

Southern Philippines Medical Center Outpatient Department consultation census from June 2020 to March 2021

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Before the COVID-19 pandemic, almost all outpatient consultation services in Southern Philippines Medical Center (SPMC)—from triaging up to the actual consultations with doctors—were done face-to-face (FTF). Seeking medical care during the pandemic became more difficult. Since the start of the community quarantine last March 2020,¹ all stakeholders in health care—health care workers, and patients alike—have had to comply with infection control measures like FTF interactions and travel restrictions to reduce COVID-19 transmission.

When Davao City was placed under enhanced community quarantine (ECQ) last April 4, 2020, SPMC became the primary government tertiary care institution tasked to handle patients with COVID-19.³ Since then, most of the outpatient services, conducted by clinical departments, were limited to teleconsultations. SPMC created a set of procedures for doing teleconsultations in the Outpatient Department (OPD) to screen patients who need either urgent or routine care, and to either connect these patients to their physicians in the OPD or direct them to an SPMC department/unit outside of the OPD.

A patient seeking outpatient consultation should send a private message via the SPMC Virtual Consultation Facebook page. A nurse moderator inquires about the patient's concern or chief complaint through an online messaging platform and obtains a written informed consent by requesting the patient to reply with "Yes, I give consent" if, after reading the information form, they agree to the terms of the teleconsultation. New patients need to fill up a pre-formatted information sheet and download an app into their communication device. Returning patients are required to send their hospital numbers for record retrieval. The nurse then triages the patient to their designated clinical department. Through phone or online calls via the downloaded app, the resident-on-duty (ROD) contacts the patient, takes the patient's medical history, requests diagnostic examinations, prescribes medications, and discusses diagnostic examination results and therapeutic plans with the patient, as appropriate. If the need for a physical examination in order to further assess the patient's condition arises, the ROD obtains another informed consent for an FTF consultation. Before scheduling the patient for an FTF consultation, the ROD determines the patient's risk of exposure to COVID-19 and directs them to the COVID-19 hotline if their risk is considered to be high. Low-risk patients, on the other hand, are given an appointment schedule and a checklist of requirements needed prior to FTF consultation. On the scheduled date of FTF consultation, the patient is reassessed for the risk of exposure to COVID-19. High-risk patients are redirected to the SPMC COVID-19 isolation area. All patients who physically walk in for outpatient consultation receive instructions from the outpatient triage nurses to follow this teleconsultation process.

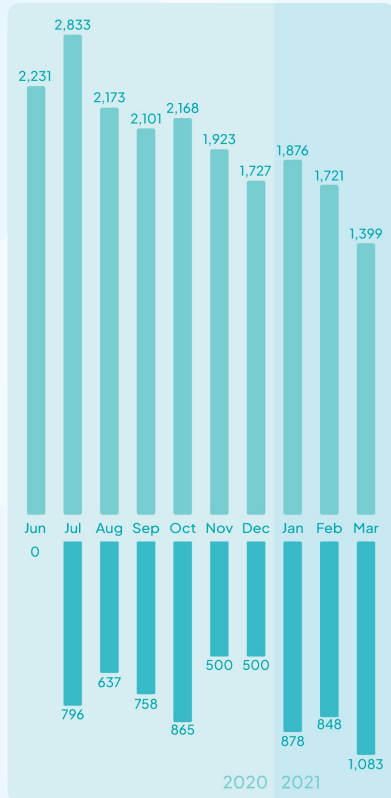
This report includes data from June 2020 to March 2021. Although the system for teleconsultation was immediately established in SPMC after the city was placed under ECQ,¹ the procedures were only refined and strictly implemented in June 2020. Data in this report does not include appointments or consultations directly done in other departments such as SPMC Cancer Institute, Mindanao Heart Center, and Institute of Psychiatry and Behavioral Medicine. With the exception of some patients seen by the Family Medicine (FM) department, all patients who had FTF consultations in this report initially underwent the teleconsultation process, but were subsequently advised to show up for physical examination for further assessment of their conditions. The FM department sees both patients from the general public and those who come to the Personnel Health Services (PHS) of SPMC including SPMC employees and their dependents. PHS patients, especially those who are already physically within the hospital vicinity when they decide to look for medical attention, have been allowed to seek outpatient care directly by FTF consultations, without the need for prior appointments arranged by teleconsultations. In this report, the FM census is presented as two graphs—the graph for the general public, and that for PHS patients.

In general, there was a gradual increase in the frequency of teleconsultations across all



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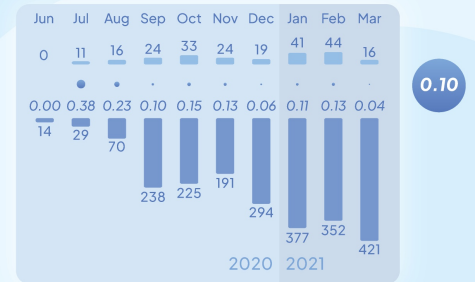
Family and Community Medicine - Personnel Healthcare Services*



