

Record Notes on Meeting with private and Government hospitals in Shillong held at DHS Conference Hall, chaired by the Principal Secretary, H&FW

Opening Remarks by the Chair

Welcoming the participants to the meeting, the Chair informed that the objective of this meeting is (1) to understand the current status of COVID pandemic in Shillong with regard to patient load, bed occupancy, bed capacity expansion as discussed in the previous meeting, patient analysis, areas of improvement, (2) to discuss on the guidelines for admission of patients to hospital as per the order of the Supreme Court, (3) involvement of private hospitals in mobilizing the public for COVID appropriate behaviour and vaccination and capacity building of the community in treatment of mild to moderate patients.

Agenda 1: To understand the current status of COVID pandemic in Shillong with regard to bed occupancy, bed capacity expansion, patient analysis, treatment of patients, areas of improvement

Remarks from the private hospitals:

Nazareth Hospital

- Nazareth informed that they have increased the ICU beds to 12. The total number of beds including ICU and non-critical has been ramped up to 65.
- It was informed that patients require close monitoring and if not observed closely their condition deteriorates in 3-4 days.
- More GI symptoms like nausea, vomiting, diarrhoea have been observed among patients. There are also some symptoms that differ from what was usually observed among patients with mild symptoms.
- It was also observed that patients with respiratory problems are increasing, thus increasing the demand for oxygen beds.
- It was also pointed out that there are also patients with mild symptoms who can be managed at home but are refusing to be discharged due to social issues.

H. Gordon Roberts Hospital

- It was informed by Dr. Meban Aibor Kharkongor (Nodal Officer, Roberts Hospital) that the general ICU (containing 10 beds) has also been converted into a COVID ICU. In total the hospital has 40 beds for COVID patients.
- Patients as young as 30 to 35 are under non-invasive ventilation.
- Increasing number of patients with non COVID related symptoms were reported to the hospital and they required aggressive clinical management. Reported patients were dehydrated and weak.

- It was also informed that in case of a shortage of Non Invasive Ventilators (NIV), three patients can share one NIV. While they are off the NIV, patients may be asked to initiate prone position.

Bethany Hospital

- It was informed by Dr. Kyntiew Sanmiet (Nodal Officer, Bethany Hospital) that the number of beds in the hospital has been increased to 29. All beds are occupied as on date.
- He further informed that they are planning to increase the bed capacity.
- It was informed that those patients reporting with a moderate CT scan report recovered and those with severe CT scan report had lesser chances of survival. Patients with mild to moderate symptoms usually recover.

Woodland Hospital

- It was informed that the bed capacity for COVID in the hospital has been increased to 20. One floor will be converted into a COVID ward. Oxygen cylinders have also been ramped up.

Supercare Hospital

- It was informed by the representative from the hospital that they have ramped up the beds to 32 and the hospital is planning to expand to 45 beds. The hospital has 2 ventilators at present, and is adding 4 more ventilators. Also, 10 oxygen concentrators have been procured. The hospital is also planning to add 10 critical beds while at the same time working on the central supply of oxygen.

Children Hospital

- It was informed that the hospital has 4 beds with oxygen support including 1 ventilator.

Remarks from the Government Hospitals

Military Hospital

- While the data available from the ICMR website showed that the hospital has 140 oxygen supported beds and one ICU bed, the representative from the hospital informed that the hospital currently has only 10 oxygen supported beds. The total bed capacity of the hospital is 140. The hospital also has 3 ICU beds.
- Commenting on this, the Principal Secretary informed that the hospital needs to ramp up the oxygen supported beds as most of the patients who would be admitted would be the ones who require oxygen.

Civil Hospital

- It was informed by Dr. Andreas that the total capacity of the hospital is 82. Another 10 beds can be added. The total COVID beds will be 92 (10 for category D and rest for category C).

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- Dr Vijay informed that the hospital is increasing its ICU beds to 25 in another 2-3 days. The hospital can expand up to 130 non-critical beds and the expansion will be in a phased manner. Therefore total number of COVID beds adds up to 155.
- It was highlighted that in case of emergency referral, critically ill patients on ventilators cannot be without ventilator support. There is a need to equip the ambulances with transport ventilators. In their absence, an alternative that can be considered is the Vains circuit, which are readily available. Paramedics can be trained to use it.

Ganesh Das Hospital

- It was informed by the representative that the hospital currently has 42 oxygen supported beds and 2 ICU beds. He further informed that once the central pipeline for oxygen supply is ready the hospital can add 35 more beds.

