

THE EXPERIENCE OF ESTABLISHING THE INTEGRATED DECISION-MAKING SYSTEMS FOR NURSING MANPOWER TO SUPPORT CENTRALIZED COVID-19 QUARANTINE PLACES

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INTRODUCTION

In 2020, under the impact of the raging COVID-19 epidemic, the centralized quarantine centers were founded in order to avert the spread of the disease, avoid collapse of the domestic medical system, and alleviate the crisis of insufficient capacity for medical care. The diagnosed patients with mild, moderate and severe cases are diverted, and an enhanced version of the centralized quarantine fields was actively established according to the guidance of government policies.

AIM

The model of centralized quarantine centers and patient-diverting management was setting up to maximize the efficiency of nursing manpower and avoid manpower overload.

RESULTS

- (1) According to the statistical data from May 1, 2021 to December 31, 2022, we have treated 3,610 persons, which included 3,046 COVID-19 positive cases, where the evacuation rate was 0.75%(27 case), the mortality rate was 0%. In addition, a total of 6,494 persons were tested for Covid-19.
- (2) Nurses were dispatched a total of 1,164 shifts(504 persons), which included out-of-hospital nursing staffs were dispatched a total of 375 shifts(32.2%, 129 persons). Besides, the infection rate of personnel was 0% and the cluster infection rate was 0%.

Keywords: COVID-19, Decision-making systems, Nursing manpower

Nursing staff education and training courses:
environmental cleaning ↓

Formulate the admission process and work procedure ↓

Providing anti-epidemic taxi for supporting patients and staffs to reduce traffic accident risks. ↓



METHOD

1. We have established two quarantine centers under the government order. The total number of rooms in quarantine centers is 177 rooms.
2. Period of executing project: started from May 28, 2021, and the data collection ended on December 31, 2022.
3. Building a platform to manage manpower resource.
 - (1) Consolidating the nursing manpower in our hospital and establishing the supporting dispatch system.
 - (2) Recruiting external nursing manpower, such as out-of-hospital nurses from another hospital, clinics, schools, or even retirees.
 - (3) Collaborating with the Ministry of Health and Welfare to handle recruitment information.
 - (4) Basing on the needs of out-of-hospital nurses to provide pre-scheduled timetable, then cross-scheduling with our staffs.
 - (5) Providing adequate protective equipment, and regular health inspection monthly.
 - (6) Providing double salary for nurses who take care of COVID-19 positive patients with mild symptoms.
 - (7) Providing accommodations and anti-epidemic taxi for supporting staffs to reduce traffic accident risks.
 - (8) Nursing staff education and training courses: Formulate the admission process and work procedure, On-the-spot demonstrations of putting on and taking off protective equipments, environmental cleaning and other related educational drills to enhance the correctness of operating procedures.

CONCLUSIONS

The integrated decision-making system and nursing manpower supporting system in centralized COVID-19 quarantine protocols can be activated quickly to deal with recurrence of COVID-19 outbreak or new emerging infectious diseases by rapidly recruiting related personnel, scheduling timetable, and adjusting available manpower flexibly.

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