“Covid 19 as the pandemic impacting Health sector in India”

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0:400hrs

• My father (known case of bronchial asthma) suddenly complains of fever, cough and shortness breath
  ➢ Where shall I take him?
  ➢ How shall I take him?
  ➢ Will I get appropriate care during transport?
  ➢ Will I get appropriate care in the casualty?
  ➢ Are the emergency care givers trained to look after my grandpa?
  ➢ I am not carrying enough cash at the moment?
Objective

• Burden of disease
• Issues and challenges pertaining health care delivery
• Opportunity
• Key Recommendations
Burden of Disease

- **18 May 2020**, there have been **4,628,903 confirmed cases** of COVID-19, including **312,009 deaths** (WHO report)
- 100,000 confirmed cases with 3163 deaths in India
- Rapid spread has led to flooding of healthcare settings with a huge number of suspected patients
Landscape of Emergency Burden

28 Lakh deaths
Cardiovascular Disease

10 lakh deaths
Respiratory Diseases

11 Lakh deaths
Injuries

Source: ICMR, 2017
Pre Hospital Care – India Lives in 2 Centuries Simultaneously
Lack of trained frontline providers

- Casualty medical officer
- Acts as a **Post man**
- Usually a non trained Junior Staff.

**Flying Birds**
- Residents rotate in Other specialty
- usually those who prepare for PG.

*Allagappan K et al Ann Emerg Med 1998*
Of 45 million annual deaths in LMICs, 54% are due to conditions addressable by prehospital and emergency care.

1,023 million DALYs, 932 million years of life lost to premature mortality.
EMERGENCY CARE SYSTEMS

PREVENTION

PREHOSPITAL & TRANSPORT

FACILITY-BASED CRITICAL CARE

REHABILITATION
Pre-hospital Care

• Ambulance Aggregator Model like Uber
• Prehospital notification like Haryana model.
• Audit of key performance indicator (KPI)
• Develop academic prehospital care science
• The financial model of prehospital care services should be linked to KPI

Immediate

- Create Department of Emergency Medicine.
- **Capacity building** of acute care providers
- Dedicated manpower in ED *(Based on annual patient inflow)*
- **Restructure ED** based on existing models to address COVID-19
Long term Measures

- **Mandatory** creation of Emergency Department (ED) in all heath facility/ academic ED medical college

- **Postgraduate program** in Emergency Medicine, Trauma surgery, critical care medicine, pediatric emergency medicine

- **Academic program**
  - Emergency Nursing
  - Emergency Medical Technician

*Journal of Emergency trauma and shock 2008*
Key recommendations (COVID-19)

Short term

• Create dedicated COVID facility within the health facility with a balancing act to address other emergency/elective conditions
• Quarantine at home / isolation facility for asymptomatic cases
• Training of Health care workers on triage, hospital infection control practices and hospital preparedness and clinical management
• Address surge capacity by rearrangement of trained human resource, equipments, supplies and diagnostic testing including PPE
• Public education
Key recommendation

Short term

• Use telemedicine
• Research and innovation (drugs, devices, diagnostics etc)
• CME for care providers in a hub and spoke model
• Psychological support to provider and care seeker
Key Recommendations

*long term*

- Establish a robust Emergency care system with a lead agency in a hub and spoke model
- Protected funding
- National stock pile for mitigating CBRNE and emerging infections (drugs, devices, diagnostics)
- Epidemic Intelligence service program
- National Heath audit agency
Key Recommendations

**long term**

- Audit of all acute care facility based on key performance indicators (KPI)
- Make the data available by implementation of National EMR
- Incentive link to performance of acute care facility
- Performance indicators of the facility should be in public domain
- **Ayushman Bharat scheme** should be funnelled though this agency and linked to KPI
References


• The 2014 Academic College of Emergency Experts in India’s Education Development Committee (EDC) White Paper on establishing an academic department of Emergency Medicine in India – Guidelines for Staffing, Infrastructure, Resources, Curriculum and Training


• The 2014 Academic College of Emergency Experts in India’s INDO-US Joint Working Group (JWG) White Paper on “Developing Trauma Sciences and Injury Care in India”

• The 2015 Academic College of Emergency Experts in India’s INDO-US Joint Working Group White Paper on Establishing an Academic Department and Training Pediatric Emergency Medicine Specialists in India

*Journal of Emergency Trauma and shock*