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for pelvic resurrection.



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# The inside story of Multi specialty private hospitals during COVID 19 pandemic

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New Delhi

Are we seeing  
them with  
tinted glasses?





Lets see  
the real  
picture



A photograph showing a group of healthcare workers in full personal protective equipment (PPE), including masks, gowns, and caps, gathered around a patient. The workers are wearing various colored scrubs (green, blue, grey) and are looking down at the patient. The patient is wearing a red face mask and a blue shirt. The background is slightly blurred, focusing attention on the medical team.

# HOSPITALS DURING COVID 19

EXPERIENCE SHARING



Yet by November 2020, more than 60 million cases were confirmed, with more than 1.5 million deaths attributed to COVID-19 across the globe

WORLD HEALTH ORGANIZATION DECLARED COVID 19  
OUTBREAK A PUBLIC HEALTH EMERGENCY OF INTERNATIONAL  
CONCERN IN JANUARY 2020 AND A PANDEMIC ON 11<sup>TH</sup> OF  
MARCH 2020.

The whole world came to a halt and so did all medical facilities except for those involved in the care of the victims of the pandemic

India, a country of 1.3 billion people, was locked down on the 24<sup>th</sup> of March 2020

# In India COVID-19 patients were groping towards a safety belt

Multi specialty  
private  
hospitals with  
good ICU  
services

and to find saving  
situations







but lets hear  
their story

Gross lack of public  
trust on government  
facilities as care  
providers

therefore

Most private/multi-  
specialty hospitals  
were mandated by  
the government to  
shield all COVID 19  
victims

Did these  
hospitals gain or  
lose during the  
COVID pandemic?





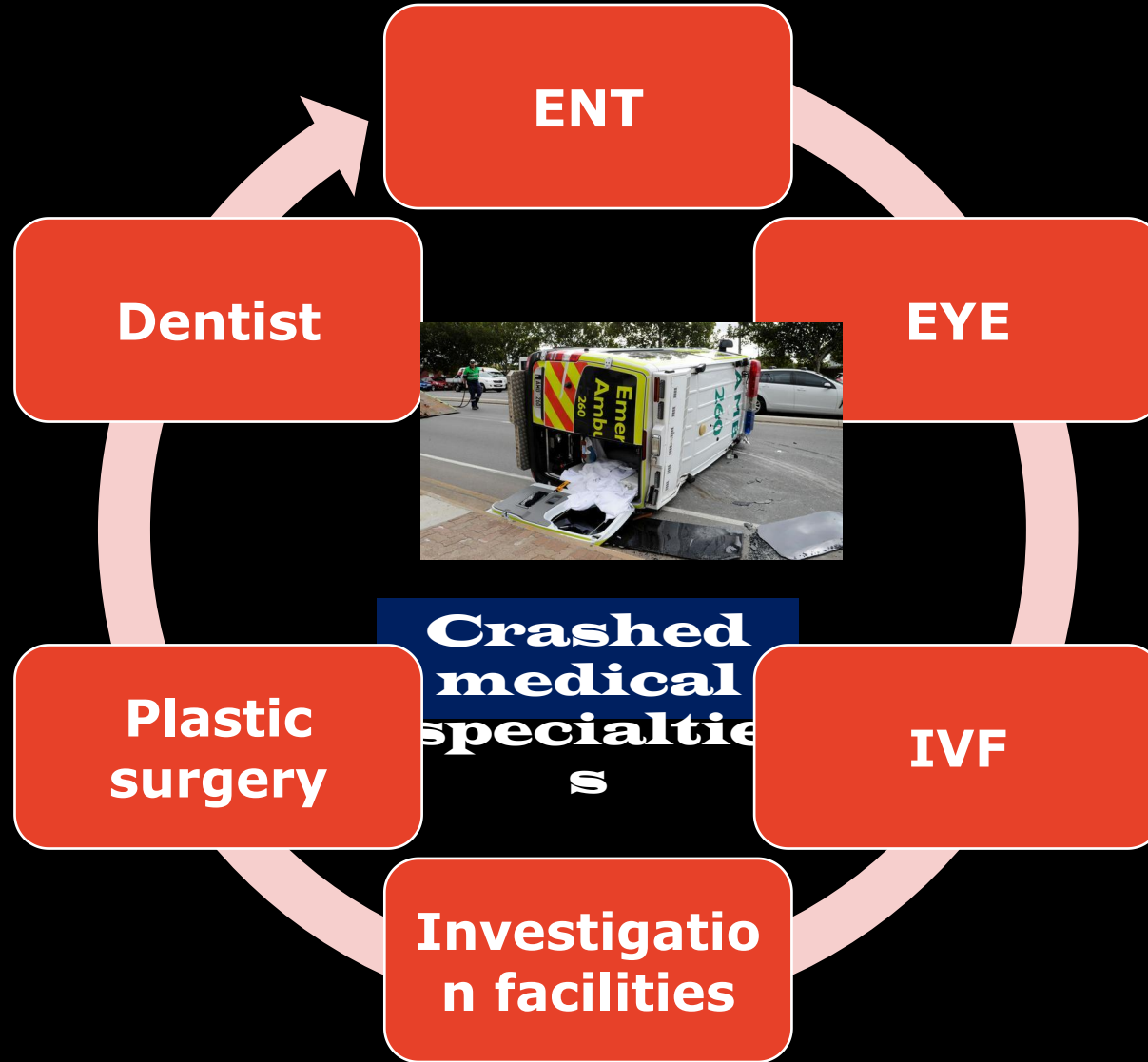
## Labelling of hospitals as COVID19 treating hospital

