Evaluation of the Action plan Implemented by the Medical Service of a Referral Unit in Oncology Palliative Care because of the COVID-19 Pandemic

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Avaliação do Plano de Ação Implementado pelo Serviço Médico de uma Unidade de Referência em Cuidados Paliativos Oncológicos frente à Pandemia de Covid-19

Evaluación del Plan de Acción Implementado por el Servicio Médico de una Unidad de Referencia en Cuidados Paliativos de Oncología ante la Pandemia de Covid-19

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INTRODUCTION

Innumerous were the impacts the coronavirus disease 2019 – COVID-19 brought to health services and users. On one side, the required adjustments to meet COVID-19 suspected cases safely and, additionally, the necessity to continue providing care to the patients and their demands[1]. This motivated the specialized Medical Service of the Palliative Care of the Cancer Hospital (HC IV) of the National Cancer Institute José Alencar Gomes da Silva, a national reference in oncologic palliative care[2] to devise and implement an action plan to cope with the COVID-19 pandemic.

The team's initial expectative, motivated by news from other countries, was a war scenario, with crowded hospitals, unable to meet other than COVID-19 demands. The team stepped up, reinvented and adjusted itself for the initial expectative to fail.

DEVELOPMENT

It is imperative the formal evaluation of this action plan. A subjective initial analysis added with objective descriptive data of the three first months (April to June 2020) was performed and more detailed information will ensue.

The Service counts with 19 physicians, eight of them contracted confirmed COVID-19. One of the initial fears was the simultaneous leave of several healthcare providers, which did not occur, favoring the unfolding of the defined strategy.

The first patient of the severe acute respiratory syndrome coronavirus 2 – Sars-Co-2 was hospitalized at the unit on April 1st, 2020 transferred from another INCA unit. At the time, the plan has already been disclosed internally and the entire team had already been trained.

In terms of medical team, the unit caring process more impacted in the period was the Prompt Care Unit (PCU). As it received the spontaneous and unpredictable demand, several adjustments in the initial proposal were made throughout time. The flowchart with conduct guidelines was modified as new technical knowledge were discovered.

The PCU conducted 647 medical visits in the period studied. Of these, 327 (50.1%) needed hospitalization, 69 for suspected COVID-19. The proportion of hospitalization after reception at the PCU was 49% in January 2020.

Identify the suspected infection cases and asymptomatic carriers (patients and family) was paramount before they entered the premises, avoiding intra-hospital virus spread. Pre-screening to identify clinical or epidemiologic suspicion still out of the premises was established. It was assigned an isolation room to receive these patients. At the same place, primary care was provided or wait for occasional hospitalization.

Simultaneously with the concern of COVID-19 intra-hospital spread, there was the watchful care for the consequences of a hospitalization deemed suspected for the patient and relatives. Based in the national and international literature and governmental guidelines[3-6], criteria to define suspected cases specific for the population cared at the unit were defined: contact the suspected or confirmed case for at least 14 days and/or fever without defined focus and/or respiratory symptoms unexplained by the oncologic disease and/or flu-like

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syndrome suggestive of COVID-19 and/or suggestive radiologic imaging.

An initial analysis was conducted with all the patients hospitalized at the PCU between April 1st and June 30th, 2020. The patients who met the suspicion criteria were submitted to nasal and oropharyngeal swab collection to investigate Sars-CoV-2 by Reverse Transcription – Polymerase Chain Reaction (RT-PCR). Positive result of RT-PCR was the criteria utilized as golden-standard to define COVID-19 case. Cases diagnosed in up to ten days after hospitalization were considered false-positive. The accuracy of this criteria was 88%.

The hospitalization sector (HS) for suspected or confirmed COVID-19 patients needed to reinvent itself as well. In a unit where the presence of a companion is stimulated and valuable in many aspects, to deal with companions of COVID-19 patients in a scenario of visits restrictions and absence of companions was challenging. The communication and reception of relatives were strongly supported by the psychology team. Between April 1st and June 30th, 2020 134 suspected patients were hospitalized and nasal and oropharyngeal swab were collected. Another four collected as pre-operatory. Of these, 81 had positive RT-PCR for Sars-CoV-2, 49 negative and eight were undetermined.

Analyzing the 81 confirmed cases, the period with great number of cases was between April 16th and May 31st, 2020, reaching 64 (79%) of the cases. 34 (42%) patients were referred from another hospital unit of the Institute, 33 (41%) from the PCU, two (2%) from the outpatient and 12 (15%) were admitted with no COVID-19 suspicion and presented suggestive clinical condition during the hospitalization at the unit. The time between the beginning of the symptoms and admission at HS ranged from zero to 29 days, median of three days. The hospitalization prolonged from zero to 69 days, median of six days. In relation to the outcome, 69 (85%) died and 12 (15%) were discharged. The mean mortality at the HS in 2019 was 64%.

The subgroup whose symptoms onset during the hospitalization stands out since they were assigned to a non-COVID-19 area. Of these 12 patients, six initiated the symptoms in up to six days[7] after admission – it may have been screen failure; two had been recently transferred from another unit with no signs of suspicion and four, the symptoms began after eight days of hospitalization that probably are the nosocomial case. The protocol of the Hospital Infection Control Committee for nosocomial cases was followed.

The outpatient medical team performed 643 tele-consultations and 550 in-person consultations in the period. And among the patients followed up in home care, 109 medical in-person consultations and 189 tele-consultations were completed. The subjective evaluation of tele-consultations was positive, symptoms apparently controlled in an efficient manner.

CONCLUSION

Amidst doubts and uncertainties, the service reorganized itself and was able to perform the work appropriately and three great legacies were left by the pandemic: tele-medicine, communication and strengthening. The possibility of benefitting from tele-medicine was a strong ally to control the symptoms systematically and safely. The steady communication among the professionals, especially in the consultation processes was essential for the success of the plan devised – both for COVID-19 cases or cancer symptoms. The team came through strong and united after "changing a tire while driving" as the popular saying goes.

CONTRIBUTIONS

Simone Garruth dos Santos Machado Sampaio participated of the conception and wording of the manuscript. Andrea Marins Dias and Renata de Freitas participated of the conception with intellectual contribution. All the authors approved the final version published.

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DECLARATION OF CONFLICT OF INTERESTS

There is no conflict of interests to declare.

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