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Role of the nurse regulator of beds in the pandemic by the covid-19: report of professional experience

Atuação do enfermeiro regulador de leitos na pandemia pela covid-19: relato de experiência profissional

Actuación del enfermero regulador de camas en la pandemia por la covid-19: informe de experiencia profesional

RESUMO

Objetivo: Descrever a experiência profissional do enfermeiro regulador de leitos na pandemia da covid-19 em um hospital público. Métodos: Relato de experiência que discorre sobre a vivência de enfermeiros que atuam na regulação de leitos do Núcleo Interno de Regulação de um hospital no Sul do Brasil. Resultados: Foram implementados e implantados fluxos de serviço: criação de unidades de internação covid-19; adequação da área física da emergência; orientação e fluxo nos trâmites burocráticos de óbitos por suspeita ou com covid-19 confirmado; criação de programas e planilhas informatizadas; monitoramento dos leitos do Serviço de Controle de Infecção Hospitalar; capacitações dos técnicos administrativos; e gestão de leitos no hospital infantil. Conclusão: A gestão de leitos é uma área de atuação em que o enfermeiro possui autonomia, realiza tomada de decisões e exerce o gerenciamento e liderança. Indubitavelmente, evidencia-se uma oportunidade de crescimento profissional para enfermeiros no enfrentamento da pandemia.

DESCRIPTORES: Papel do Profissional de Enfermagem; Ocupação de Leitos; Gestão em Saúde; Covid-19; Sistema Único de Saúde; Enfermagem.

ABSTRACT

Objective: To describe the professional experience of the bed-regulating nurse in times of pandemic by Covid-19 in a public hospital. Methods: Experience report that discusses the experience of nurses working in the regulation of beds of the Internal Center for Regulation of a hospital in southern Brazil. Results: Service flows were implemented and implemented: creation of Covid-19 inpatient units; adequacy of the physical area of the emergency; guidance and flow in the bureaucratic procedures of deaths due to suspicion or with Covid-19 confirmed; creation of computerized programs and spreadsheets; monitoring of the beds of the Hospital Infection Control Service; training of administrative technicians; and bed management in the children's hospital. Conclusion: Bed management is an area of activity in which nurses have autonomy, make decisions and exercise management and leadership. Undoubtedly, there is an opportunity for professional growth for nurses in coping with the pandemic.

DESCRIPTORS: Nurse's Role; Bed Occupancy; Health Management; Covid-19; Unified Health System; Nursing.

RESUMEN

Objetivo: Describir la experiencia profesional de la enfermera reguladora de camas en tiempos de pandemia por Covid-19 en un hospital público. Métodos: Informe de experiencia que discute la experiencia de las enfermeras que trabajan en la regulación de camas del Centro Interno de Regulación de un hospital en el sur de Brasil. Resultados: Se implementaron e implementaron flujos de servicios: creación de unidades de hospitalización Covid-19; adecuación del área física de la emergencia; orientación y flujo en los trámites burocráticos de muertes por sospecha o con Covid-19 confirmado; creación de programas informatizados y hojas de cálculo; monitoreo de las camas del Servicio de Control de Infecciones Hospitalarias; formación de técnicos administrativos; y la gestión de camas en el hospital infantil. Conclusión: El manejo de camas es un área de actividad en la que las enfermeras tienen autonomía, toman decisiones y ejercen la gestión y el liderazgo. Sin duda, existe una oportunidad de crecimiento profesional para las enfermeras en el afrontamiento de la pandemia.

DESCRIPTORES: Papel del Profesional de Enfermería; Ocupación de las Camas; Gestión en Salud; Covid-19; Sistema Único de Salud; Enfermería

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INTRODUCTION

Although challenging, bed regulation is essential in the management of health services, as health regulation is a management strategy in constant interface with planning, control and evaluation actions, in order to guarantee equitable and comprehensive care, in accordance with the principles of the Unified Health System (SUS) and the constitutional right of Brazilian citizens.⁽¹⁾

In this sense, the National Hospital Care Policy (PNHOSP - Política Nacional de Atenção Hospitalar) established by Consolidation Ordinance No. 2, of September 28, 2017, in its art. 6, item IV, defines and recommends the creation of the Internal Regulation Nucleus (IRN) in hospitals.