- Sudden stoppage of patient footfall in these hospitals
- Sudden cessation of all routine work completely in most specialties
- Stoppage of all surgeries (90% cases)
- Laying off doctors, nurses and HCW unwilling to do COVID-19 duties

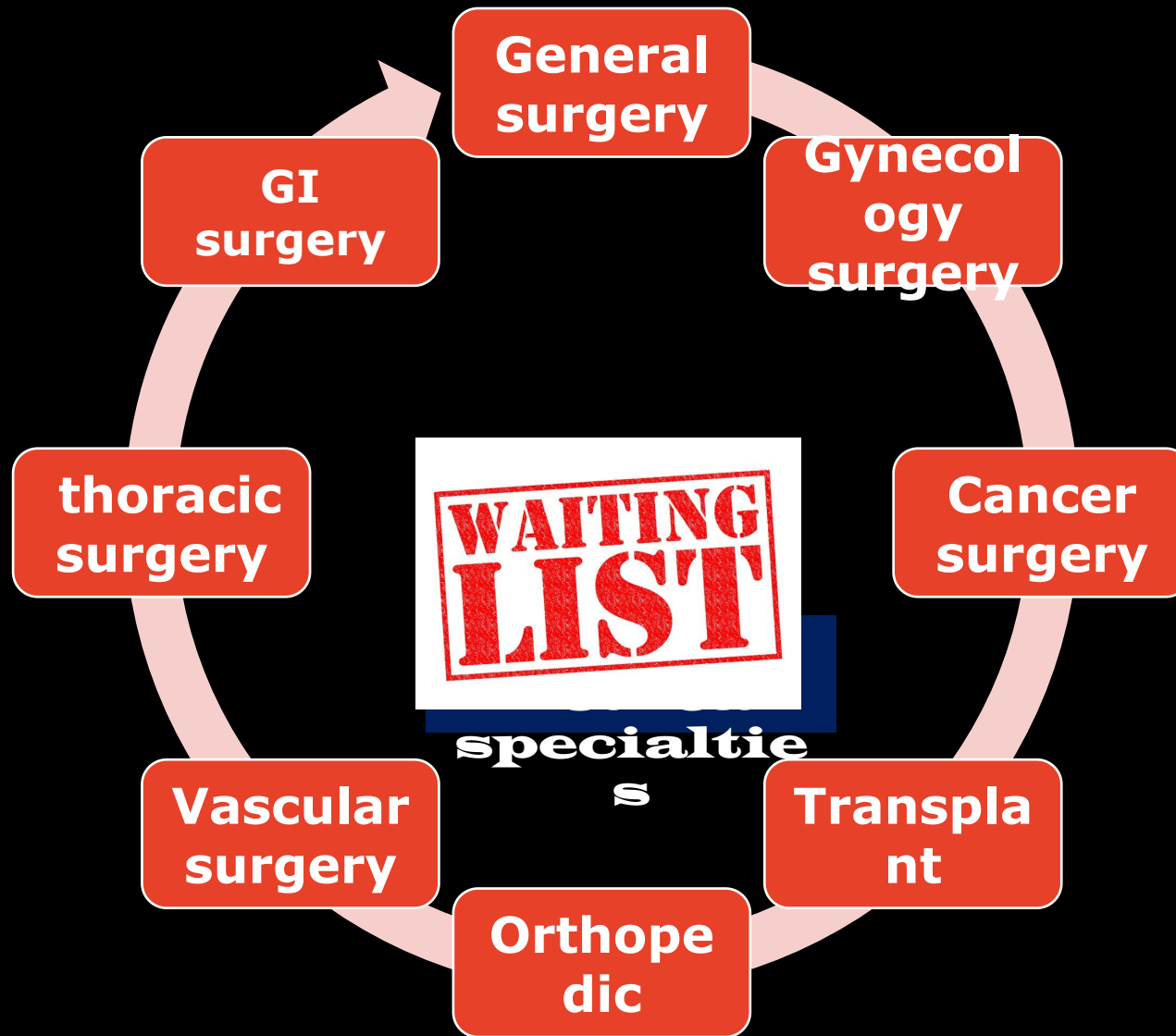
Patient preference to go to stand alone  
non-covid nursing homes  
/hospitals/investigation centers, despite  
all odds



# Sudden cessation of routine work



# 90% drop in normal work







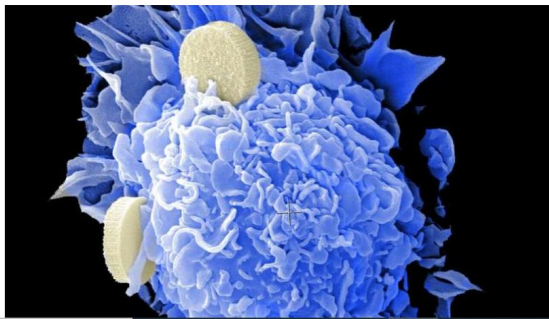
Holder of **mga** license MGA/B2C/134/2003

Health · Second Opinion

## The unintended consequences of surgery delays during COVID-19

**Cancer services during COVID-19: 40,000 fewer people starting treatment**

by Katie Roberts, Cancer Research UK



Genetics  
in Medicine

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nature > genetics in medicine > special article > article

