Summer Training Report

Supporting Patient with Emergency Service during COVID – 19. To study how Telecommunication and Telehealth is helping to deliver emergency patient services in COVID – 19.

By

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Under the Guidance of

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MBA Hospital and Health Management

2020-2022

Institute of Health Management Research

The IIHMR University

Jaipur

ACKNOWLEDGEMENT

To begin with, I commend the IIHMR University for giving me this great opportunity to work on this project. I would also like to thank Mr. Arindam Das for having given me his valuable guidance for this project. Without his help for me it would have been an impossible task to complete and fulfill the project needs.

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I would be failing in my duty if do not acknowledge with a deep sense of gratitude the sacrifices made by my parents and this has have helped me completing the project that I was working on successfully. Supporting me in these hard times despite the pandemic situation.

Internship Completion Certificate

TO WHOMSOEVER IT MAY CONCERN

Date: 05-07-2021

This is to certify that **Ms. Shefali Sakpal** (Employee Code**: 2249**) was employed with StanPlus Technologies Pvt Ltd from 10-May-2021 to 04-July-2021 and was working as Intern at the time of leaving the company.

We wish her all the best in her future endeavors.

Warm Regards,

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ABBREVATIONS

MoHFW	Ministry of Health and Family Welfare
MERS	Middle East Respiratory Syndrome
NMDA	National Disaster Management Authority
SARS	Severe Acute Respiratory Syndrome
UN	United Nations
WHO	World Health Organization
TFN	Toll Free Number
POTUS	President Of The United States
HIPAA	Health Insurance Portability and Accountability Act
WA	
SOS	Si Opus Sit
POC	Point Of Care
SPOC	

Report on work from home

By

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Assigned and guided by Mr. Arindam Das

STUDY ON SUPPORTING PATIENT WITH EMERGENCY SERVICE DURING COVID – 19

MBA (Hospital and Health Management)

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SUPPORTING PATIENT WITH EMERGENCY SERVICE DURING THE COVID - 19.

INTRODUCTION

Stan Plus is a Hyderabad based medical transportation organization. Provides hospitals and enterprise with Teach Solutions that augment their existing medical response systems to respond faster. Headquarters of Stan Plus is in Hyderabad, Telangana, India. It was founded in year 2016 by INSEAD graduates from France Antoine Poirson, Jose Leon, and Prabhdeep Singh. Stan plus is a company delivering end-to-end medical response solutions. Backes up by a fleet of over 900 ambulances that work 24/7, medical support within 15minutes and are packed with top-of-the-line equipment and highly trained personnel. It focusses on supporting the patient in emergency and non-emergency situations by helping them reach the hospital on time.

The startup aggregates hospital ambulances, private operators, government-run services, and its own ALS (Advanced Life Support) ambulances. It has partnered with over 25 hospitals in cities like Hyderabad, Bengaluru, Mumbai and Kochi for medical responses in all the emergency calls from hospitals being answered by Stan Plus. The startup does not simply aggregate the available ambulances, but also standardizes, trains drivers on COR and first aid, quality checks the inside of the ambulance, among the other things. It also provides a live tracking feature to patients through SMS.

Stan Plus uses technology, as well as reliable call center to make efficient routing decisions using geospatial data, which is also employed to analyze routing and traffic data for station ambulance at calculated intervals. With the help of this technology, the ambulances attempt to reach every emergency case in each city it serves within 20 minutes of the call.

Ambulance market in India is fragmented and suffers from low asset utilization. The owners of the fleet are unable to upgrade the ambulances because of spreading very thin. By focusing the demand on standardized ambulances, Stan plus is increasing the asset utilization and thereby incentivizing the owners to improve the quality – both of hardware, and what they call “care – ware”.

To expand Stan Plus launched RED Ambulance in Bangalore on 23rd April 2020. Transforming massively the ambulance service in Hyderabad, now they have entered into the Bangalore market. To make deep inroads within the market, the company has tied up with prominent hospitals like Sakra woods Hospital, Fortis Hospital and Columbia Asia Hospital.

Recently, On 8th June 2021, Stan Plus announced its collaboration with Grip Invest. It is a platform providing opportunities in terms of investment. To expand the RED Ambulance network across the country wide Stan Plus initiated the partnership with 10 Red Ambulance and eventually planning on to expand it to 100 across 30 cities in country.

STANPLUS
POWERED AMBULANCE

Mode of Data Collection:

- Qualitative method – observational and documented method. This explains that my learnings are solely based on the work that I have done and observations I did. Documented method explains that the learnings were analyzed from data that was available through fresh desk.
- Data collected - Unstructured data with participant method. The data is unstructured because the analysis was based on patient behavior, service, satisfaction, notes, calls and communication and recommendations. Participant method is a method where researchers engages themselves actively in the process. We can also say this as “field work”.
- Sampling method – event and convenience method. As this observation and data was recorded in certain time period that is during pandemic we could actually record different behavioral patterns and change in healthcare system. Convenience method as the data was collected from a convenient source.

Objective:

- Studying the new emergency service “Uber – of – Ambulance”.
- To understand the impact of pandemic on increasing demand of ambulance service.
- To reduce the hassle work of patients.

- To collect as much sources as possible for emergency.
- To learn how should we put someone else before us when its needed.

Observational learning and findings –

Services:

1. Red ambulance:

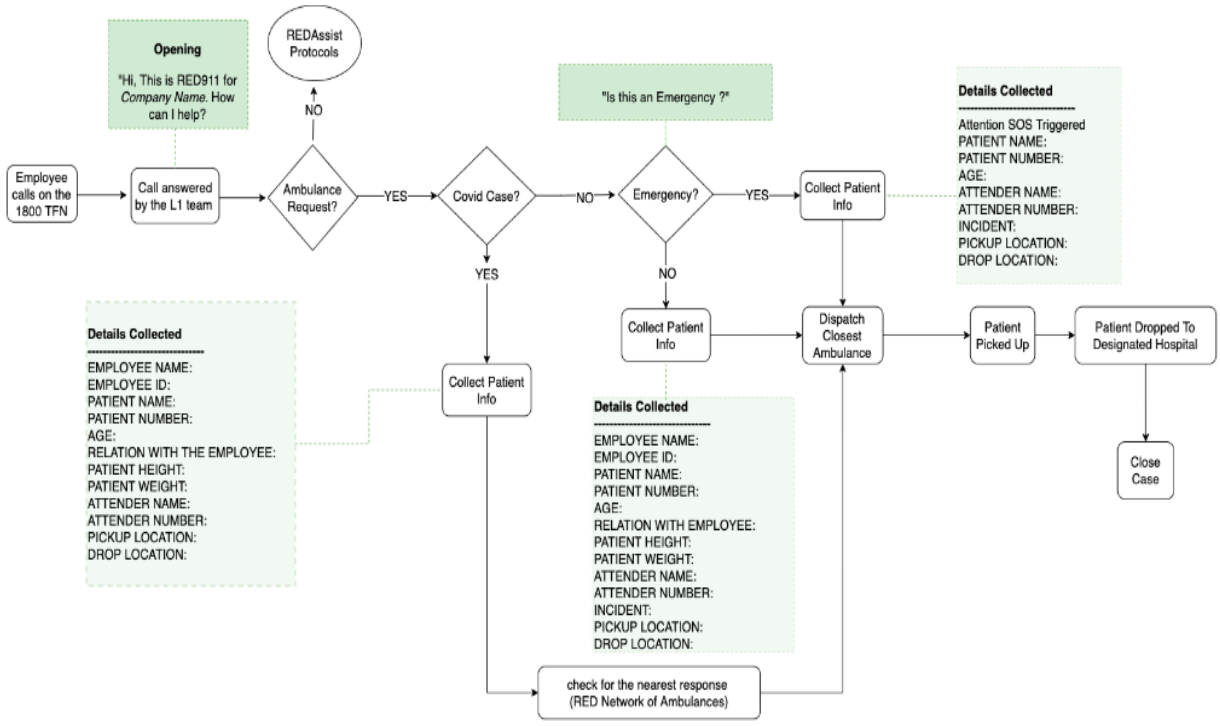
   Process flow:

   This a service where Stan plus provides services to the companies (e.g., Capgemini, Amazon). When employee calls on toll free number (TFN) call is answered by the L1 team.