⁽²⁾ The IRN is a Technical-Administrative Unit that enables monitoring of the patient from their arrival at the institution, during the hospitalization process and their internal and external movement, until hospital discharge.

The IRN must also interface with the Regulation Centers (municipal, regional and state); outline the complexity profile of care within the SUS; and provide outpatient consultations, diagnostic and therapeutic support services, in addition to inpatient beds. These characteristics of healthcare and in line with pre-established

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criteria and protocols should be established by the NIR. In addition, the IRN must look for inpatient vacancies and diagnostic and therapeutic support outside the hospital for inpatients, when necessary, as agreed with the Health Care Network (RAS - Rede de Atenção à Saúde).⁽³⁾

In the NIR, the management of beds is carried out, which, in order to be more efficient, requires a management that can identify the processes that interact and integrate the occupation of beds, define goals and monitor the results, can measure and verify them and then propose improvements.⁽⁴⁾

The IRN of the largest public hospital in southern Brazil, located in the city of Porto Alegre, Rio Grande do Sul, exclusively for SUS patients, is one of the precursors in Brazil. Created in 2012, the Rio Grande do Sul IRN was a model for other Health Institutions, serving as a basis for the preparation of the "IRN Implementation and Implementation Manual, Internal Regulation Center for General and Specialized Hospitals", published by the Ministry of Health in 2017.

The multidisciplinary team of workers that make up the IRN of this institution comprises nurses, physicians, administrative technicians and an administrator. In times of pandemic, the installation of NIRs as a new sector in hospital environments had its importance even more reinforced,

with special emphasis on the role of regulatory nurses who work on the front line in the management of hospital beds.

It is noteworthy that, despite the practice of health management being one of the duties of the professional nurse,⁽⁵⁾ there is still no Resolution of the Federal Council of Nursing (COFEN) that specifically addresses the role of nurses in bed management. However, at the state level there are guidelines from the Regional Nursing Councils (COREN), such as the Regional Nursing Council of São Paulo,⁽⁶⁾ inferring the legality of nurses to exercise their functions within the multidisciplinary team of NIR.

The nurse stands out as a professional with solid training in the care and management dimensions of care, with the potential for collaboration in bed management, through a proactive posture and facilitator of work processes, related to diagnostic and therapeutic interventions, training of teams, adequacy of infrastructure and inputs relevant to the effectiveness of care, among others.⁽⁷⁾

This experience report was elaborated on the experience of a nurse regulator of beds at the largest public hospital in southern Brazil in times of covid-19 with the purpose of offering subsidies for health services, in addition to highlighting the activities developed by this professional, with a view to the management of beds being a new area of action for the category. Thus, the objective is to describe the professional experience of nurses who regulate beds in times of pandemic by covid-19 in a public hospital.

METHOD

This is an experience report on the role of the regulatory nurse at the NIR, in the largest hospital in southern Brazil, in times of covid-19. This study has a qualitative approach, with a descriptive-reflective character. Qualitative research seeks to dialogue with the reality of subjects through their histories, biographies, relationships, symbolisms they harbor, as well as the universe of meanings, volitions, aspirations,

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beliefs and creeds, ethical-morals values, of the attitudes of the concrete subject and handle varied techniques for the empirical work by providing substrate for its understanding.⁽⁸⁾

It is noteworthy that the hospital in this study is a reference in the care of patients with suspected or confirmed cases of covid-19, including pregnant women and children with this diagnosis.

The NIR, as well as the other sectors of the hospital, needed to adapt, create flows and strategies, optimize its team of workers to be able to provide the necessary care quickly and safely during the pandemic caused by the new coronavirus (SARS-CoV-2).

Despite the uncertainties and doubts about the disease itself that plagues countries around the world, the sector has faced and adapted to the new reality, which has lasted for more than a year. Among the routine changes, it is worth mentioning the cancellation of elective surgeries in order to direct the workforce of the technical team, physical area and hospital equipment to the care of patients being screened and confirmed for SARS-CoV-2 (except for oncologic surgical procedures considered a priority due to the magnitude and aggressiveness of neoplastic disease). On the other hand, the increase in hospitalizations due to the new coronavirus is reflected in the occupation of hospital beds as a dynamic movement, which requires constant flexibility and agility in decision-making.