Agenda 2: To discuss on the guidelines for admission of patients to hospital as per the order of the Supreme Court

Based on the discussions, the following guidelines were agreed upon by the hospitals:

1. Every hospital in the State has put in place a 'triage system' that any patient who seeks healthcare at a hospital has to pass through. With the help of this triage system, hospitals have been able to identify and segregate COVID positive persons. With the help of the triage system hospitals should assess whether a COVID positive person needs to be admitted to the hospital or not, based on the category they belong to. In Meghalaya, based on the severity of the symptoms patients have been categorized as category A, B, C and D, where A is a patient who shows no symptoms (asymptomatic) and D is a patient who has very severe symptoms and needs critical care. Category A and B patients are advised home-based care. While under home based care, the patient is monitored and assessment is made on whether he needs to be admitted to a Corona Care Centre. Category C and D are to be admitted in hospital as they need oxygen.
2. All referral patients from the peripheral regions coming through PHCs and CHCs should be referred to the higher health facility based on the category of the patient.
3. A home-based care system is in place, where mobile medical teams designated for supporting patients under home care monitor and guide these patients. Based on

the severity of the symptoms, the medical team will refer patients to hospitals, thus avoiding any delay in seeking healthcare.

4. No hospital in any case will deny patients who qualify to be admitted in hospitals.
5. In case of referral to Army Hospitals, the District Medical and Health Officer (DMHO) or the Medical Superintendent of the referral hospital will refer the cases once there are no more beds available within the civilian hospitals (both private and government) in the State
6. Permission of attendants for attending COVID patients will be as per the policy of the hospitals where the patient has been admitted.

Agenda 3: Involvement of private hospitals in mobilizing the public for COVID appropriate behaviour and vaccination and capacity building of the community in treatment of mild to moderate patients

The Principal Secretary invited for the support of the private hospitals in building the capacity of the people and educating them on home treatment for mild to moderate patients and encouraging them to come forward for vaccination while also helping them to understand the importance of containment measures.

Key Decisions

1. Based on the discussion, the total number of beds available at private hospitals in Shillong came up to 203 after expansion and the total number of beds available in Government Hospitals in Shillong is 335.
2. There is a need to look into the discharge policy of hospitals as there are patients with mild symptoms who can be treated at home but refused to go back due to unavailability of rooms for isolation and other social issues.
3. Private hospitals have been advised to procure more oxygen cylinders as the demand for oxygen is high among those patients who require it.
4. It was reiterated that when private hospitals require oxygen cylinders, they can inform the nodal officer from the State and based on the availability cylinders will be provided to them.
5. The State needs to take measures for safe shifting of emergency referral COVID patients who are on ventilators and arrange for transport ventilators or Bains circuit.

Sd/-


(Sampath Kumar, IAS)

Principal Secretary to the Government of Meghalaya
Health & Family Welfare Department.

Copy to :

1. The P.S. to the Chief Secretary to the Government of Meghalaya, for kind information of the Chief Secretary.
2. The Principal Secretary to the Government of Meghalaya, Health & Family Welfare Department.
3. The Commissioner & Secretary to the Government of Meghalaya, Health & Family Welfare Department.
4. The Mission Director, National Health Mission, Meghalaya, Shillong & Joint Secretary, Health & Family Welfare, Department for information and necessary action.
5. The Deputy Commissioner,
East Khasi Hills, **Shillong** /West Khasi Hills, **Nongstoin**
South-West Khasi Hills, **Mawkyrwat**/ East Jaintia Hills, **Khliehriat**
West Jaintia Hills, **Jowai** /Ri-Bhoi District, **Nongpoh**
West Garo Hills, **Tura**/ South-West Garo Hills, **Ampati**
East Garo Hills, **Williamnagar** / South Garo Hills, **Baghmara**
North Garo Hills, **Resubelpara**.
For information and necessary action
6. The Director of Health Services, (MI)/MCH&FW)/(Research), Meghalaya, Shillong for information and necessary action.
7. The Joint Director of Health Services, MCH&FW, I/c IDSP, Meghalaya, Shillong.
8. The District Medical & Health Officer,
East Khasi Hills, **Shillong** /West Khasi Hills, **Nongstoin** /South-West Khasi Hills, **Mawkyrwat**/ East Jaintia Hills, **Khliehriat**/West Jaintia Hills, **Jowai** /Ri-Bhoi District, **Nongpoh** /West Garo Hills, **Tura**/ South-West Garo Hills, **Ampati** /East Garo Hills, **Williamnagar** / South Garo Hills, **Baghmara** / North Garo Hills, **Resubelpara**.
9. Representatives of Private Hospitals/Members of the Medical Expert Group.

By order, etc.,


(7.6.2021)
MOMIN

Joint Secretary to the Government of Meghalaya,
Health & Family Welfare Department
