Supplementary material

Appendix 3

**Table 3.** Impacts of COVID-19 pandemic on processes in asthma units

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| * Reduction of available consultation times. * Implementation of cleaning and protection protocols at the hospital and service levels. * Limitation of waiting room space. * Cancellation of visits and telephone follow-up (except for patients with pulmonary cancer, who have continued to visit). * Promoting telemedicine. Provision of the necessary equipment in the consultations with cameras and telephones to carry out visits in a virtual or telematics way. * Reduction or cancellation of pulmonary function tests (either by reducing the displacement of patients to the hospital, or by the difficulty of continuously disinfecting certain equipment necessary to perform certain tests). The request for tests has been considerably reduced by professionals. * Saturation of the waiting list and difficulty in rescheduling all patients. * They have had to make adaptations in their current spaces to be able to carry out pulmonary function tests (e.g. implementation of negative pressure in rooms where certain pulmonary function tests are performed). * The use value and confidence in self-administered treatments has increased thanks to the delivery of therapies at home, without the need for patients to travel. * Appearance of the nursing figure to carry out monitoring via telematics. * Development of new post-COVID action protocols. * Increase in waiting lists for both first visit and follow-up controls. * The need to perform PCR prior to pulmonary function tests (e.g. spirometry) has made it the test with the longest waiting list today. * In some centers, patients treated with biologics are being treated on a day-care basis. * Work is being done on updating protocols for the management of patients treated with biologic drugs. |