Special Article | Published: 08 January 2021

**"It seems like COVID-19 now is the only disease present on Earth": living with a rare or undiagnosed disease during the COVID-19 pandemic**

Meghan C. Halley , Talia Stanley, Jay Maturi, Aaron J. Goldenberg, Jonathan A. Bernstein, Matthew T. Wheeler & Holly K. Tabor

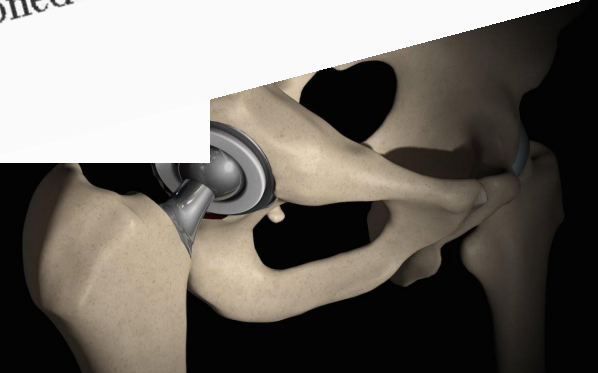
Genetics in Medicine (2021) | [Cite this article](#)

May 21, 2020, 10:36pm EDT | 2,729 views

## Millions Of Surgeries Have Been Canceled Worldwide Due To Covid-19. Here's How Patients Are Affected



The results are staggering. A total of 28.4 million operations are believed to have been postponed or canceled during the 12-week COVID-19 surge. Of these cases, 2.3 million of them are related to cancer treatment or diagnosis. The case types that were most likely to be postponed or delayed were those related to benign diseases or orthopedics.



# Hospitals imposed a freeze on millions of cases as PPEs ran short of supply & ICUs hit their maximum capacity

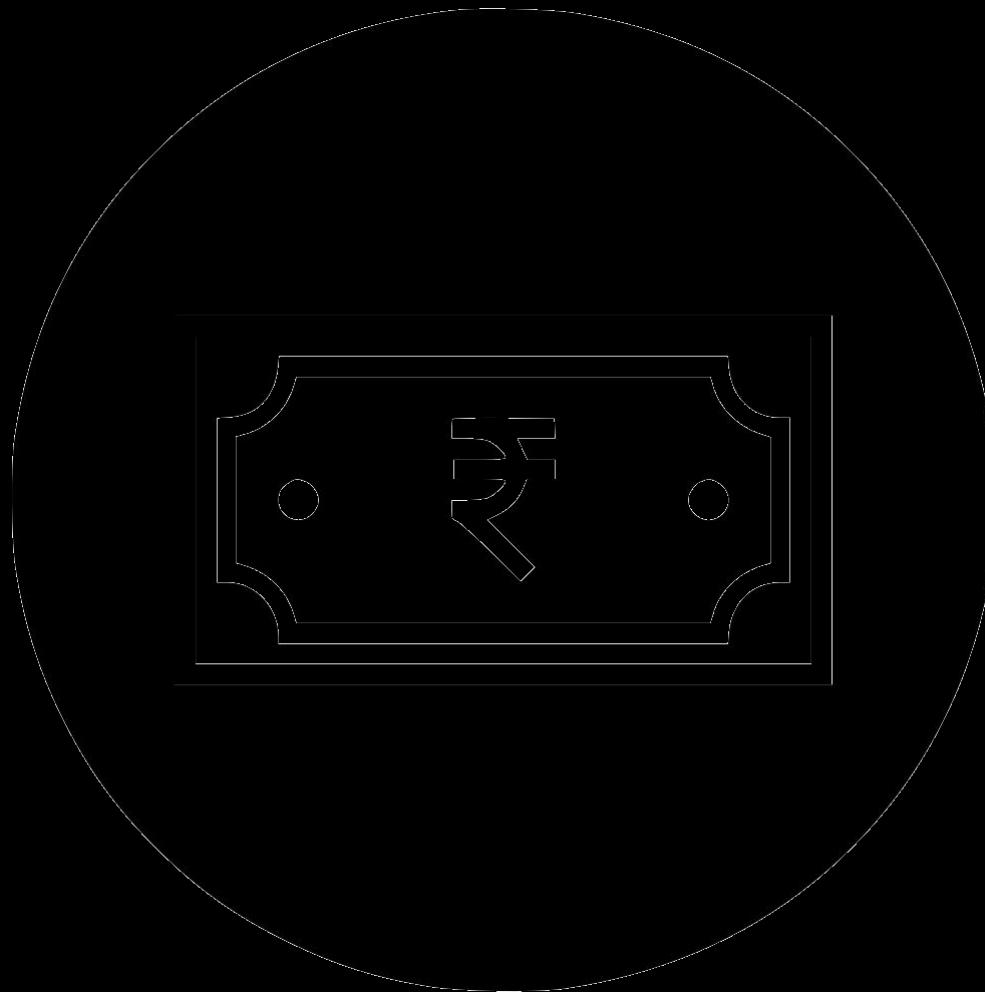
Few medical services drowning in work

- Critical care ICU
- Emergency
- Internal Medicine
- Respiratory medicine

Most surgical/elective specialities had to stop work

- preserve PPEs,
- limit patient exposure
- prevent spread of virus

# IMPACT OF COVID ON HOSPITAL REVENUE SYSTEM



- As COVID-19 pandemic emerged, hospitals had to stop all but the most urgent non-COVID care.
- Result was dramatic slowdown in volume of patients and in revenue, while expenses mounted higher with new COVID facilities created
- Repeated government instructions for increasing emergency services and COVID-19 care beds, as well as reducing testing price and billing for inpatients.
- No government aid despite most government hospital facilities lay vacant
- No sprucing up of government facilities to gain public confidence even in six months time frame while the private hospitals underwent immense pressure



