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Response to COVID-19 Outbreak in a Spine-Specialty Korean Medicine Training Hospital: A Short Report

Me-riong Kim[1], Young Suk Yoon[1], Hye Jin Seo[1], Alka Gupta[2] and Ji Yun Shin[1]*

[1]*Jaseng Medical Academy, Jaseng Hospital of Korean Medicine, Seoul, Seoul, South Korea*
[2]*Integrative Health and Wellbeing, Weill Cornell Medicine, New York, New York, United States of America*

Abstract

Objective: The purpose of this paper is to report the potential challenges posed during the coronavirus pandemic in a Korean medicine hospital and reports its response strategy to prevent and lower the risk of spreading COVID-19.

Methods: This paper reports the main features of the response to COVID-19 implemented at a Korean medicine hospital located in the Gangnam district of metropolitan Seoul, South Korea.

Results: This paper provides information on how an integrative Korean medicine hospital handled the challenges it faced during the COVID-19 pandemic; including the mitigation of COVID-19 without reducing the number of treatments and admission, holding wide implications for other medical specialties of comparable circumstances in use of traditional medicine and manual medicine.

Conclusion: In this report, challenges posed during the COVID-19 pandemic at a Korean medicine hospital in the Gangnam district of metropolitan Seoul, South Korea, are reported. The response strategy to prevent and lower the risk of spreading COVID-19 whilst maintaining steady provision of treatments and patient admissions is included. This report may be beneficial for other medical institutions as a reference in implementing mitigation procedures during COVID-19.

Keywords: COVID-19; Pandemic; Response; Korean medicine hospital; Infection control

Introduction

The coronavirus disease 2019 (COVID-19) pandemic has presented with emergent challenges across the globe affecting all professions including the healthcare sector, and hospital operation and management are continuously being reshaped to adapt to the new threat and reduce spread [1].

The pandemic has placed additional demands on a spine-speciality Korean medicine training hospital in the Gangnam district of metropolitan Seoul, South Korea, where the hospital collectively treats over 900,000 spinal and joint disorder cases per year with integrative Korean medicine programs including acupuncture, Chuna manual medicine, herbal medicine, and pharmacopuncture [2]. These treatment modalities require close contact between the physician and patient and longer treatment duration compared with conventional medicine treatments, which pose a higher risk of transmission. Staff at various Korean hospitals have made multidisciplinary efforts to continue to provide optimal and safe treatment to patients through swift preparation and action [3].The objective of this paper is to report the potential challenges posed during the pandemic in this specialized setting and report its response strategy to prevent and lower the risk of COVID-19 spread to be of reference to other complementary and alternative medicine (CAM) institutions as the challenges posed by COVID-19 on traditional medicine are uniquely different from Western counterparts.

Procedures during outpatient clinic visits

Triage of patients and visitors: Outpatient and visitors' access were categorized into three groups: high priority risk; priority risk; and potential risk groups (with no travel history). These categories were initially divided into four groups in March 2020 when COVID-19 spread was at its peak in Korea; the triage was subsequently simplified to 3 groups on 9th May 2020 as the epidemic curve flattened [4]. The criteria for each group were automatically updated to reflect the Ministry of Health and Welfare guidelines. Hospital access was prohibited for the highest-priority risk group, whilst the two other groups (priority risk and potential risk groups) were permitted with respective restricted access.

The highest-priority risk group were asked to immediately visit a national COVID-19 screening center for a test or to return home directly. The priority risk and potential risk groups were asked to wear masks and were directed to the entrance control desk for further checking against access criteria (Figure 1).

Hospital access

Access to the hospital was restricted to 2 entrances for patients and visitors; the main lobby entrance and underground parking lot entrance. A COVID-19 control desk was set up in the main entrance of the hospital, which operated 24 hours. Every individual entering the building was required to provide their travel history, report suspected symptoms and contact information, and have their body temperature checked before entering the premises. All passengers in cars entering the hospital parking lot during opening hours were subjected to the same procedure (travel history, suspected symptoms, contact information, and body temperature) before entering the premises. The institution implemented mandatory face mask protection requirements for all staff, patients and visitors with no exceptions.

