

# CHAMPIONS OF CHANGE

Strengthening emergency care services

in Madhya Pradesh

## Workshop Report

**Date:** 27th to 31st March 2025

**Venue:** Jai Prakash Narayan apex trauma  
centre JPNATC, AIIMS New Delhi



## Acknowledgement

The ‘Champions of Change for Madhya Pradesh’ initiative was made possible through the invaluable support and contributions of numerous individuals and organizations. We extend our heartfelt thanks to all who played a pivotal role in this effort.

We express our deep gratitude to the esteemed experts, Dr. Sanjeev Kumar Bhoi (Professor, Emergency Medicine, JPNATC, AIIMS, New Delhi; Director, WHO Collaborating Centre for Emergency and Trauma Care) and Dr. Tej Prakash Sinha (Additional Professor, Emergency Medicine, JPNATC, AIIMS, New Delhi; Co-Director, WHO CCET) for their expert guidance and insights throughout the initiative.

We are also thankful to the distinguished delegates, Dr. Vandana Jain, Joint Secretary, Ministry of Health and Family Welfare, and Dr. Manas Pratim Roy, Assistant Director General, Directorate General of Health Services, MOHFW, for taking time out of their busy schedules to share their perspectives during the inaugural session.

Our sincere appreciation goes to the leadership of the World Health Organization (WHO), including Dr. Patanjali Dev Nayar (Former Regional Advisor, WHO SEARO) and Dr. Tashi Tobgay (WHO SEARO), whose support was instrumental in the success of this initiative.

We would like to acknowledge the crucial contributions of Sh. Sandeep Yadav, Principal secretary (Government of Madhya Pradesh, Department of Public Health & Medical Education), Sh. Tarun Rathi, Commissioner (Department of Public Health & Medical education), Dr. Himanshu Jayswar, Deputy Director, DoPH&ME., Dr. Mahendra Pratap Singh, Deputy Director, DoPH&ME, Dr. Saurabh Kumar, Deputy Director, DoPH&ME for their unwavering support, motivation and their instrumental roles in advancing the agenda of emergency care in MP. We would also like to thank Sh. Radhey Shyam Julaniya (Retd. IAS), Founding Member CRISP, Sh. Rajeev Sadanandan (Retd. IAS), Founding Member CRISP, Dr Sudha Chandrashekhar, Advisor HSTP for their invaluable guidance.

Our thanks extend to the nursing and medical faculty of JPNATC and AIIMS, New Delhi, whose expertise has significantly contributed to the development of the skills and competencies of all participants. We also appreciate the dedication and commitment of all district hospital teams from Madhya Pradesh for their active participation.

A special mention is due to Ms Roopa Rawat, Ms. Pooja Kapoor, Dr. Anushree Trikha, and the entire team at CRISP & HSTP for their unwavering support throughout the program.

## Background

Emergency care systems are essential to achieving the Sustainable Development Goal (SDG) targets related to universal health coverage, road safety, maternal and child health, non-communicable diseases, infectious diseases, disasters, and violence. The lack of timely access to emergency care is a major public health issue, recognized by the World Health Organization (WHO) as a contributing factor to widespread and serious health problems. The 72nd World Health Assembly (WHA) in 2019 highlighted the importance of timeliness as a critical component of quality care, noting that millions of deaths and long-term disabilities from injuries, infections, mental health disorders, and other emergency conditions could be prevented annually with a functioning Emergency Care System (ECS) that ensures timely access to care.

An integrated Emergency Care System (ECS) delivers time-sensitive healthcare services for acute illnesses and injuries across the lifespan. In India, the rising mortality and morbidity due to Road Traffic Accidents (RTA) have become an increasing public health concern. India records approximately 16.6 road accident deaths per lakh population, totalling an alarming 1.37 crore fatalities. This rate is significantly higher than many Western countries, underscoring the severity of road traffic accidents in India. Madhya Pradesh, in particular, has witnessed a troubling rise in road accident fatalities. In 2022, the number of deaths from road accidents in the state surged to 1,68,491, a 9.4% increase from the previous year, accounting for approximately 8% of all road accident deaths in India. This places Madhya Pradesh fourth nationwide in terms of road accident fatalities. Moreover, 6.6% of all accident fatalities on National Highways occurred in the state.

