

Modified health care services of SPMC as a designated COVID-19 facility

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In the Philippines, the coronavirus disease 2019 (COVID-19) pandemic has accorded a tremendous challenge to health care in terms of protecting frontline staff from contracting the virus and providing optimal medical management to patients with or without COVID-19. Across the globe, even countries with well-developed healthcare systems are battling COVID-19 with great difficulty.

In terms of local response, on March 15, 2020, Davao City was placed under community quarantine¹ to limit the movement of people and curb the spread

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of SARS-CoV-2, the virus that causes COVID-19. Further restrictions on work, businesses, transportation, and other daily activities were imposed during an enhanced community quarantine (ECQ) from April 4, 2020 to May 15, 2020,2-5 followed by a 15-day general community quarantine (GCQ).67 Patients from Davao City who are suspected of having COVID-19 began to be referred to the Southern Philippines Medical Center (SPMC) starting in early March 2020. The SPMC Laboratory Unit also started processing reverse transcription polymerase chain reaction (RT-PCR) tests for the diagnosis of COVID-19 as a subnational laboratory late in March. Being the only subnational laboratory in the southern Philippines during the first few weeks of community quarantine, SPMC processed most of Mindanao's COVID-19 RT-PCR tests.

As the primary institution tasked to handle patients with COVID-19 in Davao City, SPMC enforced numerous changes in its physical structures, deployment of staff, and schemes in the delivery of healthcare services. Several wards and intensive care units (ICUs) were transformed into dedicated COVID-19 units to cater to the rapidly increasing number of patients who require different levels of hospital care. SPMC also started coordinating with the Department of Health - Region XI and the Davao City Health Office to accommodate up to 183 patients with probable or confirmed COVID-19, but with mild to no symptoms, in one of several temporary treatment and monitoring facilities and community isolation units within Davao City. A separate transport system was organized to ferry patients to and from these external facilities. In order to achieve proper distancing and isolation of patients within the hospital compound, SPMC's approved 1500-bed-capacity was operationalized into 1259 beds apportioned as: 35 ICU beds for critically ill patients with COVID-19, 205 beds for patients with mild or moderate COVID-19 symptoms, and 1019 beds for patients with diagnoses other than COVID-19.

Several duty schemes for hospital staff were enforced to reduce the number of persons within hospital premises at any given time without compromising work quality. Only hospital staff who directly care for patients were deployed to work in full force, following a schedule that allowed for one- or two-week breaks at a time. Hospital units that do not provide direct patient care operated on skeleton workforce. Some hospital staff either worked from home, worked on modified schedules, or were reassigned to areas that demanded more staff.

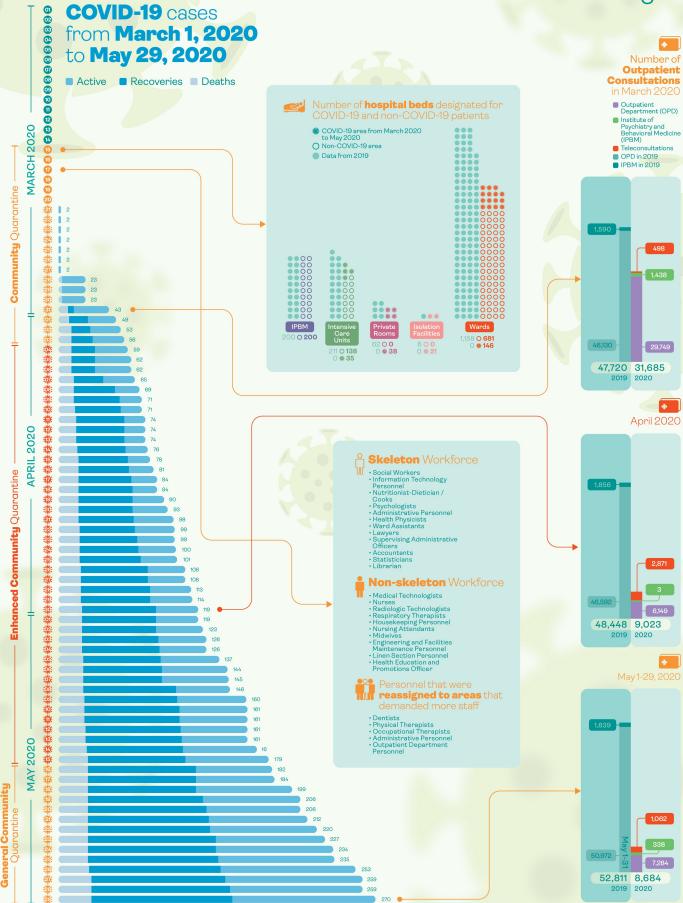
The hospital's main outpatient department complex initially catered to a restricted volume of patients before eventually ceasing to receive physical visits. Outpatient services were then limited to telemedicine consults carried out by most of the hospital's clinical departments. On the other hand, face-toface outpatient consults continued in specialty clinics within SPMC such as the Heart Institute, Adult Cancer Clinic, Radiologic Oncology Section, Children's Cancer Institute, Women and Children Protection Unit, and the Institute of Psychiatry and Behavioral Medicine. Emergency surgeries continued to be performed, but all scheduled elective surgeries, except Cesarean deliveries, were postponed. Triaging algorithms and admitting procedures at the emergency room were modified to integrate the diagnostic and therapeutic management of patients suspected of having or diagnosed with COVID-19. Department conferences, meetings, and duty endorsements were conducted online.

With the changes in SPMC's operations, inpatient census dropped from an average of 5,956 admissions per month before the start of community quarantine in March to 3,134 admissions per month for two months while on quarantine. In contrast to an average of 52,583 physical outpatient consults per month before the quarantine, only an

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average of 20,354 combined physical outpatient consults and phone calls per month were received during the quarantine. Yet, because of these, SPMC was able to perform a total of 9,549 COVID-19 diagnostic tests, screen a total of

4,614 patients for COVID-19, and admit a total of 259 patients with confirmed COVID-19 to date.

The structural and operational modifications currently taken by SPMC have, so far, helped in optimizing the hospital's response to the impact of the COVID-19 pandemic in Davao City. The present situation calls for SPMC to proactively devise, evaluate, and revise its approach, as this global health crisis continues to unfold.

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