

## Quality Assessment of the Management of Confirmed COVID-19 Cases

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### ABSTRACT

**Introduction:** Health Center of Varis (H.C.V.) from 1/10/2020 has become a COVID 19 clinic. PCR tests were taken and were sent for examination to the microbiological laboratory of the University Hospital ATTIKON. All PCRs were registered at the national COVID 19 registry. The aim of this project is to evaluate the management of COVID 19 + cases in HCV.

**Materials and Methods:** In order to evaluate the way that COVID 19 cases, were managed by health care professionals(H.C.P), of Health Center of Vari (HCV), will be used the national COVID 19 registry. We will use the data as these are recorded, from 1/10/2020 to 15/01/2022. Based on this registry a week report for covid 19 positive tests was sent to health authority. The week positiveness will be calculated for the same time. Data were processed with EXCELL 2007.

#### Results: A. 1/10/2020-27/6/2021

1. Type of Hospitality: Of the total 542 positive cases, 486 (90%), did not require hospitalization but remained at home, 52(9%), required hospitalization at home, and 4(1%), were unclear.
2. Disease Outcome: Of the total of 542 positive cases, 3(1%) ended up, 203(37%) were cured and 305(62%) are still recorded as active cases

#### B. 30/6/2021-15/1/2022

1. **Type of Hospitality:** Of the total 920 positive cases, 920 (100%), did not require hospitalization but remained at home. None of them 0(0%), required hospitalization, and none of them 0(0%), were unclear.
2. **Disease Outcome:** Of the total of 920 positive cases, 0(0%) ended up, 40(56%) were cured and 515(44%) are still recorded as active cases. The peak of the 2nd curve took place in the week of 16-22/11/2020, of the 3rd curve in the week from 29/3-4/4/2021 and the peak of the 4th curve in the period in the week from 23/12/2020-1/1/2021.

### Conclusion

E-recording of the data of the patients seen at an outpatient clinic of HCV was necessary in order quality assessment and assurance at the period of Covid 19 Pandemic to be achieved.

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## Introduction

Clinical audit is often synonymous with quality assessment and quality assurance. The term quality assessment describes the control and evaluation of health care, compared to predetermined specifications. The term quality assurance requires actions to be taken regarding deficiencies identified by the quality assessment. Therefore, quality assurance helps health professionals identify any existing weaknesses in their daily practice [1].

As part of the strategic analysis, HCV, conducted the following: SWOT, PEST, and 7s analyses. Then, in collaboration with the staff of HCV, internal operating regulations were recommended. In parallel and following the corresponding instructions of the administration, an internal infection regulation (IIR) was recommended. In the period of the pandemic, the IIR was updated in order for health professionals to be able to respond to the continuous circulars of the Ministry of Health.

H. C.V. from 1/10/2020 has become a COVID 19 clinic [2]. PCR tests were taken and were sent for examination to the microbiological laboratory of the University Hospital ATTIKON. All PCRs were registered at the national COVID 19 registry. Positive patients were registered at a separate file, in order to be followed up by telephone.

I. In the present evaluation effort, a comparison will be made with what is mentioned in the national COVID 19 protocol.

The aim of this project is to evaluate whether the management of COVID-19 cases has been effective in the HCV and according to the proposed National covid 19 registry.

## Materials and Methods

The national COVID 19 registry is a valuable tool in our effort to evaluate the way of management of COVID 19 cases, by H.C.V. health professionals. It will be used to make a first evaluation of the way the covid 19 patients were managed in HCV. We will use the data of the disease as recorded in COVID 19 from 30/06/2021 to 15/01/2022. Based on this registry a week report for covid 19 positive tests was sent to health authority. The week positiveness will be calculated for the same time. Data were processed with EXCELL 2007.

## Results/Observations

Table 1 shows the outcome of the disease for the period 1/10/20-27/6/21. Table 2 shows the outcome of the disease for the period 30/6/21-15/1/21.

Chart 1 shows the COVID 19 positiveness rate for the period 1/10/20-17/1/21. Chart 2 shows the positiveness index in the period 19/1/21-27/6/21. Chart 3 shows the positiveness index in the period 30/6/21-15/1/22.

### A. 1/10/20-27/6/21

#### Type of Hospitality

Of the total of 542 positive cases, 486 (90%), did not require hospitalization but remained at home, 52(9%), required hospitalization at home, and 4(1%), were unclear.

