

Surviving the pandemic and creating new norms: our pandemic story



Rhyan A. Hitalla is an RN, ET, WCET International Delegate for Philippines; Clinic Nurse Director, Stoma & Complex Wound Care Center; Business Manager Endocrine, Diabetes, & Thyroid Center The Medical City Hospital Pasig City, Philippines

It was at the end of 2019 when we first heard about the SARS-CoV-2 or COVID-19 virus in the news, but we were not worried. Then, we thought of COVID-19 as an ordinary flu virus, which we experience from time-to-time, with the usual cough and colds. Thinking that it will never reach us we are not cautious about it... yet. It was January 2020 when the first infected person was reported in our hospital, there were precautions and initial protocols established but the whole idea of a highly infectious and deadly virus was still unclear to most, and then the case count began to rise steadily and rapidly.

With the continuing surge of cases, the government decided to implement lockdowns, identify quarantine facilities and establish new protocols. All hospitals within Metro Manila complied with government mandated quarantine and screening protocols. By this time, most wound centres had closed and the number of patients coming to hospitals was also markedly low. In part, perhaps because during the lockdown, public transportation was halted and mobility was drastically affected. Healthcare workers also began being infected resulting in compounded challenges to maintaining adequate hospital staffing. This contributed to workload increases for those who still managed to remain infection free and were able to come to work. Throughout that entire period, as other facilities grappled with the problems brought on by the pandemic, our centre managed not just to maintain its current operating status but grow the patient numbers. Our usual volume of patients still came for their scheduled treatment, late at times due to transportation and lockdown protocols. In the time of the pandemic, we have been able to surpass our financial targets with lower expenses. The crucial success factor that allowed us to thrive under circumstances where others crumbled is that we were able to timely create adaptive new norms and digital transformation, which allowed us to reach out to our patients trapped in their homes by the lockdowns. Since patient counselling for ostomates is one of the priorities and most

patients were afraid to go to the hospital, we made a patient portal, wherein patient counselling, consultation, and instructional videos are provided online. Telemedicine or digital medicine was among the workable and preferred option for patients, for their safety and also for continuity of care.

As patients coming to the hospital became less frequent, most wanted to stay home, we had to ensure that we use wound dressings that last longer on the wound, without compromising with infection or the over exposure to exudate, which may result to maceration of the skin. The use of foam dressings for longer absorption of exudate is preferred with transparent film to secure the dressings properly.

Offering and extending the patients care at their homes has been the preferred service by both the patient and the doctors. Consultations were made online, while the wound nurse was at the patients home. The treatments have led to better results since the patients are less stressed and have the convenience of being treated with their loved ones, provided that proper screening and assessment are done before the home care. Proper and appropriate PPE (protective personal equipment) were given to the healthcare providers who carried out home visits.

Vaccination of healthcare staff has been the priority. The type of vaccines given is based on what is has been donated or purchased by the Government. If you don't want to be vaccinated you will have to re-register and the vaccine that was intended for you will be given to the one who is next in line and who is willing to take the vaccine.

This time has been a big challenge for everyone, and, who knows what is waiting ahead of us. As such the best thing that we can do as of the moment is to be ready, always be safe, and to create new norms that will be beneficial to both the patient, relatives, and health care provider. Making sure that continuity of care is provided with proper communication and execution during this COVID-19 pandemic.

WAS