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Observational Case Report

Health Care Transformation after Covid-19 In Nursing Practice at Community Health Centres (Mid level health organization) : An Observational Report

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Abstract

Introduction : Health reform creates developments in health centers that enhance their role within the health care and delivery care system. This transformation is new developed and speedily evolving technology-based innovations. Like: digital health, smart phone, and sensor-based technologies in health centers that enhance their role within the healthcare delivery system. The COVID-19 pandemic has become a reality check for several aspects of aid systems, particularly relating to their overall readiness.[1]

Keywords : Health care transformation, community health centres.

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Introduction

Health reform creates investments in health centers that enhance their role in the health care delivery care system. However, they need additional tools to continue expanding access to care for medically underserved patients. Healthcare transformation is the product of a shared vision between a broad range of stakeholders to establish the future of care delivery and to develop new patient-centered, evidence-driven models in which value is rewarded over volume.[2]

This transformation is newly developed and rapidly evolving technology-based innovations. include: digital health with wearable, smartphone, and sensor-based technologies; big data that comprises the aggregation of large quantities of structured and unstructured health information and sophisticated analyses with artificial intelligence, machine learning, and natural language processing techniques; and precision-health approaches to identify individual-level risk and the determinants of wellness and pathogenicity.

There remains a lack of true evaluation of whether these innovations actually improve outcomes and the quality of care. There are major integration challenges across the spectrum of health care for the effective use of new devices, data, and precision-health approaches within existing health information technology systems.[3]

Achieving meaningful transformation requires organizational governance to guide the development of clinical programs

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and the next phase of research methodologies, and to align the objectives from a cooperative network of partners and stakeholders.[3]

Transformation is likely to result from a confluence of approaches that brings together those seeking to improve care delivery. Organizing the advances in digital health, big data, and precision health pertinent to research and patient care, and sharing resources through stakeholder engagement and partnerships should be used to demonstrate value, and to be an opportunity to assess the impact of new innovations on the quality of care within the ACC and for the healthcare community at large.[4]

The effects of the coronavirus disease 2019 (COVID-19) pandemic globally are striking as it impacts greatly the social, political, economic, and healthcare aspects of many countries. The toll of this pandemic quantified with human lives and suffering, the psychosocial impact, and the economic slowdown constitute strong reasons to translate experiences into actionable lessons, not simply to prevent similar future crises, but rather to improve the whole spectrum of population health and healthcare delivery.[4]

It becomes clear that infectious diseases should be considered among the most important health hazards that we will need to continue facing in the foreseeable future. Thus, the transformation of various aspects at the individual as well as the societal and governmental levels seems inevitable.

Methodology

The qualitative research design used as research method and the sampling is done through observational technique and Ad Libitum sampling method is used for data collection. Total numbers of case were 50 staff nurse. Sampling population were nursing officers. Setting Health care transformation at CHC level has many perspectives like 1. Managerial perspective: man power utilization is managed in optimal level as work distribution come in existence. Shift duty planning was established with proper distribution of work. Material and equipments those were not working were repaired and issued for uses. 2. Emergency care perspective: Emergency wards and causality room was come in existence at many CHCs after covid-19 out brake. Oxygen cylenders and oxygen supply channels was developed during and after covid-19. Administration of medicines was charted properly at CHCs level. Continuous Monitoring system was developed and periodic assessment was performed. 3. Inpatient care perspective: the categorization of patient according to severity was come in daily practice. The patient nurse ratio was very low it needs to evaluate further. After death care concept is totally transformed. As a result we find that after covid-19 brake out the health care delivery at CHC level was dramatically transformed during and after covid.

Findings

The basic areas of transformation during covid-19

1. managerial perspective
    a. general duty management
    b. material and equipment management
    c. ward and physical facility management
    d. duty roster management
2. emergency care perspective
    a. oxygen supply
    b. shifting patient
    c. administration of drugs
    d. periodically total monitoring
3. inpatient care perspective
    a. categorization of patients
    b. patient nurse ratio
4. care of terminally ill
5. dead body disposal perspective

The basic areas of transformation during covid-19

1. **Managerial perspective :** Man power utilization is managed in optimal level as work distribution come in existence. Shift duty planning was estabilished with proper distribution of work. Material and equipments those were not working were repaired and issued for uses.
    - **General duty management:** The management of man power was used optimally during covid-19 and after covid improve in utilization of man power . before covid the work distribution is not clearly diefined after covid the work distribution come in existence at community health centre level. the shift duty planning was established through duty rosters with proper work distribution job responsibility is also assigned as par duty.
    - Material and equipment management the equipments and materials are key things in nursing care

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- Ward and physical facility management
- Duty roster management

2. **Emergency care perspective :** Emergency wards and causality room was become in existence at many CHCs after covid-19 out brake. Oxygen cylenders and oxygen supply channels was developed during and after covid-19. Administration of medicines was charted properly at CHCs level. Continuous Monitoring system was developed and periodic assessment was performed.
   - Oxygen supply
   - Shifting patient
   - Administration of drugs
   - Periodically total monitoring
3. **Inpatient care perspective :** The categorization of patient according to severity was come in daily practice. The patient nurse ratio was very low it needs to evaluate further. After death care concept is totally transformed.
   - Categorization of patients
   - Patient nurse ratio
4. **Care of terminally ill**
   - Dead body disposal perspective

Conclusion

As a result we find that after covid-19 brake out the health care delivery at CHC level was dramatically transformed during and after covid-19.

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