## 2. Disease Outcome

Of the total of 542 positive cases, 3(1%) ended up, 203(37%) were cured and 305(62%) are still recorded as active cases.

### B. 30/6/21-15/1/21

#### 1. Disease Outcome

Of the total of 920 positive cases, 920 (100%), did not require hospitalization but remained at home. None of them 0(0%), required hospitalization, and none of them 0(0%), were unclear.

## 2. Type of Hospitality

Of the total of 920 positive cases, none of them 0(0%), ended up. 515(56%) were cured and 405(44%) are still recorded as active cases.

The long-term recording of positive cases of Covid 19 in HC of Vari from 1/10/2020-15/1/2022. corresponds to the corresponding national records.

The peak of positive cases of the 2nd curve took place in the week of 16-22/11/2020 and the price was 16,44%, of the 3rd curve in the week from 29/3-4/4/2021 and the price was 15,5% and the peak of the 4th curve in the period in the week 23 which is from 23/12/2021-1/1/2022 and the price was 4,2%.

## Discussion

Improving quality in primary health care is an interested point who concerns primary health care providers and their administration.

The assessment of the effectiveness of care services can be examined through activities measuring the infrastructures (structures), the process of care (process of care), and the outcomes of care (outcome of care) [3]. This work concerns the second category which concerns the measurement of processes in care.

Effectiveness can be defined as the degree or extent to which the objectives or benefits set for the population have been achieved, under specific conditions in which they are implemented. Among the methods for assessing clinical effectiveness are medical or clinical audit and quality assurance.

Medical and clinical audit is a systematic analysis of all sources relevant to health care and mainly patient records (electronic and non-electronic), death certificates, etc. Patient diagnoses, procedures followed, decisions made, drugs prescribed are reviewed and compared to standards that should have been predetermined and distributed to health care providers [4]. In this work, the standards chosen for the measurement were the above mentioned fields in the National Covid 19 registry, which health professionals were required to fill out.

3(1%) managed by HCV from 1/10/20-27/6/21 ended up. Of the remaining cases, of this period a large proportion of 305(62%) are rated 'active cases'. None of the positive incidents managed by HCV from 30/6/2021-15/1/2022 ended up. Of the remaining cases of this period, a large proportion of 405(44%) are rated 'active cases'. This means that telephone communication with positive incidents has not been completed, for both periods of Covid 19 pandemic and more at the 1st period of pandemic.

A second point of discussion which comes out from this project is the future of Covid 19 pandemic in Greece and Europe, at the time of this study.

In the 1st period of our study, of the total 542 positive cases, 3(1%) ended up. In the 2nd period of our study 920(100%) of positive patients had symptoms of mild-moderate severity and none of them required hospitalization in the hospital. The prize of the 4th wave was 4,2% and the prize of 3rd and 2nd wave of Covid 19 pandemic were 15,5% and 16,44%. These findings show the decrease in the mortality rate of the virus, and therefore the

recession of the pandemic. This, as is known, was confirmed by the subsequent course of the pandemic.

In Greece, there is no E-recording of the details of patients who are examined in the emergency clinic (EC) of public or private primary health care units. This recording significantly helps in the effort to improve the quality of health services provided in primary health care (PHC), in addition with the recording of the positiveness of seasonal viral infections per PHC unit. This recording is done at national level, based on PHC units, which are selected. The recording at local level helps the PHC units to monitor the outbreaks at the local level which also reflects the picture at the national level. The recording of the positiveness, must be done in addition to the assessment of the way of management of the incidents examined in the emergency clinic, in order to improve quality of care.

A similar study has been done in H.V.Varis for the mycobacterial infection index (MDI). It concerns the variation of the MDI. in the area of responsibility of H.C. Varis from 1990 to 2005 [5].

**Conclusion**

**A.1/10/2020-27/6/2021**

**Type Of Hospitality:** A high proportion of cases of mild-moderate severity of positive cases, didn't end up in the hospital, but experienced the large psychological burden which is the result of 10 days of quarantine for themselves and 15 days for the environment concerned. It also highlights the heavy burden that health professionals were taking on in dealing with these incidents.

**Deseaseoutcome:** 1% of positive incidents managed by HCV from 1/10/2020 to 29/6/2021 ended up. Of the remaining cases, a large proportion of 62% are rated 'active cases'. This means that telephone communication with positive incidents has not been completed.