   Now if the request is for ambulance service, then the call further goes on accordingly:

   a. If the patient is covid positive, then the team collects patient details. Checks for the nearest response available and within 14 min the patient gets response, is picked up, dropped to designated hospital and the case is close.
   b. If it's an emergency case, then the team collects patient details. Dispatches the closest ambulance available. Patient is picked, dropped to the designated hospital and the case is closed. Also, in emergency cases mentioning "Attention SOS Triggered" is crucial.
   c. Even if its regular case the procedure is same, but the only difference is that patient details requirement slightly varies.

   And if the request is not for ambulance service, then the call is further proceeded as per the REDAssist protocols.



2. Air ambulance:

   Service that is provided for patients where there is a need of transfer to long distance in case of emergency.

   Patient's reports are investigated and evaluated thoroughly by team of doctor's prior of making all required arrangements to reassure a smooth bed to bed transfer of the patient. In which there are two categories:

   a. Chartered Air Ambulance – for quick and efficient transfer of patients, especially in case of emergency. They provide flexibility in scheduling the rides and the location.
   b. Commercial Air Ambulance – this is for non-emergency situations to make transfer of patients affordable and efficient. These flights would be ideal in case of patients who are stable or their condition is stable.

3. Red assist:

   - Red assist is a part of Stan plus which provides online or on call assistance to patients. Helping with organic leads that will provide resources. Now this extension took place in 2021 for Covid – 19 assistances.

- Services provided are organic leads which supply medical resources needed in COVID -19 also this service is for PAN INDIA.

A. Tickets raised:

- To begin with, there are two ways in which ticket is generated: 1. Through TFN (toll free number) where patient calls and asks for assistance. 2. The client WA SPOC raises the ticket in the system.
- Now in first way the team creates a ticket in the system with all the details that is been provided by the patient. And then the case is automatically assigned to the zonal FOX team. Later on this case is assigned to POC (agent) by the team.
- Second way is where client raises a ticket in the system with all the details and then the case is automatically assigned to zonal FOX team. Later the case is assigned to agent by the team.

B. Tickets resolved:

- Once the ticket has been assigned agent acknowledge it immediately and connects with the patient. Providing organic leads and then doing follow up without fail is the next step to resolve. Once you get the proper update from patients that was this helpful and are they satisfied you are free to update the status as resolved.

C. Structure of helpline number

1. How does the patient enter query?
2. How it reaches to us?
3. How is it assigned to agent?
4. How is it resolved?

D. Process flow:

REDAssist Request (1800 TFN)	REDAssist Request (WA)
L1 team creates a ticket in the system	The Client WA SPOC raises a ticket in the system.
The case gets automatically assigned to the Zonal FOX team.	The case gets automatically assigned to the Zonal FOX team
FOX team assigns one POC to the case.	FOX team assigns one POC to the case.
The POC connects directly with the caller.	The POC connects directly with the caller.
Provides the requirements, takes follow up and closes the case.	Provides the requirements, takes follow up and closes the case.

Case is closed in the system.	Case is closed in the system. The client SPOC shares the update in the WA group.

Findings:

There are many such websites on social media which will help you with the list of contact numbers that can provide you medical assistance or say medical resources, but we all know in medical conditions or emergencies searching for a website or Instagram account and calling all 100's of unverified or maybe verified contacts is not going to help. So, this is where STANPLUS comes in a picture. We provide verified leads with all the necessary details required to the patient. Time is saved and we provide best of their interest also not to forget we update our list of verified leads every 2-3 hours.

The team in which I worked was South FOX Team, major cities like Hyderabad, Vizag were in highlight. Initially worked in another zone which included Delhi, west Bengal and Karnataka as well.

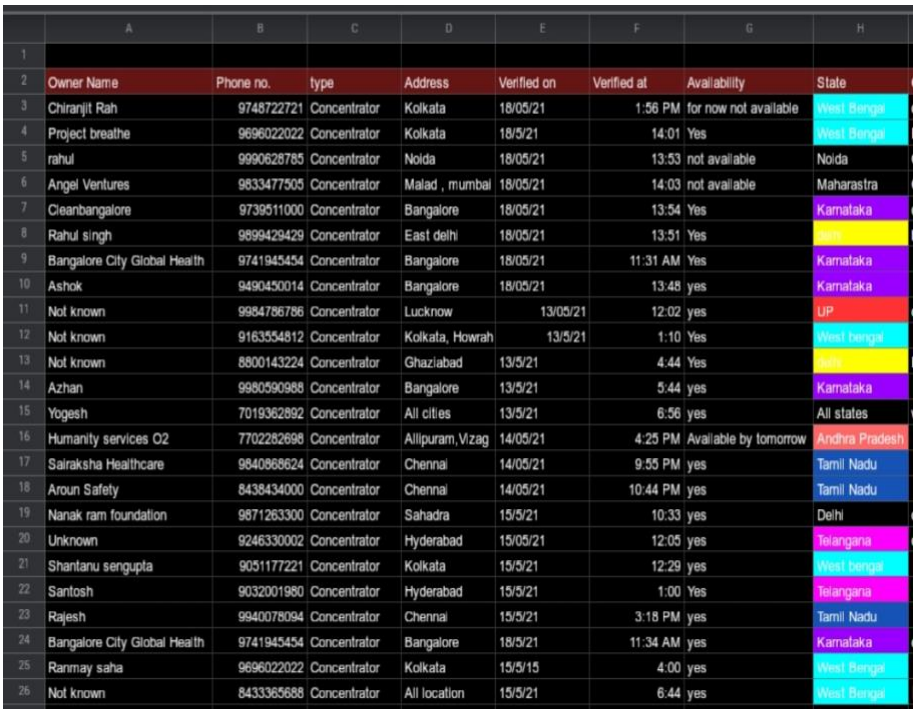
A. Resources provided:

- Hospital beds, oxygen concentrators, oxygen cylinders, medicines, injections, plasma donors, food and home delivery service, ambulance service, doctor on call, hotels for isolation and covid test labs.

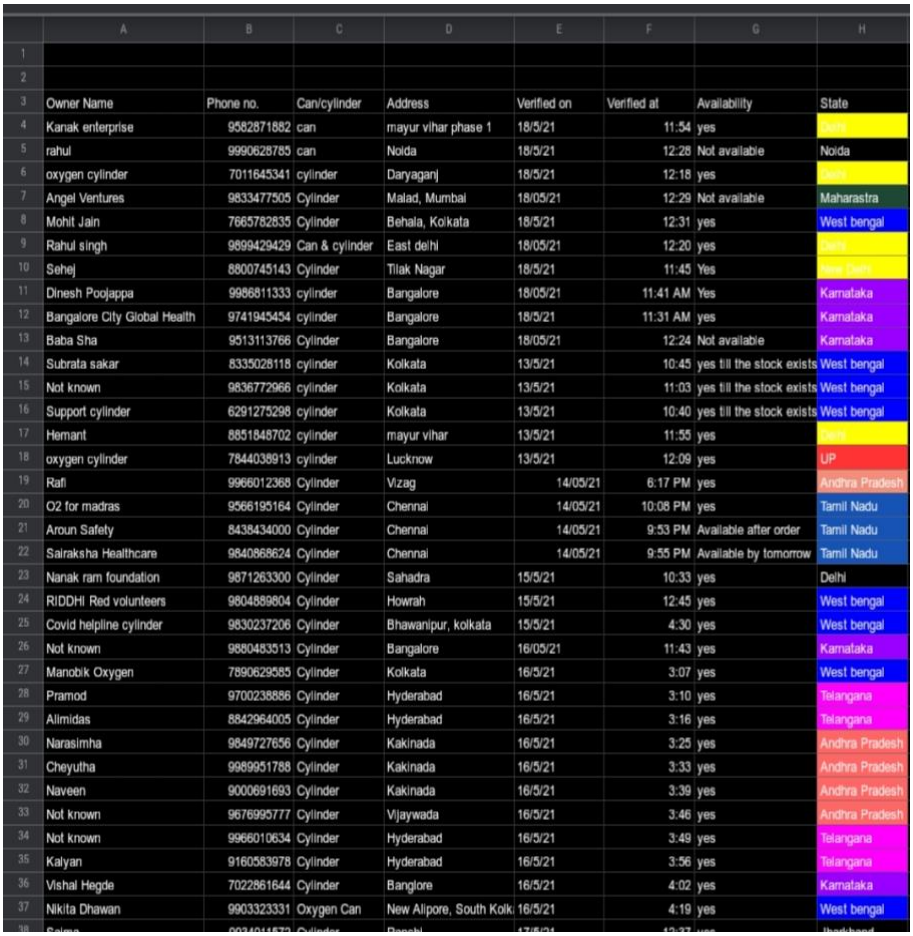
B. Sheet update:

- Finding leads that are verified with specific details for example – name, contact number, what does the supplier provides, quantity, specific conditions of supplier, location.

