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## ORGANIZATION OF HEALTHCARE WORK AFTER THE OUTBREAK OF SARS COVID 19 IN PRIMARY HEALTH CENTER KRANJ

### ORGANIZACIJA ZDRAVSTVENE ZAŠTITE U TOKU COVID19 PANDEMIJE U DOMU ZDRAVLJA KRANJ

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*Summary:* We became alert to the virus on 31<sup>st</sup> December 2019 when it started spreading from China. The Community Health Centre in Kranj also covers the Brnik Airport, with the help of which we immediately launched a search for personal protective equipment (PPE). On 12<sup>th</sup> March 2020, a state of epidemic was declared in the Republic of Slovenia. There were several problems which marked that period; mostly, the lack of equipment, rooms, staff and issues connected with the organization of work at the COVID station, not to mention the organization of other work in healthcare. We assigned staff to COVID stations from other healthcare activities that were temporarily stopped (prevention and reference dispensary, physiotherapy, gynaecology, orthopaedics, ophthalmology etc.). It was also required to establish a triage in front of all entrances. A particular challenge was the operation of dental clinics, for which special protective equipment was prescribed. As expected, the second wave would be stronger and more demanding. Testing indications were set low. Therefore, swab sampling was performed by a graduate medical nurse in one shift, whereas in the second shift, a physician would simultaneously check the patient as well. Our outpatient clinics for paediatrics and school children got a special dispensary for the examination of infectious children and taking swab samples from them. Other healthcare services were not completely stopped, but the attack rate for contracting the disease among employees has increasingly risen. Medicine in this conditions is a dynamic science, highly unpredictable and therefore challenging at all times

We became alert to the virus on 31st December 2019 when it started spreading from China. The Community Health Centre in Kranj also covers the Brnik Airport, with the help of which we immediately launched a search for personal protective equipment (PPE). At that time, the Slovene Government promised to supply the essential equipment for us, which however did not come.

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There were several problems which marked that period; mostly, the lack of equipment, rooms, staff and issues connected with the organization of work at the COVID station, not to mention the organization of other work in healthcare. Equipment was hard to get all over Europe. The supply of equipment was left to the ingenuity of individuals and good connections with suppliers. Later on, we managed to achieve a special ranking and received a lot of equipment from the national supplies. The supply of the essential equipment also took a big financial toll on us. In most healthcare facilities throughout Slovenia, rooms were unsuitable and had no separate entry point for isolation. In the search for a COVID station that would be equipped with such special entrance, we decided to use the new facilities that enabled a separate entrance completely detached from the Community Health Centre Kranj. It was necessary to arrange a waiting room and a dispensary suited to specific work conditions in order to enable work to proceed in accordance with the Guidelines for Infection Control. Together with the fire department and the civil protection, we put up tents in front of all entrances. We also received three containers, which were fitted out accordingly based on the applicable standards and norms.

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opened only one clinic for the entire region; however, this was not enough to receive all patients, which rendered work significantly more difficult.

The organization of emergency medical service also represented a new challenge and entailed different working methods; in particular, with the aim of ensuring protection. We bought protective gas masks for all members, so that everyone had its own mask that they were personally responsible for. Moreover, we discovered that there would be many phone calls with questions regarding the disease; therefore, we set up a special COVID hotline. A physician was engaged to answer the incoming phone calls, which in the end proved to be highly effective.

