

Creating a better future together

NURSES REACHING OUT



Cabrini
OUTREACH



*Above: Entrance to Port Vila
Central Hospital, Vanuatu.*

*Cover: Cabrini Nurse Manager
Sue Grasby in the field with No Roads
to Health in Papua New Guinea.*



The mission of Cabrini Outreach is to address social disadvantage and contribute to the development of more compassionate communities. Many of our staff share our desire to create a better world. We want to release their potential to make a difference. One way we do this is through Cabrini’s clinical service grants program.

These grants are designed to support Cabrini staff volunteering in overseas medical service and education programs. The grants program is open to staff employed under a collective agreement who have worked at Cabrini for a minimum of 12 months and who are volunteering for an international service program of at least one week duration. The value of the grant is calculated at 50 per cent of the employee’s ordinary hourly rate, capped at a maximum value. The grant offsets the need for the recipient to use annual leave for the whole of the volunteer experience.

We have awarded 20 grants since 2013. Some staff volunteer annually, and have received a grant in successive years. They have participated in service programs in Vanuatu, Papua New Guinea, Philippines, Malaysia, Vietnam, Rwanda and Swaziland.

You can read some of their stories here.

These nurses’ stories have been drawn from the grant reports. They provide a rich insight into how our nurses are reaching out and creating a better future together. They inspire us, and we hope they will inspire you.

CATHERINE GARNER

Group Director, Mission and Cabrini Outreach

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Cabrini Orthopaedic Outreach, Papua New Guinea

Ciara Dillon | August 2013

→ **Word of mouth** that an Australian orthopaedic surgeon was coming to Madang, Papua New Guinea drew people from near and far. They travelled by car, boat, bus or foot to reach the clinic. Among them were people who had injuries from bush-knives, car accidents, coconut trees, infections, congenital deformities such as club foot, and bone complications of tuberculosis and malaria. Some people had been suffering for more than ten years.

The visit started with the outpatient clinic, where 40 people were assessed for surgery. A ward round followed to assess the suitability of inpatients who had spinal and joint injuries. This enabled the compilation of the theatre list, and development of a plan of care for each of the patients.

Once surgery was underway, Ciara returned to the post-operative ward to support the nurses receiving patients following their surgery. Cabrini had donated beds to furnish the orthopaedic ward, however that is where the familiarity of Ciara's normal workplace ended.

It was evident almost immediately that resources were scarce [and] the workload was vast . . . there was only one antibiotic available intravenously . . . Pain relief consisted of Pethidine (which was reluctantly given) and Panadol. Intravenous fluids [fluids delivered to the patient via drip] were rarely used with one burette available for the ward, which was already discoloured yellow from overuse . . . Wheelchairs that were barely intact were being used to transport patients to x-ray. There was one working sink available for hand hygiene and no alcohol gel (hand sanitiser).

Ciara was amazed by the strength of family support for patients, and the willingness of everyone to help and encourage each other. Despite the lack of resources, they were extremely happy and smiling, and made the most of what they had. She was able to introduce two care improvements while she was there:

- 1) Improved communication between the ward and theatre: she initiated many calls to theatre asking for clearer instructions for post-operative care and updates to the operating list. Her professional interaction with the surgical team and its impact on better patient care encouraged the local nurses to do the same.
- 2) Providing care to patients for pressure areas on their bodies, particularly to patients who were in skull and skin traction. Pressure areas can develop on a patient's skin when they sit or lie for too long in the same position. Ciara taught the staff to turn patients while ensuring stabilisation of the fracture. They quickly understood the importance when they could see the pressure injuries their patients were suffering.

Ciara says the experience is one she will never forget. "It was beautiful to see an amazing culture of people who allowed me to be part of their team and care for patients," she said. "It has allowed me to have a clearer view of things back in Melbourne – to be more grateful for the resources and knowledge that we have here."

Above: Traditional family dwellings over water in remote Kerema, Papua New Guinea. Patients travelled by canoe and any other means necessary to reach Madang for medical care.



No Roads to Health, Papua New Guinea

Sue Grasby | November 2014

→ Sue was a member of an eight-person team providing basic healthcare to communities living along the Kokoda Track.

