years and the only one in NZ until 2017. Simply helping the social determinants of unplanned pregnancy rather than taking over antenatal care.</p> <p>Link www.buttonsproject.org is to allow women to share and acknowledge their loss to help with their healing.</p>
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Session Theme: Regulating Midwifery and Nursing Profession and Practice

<p>1300-1330</p>	<p>Associate Professor Judith McAra-Couper & Sharron Cole. Regulating the Midwifery Profession: Roles and Responsibilities of regulation</p>	<p>Regulating the midwifery profession and importance of health and safety of mothers and babies. The importance of regulation of nurses is to ensure a competent and autonomous midwifery workforce, requirements, regulations and entry into the profession. Legislation developed for Midwifery is protective of midwives. Working within their scope of practice as per regulation of that country. Vtally</p>
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DAY 2: Tuesday 16 October 2018

Summary report –key messages

		<p>important to make sure as a midwife you are up to date and your practices are current.</p> <p>It is important to keep a balance of regulation which should be public focused and education based. Principals of regulation and getting the process right, when not to regulate, trustworthiness, public confidence in Midwives by demonstrating competence, reliability and honesty.</p>
	<p>Discussion: Countries Open</p>	<p>Solomon Islands – Look at adopting the current practice to step up and support Midwife with competencies. Mandate that midwives trained to an expected standard and professional development by midwifery association. Working with midwifery association and childhood health to meet standards and regulation.</p> <p>Samoa- We don't see and reform that will separate registered nurse from midwifery in our country. Review of registered nurse and midwifery act in the new year to address some of the lacking in the act currently. Midwives are not considered to be health professional therefore not covered under the council.</p> <p>Fiji- No direct entry. Must be a registered nurse first then you do extra study to be a registered midwife. Licensed to practise must be review and re-sat every year. Council is endorsing the handbook for midwifery practise. Something within the Pacific realm to support each other with the midwife practice.</p> <p>Tuvalu- No nursing school so all potential nurses sent to Fiji, Solomons, Vanuatu, Kirabas to be trained. Act to class health professionals to be accessed and given registration. They have a nursing school in the pipeline but reliant on funding, infrastructure etc.. Due to low population not sure if nursing school is feasible.</p> <p>Responses from Mary, Judith and Sharron Challenge of the Pacific to bring a voice of indigenous people in midwifery. Acknowledging that remote countries in the Pacific Islands, regulation is very difficult and very different to perhaps New Zealand or Australia. Congratulations on coming up with solutions to your small nation challenges. Refer this topic to SPNF meeting.</p>
<p>Session Theme: Enhancing pregnancy and new-born care</p>		
<p>1415 - 1515</p>	<p>Presentations</p> <ol style="list-style-type: none"> 1. Nga Marsters, Associate Professor, Judith McAra-Couper, AUT, New Zealand. Challenges and changes in Midwifery Practice in New Zealand - Pasifika women accessing primary maternity care. 2. Mele Tu'angalu, Tonga. Act Now for Tomorrow (GDM) 3. Professor Mary Steen, Uni South Australia. Exploring diet and eating habits during pregnancy 4. Dr Diana Austin, AUT Auckland Support for Health Professionals when outcomes are poor 	<p>Nga Marsters & Judith McAra-Couper -Challenges changes in midwifery practice in New Zealand. Pacific women accessing primary maternity care- Pilot Study To identify "low risk" Pacific women in NZ why they prefer to birth at tertiary hospitals. Evidence to support better outcomes for healthy Pacifica women to birth at primary healthcare facilities not tertiary hospitals. Family and friends influence is huge in terms if where women choose to give birth. Problem is the lack of information for Pacific women as to choices of places to give birth. Often it was lack of information given by midwife. Positive feedback from Pacific women giving birth in NZ was that the husband was made to feel included by the midwife. 5% of Pacific women birth in birthing units. Birthing units/ centers aren't just for birthing they are also for education, breastfeeding advice even to a small extent mental health or post-natal depression.</p> <p>Mele Tu'angalu & Misty Fifta- Tonga government is trying to combat epidemic of GDM especially as GDM mothers have a much higher risk of developing type 2 diabetes within 10-15 years later in life. 34% 2012 and now it is 40%. Screening GDM established 2014. 93% overweight is aged 25-44 and 77% obese which puts these</p>