# INFRASTRUCTURAL CHANGES:

- More and more areas were designated for COVID-19 patients care as demand increased
- Many private rooms in each floor converted as donning & doffing areas
- Preparation of fever clinics/wards in designated areas
- Ventilation system of the whole hospital changed to reduce indoor viral load
- Immense time and energy and finances spent in modification of workflow and processes

**MASSIVE DEMANDS:** for equipment and supplies to ensure health and safety of patients, providers & their families

- Demand of many more Portable Ventilators and ECMO machines
- Procurement of Monitor Ventilator facilities
- Massive demand for personal protective equipment level 1,2,3 and N95 masks for HCW, & disinfectants for cleaning floors and equipment

New COVID ICU's had to be made while regular ICU with massive facilities remained vacant

# CONTINUED TO EXPERIENCE LOSSES:

## Cancelled and delayed procedures:

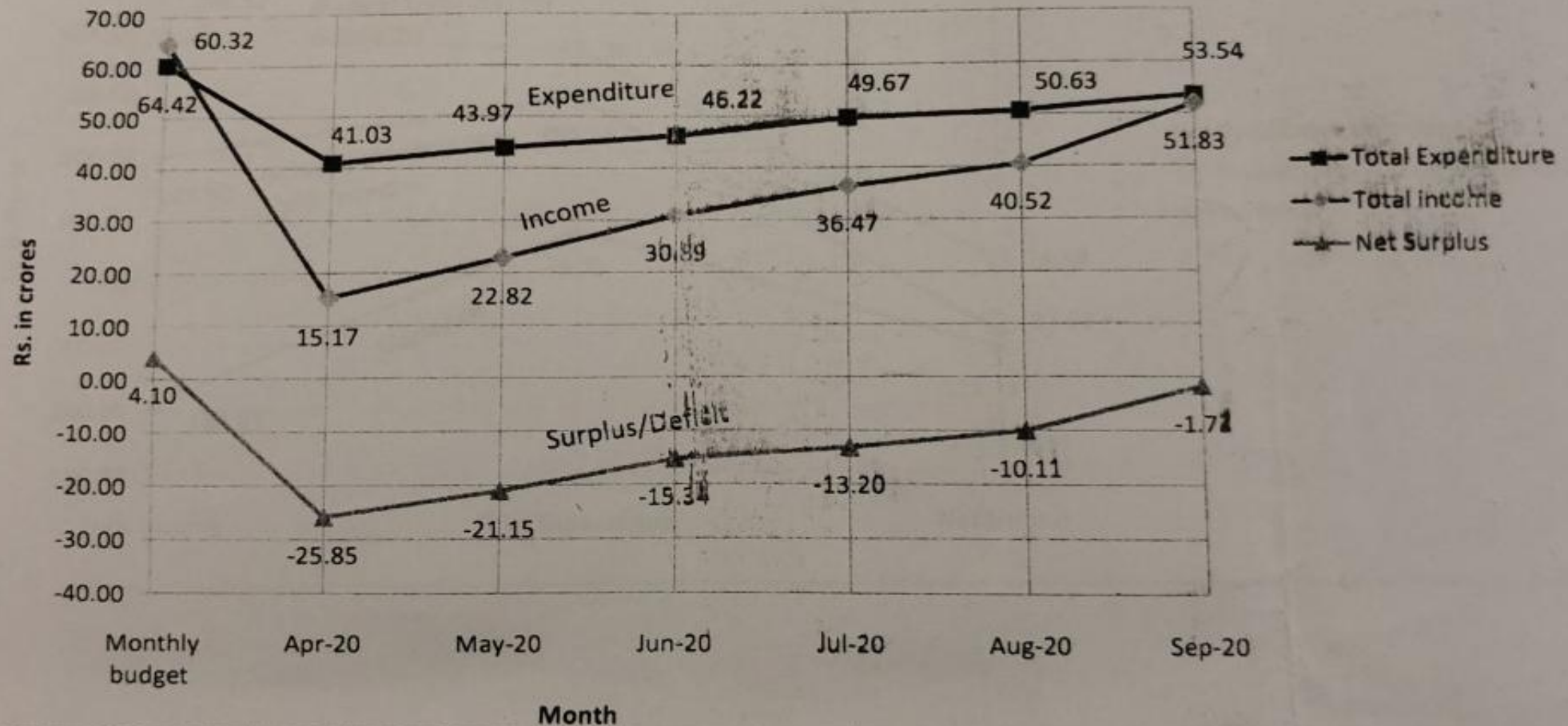
All services rendering routine care to patients closed!!!

