

# Satisfaction and Experience of Palliative Patients with 24/7 Hotline Service During the COVID-19 Pandemic in Saudi Arabia

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## Background

The COVID-19 pandemic prompted a number of shifts on healthcare. Conventional face-to-face visits were shifted during lockdown to virtual ones. Palliative care (PC) virtual visits have had high satisfaction rates, especially with patients in remote areas. Due to a number of factors, further studies are needed to develop tools that can be helpful and cost effective in improving patient's quality of life.

## Methods

A cross-sectional sample analysis was obtained from 214 patients from different regions in Saudi Arabia. A total number of 843 calls were made to the 24/7 PC hotlines from the period of 17 April 2020 to 28 February 2021, shortly after COVID-19 pandemic began. The purpose of the call, the caller's relationship to the patient, the status of the complaint, and the satisfaction rate were collected at the end of the call through a voluntary phone survey.

## Results

The primary reasons that palliative patients called the hotline were: 30% for medication refills, (n=247), 24.7% for medical complaints, (n=205), 15.8% were for booking a new appointment (n=131). Patients themselves accounted for 27.8% of the callers and patient's sons /daughters accounted for 51.3%. 85% of patients said that their issue had been resolved by the end of the call and 89% of our sample were happy with the service provided through the hotline.

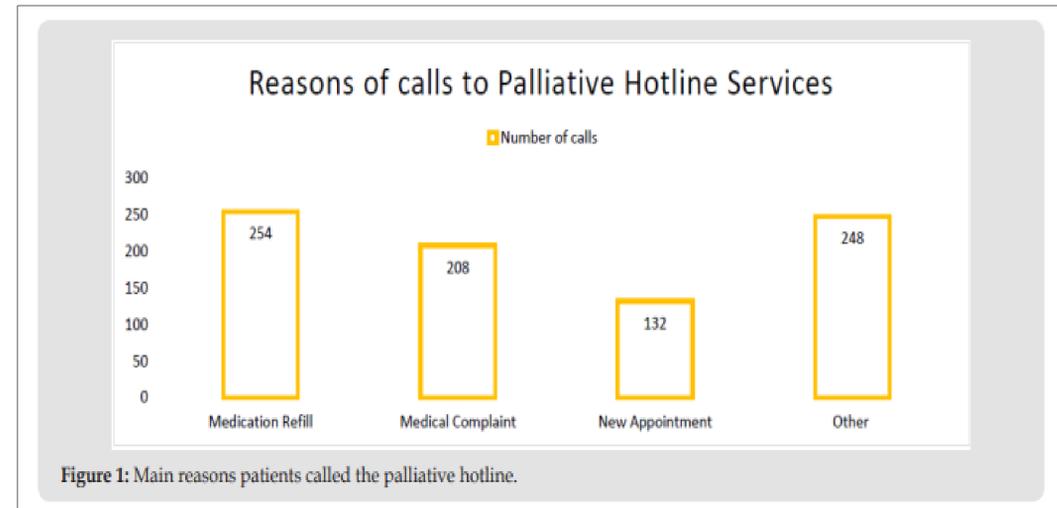


Figure 1: Main reasons patients called the palliative hotline.

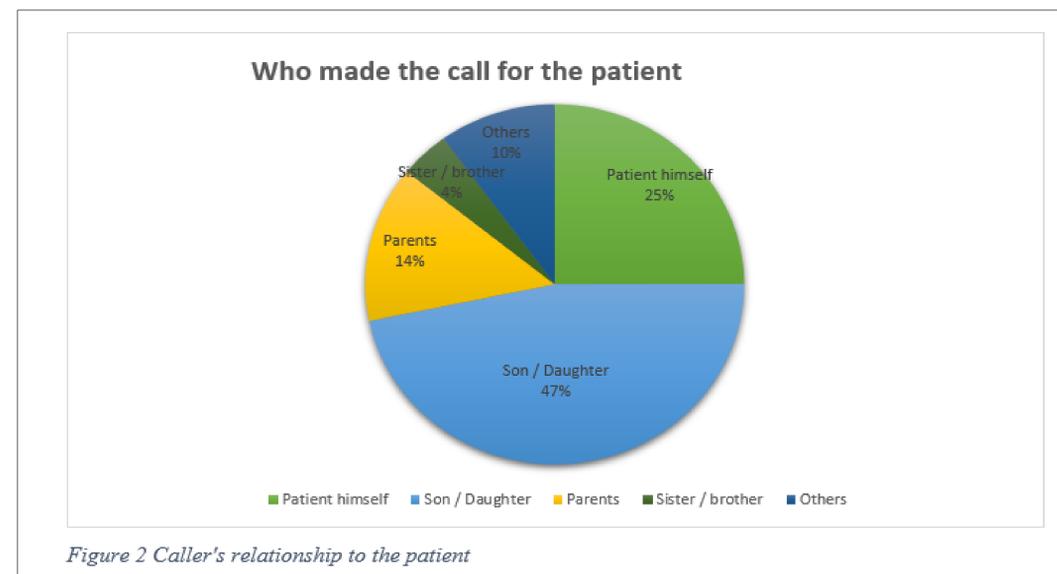


Figure 2 Caller's relationship to the patient

Table 1.

Diagnosis	Grand Total	Female										Male												
		Non-Saudi					Saudi					Non-Saudi					Saudi							
		Age 41-60	Age 61-80	Non-Saudi Total	Age 21-40	Age 41-60	Age 61-80	Less Than 20	More than 80	Saudi Total	Female Total	Age 21-40	Age 41-60	Age 61-80	More than 80	Non-Saudi Total	Age 21-40	Age 41-60	Age 61-80	Less Than 20	More than 80	Saudi Total	Male Total	
Adeno Carcinoma	8					4			4	4											4	4		
AML	4					2			2	2											2	2		
Appendicular Ca	3					3			3	3														
Astrocytoma	2																				2	2		
B-Cell Lymphoma	2																				2	2		
Brainstem High Grade Glioma	3				3				3	3														
Breast Ca	90				14	49	20		3	86	86										2	2	4	4
Burkitt's Lymphoma	2																				2		2	2
Carcinoma Of Hard Palate	3				3				3	3														

## Conclusion

The experience of a telephone hotline for palliative care patients was regarded as a highly useful service and was also highly accepted by patients. It was cost effective and used very frequently by patients. Medication refills were the most common cause of repeated phone calls and efforts should be made to tend to the impact of the interruption of in-person care on medication availability for palliative care patients. Hotlines can serve as an effective bridge to care and decrease pressure on specialists by solving issues not requiring a visit to a physician but a visit to an institution.

## Translational Potential

This study proposes a future strategy that promotes communication and increases patient and family engagement in the treatment process in palliative care and may be used to other diseases in the case of pandemics and emergencies. And the possibility of future change in palliative care telemedicine.

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