



# Health workforce in the COVID-19 response

**Dr. Shoshy Goldberg**  
Director of Nursing division  
National Head Nurse  
Israel

# Current Morbidity in Israel to Date

**COVID Positive**

20,547

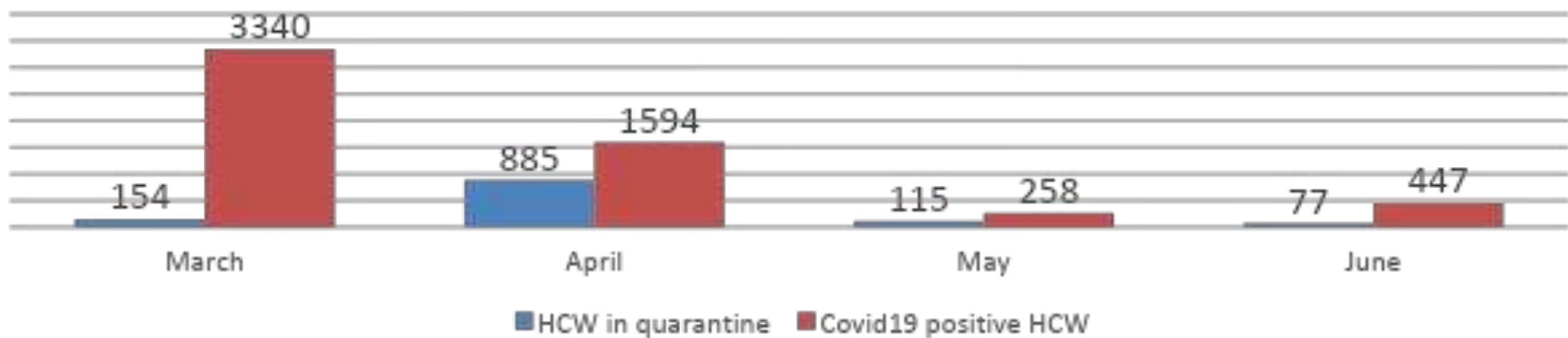
**Ventilated**

140

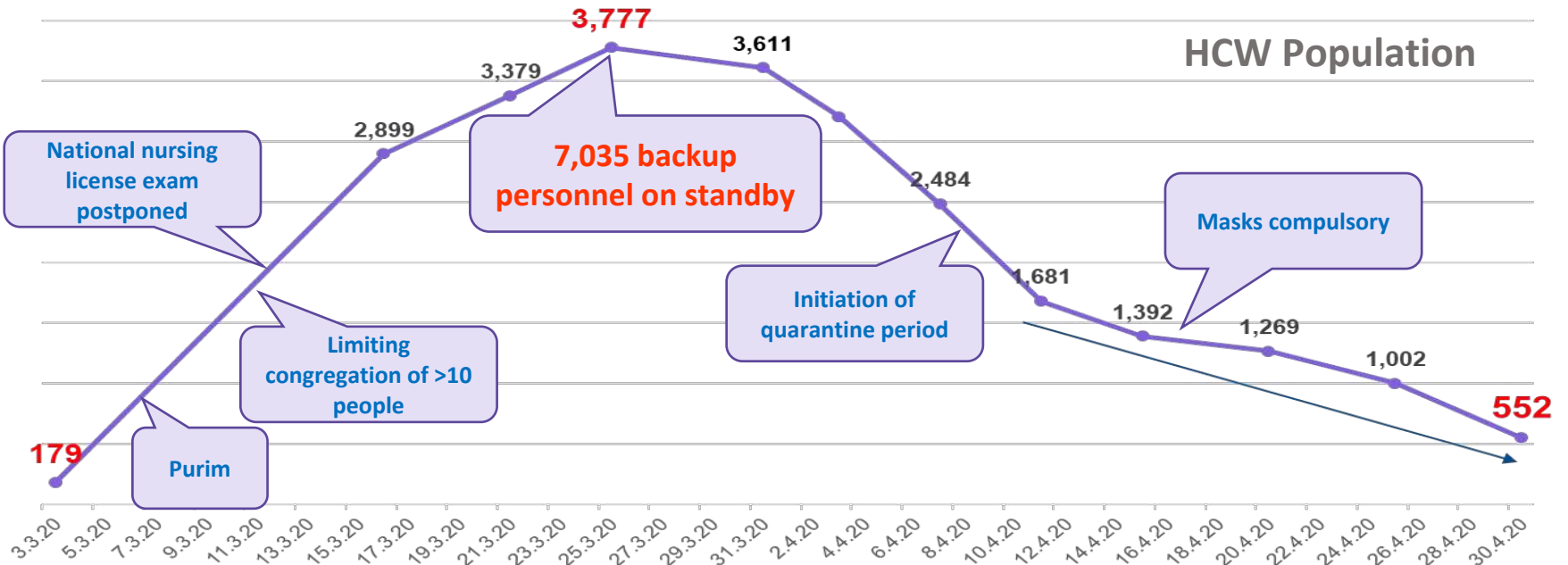
**Deceased**

305

Health care workers positive for Covid-19 and in Quarantine

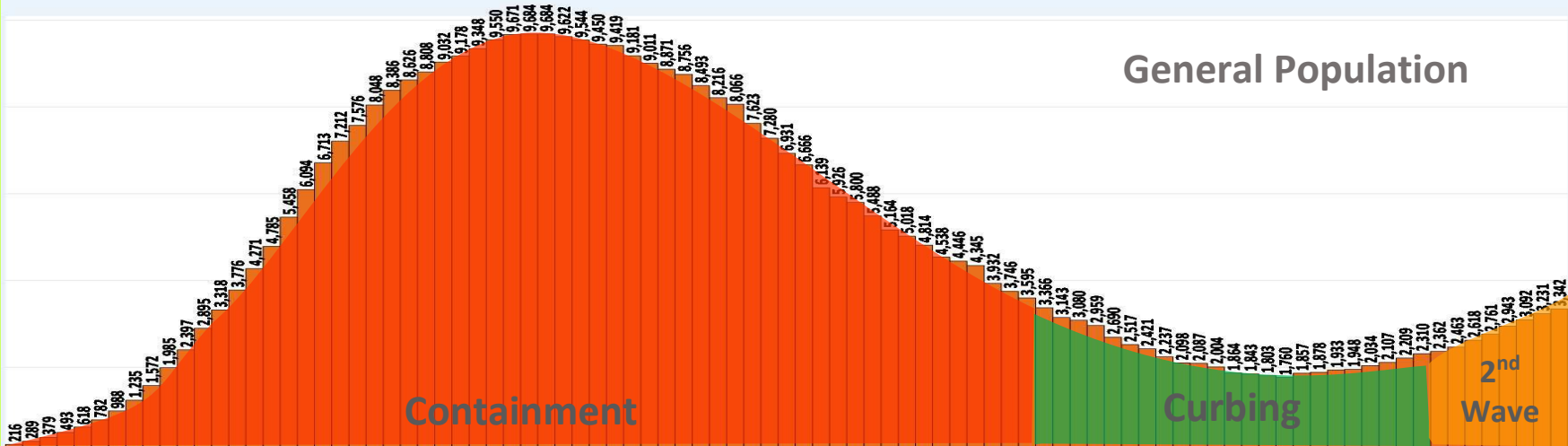


# COVID-19 Ministry Of Health Strategy



Prevention

General Population



# Preventing arrival of Covid-19 into Israel

23.01 – 24.02

## Media communication and education

- Masks.
- Hand Hygiene.
- Social distancing.

## Resources-Financial and manpower

- Opening the first Covid19 department.
- Mobilize emergency tents.
- Acquiring PPE, ventilators and reagent swabs.
- Emergency community volunteers.

