New Normal Context in Health Care Settings after COVID-19 Pandemic: A Narrative Literature Review

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ABSTRACT
COVID-19 is an infectious disease that rapidly developed into a pandemic status. This deemed a need for new strategies to carry out routine health care activities. The recent practices and adaptations of the system as a response to the pandemic status were called a new normal situation. The aim of the study was to describe principles for adaptation to a new normal context for health care settings in COVID-19 pandemic. This narrative review of literature was conducted based on policy documents, guidelines, and public notices issued by the government and other key policymakers from the United Kingdom, Australia, Singapore, and Canada between June 15, 2020, and July 15, 2020, available on their government websites. The study revealed several principles, namely, enhanced surveillance, phasedown strategy for restoring routine services, vulnerability, dynamics of the service demand, new principles in human resource management, infection control measures, supply and usage of personal protective equipment, demand for intensive-care unit bed capacity, coordination and collaboration internally and externally, promotion and utility of remote care, ensuring equity, pre-hospital communication and assessment before reaching service facility, enhancing clinician participation in local-level decision-making, and risk assessments within all levels of service facility. The results of this study exposed new principles that facilitated managerial decision-making to the adaptation of new strategies. This new normal context created many challenges for resource management, which needed to consider dynamics of demand of services, prevention of spreading infections, and readiness for surge of cases while safeguarding quality and safety.

KEYWORDS: New Normal; COVID-19; Pandemics; Health Policy.

1. INTRODUCTION

COVID-19 is an emerging and rapidly evolving situation that has led the entire world into a highly unpredictable era of mankind's history [1]. It has affected the peoples' physical, mental, socio-economic, and other aspects despite different preventive measures taken by countries and organizations [2]. This has resulted in an emergence of a need to come up with a new method to cope up and carry on with routine activities, opening up an entirely different approach to life unlike the past generations have ever experienced [3]. The term new normal world, especially after COVID, has been a newly discussed topic since humanity got a huge hit by the results of the pandemic [4], and it has become a necessity to come up with new methods to cope up, secure oneself and their families, and adapt to the current situation [5]. Lockdowns and restrictions on mobility have affected our ability to be physically active as a natural part of daily life [6].

The COVID-19 pandemic is straining health systems worldwide. The rapidly increasing demand regarding health facilities and health care workers threatens to leave some health systems overstretched and unable to operate effectively [7].

New situational requirements in health care institutions with COVID pandemic directly demand new adaptation strategies [8] to ensure minimum standards of the routine services. These new adaptations can lead to negative spill-over effects on the patients who demand for routine health measures that are facilitated to maintain their health and well-being. Scarcity of resources, risk of surge or second wave of infection, tired and stressful staff [9, 10] highly dynamic directives from higher authorities, and increased demand from public [11] create massive pressure on policymakers and governance authorities to initiate and maintain the routine services in this new normal context [12].

The aim of this study was to describe principles for adaptation to a new normal context for health care settings in COVID-19 pandemic.

2. METHOD(S)

This non-systematic narrative literature review was conducted based on policy documents, guidelines, and public notices issued by the government and other key policymakers from the United Kingdom, Australia, Singapore, and Canada between June 15, 2020, and July 15, 2020, available on their government websites. The study team comprised of academic clinicians and health care managers from Sri Lanka and the United Kingdom. This study period was selected to ensure that the relevant current information from key documents and web is included in the study. This was the time when most of the countries came forward to implement relaxation measures after a strict lockdown period as a public health measure; hence, new recommendation was published for health institutions for giving directives explaining adaptation to new normal situation. During the study period under concern, government directives on new normal situation were mostly available on websites of the Government of Australia. Other three countries, the United Kingdom, Singapore, and Canada, had only limited published documents in this context that were appropriate for the scope of this review.