	A	B	C	D	E	F	G	H
1								
2	Owner Name	Phone no.	Type of ambulance	Address	Verified on	Verified at	Availability	State
3	Ambulance services	79472868859/ 937255912	Oxygen / ICU	Bhubneshwar	15/5/21	11:29	yes	Orissa
4	Ashwini hospital	9238008800, 6712363007	Oxygen/ICU	Cuttak	15/5/21	11:32	yes	Orissa
5	Ambulance services	99372 55912	Oxygen/ICU	Cuttak	15/5/21	11:40	yes	Orissa
6	Ambulance services	7947468344	Oxygen	Bhubneshwar	15/5/21	11:52	yes	Orissa
7	Bluebells Ambulance Service	98300 34475	Oxygen/ICU	Kolkata	15/5/21	11:57	yes	West bengal
8	Falcom emergency	9205909876	Oxygen/ICU	Kolkata	15/5/21	5:50	yes	West bengal
9	Loknath services	8013476160	Oxygen/ICU	Kolkata	15/5/21	5:56	yes	West bengal
10	City care ambulance	7947407555	Oxygen/ICU	Kolkata	15/5/21	6:15	yes	West bengal
11	Ambulance services	8292710851	Oxygen/ICU/ ventilator	Patna	15/5/21	6:56	yes	Bihar
12	Muskan ambulance	9470473643	oxygen	Patna	15/5/21	6:58	yes	Bihar
13	Venkat Ambulance Services	9948954412	Oxygen	Kakinada	16/5/21	1:05	yes	Andhra Pradesh
14	Nayoma Ambulance Services	9440711000	Oxygen/ICU	Kakinada	16/5/21	1:10	yes	Andhra Pradesh
15	Aadhya Ambulance Services	9182357338	Oxygen/ICU/Ventilator	Hyderabad	16/5/21	1:19	yes	Telangana
16	Aadhya Ambulance Services	9182357338	Oxygen/ICU/Ventilator	All over	16/5/21	1:19	yes	Andhra Pradesh



	A	B	C	D	E	F	G	H
1								
2	Owner Name	Phone no.	type	Address	Verified on	Verified at	Availability	State
3	Chiranjit Rah	9748722721	Concentrator	Kolkata	18/05/21	1:56 PM	for now not available	West Bengal
4	Project breathe	9696022022	Concentrator	Kolkata	18/5/21	14:01	Yes	West Bengal
5	rahul	9990628785	Concentrator	Noida	18/05/21	13:53	not available	Noida
6	Angel Ventures	9833477505	Concentrator	Malad , mumbai	18/05/21	14:03	not available	Maharastra
7	Cleanbangalore	9739511000	Concentrator	Bangalore	18/05/21	13:54	Yes	Karnataka
8	Rahul singh	9899429429	Concentrator	East delhi	18/05/21	13:51	Yes	Delhi
9	Bangalore City Global Health	9741945454	Concentrator	Bangalore	18/05/21	11:31 AM	Yes	Karnataka
10	Ashok	9490450014	Concentrator	Bangalore	18/05/21	13:48	yes	Karnataka
11	Not known	9984786786	Concentrator	Lucknow	13/05/21	12:02	yes	UP
12	Not known	9163554812	Concentrator	Kolkata, Howrah	13/5/21	1:10	Yes	West bengal
13	Not known	8800143224	Concentrator	Ghaziabad	13/5/21	4:44	Yes	Delhi
14	Azhan	9980590988	Concentrator	Bangalore	13/5/21	5:44	yes	Karnataka
15	Yogesh	7019362892	Concentrator	All cities	13/5/21	6:56	yes	All states
16	Humanity services O2	7702282698	Concentrator	Allipuram,Vizag	14/05/21	4:25 PM	Available by tomorrow	Andhra Pradesh
17	Sairaksha Healthcare	9840868624	Concentrator	Chennai	14/05/21	9:55 PM	yes	Tamil Nadu
18	Aroun Safety	8438434000	Concentrator	Chennai	14/05/21	10:44 PM	yes	Tamil Nadu
19	Nanak ram foundation	9871263300	Concentrator	Sahadra	15/5/21	10:33	yes	Delhi
20	Unknown	9246330002	Concentrator	Hyderabad	15/05/21	12:05	yes	Telangana
21	Shantanu sengupta	9051177221	Concentrator	Kolkata	15/5/21	12:29	yes	West bengal
22	Santosh	9032001980	Concentrator	Hyderabad	15/5/21	1:00	Yes	Telangana
23	Rajesh	9940078094	Concentrator	Chennai	15/5/21	3:18 PM	yes	Tamil Nadu
24	Bangalore City Global Health	9741945454	Concentrator	Bangalore	18/5/21	11:34 AM	yes	Karnataka
25	Ranmay saha	9696022022	Concentrator	Kolkata	15/5/15	4:00	yes	West Bengal
26	Not known	8433365688	Concentrator	All location	15/5/21	6:44	yes	West Bengal



	A	B	C	D	E	F	G	H
1								
2								
3	Owner Name	Phone no.	Can/cylinder	Address	Verified on	Verfied at	Availability	State
4	Kanak enterprise	9582871882	can	mayur vihar phase 1	18/5/21	11:54	yes	Delhi
5	rahul	9990628785	can	Noida	18/5/21	12:28	Not availabie	Noida
6	oxygen cylinder	7011645341	cylinder	Daryaganj	18/5/21	12:18	yes	Delhi
7	Angel Ventures	9833477505	Cylinder	Malad, Mumbai	18/05/21	12:29	Not availabie	Maharastra
8	Mohit Jain	7665782835	Cylinder	Behala, Kolkata	18/5/21	12:31	yes	West bengal
9	Rahul singh	9899429429	Can & cylinder	East delhi	18/05/21	12:20	yes	Delhi
10	Sehej	8800745143	Cylinder	Tilak Nagar	18/5/21	11:45	Yes	New Delhi
11	Dinesh Poojappa	9986811333	cylinder	Bangalore	18/05/21	11:41 AM	Yes	Karnataka
12	Bangalore City Global Health	9741945454	cylinder	Bangalore	18/5/21	11:31 AM	yes	Karnataka
13	Baba Sha	9513113766	Cylinder	Bangalore	18/05/21	12:24	Not availabie	Karnataka
14	Subrata sakar	8335028118	cylinder	Kolkata	13/5/21	10:45	yes till the stock exists	West bengal
15	Not known	9836772966	cylinder	Kolkata	13/5/21	11:03	yes till the stock exists	West bengal
16	Support cylinder	6291275298	cylinder	Kolkata	13/5/21	10:40	yes till the stock exists	West bengal
17	Hemant	8851848702	cylinder	mayur vihar	13/5/21	11:55	yes	Delhi
18	oxygen cylinder	7844038913	cylinder	Lucknow	13/5/21	12:09	yes	UP
19	Rafi	9966012368	Cylinder	Vizag	14/05/21	6:17 PM	yes	Andhra Pradesh
20	O2 for madras	9566195164	Cylinder	Chennai	14/05/21	10:08 PM	yes	Tamil Nadu
21	Aroun Safety	8438434000	Cylinder	Chennai	14/05/21	9:53 PM	Available after order	Tamil Nadu
22	Sairaksha Healthcare	9840868624	Cylinder	Chennai	14/05/21	9:55 PM	Available by tomorrow	Tamil Nadu
23	Nanak ram foundation	9871263300	Cylinder	Sahadra	15/5/21	10:33	yes	Delhi
24	RIDDHI Red volunteers	9804889804	Cylinder	Howrah	15/5/21	12:45	yes	West bengal
25	Covid helpline cylinder	9830237206	Cylinder	Bhawanipur, kolkata	15/5/21	4:30	yes	West bengal
26	Not known	9880483513	Cylinder	Bangalore	16/05/21	11:43	yes	Karnataka
27	Manobik Oxygen	7890629585	Cylinder	Kolkata	16/5/21	3:07	yes	West bengal
28	Pramod	9700238886	Cylinder	Hyderabad	16/5/21	3:10	yes	Telangana
29	Alimidas	8842964005	Cylinder	Hyderabad	16/5/21	3:16	yes	Telangana
30	Narasimha	9849727656	Cylinder	Kakinada	16/5/21	3:25	yes	Andhra Pradesh
31	Cheyutha	9989951788	Cylinder	Kakinada	16/5/21	3:33	yes	Andhra Pradesh
32	Naveen	9000691693	Cylinder	Kakinada	16/5/21	3:39	yes	Andhra Pradesh
33	Not known	9676995777	Cylinder	Vijaywada	16/5/21	3:46	yes	Andhra Pradesh
34	Not known	9966010634	Cylinder	Hyderabad	16/5/21	3:49	yes	Telangana
35	Kalyan	9160583978	Cylinder	Hyderabad	16/5/21	3:56	yes	Telangana
36	Vishal Hegde	7022861644	Cylinder	Banglore	16/5/21	4:02	yes	Karnataka
37	Nikita Dhawan	9903323331	Oxygen Can	New Alipore, South Kolk	16/5/21	4:19	yes	West bengal

