



### **"Lessons learned From The End Of The Beginning"**

A couple of weeks ago (on May 4<sup>th</sup> to be precise) at one of her daily briefings, Dr. Bonnie Henry noted that we were at the "end of the beginning of this pandemic". While we certainly recognize that we are not able to return to 'normal' there is hope that we can move forward with some form of a modified return to life. As British Columbia enters into Phase 2 of the re-opening plan, as laid out in [BC's Restart Plan](#), we know that British Columbia on the whole has done well to this point in the pandemic at flattening the curve and mitigating the large spike in infections that we have seen in other provinces and countries. This is not to say that we have moved through these early stages unscathed, over 140 people have died from this virus and well over 2,000 others suffered through critical illness, some with lasting impairments.

People have changed the way they live their lives, distanced themselves from loved ones, lost their jobs and are living with increased stress and worry. Health providers and other essential workers have had to adhere to new regulations at work and at home, while also worrying about taking care of patients/clients/customers in these trying times, all while balancing the increased demands of their home lives with the increased demands from work. Along with these increasing demands essential workers still worry about their own health and wellness, and that of their families. Managing the stress and worry that come with living in perpetual uncertainty in multiple areas of life (work, home, family, financial etc.) takes a toll.

Looking away from the negative and towards the positive, I feel like in times of difficulty we can see great beauty that was hidden from us before. We see grace and humanity in others as the public has cheered health and essential workers nightly at 7pm. We see neighbours supporting one another by holding socially distant conversations and by ensuring all are supplied with groceries and other necessities. We see children and parents cutting paper hearts to hang in their windows to signal to the essential workers that they are recognized and appreciated. We see artists, writers and musicians from around the world offered up their creations to amuse, inform, calm or inspire us. And, some of us see and partake in, great on-line meetings where hilarity prevails as our family and colleagues "help" us navigate the realities of bad hair, and meeting interruptions by children, partners or animals! These unguarded moments provide a rare glimpse into the inner sanctum of our respective personal living spaces!

For all health providers, and perhaps most especially nurses, we know that there is a long road forward and more work to be done. We know that we can't be complacent and there is no such thing as a return to "normal." Instead, we will have to accept a world that includes COVID-19 into the foreseeable future, and we have no real idea of what happens beyond that. Clearly, the direction from leaders such as Dr. Bonnie Henry and an army of nursing experts in infection control and population health who advise us all to continue to practice good hand hygiene, physical distancing, staying home when we're sick, covering our coughs and sneezes and ensuring that we remain vigilant in looking out for and protecting the most vulnerable in our society, are wise words. The impacts of this virus on the long-term care population have been particularly devastating, and we hold a collective responsibility as nurses to be active advocates on their behalf as policy decisions unfold over the coming months with respect to infrastructure and resources for this vulnerable population.

We also know we will continue to experience what we are now calling "dual public health emergencies" in this province -- the opioid crisis and the COVID 19 virus. We recognize that the impacts of this pandemic on [at risk and marginalized populations](#) have been immense and will require our ongoing [advocacy](#) and action.

Moreover, as nurses we know the role we will have to play in addressing the [moral and ethical challenges](#) that this pandemic has created. Among them are the challenges of workplace conditions that do not feel fully safe. Nurses are well positioned to take on the challenges faced by Canada and the Provinces in securing an adequate supply of [PPE](#) for point of care health care and other essential workers. Nurses are also well positioned to push back against some of the [racism](#) and 'othering' we have seen triggered by these pandemic conditions. Nursing's social mandate and commitment to social justice requires our active engagement in challenging these processes and taking direct action to protect those who may be vulnerable.



In considering this, what other lessons have we learned that we can carry forward with us into phase 2 and beyond?

