

Innovation in Nursing Practice Management during the pandemic

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Lenmed Values

How do we embrace every day?



We strive

to exceed the expectations of our patients, visitors and doctors



We work

As a team and hold ourselves and each other accountable for our actions



We always act

With compassion and empathy



We aim

For perfection in all that we do

*Together
we make
Lenmed
great!*

Introduction

- Reflection on the total impact, of covid, our response in nursing practice, innovation, adaptation and possible renewal, not possible in 30 minutes.
- The state of healthcare in any context, system, hospital, region, nationally and globally is linked to “the state of nursing” at a time and or period.
- It is now generally stated and accepted globally that “healthcare”, and “nursing” must do better! The nursing profession stood exposed, vulnerable, and frozen with fear at times. All of this and much more has been topics of reflection and debate amongst nursing managers and leaders.
- Despite the perceived “crisis” the time has come for nursing to seize the opportunities to address issues that was dominant during the pandemic, some of which have been there before the pandemic started.

Introduction (continue)

- The profession globally and in SA are facing a period during which it will have to plan, plot, the next steps to identify the best of what we achieved, during a challenging time to influence, inform and direct nursing practice, education and training and infection prevention and control.
- The learnings that is noted as opportunities must be used to ensure that the profession is in a better state of preparation to respond to future threats and risks of this kind.
- Nurse managers and leaders must be the advocates for change through evidence, influence without delay! If not, the learnings would have been in vain.

Introduction (continue)

- Let us take some time to reflect on those “key learnings” in practice that not only can, but “must” influence the way in which we deliver our craft, to the benefit of “those that are most vulnerable when such phenomena as pandemics hit”
- It includes clinical nursing management of patients (volumes), nursing management and leadership, collaboration, staff and staffing, infection prevention and control, the value of data, immunization – hope/ability to prevent.
- The contribution of the media including social media – as it as never been!
- The last bit” Call to action!

Clinical nursing management of patients

- Initial uncertainty
- Focus on technical preparedness of staff, equipment and facilities
- Safety of nursing staff – PPE requirements, donning/doffing training
- Respiratory disease – high infection rate, from diagnosis and commencement of treatment, fast deterioration, co-morbidities, ventilation.....and what follows!
- Patho-physiology – moved to vascular involvement, inflammatory response, severe illness.
- The major challenge – the volumes of patients that presented critically ill, required advanced critical care treatment and management.
- The impact of death, dying – accompaniment of patients during the last stage of life, without their loved ones, sensitive to cultural differences and needs – flexibility with an element of risk management, embraced!
- Psychological impact on nursing staff

Nursing management and leadership

- Confronted with the preparation of the hospital environment, much information and change daily – urgent need to stay on top of it. Adapt, change, guidance, direction “the pandemic unleashed a revolution in nursing and indeed in healthcare!
- Constantly available as curve balls from many directions the order of the day, physical presence in the beginning needed – “lead from the front” The pathways for patients, into hospital reconfigured, focus with every step on the minimizing of the spread of infection.
- Confrontation with new technology at all levels – it was clear from day one – “there is no going back!
- Re-defined clinical supervision, creation of teams for management and resuscitation, and movement to higher levels of care!

Staff and staffing

- The 20/80 principle of critical care in private acute care!
- The opposite – became the order of the day!
- Numbers of specialist nurses – availability, nurses affected – first and second waves. Totally different approach – “Team Nursing, clinical supervision, shorter frontline exposure, scheduling and allocation.
- Nursing staffing – a new dawn, ratios ineffective, acuity assessment/accurate level of care, linked to realistic nursing workload, and appropriate skill mix provide some answers to meet the professional and functional needs of patients on the care of a nurse or nurses.
- Preparation and competence – key changes in approach, treatment and care. Emergency response and resuscitation, patient positioned in prone! Basic procedures “suctioning” new understanding, focus on prevention of spread!
- We learnt to make use of the full multi-disciplinary team members – Paramedics, Physiotherapists, etc.
- Management of transport, accommodation, fear, psychological support and care – and “family matters more than we think”

Infection prevention, surveillance and control

- The dawn of a new ball game – “PPE, donning, doffing, the effect!
- Screening, preparation of the patient/therapeutic environment/clinical waste/concurrent and terminal cleaning/patient and public information.
- Surveillance – patients, staff, reporting and collaboration – NICD, DOH. Information was key in decision-making – to adapt, emergence of new evidence!
- Maintaining high levels of compliance, competence.
- Self care and awareness!

The power of data!

- More meaningful, as compared to the approach before covid. “It became the springboard that energized us”
- The power of prediction using data, hour to hour, day to day – it is now the norm!
- Major impact on – diagnosis, treatment, progress, guidance, prescription of treatment and care. **Telehealth – not a new game – it has changed the total approach to the nursing and medical care plan of a patient or a group of patients!**

Immunization – hope!

- New look and new value – the emergence in record time – was astounding, its value immeasurable.

Finally – “a call to action”

- After all the preceding it would be irresponsible of me to not give accurate feedback of the key issues that cannot be left as a pandemic that came and passed? Or has it?
- Nursing in SA – critical shortage of specialist nurses to meet our current need, it was glaring during this extraordinary time.
- The education and training of these category of nurses are negatively affected by autocratic red tape, obstacles, related to higher education status requirements, onerous accreditation processes.
- A solution must be found - ???



Thank You