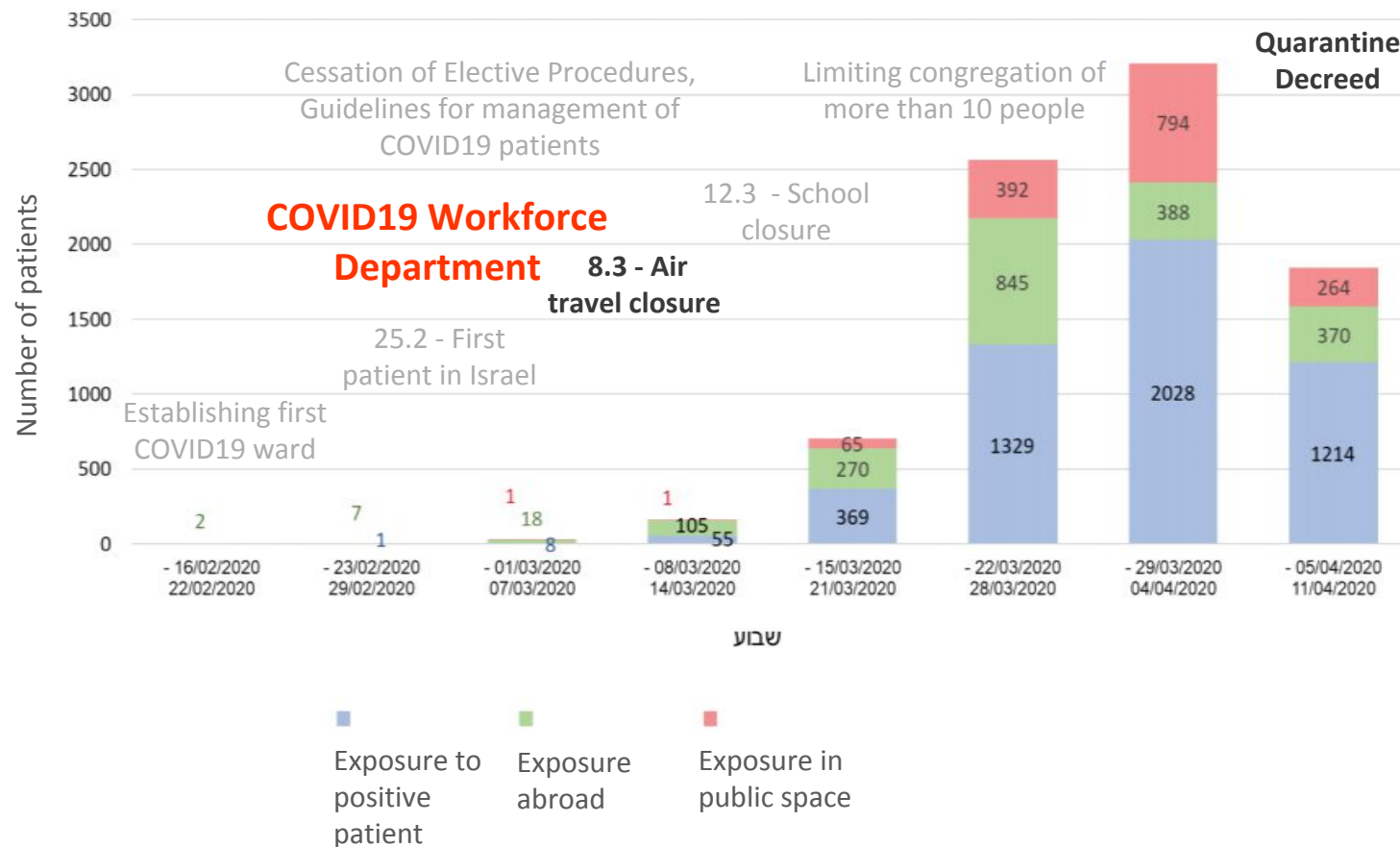
## Legislation and Regulations

- Defining Covid19 as an epidemic, closing all maritime and air travel for tourists travelling to/from China.

## Professional guidelines

- Establishing protective and diagnostic measures of a suspected Covid Positive patient; Publishing quarantine guidelines