## Champions of Change (CoC) for Madhya Pradesh

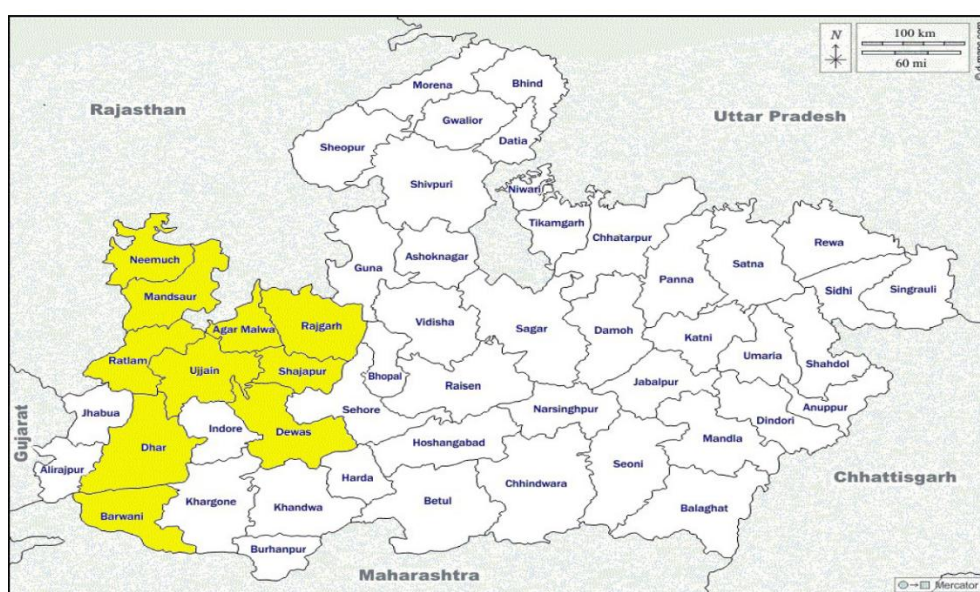
A robust Emergency Care System encompasses essential functions such as human resources, equipment, and information technology, extending from care at the scene of an incident, through transportation, and into healthcare facilities, as outlined by the WHO Emergency Care System framework. Building integrated ECS models requires a coordinated effort across all levels—primary, secondary, and tertiary care. One key objective is to enhance the skills and competencies of healthcare professionals within the system.

The Health Systems Transformation Platform (HSTP) is committed to improving India's healthcare systems through evidence-based strategies and collaborations. In Madhya Pradesh, HSTP is working in partnership with CRISP to enhance emergency care services. This collaboration focuses on conducting assessments of district hospitals based on the IPHS 2022 standards, analysing ambulance efficiency through IRTS data, and developing actionable plans to optimize services. As part of this collaboration, CRISP has signed a Memorandum of Understanding (MOU) with Department of Public Health and Medical Education (DOPHME)

to further enhance the state's healthcare. In line with this, HSTP and CRISP are coordinating and supporting the implementation of the "Champions of Change" program, which aims to drive significant improvements in healthcare delivery.

The 'Champions of Change for Madhya Pradesh' initiative seeks to strengthen the state's healthcare system by developing a cadre of skilled healthcare professionals at the district level. These "Champions" will bolster emergency response capabilities at district hospitals, build capacities at Community Health Centres (CHCs) and Primary Health Centres (PHCs), and empower communities and first responders, thereby enhancing the overall emergency care infrastructure in Madhya Pradesh. The program is designed to enhance the capabilities of healthcare providers by not only strengthening their emergency departments but also improving the facilities under their supervision by training their staff members. It emphasizes the effective management of limited resources, ensuring regular follow-ups and meetings with staff, and maintaining consistent reporting to state leadership. Additionally, the program promotes intersectoral collaboration and strives for greater administrative efficiency.

Madhya Pradesh boasts a robust healthcare network. With its large population and geographic expanse, the state is home to 51 District Hospitals (DHs), 84 Sub-District Hospitals (SDHs), and 14 government medical colleges, ensuring healthcare access even in the most remote and difficult terrains. These facilities are strategically distributed to meet the growing demand for emergency services. In the state, 51 DHs, 52 SDHs, and 45 CHCs serve as functional First Referral Units (FRUs), catering to the increasing number of emergency cases. PHCs primarily provide first aid services, while CHCs and district hospitals offer basic emergency care. Medical colleges serve as tertiary centres equipped to deliver specialized emergency services. District hospitals play a crucial role as the principal referral point and central hub for healthcare services within their respective districts.



*Figure 1: District Hospitals participated in 'Champions of Change for Madhya Pradesh'*

In the first phase of initiative, 34 healthcare professionals from 10 district hospitals of Madhya Pradesh participated. The district teams represented Ujjain, Agar-Malwa, Barwani, Biaora, Neemuch, Dhar, Ratlam, Shajapur, Dewas and Mandsaur.

