SPMC JHCS

EDITORIAL

Ideas for post-quarantine health care services in Southern Philippines Medical Center

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The response of Southern Philippines Medical Center (SPMC), the largest tertiary government hospital in Davao Region, to the coronavirus disease 2019 (COVID-19) pandemic is detailed in the brief report of Astudillo.[1] The guiding principles for implementing the structural and operational modifications made by SPMC in its health care services during quarantine were: to focus on the diagnostic and therapeutic management of patients with probable or confirmed COVID-19 and to limit the spread of SARS-CoV-2, the virus that causes COVID-19.

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As can be gleaned from the hospital's census before and during quarantine, extreme focus on COVID-19 health care, when sustained for a long time, can potentially compromise other essential, but non-COVID-19, health care services. On the other hand, restoring full-scale health care services to pre-COVID-19 amplitude can potentially increase the spread of the virus.

Restoring hospital health care delivery to a more balanced state—comprehensive in scope, yet fully responsive to the epidemiological status of COVID-19—requires several rigorous cycles of planning, execution, and revision. Fortunately, the quarantine period has given SPMC—as a health care provider—an opportunity to maximize the efficiency of the delivery and utilization of health care services amid the extreme focus on infection control and management. It also compelled the institution to more frequently carry out certain procedures that were not often practiced before—teleconferencing, teleconsultations, operating on skeleton workforce, allowing work from home schemes, etc. As SPMC prepares to gradually reinstate health care services that were scaled down or put on hold during the quarantine period, some practices that need to be developed or sustained in the presence of the ongoing COVID-19 pandemic are worth pointing out for consideration.

Like SPMC, hospitals that provide diagnostic and therapeutic managements of patients with COVID-19 are considered COVID-19 hotspots—where concentrations of patients with the disease are very high, and where most hospital staff who eventually get infected with SARS-CoV-2 have been initially exposed to the virus. Therefore, the goal of health care from this point on is to keep people away from hospitals that manage patients with COVID-19, as much as possible. Any task, transaction, operation, or essential person-to-person interaction that is not dependent on hospital facilities and equipment should be done outside the hospital.

OUTPATIENT AND EMERGENCY TRIAGING SERVICES

A system of providing teleconsultation, triaging, referrals, health care coordination via phone or online means, and even first response emergency care, should be developed to serve patients before they come to the hospital. Remote health care navigation should aim to reduce or omit facility visits, whenever feasible. Physically coming to the hospital should be the last option for patients, when all non-physical means of health care utilization have been exhausted.

When patients must eventually enter hospital premises to seek outpatient or emergency services, health care workers should only physically meet patients during physical examinations or when performing procedures that absolutely require person-to-person contact. All the other procedures that have been traditionally done inside enclosed rooms (e.g., filling up of forms, taking medical histories, setting appointment schedules, delivering patient advice, explaining prescriptions, etc.) should be done with the use of various mechanisms or devices that eliminate direct face-to face contact, as much as possible.

COORDINATION WITH LOCAL HEALTH UNITS

Service delivery networks, which have been in operation for a few years now, should be enhanced in order to maximize localized delivery of health care services, complement remote health care services, and limit hospital referrals. Part of the training for the healthcare professions can be redesigned in order to complement this arrangement. Trainees in the healthcare profession (fellows, residents, interns, clerks, and students) may be deployed to local health centers and assigned specific roles in the new system.

ONLINE MEETINGS, LECTURES, CONFERENCES, AND TRAINING EVENTS

Meetings, conventions, training events, and routine endorsements that take place online should now be considered the default methods to carry out communication and learning activities within health care facilities. Face-to-face delivery of medical instruction should be reserved for procedures that cannot be replaced by remote instruction, e.g., teaching physical examination or bedside care.

HEALTH CARE WORKERS

Hospital staff should be classified according to the need for them to be physically present in the hospital to deliver services. For those who need to be physically present (i.e., staff nurses, attending physicians, medical technologists, housekeeping staff, etc.), duty schemes should be designed towards the provision of adequate services with a minimum number of personnel present in the hospital at any given time. Hospital staff whose work can be done away from the hospital should be required to telecommute.

Several means of monitoring should be utilized in order to ensure that hospital employees are able to carry out their tasks and that departments are able to operate optimally and meet organizational targets despite the new work arrangements. Hiring interviews, onboarding, and training human resources should all be done online, as much as possible.

PHYSICAL DESIGN OF FACILITIES, DISTANCING, AND HYGIENE

Accurate zoning of the hospital complex can be done in order to delineate areas that serve patients who are critically-ill with COVID-19, from those that admit mildly symptomatic or asymptomatic patients. Putting up an infectious diseases facility that is geographically situated away from the main hospital, with a dedicated patient transport system and staff complement, should also be considered. Appropriate infection control measures should also be implemented in the respective zones. Non-COVID-19 wards should have limited capacities, and patient beds in these wards should be adequately spaced.

All hospital spaces—wards, waiting rooms, stations, lounges, quarters, offices, and other work areas—should be redesigned in order to allow adequate physical distancing. This would mean that the accommodation capacities of many of these spaces should be greatly reduced. Personnel who used to be deployed in crowded workplaces should be provided with more adequate spaces. Offices smaller than a certain size should be used by only one person. Small conference rooms should not be used at all, or should be repurposed into one-person offices.

TESTING, ISOLATION, CONTACT TRACING, PUBLIC EDUCATION, AND RESEARCH

For the early diagnosis, efficient isolation, and immediate treatment of hospital staff with COVID-19, the hospital should increase its testing capacity and enforce a scheme to regularly test staff according to their risk of being infected, and as much as resources would allow. A team dedicated to do contact tracing for hospital employees with COVID-19 should be organized and activated.