OPD, diagnostics facilities, IVF , endoscopy and physiotherapy

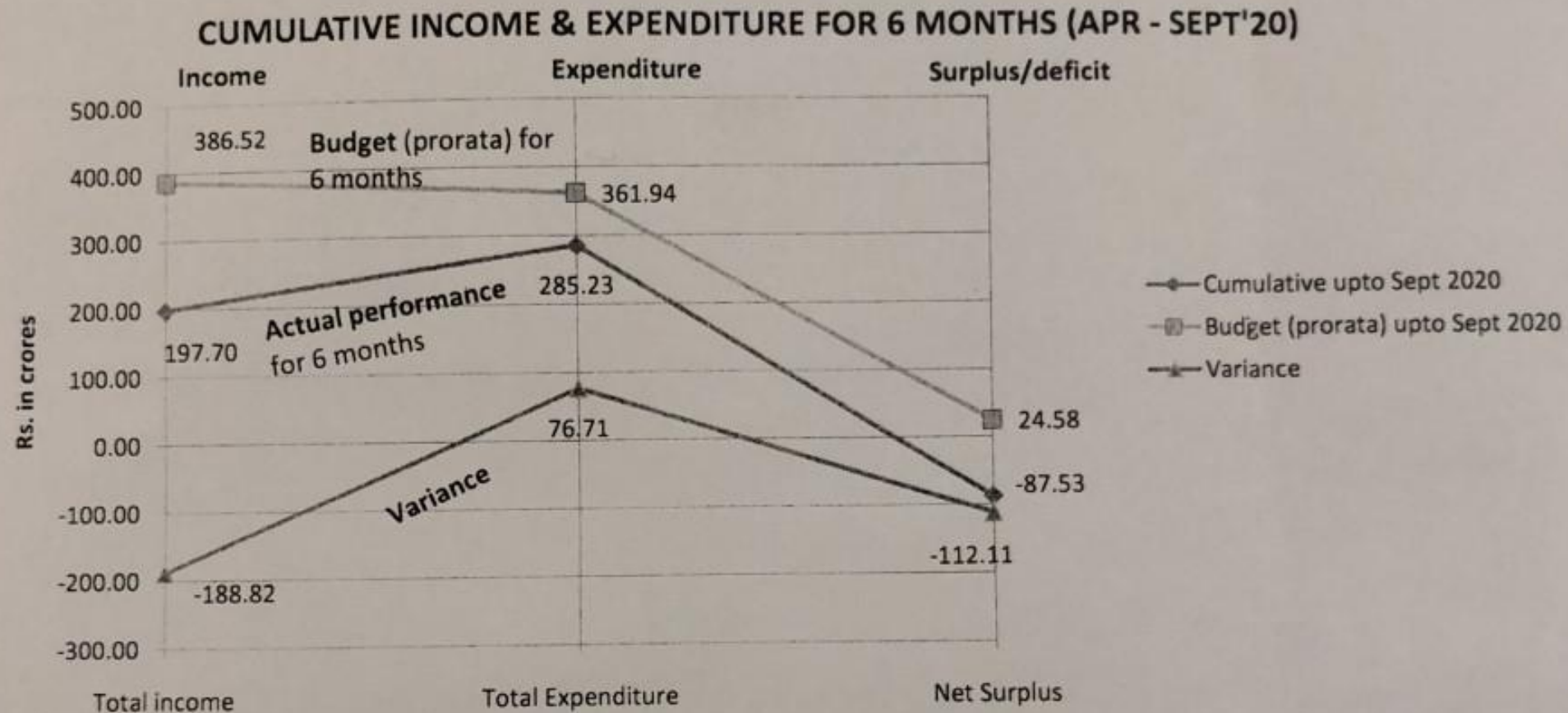
The OT complex was completely shut down

- Increased costs for treating patients suffering from COVID-19 with capped charges as per the govt guidelines for all
- Purchasing equipment and supplies necessary to ensure the health and safety of patients, providers, and their families
- Expenses to rent quarantine centers for doctors and staff with transportation facilities to commute to hospital during complete lockdown phase

## INCOME & EXPENDITURE FOR 6 MONTHS (APR - SEPT'20)







Net deficit of over 100 crores in 6 months

# WHAT HAPPENED TO DOCTORS NOT INVOLVED IN COVID 19 CARE?



# Doctors not involved in COVID 19 care

- Loss of jobs for salaried doctors refusing to treat COVID19
- Massive reduction in work and pay cheques for specialties not treating COVID19
- Occupational risk with unknown status as even a negative test was only 60% correct

