BACKGROUND AND IMPORTANCE

Adapt the Outpatients Care activity to the scenario arising out of the COVID-19 pandemic.

AIM AND OBJECTIVES

- Reorganization of the area
- Non in-person consultation
- Medication Home Delivery (MHD)
- Reduce patient attendance in Day Hospitals

MATERIALS AND METHODS

PHASE 1 (P1)

Reinforcement of Human Resources, increase and easy the presential and telepharmacy schedule, adaptation of the facilities.

PHASE 2 (P2)

Advanced preparation of the medication, MHD, substitution of intravenous treatments by subcutaneous.

Implementation:

P1 activities began 2 weeks prior to the announcement of the State of Alarm (SoA, 16/03/2020) and then P2 began and continue for vulnerable patients.

The telepharmacy and MHD have been conducted at the patient’s request. Delivery routes and alternative urgent delivery systems were established.

Our project is currently underway in a proactive, selective and continuous way.

RESULTS

COMPARISON OF OVERALL ACTIVITY IN WEEKS 12-19

- Activity in 2020 has been 5,550 consultations (the estimated activity would have been 7,030 consultations)
- In-person activity in 2019 has been of 5,973 patients

Waiting times for in-person consultation have been reduced from an average of 5.2min/patient in the pre-alarm period to 3 minutes during the alarm (-42.3%).

Week 12 13 14 15 16 17 18 19
Distribution of MHD 30 131 232 190 168 155 115 115

In-person activity has decreased from 5,973 patients in 2019 to 4,414 in 2020 (-23.3%)

1,480 consultations (21% of the theoretical ones) have been omitted

CONCLUSIONS AND RELEVANCE

The experience gathered may apply to detect the areas of improvement, consultations should be made proactively and have tools to qualitatively analyze omitted activity, and have a system to account for tele assistance that has not resulted in dispensing medication or MHD.