# Containment- Flattening the Curve



# National headquarter cooperating with COVID-19

Daily report of healthcare worker infection rates

Identification of lacking workforce

Identification of qualified workforce reserves

Workforce recruitment and allocation

Training manpower

Professional competence

Volunteer recruitment

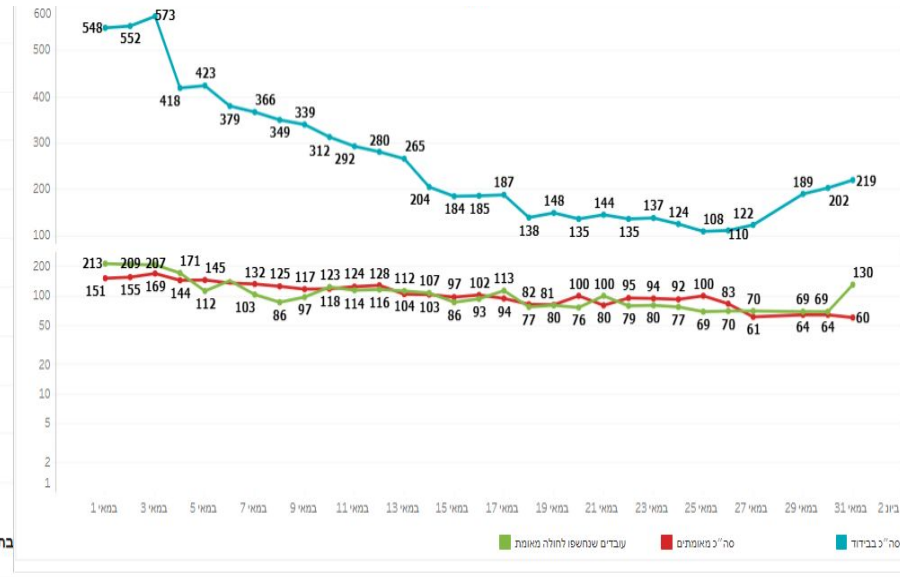
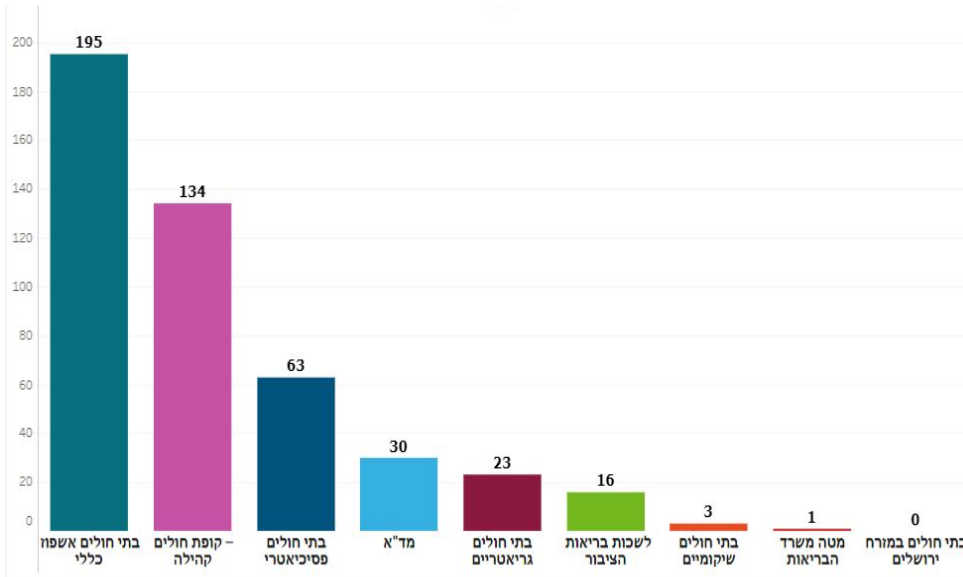
Workforce support centers, recognition and appreciation gestures

# Needs and challenges of Workforce department

- As for the COVID-19 outbreak there was no national data system that included all health sectors' personnel.
- A solution was required to fit the new unpredictable situation and the work objectives.
- A fast and reliable infrastructure of data process needed to be established that could present accurate data related to more than 100 medical organizations.
- Identification of shortage of personnel and gaps in professional competency levels and workforce cohorts.
- Recruitment of thousands of qualified staff to meet the needs of a potential crisis situation

