

COVID status of patients at Wrightington site across wards/specialties with different patient pathways

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Background

Worldwide: Coronavirus Cases:

12.653.203

Deaths: 563.490

Recovered:

- COVID-19 UK: >288,000 cases; >44,000 RIP
- Wrightington Hospital (low-risk site) has helped ease workload in pandemic (acute medical, cancer, T&O pts)
- It is paramount to establish a safe pathway for perioperative care for surgical patients as the curve slopes downwards

Aim

- To evaluate the safety and efficiency of different pathways in COVID-19 management for patients being admitted at Wrightington
- To help establish safe/ green (COVID-free) site

Methods

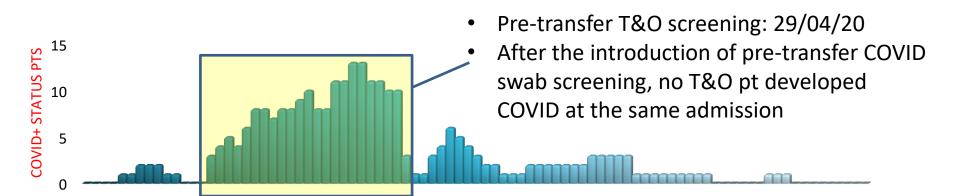
- Review of electronic records of COVID-19 Ag positive inpatients before/after Wrightington stay in lockdown (23/02/2020-15/06/2020) in T&O/medicine/breast surgery
- Demographics, patient flow, transfer, LOS, COVID (symptoms, tests) procedures, outcomes, pathways (COVID-Ag screening in T&O and breast surgery)

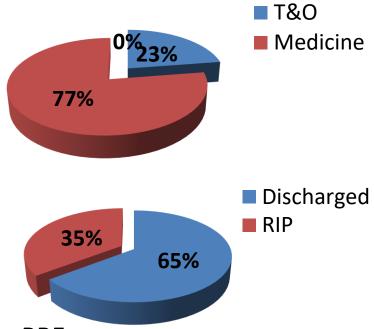
Results

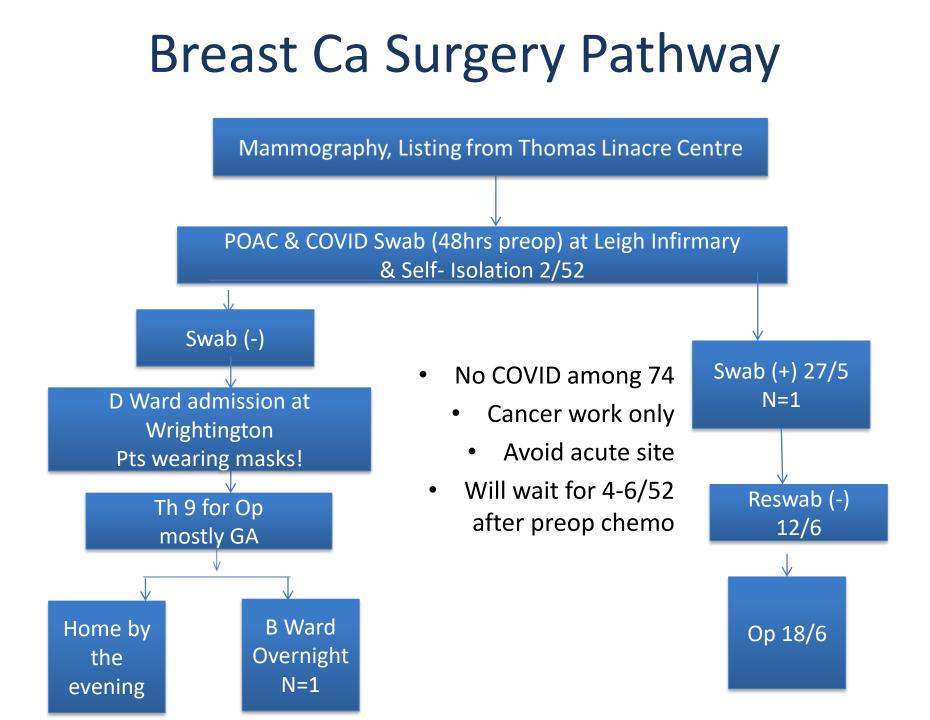
- Wrightington T&O: 330 procedures
 - (RAEI-acute site: 237 orthopaedic procedures; NOFF 61)
- Wrightington breast surgery: 74 procedures

Results

- **31 pts** (T&O-7; medicine-24) COVID+ before/after Wrightington stay
- **11 died**; 20 discharged:
 - Mortality for medicine: 25%
 - Mortality for T&O: 71% (5/7 RIP)
 - 2 orthopaedic survivors: revision-THR for PPF
 - Age>80 commonest risk factor for:
 - COVID positivity (86% T&O; 63% med)
 - Mortality (100% T&O; 67% med)







Conclusions

- Age emerged as a risk-factor for COVID illness and deaths and should be accounted for while decisionmaking/consenting
- Breast surgery pathway: safe, effective, eliminated moving/mixing patients
- Separate wards/blocks for self-isolating elective patients: recommended
- While the risk of surgery is widely discussed, the importance of a safe pathway for comprehensive patient hospitalisation was demonstrated in this study