***Corresponding author:** Ji Yun Shin, Jaseng Medical Academy, 536 Gangnam-daero, Gangnam-gu, Seoul, Korea, Tel: +821080221000; Fax: +8227501558;E-mail: jasengliaison@gmail.com

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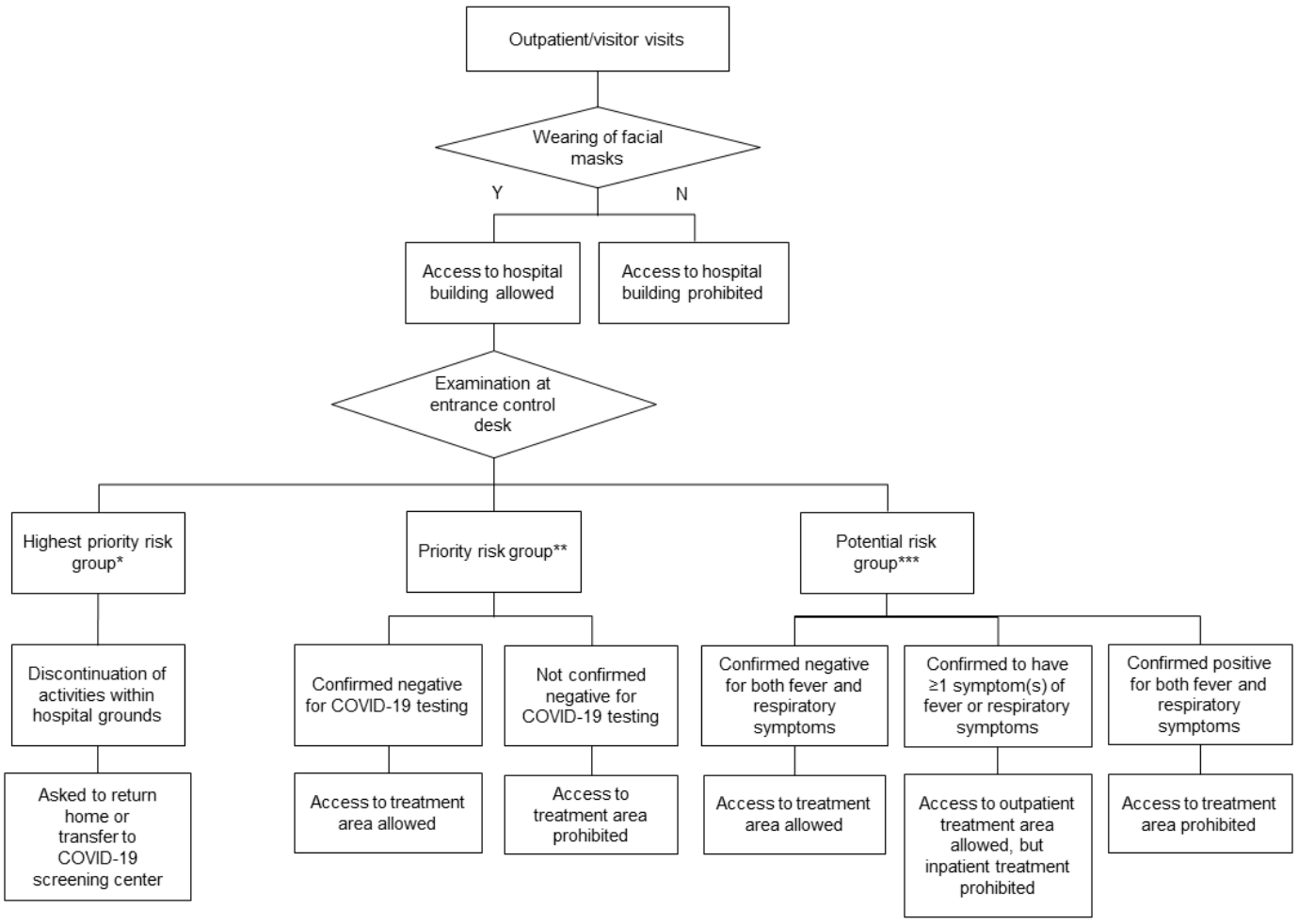

Figure 1: Flowchart of a Korean medicine hospital outpatient and visitor access control updated for COVID-19.