# Daily report of healthcare worker infection rates

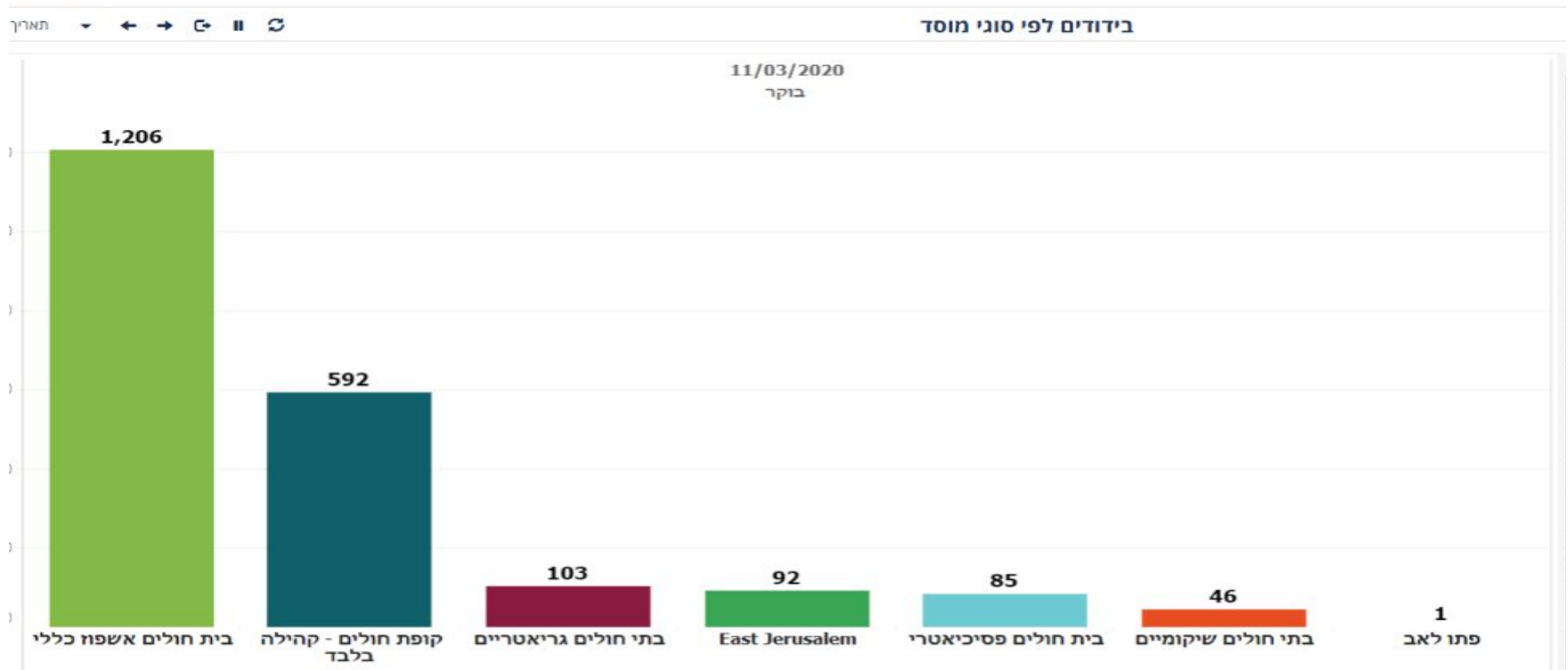
- Establishing an online system for staff reporting.
- 100 daily reports from health organization representatives about staff infection\quarantine status to maintain continued care.





