

Many of the changes in healthcare adopted during the COVID-19 crisis will result in more productive healthcare services and better patient outcomes – something much needed in many health systems globally. Here's what the IHF 'Beyond COVID-19' Task Force identified as some potential areas for transformation to meet key healthcare delivery and access challenges faced by hospitals during the coronavirus pandemic.

HEALTHCARE DELIVERY AND ACCESS



BACK TO A 'NORMAL SERVICE'

Back to a 'normal service'

To free-up capacity during the crisis, many hospitals delayed non-urgent elective procedures. Health systems need to address this backlog efficiently and systematically – for example prioritising by clinical need, not just wait time, and planning for increased demand in specific areas (such as mental health and cancer treatment). Using civil society groups to provide care in the community could help minimise numbers of people re-entering the hospital.

Managing the backlog of non-urgent treatment and care

Management of non-urgent care backlog will require hospitals to adopt new approaches to service delivery. Such approaches could include grouping together patients from multiple hospitals who require similar treatment, developing streamlined clinical protocols and adopting a seven-day work week to hold elective care surgery over the weekend.



NEW OR ADAPTED MODELS OF CARE

Mainstreaming of telehealth and telemedicine

Due to measures of social distancing and infection control procedures, many hospitals have sharply increased their use of telehealth to manage patients' needs. For example:

- Remote monitoring for patients with chronic conditions, using wearable health devices or mobile apps.
- Implementing an e-intensive care unit, whereby critical care patients are put on 24-hour electronic intensive care surveillance and monitored by an external team.

Adoption of interdisciplinary wards as 'standard'

To maximise treatment capacity for coronavirus patients, many hospitals have merged departments (i.e. ENT, gynaecology, urology, general surgery) into larger interdisciplinary wards (so merging surgical disciplines and clinical staff).

From silo-working to integrated care

The speed and scale of the response required by the pandemic has highlighted how existing fragmentation in health systems impairs its ability to respond effectively to people's care needs. Integrating clinical care with social services, housing, and other non-clinical services, offers patients an integrated support package.



ACCESSING HEALTHCARE SERVICES

Segmentation of patients before arrival to the hospital

To minimise the spread of infection models of remote triage can be employed. Patients can be assessed at home by phone or virtual consultation before being to hospital for treatment - reducing the need for people to visit A&E and thus reducing the risk to staff and other patients in the hospital.

Moving toward inclusive access

The pandemic has taken an uneven toll on different population groups, exacerbating existing health inequalities. For vulnerable groups of people or those living in rural areas, hospitals can mitigate for physical barriers to healthcare access through the application of digital technology (i.e. virtual consultations via video streaming).



FUTURE-PROOFING THE HOSPITAL

Minimise barriers to providing non-Covid-19 care

Hospitals will need to manage the indirect impact on people with acute conditions not related to COVID-19. For example, ensuring patients' repeat prescriptions can be refilled through automated delivery services.

Critical care surges

It is important for hospitals to track admissions data over time, to understand what impact this has had on capacity for both COVID-19 and non-COVID-19 activity. Identifying how much capacity a hospital or healthcare organisation could mobilise in a time of crisis will be of great value for responding to future unexpected healthcare situations.

Business continuity

To manage future waves of the pandemic, it will be necessary for hospitals to identify critical functions and services which need to continue and put in place measures to keep these running (for example, 'essential and urgent' cancer treatment).