Human Factor for Survival and Recovery

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Abstract

This article focuses on human initiative in transporting a victim quickly and safely to a hospital followed by caring for a victim who could be a family or a non-family member. It highlights the potential of first responder as well as the caregiver in improving survival rates. It shows the importance of training in responding to an emergency and patient care thereafter.

This article intends to give a break to the materialistic mind and ponder on the non-materialistic aspects of life which surely improve the quality of life and the quality of the society we live in. It targets the young managers with a societal orientation. After pursuing professional training it is expected that individual would get into the business of making money, yet responding to an emergency at some point of time is inevitable. Present day society takes a pride in helping and making a difference to someone, but inability to help may make a person feel worse than the victim. This situation can be avoided by spreading the awareness about what can be done, and how it can be done.

Emergency management and caregiving are two areas with excellent job opportunities for unemployed youth. It can accommodate semi-skilled to highly skilled personnel. A career in these fields is highly respected and well paid.

Key words: Human factor in emergency management, Survival and recovery, Pre hospitalization, Rehabilitation, First responder, Caregiving

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1. Introduction:

The best purpose of life can be to save a life. Saving one's own life is also equally heroic. One of the best application areas of Management can be improvement in human survival and recovery under medical emergency. The duty of saving lives need not totally rest on the shoulders of doctors or medical practitioners. Even a common man can make a difference if he wills. Awareness, training, sharing of information, knowledge and experiences can improve the survival rates.

The cycle of emergency management can be broadly classified into 3 categories:

1. Pre hospitalization
2. Hospitalization
3. Rehabilitation and recovery

Health sector in India is still not integrated. It seems to be comparatively fragmented. The ambulance service, the hospitals, the diagnostic centers, the rehabilitation centers operate as separate strategic business units. As a result the responsibility of victim's complete recovery is accepted by none. Very few tertiary private hospitals and government hospitals seem to be partially integrated (because they specialize in specific areas of therapy). The trust of people in private sector hospital is higher than government hospitals. This is associated with high cost of treatment.

The human service that this article suggests ranges from transporting a victim to a trauma care to enabling the victim to lead a normal life.

2. Objectives

1) Transporting a victim from an incident prone area to a Health care centre as quickly and safely as possible.
2) Providing appropriate treatment at the hospital or health care centre
3) Enabling him to get back to routine life.

3. Research Design

This article focuses on the first and third objectives. All individuals may not be trained in medical field, but still on humanitarian grounds they can make a difference to the chances of survival. EMRI services are doing their level best in this regard. One of their initiatives is "Capacity building program", which trains, informs and encourages the society to help a victim. World Health Organization also believes that communication and training of people who are willing to help can improve the survival rates.

4. Discussion

Objective 1: Transporting a victim to a safer place like primary health care or hospital

As a first step the victim of an incident has to be transported to a health care center as soon as possible. The person who identifies and addresses this emergency is called a first responder.

First responder would also be the person who decides to take charge of the situation until real help (trained paramedics or doctors) arrives. It could be a victim himself, family member or passerby who turns up for help. This situation leads to arrival of the ambulance and culminates into transfer of the victim to a hospital or primary health care center. The survival also depends on the treatment and recovery rate. The decision to help can lead to increased survival rates, reduced cost of transit and better quality of life of the victim after the recovery and rehabilitation.

The role of first responder starts when he chooses to react and be sensitive about the situation. Other than attitude; knowledge levels, presence of mind, stress bearing capability play a great role in quick transfer of the victim to the safe hands for a doctor.

The speed in execution of this process depends on:

1. Alertness of the first responder and his willingness to call for an ambulance
2. Communication between call centre executive and ambulance driver
3. Alertness of the ambulance driver
4. A fully equipped Ambulance reaching the spot
5. Patient being transferred to hospital
6. Hospital taking over the responsibility of the victim

Delay in any one or more of the above situations may lead to loss of life. Better results can be achieved through awareness of the first responder, sensitive human interactions with the victim and attendants of the victim, communication system, faster transportation and skill in handling uncertainties in transit.

