



THE EFFECTIVENESS OF PROMOTING THE CONSTRUCTION OF THE QUARANTINE PROJECT FOR ADMISSION AND TREATMENT PROCESS—TAKING THE ENHANCED VERSION OF THE CENTRALIZED QUARANTINE FIELDS IN TAIWAN AS AN EXAMPLE

Cheng, Han-Ching* ^{1,3}, CHUANG YU-MIN ^{2,3}, WANG HSUEH-YI ^{1,3}, SHIH LING-NA^{1,3}

1 Nursing department , 2 Medical department, 3 Lo-Sheng sanatorium and hospitals, Ministry of Health and Welfare, Taipei , Taiwan

ISQUA2023-ABS-2475

INTRODUCTION

Under the impact of the raging COVID-19 epidemic, in order to avoid the collapse of the domestic medical system and alleviate the crisis of insufficient capacity for medical care, diagnosed patients are diverted, and an enhanced version of the centralized quarantine fields is actively established according to the continuously rolling adjustment of national policies. In response to the epidemic, starting from material preparation and traffic flow planning, the initial implementation is set to accept diagnosed patients within 72 hours. The established team members are composed of logistics, security and medical team.

AIM

In response to the epidemic, starting from material preparation and traffic flow planning, the initial implementation is set to accept diagnosed patients within 72 hours.

RESULTS

According to the statistical data from April to December 2022, we have treated 2,233 positive cases, where the evacuation rate was 0.3% (7 case), the mortality rate was 0%.

In addition, a total of 4,315 persons were tested for Covid-19, the time of sampling process needed 10~12 minutes per person.

After simplifying the process, such as orderly paging each case, providing inspection instructions in advance, and establishing a new Informatization process, the time of sampling process was reduced to 4~6 minutes per person.

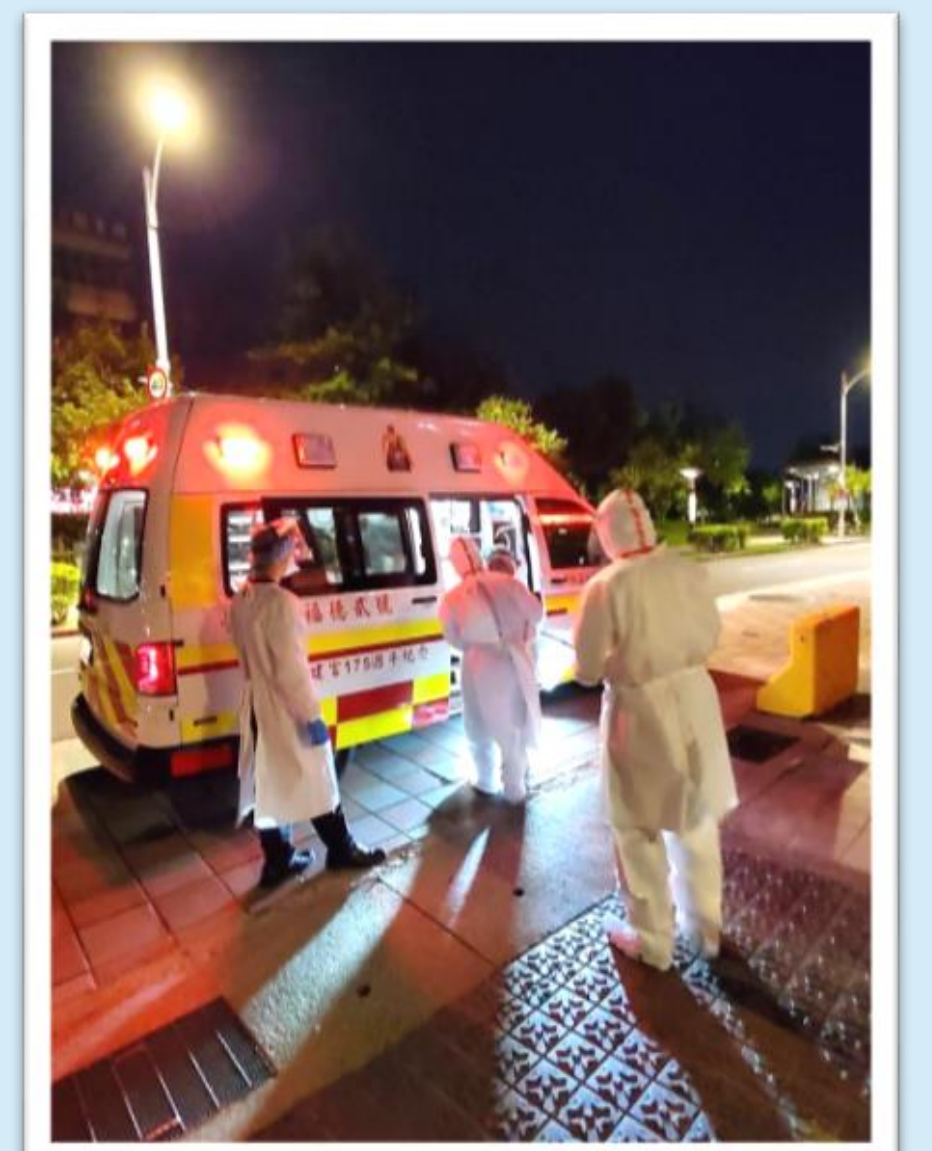
The statistical analysis of these samples showed that the negative rate after 2 days was 10.88%(243 cases) and the negative rate after 5 days was 12.36%(276 cases). Besides, the reinfection rate was 0% and the cluster infection rate was 0%.