Each ‘Champions of Change’ team from district hospitals include:

1. **Civil Surgeon cum Chief Hospital Superintendent**, responsible for facility administration and overall hospital management
2. **Nodal Medical Officer, In-charge - Trauma/Emergency Department (ED)**, consisting of medical officers (MBBS) and specialists trained in general surgery, orthopaedics, anaesthesiology, or medicine
3. **Staff Nurse**
4. **Hospital Manager/Consultant**

The inclusion of Hospital Managers in Madhya Pradesh's ‘Champions of Change’ initiative represents a strategic step towards building stronger emergency departments, drawing on insights from past experiences. Following initial consultations with state officials, the inclusion of these roles was proposed due to their critical function in clinical management, hospital administration, and service delivery at the district level. While doctors and nurses focus on the clinical care aspects of the emergency department, hospital managers play an essential role in overseeing human resource processes, organizing staff meetings, coordinating payments, ensuring the functionality of equipment, managing drug availability, maintaining facility cleanliness, overseeing transportation services, conducting data analysis, generating reports, and upholding quality standards. Their involvement in the ‘Champions of Change’ initiative will allow doctors and nurses to concentrate on improving clinical competencies, while hospital managers provide vital non-clinical support to ensure the efficient operation of emergency departments.

The WHO Collaborating Centre for Emergency and Trauma Care (WHO CCET) in the South-East Asia region, based at the Jai Prakash Narayan Apex Trauma Centre (JPNATC) at the All-India Institute of Medical Sciences (AIIMS), New Delhi, has played a pivotal role in contextualizing the training program for the state of Madhya Pradesh.



## Preparation for the Training

The WHO CCET team provided a template to all participating teams, guiding them to create a presentation about the emergency department (ED) at their respective district hospitals. The presentation was expected to outline the current organization of the ED and its approach to handling emergencies. In addition, teams were asked to submit a brief video that illustrated the patient flow within their departments.

## Sessions Overview

### Day 1 - 27 March 2025

#### Inauguration Ceremony of the 'Champions of Change' Initiative

The inauguration ceremony for the five-day event aimed at strengthening the Emergency Care System (ECS) in Madhya Pradesh and building "Champions of Change" took place on 27th March at the Seminar Room of JPNATC, AIIMS, New Delhi. The event featured distinguished speakers who delivered insightful remarks essential for enhancing the ECS.

Dr. Sanjeev Bhoi, Professor and Director of WHO CCET, delivered the opening address for the Champions of Change program. He congratulated the participants on their involvement and praised the Madhya Pradesh government's commitment to strengthening emergency care services. Dr. Bhoi emphasized the critical issue of emergency care, noting that 17 people die every hour in India, contributing to a 3% loss of the country's GDP. He highlighted the importance of timely care and the identification of Red Zone conditions. During the discussion on the "Golden Hour" of emergency care, Dr. Bhoi underscored the necessity of programs like Champions of Change. He explained that having an effective system in place and preparing frontline workers to manage emergency situations is crucial. He concluded by sharing the mission and vision of the program, which aims to transfer best practices

developed at AIIMS, New Delhi, to states to improve emergency department services across India.



Dr. Vandana Jain, Joint Secretary, Ministry of Health and Family Welfare, graced the inauguration ceremony. She congratulated the participants and commended the state of Madhya Pradesh for taking such an initiative. Dr. Jain encouraged the participants to absorb as much knowledge as possible from the AIIMS team and apply it to excel in their respective areas when they return to their districts.

Dr. Patanjali Devnayyar, Regional Advisor, WHO-SEARO, provided a background on the development of emergency care services over the past few years, both globally and in the region. He introduced the Phuket Declaration, which began with a road safety consortium and eventually included 11 countries committed to improving emergency healthcare services. Dr. Nayar highlighted the regional strategy developed in collaboration with NITI Aayog, the Ministry of Health and Family Welfare, and the National Health Mission, emphasizing integrated efforts that include state involvement. He also shared an inspiring example of Thailand's success in emergency care, where nursing staff head departments, thus enabling doctors to focus more on clinical care.

The session continued with active participation from all attendees, who discussed what it takes to be a champion and how to develop actions that lead to tangible improvements in healthcare services. Dr. Tashi Tobgay, Advisor at WHO-SEARO, focused on the importance of champions in strengthening healthcare services and congratulated the team, wishing them success in delivering quality emergency care in their districts.

