



ESTABLISHMENT OF DEDICATED COVID HEALTH CENTRE: CHALLENGES

Dr. Roohani Mahajan

MD Anaesthesiology, Civil Hospital, nurpur, kangra, Himachal Pradesh

Dr. Vishal Vashist*

MD Anaesthesiology, Civil Hospital, Chowari, Chamba, Himachal Pradesh *Corresponding Author

ABSTRACT From the first case of corona infection in January 2020 to declining phase of second wave, more than 30 million were infected and 30 thousand died in India. This virus exploited every weakness in best of healthcare system around the world. Unfortunately, India's health system isn't one of its strength and the second wave of this virus tested this. In order to provide better health facilities to COVID patients, healthcare centres of different capabilities were started. Establishing and operating these centres in constrained times of this pandemic was challenging and laborious.

KEYWORDS : COVID-19, DCHC, Corona Virus, Pandemic, India

INTRODUCTION:

Corona virus has overtaken lives all over the world and has become one of biggest pandemics in the history. The impact of this disease on our health system is undeniable massive. It has shown that India though improved in various aspects, still needs a long way to go as far as health sector is involved. The health care services and systems in India are still developing and have challenges of workforce shortages, absenteeism, poor infrastructure and quality of care.^[1]

Second wave of this virus is now in its decline in India and we are once again embracing our life looking towards the future. The central and state government took several steps in countering the issue during the time of crisis. Many building or hospitals were converted to COVID Care Centre (CCC), Dedicated COVID Health Centre (DCHC) and Dedicated COVID Hospital (DCH) as per their capabilities. Make shift hospitals were also created to cater the large burden of patients. Despite the outline provided by the government much the setting-up, functioning of these centres were largely dependent on local administration and resources available. This article is largely based on the experiences and problems during establishment and operation of DCHC.

Hurdles in DCHC establishment:

1. The greatest snag in building DCHC is the building itself.

- Most covid hospitals also have non-covid block and besides the best efforts put by administration, the providing separate entry and exit for covid patients as well as for non-covid patients is perplexing.
- The provision for separate areas for suspect and confirmed cases presents with a very difficult issue.

2. Health, administrative and non-profit sector all have to come together in an environment of fear and social stigma. As mostly these doesn't communication becomes a challenge and only through proper education, repeated interactions and setting up of protocols these can work in harmony.

3. As said, we don't always get what we want. In the time of this disease, we need to innovate, compromise to do the best we can with what we have. Diversion of resource allocation to needed part is the most challenging of establishment of DCHC.

4. Recruitment and posting of inexperienced and new staff nurses and supporting staff by the government without induction training requires need of constant vigil.

5. Repeated trainings to doctors, staff nurses, supporting staff including sanitation workers and other non-healthcare helpers are required for basic operation of facility.

6. Thinning number of doctors and healthcare workers due to separation of COVID confirmed, suspected and non-COVID areas of hospital make working in these centres exhausting.

7. Oxygen though basic in health care but most of doctors and staff nurses struggled with oxygen cylinders and basic oxygen therapy. Repeated trainings and many odd hours calls were required to soothe the operation.

8. Oxygen and Airway related equipments were scarce in centres converted into DCHC and exposure of medical staff to them was limited causing most of them to struggle with oxygen therapy.

9. Medical Gas Pipeline are majorly absent in our hospitals and during

second wave bulk installation, though necessary caused frequent malfunctions due to haste jobs.

10. Another big issue was the lack of technical support. Government was providing doctors, nurses and supporting staff but lack of OT technicians for care and uptake of oxygen pipeline system as well as other intricate equipments like ventilators may have caused monetary loss.

11. Intricating covid and non-covid hospital puts strain on the laboratory of the hospitals. Additionally, most of hospitals are not well-equipped and hospital may require to procure equipment until which investigations remain unavailable.

12. Radiology though not routinely required can be needed to rule out other emergencies in the covid patient. Portable X-ray machine and ultrasound along with qualified persons to operate should be there but sadly mostly not available.

13. Ambulances of hospital although having oxygen are mostly old, not equipped fully and have untrained staff.

These few key points were the problems faced in our experience when the dedicated covid health centre was initiated. The Past is best teacher of the future, and hopefully we learn from this wave as we learned from the first wave to further strengthen our hospitals. With the increasing frequency of zoonotic spillovers leading to human infections and transmission,^[2] it is not unlikely that viral disease may again spread and being well prepared will make us more confident in our ability to better handle such situation.

REFERENCES

1. Kumar A, et al. COVID-19: Challenges and its consequences for rural health care in India. *Public Health in Practice*. 2020;1:100009.
2. Diseases T.L.I. Challenges of coronavirus disease 2019. *Lancet Infect Dis*. 2020;20:261.