

Critical care in rural hospitals in the Indian state of West Bengal (WB)

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Aims

This paper tries to showcase how critical care facilities can be extended to the remote regions of the state of WB. To set the context, medical management is provided for by the state hospital with the tertiary medical colleges at the upper and of the pyramid with district hospital (DH), sub-divisional Hospital (SDH), state general hospital (SGH), in the middle tier and rural hospitals.

Methods

The pre-existent set-up has not been functioning satisfactorily. Due to lack of funds and huge workload, the number of referrals from district level to tertiary medical colleges has been on the ascent. Actions taken to mitigate this problem were:

- 1 A multidisciplinary expert group (MDEG) was formed to guide the state health department to chart out a road map to tackle the problem, concentrating on critical care and emergency so that the unnecessary referral may be stopped, thereby protecting the tertiary hospitals to deal with the huge number of referrals.
- 2 Medical visits were made through the length and breadth of the state at regular intervals to assess the ground realities, carry out feasibility studies and provide a list of realistic solutions to avoid mere armchair recommendations based entirely on theory.
- 3 The location of the critical care and emergency observation wards was initially determined by GIS mapping, tracking hospitals within a 50 km radius of each district in the state. For geographical exceptions such as hilly areas, forests, rugged terrain (where the 50 km rule could not be applied), emergency observation wards were proposed as a substitute for ITU.

Results

Interim data analyses till June 2015 have revealed significant reduction in referral and hospital mortality in critical care patients from lower to higher centres, particularly for patients with asthma, COPD, myocardial infarction and sepsis. Obstetric-related death due to postpartum haemorrhage and

puerperal sepsis has also decreased. Patient satisfaction has been higher, as observed by official complaints to the hospital authority.

Conclusions

Critical care facilities in the remote areas of WB have shown improvement in mortality of critically ill patients, with reduced number of references to tertiary centres. It is expected that increasing the network of critical care in further remote areas of the state would make further improvement of its health scenario, with equitable distribution of limited resources.

Conflict of interest statement

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