Dr. Sanjeev Bhoi took the opportunity to thank and congratulate the Madhya Pradesh administration and NHM hospital administration for their consistent efforts to improve healthcare standards across facilities. He also invited Dr. Himanshu Jaiswal, Additional Deputy Director, Hospital Administration, NHM, Madhya Pradesh, to address the participants. Dr. Jaiswal congratulated the participants and commended the entire WHO CCET team for their meticulous and smooth execution of the program. Dr. Mahendra Pratap Singh, Deputy Director, DoPH&ME graced the occasion and applauded the efforts of CCET team and congratulated the participants. He also emphasised on the commitment of the state to improve emergency services.



Dr. Manas Pratim Roy, Assistant Director General, Directorate General of Health Services, MOHFW, emphasized that everyone in the system is a champion. He spoke about the importance of strengthening all levels of staff in the emergency department and highlighted the significance of equitable distribution of duties. Dr. Roy also discussed the value of documenting services and best practices followed by the districts, focusing on the importance of team collaboration and patient prioritization.

Dr. Sushma Sagar, Professor of Trauma Surgery at AIIMS, stressed the importance of involving all human resources in the emergency department to enhance patient care. She discussed the roles of everyone, from security guards to lab technicians, in ensuring effective emergency services. Dr. Sagar also highlighted the importance of road traffic rules in preventing accidents and reducing roadside fatalities.

This was followed by workshop activities in the second half of the day:

**1. Pre-Assessment:** The workshop began with a pre-assessment to evaluate the participants' existing knowledge of emergency care. This initial assessment provided trainers with valuable insights into the participants' familiarity with emergency care concepts, helping tailor the workshop content to their current level of understanding.

**2. Simulation Activity:** Dr. Tej Prakash Sinha, Additional Professor at JPNATC, AIIMS Delhi, led a comprehensive session on the fundamentals of emergency care based on the WHO framework. He emphasized the importance of prioritizing critical conditions in the Emergency Department (ED). The discussion covered key aspects of emergency care systems, including structural organization, procedures, and expected outcomes. Essential topics such as triage systems, the categorization of patients into red, yellow, and other zones within the ED, continuous skill-building, and the importance of leadership and team building in emergency care were highlighted.



Following the discussion, participants were presented with a case scenario. Dr. Tej and Dr. Charu facilitated a briefing session, guiding the participants on how to assess and manage emergency cases in real-world settings.

**3. Visit to the Emergency Department (ED) at Trauma Centre:** In the latter part of the day, all delegates and participants visited the Emergency Department of the Jai Prakash Narayan Apex Trauma Centre (JPNATC), AIIMS Delhi. The visit provided an opportunity to observe the organization of the ED and the patient flow within its various sections, including the triage, red, and yellow areas, as well as the positioning of all service counters. Key areas visited included:

- **Triage Area:** This is where patients are categorized based on the severity of their condition, ensuring that those requiring immediate care are prioritized.
- **Red Area:** Dedicated to critically ill patients who need immediate intervention. Participants were briefed on the entire process, from patient arrival and resuscitation to documentation and referral to other areas within the ED.
- **Yellow Area:** This section is for patients who are serious but stable and require medical attention.
- **Minor OT:** A small operation theatre designated for performing minor procedures.
- **Counter Area:** Where patient registration and documentation are handled, ensuring efficient record-keeping.
- **Disaster Area:** Set up for handling mass casualty incidents, providing a systematic approach to disaster response.



Each area was thoroughly explained, with particular focus on the importance of accurate and efficient documentation in maintaining patient records and ensuring the smooth functioning of the ED.

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## Day 2 - 28 March 2025

### 1. Motivational Session:

The session was designed to inspire and motivate participants, emphasizing the critical role they play in emergency care. It reinforced the importance of their contributions to improving patient outcomes and enhancing the overall emergency care system.

### 2. Donabedian Model:

Ms. Roopa Rawat, Regional Nursing Lead, introduced the Donabedian Model, a framework for evaluating healthcare quality. The model breaks down healthcare quality into three key components:

- **Structure:** The physical and organizational setup of healthcare facilities (e.g., hospital infrastructure, staff, and equipment).
- **Process:** The procedures, workflows, and protocols followed during patient care.
- **Outcome:** The final results of care, reflecting the impact on patient health.

Participants engaged in an interactive activity to gain a practical understanding of how these components work together to improve healthcare delivery.



### **3. Personality Identification Using Colours by Dr. Deepak Aggarwal, HOD, Neurosurgery, JPNATC:**

Dr. Deepak Aggarwal led a fun and interactive session that helped participants identify their personality traits and those of their colleagues using a colour-based framework. This activity fostered better self-awareness and promoted improved teamwork and communication, crucial skills in emergency situations where effective collaboration is key.