In this report, the care provided by the IRN is described, in particular the performance of its nurses, in times of pandemic in a large public hospital. The IRN coordinator signed the Consent Term declaring to be aware of this report of professional experience, which does not involve research with human beings, therefore, the need for evaluation by the Research Ethics Committee is unnecessary.

RESULTS

The coronavirus pandemic, decreed as such by the World Health Organization (WHO), has affected the world since March 2020, with a high incidence of cases and

deaths related to the disease to date. The pandemic is considered an international public health emergency which, according to the health regulation, is the highest level of alert for the WHO. This fact forced an adaptive change in the way health services provide care.⁽⁹⁾

Changes and adaptations are a reality in health services, which make efforts to provide care to the population in times of pandemic. The IRN has been no different, as service flows were implemented and implemented, which are discussed below, which require constant evaluations and adaptations to be assertive in the population's health care.

Covid-19 inpatient units were created with the transformation of clinical or surgical inpatient units into care units for suspected patients for covid-19 (influenza symptomatics in laboratory screening) and confirmed patients for SARS-CoV-2. The opening or closing of these units is not watertight, as it changes according to the demand of patients.

Regarding the adequacy of the physical area of the hospital's emergency room, it was necessary to adapt the space to the demand of patients treated. Initially, the physical area was divided into rooms: the red room was intended for the care of patients in need of intensive care and officially had five beds; in the orange room, 14 beds were intended for the care of semi-intensive patients; the green room treated less complex patients in a space with 19 beds. The Clinical Decision Unit was the "gateway" for the beginning of patient care, located in an area for four stretchers and five chairs. Depending on the decision taken, the patient was assigned to one of the rooms (red, orange or green). The observation room, where patients received medication and were observed before being discharged or hospitalized, had a space of six chairs and some stringers.

Initially, the rooms for the care of patients with suspected or diagnosed SARS-CoV-2 were red and, later, orange. This scenario was changed at various times until March 2021, when the high rate of suspected patients or patients with confirmed co-

Due to the impossibility for the family to contact the patient with SARS-CoV-2, new implementations were instituted. In order to avoid errors in identifying the body, the IRN provides a smartphone for the nurse in the sector responsible for the body; in possession of the death certificate, this nurse takes a photo of the body with its proper identification.

vid-19 caused all rooms to attend to these patients, that is, the emergency of this hospital was transformed in a large Intensive Care Unit, reaching 51 intubated patients using mechanical ventilation. Only the space in the observation room continued to be reserved for patients with other diseases. In this scenario, the need for the IRN to be updated on the aforementioned movements in real time, both in the emergency room and in the inpatient units, is highlighted, so that it can adequately regulate beds and patients.

Guidance and flow in the bureaucratic procedures of the death of patients with suspected or confirmed covid-19 occurs in the IRN sector, which provides the family member/responsible for the patient with the death certificate document completed by the responsible physician and which is necessary for the continuation procedures, including the release of the body in the morgue. Due to the impossibility for the family to contact the patient with SARS-CoV-2, new implementations were instituted. In order to avoid errors in identifying the body, the IRN provides a smartphone for the nurse in the sector responsible for the body; in possession of the death certificate, this nurse takes a photo of the body with its proper identification. The smartphone passes to the doctor, who shows the photo for the family member to recognize the body; after this procedure, the smartphone returns to the NIR, which is responsible for attaching the patient's photo to their electronic medical record, maintaining confidentiality and professional ethics.

It was also up to the IRN nurses to prepare and start using electronic spreadsheets to monitor the screening tests for cancer patients who were admitted to the emergency room or who are awaiting elective hospitalization to continue the chemotherapy treatment. These worksheets allowed this management of beds, as it is up to the nurse to plan the care to prevent the dissemination of the coronavirus in a high-risk population and to implement measures based on the available evidence. (10) This measure aimed to avoid the exposure of patients already admitted to the oncology

unit, as the monitoring of exams is essential for optimizing the management of beds and the safety of hospitalized patients more exposed to risks due to the compromise of their immune system.