1.1 Role of first responder in improving survival rates:

As per international ambulance service providers, a first responder can do several things to assist the ambulance service, like:

1. Stay with the patient until help arrives
2. Coordinate with the ambulance service provider regarding change in victim's condition or change in victim's location.
3. Can indulge in minor activities like making way for the ambulance or giving correct land marks to the ambulance driver.
4. Keeping pets away, reducing unnecessary crowd, keeping the surrounding well ventilated may help identifying the correct people who are willing and capable of helping.
5. In case the victim is a family member collecting previous medical history may be useful.
6. The toughest part may be keeping mental stability and staying calm.

1.2 Importance of the role played by the first responder:

One of the lessons learnt from Warfare is that most of the deaths occur due to the panic created within the first few minutes of an attack. This time is referred to as "Platinum 10 minutes". The expertise gained from Defense in handling emergency medical help has been shared with civilians. As a result Emergency management has succeeded in reducing the time laps between the incident and treatment from hours to minutes. The "platinum 10 minutes" have taken over the "golden hour".

The role played by a fellow soldier will have to be played by an ordinary citizen who witnesses an incident. Such care givers are first responders. Even a little amount of knowledge or training of the first responder goes a very long way. Further, dependence on a Medical Emergency Response Team is inevitable.

An unskilled, semi-skilled or skilled personnel can choose to be a first responder with a little training. This in itself can create tremendous opportunities for employment.

The second step towards improving survival rates would call for extensive formal training in specific areas of emergency management like cardio vascular care, pediatric care, neonatal care, trauma care etc. The third step would include the establishment of centralized call management centers which would enable quick transit of victim. The World class EMRI services of India have gone a step ahead and are exploring the scope for full network connectivity. They have harnessed technology in terms of vehicle tracking (GPS), call centre management, reducing travel time by using better routine techniques and making available the best in class paramedics. However scope for improvement in quality knows no bounds. Members of society can aid in the basic task of identifying a medical emergency and addressing it. This would effectively reduce the total cost of transit, recovery and rehabilitation.

Objective 2: Enabling the victim to get back to routine life:

2.1 Care giving:

The role of the caregiver is prominent. A caregiver could be a family or a non-family member. Generally it is the parent, adult children, spouse who is a primary care giver. This article highlights the importance of caregiving and training in caregiving. It urges the unemployed, educated youth to take up "caregiving" as a profession and aid in saving lives.

2.2 Role of the primary caregiver:

1. To alert the receiving hospital over the change in condition of the patient if any.
2. To ensure that the patient is at the right hospital under the right doctor and right medication.
3. Manage finances.
4. Get acquainted with the disorder as fast as possible.
5. Initially no medicine can stop the disease, caregivers work more than the medicine.

According to Rehabilitation Council Of India (Statutory body under the Ministry of Social Justice and Empowerment) Care Giving is a professional task. It starts with precaution and ends with cure. Some of the tasks may include:

1. Personal hygiene
2. Bed making and prevention of bed sores
3. Bed bath(sponge bath), mouth care and cleanliness of the patient
4. Taking & Recording of temperature, pulse, respiration, blood pressure etc.
5. Sterilization
6. Prevention of cross infection
7. Nutrition and feeding including Nasal feeding skills
8. Assisting in exercise, rest and sleep
9. First Aid – • How to control bleeding from a wound, cuts, scrapes etc.
10. Recognizing & responding to Emergencies
11. administering medicines, appropriately and on time

2.3 Enabling Caregivers:

The final objective of the collective effort is patient survival and recovery. For this purpose caregivers do need professional as well as family support. The basic support for care givers can be obtained from support groups or networks which include:

- Patients who survived the disorder before
- Other caregivers
- Doctors who treat the specific disease
- Physiotherapists who could guide in terms of relaxing the pain or suffering of the patient
- Nutritionists who could help in designing appropriate nutrition.
- Relatives

2.4 Management approach to care giving:

Sharing responsibilities, teaming, coordination and cooperation, training, communication, motivation, rehabilitation are some of the management practices which help in care giving.