The Kokoda Track is a single-file trail that runs 96 kilometres overland through the Owen Stanley Range from Owen's Corner, just north of Port Moresby on the south of the mainland, to Popondetta, near the northern coast. The trip involved trekking between villages along the track, setting up basic health clinics, treating dozens of people, providing basic first aid education, packing up and moving on to the next community.

Sue describes the afternoon of the second day of the trip:

Naduri clinic is open. Villagers are given health checks and patients assessed and treated. The porter team and others are educated in basic first aid. The practical sessions of applying bandages and splints is both beneficial and greatly amusing. Basic life support techniques are revisited using simulation sessions with a rolled-up mat. The clinic is cleaned, the medical supplies are catalogued and organised. We are visited by the Naduri Chief Maloo, who exchanges gifts with us. We eat, talk, laugh and sleep in the clinic.

The Kokoda Track is burned into the Australian identity as the location of the Second World War battle between Japanese and allied (primarily Australian) forces in what was then Australian territory. Local people were recruited to bring supplies to the front and carry the injured troops back down the track. They became known as the Fuzzy Wuzzy Angels.

The trip was a step back in history. As Sue says: "We acknowledge that we are saving the lives of the descendants of the 'Fuzzy Wuzzy Angels' who helped save the lives of the Australian soldiers during the Second World War."

It was a significant experience in many ways. The team was there on Remembrance Day, the anniversary of the armistice that ended the First World War.

The eleventh hour of the eleventh day of the eleventh month. The Ode is recited, silence observed, tears shed. An emotionally powerful experience sitting in a remote jungle creek, and one that we will remember forever. Lest we forget.

The trip ended with a game of soccer between the Aussie Angels and the local children. Then Pilot Joe arrived, as promised four days earlier. The whole village gathered at the airstrip to cheer them. Sue says respect, appreciation and gratefulness is obvious and humbling.

Sue is passionate about adventure, remote, humanitarian healthcare, and this would not be her last such trip.

Above: Cabrini Nurse Manager Sue Grasby (back, centre) during volunteer service with No Roads to Health in Papua New Guinea.



Child Health Checks: Swaziland

Ngaire Diamond | March 2017

→ **Swaziland is a small country** in southern Africa with a population of approximately 1 million people. It has the dubious reputation of having the highest prevalence of HIV-AIDS and tuberculosis in the world. In 2016, 27.2 per cent of the adult population had HIV-AIDS; there were 8800 new infections and 3900 HIV-AIDS-related deaths.

The good news is that over the past decade, great strides have been made to turn around this epidemic. The incidence of HIV-AIDS fell from 2.5 per cent in 2011 to 1.8 per cent in 2013. The number of babies who tested positive to HIV-AIDS having been born to mothers who had HIV-AIDS positive decreased from 12 per cent in 2011 to 3 per cent in 2012. As the crisis eased, the Cabrini Ministries staff looked beyond their current services to other needs in their local community. In 2012, they invited Cabrini Australia to partner with them in an annual outreach initiative, providing free health checks to children living nearby.

This was Ngaire's second experience with the program. Her work involved screening children up the age of five at six local pre-schools. The Cabrini Australia team included a doctor and three nurses. They worked alongside the Cabrini Ministries' health and childcare teams.

The screening started with registration, followed by taking height and weight measurements, screening for malnutrition, TB and immunisation, assessment by a nurse or doctor assessment, a test for HIV-AIDS and finally, dispensing of medication.