DAY 2: Tuesday 16 October 2018

Summary report –key messages

		<p>women at moderate to high risk of developing GDM. There is continuation for screening.</p> <p>Mary Steen- Important to change behaviors with regards to diet and eating habits to combat obesity. Obesity is a growing problem globally. Child obesity is directly linked to what a mother eats and does while in the womb. A question on interview sheet for ante-natal care was “Are you eating a healthy diet?” If she answered yes she got a tick but not asked what exactly that healthy diet consisted of. Therefore education for midwives about how to advise pregnant women on what exactly is a healthy diet. Educational workshops ‘Eat Well Diary’ but they needed more information and education on portion and what portions should be what size. There is a gap and needs to be given to expectant mothers and fathers as it is in a midwife scope of practice. Give best education based on best available evidence.</p> <p>Diana Austin- How we support each other after a critical incident is important. Phase 1 what health professional need to know after a critical incident. Phase 2 develop an e-book and information. Phase 3- Evaluation of the eBook resource.</p>
<p>1530-1700</p>	<p>Presentations</p> <ol style="list-style-type: none"> 1. Akesa Halatanu, Vaiola Hosp, Tonga. Clinical Quality Governance -Clinical approaches to quality of care in Tonga 2. Timaima Koroibanuve, Pacific Eye Institute, Fiji. Extending Boundaries for Eye Care Services in Fiji with the Mobile Eye Clinic 3. Loli Channing, Alliance Health, Auckland. <i>Healthy Village Action Zones – Parish Community Nursing experience in NZ</i> 4. Alisa Loimata Lilo Ili, Pan Pacific Nurses Association. Pacific People's experience with Bariatric surgery 5. Salome Ravonokula & Julia Kingi, Te Whanau o Waipareira Trust. Collaborative Nursing Model Of Care – Cardiac Rehabilitation 6. Ellaine Ete-Rasch, Foloi Asiata-Faletui. Victoria Uni, New Zealand. Ambulatory Sensitive Hospitalizations of Pacific children in New Zealand. 	<p>Akesa Halatanu- In 2017 a key note speaker Dr Jocelyn Reach offered to come back for 3 days training for senior nurses in leading professional culture, leading safe clinical practice, communication and quality focus. This should be built on Tongan culture and concepts. A health system where every patient is involved in decision making, feels valued and cared about and receives the right care at the right time. After going to Waitemata they learnt reliable programmed. How they linked the promise, purpose and priority and patient value and whanau centered care standards quality. Attention needs to be given to all the clinical governance. So they started focusing on patient experience to really understand and gain knowledge of how the patient feels about the service they received. Mutual partnership= Patient involvement. Next steps to make a difference. We want to create a culture where staff is engaged in clinical governance and quality improvement partnership for all.</p> <p>Timaima Koroibanuve- No one is needlessly blind, everyone had the right to good health especially eye health. Launched on April 2015 a mobile eye clinic and the first in the Pacific region. Between 2015-2016 the programme was streamlined with more staff added as well as services resulting in 200 surgeries 2015 to 500 surgeries 2016. Reaching patients that previously would not have been seen due to remote locations of patients. As well as spectacles being dispensed. Surgery is day surgery but return to mobile clinic. 1 day post op for review and then follow up a week later and then one month later for assessment of visuals.</p> <p>Loli Channing- Break cycle of NCDs for Pacific Island people, lower rates, lower income and fewer economic resources. However strong culture and community supports. Identity and well-being is important for Pacific people and communities. Funded by MOH are parish community nurses. Role is to reach Pacific Island people who have barriers to access, connect to faith, provide primary care and public health nurse but community based. Fluent speakers in more than one pacific island language. Trusted sources of health information. Parish Pacific nurses have strong connections and understanding however attitude can be a barrier as well as knowing patients and family. Quality health outcomes and better access to health care and support pacific Island communities to develop own solutions to problems. Focus on nutrition, physical activity, smoke free. Offer home visits, advocacy, interpretation.</p> <p>Alisa Loimata Lilo Ili- Obesity is an increasing issue within NZ content Māori and Pacific Island people. 69% of Pacific Island are obese. Bariatric surgery introduced in 2007 in NZ. Pacific Island</p>

DAY 2: Tuesday 16 October 2018

Summary report –key messages

people represent 80% of this surgery. Family views of surgery can differ from positive post-surgery and negative surgery. Living healthy lives, eating better also awareness and community support. Obesity related illness are preventable.