C. Sources:

- Now sources where we can get leads are most probably from twitter, government websites, Facebook, also from many Instagram accounts.
- Also keeping follow up on a loop of every 3-4 hours is important. Which will help us to know that the leads that we updated on sheet are still providing the resources or are still active.
- Confirming whether they are active or not if not asking them when they will revive. After confirming collect information like Name, resources they provide, available stock, reliability, any specific conditions and area they provide services.

D. Tickets assigned:

- On our portal named helpdesk we have to check whether any ticket has been assigned to us. Now ticket has all specifications and details needed to know by assigned agent to provide verified leads to patient. For example: XYZ patient is asking for a lead that could provide ambulance service and a hospital with oxygen bed. Collecting all the necessary data needed and moving forward to next step that is.

E. Calling patient:

- Calling patient is necessary before finding or verifying leads so that we can know what the exact needs of patient are and providing them with best of our assistance. This will give us a clear idea and patient will also feel that their needs are prioritized. After this we need to update on helpdesk that we contacted patient so the team will know that agent has acknowledged and working on it.

F. Finding leads:

- As soon as we know what patient needs start searching for organic leads. So, the tickets need an immediate acknowledgement as the services we provide falls into emergency category. Within 15 min of tickets assigned you must call patients and start working on leads.
- After searching organic leads, provide it to patient and ask them whether they need anything else. Update on helpdesk that the lead is been provided to the patient and status will become pending as we are yet to take the follow-up.

I. Follow up:

- Follow up is important part because we need to know whether the lead that we provided has helped them or not. This will help us to know more specific needs as some patients are hesitant to say which is also one of the reasons to take follow up. Follow up must be done after every 2-4 hours or maximum after 5-6 hours as they themselves are in rush and might be busy. High priority tickets need more attention.

J. Resolved:

- In this part we will know whether the patients query has been resolved or not. In some cases, it does happen that patient resolved it by themselves, or patient is not responding, or services are no longer needed. Now, this is a part where we update the status either resolved by stan plus/ resolved by patient etc.
- Updating again on the desk that ticket is been resolved in time. No ticket should take more than 24 hours to get resolved.

K. Notes:

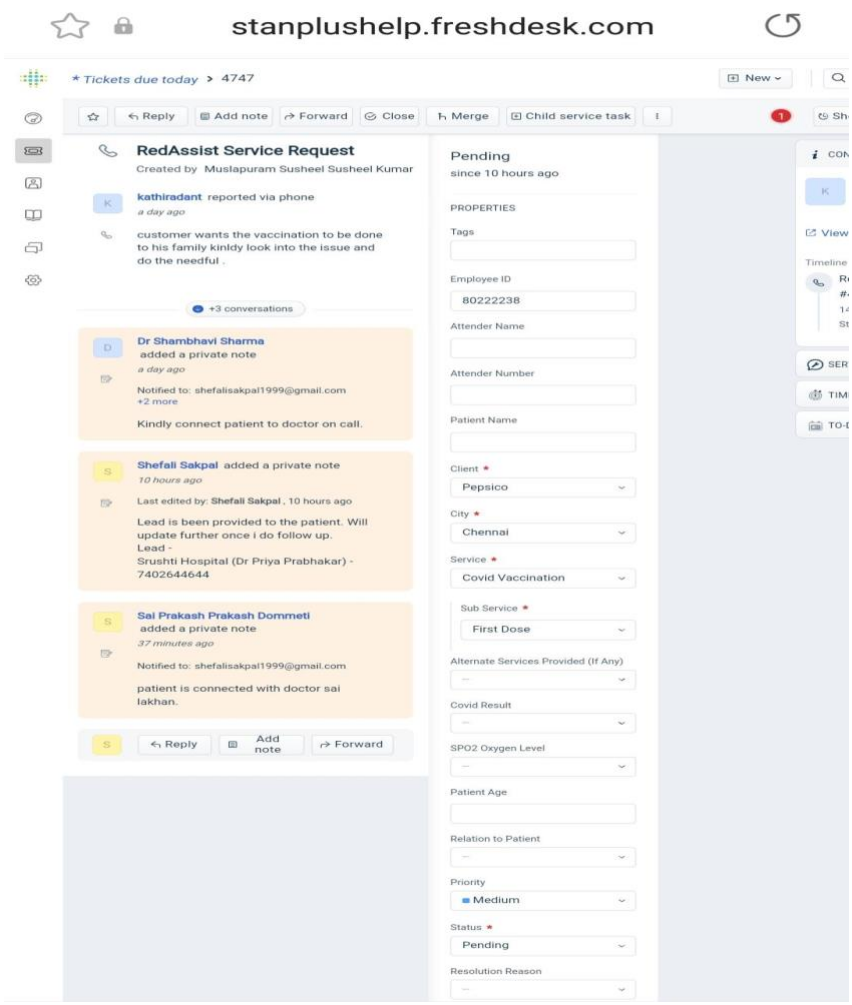
- This is a function where we can add notes about tickets status. Here, we have to mention details about patients need after the first call and later on when we provide active lead mentioning the details about provider/supplier like Name, contact number and Services provided in which area or location is necessary because it can help other agents as well. Adding notes will help team to keep check on tickets status.

L. Ticket:

- Here in the below picture, we can see that how all the specifications are mentioned by the team and what exactly adding notes and resolved status is. Now the other crucial or important categories to note down apart from name and age are:

1. Client – The patient is from which company.
2. City – Location of the patient.
3. Service – What is the need of the patient.

4. Sub-service – Specification of service.
5. Priority – If its emergency case or not.



Conclusive Learning:

1. Every little contribution towards health and care is very crucial.
2. Negligence cannot have room in healthcare industry.
3. Patient care and communication can affect overall results.
4. Every sector is contributing in one or the other way in this pandemic.
5. Communication has been a major factor in this project as it was the base of this project.
6. Things that one should have while doing this project is communication skills, understanding nature, data handling and good in research.
7. This project helped me to improve my research skills.
8. Also never settling down for less is what I came up with. I know it is a very different prospect, but I learned this as well.
9. Patient handling on call is a task that you will find interesting as well as strenuous to do.
10. Just adding a point that it is very satisfying when you provide sources to patient, and it helped them. Its like a ray of hope in all of this darkness.