Use of technology

As of 10th January 2020, the Drug Utilization Review (DUR) board (initially established to prevent duplicate prescriptions through information sharing between physicians and pharmacists) of the Health Insurance Review & Assessment Service (HIRA) provided information on travel information of individuals within 14 days of entering Korea from countries with confirmed COVID-19 spread through data sharing between HIRA and the Korean Centers for Disease Control and Prevention (CDC). Furthermore from 2nd March 2020, the use of telemedicine and patient representative (e.g. guardian) prescriptions were temporarily allowed by the government, to prevent high-risk patients from visiting the medical institutions in person and to reduce the number of outpatient visitors to the hospital [5].

Infection control procedures

All medical staff and employees assigned to the COVID-19 control desk wore personal protective equipment (i.e. disposable apron gowns, masks and gloves). Disinfection and sterilization procedures were conducted daily for all hospital facilities and equipment. The provision of hand sanitizers was expanded to all areas of the hospital, including elevators. Posters and stand-up banners were placed in public areas as a public safety reminder. Cafeteria tables were rearranged to face the same direction with the application of social distancing rules.

Procedures for Inpatients and Wards

Infection control procedures

Jaseng Hospital of Korean Medicine (Gangnam) is a Korean medicine spine-speciality hospital with a total of 171 beds. Of the 171 beds, 11 beds are single-patient rooms, and the rest of the beds are arranged in rooms that occupy 2-5 patients per room. The inpatient wards are considered to be at the highest risk of spread of COVID-19. Procedures ensured that patients maintained distance from each other. Disinfection and sterilization procedures took place twice a day, and hand sanitizers and facial masks were made available to all inpatients.

Inpatient admission: As of 16th March 2020 hospitalization procedures were reinforced. When the attending Korean medicine doctor (KMD) decided hospitalization was necessary for the patient, respiratory symptoms and body temperature were measured at the outpatient clinic nurse station before moving the patient to the inpatient ward. Hospitalization was permitted after the patient was confirmed to have no respiratory symptoms suggestive of COVID-19 and normal body temperature (<37.5℃). In cases with respiratory symptoms and fever (≥ 37.5℃), medical staff determined whether to isolate the patient as a suspected COVID-19 case. If the fever was ≥ 38℃, the patient was isolated regardless of the presence of respiratory symptoms (Figure 2).

