International Journal of Progressive Sciences and Technologies (IJPSAT)
ISSN: 2509-0119.

http://ijpsat.ijsht-journals.org
Vol. 26 No. 1 April 2021, pp. 40-45

Covid-19 Appointments: Hospital Management for Patients

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Abstract – The deadly virus (covid-19) came as a shock to the world. It has left most of the world in a state of panic. During this time most of the world has decided that the best way for people to stay safe is to stay locked in their homes and only go out when absolutely necessary. Places like malls, schools, church and even the hospitals become a danger to people because of the spread of the COVID-19 virus. People still catch the flu and people still have cancer and so on and people need to go to the hospital. For people to do this they have to book appointments. In most countries, appointments are still done locally by going to the hospital which will be dangerous to the well-being of both the doctor and the patients in the hospital. This paper talks about an effective system for managing appointments during the COVID-19. With the help series of interviews through questionnaire and observation method of data collection this paper ascertains how covid-19 should be handled mostly by telehealth.

Keywords – Covid-19, Appointments, Management, Telehealth, Patients.

I. INTRODUCTION

Coronaviruses are a large family of RNA viruses that infect birds and many mammals including humans. These viruses cause illnesses that range from common cold to more severe respiratory diseases and rarely gastroenteritis. The entire world is confronting the COVID-19 pandemic which is otherwise called Covid. This influencing all areas of incredible country and one of the principle areas that has endured a significant shot is the medical care area of various countries. Envision going to a clinic for an arrangement and during this time and you seat alongside somebody who has COVID. What might be the final product of this case or envision a patient enduring side effect of Covid and needs to see a specialist does he simply ponder into an emergency clinic to look for clinical consideration putting the lives of different patients present in risk. These arrangements are not normal everyday arrangements they are a portion of these arrangements which are significant. Person-to-person transmission has been established between people who are in close contact with one another (within about 2 metres/6 feet), primarily via respiratory droplets. Droplet transmission occurs when respiratory droplets generated via coughing, sneezing or talking contact susceptible mucosal surfaces, such as the eyes, nose or mouth. Transmission may also occur indirectly via contact with contaminated fomites with hands and then mucosal surfaces.

Accordingly, the motivation behind this examination is to portray a compelling route for emergency clinics to deal with arrangements during the COVID-19 time in order to decrease the spread of the Covid pandemic.

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II. Ways Of Connecting Covid-19

Covids are a colossal gathering of contaminations that are standard in a couple of kinds of animals, including bats, camels, steers, and cats. Sometimes, animal Covids can pollute people and thereafter spread between people, as seen with Middle East Respiratory Syndrome (MERS)- CoV, Severe Acute Respiratory Syndrome (SARS)- CoV, and now with this new contamination (named SARS-CoV-2). The SARS-CoV-2 contamination is a beta Covid, like MERS-CoV and SARS-CoV. Every one of the three of these contaminations have their beginning stages in bats. Relative groupings between patients from U.S. besides, beginning patients in China most likely suggest a single, progressing ascent of this disease from an animal store. First thing, gigantic quantities of the patients at the point of convergence of the erupt in Wuhan, Hubei Province, China had some interface with a colossal fish and live animal market, proposing animal to-singular spread. A short time later, a creating number of patients apparently didn't have prologue to animal business sectors, showing individual to-singular spread. Individual to-singular spread was thusly definite outer Hubei and in countries outside China, Risk of Exposure is extended for:

1. People in places of reported, ongoing community spread of the virus that causes COVID-19, with the level of risk dependent on the location.
2. Healthcare workers caring for patients with COVID-19.
3. Close contacts of persons with COVID-19.
4. Travelers returning from affected international locations where community spread is occurring, with level of risk dependent on where they traveled.

2.1. Patient appointment procedures

These procedures is of two types: Pre-patient appointment and clinic appointment.

A. Pre-patient appointment

Patients ought to be evaluated for COVID-19 manifestations and any self-isolate prerequisites preceding participation at outpatient arrangements. Clinics should keep on after their nearby operational COVID-19 screening and IP&C rules. For patients who meet COVID-19 suspect or affirmed case models:

a. If clinically fitting and in fact conceivable, consider changing the patient to a telehealth/virtual arrangement utilizing an advanced wellbeing methodology for example phone, videoconferencing.

b. If an advanced wellbeing methodology isn't shown, rescheduling of the arrangement is suggested forthcoming a negative test outcome or after the 14-day disengagement period (if clinically fitting). In the event that this is unimaginable, proceed to the rules underneath.

B. Clinic appointment for patient

Patient administrations should proceed with set up COVID-19 screening measures when patients present for their arrangements. For instance, place signage at gathering inquiring as to whether they have manifestations, are anticipating COVID-19 test outcomes, have been abroad or highway over the most recent 14 days, or have been in contact with an individual with affirmed COVID-19 over the most recent 14 days.

a. If a patient requires clinical evaluation before move to COVID-19 testing center or Emergency Department, follow transmission-based safeguards and climate cleaning as laid out in COVID-19 Infection Prevention and Control in Western Australian Healthcare offices.

b. For patients who meet screening models, staff ought to give a veil to the patient to wear; and advise their administrator for additional guidance and follow-up.

c. Patients can be joined by a general who ought to likewise consent to IP&C models [1].

