

# Preventing the dysfunction of public health centres responding to COVID-19 by focusing on public health nurses in Japan

## 1 | INTRODUCTION

With the outbreak of COVID-19, maintaining the healthcare system is a crucial issue. In Japan, the number of COVID-19 cases is increasing rapidly day by day with a risk of overshooting initial estimations (WHO, 2020a). Public health nurses (PHNs) working in public health centres in prefectures and designated centres in cities or core cities, play a critical role in controlling COVID-19 (Yoshioka-Maeda, Honda, & Iwasaki-Motegi, 2020). Providing care for COVID-19 patients, their families, and the community, the workload of PHNs has been reaching the maximum limit. The World Health Organization (WHO) released an interim guide "Operational considerations for case management of COVID-19 in a health facility and community" on 19 March 2020 (WHO, 2020b). This study aims to focus on resolutions to prevent the dysfunction of public health centres developed by PHNs regarding COVID-19 in Japan, as well as task sharing and securing staff, and task shifting.

## 2 | TASK SHARING AND SECURING STAFF

When clusters of COVID-19 cases emerge, task sharing and securing staff are among the first strategies to ensure the sustainable provision of health services. By identifying core health services, service delivery systems and staff allocations can be modified (WHO, 2020b). There are two ways of securing staff: getting support from outside the organization, and from within the organization. In an earthquake, the national government coordinates and sends PHNs to the earthquake-stricken area. However, COVID-19 is spreading nationwide. Local governments cannot send PHNs to another area. To source support from outside the organization, hiring part-time PHNs, nurses, re-employment, and securing volunteers from faculty members and graduate students in the community are popular strategies to secure additional staff.

In the case of getting support from within the organization, chief senior PHNs have requested support from PHNs of other departments. In Japan, PHNs are allocated to a section in a department, and do not share the task with other sections. The disease-prevention section of the public health centre conducts contact investigations for each new COVID-19 patient to identify individuals who were in close contact with them, and care for and monitor their

health conditions for 14 days to prevent the development of new clusters. Additionally, the staff of the disease-prevention section also support the hospitalization of COVID-19 patients by finding vacant beds for admissions and transferring patients to designated hospitals (Yoshioka-Maeda et al., 2020). All staff responsible for the care of COVID-19 patients are at risk of infection and often work overtime until late at night. If they become infected with COVID-19, all infection control practices are stopped, and all the staff of the disease-prevention section go on sick leave for at least 14 days. Thus, public health centres face a risk of dysfunction as only PHNs and office workers with experience in working in a disease prevention section can manage COVID-19 cases.

To ensure the sustainable provision of health services regarding the prevention of COVID-19, all staff should develop competencies to work effectively in a disease prevention section. Developing a care-team model with task sharing as in hospital-settings, rotating schedules, and staffing plans that include PHNs and office workers is a novel solution for this challenge. The care teams consist of a mixture of experienced and inexperienced staff regarding COVID-19 patient care, with a chief senior PHN coordinating all the care teams.

## 3 | TASK SHIFTING

At first, a telephone consultation system was set up in each public health centre to answer people's questions regarding COVID-19 (Japan Ministry of Health, Labour, & Welfare, 2020). However, individual public health centres faced difficulties responding to the vast number of questions. Outsourcing is an example of task shifting (Henderson, Willis, Toffoli, Hamilton, & Blackman, 2016). To reduce the total number of telephone consultations, PHNs tried to outsource the telephone consultation system to local medical and nursing associations.

Additionally, each public health centre assessed the need for polymerase chain reaction (PCR) testing based on these telephone consultations. As consultations regarding the PCR testing increased, they could not respond fast enough and those suspected of being infected with COVID-19 were kept waiting. PHNs repeatedly called on hospitals to conduct PCR testing of suspected cases. To delay the spread, slow down and stop the transmission of COVID-19, the PCR testing system had to be refined quickly. Collaborating with local medical associations, the PCR testing shifted to local hospitals as a vital hub.

Reducing the workload of monitoring the health conditions of contact persons with each new COVID-19 patient is an urgent issue. With rapidly increasing numbers of COVID-19 patients, the number of contact persons are also increasing. Health monitoring apps and mail survey systems save time, allowing PHNs to focus on data analysis and assessment to identify new community health needs.

#### 4 | CONCLUSION

To prevent the dysfunction of public health centres, Japanese PHNs have embraced the interim guidelines of the WHO (2020b). Managing limited human resources and task shifting are crucial strategies to develop sustainable healthcare systems. Maintaining essential functions of public health centres will contribute in saving the lives of community-dwelling people.

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#### CONFLICT OF INTEREST

None.

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