# Doctors involved in COVID 19 care

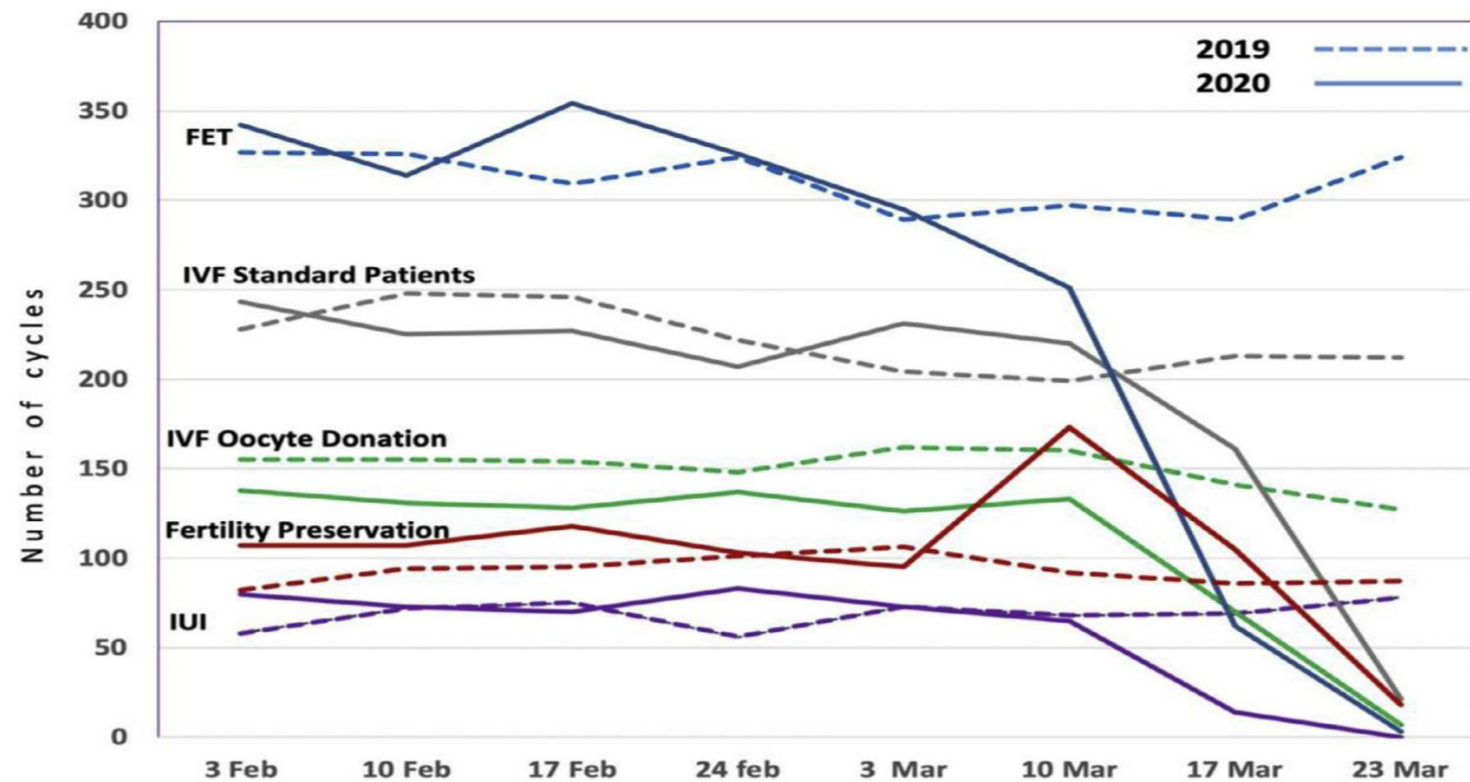
- Double whammy: Managing home and hospital
- Many internal medicine and ICU workers rented out rooms for themselves near the hospital and stayed away from families
- Colony shut doors for many COVID workers
- Emotional trauma to see so many deaths daily despite so much effort in critical care units. People on ventilators had a 70-80% chance of dying



## The burden of PPE for all doctors (Personal protective equipment)

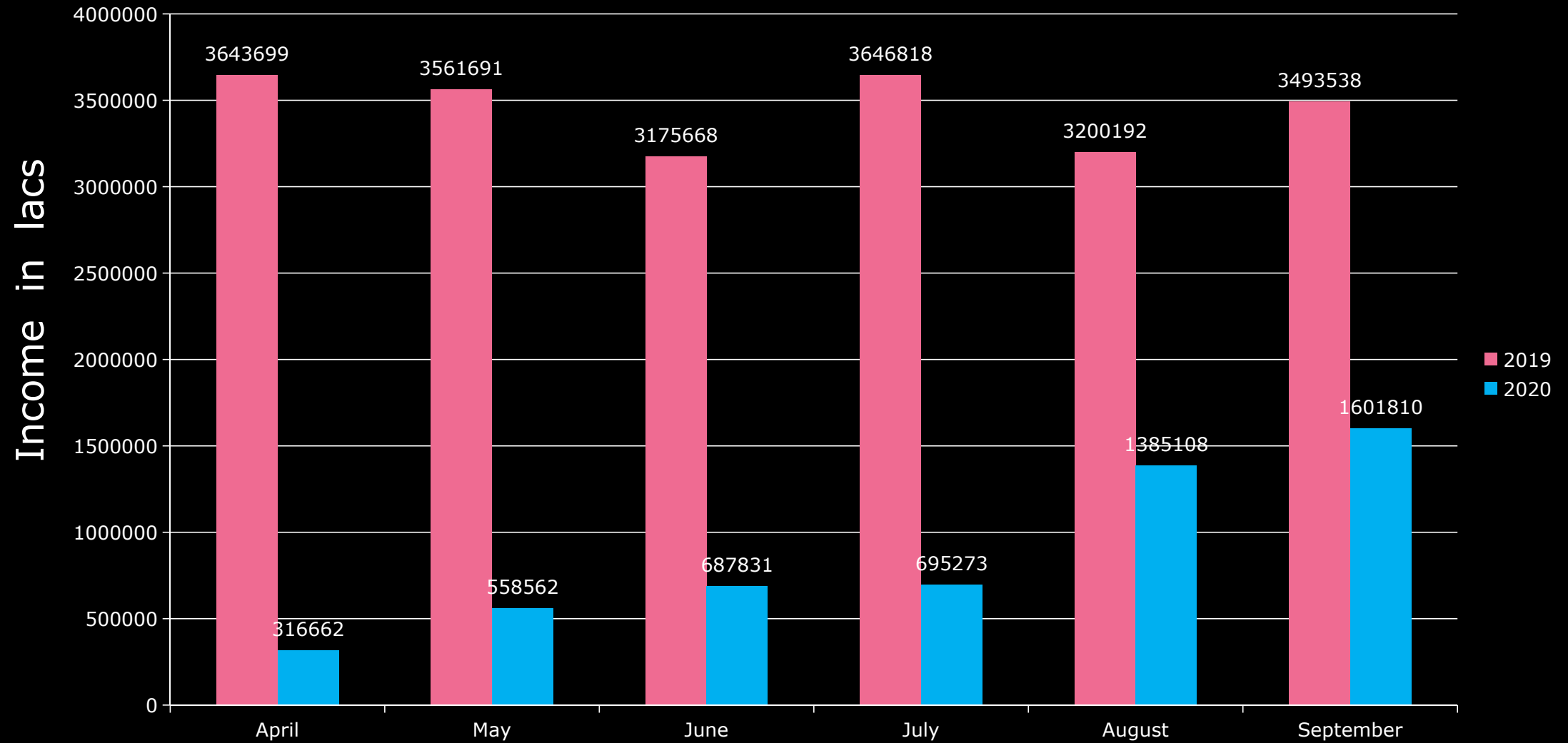
- Took weeks in getting used to being in a claustrophobic apparel
- Attending patients took longer by approximately 20 minutes
- Reports of fainting or heat stroke in HCW quite common due to lack of air passage.
- Inability to eat, drink or void in PPEs during 6 to 8 duty hours.
- Canteens and food outlets closed
- No eating or drinking in hospital in fear of infection