2.2. Review of related literature

This section, examines methods, strategies and approaches used by researchers on the pandemic (C0vid-19). Various approaches and guidelines have been used in management of Covid-19 and they can be seen below, we give a concise survey of research studies that have been conducted using these different approaches the pandemics.

In [2], proposed an operation plan to combat Covid-19 pandemic. The primary goal of the operation plan is to protect veterans and staff from acquiring Covid-19 infection by leveraging technology, communications as well as using dedicated staff and space t care for COVID -19 patients. The Department of Veterans Affairs (VA) will create a safe environment by implementing a system where one VA facility operates as two separate "zones" (Standard and COVID-19) for inpatient care. VA will provide most outpatient care for Veterans through telehealth services as appropriate. This approach minimizes the risk of infection, supports expansion to meet an increasing need for COVID-19 services, and provides Veterans in routine VA care consistent access to VA care. The plan includes strategies to address a large number of COVID-19 cases to include alternative sites of care for Veterans with COVID-19.

According to [3], issues an unprecedented array of temporary regulatory waivers and new rules to equip the American healthcare system with maximum flexibility to respond to the 2019 Novel Coronavirus (COVID-19) pandemic. Made possible by President Trump's recent emergency declaration and emergency rule making, these temporary changes will apply immediately across the entire U.S. healthcare system for the duration of the emergency declaration. The goals of these actions are to expand the healthcare system workforce by removing barriers for physicians, nurses, and other clinicians to be readily hired from the community or from other states; ensure that local hospitals and health systems have the capacity to handle a potential surge of COVID-19 patients through temporary expansion sites (also known as CMS Hospital Without Walls); increase access to telehealth in Medicare to ensure patients have access to physicians and other clinicians while keeping patients safe at home; expand in-place testing to allow for more testing at home or in community based settings; and put Patients Over Paperwork to give temporary relief from many paperwork, reporting and audit requirements so providers, health care facilities, Medicare Advantage and Part D plans, and States can focus on providing needed care to Medicare and Medicaid beneficiaries affected by COVID-19.

According to [4], states a multi-disciplinary guideline/approach with reference to the best information for maternity care for mothers and babies during covid-19 pandemic. This guideline is intended as a guide and provided for information purposes only. This guideline does not address all elements of standard practice and accepts that individual clinicians are responsible for:

Providing care within the context of locally available resources, expertise, and scope of practice, supporting consumer rights and informed decision making, including the right to decline intervention or ongoing management. Advising consumers of their choices in an environment that is culturally appropriate and which enables comfortable and confidential discussion. This includes the use of interpreter services where necessary, Ensuring informed consent is obtained prior to delivering care, Meeting all legislative requirements and professional standards, Applying standard precautions, and additional precautions as necessary, when delivering care, Documenting all care in accordance with mandatory and local requirements.

According to [5], proposed an effective response system at the primary health care and community levels. The National Primary Healthcare Development Agency in line with its mandate to provide technical and programmatic support to states on the development of Primary Healthcare in Nigeria deemed it necessary to set up Covid-19 command/operations Centers (CoCC) to coordinate the COVID 19 response activities of the Agency. The National Command Center shall be referred as NCoCC and domiciled in the NEOC, led by the NEOC IM and supported by DIM. The NCoCC shall have real time linkage with NCDC COVID19 EOC through the NPHCDA support team lead deployed to the NCDC and the Agency's support to Presidential Task Force on Covid-19. The strategic approach of the NCoCC shall be anchored on the following: Leadership coordination in liaison with FMoH, NCDC and Presidential Taskforce on COVID-19 and key partners towards effective control of the current COVID -19 outbreaks in Nigeria at the PHC and community level. Minimize the impact of the Covid-19 pandemic on PHC service provision and ensure the availability and adequacy of medicines, equipment and other essential commodities in the event of a surge in patient care needs, Leverage existing structures to strengthen surveillance and case detection of Covid-19 at PHC and community level, Development and implementation of a robust COVID-19 risk communication plan for PHC, Provision of capacity building and support to PHC staff on COVID-19 prevention and control.

Develop real-time situation report on the caseload of COVID-19 including number exposed, number tested and the outcome, among staff and their families and disseminate same to all staff platforms.