A Google Advanced Search was performed with gov and org domains relevant to specific countries. Key search terms included COVID-19, pandemic, restoration, resuming, returning, restarting, routine services, and the new normal. The study team reviewed all the documents and selected appropriate policy documents, guidelines, and public notices. The team used qualitative techniques to develop themes upon which the team agreed. All the selected documents were filtered by study members after a series of discussions considering their relevance to the study aim and key search terms while assessing the explicit and implicit level. The final selected documents referred, key information was identified and coded. All the codes were organized and assessed, and new information was synthesized manually, through the series of e-conference sessions by members of study. Extracted coding for each country was analyzed by each study member individually, and their findings were again assessed by a group before coming into final synthesis.

3. RESULTS

Based on the key information in selected government documents, the study group could identify new principles that were influenced in processes of strategic policy development in the new normal situation in health care settings. The synthesized principles are listed in Table 1.

Table 1: Recommended principles for adaptation to new normal context in health care settings after COVID-19 pandemic.

Number	Identified principles	Key documents	Sources
1	Enhanced surveillance	Australian Department of Health, Australian Health Protection Principal Committee (AHPPC) statement on restoration of elective surgery	https://www.health.gov.au/news/australian-health-protection-principal-committee-ahppc-statement-on-restoration-of-elective-surgery
		Australian Department of Health, Coronavirus (COVID-19) in Australia – Pandemic Health Intelligence Plan	https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/easing-of-coronavirus-covid-19-restrictions/coronavirus-covid-19-in-australia-pandemic-health-intelligence-plan
		Prime Minister of Australia, Update of Coronavirus measures- Media Statement	https://www.pm.gov.au/media/update-coronavirus-measures-15may20
		British Medical Association, In the balance: Ten principles for how the NHS should approach restarting 'non-COVID care'	https://www.bma.org.uk/media/2487/ten-principles.pdf
2	Phasedown strategy for restoring routine services	A Singapore Government Agency Website, Ending circuit breaker: phased approach to resuming activities safely	https://www.gov.sg/article/ending-circuit-breaker-phased-approach-to-resuming-activities-safely
		British Medical Association, In the balance: Ten principles for how the NHS should approach restarting 'non-COVID care'	https://www.bma.org.uk/media/2487/ten-principles.pdf

Number	Identified principles	Key documents	Sources
3	Vulnerability	Australian Commission on Safety and Quality in Healthcare, COVID-19: elective surgery and infection prevention and control precautions	https://www.safetyandquality.gov.au/sites/default/files/2020-04/covid19_elective_surgery_and_infection_prevention_and_control_precautions_april_2020.pdf
		A Singapore Government Agency Website, Ending circuit breaker: phased approach to resuming activities safely	https://www.gov.sg/article/ending-circuit-breaker-phased-approach-to-resuming-activities-safely
4	Dynamics of the service demand	Australian Department of Health, 3-step framework for a COVIDSafe Australia	https://www.health.gov.au/resources/publications/3-step-framework-for-a-covidsafe-australia
		Prime Minister of Australia, Update of Coronavirus measures- Media Statement	https://www.pm.gov.au/media/update-coronavirus-measures-15may20
		British Medical Association, In the balance: Ten principles for how the NHS should approach restarting 'non-COVID care'	https://www.bma.org.uk/media/2487/ten-principles.pdf
		British Medical Association, COVID-19: staff redeployment	https://www.bma.org.uk/advice-and-support/covid-19/returning-to-the-nhs-or-starting-a-new-role/covid-19-staff-redeployment
5	New principles in human resource management, deployment, reposition, individual risk, leave policy, well-being, and minimum standard number	British Medical Association, In the balance: Ten principles for how the NHS should approach restarting 'non-COVID care'	https://www.bma.org.uk/media/2487/ten-principles.pdf
		British Medical Association, COVID-19: staff redeployment	https://www.bma.org.uk/advice-and-support/covid-19/returning-to-the-nhs-or-starting-a-new-role/covid-19-staff-redeployment
		Ministry of Health Canada, COVID-19 Operational Requirements: Health Sector Restart	http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/operational_requirements_health_sector.pdf
6	Infection control measures	Australian Department of Health, 3-step framework for a COVIDSafe Australia	https://www.health.gov.au/resources/publications/3-step-framework-for-a-covidsafe-australia
		Australian Department of Health, Easing of coronavirus (COVID-19) restrictions	https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/coronavirus-covid-19-restrictions/easing-of-coronavirus-covid-19-restrictions
		Australian Commission on Safety and Quality in Healthcare, COVID-19: elective surgery and infection prevention and control precautions	https://www.safetyandquality.gov.au/sites/default/files/2020-04/covid19_elective_surgery_and_infection_prevention_and_control_precautions_april_2020.pdf
		Ministry of Health Canada, COVID-19 Operational Requirements: Health Sector Restart	http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/operational_requirements_health_sector.pdf
7	Supply and usage of personal protective equipment	Australian Department of Health, Australian Health Protection Principal Committee (AHPPC) statement on restoration of elective surgery	https://www.health.gov.au/news/australian-health-protection-principal-committee-ahppc-statement-on-restoration-of-elective-surgery