**B.30/6/2021-15/1/2022.**

**Type of Hospitality**

(100%) of positive patients had symptoms of mild-moderate severity and did not require hospitalization in the hospital. These findings compared with those of 3rd and 2nd wave of Covid 19 pandemic shows that 4th wave have less requires for hospitalization and deaths.

**Deseaseoutcome**

None of the positive incidents managed by HCV from 30/6/2021-15/1/2022 ended up. Of the remaining cases, a large proportion of 44% are rated 'active cases'. This means that telephone communication with positive incidents has not been completed. The long-term recording of positive cases of Covid 19 in HC of Vari from1/10/2020-15/1/2022. corresponds to the corresponding national records.

E-recording of the data of the patients seen at an outpatient clinic of HCV was necessary in order quality assessment and assurance at the period of Covid 19 Pandemic to be achieved.

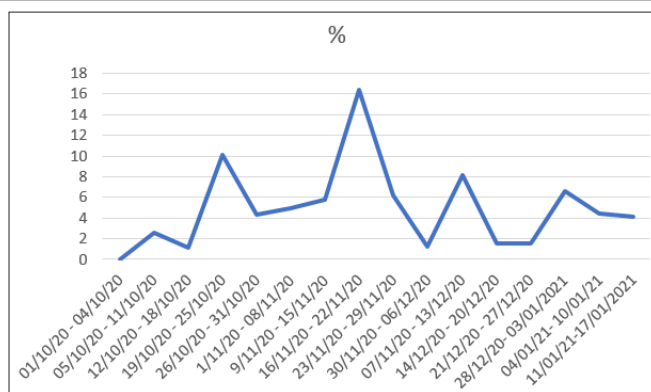
**Tables**

**Table 1**

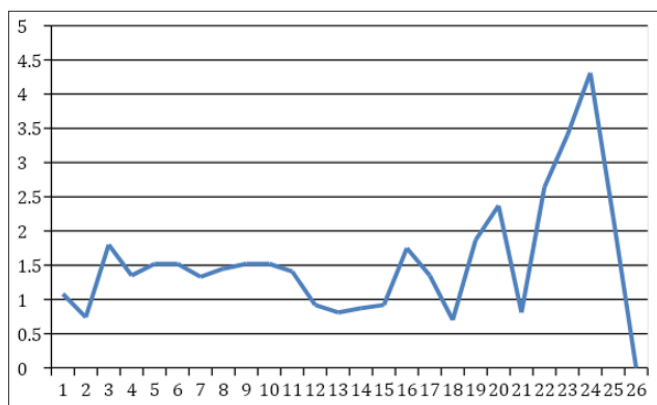
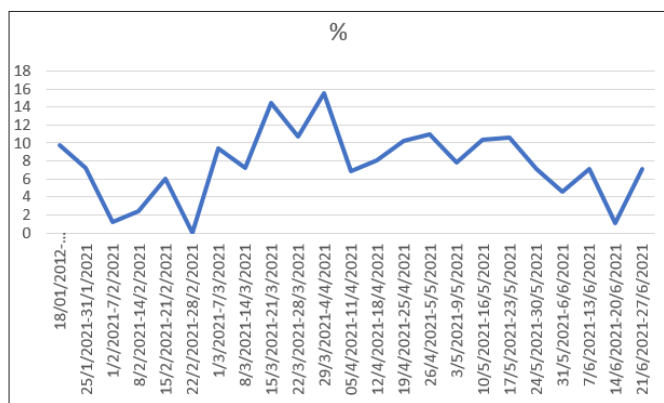
1/10/20-29/6/2021		
CONFIRMED CASES COVID 19	542	%
<b>DISEASE OUTCOME</b>		
ACTIVE CASE	305	62
HEALING	203	37
DEATH	3	1
OTHER INFECTION	0	0
TOTAL	542	
<b>TYPE OF HOSPITALITY</b>		
AT HOME	486	90
HOSPITAL CARE	52	9
UNDIFINED	4	1

**Table 2**

30/6-15/1/2022		
CONFIRMED CASES COVID 19	920	%
<b>DISEASE OUTCOME</b>		
ACTIVE CASE	515	43,98
HEALING	405	56,02
DEATH	0	0
OTHER INFECTION	0	0
TOTAL	920	
<b>TYPE OF HOSPITALITY</b>		
AT HOME	920	100
HOSPITAL CARE	0	0
UNDIFINED	0	
TOTAL	920	



**Figure 1**



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