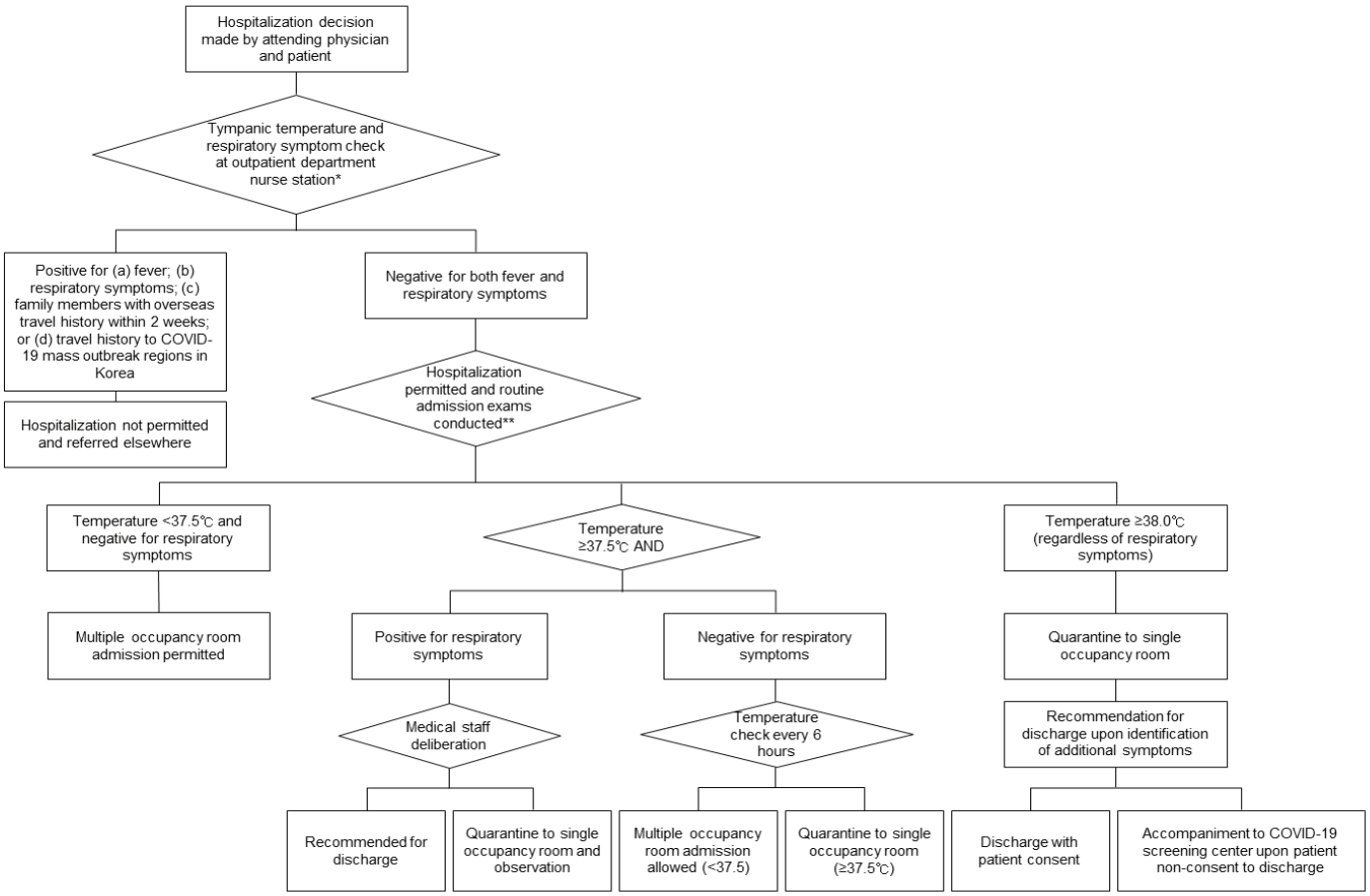

Figure 2: Flowchart of a Korean medicine hospital hospitalization process updated for COVID-19.

Inpatient procedure: Every morning, patient conditions were reported to the attending physicians, and if the patient showed any signs of suspected COVID-19 symptoms, all other relevant departments were notified. All inpatients were required to consent to release their individual personal information under such circumstances at the preliminary consultation. Outings and overnight leaves were strictly prohibited for all inpatients, and external visitors were only allowed to access the lobby area after they were cleared from the COVID-19 symptom check at the COVID-19 control desk. Regular symptom and temperature checks were performed on care givers, who were regularly reminded by staff to maintain social distancing within the hospital grounds.

Discussion & Conclusion

Emergency preparedness involves a constant state of readiness and entails various preparation, response, mitigation and recovery phases [6]. Although many of the challenges that the hospitals faced during the pandemic were related to staffing and resource limitations; this included difficulties in sufficient managing confirmed or suspected COVID-19 patients due to mutually exclusive practice rights as a Korean medicine hospital as these patients needed to be transferred for additional care. Treatments such as Chuna manual medicine, acupuncture and physiotherapy require close contact and prolong treatment duration, which presented further difficulties to the physicians, nurses, and physical therapists. Manual therapy authorities and clinical practice guidelines have recommended postponing non-urgent treatment, and use of hands-off approaches [7,8], and consequently many musculoskeletal physical therapists were unable to continue further professional activity [9]. However, rather than reducing the number of treatments, the staff at this Korean medicine hospital and others made multidisciplinary efforts to control access and thus continue to provide safe treatment for patients through swift preparation and action [3], and through these efforts the hospital was designated as a Public Relief Hospital on 24th March 2020 [10]. Jaseng Hospital of Korean medicine succeeded in maintaining the same level of treatment and service numbers to the pre-COVID era, and to date, not a single case of COVID-19 was reported at this hospital.

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