Number	Identified principles	Key documents	Sources
		British Medical Association, In the balance: Ten principles for how the NHS should approach restarting 'non-COVID care'	https://www.bma.org.uk/media/2487/ten-principles.pdf
		Ministry of Health Canada, COVID-19 Operational Requirements: Health Sector Restart	http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/operational_requirements_health_sector.pdf
8	Demand for intensive-care unit (ICU) bed capacity	Australian Department of Health, Australian Health Protection Principal Committee (AHPPC) statement on restoration of elective surgery	https://www.health.gov.au/news/australian-health-protection-principal-committee-ahppc-statement-on-restoration-of-elective-surgery
		British Medical Association, In the balance: Ten principles for how the NHS should approach restarting 'non-COVID care'	https://www.bma.org.uk/media/2487/ten-principles.pdf
9	Coordination and collaboration internally and externally	British Medical Association, In the balance: Ten principles for how the NHS should approach restarting 'non-COVID care'	https://www.bma.org.uk/media/2487/ten-principles.pdf
		Ministry of Health Canada, COVID-19 Operational Requirements: Health Sector Restart	http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/operational_requirements_health_sector.pdf
10	Promotion and utility of remote care	Australian Department of Health, Easing of coronavirus (COVID-19) restrictions	https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/coronavirus-covid-19-restrictions/easing-of-coronavirus-covid-19-restrictions
		Australian Department of Health, Providing health care remotely during COVID-19	https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/coronavirus-covid-19-advice-for-the-health-and-aged-care-sector/providing-health-care-remotely-during-covid-19
		British Medical Association, In the balance: Ten principles for how the NHS should approach restarting 'non-COVID care'	https://www.bma.org.uk/media/2487/ten-principles.pdf
		Ministry of Health Canada, COVID-19 Operational Requirements: Health Sector Restart	http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/operational_requirements_health_sector.pdf
11	Ensure equity	A Singapore Government Agency Website, Ending circuit breaker: phased approach to resuming activities safely	https://www.gov.sg/article/ending-circuit-breaker-phased-approach-to-resuming-activities-safely
		British Medical Association, In the balance: Ten principles for how the NHS should approach restarting 'non-COVID care'	https://www.bma.org.uk/media/2487/ten-principles.pdf
12	Pre-hospital communication and assessment before reaching service facility	Australian Department of Health, Easing of coronavirus (COVID-19) restrictions	https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/coronavirus-covid-19-restrictions/easing-of-coronavirus-covid-19-restrictions
		A Singapore Government Agency Website, Ending circuit breaker: phased approach to resuming activities safely	https://www.gov.sg/article/ending-circuit-breaker-phased-approach-to-resuming-activities-safely