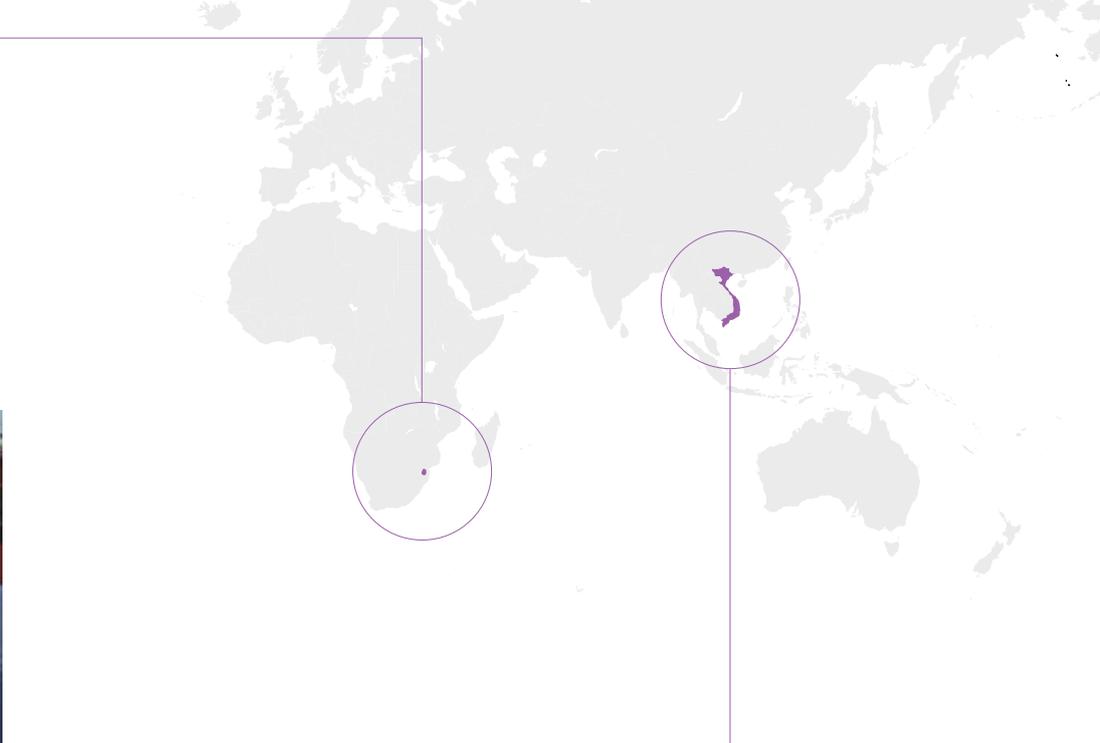
Although the children were reluctant to be examined by foreigners, with the support of parents, guardians and interpreters (the national language is siSwati), most of the children were assessed. They were found to be generally in good health. Common ailments were respiratory conditions, gastrointestinal upsets, fungal infections, poor dental hygiene and ear infections. Children who needed follow-up care were referred to St Philip's outpatient clinic. Children who had complex medical conditions were transferred to Good Shepherd Hospital.

Each night, the visiting team members were hosted by one of the Cabrini Ministries departments. Ngaire thought it was terrific. "It allowed for casual conversation [and] gave us an opportunity to relate on a personal level and share ideas," she said.

Over the five days, the team completed 451 health checks. A total of 138 children were immunised. One child was identified as having HIV-AIDS, enabling life-saving anti-retroviral treatment to start.

At the end of the program, the visiting team spent an afternoon at a game park near the Cabrini Mission. The next day (Sunday), they returned in time for Mass and a concert staged by the children.

Above: Cabrini nurse Ngaire Diamond in the field in Swaziland, Africa.



So Vietnam May Hear: Starkey Hearing Foundation Trip to Vietnam

Natalie Hall and Chris Harris | May 2016

→ **The Starkey Hearing Foundation** was founded by William F Austin in 1984 to provide hearing aids to the world's most disadvantaged people. His vision was: so the world may hear. Since then, thousands of volunteers and supporters who share his vision have distributed more than 1.8 million hearing aids to hearing-impaired people in some 100 countries.

In May 2016, Natalie and Chris joined the Foundation's phase-two mission to Vietnam. It comprised a team of more than 20 professionals. They were assigned to work with the otoscopy team, performing patient ear examinations and removing earwax, foreign bodies and infection using the technique of microsuction and curettage. Performing this technique and clearing the external auditory canal is critical to ensure best possible performance of the hearing aids.

The service program attracted approximately 500 patients, of whom 80 per cent suffered conditions requiring treatment by the otoscopy team. This was much higher than anticipated. A vast array of pathology was diagnosed, immensely different from what they would see as nurses in Australia.

Many patients had advanced ear diseases that would normally be detected much earlier in Australia. Unfortunately, inadequate access to healthcare services in Vietnam means many patients experience chronic ear conditions and irreversible damage. Natalie says this was an emotional realisation.