### **4. Emergency Department Reorganization & Triaging by Dr. Sanjeev Bhoi:**

Dr. Sanjeev Bhoi led a session on optimizing the organization of the Emergency Department (ED) to ensure smooth patient flow. The session emphasized the importance of triaging—prioritizing patients based on the urgency of their conditions. Dr. Bhoi highlighted strategies for efficiently managing the ED setup to provide timely and effective care to patients in critical need.

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## **Day 3: Hands-on Training at Skill Stations**

Participants underwent practical training in life-saving skills at different skill stations:

### **SKILL STATIONS**

5 skill stations with 6 trainers with a rotation of each group to each skill station. This involves the demonstration and explanation of process by trainers followed by hands on practice and assessment of each participant in each group.

Skills stations were.

#### **1) Airway Management**

Basic Airway: Assessment, suctioning, manoeuvre steps, oropharyngeal assessment

Advance airway: Intubation, Bag Mask Ventilation (BMV), insertion of Laryngeal Mask Airway (LMA)

2) Breathing: It includes Oxygenation and Nebulization: Identifying patient in respiratory distress, application of different oxygen mask & nebulization.

- 3) ECG: ECG lead application, ECG Printing and interpretation of ST elevation
- 4) Chest Compression: Landmark and perform effective for Chest Compression
- 5) Defibrillation: Handling, identifying shockable rhythm, delivering shock
- 6) Management of Injured patient: Fracture care, bleeding control, lifting & shifting – Basic Life support and Advance Life Support



Skill Stations were taken by trained Emergency Nurses and Doctors of Department of Emergency Medicine, JPNATC, AIIMS, New Delhi.

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#### **Day 4: Emergency Ultrasound, Action Plan & Trauma Simulation**

1. **E-FAST (Emergency Ultrasound for Trauma):** A session on using ultrasound to quickly diagnose internal bleeding or injuries in trauma patients.
2. **Focused Group Discussion (FGD) for Action Plan:** Participants engaged in discussions to develop action plans for improving emergency care in their respective hospitals.
3. **Trauma Patient Simulation:** A real-life emergency case scenario was given, where participants had to manage a trauma patient step by step, helping to reinforce practical application of their training.
4. **Medico-Legal Documentation:** A session on how to properly document medical cases, especially in trauma and emergency situations. Participants learned about the legal importance of maintaining accurate records.



1. **Learning from Different Models:** STEMI Model: Managing heart attack (ST-Elevation Myocardial Infarction) patients., Stroke Model: Rapid response for stroke patients. Action Plan Development: Creating strategies for emergency preparedness.

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### Day 5: Pain-Free ED, Leadership, and Presentations

1. **Pain-Free Emergency Department Concept:** A session focused on effective pain management in the emergency department by Dr Sanjeev Bhoi.
2. **Leadership Mantra by Dr. Patanjali:** Dr. Patanjali shared leadership principles using the elephant story, emphasizing patience, teamwork, and persistence.
3. Hospital Presentations (10 District Hospitals) Each hospital team presented about:
  - Their current ED system and workload.
  - Challenges they face in emergency care.
  - Possible solutions and future action plans to improve emergency services.
4. **Closing Ceremony:** Certificate distribution to participants. Group photograph as a memory of the workshop.

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This workshop provided theoretical knowledge, hands-on training, and real-life simulations to help participants enhance emergency care delivery in their hospitals.

The closing ceremony featured Dr. Sudha Chandrashekhar, Dr. Patanjali Dev Nayar, and Dr Sanjeev Bhoi who emphasised the importance of a human-centric approach in building a robust emergency care system.

Dr. Sanjeev Bhoi and Dr. Tej Prakash concluded the event by extending support to the officials of Madhya Pradesh on behalf of WHO CCET, WHO India, and HSTP



## Key Areas of Concerns

1. **Inadequate Infrastructure and Facility Layout:** The aging infrastructure of hospital buildings results in poorly organized departmental placements. This setup complicates the proximity of critical areas like laboratories and X-ray rooms to the Emergency Department (ED), causing unnecessary delays.
2. **Lack of Point-of-Care Testing:** The absence of point-of-care testing facilities and delayed blood report results in the ED significantly hampers the timely diagnosis and treatment of patients.
3. **Shortage of Human Resources:** Many hospitals are operating with reduced human resource positions, with roles still unfilled as per the IPHS and NHM. The lack of specialists within the ED further limits its ability to provide optimal care.
4. **Overcrowding and Limited Bed Capacity:** The ED is often overcrowded with patients, and the limited number of beds exacerbates the strain on available resources. This overcrowding compromises the quality of care and increases the burden on healthcare professionals.
5. **Delays in Patient Transition and Handover:** Inefficiencies in patient transition and handover processes within the ED hinder the delivery of emergency care. A lack of streamlined protocols and patient flow contributes to delays in care and reduces overall efficiency.
6. **Need for Improved Team Collaboration and Role Definition:** There is an urgent need for a cultural shift within the ED to foster better collaboration between doctors,

nurses, and support staff. Undefined job roles and responsibilities among ED staff impact the quality of care provided.

