

March 2020 Jinja Uganda











This journey could not have been possible without donated medical supplies, technology including fire tablets, VSee software, American Heart Association (AHA) BLS training tools and resources, plus financial donations from generous individuals and organizations.

Individuals:

- Mrs. Ashley Barney RN
- Mrs. Martha Salmon RN
- Mr. Noah Hendler
- Mr. Jeffrey Green
- Mr. Jud Parker
- Anne McNamara PhD, RN
- Mrs. Susan Mahoney RN
- Mrs. Beverly Lawson
- Mr. Dan Aldana
- Ms. Amanda Dawson RN
- Mr. Tom Markovich
- Ms. Latoya Wells
- Mr. Jae Ramiro RN
- Dawna Cato PhD RN
- The Webb Family
- **The Barney Family**
- Ms. Shannon Henry

Organizations:

Holliblu Las Angeles, CA

Project C.U.R.E. -Arizona

Dr. Gigi Lefebvre **Lagniappe Medical** St. Petersburg FL

Diane Fargnoli RN Beck Oravec, and Betty Van Stedum RN **Jersey College** Largo, FL

Utah Valley Pediatrics Payson, UT

Owens Corning Nephi Plant Nephi, UT

Utah Kids Foundation American Fork UT

The Tides Foundation San Francisco, CA



GLOBAL NURSE NETWORK

COLLABORATIVE CARE DELIVERY MODEL

First

Our approach to enhance nursing around the globe begins by listening and learning from our colleagues. We explore our partners' challenges, practice standards, key roles and responsibilities, cultural standards, and the latest evidence-based practice (EBP) standards.





Dr. Consulate Atuhaire is showing Bobbi Martin how to differentiate pneumonia from a pleural effusion in one of our sickest patients. Whisper's waits days for results of the x-rays, which is not a challenge in the United States. *Information like this confirms the importance of expert assessment skills.* Assessment training conducted last year included:

- Pediatric, newborn, and neonatal head-to-toe assessments
- Pediatric Assessment Triangle (PAT)
- Pediatric Early Warning Scoring System (PEWS)
- Basic life support (BLS)
- Cardiopulmonary resuscitation (CPR).

Research conducted by Makerere University School of Public Health shows evidence of **improved patient rescues** (less patients requiring resuscitation), and **improved patient outcomes** (successful resuscitation).

Second

After we assess and learn the needs of our partner, we collaborate on specific achievable goals with expected measurable outcomes, determine the best method of training delivery, and establish a timeline. Our innovative and fiscally responsible delivery model includes training via open-source technology such as Zoom meeting software and closed Facebook pages. This year we've obtained VSee technology and incorporated Eko™ technology. We document and maintain records for data collection for implementation evaluation.



Using EKO enhanced stethoscope

Third

After our in-person visits, once back in the U.S., we implement virtual continued professional development visits via:

- Live zoom training meetings
- Audio/visual productions of training edited for staff access

We use simple to complex strategies where we build on previous learnings.



Using EKO enhanced stethoscope

In-person Implementation

Forty-eight Whisper's employees including nurses, doctors, security guards, kitchen personnel, hospital cleaners, and outreach workers were certified with American Heart Association Basic Life Support over the course of several days during this visit.

Due to the COVID pandemic we rescheduled trainings we had developed for this trip, but not to worry, we have telehealth capability and are already meeting via zoom since our return.



Ashley Barney RN showing us what a choking victim looks like!

Ashley Barney RN plays American Heart Association Training videos.

Martha works at Children's Hospital LA where they have an IV team. Here she is learning how to insert an IV in a neonate. She has success on her first attempt too!

Kaka Bashir, Whisper's manager gets his certification!



