



संजय गांधी स्नातकोत्तर आयुर्विज्ञान संस्थान, लखनऊ

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Ref. No. PGI/CMS/Estt./

Date 304. 2020

Office Order

Subject: Guidelines for Functioning of OPDs in the wake of COVID-19

As per recommendation of the OPD Management Task Force committee constituted (vide Office Order No. 132/PGI/DIR/DC/2020 date 23.03.2020); the <u>Guidelines for Functioning of OPDs in the wake of COVID-19</u> are circulated and annexed as Annexure-A

All Heads of Departments, Faculty, Officers, nodal Officers and employees are desired to ensure the compliance of the same.

Encl.: Guidelines for Functioning of OPDs in the wake of COVID-19

(Prof. R.K.Dhiman) Director

Copy to: For information & necessary action.

- 1. All HODs.
- 2. Additional Director.
- 3. Dean / ER.
- 4. CMS/MS.
- 5. Nodal Officer COVID-19.
- 6. HOD, BHI- with the request to upload the same on Institute website.

(Prof. R.K. Dhiman)
Director

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Subject:- Meeting of COVID-19 Task Force - OPD Management Committee & Guidelines for Functioning of OPDs in the wake of COVID-19

A meeting regarding Task Force – OPD Management Committee was held on 17-04-2020 at 4.00pm in the office of Chief Medical Superintendent.

In last meeting of the Task force committee dated 08.04.2020, partial resuming of OPD services in the wake of COVID-19 was discussed. Members were of the opinion that a mechanism of screening of suspected COVID patients is to be evolved before opening of even minimal OPD services.

The aim is to start the OPD (New OPD block, PMSSY, Main building ,General Hospital) with effective consultation of patients while maintaining physical distancing and minimum crowding by using minimum doctors and other HCW in order to protect the health care personnel and patients/their relatives from the spread of COVID -19. Hence committee had suggested following short-term guidelines for functioning of OPDs which are appended below:-

The long term planning will be extension of the short-term guidelines, providing more services than those elaborated in annexure-1.

SHORT TERM PLANNING (Approximate 03 month)

(A) Salient points of patients desirous of OPD consult and subsequent action

- New cases <u>online</u> registration and renewal of old registration (mandatory) with mandatory download of Aarogya setu app in their corresponding mobile phones (Mandatory) with exceptions for sick patients
- 2. Appointment for E-consult (respective department / Centralized appointment node) (mandatory)
- E-consult (video consult/telephonic consult): with paperless prescription for investigations, interdepartmental consult and final treatment, and with scheduled next appointment for next econsult/ physical consult. (mandatory)
- 4. Physical attendance of patient (only on appointment basis, and after E-consult) ONLY in selected cases where detailed examination is indispensable or patient require admission for a very specific purposes or requires SGPGI specific intervention (mandatory)
- 5. Screening of all patients and accompanying (only one) attendant at the defined OPD entrance by questionnaire and thermal camera/sensor. Only negative people by questionnaire and thermal imaging will allowed inside OPD area.(mandatory)
- 6. Modifying the OPD waiting area, OPD consulting room and OPD support staff for E-consult / physical exam while protecting HCW
- 7. Patient requiring admission in hospital for treatment / intervention will require mandatory RT-PCR for COVID. This requires a holding area within SGPGI for 12-24 hrs till the availability of report. ONLY negative cases will be transferred to destination area. Positive cases will be treated as per COVID positive guidelines. (mandatory)
- 8. OPD support facility e.g., sample collection area, radiology (USG/x-ray/CT), physiotherapy, ECG, HRF, day care ward and cafeteria will continue to function as usual with all the social distancing and protective norms. The support areas will function in a fashion to <u>avoid the revisit</u> of any patient for any purpose (e.g., sample, radiology, ECG, physiotherapy, HRF) unless deemed absolutely necessary.
- 9. Individual department head will continue to have the authority to have the duty roster of their HCW in OPD, number of E-consults, physical consults, admissions (depending on the capacity and availability of beds in holding area), availability of in-house COVID testing and interventions as before.
- 10. All the interaction of patient and HCW will be preferably paper-less, HIS based, and if necessary, one way traffic of paper from HCW to patient will be allowed.
- 11. A strong emphasis will be preferred to have a <u>referred back policy</u> of patient to primary care referring physician / nearest medical college/ district hospital with a referral and follow up note.
- 12. Protective gears (masks, hand sanitization, PPE in specific cases) will be provided to all the HCW. (Mandatory)
- 13. Daily sanitization of all the OPD area, toilets, corridors, lifts, ramps etc and adjoining areas, as per protocol, at the end of day will be carried out. (Mandatory).