The hospital should play a role in educating the public about COVID-19 and about responsible behavior during this pandemic. Sharing simplified essential information on the pathophysiology and updated epidemiological status of the disease will potentially translate into the proper response and cooperation of the public in the fight against COVID-19. Messages on responsible behavior should include being watchful of symptoms, appropriate self-isolation, submission to testing, observing proper cough etiquette, handwashing, physical distancing, wearing of personal protective equipment, and abiding by local and national guidelines on infection control, among others. Furthermore, the hospital should also encourage and support research projects that aim to broaden the knowledge base of the health care aspects of the COVID-19 pandemic.

DYNAMIC MASTER PLAN

Post-quarantine health care service delivery should follow a well-prepared master plan that balances attempts to provide comprehensive services and to prevent virus spread. The plan should include the constant reassessment of strategies based on real-time surveillance reports in order to continually achieve an operating status that is responsive to the evolving situation. Indicators for tightening preventive measures or for reimplementing large-scale lockdowns should also be set and strictly followed. The plan should also include contingency schemes if the situation necessitates reverting to quarantine status.

There is a compelling need for institutions to adopt new ways of getting work done while contributing to the fight against COVID-19. Health care facilities should have the highest standards and strictest execution of infection control protocols. While sustaining comprehensive health care services, including COVID-19 diagnostic and therapeutic services, health care institutions like SPMC should continue exploring other feasible measures that aim to halt or suppress virus spread.

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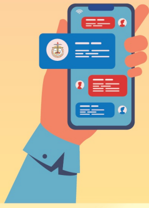
REFERENCES

1. Perandos-Astudillo CM. Modified health care services of SPMC as a designated COVID-19 facility. SPMC J Health Care Serv. 2020;6(1):2.

IDEAS FOR POST-QUARANTINE HEALTH CARE SERVICES IN SOUTHERN PHILIPPINES MEDICAL CENTER

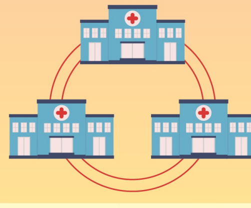


OUTPATIENT AND EMERGENCY TRIAGING SERVICES

- Manage patients' health care utilization remotely; designate some personnel as clinical navigators
- Set up equipment and facilities for providing patient care remotely
- Incorporate prior appointment setting by phone or online communication in outpatient triaging
- Do history taking, give instructions and advice, and issue prescriptions and laboratory requests to patients remotely; allow physical meetings of health care workers and patients only during physical examinations, and diagnostic and therapeutic interventions
- Involve local health facilities in teleconsultation

PHYSICAL DESIGN OF FACILITIES, DISTANCING, AND HYGIENE

- Redesign all hospital spaces—wards, waiting rooms, stations, lounges, quarters, offices, and other work areas—in order to allow adequate physical distancing
- Transfer or expand the workspaces of employees deployed in crowded areas
- Disinfect all areas and surfaces regularly
- Maintain temperature checkpoints and handwashing areas, and make hand sanitizers available in strategic places
- Require wearing of masks, face shields, and other appropriate PPEs within the hospital at all times
- Install call stations in strategic areas in the hospital so that direct face-to-face conversations between hospital staff and clients can be replaced with phone or video calls
- Intensify efforts to digitize all records and documents
- Adopt, whenever possible, contactless ways of person-to-person interaction when performing routine tasks like paying bills, processing paperwork, routing documents, serving food, providing directions, etc.



COORDINATION WITH LOCAL HEALTH UNITS

- Strengthen existing service delivery networks to regulate hospital referrals and to increase service delivery capacity of local health units
- Deploy trainees in the healthcare profession (fellows, residents, interns, clerks, and students) to local health units to support referral procedures, and other pre-hospital, post-hospital, and community health services; monitor, evaluate, and give feedback to deployed trainees on-site or remotely

ONLINE MEETINGS AND TRAINING EVENTS

- Continue conducting meetings, lectures, and conferences online
- Design and implement trainings that can be carried out online
- Encourage and incentivize work and learning done online

STRATEGIC PLANS

- Plan to gradually adapt to long-term or permanent measures to deal with COVID-19 and other emerging infections
- Heighten surveillance system, set thresholds for surveillance indicators, and adjust strategies proactively
- Prepare for future intermittent lockdown scenarios

HEALTH CARE WORKERS

- Classify health care workers according to the need to be physically present in the hospital
- Allow various mechanisms to decrease staff load in the hospital at any given time without compromising work quality—shortened office hours, alternate physical attendance arrangements, reduced work days, modified shift hours, partially overlapping schedules, etc.
- Allow partial or full telecommuting among qualified staff
- Devise mechanisms to regularly check work progress and deliverables

TESTING, ISOLATION, CONTACT TRACING, PUBLIC EDUCATION, AND RESEARCH

- Increase COVID-19 testing capacity of the hospital
- Maintain isolation facilities that accommodate patients at different stages of COVID-19; consider building permanent isolation facilities that are geographically away from the main hospital complex, with dedicated staff complement and transportation services
- Test all hospital staff at regular intervals, based on risk of being infected
- Designate a contact tracing team dedicated to investigate infections that happen within the hospital
- Pay employees who are being quarantined
- Educate the community on responsible behavior, including being watchful of symptoms, physical distancing, submission to testing, observing proper cough etiquette, handwashing, and wearing of appropriate PPEs
- Encourage and support research projects that aim to broaden the knowledge base of the health care aspects of the COVID-19 pandemic

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