- A picture of COVID 19 impact on IVF SGRH fertility clinic in New Delhi



**FIGURE 2** Decrease in the number of embryo transferes compared to the same period during last year

## Collection from Department of Obstetrics and Gynecology and IVF





- Women in medicine traditionally experience higher levels of burn out compared to men. The pandemic appears to have widened that gap, with the divide now being 36% for men and 51% for women.
- *Reason being men are better at focusing on one task at a time, while women are multi-taskers, who can seamlessly manage work, family, kids and other obligations.*
- *Carol Burnstein, MD , psychiatrist Montefiore Medical Center, New York.*
- *Amy Sullivan, a Cleveland Clinic health psychologist.*

Extreme  
exhausti  
on as  
grand  
parents  
kept  
away  
and not  
allowed  
to  
babysit

- Extend  
ed  
duties in  
tiring  
kits

- More  
househo  
ld  
chores  
as no  
home  
help

- Fear of  
bringing  
infection  
home

- Childre  
n  
studying  
from  
home

*Women  
physicians  
really hit  
hard*





The real  
picture  
now

- COVID-19 labelled hospitals witnessed a sharp decline in non covid patient footfall.
- All opd's, investigation centres & operation theatres had to be shut down.
- ONLY 20 to 30% of beds were converted and occupied with COVID-19 patients.
- 70 to 80% beds lay vacant as no resources to treat more covid patients and non covid patients avoided these hospitals.
- Senior doctors over 60 years of age stopped work as were easy targets.
- Only 10% of doctors looked after all covid patients and were drowned in work, remaining stopped working.
- All COVID-19 treating hospitals across the country saw a sharp decline in income with massive losses whole year round.
- 90% of all doctors working in these hospitals not treating COVID-19 also saw the same fate.
- Non COVID (<50 bedded) stand alone hospitals and nursing homes were flocked with patients for surgical procedures, endoscopy and obstetrical care

Did these covid treating hospitals  
really do well?



The pandemic still continues



President Kovind is stable  
undergoing a successful  
diac bypass surgery at  
MS, according to  
shtrapati Bhavan

WHO chief A G Tedros says a mission  
to study the origins of coronavirus in  
China didn't adequately analyse the  
possibility of a lab leak and the  
matter requires further investigation

US Prez Biden and the CDC chief warn  
that too many Americans are declaring  
a virus victory too quickly, appeal  
for Covid restrictions to be maintained  
to stave off a "fourth surge"

Pak  
by C  
Alvi  
Kha  
PM

# India at risk, health infra could be swamped: Centre to state

'Covid Situation  
Is Going From  
Bad To Worse'

Sushmi.Dey@timesgroup.com

New Delhi: With many states  
facing a resurgence of Co-  
vid-19 cases, the government  
on Tuesday said the whole co-  
untry was at possible risk and  
warned that the health infrastruc-

►Deaths at 104-day high  
of 356 on Tuesday, P 16

structure could be swamped.  
The Centre cautioned states  
and UTs that the surge in cases  
had the potential to overwhelm  
the healthcare system and ur-  
gent steps were taken. It  
Delhi — taken as a single ad-  
ministrative unit — with  
8,032 active cases was now  
among the top 10 high bur-



New Delhi: Delhi has got an additional  
1,072 Covid beds, including 230 ICU beds  
and 842 normal Covid beds, in the wake  
of a surge in Covid cases. The beds have  
been added in 33 private hospitals after  
chief minister Arvind  
Kejriwal reviewed the si-  
tuation. Only 25% of the  
existing beds are current-  
ly occupied but the go-  
vernment has made ad-  
vance arrangements be-  
cause Delhi also receives  
patients from outside.  
Madhya Pradesh, Punjab  
while Karnataka, Bhubaneswar  
Bangaluru Urban, among others

25 PER CENT  
EXISTING  
BEDS ARE  
CURRENTLY  
OCCUPIED

Covid testing  
up 38% in a fortnight  
States have stepped up  
Sas numbers went up  
over the last two weeks  
red to the first half of Ma-  
samples tested have g-  
Shreyesh Panchal of Guja-