- Nurses need to focus on system level risk mitigation strategies developed using lessons learned in Canada and other jurisdictions around the world.
- Nurses will need to find new and creative ways enact compassionate care in a world of social distancing.
- Nurses will need to consider how best to provide support to patients/clients around the psychological impacts of isolation, particularly if restrictions are put back into place or if cases spike and/or during a second wave of infections.
- Nurses need to examine safe staffing ratios with an eye towards ensuring that a proper proportion of highly trained staff with the right competencies provide quality compassionate care. This is required across all settings, but most explicitly in long term care (LTC). This need will become increasingly important in the setting of ongoing family/caregiver visitor restrictions.
- Nurses have come to recognize the significant safety risks involved when care workers must work across a variety of vulnerable health care sites in order to make ends meet. Employers have historically offered low wage positions to cut costs and avoid paying benefits, especially in private sector facilities. These "efficiencies" become massive liabilities when the system is stretched as it is now. We need to learn from this and build resilient, adaptable systems that compensate staff appropriately.
- Nurses see the 'holes' in a long-term care approach that has been met with a lack of staff and inadequate levels of funding. The hope is that the microscope placed on long-term care during COVID will serve as a lesson learned going forward such that staffing levels, appropriate staff mix, and viable compensation for staff are improved.
- Nursing is in an excellent position to lead discussions on personal protective equipment or PPE. While NNPBC has taken the position that government and health authorities have done a stellar job ensuring that nurses and other healthcare providers have access to PPE, we recognize fully that ongoing discussions regarding appropriate access, overall stock levels and strategic reserves etc. will need to continue.
- Nurses will need to consider widespread and broad enough strategies to address all the mental health challenges that will come about in relation to current trajectory of the virus crisis as well as the anticipated trajectory as we enter into a new normalized next phase of societal recovery
- Nurses will need to invest resources and plan strategically on how to address the mental health implications of COVID-19 for essential service workers, other healthcare workers and themselves. Without proper support we can expect high levels of burnout and ongoing emotional distress leading to PTSD among other mental wellness concerns.
- Nurses understand that many of the palliative care supports typically available in acute care settings (e.g. medications, ECG, IV, blood draw in house) should also be available in long-term care settings.
- Nurses are aware that robust supports are required to move toward adopting a palliative approach to care across the system for all persons living with potentially life-limiting chronic conditions so that people can be supported in place with a philosophy of care that engages them and their families in ensuring quality of life through to death.
- Going forward Nurses will need to ensure that there are much better communication systems between long-term and palliative care settings so that the trajectory of aging and end-of-life can be supportively navigated.
- Nurses are acutely aware of how fragile the emotional needs of many patients, including those in long term care and hospice have become with the implementation of new visitor restrictions. Further, it has become apparent that family caregivers provide not only emotional support, but often in many cases, a significant level of health and personal care support as well. This level of support is lost when restrictions are put in place.
- Nursing should always have a clear path of information and leadership to bring concerns to the planning table in a manner that is understood and acted upon as opposed to the



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traditional barriers we see between the concerns of healthcare providers and the needs of the administration.

- We need to rebuild nursing leadership systems (in all sectors but notably in long-term care) so that every nurse is clear on the chain of command and the routes for advocacy and concern, and we need to ensure that there is someone at that executive table who truly understands what nursing is concerned about and why, and can forcefully advocate for the conditions under which nursing can play its role effectively.

BC nurses are incredibly grateful for the impressive job the public has done to help flatten British Columbia's curve in this pandemic. Nurses appreciate that the public has been diligent with physical distancing, played by the rules and done so with an eye to the greater good and protecting the vulnerable. Nurses have also been profoundly moved by the expressions of gratitude and thanks paid to our profession. Please know nurses appreciate it immensely but please also know that nurses do not consider themselves "heroes". We appreciate the sentiment, but our profession is grounded in science and evidence and most importantly we don't stand separately from those we care for, we stand with you. It seems fitting to leave this with the words that Dr. Bonnie Henry often leaves us with at her press briefings because they are so fitting: 'Be kind, be calm, and be safe.'

Kind regards,

A handwritten signature in black ink that reads "Michael Sandler" followed by a stylized, cursive "M".

Executive Director  
Nurses and Nurse Practitioners of BC