In [6] Appoints a management strategies during the pandemic (Covid-19). This report provides a system-wide assessment that can be used to guide medical facilities' efforts to ensure all patients with canceled appointments receive the follow-up required to meet their needs. VHA and its medical facilities took measures to protect patients and employees from COVID-19 by canceling scheduled non urgent face-to-face appointments. VHA issued its initial guidance to medical facilities for canceling appointments on March 15, 2020, and followed up with a series of memorandums that contained additional guidance or clarification. VHA created a monitoring tool for its appointment cancellation data that should allow it to identify and communicate specific issues to leaders and facilities. According to VHA's Office of Veterans Access to Care (OVAC) personnel, OVAC developed training and tools for facilities to manage appointments and consults during and following the pandemic. OVAC stated that facilities have been instructed to review all cancellations, and that each facility is responsible for executing follow-up actions based on its clinical review.

III. COVID-19 PREVENTION AND CONTROL

For a safe community's proper screening and legitimate IPC measures ought to be consolidated into all local area based medical services exercises [7]. Adherence to the utilization of standard insurances for all patients consistently ought to be reinforced, especially with respect to hand cleanliness, surface and natural cleaning and sterilization, and the proper utilization of PPE. Physical removing ought to be carried out however much as could be expected. Coordination's arranging, planning and inventory network and waste administration for PPE and hand cleanliness supplies should address the requirements of the local area based wellbeing labor force [8]. Possible deficiencies in PPE should be tended to proactively, and clear direction should be given on the most proficient method to adjust fundamental exercises and administrations without PPE.

The following is Coronavirus preventive safety measures:

1. Hand cleanliness: Always clean hands when direct tolerant contact, these incorporates purging hands either with a liquor based hand rub (if hands are not noticeably filthy) or with cleanser and water and drying them with a solitary use or clean towel, if accessible.

3.1 Tracking indications of follow-upto canceled appointments

During the pandemic, VHA tracked data on cancellations and whether the canceled appointments had any indication of follow-up. Specifically, VHA was tracking whether canceled appointments had indications that they were rescheduled, converted to a virtual appointment (telephone or video), linked to an open consult or return to clinic order, or associated with a recall reminder to schedule the appointment later.

3.2 Data collection

A questionnaire survey was used to collect the data. The people that the questionnaire was given to where people of medical background. It was divided into two parts. The first part entailing asking the people which they preferred or thought was the best methods for handling appointments during the COVID 19 pandemic which are of two types. That is the local method of going to the hospital and standing in line or booking of the appointments online. The second category of the questionnaire dealt with different appointment scenarios and how they should be dealt with they had the option of virtual appointments, opening up of medical centers specifically for the illness or coming to the hospital for appointments to receive treatment.

IV. RESULT FOR THE FIRST ANALYSIS OF THE QUESTIONNAIRE DATA COLLECTION

In this section the individuals where asked to choose based on these two options which was best for handling appointments during the COVID 19 pandemic faced in the world today. As I said before they were each given the option of traditional method of appointments which means going to the hospital to book appointments or online appointment as the name entails it means going booking your appointments online.

s/n	Names	Local method of appointment	Online appointment
1	COLLINS SMITH	No	Yes
2	Miss Sandra Rim	No	Yes
3	Dr. Vlad PAUL	No	Yes
4	TAOUFIK AHMED	No	Yes
5	CLINTON BUSH	No	Yes

6	OBAMA STANLEY	No	Yes
7	CYRIL CHARLES	No	Yes

The result above table shows that 100% of the individuals given the questionnaire where in agreement with online appointments being the best form of appointments during the COVID 19 pandemic.

4.1 Result fot the observation of data collection carried out.

Over the range of my examination I tracked down that most crisis facilities abroad use telehealth as an approach to defend social eliminating as prosperity work power manage patients. They do this using telemedicine care. As such, things like video conferencing plans or virtual courses of action are been used and arrangements are been given to patients on the web. I moreover found from my investigation that in-person care where used to manage certain cases yet a huge load of protections were taken in other to ensure the prosperity of the prosperity work power and patient. Center plans where just used various emergencies and in disapproving out courses of action which required the clinical facility's clinical office. Interesting center where by and large set up of things like testing and dental game plans. While game plans like treatment where done using telemedicine besides.

V. Results And Discussion

My research reveals that based on the COVID 19 pandemic that the local method of reserving appointments is not the best way of handling appointments because it removes the whole idea of social distancing and causing wider spread of the virus. Rather it shows that my using methods such as telemedicine, in-person care it can help reduce the spread of this know global pandemic.

The COVID 19 pandemic according to research is probably going to be around for two years or more and people will still experience other illnesses during this period so the best way of handling these appointments is to use telehealth to our advantage. Health care centers should apply online techniques in handling their appointments. A hospital with a high patient rate and the best way to handle their appointments is by using telehealth. Social networking is made possible with the health of computer science it should be adopted into the medical system and used in combating the spread of coronavirus.

VI. Conclusion

During the COVID 19 pandemic handling appointments using the local means is challenging and will create problems than the ones it has solved. So, the best way to handle appointments are from a distance unless it requires more attention than normal this will help stop the spread of coronavirus. I believe telehealth is the best way for the Niger foundation hospital to handle appointment during the COVID 19 pandemic.

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