

## **STANDARD OPERATING PROCEDURE FOR TELEMEDICINE PLATFORM TO PROVIDE DISTANT MEDICAL CARE DURING COVID-19**

The present Covid -19 situation has raised a big hindrance in accessibility of patients to hospital for General Health care. Taking the situation into account it has been decided to activate the Telemedicine Centres established in three old Medical Colleges and all District Head Quarters Hospitals including Capital Hospital and Rourkela Government Hospital to provide General Health Care advice and also medical help relating to Covid-19 . The standard operational procedures will be as follows.

### **(I) Timing :**

- a)** Telemedicine service in the three old Medical College (SCB, MKCG and VIMSAR) Hospital , Acharya Harihar Institute of Cancer and Sisubhaban Cuttack will be available round the clock and staff arrangement will be made accordingly.
- b)** In the 4 new Medical College Hospitals ( Balasore, Baripada, Balangir and Koraput ) , all DHH , Capital Hospital and RGH the service will be available from 8 AM to 5 PM

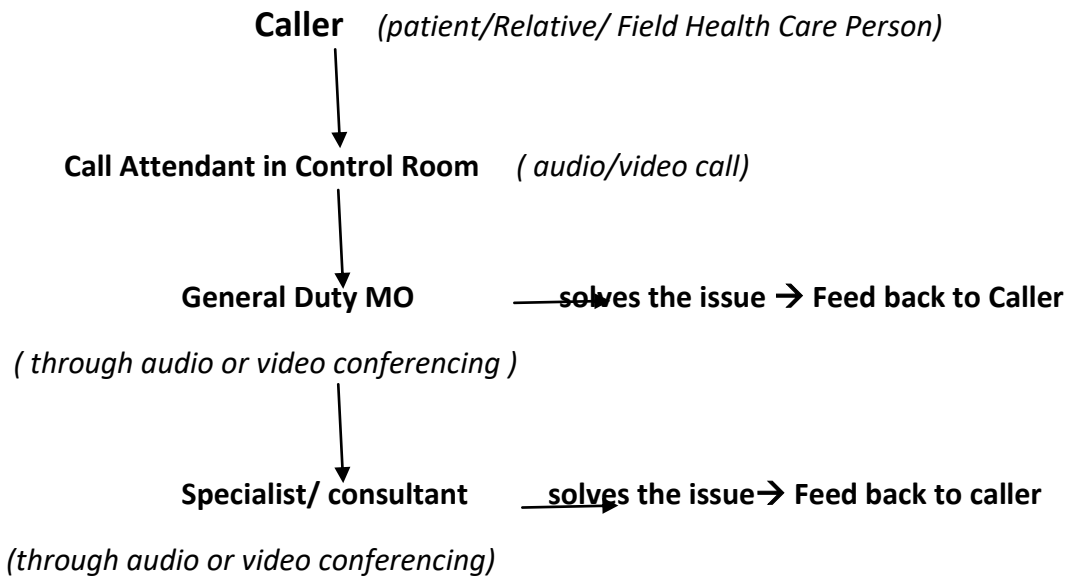
### **(II) Controll Room :**

The control room in all Telemedicine Centres will run preferably in a separate room with required furniture , Computer etc. It can also run in existing Telemedicine rooms and use the existing system. The local authority will decide.

- (III) a)**The Call Attending Person will be a Male Nurse /Pharmacist/Health Worker(M/F), /Multi Purpose Health Supervisor(M/F) or a Female Nurse as per availability , that is to be decided by the Dean and the Superintendents of Medical College Hospitals or the DMO cum Superintendent of HH/RGH/Capital Hospital. But the list of such persons assigned duty will be fixed and displayed at the beginning of the week in the notice board. Any change in the schedule should be done with judicious alternative arrangement and reflected ahead to avoid dislocation.

**b)** There shall be at least two GDMOs and one Specialist/consultant from each stream on call during a specific time. But the concerned local authority can make suitable changes if sufficient numbers of doctors are not available.

**(IV) Flow Chart for Call addressing :**



**(V) Other key points for addressing call :**

- If the doctor/specialist is not available the call should be recorded both digitally and manually with name, age, sex, detail address, contact number and chief complaints and the Call Attendant will have the responsibility to connect between the caller and doctor within shortest possible time.
- The doctor will identify himself with his specialization if any, to the caller.
- Consent: if caller is the patient himself, consent is self implied. If caller is the relative or another Health Care provider or relative ( pt is not in condition to give consent) or Guardian (Patient is minor) consent through audio /video message that “ Yes I agree for Telemedicine consultation” or in any simpler but clearly understood format should be obtained and recorded.
- Listen to the complaints carefully and address .

- All privacy of the patient should be honoured .
- Queries on previous treatment/investigation can be made .
- If full advice on critical situation can not be given, first aid, life saving measures, suitable advice for shifting to appropriate Health Care facility should be given.
- If the doctor feels sincerely that in person examination is necessary , the caller should be advised accordingly.
- Any vague call/ absurd questions etc should be politely objected/rejected .
- Prescription should be in prescribed format given by GOI and should be transmitted to Call Attendant digitally ( e mail/ whats app) . The Call attendant shall issue it's scanned/digital copy to caller with a copy to his nearest NIRAMAY counter . The caller can collect medicine from his nearest Niramaya counter and the Pharmacist should keep the scanned /digital copy for record with a mention that the prescription was complied , so that, duplication will be avoided.

**(VI) Drugs to be Prescribed :**

a) **List O** : consists of drugs which are safe and can be prescribed by any mode. Ex – Paracetamol, ORS, Cough Logenges , antiseptic ointments/lotions for local application etc.

b) **List A** : Comprises of drugs which are relatively safe and not likely to cause addiction like antacids, anti allergic, common anti diarrhoeals , Vitamins , Iron Folic acids etc. Of course , this should better be prescribed after a video conferencing .

c) **List B** : Comprise of Medicines which are prescribed on follow up consultation / or continuation of drugs prescribed during in-person consultation or as a follow up consultation .

d) **Prohibited List** : Includes drugs which can not be prescribed like narcotics, Psychotropics, Schedule X drugs .

**VII) Logistics to be Kept in Control Room :**

- Register
- Mobile Phone ( to be supplied)
- Computer and peripherals (being used in Telemedicine)
- Minimal furniture

**VII) Reporting:** weekly in prescribed Format.

Date	Time	Callers name and address	Contact No	Himself Patient (P)/Relative(R)/Health provider(HP)	Call addressed( Tik Mark)/Call waiting for adreessin (W) / Rejected (NP)