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INTRODUCTION:

To beginning of COVID – 19 in December 2019, a bunch of uncharacteristic pneumonia cases have emerged in Wuhan, China, which resulted in rapid and massive outbreak of coronavirus disease. (Wilder-Smith et al., 2020) On 9 January World Health Organization (WHO) stated that outbreak is triggered by novel Coronavirus. To that instant it was declared as a public health emergency of international concern on 30 January 2020. The disease was named as COVID-19 by WHO on 11th of February. The disease Rapidly spread across the world and was avowed as a pandemic by WHO on 11th of March. by this time, it had already spread across 114 countries. (Timeline of WHO's Response to COVID 19, n.d.) This called for countries to take instantaneous and aggressive actions in order to Regulate the spread of virus, approaches were being planned to perimeter the spread, save lives and minimalize the impact. The number of cases were rapidly rising, affected countries were dynamically trying to detect new cases, test for positive and segregate the positive cases and treat them. The virus by now has already reached community transmission and became very challenging to contain. The first case of COVID-19 in India was reported on 30 January 2020. According to Ministry of Family Health and Welfare (MoHFW) India has a total of 648,315 cases, 394,226 recoveries and 18,655 deaths in the country as of on 4 July 2020. (MoHFW | Home, n.d.). On 22 March, Indian government had implemented a 14-hour voluntary curfew followed by a nationwide lockdown of 21 days by the order of Prime minister, this lockdown had affected the entire population of India in many ways. The lockdown was further extended on 14 April till 3 May which was followed by another two-week extension with sizeable relaxations. The government has started the unlocking phase on 1 June excluding the containment zones and non-essential Items were made available to the general public. (Coronavirus Lockdown Extended till 31 May, Says NDMA, n.d.). The response from the government though was aggressive it was requisite for containing the Spread of the virus, the lockdown kept a hold on the spread of virus and the number of new Cases were not rising exponentially. Use of facial masks and social distancing became the new Norm and regular use of sanitizer and hand washing was promoted, there were strict restrictions on travel and movement was only allowed for essential items. The nation was divided into three zones namely Red, Orange and Green based on the number of active cases. Business Establishments were shut down, educational institutions were closed until further notice and the BSE SENSEX witnessed a crash with an estimated loss of US$348 million on India. (Trade Impact of Coronavirus Epidemic for India Estimated at 348 million dollars: UN Report – The Economic Times, n.d.).

Throughout the COVID – 19 crisis, a countrywide lockdown was implied which reduced accessibility of regular healthcare services. As a response to policy, Ministry of Health and Family Welfare which examine jurisdiction over Telemedicine in India, issued swiftly India's first guidelines to avail Telemedicine. Due to lockdown services like out-patient department in most of the government and private medical colleges were either shut down or lessen the availability of services. Increasing cases affected many countries massively. China and US were facing increase in active cases and deaths prominently. Others got more precautious learning that closed environments, in particular hospitals, were at high risk of transmitting the coronavirus. Hospitals in that case

were probably functioning as a sources of 'rapid spreading' events: so, as a prevention hospital shut down out-patient department and other facilities which lies in non-emergency units. As we all know India already lacks in the Healthcare Industry, physical accessibility to healthcare services are restricted, along with that some other critical boundaries like unavailability of ample healthcare human resources and its dispensation, affordability is another issue, also not to forget about the inequality and lack of health awareness. Hence, shutting down of these services intensified a shortage of services.

As many other countries worldwide responded, India responded the same. With telemedicine and modern technologies, less than a week of the lockdown hospital OPD department and certain other healthcare facilities took a step up with initiating telemedicine services. Every single provider from large private hospitals to individual practitioner commenced telemedicine services.

Until such time and extremity fell on us due to COVID – 19 pandemic, India lacked in implementing telemedicine on a wide ranging or large scale. Earlier, India attempted their growth in telemedicine, but it was not successful until now. Not only that but also telemedicine was not distinctly legalized before issuance of the 25 March 2020 guidelines. Due to one incident the judicial orders in India curbed the practice of telemedicine. Public started questioning the adequacy of telemedicine after this case was upheld to court in one of the well-known states of India, Maharashtra. The criminal negligence charges for a case that contained consultation over the telephone after patient lost her life. A lack of clear policy or a legislation and overriding of criminal negligence is the reason. Now you know why the future of telemedicine was uncertain and on hold in India until COVID – 19 crisis brought it back into service, we can say sharp focus.

On 9 August 2020 we were introduced with the telemedicine service by the government of India. Which is called as "eSanjeevani". Its not that we never used any services that telemedicine provided us before, but we were walking way before time. As a country where government depends on public and public depending on government, approval from both sides is very important before implementing any such new concepts in India. During COVID – 19 pandemics, practices like video conference diagnose were taken place and patients from multiple different locations geographically were treated. In this modern era, it is viable to amalgamate telemedicine with AI technology, for building and enhancing the quality of healthcare and discover new aspects of health and care.

This global crisis or pandemic has boosted the initiatives to expand telemedicine. The covid – 19 situations has opened a so called "Window od Disclosure" of possibility. This is a time where we have a wider range of options and facilities to which the public is willfully considering and accepting.

RESEARCH QUESTION:

- How Telecommunication helps to deliver emergency patient services in COVID – 19?

BROAD OBJECTIVE:

- To study how Telecommunication and Telehealth is helping to deliver emergency patient services in COVID – 19.

OBIJECTIVES:

- To assess the knowledge regarding the pandemic.
- To study whether telecommunication and Telehealth is reliable when it comes to global crisis.
- To contribute to Health sector.

MATERIALS AND METHOD:

- Research Design - This is a cross-sectional, descriptive type of study carried out as a survey amongst population of Above 18 years all over India.
- Sampling technique – Convenience Sampling is used which is a nonprobability sampling where population is easily accessible, available at any given time and willing to participate.
- Study tools - An online form was created using google forms inclusive consent for voluntary the participation, the questionnaire was forwarded through means of Email, WhatsApp, and other social media platforms. The study began on 1st July 2021, and the responses were collected till 4th July 2021.
- The questionnaire has five sections, in the first section the participants were asked to fill their Sociodemographic details like age, sex, place of residence and their educational status, the Participant names or other personal information was excluded in order to maintain anonymity, after giving their consent to proceed with the survey they were directed to the next section.
- The Second section consisted of four questions which were aimed to assess that whether they have knowledge about Uber or Air ambulance, Government websites providing list of suppliers that are helpful, Private companies providing services and have they ever used any such sources. The third section includes the experience of using sources, were they helpful and if not used will they rely on it or recommend it or do they think it is helping in this pandemic situation.

RESULTS:

As mentioned earlier, the study was conducted through an online survey related to the reliability of Telecommunication in COVID – 19 in India. An overall response of 50 respondents were collected. First few questions were about their personal details like age and location to understand which age group and at what location the impact is more. What we understood through this survey is that all the respondents were above age of 20. If we divide the data in different age group then –

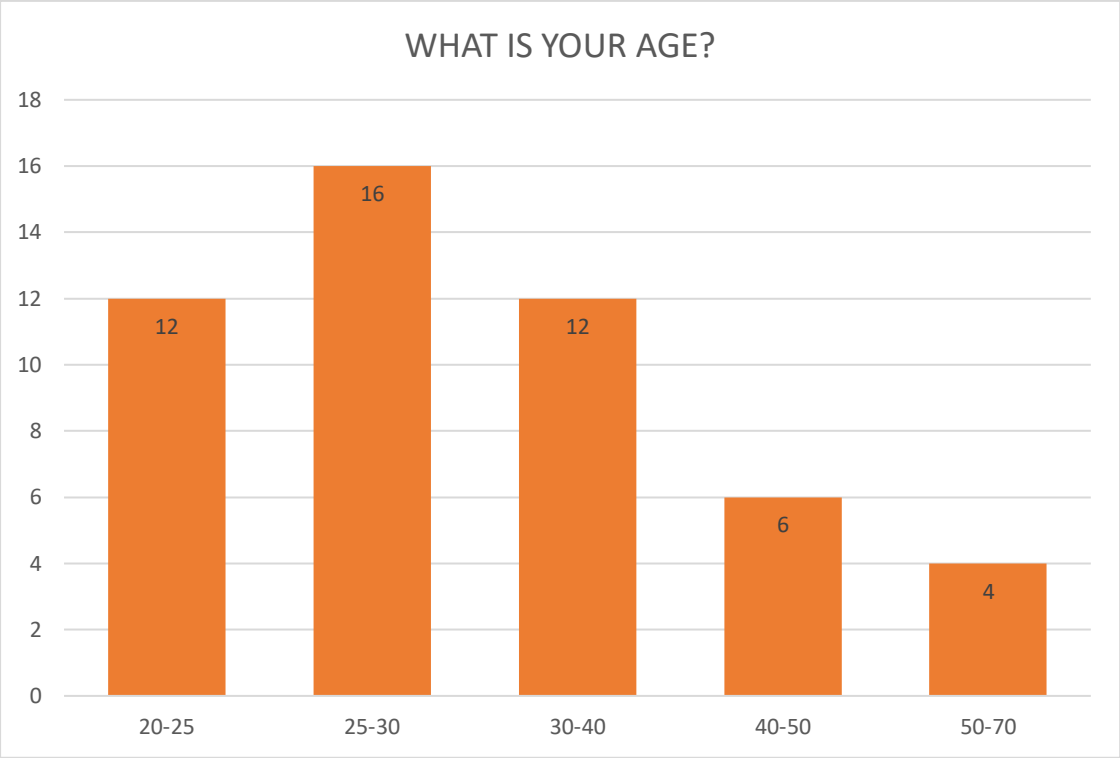
1. Age group between (20 – 25) – 12 respondents were from this age group.