Number	Identified principles	Key documents	Sources
		British Medical Association, In the balance: Ten principles for how the NHS should approach restarting 'non-COVID care'	https://www.bma.org.uk/media/2487/ten-principles.pdf
		Ministry of Health Canada, COVID-19 Operational Requirements: Health Sector Restart	http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/operational_requirements_health_sector.pdf
13	Enhance clinician participation in local-level decision-making	British Medical Association, In the balance: Ten principles for how the NHS should approach restarting 'non-COVID care'	https://www.bma.org.uk/media/2487/ten-principles.pdf
		Ministry of Health Canada, COVID-19 Operational Requirements: Health Sector Restart	http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/operational_requirements_health_sector.pdf
14	Risk assessments within all levels of service facility	Australian Department of Health, Australian Health Protection Principal Committee (AHPPC) statement on restoration of elective surgery	https://www.health.gov.au/news/australian-health-protection-principal-committee-ahppc-statement-on-restoration-of-elective-surgery
		British Medical Association, In the balance: Ten principles for how the NHS should approach restarting 'non-COVID care'	https://www.bma.org.uk/media/2487/ten-principles.pdf
		Ministry of Health Canada, COVID-19 Operational Requirements: Health Sector Restart	http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/operational_requirements_health_sector.pdf

4. DISCUSSION

Predominantly, the word "new normal" was used in economics; however, after COVID-19 pandemic, health system faced a massive challenge to cope up with new service demand and similar issues in protection of the front-line staff from pandemic [13]. Along with strict social restrictions and public health measures such as lockdown rules, significant changes underwent within the health system, especially curative services.

In the phase of decline of the pandemic, many countries and their health authorities seek alternative ways for adaptation to the new situation which mainly has high risk of COVID-19 infectivity and increased demand for non-COVID-19 services. The new contextual situation was called the "new normal" environment.

Unavailability of a vaccine or antiviral treatment and the risk of a second wave of the pandemic prolonged the status of this new normal environment, which demanded new recommendations for practices within the health institutions to conduct their routine services while maintaining COVID-19 services.

As a solution for the new situation, the new governance directives were issued by health authorities in maintaining the safe and equitable services. The present study discussed the principles based on which these recommendations were issued by the analysis of country-specific new normal instructions on their authorized government websites. However, effective vaccine and medicinal interventions and overall low mortality reduce the value of implementing high-cost interventions that disrupt routine system.

4.1. ENHANCED SURVEILLANCE

Results of this study revealed the importance of enhanced surveillance and readiness for the second wave of COVID-19 transmission by all countries. The need to strengthen surveillance, testing, and public awareness was emphasized. This measure helped hospital manager to plan and organize to maintain a service capacity between routine services and emergency response for the second wave [14-17].

4.2. PHASEDOWN STRATEGY FOR RESTORING ROUTINE SERVICES

All the countries in this study highlighted the importance of phasedown strategy for restoring routine services while concerning high clinical impact for the patients; for example, patients with priority clinical needs were identified to serve first. High risk of

morbidity and mortality was concerned to ensure the highest positive outcomes with minimum risk of COVID-19 transmission. This principle facilitated effective use of resources [16, 18].

4.3. VULNERABILITY

Vulnerability for the COVID-19 infection because of personal characteristics of patients was a key principle that was concerned by all countries when restoring and organizing the routine services, where special precautions were recommended for reducing the risk of infection [18, 19]. Some countries took measures to set up separate clinic facilities for vulnerable cases such as cancer patients [20].

4.4. DYNAMICS OF THE SERVICE DEMAND

Dynamics of the service demand was another principle concerned by the studied countries, increased public demand for routine services which could be a threat for a defensive mode of the health institutes, large number of patients influx would lead to breach the infection control measures and negatively affecting the service capacity such as in the ICUs. Therefore, all the countries paid special attention to level of demand for routine services and its dynamic nature while setting recommendation for new normal conditions [14, 16, 17, 21].

4.5. NEW PRINCIPLES IN HUMAN RESOURCE MANAGEMENT

The implementation of new strategies in human resource management was highlighted by all the countries in this study as a precaution for new normal conditions. Re-deployment is one of the key principles adopted in most countries as a solution for increased demand for the services. Besides that, readjustment of duty rosters while maintaining minimum staff numbers introduces new skills especially for infection control and repositions the staff members after assessment of individual risk of infection, such as staff members with diabetes and chronic respiratory disease. Further, staff well-being and mental health status were highlighted as new principles considered in a new normal situation [16, 21, 22].

