EMERGENCY SERVICES IN KASHMIR
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Health care is the largest Industry in the world and its sheer size and complexity makes change an evolution of mammoth proportions.

Emergency Department is a major service of the Hospital. Previously (still in many Hospitals), Emergency Department used to be part of out-patient department. Visits to this patient care area have shown a spectacular increase in recent years. As the services are available round the clock, every day of the year, this has become handy to referring physicians and an attractive proposition to general public. More than half of the visits are made during evening and night hours and the utilization over the week-ends is usually some what higher. Only about half of the patients visiting the emergency clinic are found to have clinically diagnosed emergency problems and accidents accounting for one-third of the total visits. On an average, one out of every five emergency outpatients is admitted as an inpatient. In an Emergency Services area, from Ambulance Services, first aid, Emergency medical care to definitive treatment of emergency medical cases and victims of trauma are provided under one roof. All the large and intermediate sized hospitals in India have well-established emergency services. In Kashmir, district level hospitals are having Emergency Services in proximity to out-patient department.

Emergency care at the level of sub-district Hospital is almost non-existent. Though there are some sub-district hospitals, which are equipped with reasonable infrastructure in the form of operation theater and laboratories, but due to lack of relevant manpower, particularly Anaesthetists, Surgeon specialists, and operation theater technicians during evening and night hours, make such facilities redundant. Most of such centers have only one Doctor in the campus after 4 p.m.(1) The lone Doctor, as such cannot handle appropriately any medical emergency, especially when he has no supportive services at hand. At best they provide first aid, which otherwise is to be provided by pre-hospital personal.

The concept of emergency services is existent in centers like medical college hospitals and Sher-i-Kashmir Institute of Medical Sciences. Both the centers are located in the main city of Srinagar. The associated gen. hospital (SMHS) of Govt. Medical College deals mainly with Emergencies of Abdomen and Thorax, where as Bones and Joints Hospital deals with the Bones and Joints Emergencies.

The maternity (Lala-Ded) Hospital deals only with Gynaecological and obstetric emergencies. These centers are reasonably equipped to handle such emergencies. However, none of these hospitals have a surgical intensive case unit, although at SMHS Hospital a Cardiac care unit is working for handling Cardiac Emergencies.

Sher-i-Kashmir Institute of Medical Sciences is a six - hundred bedded tertiary care centre, which has the facilities of Surgical Intensive Care Unit (SICCU), Medical Intensive care unit (MICCU), Dialysis unit, Neonatal intensive care unit (NICCU), round the clock diagnostic facilities like ultrasound, C.T.Scan, in addition to advanced laboratory services.

Sher-i-Kashmir Institute of Medical Sciences has a helipad adjacent to Accident and Emergency Department, in addition to a fleet of Ambulances. The Emergency Department of Sher-i-Kashmir Institute of Medical Sciences has a well-equipped operation theater, where major cases can be performed at a time.

Sher-i-Kashmir Institute of Medical Sciences is the only centre in the state which deals with Neuro-surgical, Cardio-Vascular and Neonatal Emergencies. It has a vast catchment area, literally catering to whole of Jammu & Kashmir State.

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The present turmoil has stretched the Emergency Services in the state, especially that of Sher-i-Kashmir Institute of Medical Sciences. In order to cater the increasing load of Emergency patients, together with high expectation of people, the Accident and Emergency Department was modernized and upgraded in the year 2000 on the concept of modern management.

Emergency Department has been divided into various levels as per the needs of the patients.

Level I

It is also called as screening clinic. There are two clinics, one each for Gen. Medicine and Surgery, catering to ambulatory single visit patients, who do not need hospital stay or observation. This level is manned by general practitioners (Junior residents). The filter clinic has reduced the load on level II, which is the most vital area of Accidents and Emergency unit.

Level II

It is the area of Accidents and Emergency, where Non-Ambulatory patients are received directly or indirectly through filter clinics. It is continuously manned by senior Post-graduates of Medicine and Surgery under the supervision of Senior Residents of respective departments. At least twenty (20) Nurses work during each 24 hrs. divided into various shifts.

Within the level II, a resuscitation area is ear-marked, which is Equipped with Boyle’s apparatus, Defibrillator, oxygenator (Central supply) and suction apparatus.

The patients are kept in level II for a short period, before they are shifted to level III after clinical stabilization.

Level III

This is also called observation ward, where patients are shifted from level II and kept for observation for minimum of 24 hours. Patients are discharged or shifted to W2A (Level IV) where respective departments manage the patients. It has its own Resident and paramedical staff, independent of respective Departments.

Level IV

Level IV has 32 Beds, proportionately divided into Medical and Surgical sides. The patients, stay in the area for more than 2 days and are managed by respective Departments.

Although Emergency cases are taken care by the existent health services, though they are by and large primitive in nature, keeping in view the progress, Medical Services especially emergency medicine has made in the last one or two decades. Emergency Services of the valley are at present in a state of disarray particularly in the rural setting mainly due to:

1. Primitive infrastructure
2. Obsolete managerial techniques
3. Mismanaged deployment of trained manpower
4. Over-lapping of authority causing Duplicity of Services
5. Lack of Managerial Co-ordination, Proper accountability and prioritization of Services.

The existing net-work of medical services in Kashmir needs to be restructured, according to the requirements of Emergency Care. This has to start from the place of Accident to the level of tertiary trauma care. Broadly speaking Emergency Services of Kashmir valley need to be put under Govt. Medical College/Associated hospitals and Sher-i-Kashmir Institute of Medical Sciences/Associated Hospitals. The programme should be supervised by trained Health Administrators, which will coordinate the various activities for Emergency Services.

In order to ensure prompt Emergency Services, a central trauma centre and a control room are to be established, which at the time of disaster like situation will act as a triage and will ensure co-ordination between various hospitals. Central trauma center should necessarily have, one or two air Ambulances, fleet of well-equipped Ambulances, Trained pre-
hospital treatment personal, an inventory and store of essential drugs and medical equipment etc. This control and central room should be linked to all Hospitals and Health Centers of the valley through a modern and independent tele-communications system.

The trauma centre will arrange and organize the training of the man-power i.e. Doctors, Nurses and other paramedics in trauma and Cardiac life support. The training courses will run from time to time and every person of the team irrespective of his placement shall be required to attend this course once in four years. This will orient them to manage patients of trauma and will universalize the trauma management in the state which has seen an upsurge of the trauma cases from early nineties. Not only have the fire-arm injuries increased but there has been an unprecedented increase in the number of road traffic accidents. It is in place to mention that the road-traffic accidents involving the vehicles of police and other security forces have increased remarkably, possibly because of the stress the drivers are working under and due to lack of accountability.

This system will enable the patient to get the same treatment at sub-district hospital level, what he would have got at tertiary care level. Only the patients requiring higher trauma centre care, would be sent to the appropriate hospitals, saving the precious time and money, thus utilizing the higher centers more appropriately. The referred patients would come to the higher centre with proper referral, giving relevant information about the measures taken so far.

CONCLUSION

Emergency Services have gained tremendous importance because of increase in Road-traffic accidents, civil unrest, conflict and industrialization. The infra-structure to cope with both, Surgical and Medical Emergencies in Kashmir, has remained under-developed and as such needs priority attention of planners and policy makers.

FURTHER READINGS


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Desirable Network of Emergency Services in Kashmir