## Key Action Points at the State Level

1. Develop a Comprehensive Emergency Care Action Plan encompassing both pre-hospital and hospital care.
2. It is suggested to group certain types of cases to streamline reporting and develop SOPs for responses.
3. Consider conducting death audits of emergency cases to identify areas for intervention and improve services.
4. It may be beneficial to create a matrix for priority conditions, ensuring regular monitoring and evaluation, along with providing regular training for managing these conditions.
5. Strengthening Emergency Care Improvement Committees at state and district levels could be effective, with monthly meetings and sharing minutes with state officials.
6. It is advisable to collect accurate data on caseloads to prioritize cases for referral, which would improve hospital preparedness for priority conditions. Consider developing a State Referral Policy to guide the referral process for all emergency conditions.
7. Data validation methods, such as random audits and reviewing patient journeys, could be useful to ensure the reliability of the information.
8. Involving hospital managers in emergency care improvement, assigning specific time-bound activities, and monitoring their progress might help enhance services.
9. Developing policy documents, operational guidelines, and SOPs could help create a more structured emergency care system. It may be useful to hold workshops for dissemination.
10. It could be beneficial to create clear SOPs for EMT staff, covering ambulance services, community sensitization, and hospital administration. The command center should be properly equipped, sensitized, and trained to raise community-level awareness. This could be an essential step for improvement.
11. A long-term “Integrated Emergency and Trauma Care” action plan, including the establishment of new medical cadres for paramedics and nursing staff, is suggested for improving hospital-level services.
12. Consider implementing National level Quality Improvement Certification guidelines for DH.
13. Propose the Diplomate of National Board (DNB) program in Emergency Medicine in Madhya Pradesh, particularly in district hospitals equipped to provide training and resources.
14. Introduce the **Extended Focused Assessment with Sonography in Trauma (e-FAST)** as a rapid, non-invasive bedside method for initial trauma resuscitation in the emergency department.
15. Strengthening supply chain management by understanding logistics, distribution methods, timeframes, and identifying gaps in the process is recommended.
16. Proper documentation and reporting, with clear timelines for achieving quality certifications for district hospitals, should be considered to ensure consistent standards in emergency care.
17. It was advised that hospitals participate in the **NCDIR Stroke and Heart Failure Registry** to strengthen data-driven decision-making and support evidence-based care for non-communicable diseases. The link to the portal was shared with the participants.

18. Hospitals were encouraged to utilize the **ABDM (Ayushman Bharat Digital Mission) platform** to check the available **Blood Bank list**, and to ensure that relevant information from their hospital is regularly uploaded and updated for wider accessibility and better coordination.

## Feedback Summary for the District Hospitals

### Ujjain District Hospital

- **Improve Diagnostic Access:** The X-ray unit's current location on the first floor poses challenges for emergency and trauma care. It was recommended that the X-ray facility be relocated to the ground floor, adjacent to the Emergency Department, to improve access and reduce delays in imaging.
- **Enable Rapid Testing:** The average waiting time for blood test results is around 30 minutes—suboptimal for emergency scenarios. The team recommended introducing Point-of-Care Testing (POCT) kits to enable quicker diagnostics and expedite clinical decisions.
- **Expand Digital Access:** It was suggested by Dr. Sudha Chandrasekhar that emergency physicians be provided access to e-Hospital/IPHN platforms for real-time data entry, reporting, and improved continuity of care.
- **Increase Critical Care Capacity:** The facility currently has only one red bed in the Emergency Department. As per standard norms, red beds should constitute at least 10% of total emergency beds. The team advised a corresponding scale-up to strengthen emergency preparedness.