- 14. Security personnel will man the entrance, exits, on each OPD and support area to facilitate the movement of patients and attendants'. The movement of patients and relatives will be restricted to the designated area only and will be managed by security personnel.
- 15. The parking of self driven vehicles of patients will be limited to the specific parking area with-in SGPGI. Parking of driver driven vehicles will be asked to park their vehicles outside the institute; this is to avoid the loitering around of drivers inside the parking area.
- 16. Sanitization of vehicles entering the campus
- 17. SGPGI website for display of the information, helpline numbers, department numbers and central appointment desk
- 18. A mock drill of the OPD services need to be undertaken.
- 19. A shade for patient and relatives will be required at the entry points of PMSSY and New OPD block while waiting for screening for COVID.
- 20. We need to have a facility cell for sick / elderly / pregnant / children / people with special need at the entry of these OPD (wheel chair / trolly / porter).
- 21. There is a need to monitor / review the policy at frequent intervals to streamline the OPD functionality.

Detailed Protocol

a. New cases <u>online</u> registration and renewal of old registration (mandatory) with mandatory download of Aarogya setu app in their corresponding mobile phones (Mandatory).

New patients requiring OPD registration: All the new patients desiring consultation in OPD need to be register themselves online, with duly filled details, on SGPGI registration website with e-payment (rs 250=00) done. It is highly desirable that patient attaches the scanned copy of the relevant treatment papers and referral note with the referral form; this will be highly helpful during E-consult.

Presently, HIS does not have the e-payment gateway. We need to create a bank account to which patient can deposit Rs 250=00, and mention the transaction ID in the registration form. We need to confirm payment and send the SMS of registration number and concerned department to the registered mobile number. We need 24-48 hrs for registration process to be completed.

(Futuristic plan; to develop the mechanism of E-payment directly into the SGPGI account and automatic registration)

A declaration from patients in the registration is required that they have downloaded Arogya setu in their phone (mandatory). The mobile number of patient and another mobile number of accompanying attendant is mandatory for various actions related to the treatment.

Follow up patients: All the follow up patients need to be have ongoing valid registration number; the expired validity need renewal. This can be done online in a similar fashion. They need to update the HIS for the current available information (mobile number, address, aarogya setu download).

SGPGI website is required to display the registration process and the actions required thereafter.

A help line for the registration is required (8am -5pm) at the registration counter for same purpose.

A separate counter for manual registration and renewal of expired registration will be continued for patients not able to do the aforesaid process and in emergency situation. However, this need to be done in a limited way with the consent of concerned department.

b. Appointment for E-consult (respective department / Centralized appointment node) (mandatory)

The steps for new and follow up patients are similar for e-consult.

All the patients (both new and old) will be required to take an appointment for e-consult for the concerned department (MSW) or central appointment node (to be constituted) on HIS. The appointment will be consultant, day and time based (forenoon/afternoon slots). The appointment date and time will be transmitted to the mobile number through SMS.

The number of e-consult for a given day needs to be defined by each department. No other appointment list will prevail during this crisis period.

c. E-consult (video consult/telephonic consult): with paperless prescription for investigations, interdepartmental consult and final treatment, and with scheduled next appointment for next e-consult/ physical consult. (mandatory)

All the patients will have E- consult with a team of consultant and residents of concerned department at the appointed date and time. Number of e-consults per day and the constitution of the consult team will be prerogative of individual department.

