
POSTER ABSTRACT

Effectiveness Of Care In An Isolate Health Area During The Covid 19 Pandemic

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Isolated Hospitals and healthcare areas are those located more than 1 hour from the referral hospital. Our objective is to present our intervention strategy and results in the management of the COVID 19 pandemic.

Insularity is a limiting factor for healthcare resources availability and health results. During the pandemic, insularity forced us to manage and adapt resources according to the evolving situation. We managed uncertainty during the COVID-19 pandemic taking the precautionary principle as the leading one, in order to minimize the impact of the pandemic on professionals and patients.

The Menorca Health Area has a population of 93,397 inhabitants, where the General Hospital Mateu Orfila, a second level hospital with approximately 150 beds, is the reference center for the island, and has a unified management with the whole Primary Health Care system of the island.

We present the analysis of health care activity for the period from March 2020 to February 2021. The first COVID-19 case was detected on March 7. A first implemented measure was to perform tests on symptomatic patients who required admission. The 14 days Cumulative Incidence (14dCI), raised to 60 per 100,000 inhabitants in April, but during this time we assume only about 10% of cases were diagnosed, as no tests were performed on asymptomatic or mild cases. From May 19th to June 17, the 14dCI was 0, increasing then until reaching a maximum of 182 by the 3rd of September, with an estimated detection rate of 80% of the cases. In January 2021, when virtually all cases were detected, we reached a maximum 14dCI of 543 decreasing since then down to the current 11.8 as of February 25, 2021. Since the beginning of the pandemic 53,000 SARS-COV2 PCRs have been performed with a total of 2,134 positives (February 15, 2021) and 32 deaths. The total number of infections among health personnel has been 60 professionals out of a total of 1,300 (post-Christmas 3rd wave).

The management of the pandemic in isolated hospitals requires adapted and more immediate decision-making. Our organizational strategy focused on individual protection equipment for the personnel and our own early detection strategy: initially for all patients admitted to the center since March 31, and gradually implementing Primary Health Care specific Coronavirus Care Units (UVAC) responsible for the diagnosis of all symptomatic cases, broad contacts search (initial PCR to all of them and a second PCR at 10 days to those negative in the first one), as well as follow-up of cases at home with clear referral criteria to hospital. This allowed to maintain incidence low in the island and to avoid an overload of the hospital, which could maintain a quite good level of non-covid related activity.

Geographical isolation forces the organization to manage itself based on their own resources as basically has to be self-sufficient. The strategy adopted has mostly allowed healthcare activity to be maintained at an acceptable level during the COVID 19 pandemic.

Isolated Healthcare Areas and hospitals share similar problems and they could improve performance learning from each other.