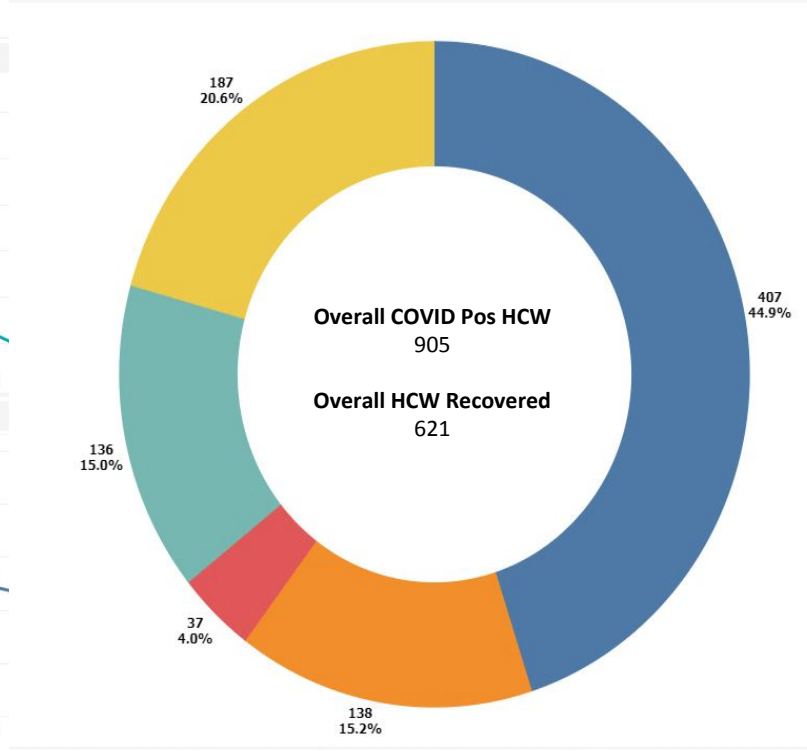
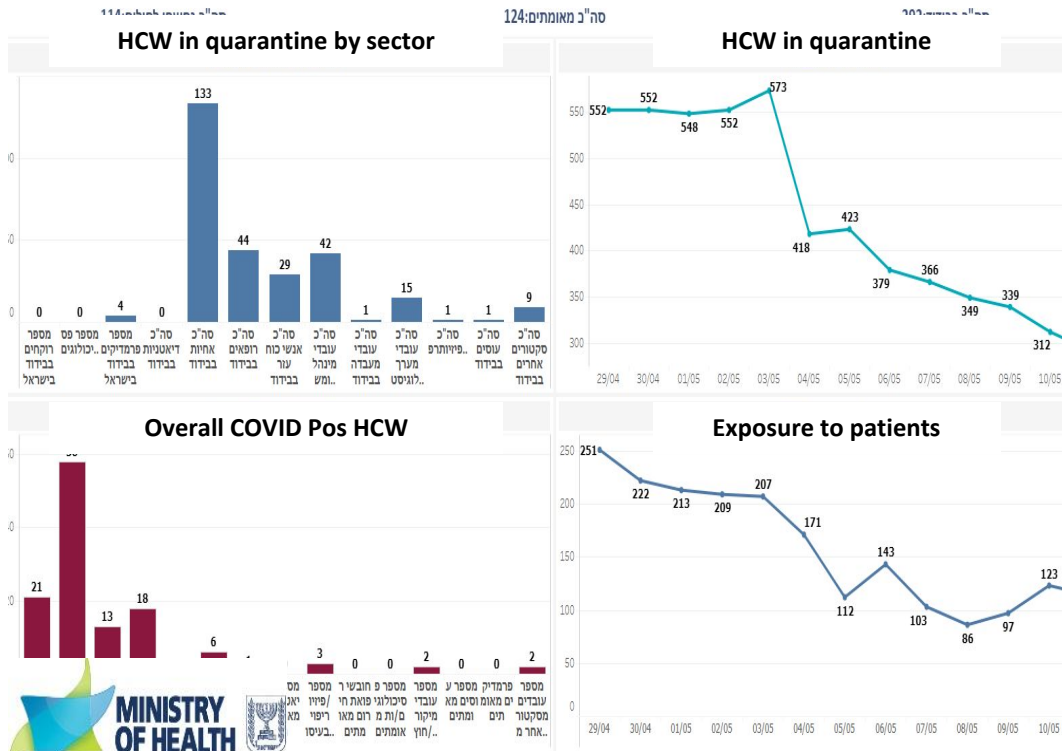
## Daily report of quarantined personnel according to work institutes

- Reports about quarantined /absence of key personnel in the organizations whose absence may impact on the organization's function.



