

SHORT COMMUNICATION

Medicine Science 2020;9(2):524-5

Employing Adaptt Tool to respond to the rising COVID-19 caseload in the European region**Saurabh RamBihariLal Shrivastava¹, Prateek Saurabh Shrivastava²**¹*Member of the Medical Education Unit and Institute Research Council, Department of Community Medicine, Shri Sathya Sai Medical College & Research Institute, Sri Balaji Vidyapeeth (SBV) – Deemed to be University, Ammapettai, Nellikuppam, Chengalpet District, Tamil Nadu - India*²*Department of Community Medicine, Shri Sathya Sai Medical College & Research Institute, Sri Balaji Vidyapeeth (SBV) – Deemed to be University, Ammapettai, Nellikuppam, Chengalpet District, Tamil Nadu, India*

Received 11 April 2020; Accepted 11 May 2020

Available online 16.05.2020 with doi: 10.5455/medscience.2020.09.9237

Abstract

The Corona Virus Disease-2019 (COVID-19) pandemic continues its ascent in terms of the reported cases, the number of deaths and the geographical distribution. In an attempt to improve the preparedness activities and national response plan, the European region has designed an Adaptt tool, which can assist the program managers and hospital authorities to enhance the capacity for extending quality-assured inpatient care. This enhancement can be with regard to identifying the number of beds required for providing care for different categories of patients. The recommendations for enhancing the capacity of the hospital to meet the requirement of providing acute and intensive care broadly targets four domains, namely staff, premises, supplies and finally the system. In conclusion, the Adaptt tool developed in the European region is an effective strategy to respond to the challenge of the sudden upsurge in the number of COVID-19 cases and thereby improve our preparedness level and response to the detected cases.

Keywords: COVID-19 pandemic, Adaptt tool, European region, World Health Organization**Introduction**

The Corona Virus Disease-2019 (COVID-19) pandemic continues its ascent in terms of the reported cases, the number of deaths and the geographical distribution. Till now, 3855788 cases and 265862 deaths have been attributed to the infection, which amounts to a global case fatality rate of 6.9% [1]. The disease has almost been reported across all the nations of the world and in terms of the regions, the European and the American region together accounts for 86.1% of the global cases and 92.6% of the reported deaths worldwide [1]. At the same time, it is important to note that the health system of most of the affected nation has been outstretched and if urgent measures are not taken, the situation can become much worse in the days to come [2].

Adaptt tool: Scope and Provisions

In an attempt to improve the preparedness activities and national response plan, the European region has designed an Adaptt tool, which can assist the program managers and hospital authorities to enhance the capacity for extending quality-assured inpatient care [3,4]. This enhancement can be with regard to identifying the number of beds required for providing care for different categories (viz. mild, moderate, severe or critical) of patients [4,5]. The mild category refers to those patients who can recover from the illness at home itself and thus won't require hospital care and these patients are not taken into consideration while calculating the resources. Moderate patients are those who will require inpatient care, but won't need oxygen therapy or mechanical ventilation. The category of severe patients will essentially require oxygen therapy in hospital settings, while the category of critical patients requires inpatient care along with assistance for ventilatory support [4].

The tool is designed in such a way that it can anticipate the time of bed shortage and requirements about the human resources. Moreover, the tool has an integral component of technical advice,

***Corresponding Author:** Saurabh RamBihariLal Shrivastava, Department of Community Medicine, Shri Sathya Sai Medical College & Research Institute, Sri Balaji Vidyapeeth (SBV) – Deemed to be University, Tiruppur - Guduvancherry Main Road, Ammapettai, Nellikuppam, Chengalpet District, Tamil Nadu - 603108, India, E-mail: drshrishri2008@gmail.com

which can guide the policy makers about the interventions and policies required for enhancing the hospital capacity without jeopardizing the routine delivery of essential health services [3]. The recommendations for enhancing the capacity of the hospital to meet the requirement of providing acute and intensive care broadly targets four domains, namely staff, premises, supplies and finally the system. From the staff perspective, the tool ensures that it estimates the precise requirement of the health professionals and social workers depending on their competence level each day to meet the daily health needs of the diagnosed patients [3,6].

Need for Hospital readiness

As the trends of the disease has shown a rapid upsurge in the number of cases, actions should be taken to create more space in the hospital, which can be earmarked for the care of COVID-19 patients, without compromising the safety of other types of patients [3,7]. The safety of the healthcare personnel has been recognized as a public health priority and thus they should be supplied with an adequate amount of personal protective equipment and other essential supplies for them as well as the inpatients, so that the risk of acquiring infection from patients can be minimized [3]. Finally, it is important that the overall coordination between different departments of the hospital, including the auxiliary ones, should work in utmost collaboration with each other to respond to the challenge of meeting the demands of health care services [2,5].

Conclusion

In conclusion, the Adaptt tool developed in the European region is an effective strategy to respond to the challenge of the sudden upsurge in the number of COVID-19 cases and thereby improve our preparedness level and response to the detected cases.

Conflict of interest

The authors declare that they have no competing interest.

Financial Disclosure

All authors declare no financial support.

Ethical approval

No ethic approval is needed to this research.

References

1. World Health Organization. Coronavirus disease 2019 (COVID-19) Situation Report – 110; 2020. Available from: https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200509covid-19-sitrep-110.pdf?sfvrsn=3b92992c_4 accessed date 2020 May 10.
2. World Health Organization - Regional Office for Europe. Hospital Readiness Checklist for COVID-19 - Interim version. Copenhagen: WHO press; 2020. p: 1-26.
3. World Health Organization. COVID-19: launch of new WHO tools to help hospitals manage the rapid arrival of patients; 2020. Available from: <http://www.euro.who.int/fr/health-topics/health-emergencies/coronavirus-covid-19/news/news/2020/4/new-who-tools-launched-to-help-hospitals-manage-surge-in-covid-19-patients> accessed date 2020 Apr 11.
4. World Health Organization. Files from WHO Europe at World Health Organization - Adaptt Surge Planning Support Tool; 2020. Available from: <https://euro.sharefile.com/share/view/scef08a92a9d43b68/fo62fb4f-ba90-4a9a-a0e7-7c98dea86b9a> accessed date 2020 Apr 11].
5. Li R, Rivers C, Tan Q, Murray MB, Toner E, Lipsitch M. Estimated demand for US hospital inpatient and intensive care unit beds for patients with COVID-19 based on comparisons with Wuhan and Guangzhou, China. *JAMA Netw Open*. 2020;3:e208297.
6. Arora VM, Chivu M, Schram A, Meltzer D. Implementing physical distancing in the hospital: A key strategy to prevent nosocomial transmission of COVID-19. *J Hosp Med*. 2020;15:290-1.
7. World Health Organization. 2019 Novel Coronavirus (2019-nCoV): Strategic preparedness and response plan. Geneva: WHO press; 2020. p: 1-20.