Management of HRH and patient safety in the context of COVID-19

HEALTH WORKER SAFETY A PRIORITY FOR PATIENT SAFETY

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We must also care for our health workers through support networks that allow them to preserve their mental and physical health. We must celebrate them for the heroes they are and protect them from stigma. We should encourage and admire our health workers, not fear and disrespect them."

Dr. Carissa F. Etienne, PAHO Director. (7 Apr 2020)



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PALO Pan American Health Organization





PATIENT SAFETY

Global context Key facts

- The occurrence of adverse events due to unsafe care is likely one of the 10 leading causes of death and disability in the world
- In high-income countries, it is estimated that one in every 10 patients is harmed while receiving hospital care
- The harm can be caused by a range of adverse events, with nearly 50% of them being preventable





HEALTH WORKERS AT RISK: VIOLENCE AGAINST HEALTH CARE



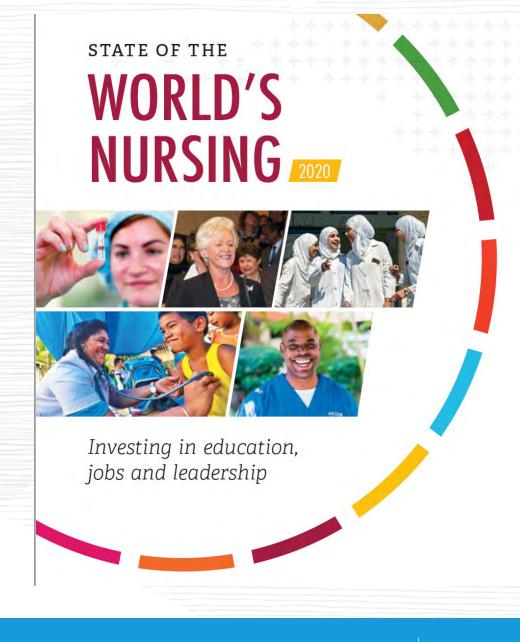


https://www.who.int/publications/i/item/nursing-report-2020

VIOLENCE AGAINST HCW

 In some settings, nurses and healthcare workers (HCW) are at risk of attack.

Between 1 January 2019 and 1 January 2020, WHO, through its Surveillance System for Attacks on Health Care, recorded 1005 attacks on health care workers, resulting in 198 deaths and 626 injuries of health care workers and patients in 11 countries facing complex emergencies.



HEALTH WORKER SAFETY A priority for patient safety

More efficient





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HEALTH WORKER SAFETY A priority for patient safety

- SPACE AND VENTILATION MANAGEMENT
- SEPARATION OF COVID-19 AND NON COVID-19 AREAS
- CIRCULATION ROUTES FOR PATIENTS AND STAFF
- HOSPITALS DESIGNED EXCLUSIVELY FOR COVID-19 PATIENTS

RESULTS:

- Reduction of infections among hospital personnel
- Efficient use of PPE
- Intensive training directed towards health workers for the management of patients with COVID-19





MANAGEMENT OF HCW SAFETY a priority for patient safety

- Adequate number of staff (ratio HCW to patients)
- Monitoring for the implementation of established protocols
- Training and verification of knowledge
- Incident and accident reports
- Monitoring of health workers in the workplace (symptoms, signs, mandatory vaccinations)



COUNTRIES' RESPONSES TO COVID-19

PLANNING AND RECRUITMENT OF HRH



 Many countries with chronic gap of HCW (WHO estimates gap of 18 million in HCW by 2030) Expansion of health services (hospital beds and ICUs) Expansion of public health activities (active and passive surveillance, monitoring of isolation and mild cases)

MEASURES IMPLEMENTED BY SOME COUNTRIES

- Accelerated graduation for last year students or residents from health-related careers
- Contracting new HCW (temporary contracts with possibility of extension)
- Increase in number of permanent posts

- Deployment of students in health-related careers to monitor and follow-up patients in communities (Cuba)
- Granting of licenses for foreign workers (e.g.: Cuban Medical Brigades, particularly in the Caribbean)



COUNTRIES' RESPONSES TO COVID-19

MANAGEMENT OF SHIFTS

Distribution of work hours and rest periods

- Evidence shows increased risk of infection with longer work hours and more frequent changes (donning and doffing) of PPE
- Countries from EU (France and Italy) reduced the shifts of HCW to 6 hours. No changes of PPE during the shift (reduced infections from 20% to nearly 1%)
- Many countries in the region doubled the working time (shifts) of HCW due to insufficient numbers
 DISTRIBUTION OF HCW
- HCW with vulnerable conditions were assigned to 'no COVID-19' tasks
- Some countries (Mexico, Cuba) rotated HCW between COVID-19 and non COVID-19 to avoid "Burn out". Disadvantage found: lack of training and confidence among HCW to manage COVID-19 patients (i.e. Mexico)

CHALLENGES: Enough number of HCW

HCW working in more than one institution

Burn out, Mental health







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COUNTRIES' RESPONSES TO COVID-19

Economic and non-economic incentives

 Bonuses, increase in salaries, provision of lodging, transportation, food for workers, domestic support (care for children, elderly, ill and disabled), health and life insurance, declaration of COVID-19 as occupational disease

Telehealth

- Health workers with vulnerable conditions
- Use for non COVID-19 services

Continuous training

virtual and face to face

Working Conditions



 Commitment related to improvements in working conditions and contract (safe and stable working conditions, trust, timely and reliable information, training







THANK YOU

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