In Vietnam, Natalie and Chris experienced problems unique to the service program. As well as language difficulties, many patients were deaf and had limited speech. "Obtaining patient consent and compliance for the procedure was complex at times," said Natalie. "Occasionally, we resorted to non-verbal communication such as body language or used photos we had taken on our otoscopy camera to explain what was happening."

When the patient's hearing aids were finally fitted and turned on, it elicited an extremely powerful emotional response from the patient.

We couldn't begin to comprehend what it must feel like to hear for the first time or after years of silence, but the joy we witnessed in the smiles, happy tears, hugs and dancing is something we will never forget.

These are the moments that reaffirm why we volunteer our time and skills to such missions. We are privileged to have been a part of the Starkey Foundation and to have shared in their vision of giving the gift of hearing.

Above: Cabrini nurse Chris Harris examines a patient's ear during a health mission in Vietnam.



Volunteering in Rwanda

Jovie DeCoyna | February 2015

→ **Volunteering in Africa** was not a last-minute decision for Jovie. “It has been one of my biggest dreams since I was nine,” she said. “In May 2014, I applied to the Global Volunteer Network and was fortunately accepted to volunteer in their medical program in Rwanda in February, 2015.”

The program started with a historical and cultural orientation to the country – before, during and after the genocide. This is not something for the faint-hearted, according to Jovie.

The pictures and articles on display in the memorial were not sufficient to describe the terror and suffering the people endured. Even up to this time, I cannot imagine how a person can live every day alongside neighbours, relatives and family members who murdered your own. Rwandan people represent resilience, strength and forgiveness. No one comes out of the memorial with dry eyes.

Jovie’s experience represents the highs and lows of volunteering in the developing world. A high? Safely delivering a baby, despite not having done this work for seven years. The parents named their daughter Benitha Jovie, in gratitude. When she presented the baby, the grandmother held her and danced. Everyone clapped and cheered. “It was an incredibly amazing day,” says Jovie.

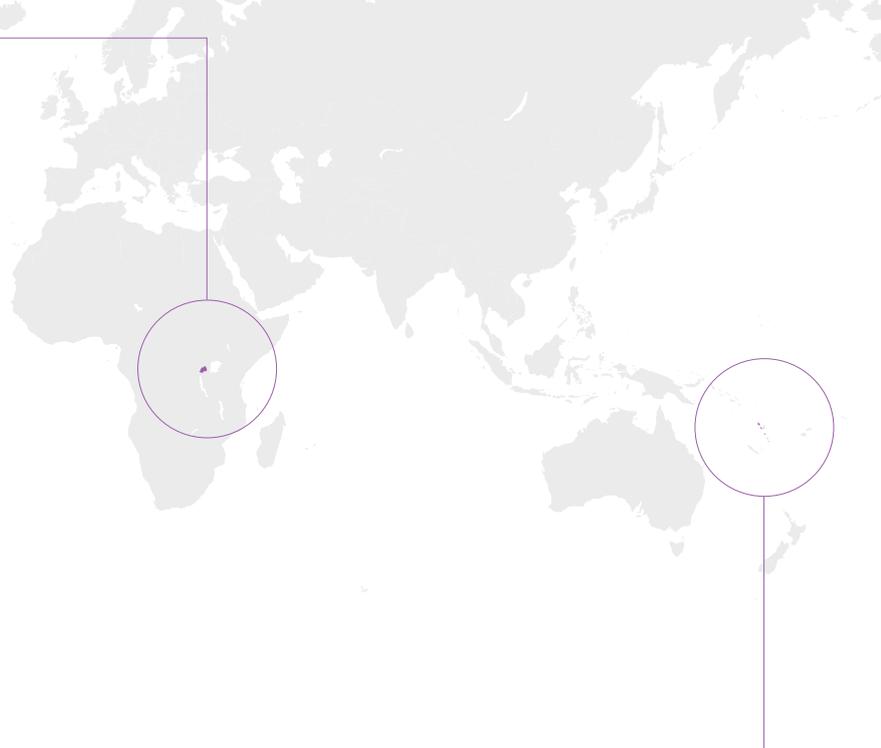
One of the lows was tending to a young woman who presented with a miscarriage. By the time the woman arrived in the health centre, the placenta and embryo were visible. There was no vaginal speculum or curette, so Jovie tended to this task by hand. The woman started moaning and crying in pain. She looked at