Salome Ravonkula & Julia Kingi- Nurse led model of care in cardiac rehabilitation in trust WDHB and Te Whanau O Waipareira Trust. Incorporate a whanau approach rather than individual as important in Māori values. Positive impact with individual and longer term benefits. Meets needs following acute cardiac event over 3 month period. Offer effective support self-care and improve psychological and social functions following cardiac event. Waitemata DHB- post cardiac event. Also decrease non-adherence to recommend lifestyle changes and medication. Stages 1 to 3 where the trust support the whanau throughout their journey post cardiac event once in hospital from meet and greet, establishing role to discharge following rehabilitation services such as physical activity, exercises

Ellaine Ete-Rasch & Folo Asiata-Faletui- the overall aim is to determine why children are hospitalised from conditions that are preventable, how parents perceive these admissions and identify what could be done differently. The CBPR approach taken is to establish a partnership with parents, nurses and the researcher to yield knowledge to inform interventions to improve Pacific children's health. The research provides insights into strategies and interventions to reduce ASH rates and improve Pacific children's health outcomes as the pacific population for age groups 0-14years make up 35%.

DAY 3: Wednesday 17 October 2018

Summary Report –key messages

Session Theme: Extending the Boundaries – Nursing and Midwifery Leadership Management and Education

<p>0815-10.30</p>	<p>Panel: Elizabeth Iro, Annette Kennedy, Mary Kirk – 20 mins each</p> <ul style="list-style-type: none"> • How can nurses and midwives in Pacific Nations address the challenges to ensure an educated, competent and motivated workforce • How can WHO, ICN and ICM support Pacific nurses/midwives. • How do Pacific nurses engage more with WHO/ICN/ICM 	<p>Mary Kirk- Lots of resources globally behind the Pacific Nations, greatest resource are people and colleagues Elizabeth Iro – WHO wants to listen and how the challenges small pacific nations face and how WHO models can help with this. Jill White – Pacific strategy may well cover education, competency and motivation for all Pacific Nations all have similar challenges, issues to cover the core elements. Elizabeth Iro – Investment in system that is affordable for the budgets for each nation. Fiji – Question for WHO, Do we have a regional representative for nursing? Elizabeth Iro- Regional advisor for western region has not been replaced – they are trying to reappoint the position however not one person is addressing this. Fiji- Then we need WHO representative but as no rep we feel now that our connection with WHO is lost and there is a void, WHO staff are not nurses or midwives and they don't understand our struggles. Elizabeth Iro – It has been made clear that there needs to be a team from WHO of nurses Midwives that are closer to the Pacific region. Recommendation: Needs to go to WHO Solomon Islands – We support Fiji in their recommendation for WHO Nurse Advisor role in region in order to bring western pacific region together and have their voice heard. We all have similar issues. A strategy in place in order to monitor progress. Elizabeth Iro – 194 member countries in WHO therefore all here today have your voice heard and make nursing, midwives an agenda item at WHO meeting. However I will take your recommendation and put in my reporting and take back to the WHO. Your own country Minister of Health have a formal voice that can be put forward to WHO. Samoa – Frustrating as it feels that we have these meetings but very little seems to be done or comes out of them. Don't want this to be the same. Post graduate training programs sponsored by WHO for midwives can this be extended to perioperative training. Mary Kirk – Society needs support for best practice therefore equity is needed as often not between nursing and midwife. Cook Islands – We also support Fiji and Solomon Islands in their recommendations. Would like to see training in country, key to maintaining the skill level. PNG – We support Cook Islands. Leadership, management and education is on its own. To provide leadership to manage finance and people to deliver these. PNG is depressed by the Medical Act giving limited space to practice. Any possibilities to exercise freely to want to manage and lead but however policy very depressing. David Stewart ICN – Profile of Nursing elevated with Minister dinner and networking functions, to engage with key decision makers from major sectors. ICN and WHO to push Nursing Acts to push nurses to exercise freely. Nursing act across the Pacific for voices to be heard and want to make a difference but policy and legislation. Understand that nurses and midwives need support as they are closest to the patient. Nikki Rattle – Keep knocking on doors until you are heard. Actions speak louder than words therefore by your actions your voice will be heard.</p>
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DAY 3: Wednesday 17 October 2018

