

The impact of the COVID-19 disease on the referral and admission of the non-COVID-19 patients

The sudden and global outbreak of the COVID-19 disease has concerned many people and threatened the lives of infected people, families, friends and society because of its possible effects.¹ The potential of healthcare units can be quickly eliminated even in the most developed countries because of a rapid increase in the number of infections. Most importantly, there are therapeutic options for these patients that make problems for the various dimensions of the healthcare system.² The most important concern of the managers and medical team is to support for the COVID-19 patients and then those who are at risk for the coronavirus during the outbreak. Some critically ill patients need special attention, but the current conditions and the effects of coronavirus disease have made caring condition challenging. Irresponsible behaviour, inequality in the admission and treatment of patients due to the COVID-19 epidemic can affect the prioritisation and admission of patients and cause problems and difficulties for many patients. These conditions can affect patients' nonreferral and nonadmission leading to some problems for them. The prevalence of COVID-19 has significantly reduced the hospital admissions and referrals.

A study was conducted on Austrian patients with acute coronary syndrome (ACS) during the prevalence of COVID-19. The study showed the low rate of the ACS patients admitted to the hospital, which can be associated with a significant increase in the infarction complications and mortality.³ Another study in Italy on the prevalence of COVID-19 disease has shown a significant increase in the mortality of ACS patients. Some ACS patients might have died during the COVID-19 epidemic without seeking medical care.⁴ Studies have focused on medical care and admission of other patients during the COVID-19 outbreak, including diabetics,⁵ patients with heart failure,⁶ chronic liver disease⁷ and cancer patients due to the need for chemotherapy.⁸ These patients require medical care regardless of the COVID-19 reasons and must be admitted in the non-COVID-19 hospitals.

Although the rate of referral and admission of the non-COVID-19 patients has not been investigated, it seems that the prevalence of COVID-19 disease has significantly affected the referral and admission of the non-COVID-19 patients. Health measures against the COVID-19, such as self-isolation and quarantine, are among factors that have inadvertently affected integrated healthcare systems. Governments, including the United States, have also made extensive recommendations for staying at home as a means of reducing the prevalence of infection,⁶ which has made the referral and admission of the non-COVID-19 patients problematic. In addition, the fear of being infected in a medical centre and the instructions given for staying at home may prevent patients' referrals and admissions.

The COVID-19 disease epidemic also requires an unconventional allocation of healthcare resources, which may adversely affect the admission and medical care of the non-COVID-19 patients with special conditions. It is helpful to establish rehabilitation centres and private wards for the treatment of non-COVID-19 patients and specialised disease information centres for immediate counselling. Other solutions for correct admission and referral of the patients include prioritising outpatients, promoting telemedicine in an outpatient setting, preventing the coronavirus-related generalised anxiety in patients and healthcare providers and maintaining standard care for patients in need of emergency care.⁷ The use of synchronous audio/video interactions, also known as Virtual Visits,⁶ is another

measure. Training is very important to reduce patients' fear of referral and treatment and to correct misconceptions and views about the coronavirus disease. Psychological dimensions in patients and, if necessary, the use of psychiatric interventions are other issues that should be considered.

Managers need to consider crises and manage epidemics in strategic planning. Managers must consider the healthcare infrastructure and wise investment to deal with crises. They also should plan for home healthcare and innovations to provide outpatient services.²

Rapid and sudden changes, such as the COVID-19 epidemic, can affect the admission of the non-COVID-19 patients and lead to unintended challenges for managers and the healthcare system of countries due to changes in treatment priorities. Although the healthcare system is currently focussing on the COVID-19 disease, failure to pay attention to the condition of the non-COVID-19 patients who need to be admitted can lead to acute complications and problems for these patients and the society.

AUTHOR CONTRIBUTIONS

Mohammad Ali Zakeri devised the study and wrote the first draft. Mahlagha Dehghan and Mohammad Ali Zakeri edited and revised the manuscript. Mahlagha Dehghan provided useful information. Mahlagha Dehghan and Mohammad Ali Zakeri reviewed and endorsed the final submission.

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