



Nursing leadership in managing multimorbidity and COVID-19

Initial release November 2021

Next review November 2022

KEY STATEMENT

The Australian College of Nursing (ACN) is committed to ensuring nurses are supported to provide high-quality and safe care throughout the ongoing COVID-19 pandemic, particularly for the community's most vulnerable members. People living with multimorbidity face complex care challenges, strongly associated with mortality in those with COVID-19. Nurses have demonstrated the ability to navigate health care systems to deliver patient-centred and cost-effective solutions related to multimorbidity.

BACKGROUND

Multimorbidity is the co-occurrence of two or more chronic conditions (Johnston, Crilly, Black, Prescott & Mercer 2019). The number of people living with multimorbidity is growing worldwide. In Australia, it is estimated that a third of the population is living with three or more conditions (Harrison, Henderson, Miller & Britt 2017). Multimorbidity is associated with higher rates of hospital admissions, increased length of stay, higher number of outpatient appointments, higher rates of morbidity, mortality and psychological distress, and lower quality of life (Backman et al 2018; Bayliss, Edwards, Steiner & Main 2008; Clarke, Bourn, Skoufalos, Beck & Castillo 2017; Duguay, Gallagher & Fortin 2014; Mair & Gallacher 2017; Schäfer et al 2018).

COVID-19 has exacerbated the issues people living with multimorbidity already face. The pandemic has significantly impacted the delivery and utilisation of health care services for non-communicable diseases (Moynihan et al 2020; World Health Organization 2020). In Australia, there were reports of a significant reduction in the number of people attending health services for vital check-ups and treatment (Australian Institute of Health and Welfare (AIHW), 2020; AIHW 2021a). The number of emergency department presentations decreased by 1.4% between 2018-19 and 2019-20 compared to a 4.2% increase between 2017-18 and 2018-19 (AIHW 2021a). A notable reduction in cancer screening was recorded, especially mammograms (a national decrease of nearly 19%), and screening for bowel cancer (19.5%) and prostate cancer

(41%) (AIHW 2020). The fall in uptake has been especially marked in Victoria and New South Wales (AIHW 2020). Some recovery has been noted in uptake for mammograms and cervical screening; however, the impact of COVID-19 cannot be quantified without longer-term data (AIHW 2021b).

Nurses make up more than 50% of the health workforce, with over 400,000 nurses working in Australia (AIHW 2020). Nurses work across health sectors and are located across all geographical areas, including rural and remote locations. Nurses are the health professionals best placed to lead services to support the prevention and management of chronic conditions and multimorbidity. Previous research (ACN 2020) reported that nurses in Australia require support from employers to improve practice and health outcomes for people living with multimorbidity. Nurses are well positioned to deliver patient-centred and cost-effective solutions to tackle the complex and growing issues related to multimorbidity (ACN 2020).

KEY ISSUES

Disruption in the continuity of care

Fifteen adults living with multimorbidity across Australia were interviewed about their experiences of managing multiple chronic conditions during the pandemic. Participants described significant disruptions to the continuity of their care both at the start of the pandemic and as it has progressed. Participants received sub-optimal or delayed care, as appointments for ongoing care were either cancelled or deprioritised to enable health systems to respond to the COVID-19 pandemic. The majority of participants received care through telehealth. Overall, participants described the use of technology to support contact with clinicians and the renewal of prescriptions positively. A small number of participants reported improved diets and exercise regimes, particularly walking more as a result of lockdowns and being able to work from home. For others, the requirement to physically isolate contributed to social isolation from family and friends, loss of support, and impacts to their mental health.

People living with multimorbidity described feeling vulnerable, and this heightened their concern about being exposed to the virus. Those who relied on others for help with personal care or household tasks all described a decline in support, either because their support person was unable to attend or because they feared visiting multiple homes would increase the risk of transmission.

Nurses' role in the prevention and management of multimorbidity

When nurses are supported, they can facilitate crucial transitions in care that best respond to rapid changes arising from the COVID-19 pandemic. The Chronic Disease policy chapter has collated case studies highlighting the role of nurses in responding to the challenges people living with multimorbidity have faced during the pandemic. These include a nurse-led virtual clinic to support people living with heart failure in West Moreton, Queensland, and a community nurse response in the Loddon Mallee Region of Victoria. In Moreton, when lockdown prevented patients with heart failure from accessing specialist care, the health workforce quickly adapted their services. Nurse practitioner-led care was delivered through virtual consultations to facilitate medication titration and follow-up, with outstanding outcomes. In the Loddon Mallee Region, community nurses reorganised their approach to ensure a comprehensive service was delivered during lockdown through telehealth.

The case studies highlight the considerable ability of nurses to adapt their practice in order to respond to the needs of people living with multimorbidity in the face of COVID-19 when they are supported to do so. Nurses are motivated to develop new skills that reflect the needs of the patient population within an evolving and dynamic situation. The service in West Moreton, which is nurse practitioner-led, dramatically reduced wait times to access care and medication titration. In the Loddon Mallee Region, nurses ensured continuity of care by scheduling time to support patients, families, and carers to undertake self-management of simple wounds and supported medication management and meal preparation. The nurses worked to ensure clients did not miss out on care or delay seeking help. However, without support and recognition, nurses cannot take the lead to improve health outcomes. Until recently, the lack of support for nurse practitioners to administer COVID-19 vaccinations signalled the under-utilisation of this critical workforce, with significant impacts on our most vulnerable populations.

RECOMMENDATIONS

That ACN lobbies the Federal Government to:

- support nurses in providing safe and high-quality health care at all stages of life through early intervention on risk factors associated with social determinants of poor health
- ensure nursing representation on key advisory boards and expert committees charged with responding to the COVID-19 pandemic
- support and resource the nursing workforce to anticipate emerging patient needs, respond to new or increased demand, and maintain and improve the continuity and quality of care
- fund the development and rollout of innovative nurse-led approaches to managing multimorbidity.

CONCLUSION

Nurses can make a significant contribution to the management of care and treatment for people living with multimorbidity during the COVID-19 pandemic if they are adequately supported. Nurses in Australia have reported they require additional support to take on a navigator role to coordinate and case manage complex patient care during a pandemic and want to take a more active role in the prevention and management of multimorbidity, for example, through nurse-led clinics (ACN, 2020). Nurses demonstrate flexibility and adaptability during times of crisis and change in response to the evolving health care needs of those living with multimorbidity. Further opportunities for nursing leadership in the prevention and management of multimorbidity are urgently needed.

ACKNOWLEDGEMENTS

The Australian College of Nursing (ACN) Chronic Disease Policy Chapter has developed the Position Statement. The Chapter members are:

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Acknowledgement is extended to Adjunct Professor Kylie Ward FACN (ACN CEO).

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CITATION:

Australian College of Nursing (ACN). 2021, 'Nursing leadership in managing multimorbidity and COVID-19 – Position Statement', ACN, Canberra. © ACN 2021

ISBN (print): 978-1-922720-01-6

ISBN (electronic): 978-1-922720-00-9

The Chronic Disease Policy Chapter sought and received ethics approval to interview individuals living with multimorbidity through Edith Cowan University, protocol 2021-02463-WHITEHEAD