Summary Report –key messages

		<p>Tonga – Extending boundaries surrounding midwives and supporting work. How can we step up the approach and be at the policy table and be heard and make influence in order for better outcomes for women and children in the Pacific Islands.</p> <p>Mary Kirk- Focus on what women and girls and its time with all the evidence that we make changes to deliver best care. Organize the service around what women and girls actually need instead of organizing services around the staff. Intervention when needed therefore demand from our lead service for women and girls.</p> <p>Jill White – Getting women groups outside and behind this issue and talking about what people want for their daughters.</p> <p>Elizabeth Iro – How do we articulate all the evidence in order for change to happen at country level.</p> <p>NZ – Also the family need to be recognized as being important. Need to have meaningful consent about how all that is being discussed here is going to actually be done. How are the change makers here today going to be the voice heard at our table for our region 7.</p> <p>Question 2</p> <p>Australia – How can we collectively be bold and how we can all help each other to achieve these. If we want to change we need to not just talk and forget when we leave.</p> <p>Jill White – As the representative for Nursing Now, very happy to raise these issues at the next Nursing Now Meeting also as Rep of ICN.</p> <p>Elizabeth Iro – Apologize on behalf of WHO budget support is prioritize depending on the country</p> <p>Kiribati – We need support for our Nursing regulatory body and education.</p> <p>Question 3</p> <p>Mary Kirk ICM – Best was to engage more with ICM is to get onto our website and use the resources on this website. Talk to us and become a member.</p> <p>Elizabeth Iro – Always available directly via phone and email. Also formal forums, WHO nursing and Midwife forum every 2 years, the voice there for m last forum, it came out, they developed an online platform which will be available before the end of the year. Government CNO has the responsibility to report data to WHO in order for WHO to establish how they can help and support each country. State of the world report. This is an opportunity for countries to remain engaged with WHO based on your country's needs.</p>
		<p>David Stuart – You can apply to ICN outside of the country Representative to speak and have a voice and be heard at meetings and forums</p> <p>ICN – Voice to Lead. Stewart is happy for you to contact him directly and or personally stewart@icn.ch.brisbane</p> <p>Additional Speakers</p> <p>ICN conference to be brought to Pacific.</p> <p>When are we going to be heard in our own right and not be lumped in with Asia.</p> <p>College of NZ Maori Nurses request again to be allowed membership at SPNF.</p>