2. Age group between (25 – 30) – 16 respondents were from this age group (the topmost).

3. Age group between (30 – 40) - 12 respondents were from this age group.

4. Age group between (40 – 50) – 6 respondents were from this age group.

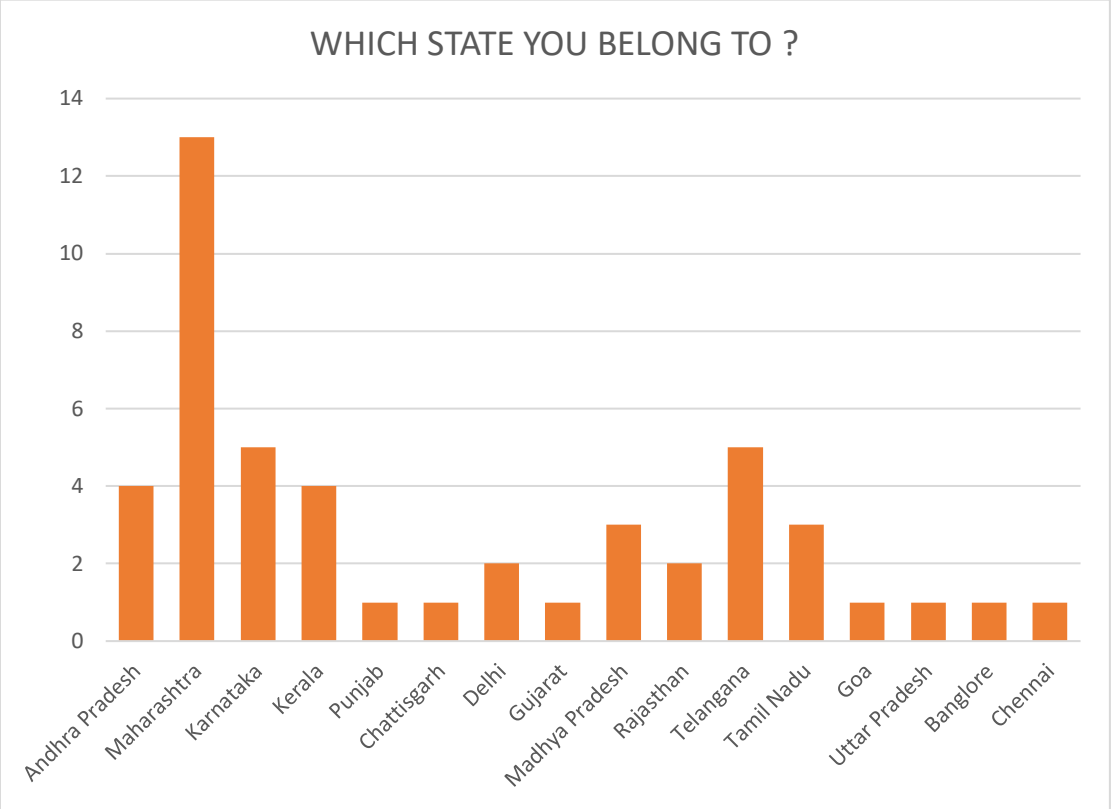
5. Age group between (50 - 70) – 4 respondents were from this age group.



(Fig.01)

As I worked in south zone my most of the contacts were for Hyderabad, Vishakhapatnam and Andhra Pradesh apart from that a few were from Delhi, Karnataka, Chennai, Coimbatore, Bangalore and from Maharashtra. The

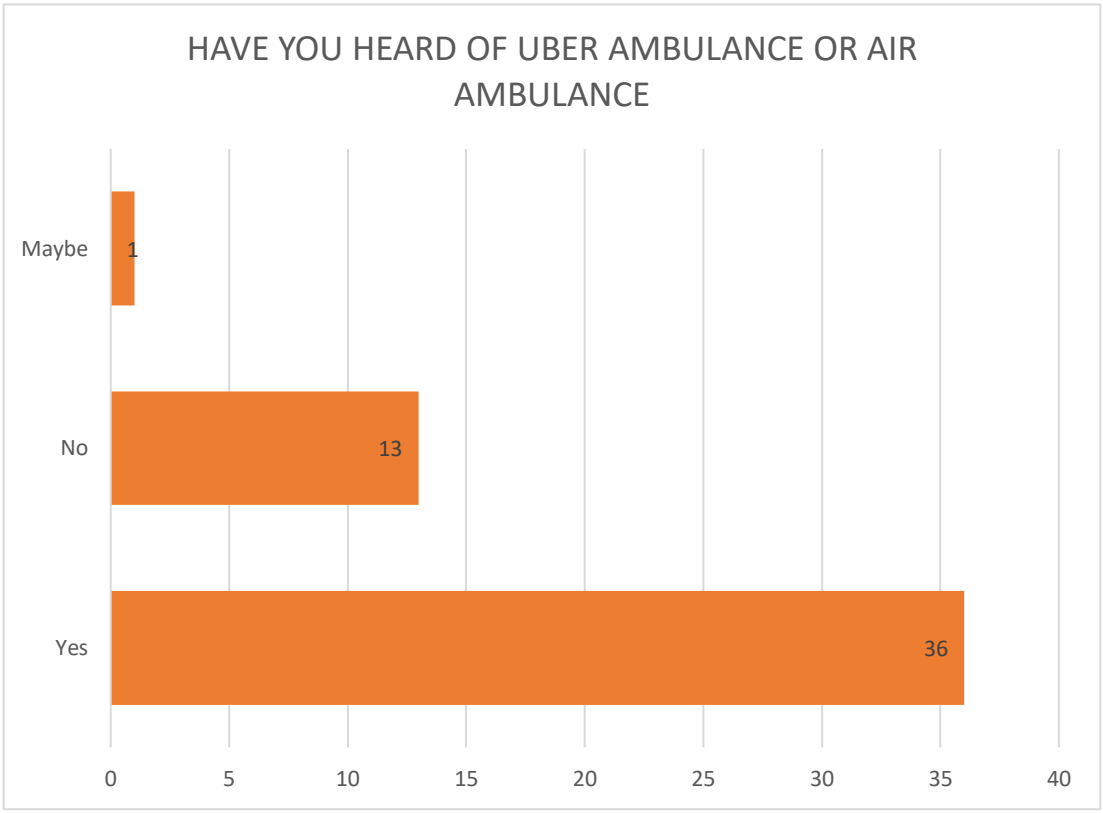
topmost respondents were from Maharashtra, Karnataka, Andhra Pradesh and Kerala where as second most respondents were from Tamil Nadu, Telangana and Madhya Pradesh. This shows us that cases were high in topmost and second most states which lead them to using Telemedicine for health service. Mentioning further that analysis can also change because of contacts as we all know that even Delhi had massive cases of COVID – 19. But here we can tell that how many people gave a chance to telemedicine.



