

Meeting of Minutes for Covid

1. Consultant Responsibility for patients in RALC

- a. If the patient is transferred from KGMU to RALC
 - i. The consultant of the parent department will retain consultant responsibility, and will twice take rounds of the such patients every day even in RALC.
- b. If the patient is admitted through CMO referral
 - i. The RALC consultant will have the initial responsibility which will be transferred later to a consultant of the speciality which is the primary physician for admission
- c. If there is a dispute about assigning the primary specialty, then the matter will be decided by the Medical Superintendent (DH), and if required in consultation with the Honourable Vice Chancellor.

Action Point - Dr D Himanshu

2. Discharge of patients from RALC

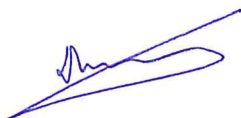
- a. The maximum stay of the patient in RALC wards will be 7 days if it is asymptomatic as per COVID, the patient should not have fever or have low oxygen levels.
- b. Patients who require continued hospitalisation will be transferred to main ward of KGMU if criteria (2a) is fulfilled
- c. Patients who do not require continued hospitalisation for the primary medical condition can be discharged to their respective homes.

Action Point - Dr D Himanshu

3. Increased number of referrals

- a. The numbers of referrals have increased in the last week, both from the Integrated Command Centre, and KGMU wards.
- b. To plan for increased patient load, following will be the options
 - i. Open up more ICU beds at RALC
 1. ICU C will be functional from later today or latest by tomorrow
 2. Reserve team lists for Isolation and ICU wards to be prepared by HR Committee so that they can be activated at a short notice

Action Point - Drs D Himanshu and BK Ojha



- c. Dr Bhattachary raised the point that L1 and L2 facilities in the city are not yet activated, both for private and government hospitals. Thus, patients who test positive for Corona Virus at these hospitals are also referred to KGMU

Action Point - KGMU is only L3 centre, and L1/L2 patients should not be accepted

→ needs to be conveyed to CMO and District Administration

4. Special Departments

- a. Cardiology - needs to have their own Orange and Red zones to deal with emergency clinical situations
- b. Obstretics and Gynaecology - quite a few patients are being referred both from Integarated Command Centre and KGMU for issues related to pregnancy
 - i. Orange and Red zones for such patients are to be activated at the earliest.

Action Point - Dr D HImanshu to speak with respective Heads of Departments and have it implemented at the earliest .

5. eCCS centre

- a. In the previous 2 waves, an electronic Corona Command Centre was established at KGMU where doctors outside KGMU could speak directly to consultants of various specialities at KGMU regarding individual patients
- b. Honourable Vice Chancellor said that this can now be done on eSanjevani
- c. It was decided that this service should be kept in reserve for the time being, and the need for it reviewed later

6. Daily Reporting to DGME

- a. SB informed that there is a new reporting format which is to be sent to DGME every day
- b. The new format has distinct beds identified as ICU, HDU, Isolation etc

Action Point - Dr D Himanshu to segregate the available beds according to the format and make it available to Covid Nodal Officer for data acquisition