The consultation room will have a direct Landline number /web--based consultation (with built-in camera and microphone). The HIS committee /Telemedicine/telecommunication will coordinate the feasibility of providing these services. E-consult system should have a disclaimer as per ICMR/MCI guidelines that it absolves SGPGI and its staff from all legal responsibilities. It is the responsibility of the patient to seek local physician opinion in case of any problem or to visit Emergency department of a hospital/SGPGIMS in case of deterioration.

If the patient requires physical examination/any specific specialized procedure at SGPGI, may be given an appointment for another date and time. The physical examination/procedures' appointment need to be given in a staggered manner to avoid overcrowding. At any given point of time, all the measures of social distancing and face mask will be observed by HCW in the waiting area. (Mask will be compulsory for all).

d. Physical attendance of patient (only on appointment basis, and after E-consult) ONLY in selected cases where detailed examination is indispensable or patient require admission for a very specific purposes or requires SGPGI specific intervention (mandatory)

Entry of HCW: The doctors/staff should reach the OPD halls separately from the patients. The architecture of the OPD halls needs to be revised for this purpose to allow doctors/staff to have a separate entry into their working area. The security should ensure that the staff/doctors lift should not be used by any patient.

No patient should be allowed to sit in the open corridors.

Only one patient will be allowed to enter into the doctor's chamber at one time.

A glass partition will be deployed to segregate patient and the treating doctor.

If required, physical examination will be performed by a dedicated resident doctor/Faculty member as decided by the respective department who will be available in a separate room. The resident/faculty member engaged in physical examination will wear a PPE.

The patients details like clinical findings, diagnosis, investigations required and the treatment will be entered in the consultation page in the HIS for each patient. This consultation page will be printed and provided to each patient along with the forms of the raised investigations at the OPD counter.

The inter-departmental consultation should be done telephonically. In case a patient is required to be seen physically, patient will be given appointment as determined after talking to concerned department on telephone. Patient will be sent to the referring department directly only in case the referring department could not be contacted telephonically or if the referring department wishes to evaluate the patient.

e. Screening of all patients and accompanying (only one) attendant at the defined OPD entrance by questionnaire and thermal camera/sensor. Only negative people by questionnaire and thermal imaging will allowed inside OPD area.(mandatory)

Multiple barriers should be deployed with security personnel to guide the patients towards OPD and to screen/restrict the number of attendants (maximum one per patient) with the patient at main gate of the hospital, and on the way to OPD/Main hospital building. Screening of patients in the respective OPD/Main building should start at 6 am.

Screening of all incoming patients and accompanying attendant (one only) for possible COVID 19 infection at all the entry points. (use Arogya Setu app in addition and make the app download and registration mandatory for all patients and attendants)

The entry points of the patients will be limited as follows:

- a. New OPD block: Front gate
- b. PMSSY: Front gate
- c. General Hospital: Front gate
- d. Old OPD (Emergency, main building): Front gate

All these entries will be equipped with the screening counters manned by Medical Social Workers; screening will be done with a standard questionnaire (annexure 2) and thermal scanner.

If person is suspect COVID, he will be directed to Triage with a slip. (Security personnel would facilitate the movement).

If not suspect: will be given a **clearance slip** to access the OPD/Hospital area. The clearance slip will be valid for one day only.

Rear entry of New OPD block, PMSSY and Main building will be allowed <u>exclusively</u> to the staff members. The patients/attendant with the clearance slip can enter these entry points for entering New OPD block and PMSSY. Security personnel will be posted at these check points to facilitate the movement of SGPGI staff members after seeing their identity card.

The rear gate of PMSSY and new OPD block can be used by patient/relative after showing the clearance slip at the rear gate for exit only.(as mentioned below for specific patients only).