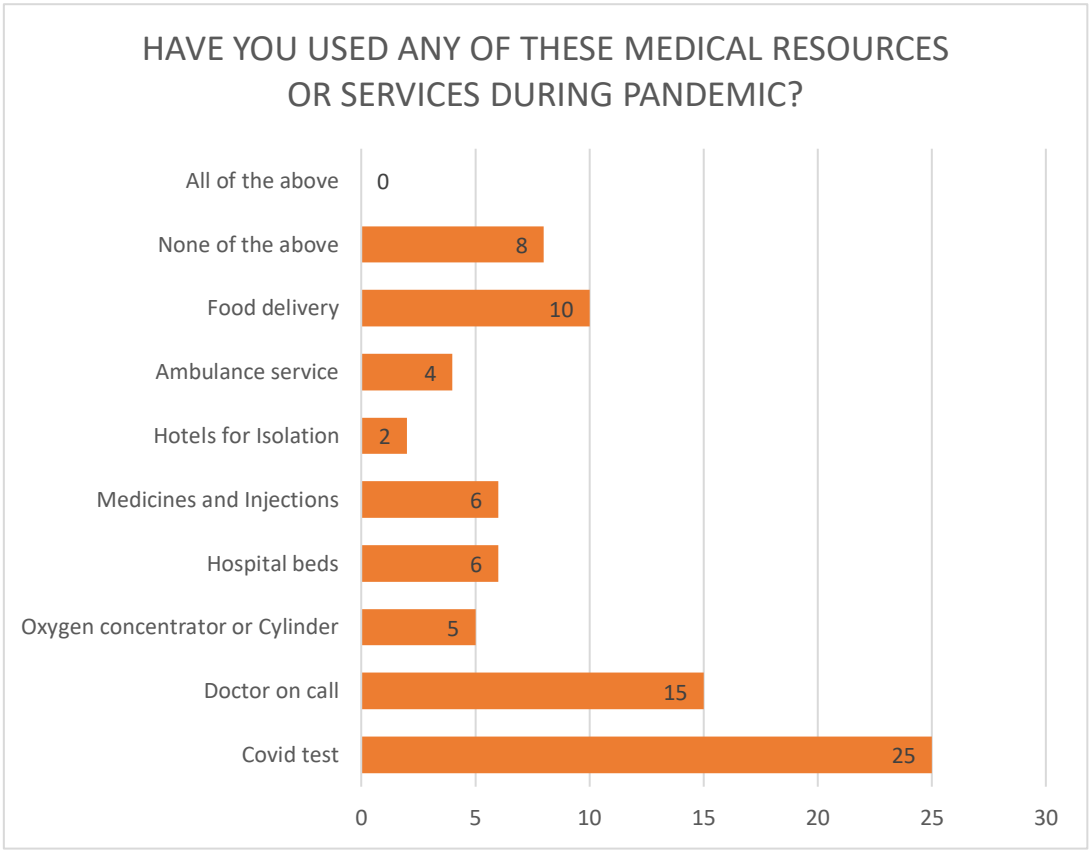
(Fig.02)

Awareness about telemedicine and how successful it is in this pandemic.

The concept that I mentioned in my questionnaire is not alien but new in India. “Uber for Ambulance” got most appreciation in 2021. New startup companies launching their best of work and ideas to fight this pandemic is like a pleasant scenery. Reason behind this question was to analyze that how rapidly this concept has emulsified with telemedicine during pandemic. And here we can actually say that pandemic has really affected mindsets of people, and this is the reason why most of the population is giving chance to these new ideas. At least COVID -19 gave us some positive aspect to look forward.


HAVE YOU HEARD OF UBER AMBULANCE OR AIR AMBULANCE
Maybe
1
No
13
Yes
36
0
5
10
15
20
25
30
35
40

(Fig.03)

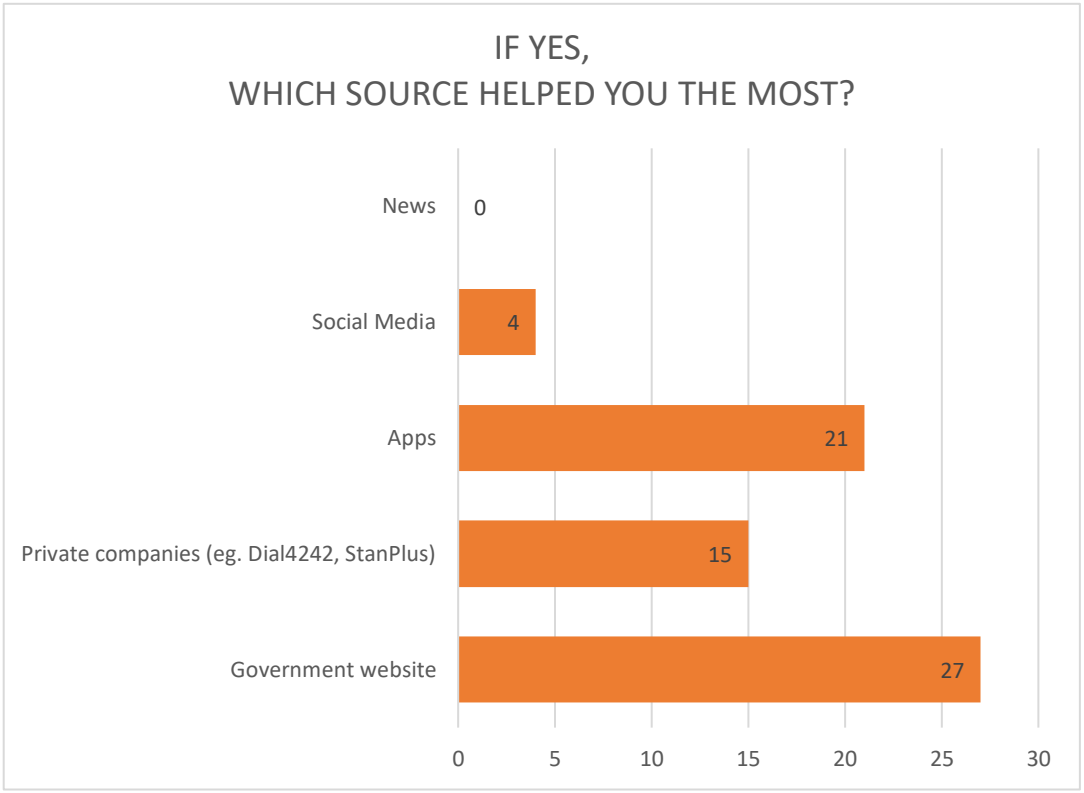

HAVE YOU USED ANY OF THESE MEDICAL RESOURCES OR SERVICES DURING PANDEMIC?
All of the above
0
None of the above
8
Food delivery
10
Ambulance service
4
Hotels for Isolation
2
Medicines and Injections
6
Hospital beds
6
Oxygen concentrator or Cylinder
5
Doctor on call
15
Covid test
25
0
5
10
15
20
25
30

(Fig.04)

