

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.

DESCRIPTORIOS: 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.

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

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INTRODUÇÃO

Although challenging, bed regulation is essential in the management of health services, since 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) established through 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 allows monitoring of the patient from his arrival at the institution, during the hospitalization process and its internal and external movement, until hospital discharge.

The IRN must also interface with the Regulation Centers (municipal, regional and state); outlining the profile of complexity of care within the scope of 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 criteria and

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protocols should be established by the IRN. In addition, the IRN must seek out-of-hospital admissions and diagnostic and therapeutic support for hospitalized patients, when necessary, as agreed with the Health Care Network (HCN).⁽³⁾

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

The IRN of the largest public hospital in the South of 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 elaboration of the “Manual of Implementation and Implementation IRN Internal Regulation Core for General and Specialized Hospitals”, published by the Ministry of Health in 2017.

The multidisciplinary team of workers that make up the NIR of this institution comprises professional nurses, doctors, administrative technicians and an administrator. In times of a pandemic, the installation of NIRs as a new sector in hospitals had its importance even more rein-

forced, highlighting, in particular, 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 Nursing Council (COFEN) that specifically addresses the role of nurses in bed management. However, there are statewide guidelines from the Regional Nursing Councils (COREN), such as the Regional Nursing Council of São Paulo⁽⁶⁾, inferring the legality of nurses to perform their duties within the NIR multi-professional team.

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 supplies relevant to the effectiveness of care, among others.⁽⁷⁾

The present experience report was prepared on the experience of a nurse who regulates beds at the largest public hospital in the South of 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 bed management being a new area of action for the category. Therefore, the objective is to describe the professional experience of the nurse who regulates beds in times of a pandemic caused by covid-19 in a public hospital.

METHOD

This is an experience report on the role of the regulatory nurse in the NIR, in the largest hospital in the South of 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 stories, their biographies, their relationships, the symbolisms they harbor, as well as the universe of meanings, volitions, aspirations, beliefs and creeds, ethical-moral values, attitudes of the concrete subject and they handle varied techniques for empirical work as they provide a substrate for the understanding of the same.⁽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, had to adapt, create flows and strategies, optimize its team of workers to be able to provide the necessary care with agility and safety 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 over a year. Among the routine changes, the cancellation of elective surgeries is highlighted in order to direct the workforce of the technical team, physical area and hospital equipment to the care of patients in screening and confirmed for SARS-CoV-2 (with the exception of oncological surgical procedures considered a priority due to their magnitude and neoplastic aggressiveness). 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 service provided by the NIR is described, especially the performance of its nurses, in times of a pandemic in a large public

hospital. The NIR coordinator signed the Term of Consent declaring that he was aware of this professional experience report, 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 hit 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 health regulations, is the highest alert level of 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 a pandemic. In the NIR it 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 health care of the population.

The creation of COVID-19 inpatient units took place with the transformation of clinical or surgical inpatient units into care units for suspected COVID-19 patients (flu-symptomatic in laboratory screening) and patients confirmed for SARS-CoV-2. The opening or closing of these units is not watertight, as it changes according to patient demand.

Regarding the adequacy of the physical area of the hospital emergency, it was necessary to adapt the space to the demand of the patients treated. Initially, the physical area was distributed in 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 served less complex patients in a space for 19 beds. The Clinical Decision Unit was the “gateway” to the beginning of patient care, located in an area for four stretchers and five armchairs. Depending on the decision made, the patient was assigned to one of the rooms (red, orange or green). The observation room, where patients received medication and were observed so that they could be discharged or remain hospitalized, had a space of six armchairs and some stringers.

Only the space of the observation room continued to be allocated to patients with other diseases. In this scenario, we emphasize the need for the NIR to be updated on the aforementioned movements in real time, both in the emergency room and in the hospitalization units, so that it can properly regulate beds and patients.

Guidance and flow in the bureaucratic procedures for the death of patients with suspected or confirmed covid-19 takes place in the NIR sector, which provides the patient's family/guardian with the death certificate document completed by the responsible physician and which is necessary for the continuation of the procedures, including the release of the body in the morgue. Due to the inability of the family to contact the patient with SARS-CoV-2, new implementations were instituted.

In order to avoid errors in identifying the body, the NIR 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 NIR nurses to prepare and start using electronic spreadsheets to monitor the screening tests of cancer patients who were admitted to the emergency room or who are waiting for elective hospitalization to continue the chemotherapy treatment. These spreadsheets allowed such bed management, as the nurse is responsible for the challenge of planning care to prevent the spread of the coronavirus in a high-risk population and for the implementation of measures based on the available evidence. (10) This measure aimed to avoid the exposure of patients already hospitalized in the oncology unit, as the monitoring of exams is essential for optimizing the management of beds and the safety of hospitalized patients most 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 NIR nurse on night and afternoon shifts during weekends, when the hospital's SCIH team is not working. As the NIR works 24 hours a day, the NIR 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 necessary for patients to be able to share a room only with patients who have the same etiological agent as theirs or to stay in isolation if they need to.

Computerized programs and spreadsheets were developed by nurses and administrative technicians to monitor occupancy rates and identify available and occupied beds.

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The computerization of procedures proved to be even more fundamental, as it was thanks to the agility in the availability of information in real time for care planning that it became possible to direct the service 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 guarantee their own safety as well as that of users. During educational actions related to the use of Personal Protective Equipment (PPE) and aseptic techniques (such as correct hand hygiene), NIR nurses guided administrative technicians on how to proceed when they go to the COVID-19 areas of the hospital to take or fetch documents and the smartphone used to identify bodies.

As was the case at the hospital that serves adult patients, the management of beds at the Hospital da Criança, 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: an administration of beds that always needs to take into account the size of the beds, because, in the same room, there are beds of different sizes due to the variation in height among children. Once again, the NIR nurse needed his skills, agility and dynamism to be able to cope with the work demand that arose regarding the changes necessary to serve children in the pandemic.

DISCUSSION

In view of the above, the importance of the performance and role of the NIR nurse in all the processes described in this report is evident. It was observed in these workers skills such as the ability to adapt, flexibility and rapid learning in the face of

the pandemic scenario.

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

In this report, the expressive role of nurses as bed regulators was evidenced, although doctors 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⁾ -, fact that confirms the findings of the scientific literature.

For the professional exercise in this function, it is very important that the NIR nurse has a consolidated professional experience, which has traveled a trajectory in the adult and/or child care area, so that, with their knowledge and clinical reasoning, they can, in an agile and assertive way, choose the right bed and time for their occupation, considering the clinical history, clinical situation and prognosis of the patient at the time of decision making. In addition, it is essential that this professional has knowledge of institutional flows and even the entire physical area of the hospital in which he works.

In this sense, the nurses who are part of the NIR of 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. In order 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, because, 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 to regulate beds internally.⁽¹⁵⁾

Nurses, when exercising their management and leadership skills, benefit the NIR with their performance, as this workspace 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 the professional identity and that it is politically engaged, in order to collectively recognize that the category has faced the front line of COVID-19, to be active in the fair and meaningful search for the value of their work.⁽¹⁶⁾

CONCLUSION

The pandemic brought the strengthening of the NIR 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 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 of a single NIR, even though this is the largest in southern Brazil. However, the implications of this report present themselves 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 in the face of the pandemic.