Keywords: COVID-19, Negative sample's rate, Quarantine Center

Setting up seed teachers guide personnel and inspect the correctness of the implementation operations. ↓



By way of telemedicine to provide medical service for remote residents so that they may receive antiviral or symptom-relieving medicines in time to relieve or treat uncomfortable symptoms. →



METHOD

1. The total number of rooms is 111 rooms, and the average number of cases admitted per month is 279. They are mainly positive confirmed cases.
2. Starting from April 1, 2022, the collected statistical data ended on December 31, 2022. Daily strain logs were collected, and analyzed with descriptive statistics.
3. Implementation
 - (1) On April 1, 2022, the personnel of each group was briefed to illustrate the whole procedures: check-in, check-out, inspection, clearance, evacuation and traffic flow.
 - (2) On-the-spot demonstrations of putting on and taking off protective equipments, environmental cleaning and other related educational drills to enhance the correctness of operating procedures.
 - (3) Using communication software to immediately exchange information and provide feedbacks to team members' suggestions to make team communication transparent and barrier-free.
 - (4) Setting up seed teachers guide personnel and inspect the correctness of the implementation operations.
 - (5) After each batch of residents moved in, collecting the feedbacks on the admission process and traffic flow.
 - (6) By way of telemedicine to provide medical service for remote residents so that they may receive antiviral or symptom-relieving medicines in time to relieve or treat uncomfortable symptoms.
 - (7) Performing satisfaction survey and suggestion discussion after the implementation of the admission process.

CONCLUSIONS

A model for epidemic prevention was established in the quarantine station to provide telemedicine service and appropriate medicines in advance. During the progress of implementation, the feedbacks from the team members were inspected immediately through the communication platform and corresponding countermeasures were developed to protect medical personnel and reduce exposure of them in the high-risk environment. Through sharing the experience in this quarantine project, we hope to provide preparations for the construction of epidemic prevention in the future and furthermore reduce the medical burden in our medical system.

ACKNOWLEDGEMENT

Thanks to all the partners who work in Shi-Lin and Song-Shan Quarantine Stations in Taiwan



CONTACT INFORMATION

Helen66003@gmail.com