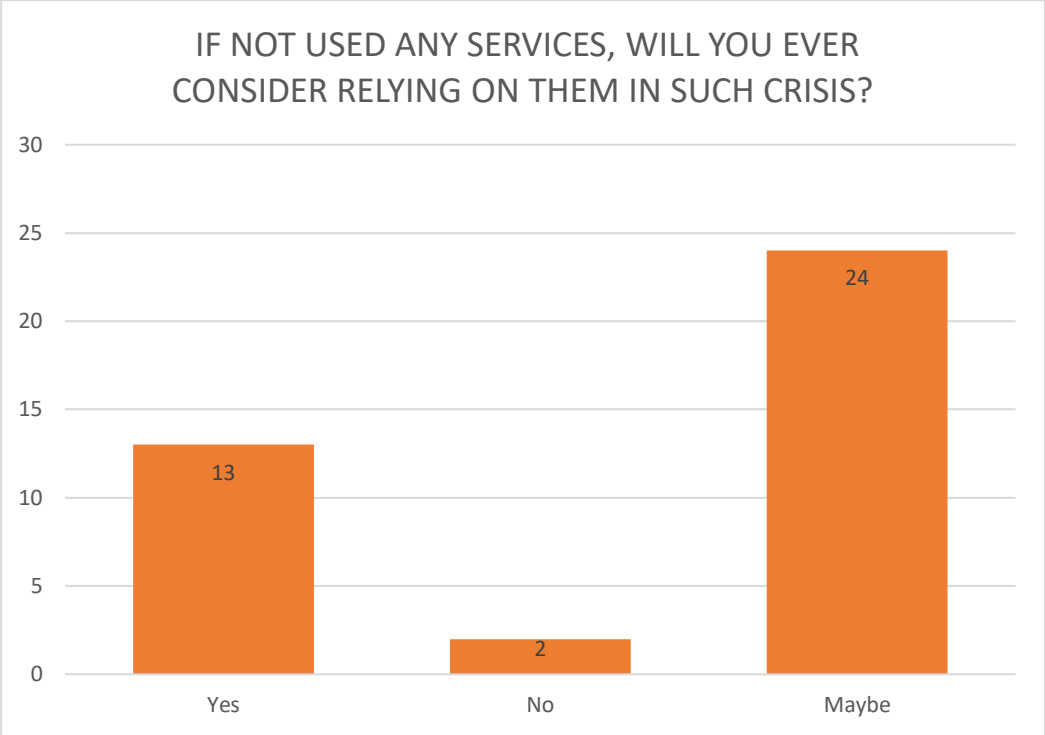
The reason to ask this question was to see whether people rely on online sources. This is a modern, so no doubt people look out to google or any other informatory site for medical. But when it comes to providing services that to in medical emergencies people tend to rely on family doctors or any recommendation from family or friends. But this pandemic made us all go into panic mode.

On top of that increasing rate of services, shortage of medical resources leads to utilizing every other option we got. And as government could see that people need this and are accepting this whole situational need they started showing development. Every sector is trying to fight with pandemic.

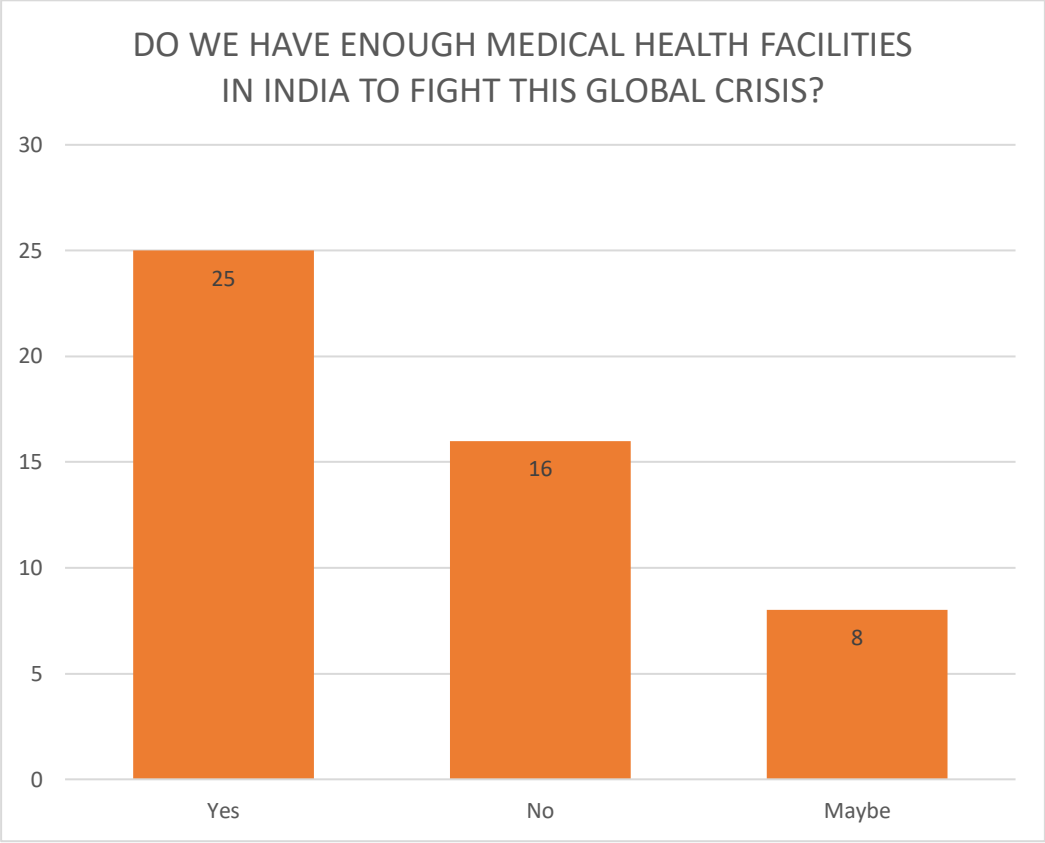
Government sites proved to be helpful and new startups with new concepts and mobile applications providing availability of hotels, medicines, and hospital beds etc. Social media platforms like Instagram, Twitter and many other were used for spreading word by influencers as well as by others. We can say that internet, social media and telecommunication has become the need of the hour.



(Fig.05)


IF NOT USED ANY SERVICES, WILL YOU EVER CONSIDER RELYING ON THEM IN SUCH CRISIS?
30
25
20
15
10
5
0
13
2
24
Yes
No
Maybe

(Fig.06)


DO WE HAVE ENOUGH MEDICAL HEALTH FACILITIES IN INDIA TO FIGHT THIS GLOBAL CRISIS?
30
25
20
15
10
5
0
25
16
8
Yes
No
Maybe

(Fig.07)

DISCUSSION:

Overall reflex to the COVID – 19 crisis, healthcare sector has increased the usage of telecommunications. Starting from medical schools to residency programs, from patient interaction at home to those in isolation, virtual communication is furnishing a secure way to continue with our responsibilities during this global crisis. According to POTUS (17 March 2020), telemedicine, with reduced HIPAA regulations, is now an approved method of interactions between physicians and patients for Medicare. Telemedicine is the one thing that can provide protection to both the patient and physician, by preventing the possible spread od COVID – 19 while physicians treat the patients and practice. COVID -19 has given us a perception for why telecommunication is necessary and its effective use to stabilize the healthcare system in our country. First wave gave us the mere glimpse, but second wave has shaken us to wake up and start working on it.

Physicians can work virtual communication in the form of telemedicine with patients. Sharing my own experience with virtual healthcare, as we all were going through a lot during this whole lockdown and pandemic situation, we all lost someone close to us if not then I'm glad some of us were lucky enough but still waking up every day and watching depressing news learning that so many deaths not to mention all those rape cases and animal abuse, I mean how shocks can a person take. So, with all this going on around me it messed up with my mental health and I needed a therapy session, so I took it online because of this pandemic. And it really helped me coping up with this situation. And this was my first time that I took any medical service online. Telemedicine helps in grabbing all the benefits that you can by communicating staying home. Allows interaction with patients, lessen exposure to others, all of this while receiving medical care. Elder citizens with medical conditions/comorbidities are prone to more doctor visits. With telemedicine, elderly patients can resume taking medical care by reducing their non-emergency visits. Right now, it is very essential in reducing all sorts of virus transmission that can happen, transmissions that can be taken care by telemedicine.

The COVID – 19 pandemic has created an prompt need of alternative paths of communication. Virtual communication and the base of it must get more stronger as we can see how crucial it has become for our country. It is essential to maintain a connection between healthcare workforce all over the nation, specially with the team and patients within the hotspot.

LIMITATIONS:

The sampling method used for the survey is convenience sampling method hence the results cannot be generalized to the whole population. As the data was shared amongst known contacts and near my locality it could not analyze which state was utilizing telehealth more prominently.

CONCLUSION:

This study gives a all - inclusive and analytical review by completely exploring the portentous potential of telehealth during the COVID – 19 outbreak. The study was regulated to understand the role of telehealth. As COVID – 19 has significantly scaled worldwide, calls for the not so new concept as innovative solution, clearly highlights the unmet needs of healthcare industry.

Telehealth has the power to address the issues or challenges in delivering health services during the outbreak. Helping us in avoiding direct contact and minimize the risk of transmitting the virus by finally providing the continual of healthcare to the community.

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