## 1,072 more beds in 33 pvt hospitals

Delhi had 1,705 Covid beds till March 30,  
which increased to 2,547 on Wednesday  
Delhi government has also instructed  
private hospitals to update the list of exten-  
ded ICUs and common beds on the data ma-  
nagement portal. "Delhi reported 992 cases  
on Tuesday and the positivity rate stood at  
2.7%. Delhi has set the target of  
at least 80,000 tests daily



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### TIMES NATION

THE TIMES OF INDIA, NEW DELHI  
FRIDAY, APRIL 2, 2021

## Active Covid cases in India cross 6L, last 1L reported in just 4 days

Thursday's 81K  
Cases Highest  
Since October 1



SAFETY FIRST: Voters sport gloves as a preventive measure against Covid-19, at Nandigram in West Bengal on Thursday

India recorded its highest  
daily Covid-19 count in six  
months on Thursday even  
as active cases surged past the  
six-lakh mark with the last  
one lakh cases coming in just  
four days, highlighting the  
rapid surge of the pandemic's  
second wave in the country.  
As many as 81,456 cases  
were reported on Thursday,  
the highest since October 1  
when 84,176 patients had tested  
positive for the virus. While the  
cases were at a six-month high,  
daily fatalities, at 488, too, were  
the highest in 117 days. The pre-  
vious high was recorded on De-

cember 5 when 482 casualties  
were reported.  
Even though daily cases  
are matching the numbers in  
the last week of September,  
the fatalities now are compar-  
atively much lower. Compared  
to 488 fatalities on Thurs-  
day, Mumbai also reported a  
record daily peak by adding

8,646 cases, a significant jump  
from its previous high of 4,983  
cases on March 28. Maharash-  
tra reported 249 deaths, the  
highest since November 5  
when 256 casualties were re-  
ported. Thursday was the sec-  
ond day in a row when the state  
added over 200 deaths.  
Besides Maharashtra, two  
other states recorded their  
highest ever daily case counts  
— Punjab (3,187) and Chhat-  
tisgarh (4,617). Karnataka re-  
ported 4,234 cases, taking the  
state's caseload beyond the  
one million mark. With this,  
the southern state became the  
third state after Mahara-  
shtra and Kerala to report  
more than 10 lakh cases. In fa-  
talities, Punjab continued to  
be the worst affected state af-  
ter Maharashtra, reporting  
60 fatalities.  
The active cases rose by  
more than 30,000 in the last  
24 hours to reach 6,15,275.

# 'Covid Situation Is Going From Bad To Worse'

Sushmi.Dey@timesgroup.com

New Delhi: With many states  
facing a resurgence of Co-  
vid-19 cases, the government  
on Tuesday said the whole co-  
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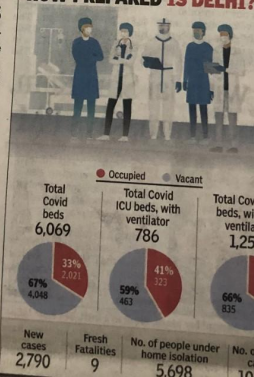
►Deaths at 104-day high  
of 356 on Tuesday, P 16

## Daily Tally Nears 3,000; Active Cases Past 10k For First Time Since Dec 11

Positivity Rate At 3.57% Even As  
Capital Records 9 More Deaths

New Delhi: The daily tally  
of Covid-19 cases crossed the  
2,000 mark in Delhi on Thurs-  
day with 2,790 more persons  
testing positive for the virus in-  
fection in 24 hours. This is the  
highest single-day tally in over  
three months. Earlier, on De-  
cember 8, the national capital  
had recorded 1,018 new cases  
in a single day. Nine more were  
reported dead due to the coro-  
navirus infection on Thursday,  
taking the toll to 11,036. The number  
of active cases rose to 10,488  
on Thursday, a day before the  
tally crossed 6 lakh. The positivity  
rate also jumped to 3.57% amid a  
surge in cases in the last few  
weeks. Delhi had reported 1,819  
coronavirus cases on Wednesday

### HOW PREPARED IS DELHI?



Covid-19 ICU beds with and  
without ventilators stood at  
41% and 34%, respectively.  
At least five private hospitals  
had no beds available for  
Covid patients. This included  
Max Shalimar Bagh where all  
95 beds reserved for Covid-19  
patients were occupied. Ma-  
haraja Agrasen Hospital in  
Punjabi Bagh, National Heart  
Institute in East of Kailash,  
Kalra Hospital in Kirti Nagar  
and Metro Hospital in Preet  
Vihar also reported 100%  
occupancy of Covid-19 beds.  
"It is too early to say whether  
the symptoms are serious in  
the current wave or not, when  
compared to the previous  
wave of the pandemic in the  
city. However, the rise in cases  
and demand for hospital beds  
have been very sudden this time  
around. If they continue to in-  
crease at the same pace, we  
may soon run out of beds," said  
a senior doctor at one of the  
top private hospitals. More  
than 5,600 Covid-19 patients  
are currently recuperating from  
the illness.



The sentence still  
continues.....

Now as these  
hospitals are  
better geared to  
serve the public

And there is  
lesser panic in  
public of the  
infection

We earnestly urge our government to enable  
us to go through the second wave of this  
pandemic in a concerted effort to fight this  
monster epitomising the spirit of true *Public  
Private Partnership*

*Alha majumdar*