4.6. INFECTION CONTROL MEASURES

The implementation of infection control measures was a highly concerned area in new normal conditions: recommendation of additional measures for physical distancing, hand hygiene, and respiratory etiquette. Training and skill development, risk communication, infrastructure facility development, and mechanisms for monitoring and evaluation were new concerned principles in restoration of routine services in health care settings [14, 19, 22, 23].

4.7. SUPPLY AND USAGE OF PERSONAL PROTECTIVE EQUIPMENT (PPE)

In the situation of relaxing lockdown measures, usage of PPE significantly increased. Because of shortage of supply, most of the affected countries had to implement some restrictions over the usage of PPE to ensure supply for health care staff. In this study, all the government authorities addressed the need to maintain sufficient PPE in the health care institutions for any emergency and routine services, aiming to protect the front-line health staff [15, 16, 22].

4.8. DEMAND FOR ICU BED CAPACITY

Respiratory support is a major requirement for critically ill patients with COVID-19. Therefore, increased demand for critical care services is a major issue in this pandemic, when systems are opened up for routine services. ICU facilities also needed to be shared with non-COVID-19 routine procedures. In whatever place, the authorities of selected countries recommended coordinating with different institutes to share their ICU beds in an emergency [15, 16].

4.9. COORDINATION AND COLLABORATION INTERNALLY AND EXTERNALLY

Lofty standard in coordination and collaboration mechanisms was a fundamental requirement for any successful heath institution during COVID-19 pandemic. In the rigid lockdown restrictions, all the levels of functioning compartments of the health system were demanded to readjust their coordination and collaboration mechanism with external parties to ensure safe care and effective discharge of clinical outputs. Therefore, health authorities in this study recommend enhancing collaboration and coordination with other stakeholders such as preventive health services, social care services, and supportive services, especially PPE suppliers [16, 22].

4.10. PROMOTION AND UTILITY OF REMOTE CARE

Considering the unique nature of COVID-19 transmission, health authorities identified importance of imposing restrictions for physical contact of the patients aiming to reduce transmission. In the lockdown period, majority of health systems implemented innovative approaches for remote care processes. For example, syndromic care for patients with non-communicable diseases and sexually transmitted infection [16, 23, 24].

4.11. ENSURE EQUITY

In the implementation of new restricted reopening measures for routine services, some segments of population faced difficulties in accessing health services, such as disabled, critically ill cancer patients, and elders. Therefore, as a principle, some countries recommended measures to ensure “equity” for new normal conditions [16, 18].

4.12. PRE-HOSPITAL COMMUNICATION AND ASSESSMENT BEFORE REACHING SERVICE FACILITY

Pre-hospital communication and assessment before reaching the hospital or care institution were recognized by the health authorities as precautionary principles to prevent COVID-19 transmission. Hence, all health authorities recommend mechanisms for pre-hospital triaging of patients with respiratory symptoms mimicking COVID-19. Self-assessment and telephone triaging were common examples for pre-hospital clinical assessment mechanisms that were identified in the new normal context [16, 18].

4.13. ENHANCE CLINICIAN PARTICIPATION IN LOCAL-LEVEL DECISION-MAKING

Managerial-level decision-making procedures on clinical services were affected in a new normal context. Influence from context-specific factors acted as resistance for changes in ground level such as clinics and wards. In that case, compliance from ground-level clinician was a very important factor in ensuring effective implementation of new decisions; therefore, higher involvement of clinicians in decision-making processes was recognized as an important principle in new normal situation [16, 22].

4.14. RISK ASSESSMENTS WITHIN ALL LEVELS OF SERVICE FACILITY

Because of the vast variations of contextual factors of health care institutions, the level of risk for each individual center was different. Therefore, establishment and implementation of comprehensive risk assessment processes were recommended by several governments [15, 16, 22].

AUTHOR CONTRIBUTIONS

RP and PSA conceptualized the study. All authors contributed to data collection, analysis and drafting of the proposal.

CONFLICT OF INTEREST

There is no conflict of interest.

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