Any patient or relatives accompanying the staff member will not be allowed from staff entry point. (need to implement it strictly for all categories of staff including VIPs).

f. Patient requiring admission in hospital for treatment / intervention will require mandatory RT-PCR for COVID. This requires a holding area within SGPGI for 12-24 hrs till the availability of report. ONLY negative cases will be transferred to destination area. Positive cases will be treated as per COVID positive guidelines. (mandatory). The accompanying attendant should also undergo mandatory COVID testing.

OPD support facility e.g., sample collection area, radiology (USG/x-ray/CT), physiotherapy, ECG, HRF, day care ward and cafeteria will continue to function as usual with all the social distancing and protective norms. The support areas will function in a fashion to avoid the revisit of any patient for any purpose (e.g., sample, radiology, ECG, physiotherapy, HRF) unless deemed absolutely necessary.

- g. Blood investigations, x-rays, ultrasound, EKG, ECHO, should be done on the day of clinical examination of the patient to avoid repeated entry of the patient in OPD area. Specialized investigations like CT scan, MRI, neurophysiology, endoscopy etc, will be done on the appointment basis. Appointment for these investigations will be given from the concerned department as guided by the treating doctor as usual
- h. Individual department head will continue to have the authority to have the duty roster of their HCW in OPD, number of E-consults, physical consults, admissions (depending on the capacity and availability of beds in holding area), availability of in-house COVID testing and interventions as before.
- i. All the interaction of patient and HCW will be preferably paper-less, HIS based, and if necessary, one way traffic of paper from HCW to patient will be allowed.
- j. A strong emphasis will be preferred to have a <u>referred back policy</u> of patient to primary care referring physician / nearest medical college/ district hospital with a referral and follow up note.
- k. Protective gears (masks, hand sanitization, PPE in specific cases) will be provided to all the HCW. (Mandatory)
- I. Daily sanitization of all the OPD area, toilets, corridors, lifts, ramps etc and adjoining areas, as per protocol, at the end of day will be carried out. (Mandatory).
- m. Security personnel will man the entrance, exits, on each OPD and support area to facilitate the movement of patients and attendants'. The movement of patients and relatives will be restricted to the designated area only and will be managed by security personnel.
- n. The parking of self driven vehicles of patients will be limited to the specific parking area with-in SGPGI. Parking of driver driven vehicles will be asked to park their vehicles outside the institute; this is to avoid the loitering around of drivers inside the parking area.
- o. Sanitization of vehicles entering the campus is desirable.

Annexure 2

SGPGI OPD Screening Proforma

Name	Age	Gender
CR Number	Mobile No	Pregnancy status, if present
Aarogya Setu App status- (Green /	Orange / Red) :-	
Fever (बुखार)	Yes No If yes duration (यदि हाँ अवधि)	
Cough (खाँसी)	Yes No If yes duration (यदि हाँ अवधि)	
Breathlessness (सांस की तकलीफ)	Yes No If yes duration (यदि हाँ अवधि)	
Sore throat (गले में खराश)	Yes No If yes duration (यदि हाँ अवधि)	Net to be a second of the seco
Diarrhea (डायरिया)	Yes No If yes duration (यदि हाँ अवधि)	
Vomiting (उल्टी)	Yes No If yes duration (यदि हाँ अवधि)	
Nasal discharge (नाक बहना)	Yes No If yes duration (ਧਿੰद हाँ अवधि)	
Smoker (धूम्रपान)	Yes No If yes duration (यदि हाँ अवधि)	
Bodyache	Yes If yes duration (ਧਫਿ हाँ अवधि)	
Any new onset smells or taste disturb	ance. Yes. No	
History of self-travel or contact with a In last 1 month पिछले 1 महीने में किसी भी यात्री या संदि		
History of any underlying disease - केसी भी अंतर्निहित बीमारी का इतिहास -	TB/diabetes/ asthma/ heart diseas	se/others अन्य
Signature	7-2 33131131 (114 (1 31413)	
	Tear here	Date
lame	Age	Gender
R Number	Mobile No	Pregnancy status, if present
landatory To go to Triage		Clearance for attending OPD