### Agar Malwa District Hospital

- **Triage Room Reorganization:** The team acknowledged current inefficiencies in the triage area. Drawing from recent training, they committed to reorganizing and streamlining triage processes to improve patient flow and prioritization.
- **Trauma Centre Integration:** They mentioned having a separate trauma centre located close to the emergency department. The AIIMS team suggested that merging or better integration of the trauma centre with the emergency department would enhance coordination and improve holistic care.
- **Culturally Sensitive Care:** Recognizing the significant tribal population in the region, the hospital has established a dedicated prayer space near the emergency unit, allowing family members to practice local rituals. This has reduced distractions for clinical staff and improved the care environment. Dr. Tej Prakash referenced the Gadchiroli model as a best practice in culturally integrated healthcare, drawing parallels to Agar Malwa's approach in building community trust.
- **Protocol Recommendation:** In alignment with this culturally responsive model, Dr. Sudha Chandrasekhar suggested referring to Kerala's Grey Code Protocol as a replicable framework for culturally sensitive and ethical care during emergencies. The protocol was shared with the team for reference.
- **Staff Rotation in Emergency Care:** The team reported some resistance among nursing staff toward emergency duty. It was recommended that the hospital implement **rotational postings** to build skills, ensure equitable exposure, and foster team cohesion.
- **Referral Optimization in Remote Settings:** Given challenges in accessing distant government facilities, it was suggested that the team explore referral linkages with

nearby PMJAY-empanelled private hospitals to ensure timely care and reduce treatment delays for critical patients.

### Neemuch District Hospital

- **Infrastructure Standards:** The team shared that currently, triage, minor OT, and plaster procedures are being conducted in a single room, which is not aligned with standard emergency care protocols. Following the training, the team has committed to establishing these as separate functional areas to improve clinical efficiency and safety.
- **Equipment Availability in Emergency:** It was emphasized that critical emergency equipment should be made available not only in the ICU but also within the Emergency Department for timely intervention. This was noted as an actionable priority by the Neemuch team.
- **Training Cascade Model:** Trainers from Neemuch, who participated in the Champions of Change program, expressed their intention to cascade the learnings to other staff members within the district hospital. This peer-led training approach is expected to enhance overall care quality and emergency preparedness.
- **Resident & DNB Doctor Shortage:** A significant challenge raised was the non-deployment of postgraduate (PG) and DNB students due to internal administrative issues. This has impacted the hospital's capacity to manage high patient loads. The AIIMS and HSTP teams advised the Neemuch team to escalate the matter to state authorities and seek permission for issuing formal directives to ensure the participation of PG/DNB doctors at the district hospital.

### Barwani District Hospital

- **Undifferentiated Emergency Layout:** The hospital currently operates its entire emergency department in a single undivided hall, without designated zones. The team acknowledged this gap and, based on the training, has initiated plans to demarcate the space into red and yellow zones to align with standard emergency care protocols.
- **Absence of Red Beds:** The facility lacks designated red area beds. The team committed to reallocating existing beds to ensure that critical patients are prioritized and managed effectively.
- **Staff Shortage and Workload:** With limited staff and high patient volume, the AIIMS team recommended rotating postgraduate residents into emergency shifts. This measure is expected to reduce response time and strengthen emergency care delivery.
- **Leveraging Government Schemes:** Dr. Sudha Chandrasekhar briefed the team on the Accident Insurance Scheme and guided them on how to utilize PM-JAY packages to support emergency services and resource mobilization more effectively.

### Bioara District Hospital

- **Strategic Importance as a Highway-Side Facility:** As the only civil hospital participating in the Champions of Change programme, the Bioara team emphasized its strategic location on a major highway, making it critical for managing road traffic accident cases. The state has already initiated steps to upgrade it into a designated trauma centre.
- **Commitment of Technical Support:** Both HSTP and AIIMS teams assured full technical support to strengthen the emergency department, considering its importance in the state's trauma care network.

- **Preparation for NQAS:** The hospital team was advised to begin preparations for the National Quality Assurance Standards (NQAS) assessment, which would enhance service delivery and quality benchmarks.
- **Initiating Death Audits:** The importance of systematic death audits was highlighted, including how audit findings can help identify preventable causes and improve emergency preparedness. The team was encouraged to initiate regular death audits as part of hospital quality improvement processes.

### Shahjanpur District Hospital

- **Ultrasound Availability but Underutilized:** While the hospital has a functional ultrasound machine, it is not being used for patient care. The AIIMS team emphasized the importance of integrating ultrasound into daily practice, particularly for emergency diagnostics. They highlighted the value of EFAST training and encouraged its incorporation into regular procedures for more effective patient management.
- **Blood Availability Challenges:** The hospital expressed difficulties in accessing larger blood units during night shifts or for critical cases. Dr. Sudha Chandrashekhar suggested utilizing the digital platform being developed by ABDM to update the status and location of blood supplies in real-time. This system would aid in quicker identification of blood bank locations and ensure timely access to blood, improving patient outcomes and coordination with attenders.

