

IHF Beyond the Call of Duty for COVID-19 program



Title (20 words)

Hospital human resource allocation during a pandemic crisis: Internal Medicine innovative reorganization effect in the Emergency Department

CONTEXTO E OBJETIVOS

> Kindly provide background information on how the action(s) originated pro-actively as an initiative from your organisation and outline specific goals or targets that the action(s) was targeting to achieve ? (150 Words)

COVID pandemic brought abrupt changes to hospital organization. Usual human resource allocation failed to adapt. In our institution, the answer came from the field. Clinicians from involved units developed the CET model (complementary emergency teams), later adopted by hospital managers. It consisted of defining a clinician pool that was distributed in fulltime to units according to crisis demand. The pool included 110 clinicians, selected from all Internal Medicine wards. Initial distribution was 40% to the Emergency Department (ED), 20% intensive care unit, 40% COVID dedicated and non-dedicated wards. Every 3 weeks participants rotated between units, respecting appropriate technical skills. In every rotation crisis status and distribution were reviewed. The model combined stability and flexibility.

Specific goals: Adapt to change as learning organization; respond to unpredictable demands in cornerstone units; reinforce focus, teamwork and relational coordination; maintain a close interaction and communication between units.

RESUMO DE RESULTADOS

> How in the particular situation of the COVID-19 response does this activity, service, or program demonstrate the organisation's excellence or outstanding achievement beyond the call of duty? (300 Words)

Before COVID in our ED most clinicians were allocated 12h/week. With the new CET model they became full time committed, 40h/week. As a result, we passed from 130 clinicians in 9 teams, to 65 clinicians in 4 teams. In brief, less people, bigger teams, and more focus. At the same time, nurse teams shared the same commitment to crisis management. An opportunity was there to embrace multidisciplinary teamwork, and that was precisely what happened. Alignment, focus and relational coordination were the most powerful arguments to face change.

The ED has an average workflow of 390 patients/day. In the first 3 months of pandemic 20% of patients were COVID-suspected. Changes were huge and included: completely isolated patient circuits between COVID-confirmed, suspected and non-suspected; new busy isolation rooms with staff equipped with complete personal-protective-equipment; novel roles like circuit coordinator; new triage protocols; new approach protocols in emergency rooms; dedicated area to COVID testing for patients before invasive procedures or admission to other units.

Examples of teamwork: periodic patient status meeting by working area; frequent review of protocol updates and insufficiencies; debriefing meetings after complex situations; share of problems, doubts, insecurities and vulnerabilities; training of communication.

Some specific actions: reduction of COVID-suspected patient time in the ED, patients without risk factors waited test results at home, in close coordination with an outpatient support team; insurance of best care for COVID-non-suspected patients, by assertive team resource distribution to all patient circuits; training of infection protective measures for professionals, including those specific for each unit.

Results: maintenance of response times (time to first medical exam 54min vs 57min), optimization of new time consuming procedures (episode time 7h45m vs 6h35m), low rate of professional infection or absenteeism.

EFEITO NOS PROFISSIONAIS E PARCEIROS

> How has the activity, service, or program involved executives, staff, and stakeholders and with which consequences on the organisation or governance of the organisation? (150 Words)

The example that we present is a sign of our institution's vitality and openness, since ground low-hierarchical level professionals took an initiative to get involved in management, and executives showed interest and believed in it. Results were better than expected, and even the most involved developers were surprised by the interdisciplinary teamwork dynamics that emerged. In a collaborative context a positive idea can articulate and evolve to bigger achievements than a particular group of people can predict. Staff motivation was powered by team reinforcement, and individual professionals accepted to take responsibility in the governance for change.

Full-time allocation gave stability to teams, and three week rotativity facilitated a share of problems and solutions between units. Rotativity also prevented burnout since professionals found that it was positive to change context by periods, giving the context of intensive workflow. Teamwork helped to face stress, vulnerability, uncertainty and fear.

FACTORES DE SUCESSO E BARREIRAS

> What has supported the successful implementation of the activity, service or program and what obstacles had to be overcome? (200 Words)

A strong factor of success was the origin of the idea. It was born in the field and developed by professionals that had closer contact to the problem. The proposed model satisfied both workers and managers. For workers it brought stability and for managers it had the appropriate flexibility.

Another important factors were overall rise in motivation and acceptance to change. These came from the populational dimension of the crisis. Every healthcare worker felt part of the same mission. Motivation and alignment ultimately evolved to enhancement of teamwork, including multidisciplinary effort between different professional groups. Clinician-nurse synergy had a big development during this period. The cycle of motivation, teamwork and effectiveness repeated in loop and got stronger.

There were also important barriers to turnover. The CET model proposed a major change in the traditional work organization, and involved many units and professionals. To reinforce some units, others had to be reduced. All this happened in a short period of time, and some managers felt away from the negotiations. Other barriers were poor communication training, lack of culture for planning and protocol publication, limitations in meetings due to infection prevention recommendations.

IDEIAS PARA O FUTURO

> Describe the perspectives opened by this activity, service, or program to transform the operation of the hospital and enhance its performance

(better responsiveness, quality of care and safety, efficiency, accessibility, etc.).

(200 Words)

The CET model success shows that change can start from the bottom of the hierarchical pyramid. Generalized management skills training to all professionals have an enormous potential to change static healthcare facilities to adaptive learning institutions. Also, synergic strategy showed to be much more efficient than individual efforts. Developing teamwork and relational coordination will raise the quality of care and safety of our patients. The role of Internal Medicine was crucial. It's broad-spectrum attitude and polyvalency made the difference, and should be acknowledged by future hospital managers.

Thinking about the future, we started a program of video-meetings to identify measures that can develop this collective dynamic. Leadership is evolving and we are discussing concepts like assertive communication, interpersonal respect, multidisciplinary valorization and relational coordination.

RECONHECIMENTO PARCEIROS, FORA DO HOSPITAL

> How is the new activity, service, action or program received by the organisation's major stakeholder(s)?

Has it been recognised by the public, peers, government nationally or regionally? (100 Words)

The CET model was decisive in the hospital's global response to COVID. Response recognition by stakeholders evolved to cooperation protocols: follow-up for non hospitalized COVID positive patients; recognition of unsafe habitational conditions and response in the community. These actions involved multiple stakeholders, including Primary Care, Public Health, Social Services and Mayor office. We intend to report and spread CET model accomplishments inside the institution, to other hospitals and to our stakeholders.

Workgroup

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