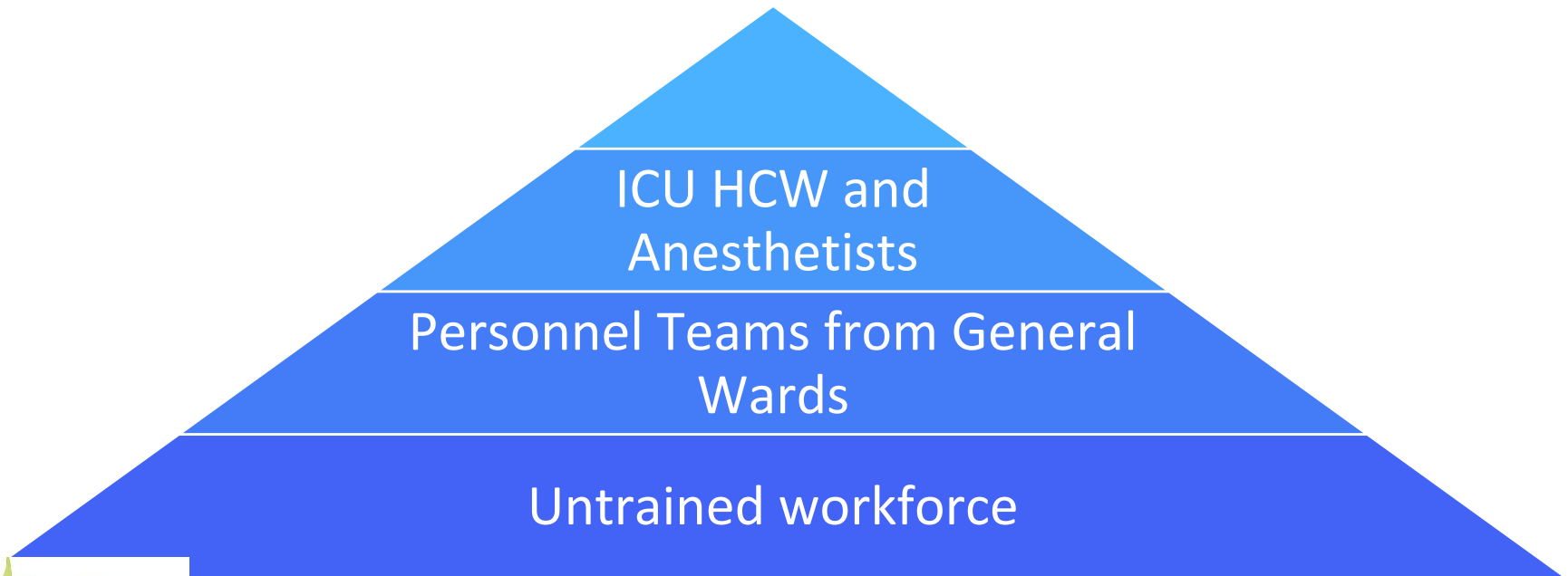
# Daily report on Personnel Infection status

- Reports by Department Heads on absent personnel, points of exposure to Covid at the Healthcare Institute per se and in relation to national statistics in order to establish organizational information and insights.



# Workforce Recruitment and Allocation

- Scenario for 5000 ventilated patients and 10,000 very sick patients.
- 26,784 personnel identified as backup.
- 850 temporary license for Nursing graduates.
- Legal directive placing medical staff in allocated posts



# Workforce Recruitment and Allocation

Implemented	Assigned	Overall
3,124	5,587	Hospitals
98	490	+++
19	271	Geriatric hospitals and Old Aged Homes
92	513	Community Health Care Centers
0	156	Special
<b>3,333</b>	<b>7,017</b>	<b>Overall</b>
117	761	Allocation to Geriatrics vs the Rest

# Update Knowledge, Skills and Qualification

## Extending Authority

- Extending authority of nurses, phlebotomists and paramedics.

## On-site Skills

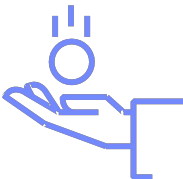
- Training personnel in the workplace and real-time information sharing as scenarios evolve.

## Formal Training

- “Approach to the acutely and chronically ventilated patient”
- Training personnel about the safe environment.

# Maintain the wellbeing and mental health of health workers

- Telephone support: HCW hotline with social worker and psychologists 5 days a week.
- Proactive communication with HCW- response to HCW challenges relating to work and family obligations, anxiety and fear from contracting Covid19, economic difficulties
- Establishing School and daycare systems for children of essential personnel
- Organization and allocation of 3000 food parcels and distributing to psychiatric patients in the community.



# Establishing a net of communication with staff confirmed with COVID-19 sickness

- About 1000 personnel diagnosed with COVID -19.
- The headquarters' team monitored the information regarding the sick staff members. About 350 phone calls were made to some of the sick staff members.
- The calls raised problems such as:
  - need for an emergency dental care,
  - need for gynecological follow up,
  - need for grocery supplies,
  - care of family members,
  - support of social welfare due to admission of both parents,
  - support for family members due to the death of one of the family members from COVID-19.
- The headquarters referred and enabled a connection with the relevant solution intervention organization.

## Curbing infection and continued monitoring of a second wave

New patients in the last day



Doubling rate (days)

8

Daily growth rates (%)



Critical patients





# Nurses Make It Happen

*“I am your nurse”*

