

PCS Recommendations for Healthcare System Planning for COVID-19

Philippine College of Surgeons

The Philippine College of Surgeons stands by President Duterte and the IATF in their efforts and commitment to mitigate the current COVID-19 outbreak in our country. Based on what we have seen in China and in Italy, COVID-19 can cause a nationally incapacitating epidemic in just a few weeks once sustained community transmission sets in. Sadly, we are now witnessing a rapid rise in COVID cases in the country, overwhelming many large Metro Manila hospitals. Due to the expected surge in cases, the risk of our healthcare system's capacity being exceeded in the coming weeks is high. In fact, this early on, the private hospitals seeing and treating COVID-19 patients reported an alarming increase in the number of nurses, medical residents, consultant staff and hospital employees either admitted or under mandatory quarantine. A significant number of them are in the ICU. Available beds and ICUs in these private hospitals are also now in full capacity and supplies of PPEs are dwindling fast. It should be noted that we have not even reached peak surge of cases at this point. Without immediate targeted action, our health care system will collapse.

To help lighten the increasing burden on our health care system, the PCS is strongly recommending the following measures to help increase capacity for managing COVID-19 cases during sustained community transmission without neglecting non-COVID-19 afflicted patients.

Decreasing Acute Burden on Healthcare Services:

1. Reinforcing the capacity to rapidly detect and diagnose cases by providing COVID test kits to all hospitals hence allowing all hospitals to identify and test PUIs and PUMs that come to their respective facilities.
2. Establishing dedicated COVID hospitals in strategic areas of Metro Manila and in all provinces is strongly advised to reduce areas of transmission and spread.

These COVID centers will in turn designate in-house facilities for severe and critical cases with sub-intensive and intensive needs. These areas should have ample critical care facilities (Personal Protective Equipment, Powered Air Purifying Respirators, Ventilators, Extracorporeal Membrane Oxygenators, etc.).

3. Creating separate facilities for mild cases should these patients need acute care.
4. Setting up quarantine centers:
 - Facility quarantine should be imposed and strictly implemented in the barangay level for Persons Under Investigation (PUI).
 - Repurpose buildings such as hostels/hotels, government-owned and controlled corporation buildings for mild and asymptomatic COVID-19 individuals to isolate them until they test negative. It is strongly advised that confirmed COVID-19 cases should be separated regardless of the severity of the disease until fully recovered. Self-quarantine for COVID-19 patients with mild symptoms was proven not effective in China.^{3,5}
 - Provide quarantine facilities for healthcare workers exposed to COVID-19.

This approach of designating dedicated COVID-19 hospitals will also help ease the demand for essential supplies such as PPEs and maintain a continuous pool of healthy healthcare workers by not allowing them to be exposed all at the same time if all hospitals will be considered as COVID hospitals.

Essential healthcare system services for non-COVID-19 patients should not suffer because of the additional demands brought about by treating COVID-19 cases. This can be best achieved by not burdening non-COVID-19 hospitals with taking care of COVID-19 patients and thus maintain their normal activities.

The non-COVID-19 hospitals can provide support to the COVID-designated centers by:

- a) taking care of their displaced non-COVID-19 patients;
 - b) temporarily sharing with them critical care equipment/devices;
 - c) providing additional healthcare manpower and specialists as the need arises;
 - d) donating equipment, supplies, cash
5. Decreasing the non-essential administrative workload for healthcare workers.
 6. Organize a well-coordinated network of all healthcare facilities including tele- conference and consultation.

The PCS is in solidarity with the Filipino Healthcare Workers in this crisis and will remain responsive to the call of the community.

References

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