The monitoring of the Hospital Infection Control Service (SCIH - Serviço de Controle de Infecção Hospitalar) beds was carried out by the IRN nurse in the evening and afternoon shifts during weekends, when the hospital's SCIH team is not working. As the IRN works 24 hours a day, the IRN nurse manages the beds of isolation patients who have resistant bacteria, fungus and/or viruses. This management requires differentiated knowledge due to the complexity of the strategies needed so that patients can only share a room with patients who have the same etiological agent as yours, or stay in isolation if they need it.

Computerized programs and spreadsheets were drawn up by nurses and administrative technicians to monitor occupancy rates and identify available and occupied beds. The computerization of procedures proved to be even more fundamental, as it was thanks to the agility in providing information in real time for care planning that it became possible to direct care and ensure the accuracy of the information. (11)

The training of administrative technicians was intended to equip these professionals in the exercise of their activities in order to ensure their own safety as well as that of users. During educational activities related to the use of Personal Protective Equipment (PPE) and aseptic techniques (such as correct hand hygiene), nurses from the IRN guided administrative technicians on how to proceed when traveling to covid-19 areas of the hospital to take or search for documents and the smartphone used to identify bodies.

Just as it happened at the hospital that serves adult patients, the management of beds at the Children's Hospital, which belongs to the same institution, underwent changes in the physical areas and in the organization of work. The Children's Hospital has peculiar characteristics, such as: a bed management that always needs to take into account the size of the beds, as there

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are beds of different sizes in the same room due to the variation in height among the children. Once again, the IRN nurse needed his skills, agility and dynamism to be able to cope with the work demand that emerged regarding the changes needed to meet the needs of children in the pandemic.

DISCUSSION

Given the above, the importance of the role and role of the IRN nurse in all the processes described in this report is highlighted. Competences such as the ability to adapt, flexibilize and learn quickly in the pandemic scenario were observed in these workers.

In this sense, the use of technologies by its workers stands out in the IRN sector, and it is possible that the skills and competences with technological tools enabled innovation in the educational and organizational arrangements of institutions, due to the immediate requirement for decision-making. (12)

In this report, the expressive role of nurses as regulators of beds was evidenced, although physicians are the ones who decide to admit and treat a patient, nurses are the main responsible for managing the total capacity of the bed - which values their professional performance) (13) -, a fact that confirms the findings of the scientific literature.

For the professional exercise in this role, it is very important that the IRN nurse has a consolidated professional experience, who has covered a trajectory in the adult and/or child care area, so that, with their knowledge and clinical reasoning, they can, in a quick and assertive manner, choosing the bed and the correct time for its occupation, considering the clinical history, clinical situation and prognosis of the patient at the time of decision making. In addition, it is essential that these professionals have knowledge of institutional flows and even the entire physical area of the hospital in which they work.

In this sense, the nurses who make up the IRN in this report are all professionals

who worked in different units and sectors of the hospital institution, such as: emergency, clinical and surgical inpatient unit, or neonatal care unit. To carry out the management of health systems and maintain a good relationship with the teams in the area, it is necessary to have qualified nurses, as, in this way, it is possible to achieve better results.⁽¹⁴⁾ In addition to knowledge/experience in management, nurses with experience in care practice have the facility to carry out an assessment of the patient's care profile in the institution, which is considered important for internally regulating beds.⁽¹⁵⁾

Nurses, when exercising their management and leadership skills, benefit the IRN with their performance, as this workspa-

ce is considered a privileged observatory capable of generating effective and agile actions, contributing to significant improvements in the health sector. (1) In the context of a pandemic, it is desirable for the moment that Nursing conceives and embraces professional identity and is politically engaged, in order to collectively recognize that the category has faced the front line of covid-19, in order to be active in the fair search and meaningful value of their work. (16)

CONCLUSION

The pandemic strengthened the IRN as a health sector that regulates patients, enabling fair and transparent access to the

service for SUS users. In times of covid-19, it reflects on work actions, but also on the importance of nurses in the health sector and their contribution to society itself.

The limitation of the study is the presentation of a professional experience report from a single NIR, even though this is the largest in southern Brazil. However, the implications of this report are presented as contributors and inspiring for the practice of nurses who work in the regulation of beds.

Bed management in hospital institutions is an area in which nurses have autonomy, make decisions and exercise management and leadership. Undoubtedly, there is an opportunity for professional growth for nurses to face the pandemic.

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