DAY 3: Wednesday 17 October 2018

Summary Report –key messages

Session Theme: Extended Practice & Nurse Prescribing

10.30-1130	<p>Presentations</p> <ol style="list-style-type: none"> Michael Lauri, Alison Sio: Solomon Is MOH Towards effective outbreak detection: Factors affecting nurses' early warning surveillance practice in Solomon Islands. Alison Sio, Solomon Is MOH Introduction of a public health surveillance system in SI. Bronwen Griffiths, Angela Gittus & Teitinana Ribanti Australian College of Emergency Nursing (ACEN) Kiribati Emergency Nurse Training - A Collaborative Approach to the Advancement of Emergency Nurse Education in the Pacific Norma Goulolo: NRH Solomon Is The quality of nursing care for dengue patients in SI Asugeni; James Atoifi Solomon Is Current and likely mental health issues from rising sea-level in a remote coastal region of the Solomon Islands: 	<p>Bronwen Griffiths, Angela Gittus & Teitinana Ribanti Kiribati Emergency Nurse Training Program – it is the hardest place to work due to the rotation of staff, lack of training and knowledge and change to specialize and train emergency service nurses to work in ED. Aim was to have a course that was aimed at locally collaborative incorporated and based around WHO Basic Emergency Care Course. Major cause of death poor outcomes due to lack of communication and language barriers I-identification S-Situation B-Background A-Assessment R-Recommendation Then came obstacles by bringing over resources and equipment, group learning, only talked and used treatments that were locally available. Now these nurses graduated from this course that is now only Emergency Nurses. Solomon Island –SORT IT Strengthening Operational Research Implementation Infectious 18 month program in 3 blocks and 4 milestones Norma Goulolo 1st outbreak 2013-5254 Cases and 6 Deaths, 2nd outbreak 2016 – 12250 cases and 15 deaths in 7 months Lead to a realization that as no drugs to treat dengue therefore the quality of nursing care required. Factors from nurses perspective they lack knowledge and nursing care around dengue. Nurses who were asked to work with dengue patient expected some sort of incentive and remuneration for doing this, lack of preparedness and resources e.g. BP cuffs Factors from key informants, there was a strain of the human resources, reduced resilient from staff e.g. staff sickness, delayed lab results due to stretched staffing. James Asugeni –Mental health issues relating to rising sea levels in Solomon Islands. 5 Islands have already been lost with 6 others severely eroding. The study was conducted in 6 remotes villages, out of this six 4 of these villages have no option to go anywhere else. 4 Main theme – experience of physical impact of climate change, worry about the future causing anxiety, adaption to climate change restricting daily activities , government response, province Assistance. Community level adaption to rising sea levels. Further research needs to be done to determine the effects and extent of mental health issues related to risky sea levels. Marineth Magi-Devreke- Knowledge and attitude around TB, TB is still a major health problem in Solomon Islands with 400 TB cases every year. 15- 24 years 15-24 years 42% therefore shows there is a need for more knowledge around TB and how it is spread as lack of knowledge. Misconceptions exist about cause and treatment therefore public health education is required.</p>
1130 - 1230	<p>Presentations</p> <ol style="list-style-type: none"> Dr Jill Wilkinson & Dr Mark Jones. Victoria Uni New Zealand Extending the prescribing framework to nurses 	<p>Jill Wilkinson & Mark Jones– Is a growing international phenomenon supported by WHO. It improves access to medicines for communicable and non-communicable. Started 2011 with DNS prescribing project which led NZ legislations and regulation to allow suitable qualified RNs to prescribe with specified prescription medications and controlled drugs. If we are going to make a difference with NCDs it is these advanced services, experience and qualifications that will help.</p>

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Summary Report –key messages

Session Theme: Extended Practice & Nurse Prescribing

1300-1630	<p>2. Pauline Sanders: PHO Auckland RN <i>Designated Prescribing in Community Health – First Level Nurse Prescribing</i></p> <p>3. Mele Kaufusi. Transforming Pacific nurses to be a force for change</p> <p>4. Georgina McPherson. Waitemata DHB Auckland A nurse led model of care for colposcopy services in New Zealand</p>	<p>Pauline Sanders – Community Nurse Prescriber, 3 levels of prescribing, full prescribing, special prescribing, designated prescribing. Lots of health conditions this program can support. Response from patients with regards to community prescribers, autonomous nursing care, timeliness of care, affordability of care, reaching communities of need in remote area, satisfaction of patients and families. Following on - Evaluation from nursing Council in order to rule the program out nationwide.</p> <p>Mele Kaufusi – Transforming Pacific Nurses we need to improve access to standardize care, evidence supports Pacific Islands have a high incidence of Type2 Diabetes Mellitus. Very important to walk with the patient; educate them about their condition and how to manage it with medication and lifestyle changes. Influence change amongst Pacific Islanders.</p> <p>Georgina McPherson - New model of care for colonoscopy. Increased level of clinical effectiveness compared with medical staff. Reduced clinical cancellations due to flexibility. Frees up SMO time for other clinical duties. Cost effectiveness. Reduced incidence of cervical cancer in NZ and Australia due to screening program. However, other Islands around Pacific do not have screening program have increased rates, cervical cancer is very treatable if caught early through screening programs. Need to look at better ways for screening and more importantly follow up from screening in Pacific Islands in Pacific Islands. This can and should be nurse-led.</p> <p>SPNF Biennial General Meeting</p>
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DAY 4: Thursday 18 October 2018