the woman’s face and then looked away, because she could feel her throat constricting – a mistake, as she took in everything around them: the rusty delivery table, the plastic sheet over it, the dirty bin, the lack of drape or any linen, the open windows. “This woman is crying in pain, not only physical pain but [emotional pain] from losing her baby and there is nothing comforting that I can see around us,” said Jovie. “I squeeze her hand several times and stroke her arm; I cannot speak Kinyarwanda, I can’t offer words of comfort.”

As well as working at the health centre during the day, Jovie spent time at the children’s transient centre in the evenings and on weekends. Although her nursing skills were in demand, she had a chance to play with the children, to take them swimming and on a boat ride.

My whole experience was filled with a lot of joyful moments but there were also times when I felt frustrated, angry and sad . . . It has certainly taught me a lot of things and helped me learn more about myself. I encountered minor difficulties but the overwhelming sense of gratitude for the opportunity and privilege to be able to experience it made everything worthwhile. This was one of the best decision I’ve ever made and will never regret.

Above: Cabrini nurse Jovie DeCoyna providing maternal healthcare at Murara Health Centre in Rabavu district, Rwanda.



ENT Service Program in Vanuatu

Meg Bumpstead and Natalie Bossong | August 2014

→ **This was the third time** Cabrini Malvern main theatre nurses Meg and Natalie had been invited to volunteer with the Royal College of Surgeons Global Health International Development Project in Vanuatu. Its ear, nose and throat (ENT) surgical program had continued over 14 years. The program provides essential ENT surgical and medical services, and nurse training to strengthen the capacity of health services in Vanuatu and the Pacific region. The role of these Cabrini nurses was to provide nursing support in theatre and the outpatient clinics, and to train the local nurses.

Although Vanuatu is a popular destination for visitors, on arrival at the hospital Meg and Natalie were immediately reminded that Vanuatu is a developing country. Its population has significant health needs, and conditions we do not see in urban Australia.

During the visit, 225 patients attended the outpatient clinic. They had travelled from many of the islands of Vanuatu and nearby Solomon Islands – a testament to the excellent triaging from the local ENT nurses who had participated in training on previous trips.

A total of 62 procedures were undertaken. These ranged from ten major head and neck operations, six major ear operations including three mastoidectomies and three myringoplasties, 28 minor ear operations (mainly adenoidectomy/grommet procedures) and 17 nasal operations including septal/polypectomies. Unfortunately, there were some patients who were deemed inoperable. Meg and Natalie reflected that, even in a first-world setting, the outcome for these patients was likely to have been poor, so they were given palliative care.

On this occasion, the nurse training program included ENT nurses from around the Vanuatu islands – Efate, Santo, Tanna, Ambae, Malekula, Ambrym and Banks – as well as nurses from the adjoining Pacific Islands Nauru and Kiribati. Meg and Natalie found it fulfilling to see how much each of the nurses had grown in capability and confidence since the last ENT visit.

Natalie's lectures on the use of the Voroscope (ENT converged binocular glasses with light source), ear assessment and technique for micro-suction proved to be a great success and popular with the nurses.

Both Meg and Natalie were delighted to see the nurses referring to the 'Clear Ears' course in aural care manuals that they had provided the previous year. They were able to add to the nurses' resources with postoperative-care instructions to ensure appropriate postoperative management of patients.

They believe volunteering in developing countries is the most rewarding and humbling experience nurses can have. In their view, volunteering is an essential part of local and global healthcare. Their advice? If you are unable to participate in an overseas program, consider the many opportunities Cabrini offers locally – the personal satisfaction of making a real difference is life-changing.

Above: Cabrini nurse Natalie Bossong assists surgeon Mr Perry Burstin at Port Vila Central Hospital, Vanuatu.



Above: Professor of Surgery Jerzy Kuzma performs surgery at Modilon Hospital in Madang, Papua New Guinea. He trained in Australia and Papua New Guinea with orthopaedic surgeon Mr John Griffiths, who has conducted an annual orthopaedic service and education program at the hospital for many years.





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