COVID-19 – Dedicated Management structures for coordinating Admission, Referrals & Inpatient Facilities

NO: 31/F2/2020/Health- 28\textsuperscript{th} July 2020

Introduction: As COVID cases increases, proper management is required for admission and inpatient bed managements including Intensive Care Units and Ventilators to prevent overwhelming of the health care system. There shall also be a system for smooth coordination of referrals and back referrals among CFLTCs and hospitals – both in public and private sector.

The following guidelines are issued for proper management of available inpatient infrastructures.

Concept: Program Management and support unit at district to route patients who require admissions to various hospitals and coordinate referrals among health institutions based on IT enabled real time information of bed occupancy status in all hospitals. This leads to efficient management of infrastructure, prevent delays, avert panic, ensure proper care to every citizen based on clinical requirement and reduce mortality due to COVID and Non COVID related illness.

Proposed Structure

The District Program Management and Support Unit for Bed, ICU, Ventilator Managements shall be constituted under District Collector as chairperson. The Management Unit shall consist of the following members

1. Sub Collector
2. District Program Manager of State Health Agency
3. Nodal Officer of Aardram (or any senior officer nominated by DMO)
4. Assistant Professor, Medical College nominated by Principal
5. Consultants of WHO working with the health system (NPSP, NTEP, IHIP)

District Collector shall do appropriate changes in the constitution.

TOR of the DPMSU (Bed – ICU Management)

The committee shall establish system for real time bed – ICU management including the following
1. Facility to monitor real time and accurate status of beds, ICUs, ventilators of public and private hospitals through eJagratha or similar IT enabled system.

2. Establish a single point dedicated Help line number (24*7) for coordinating admissions of people requiring it, referrals and transfers. Establish linkages for the help line with DISHA, District Control Room, Tele Health help line and Control room/Nodal Officers of all hospitals (public and private).

3. Establish a district level call centre to coordinate the activities.

4. MBA /MSW/ MPH graduates with Management skills shall be used at Help Line for coordination and management.

The DPMSU shall monitor the situation and facilitate bed allocation, meet daily and brief District Collector for corrective actions.

At state level, the State level management unit shall function under

Dr Rathna Kelkar, SMD NHM

The other members are

a. Dr Sriram Jt Secretary
b. Dr Raju Addl Director Health Services (Planning)
c. Dr Prathapachandran, Consultant WHO
d. Dr Bijoy SHA
e. The infrastructure and HR State level Committee

The State unit shall facilitate and support the DPMSUs.

A model patient flow system and step by step process are attached as Annexure 1.
Fig 1. Schematic Representation of Management of admissions and IP facilities

Coordinate with Hospitals (Public & Private) and Facilitate admissions and transfers

DPMSU (Bed Management)
Monitor & Trouble shoot the process

Real Time Monitoring with Information from all

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24 *7 Helpline for Coordinating Admissions, Referrals & Back Referrals

DISHA
District Control Room
Telemedicine Systems/ Tele Health Help line

Patient

Hospitals- Public & Private
CFLTCs