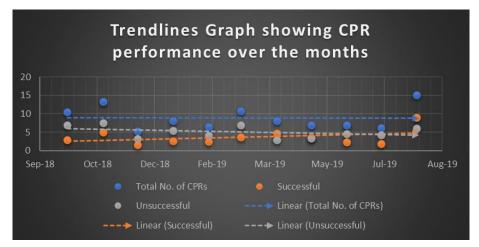


COLLABORATIVE CARE DELIVERY MODEL

Anecdotally, Whisper's staff shared they had improved outcomes as a result of their training. However, we wanted evidence. Gratefully, we had met with Dr. Nazarius Tumwesigye, Chair of the Department of Epidemiology and Biostatistics during our visit in July 2019 and under his direct supervision, Chris Balwanaki, an MPH candidate conducted research that yielded statistical evidence that supported their claim!



This graph shows overall difference between unsuccessful and successful CPR. The red line running through is a trend line showing the general movement towards the zero line and into the negative plot area. This shows that over the period (From October 2018 to August 2019), the number of successful CPR interventions have been gradually increasing while the unsuccessful have been decreasing, reducing the difference to zero. Months such as April 2019 and August 2019 had more successful CPR interventions than unsuccessful.



With performance averaging 9 CPR interventions per month over 11 months (October 2018 to August 2019), the successful CPR patterns show an increase while the unsuccessful CPR patterns show a decline. We observe the two lines intersect at the month of July 2019. This is considered a good steady improvement over the five months of April 2019 to August 2019 where we observed a decline in unsuccessful CPR.



Collaborative Care Delivery Model in Action

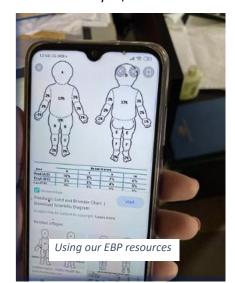
Burns are common in Uganda due to low cooking fires where children have easy access. Whisper's has been learning about how they can provide prevention education to their community in their current outreach work.

Prior to our visit, we conducted several telehealth trainings on burns after identifying it as a need this year.

Assessment

A Pictorial Essay

On our first shift, this patient was brought in with a fever and diarrhea, but those signs and symptoms were of sepsis from a burn that occurred at home a week prior. The Cure Kit donations contained the burn dressing supplies we needed! Thank you, donors!







Wound debridement



All photos used with permission





Work. Life. Balance. Service.



GNN loves to learn, laugh, and celebrate with the amazing staff at Whispers! Pictured are Martha Salmon, Kaka Bashir, Ashley Barney, Flavia Babra Musagala Bobbi Martin, Mauricia Nsimbi, and Deo Namwokoyi.





Ashley unpacks donations and makes gift bags full of needed items such as watches and stethoscopes, but also self-care items like lotions, soap, and earrings!



Vincent Kakorwa, Whisper's chief nurse writes thank you letters back to children in the U.S. who sent cards!





Supporting the local economy on a lunch break.



The Nile at night.

Until next time

Ashley's face in the opposing picture about sums up our feelings upon our premature departure.

We returned to a changed world. The COVID pandemic has surpassed any other public health tragedy from our collective memory.

As nurses at Global Nurse Network we are collaborating to coordinate personal protective equipment (PPE) for our nurse colleagues working fiercely and tirelessly in areas hardest hit with the virus across the U.S.

Our next trip back to Uganda is tentatively scheduled for July but we will follow recommended travel guidelines to ensure the safety of our patients, families, and communities.





As we say our bittersweet goodbyes, we look forward to continued work with our partners in designing a new healthcare delivery model that connects expert nurses with practicing nurses instantaneously for the betterment and health of our communities.



Whisper's immediately responded to the

COVID crisis by following the CDC and World Health Organization's recommendations plus implemented emergency transport during the country's shut down after 6 pm. Please consider supporting them in any way you can. You don't have to go to Africa to help. There are many ways to help, sponsor their internet for a month, sponsor water delivery, call us, we'll connect you!









"The world's health depends on nursing, and the possibilities to impact global health are limitless if we view them through the ongoing lens of hope. Bobbi Martin

The Rebel Nurse Handbook