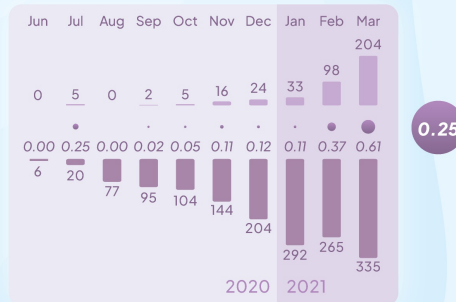
Dermatology



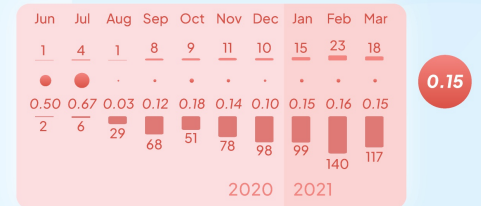
General Surgery



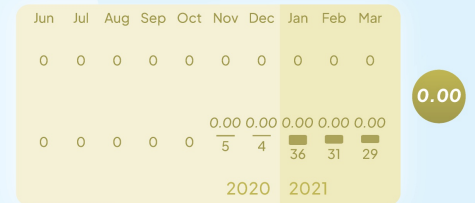
Obstetrics-Gynecology



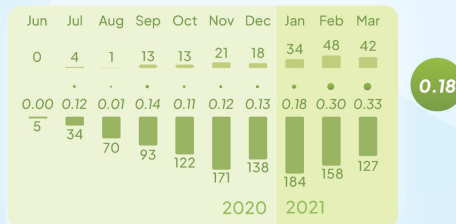
Ophthalmology



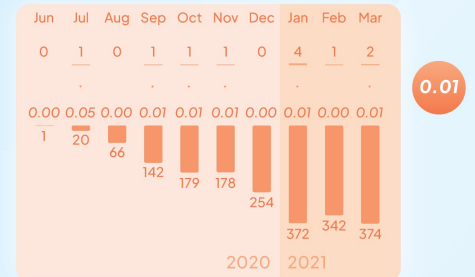
Dentistry



Otorhinolaryngology - Head and Neck Surgery



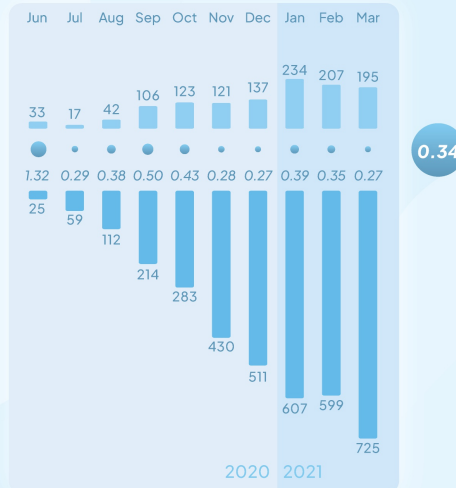
Orthopedics



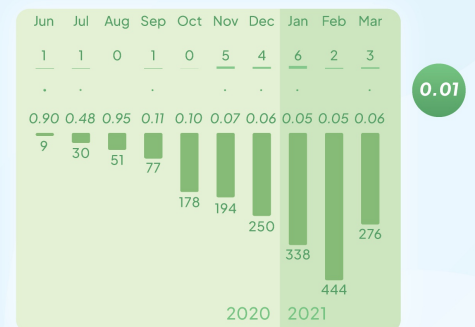
Family and Community Medicine



Internal Medicine



Pediatrics



Urology



2,557

Total number of
face-to-face
consultations**

15,264

Total number of
teleconsultations**

0.17

Total outpatient
department
consultation ratio**

LEGEND



Face-to-face consultations



Outpatient department consultation ratio
(Number of face-to-face consultations divided by
number of teleconsultations)



Teleconsultations

*This graph reflects consultation data of Southern Philippines Medical Center (SPMC) employees and their dependents.

**The Family and Community Medicine - Personnel Health Services (FCM-PHS) data is excluded from the total number of face-to-face consultations, total number of teleconsultations, and total outpatient department consultation ratio. FCM-PHS patients, especially those who are already physically within the hospital vicinity when they decide to look for medical attention, have been allowed to seek outpatient care directly by face-to-face consultations, without the need for prior appointments arranged by teleconsultations.

NOTE: Data in this report does not include appointments or consultations directly done in other departments such as SPMC Cancer Institute, Mindanao Heart Center, and Institute of Psychiatry and Behavioral Medicine.

departments over the months following June 2020. During the start of 2021, the frequencies of FTF consultations significantly rose in the Internal Medicine and Obstetrics-Gynecology departments. The FTF consultation frequencies also increased, albeit to a lesser degree, in the Dermatology, Ophthalmology, General Surgery, Urology, and ENT-HNS departments. The Orthopedics and Pediatrics departments had very minimal FTF consultations. The Dental Medicine department had no FTF consultations at all from June 2020 to March 2021. We calculated the OPD consultation ratio by dividing the number of FTF consultations with the number of teleconsultations. A higher ratio, expressed in decimals, would imply a higher number of FTF consultations done after teleconsultation. Excluding PHS data, the overall OPD consultation ratio for all departments from June 2020 to March 2021 was 0.17 (i.e., there were 2,557 FTF consultations done after 15,264 initial teleconsultations).

The three departments who had the highest OPD consultation ratios for the entire report duration were the Urology (0.38), Internal Medicine (0.34), and Obstetrics and Gynecology (0.25) departments. On the other hand, the three departments with the lowest OPD consultation ratios for the entire report duration were the Orthopedics (0.01), Pediatrics (0.01), and General Surgery (0.10) departments. Data on specific morbidities/diagnoses and dispositions of patients after the teleconsultations or the FTF consultations are not included in this report.

Contributors

CMPA and RCR wrote the original draft and subsequent revisions of this article. CXDL did the layout for the infographics. All authors gave their approval of the final version to be published. All authors agreed to be accountable for all aspects of the work.

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