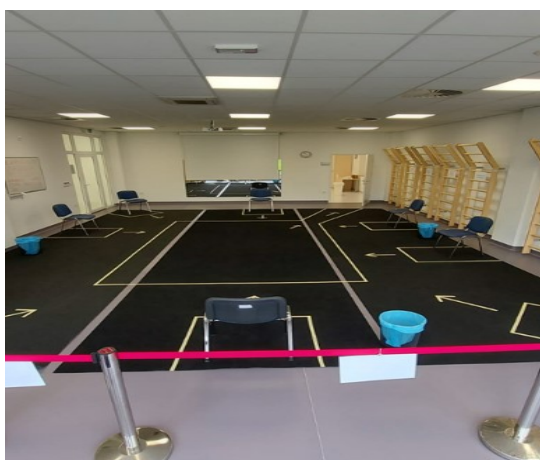


At that time, children were directed to a separate entrance, where they were separated into healthy and potentially infectious. First, the healthy got an appointment, i.e. for compulsory vaccination and urgent preventive checks, and then sick children were examined. The functioning of the laboratory was a specific problem, which led us to establish a new ordering system with the help of our software supplier. In addition, we found a room for the sick and potentially infectious. First, this role was assigned to a container positioned outside the Community Health Centre, whereas later on, we found a special place with an external entrance, after having transferred certain healthcare activities taking place there to other locations.

For the entire system to be able to function, we called in all trainee specialists since all specializations were temporarily suspended

anyway. In addition, we received help from 35 students of the College of Nursing.

The operation of the COVID station required 15 persons per shift plus 9 persons at triage points. All workers regularly received warm meals and were constantly reminded of the correct use of personal protective equipment through video demonstrations and alerts. If coming in contact with a COVID positive patient, 7-day quarantine was ordered at that time. All dispensaries in family medicine resumed their work remotely by using emails, sending pictures and answering phone calls.



At that time, we already had information that the infection was not going to just die away during the summer. We put all our efforts in getting ready for the second wave of coronavirus. We arranged for triage points to be placed at all entrances. Tents were replaced with containers. The entrances to dispensaries

for infectious persons were kept separate from the main building of the Community Health Centre.



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Other healthcare services were not completely stopped, but the attack rate for contracting the disease among employees has increasingly risen. The rooms were suited to their function in the event of emergency, but the problem still remains how to get enough workers for all stations in case of extreme shortage of staff.

Another thing that surfaced was the occurrence of burnout among employees. Finally, it should be noted that in the meanwhile other diseases have not simply disappeared and most of the healthcare

activities have to be continued. Medicine is a dynamic science, highly unpredictable and therefore challenging at all times

## ORGANIZACIJA ZDRAVSTVENE ZAŠTITE U TOKU COVID19 PANDEMIJE U DOMU ZDRAVLJA KRANJ

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**Sažetak:** Na virus smo postali upozoreni 31. decembra 2019. godine kada se počeo širiti iz Kine. Dom zdravlja u Kranju pokriva i aerodrom Brnik, uz čiju pomoć smo odmah pokrenuli potragu za ličnom zaštitnom opremom (LZO). U Republici Sloveniji je 12. marta 2020. proglašeno stanje epidemije. Bilo je nekoliko problema koji su obeležili taj period; uglavnom nedostatak opreme, soba, osoblja i pitanja vezana za organizaciju rada na COVID stanicama, a da ne govorimo o organizaciji drugog posla u zdravstvu.

Na COVID stanice rasporedili smo osoblje iz drugih zdravstvenih aktivnosti koje su privremeno obustavljene (preventivno referentni dispanzer, fizioterapija, ginekologija, ortopedija, oftalmologija itd.). Takođe je bilo potrebno uspostaviti trijažu ispred svih ulaza. Poseban izazov bio je rad stomatoloških klinika za koje je propisana posebna zaštitna oprema.

Očekivano, drugi talas bio je jači i zahtevniji. Indikacije testiranja su bile niske. Stoga je uzorkovanje brisa obavila diplomirana medicinska sestra u jednoj smeni, dok bi u drugoj smeni lekar istovremeno pregledao i pacijenta. Naše ambulante za pedijatriju i školsku decu dobili su poseban dispanzer za pregled zarazne dece i uzimanje uzoraka brisa. Ostale zdravstvene usluge nisu u potpunosti obustavljene, ali je stopa porasta broja zaraženih među zaposlenicima sve veća.

Medicina u ovim uslovima je dinamična nauka, izuzetno nepredvidiva i stoga izazovna u svakom trenutku

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