2.5 Non-family care giver:

Sometimes a family member may not be in a position to take care of the patient. In such a case appropriate caregiver has to be identified.

2.5.1 Caregiving can be classified into three categories:

Non-interventional Care: Care can be given by a family member or a person appointed for that purpose. This may be assistance in bathing, dressing, eating and taking medicine. Reading to them or helping them watch their favourite TV programmes/movies also fall in this category. All these tasks can be performed by any individual with a minimum of 10^{th} class knowledge.

Interventional Care: Includes basic medical care. The caregiver has to be a qualified person as they are expected to give injections, dress wounds, check blood sugar levels among other basic requirements.

Domiciliary Interventional Care: This is round the clock caregiving and can only be given by a fully-trained person. This includes medical care as well as help in managing basic daily activities. Patients of stroke, severe arthritis or dementia who are confined to a bed or wheelchair are examples.

Hiring a caregiver is generally not acceptable to the patient. It is resisted with anger and depression. The patient may not be willing to be taken care of by others. The patient develops a feeling of disownment on the part of family members. There may be frustration, loss of self-esteem, loss of independence and control over the body. Ironically the main aim of caregivers is to make the person independent and feel empowered.

2.5.2 How to find a caregiver?

A caregiver could be a family or non-family member who has an attitude to serve. A trained caregiver can be identified through doctors, hospitals or agencies providing home based service.

2.6 Financial management by the primary caregiver:

Finances is as important as cure. Investment in advance will help. If the family has planned their medical insurance, then it should be communicated. The primary caregiver should get familiarized with all the terms and conditions and legal issues as quickly as possible. Staying connected with the doctor and the hospital in terms of tentative period of stay and its cost can help. Insurance coverage is usually for intensive care but not for rehabilitation. Negotiating with the insurance agency should not be ruled out. It is to be noted that the caregiver is an equal customer and the agency should do their best for their customer.

Alerting family and friends for financial aid, in advance is mandatory because initially there is no assurance of the cost or duration of stay in hospitalization.

Financial resources can be enlisted. A list of people who may help or are willing to help should be prepared. They may include siblings, parents, spouse, earning children, company, family friends, colleagues etc.

As a proactive measure every family may create a common family fund where every family member contributes based on their financial capacity. This fund may be maintained by the head of the family. In times of crises who ever uses this fund, uses it with the promise of refunding the same as soon as the crisis period is over. This method of capacity building is less stressful compared to identifying funding agencies during the period of crisis.

Heavy discount from the hospital can be demanded in severe cases. Hospitals may accept lesser payment as final settlement of the hospital bill.

This is a journey which teaches individuals to appreciate life and live it like never before.

The benediction and satisfaction of having done ones best is only to be experienced and cannot be explained.

5. Findings:

1) The society has an attitude to help fellow citizen but is not aware of how to help.
2) There is an element of resistance to get trained
3) Respondents who have undergone a period of medical emergency showed interest towards gaining knowledge in this area. Society should be made aware that medical emergency is a Proactive training technique which is worth the life of an individual.
4) Choosing paramedical fields of care giving as a career are slowly gaining momentum.
5) Number of authorized training agencies is very few.

6. Suggestions:

1) Community building programs should be encouraged.
2) Capacity building programs should be encouraged.
3) Cycle of life will never stop so choosing a career in Care giving should be encouraged.
4) Knowledge in finance and having an alternate finance manager at home can reduce financial stress during a medical emergency.

7. Conclusion:

Community building programs, Capacity building programs, Creation of awareness of finance management will make the people to attend the victim immediately for saving the life and to come back to routine life. If the time taken to transport a victim to the nearest hospital can be reduced, safety ensured and treatment made available, then the number of deaths due to delay and negligence can be greatly reduced.

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