OPERATIONS THROUGHPUT DETERMINES GOLDEN-HOUR

Lt Col Dr Inam Danish Khan, Professor, Army College of Medical Sciences, India

INTRODUCTION 💶 Golden-hour, a time-tested concept for trauma-care. It involves a systems approach encompassing healthcare, logistics, geographical, environmental and temporal variables. 🎞 Golden-hour paradigm in mass gathering-medicine entwines along healthcare availability, accessibility, efficiency and interoperability mass-gathering medicine invokes an opportunity for incorporating operations-throughput as a determinant of golden hour. MATERIALS AND METHODS solden-hour as a determinant of operations-throughput was evaluated during the Indian Medical Mission operations for Hajj-2016, 01 Aug to 30 Oct The second s Locations 18 Static-clinics having basic first-aid capabilities Cone mobile referral tent-clinic with 35 tent-clinics having medical attendance facilities only Two strategically sited 40-bedded secondary care referral facilities Tertiary-care patient transfers coordinated with 28 Saudi Arabian hospitals. 💶 The average range of patient encounter time, waiting-time, turnaround-time were assessed RESULTS s. Patient-care variables **Encounter Waitin Operation** g time turnaround No. time Time (mins) (mins) (mins) Pre-Hospital patient care (On-site primary-care through mobile-medical-taskforce during Mass-gathering congregations) Rescue/reporting/accessibility 0-5 20-60 1 time to 1-30 healthcare professional 2 Immediate first-aid 5-20 0-5 20-60 Ambulance arrival at site of injury/first-aid 0-15 0-15 30-150 3 Stretcher/wheelchair transfer from site of first-0-2 30-150 4 0-20 aid to ambulance/primary-care/secondary-care 5 Ambulance transfer from site of first-aid to 10-40 10-20 30-150 primary/secondary-care Pre-Hospital patient care (Static-clinic based primary-care) Low acuity patients 2-10 0-60 2-60 1 High acuity patients 20-40 0-5 10-60 2 Checking of vitals 3-5 0-30 3-30 3 Systemic examination 2-15 0-15 2-15 5 Blood glucose by glucometer 2-3 0-40 2-40 Collection of medicines from pharmacy 0-60 2-60 2-10

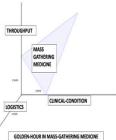
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s.	Patient-care variables	Encounter	Waiting	Operation
no		time	time	turnaroun
		(mins)	(mins)	d Time
				(minutes)
Pre-Hospital patient care (Tent-clinic based primary-care during five critical days of Hajj)				
1	Low acuity patients	2-10	0-20	2-20
2	High acuity patients	20-40	0-2	20-40
3	Checking of vitals	3-5	0-10	3-10
4	Systemic examination	2-15	0-10	2-25
5	Blood glucose by glucometer	2-3	0-10	2-10
6	Collection of medicines from pharmacy	2-10	0-20	2-20
7	Ambulance transfer from tent-clinic to	10-20	0-30	10-60
	secondary/tertiary-care			
Hospital-based patient care (Secondary-care)				
1	Low acuity patients	2-5	0-60	2-60
2	High acuity patients	20-40	0-2	20-40
3	Electrocardiogram	5	0-30	5-30
4	Urine routine and microscopy	10	0-20	10-20
5	Blood glucose by glucometer	2-3	0-40	2-40
6	Malaria/ Dengue/HCV by rapid kits	30	0-30	30-60
7	Haematology tests	30	0-30	30-60
8	Clinical chemistry tests	30	0-30	30-60
9	Manual X-ray	20	0-30	30-60
10	Ultrasonography	5	0-20	5-20
11	Minor surgical procedures	30	0-60	30-60
12	Orthopaedic procedures	30	0-60	30-60
13	Collection of medicines from pharmacy	2-10	0-60	2-60
14	Ambulance transfer from secondary-care to tertiary-	30-60	0-60	60-180
	care			
S.	Healthcare personnel turnaround time	Site/home		Patient
No	visit by b		ought to	
		doct	or he	althcare
				facility
1	Mobile-medical-task-force during Mass-gathe	ring 20-6		5-30
	congregations	5		
2	Tent-clinic based primary-care	10-3	0	5-15
3		10-3		5-15
3	Static-clinic based primary-care Hospital-based secondary-care	10-6		5-30
-				3-30
	DISCUSSION AND CO		SIUN	
	operations throughput re mains an important determinant of golden-hour in	Ť		

important determinant of golden-hour in mass-gathering medicine.
 Early transportation of patient to definitive-care reduces treatment initiation time by 50%
 Operation throughout determine availability, accessibility, efficiency and inter erability of bottlenecks during golden-hour
 Evidence-based guide lines, standards, alert and response systems need to be developed

30-150

0-60

30-90



secondary/tertiary-care

Ambulance transfer from static-clinic to

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