Summary Report – key messages

Session Theme: Transforming Nursing and Midwifery Practice

0815 - 1000	<p>Presentations</p> <ol style="list-style-type: none"> 1. Associate Professor Rachael Vernon, Dr Terri Gibson, Ngakiri Teaea & Mary MacManus Uni South Australia, CI MoH Collaboration between the Cook Islands Ministry of Health and the University of South Australia 2. Metua Daniel-Atutolu MIT Auckland NZ Transformational nursing practice through Pasifika cultural immersion with enriched self-identity and connection. 3. Dianna McGregor. Waitemata DHB Auckland NZ Uniquely Diversity. Addressing disparities of health through Indigenous Maori Nurse Leadership Roles. 4. Kerri Nuku. NZNO. Traditional practice versus contemporary realities striking a balance 5. Sonya Apa Temata New Zealand Framing Cook Islands Indigenous Epistemologies An approach to Health & Well Being 6. Hemaima Hughes & Sonny Alesana, Te Piki Oranga Ltd, New Zealand. Hauora Māori Service Delivery Organisation 	<p>Professor Rachel, Terri Gibson, Ngakiri Teaea & Mary MacManus- Working in collaboration with Ministry Of Health Cook Islands to offer Bachelor of Nursing degree for already registered nurses in Cook Island 2018. Strong focus on health assessment with workshops after students had already studied the theory. Challenges where studying at an academic level and the level of science that needed to be achieved. Also having to do full time work. Most of it is done online which is a challenge as data is expensive and sometimes not reliable. University of South Australia have been amazing in helping out with our challenges here in Cook Islands. Hope to see some small research project.</p> <p>Metua Daniel-Atutolu- Started in 2017. 2/3 of Pacific people born in NZ therefore a need for this course to embrace Pacific Island culture. Coming to Cook Islands was invaluable in the hands on experience they receive, down to helping wash sheets after helping deliver a baby. Opened NZ born Pacific Island students eyes into cultural differences and not “judge a book by its cover” which enable these students to re-connect with their own culture. An invaluable experience. A better understanding of Pacific culture will enable nurses to better address and combat NCDs. Because of the large number of living in NZ we need to encourage these people to become nurses.</p> <p>Dianna McGregor- Clarity, Confidence, Courage. The story of Moana portrays to indigenous nurses- people have lost their way from their culture to a certain extent. Waitemata DHB have made 5 Māori positions for SNR nurses available in order to represent indigenous people of NZ and allow them to define their roles to a certain extent. Waitemata DHB an opportunity for Māori students nurses to gain clinical experience with senior Māori nurses. An indigenous nurse leader must have mainstream academic experience but they bring with them knowledge and value from their culture. Play forward this knowledge and valuable culture history in order for it to never be lost.</p> <p>Kerri Nuku- Do services respond to the needs of an ever increasing number indigenous people with NCDs. Professional knowledge- core of which lies in our culture. Indigenous nurse’s voices need to be heard in the system in regard to decision making especially as indigenous people have the highest numbers of NCDs. Increase the voice of first nation people. They have written to ICN about this issue and the importance of it along with and the abstract to present to ICN. Article 7 of the ICN constitution they have submitted an amendment to include indigenous nurses forum. Change the language to that of empowerment rather than vulnerability-cross boundaries and boarders.</p> <p>Sonya Apa Temata- The theory of knowledge based on identity, heritage and culture. Climate change not only affects the individual and their mental health it affects the entire family. It affects the physical health with sanitation compromised. Barriers and limited resources contribute to challenges in Cook Island nursing. Complementary conventional medicines are traditional medicines and practices. It is the way forward- this knowledge must not be lost, they are invaluable.</p>
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DAY 4: Thursday 18 October 2018

Summary Report – key messages

Session Theme: Transforming Nursing and Midwifery Practice

		<p>Hemaima Hughes & Sonny Alesana- The service provided is based on values acting as a vehicle to help their people to help themselves. Servicing top of NZ in the remote area. Along with clinical advices and service they also provide social services e.g. Transport, advocating for the patient when dealing with social welfare services and obtaining basic daily needs. 80% of staff are Maori and Pacific. When control is given to indigenous people it is believed they will decide and deliver the best outcomes for their people. Different from mainstream in that the infuse culture into their service with whanau at the centre of this. Because these indigenous service provides live and work are in the community they have a better understanding and appreciation of the problems and challenges of the community. Few Māori in service delivery as well as poor performance in service delivery to Māori.</p>
<p>1030 - 1200</p>	<p>Presentations</p> <ol style="list-style-type: none"> 1. Shona Lynch. Nth Queensland Australia A new program for Diabetes Self-Management in a remote Aboriginal community 2. Ta'avale Ioana Mulipola, ADHB, Auckland, NZ. Describing MH nurses role in metabolic care for service users prescribed antipsychotic medications. 3. Ta'avale Mulipola, Liliane Valoa, ADHB Auckland NZ. Audit to identify metabolic risk factors for Pacific Mental Health service users 4. Marineth Magi-Devreke, MOH SI, Self-management in TB patients in SI 5. Hilary Toloka, Atoifi Solomon Is. Community treatment of yaws and scabies: Impact on skin sores 	<p>Shona Lynch- Shona Lynch flies to Coen once a week in far North Queensland. A program called 4 by 4 which involves 4 clients, 4 one hour education sessions, 4 clinicians and 4 clinic outcomes. Due to 1 in 8 (39%) of indigenous people in Australia have diabetes and these figures is what promoted the initiation of this program. Education of “self-management” for patients but not just how to manage but also social issues such as self-esteem, coping mechanism, dealing with what worries them the most in their life in which often their diabetes is the last thing they worry about in their life. The outcomes of this were that there were improvements in self-esteem, knowledge and daily living conditions.</p> <p>Ta'avale Ioana Mulipola- Mental health patients are at risk for developing metabolic syndrome from overprescribing anti-psychotic medication. Majority of deaths in mental health patients is 25% due to cardiac disease and metabolic disorder which led to her research as Pacific Islands are already at high risk of NCDs. Mental health nurses focus is mental health is not metabolic issues or care therefore due to this evidence based link there needs to be more education and training for mental health nurses in metabolic syndrome care. One challenge is the lack of communication between primary and secondary care. Pacific Islands are very unaware of the risk factors involved in mental health and metabolic syndrome. A big need for screening everyone who comes into mental health services they also need to screen for metabolic disorders. A possible solution is an alternative anti-psychotic medication for Maori and Pacific Island.</p> <p>Ta'avale Ioana Mulipola & Liliane Valoa- Established in July 1995. It is a service for Pacific Islands adults with mental health issues and the wellbeing of these patients. Profile is 16% of NZ with mental issues of that 32% are Maori and 39% are Pacific Island. 50% are Maori and Pacific Islander who have diabetes and 80% have 2 or more metabolic disorders. Olanzapine & Clozapine are 2 anti-psychotic which is strongly linked or associated with metabolic risk factors. Olanzapine increases your appetite. Following on it is linked up with ADHD in order to educate staff and giving access to dietician and implantation of ABC smoking cessation.</p>

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Summary Report – key messages

Session Theme: Transforming Nursing and Midwifery Practice

Denise Kivell- Medical treatment scheme contract is funded by NZ Ministry of Foreign Affairs. Overseas Referral Scheme (ORS) is to provide medical specialist service in NZ. Visiting health specialist sent to Pacific Islands for treatments as well as education. Strengthening In country capacities - All of the partner countries have said that nursing is a priority. Infection control is an area of concern. Child health training. A nursing development ANIVA marsters is an education program. I.N.F.A.N.T is acronym used across the Pacific which is a train the trainer- Infection Control, Nutrition, Family Support, Air/ Oxygen, No pain, Temperature Management.

Ramai Lord- The percentage of Māori nurses in workforce should match the percentage Māori in population in each region by 2028. This can improve health outcome and provide relevant care for Māori. By growing clinically confident Māori nurses to increase access to service, opportunities to healthcare and improving outcomes for Māori people. Promoting nursing in secondary school but not just secondary school but primary level as well. Supporting them during the nursing study in order to successfully complete the degree. Endeavours to offer 100% employment upon graduation.

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