### Mandsaur District Hospital

- **Recognition for Blood Bank Excellence:** The blood bank at Mandsaur District Hospital was awarded second place as the best blood bank in the state. This achievement was celebrated and applauded by the entire Champions of Change programme team for its exceptional performance in blood management.
- **Strengthening Emergency Department:** Based on feedback from the trainers, the hospital was advised to focus on improving the red and yellow area beds and continue efforts to strengthen the emergency department to ensure better patient care and response times.
- **Monthly Case Reviews:** The team was encouraged to hold monthly case discussions within the hospital to identify service gaps and address challenges faced by staff members. This will allow for continual learning, process improvements, and enhanced service delivery across departments.

### Dhar District Hospital

- **Heritage Infrastructure:** The hospital team shared that while the infrastructure is well-maintained, the building dates back to 1912, presenting both historical significance and challenges in adapting to modern emergency care needs.
- **Optimizing Bed Allocation:** The AIIMS team recommended revising the bed division and increasing the overall number of beds in the emergency department to better manage current patient loads and ensure appropriate triage.
- **Initiating DNB Programs:** To strengthen clinical support, especially in emergency care, the team was encouraged to initiate DNB (Diplomate of National Board) courses. This would help attract skilled professionals and support capacity-building efforts within the hospital.

## Ratlam District Hospital

- **Infrastructure Transition:** The team shared that the existing hospital building, constructed in 1928, is still in use, while a new hospital facility is currently under construction to meet modern healthcare standards.
- **Upcoming Trauma Centre:** An additional trauma centre is also being developed, which is expected to significantly strengthen emergency care services upon completion, particularly for accident and critical care cases.

## Participants List

Sr. No	Name of Division	Name of Facility	Name of Participants	Designation
1	Ujjain	District hospital, Agar-Malwa	Rahul Pandya	Assistant Hospital Manager
2	Ujjain	District hospital, Agar-Malwa	Sunil Gurjar	Staff Nurse
3	Ujjain	District hospital Dewas	Dr. Basant Saraswat	Civil Surgeon
4	Ujjain	District hospital Dewas	Dr.B.R. Shukla	District Nodal Officer
5	Ujjain	District hospital Dewas	Dr. Jagdish Nagar	Medical Officer
6	Ujjain	District hospital Dewas	Mr. Chetan Choudhary	Nursing Officer
7	Ujjain	District hospital Dewas	Mr. Pramod Gunwan	Assistant Hospital Manager
8	Ujjain	District Hospital Neemuch	Dr. Satish Chaudhary	District Nodal officer
9	Ujjain	District Hospital Neemuch	Mr. Kapil Rathore	Nursing officer
10	Ujjain	District hospital Ratlam	Dr. Jeevan Chauhan	District Nodal Officer
11	Ujjain	District hospital Ratlam	Dr. Abhishek Arora	RMO
12	Ujjain	District hospital Ratlam	Mr. Shivam Shrivastav	Assistant Hospital Manager
13	Ujjain	District hospital Ratlam	Mrs. Bhavna Damor	Nursing officer
14	Ujjain	District hospital Shajapur	Dr. Govind Patidar	RMO
15	Ujjain	District hospital Shajapur	Mr. Santosh Chouhan	Steward
16	Ujjain	District hospital Shajapur	Mr. Kaniram	Male Nursing Officer

17	Ujjain	District hospital Ujjain	Dr. Nidhi Jain	RMO
18	Ujjain	District hospital Ujjain	Dr. Abhishek Jatwa	Emergency In-charge
19	Ujjain	District hospital Ujjain	Mr. Anil Rathore	Male Nursing Officer
20	Ujjain	District hospital Ujjain	Ms. Shalu Rathore	Nursing Officer
21	Ujjain	District Hospital Mandsaur	Dr. Siddharth Shinde	RMO
22	Ujjain	District Hospital Mandsaur	Dr. Shubham Jain	District Nodal Officer
23	Ujjain	District Hospital Mandsaur	Mr. Pradeep Chouhan	Nursing Officer
24	Ujjain	Civil Hospital- Biora	Mrs. Meenakshi Kubde	Nursing officer
25	Ujjain	Civil Hospital- Biora	Mrs. Manjulata Sanjodiya	Nursing officer
26	Indore	District hospital Dhar	Dr. Jitendra Chaudhary	
27	Indore	District hospital Dhar	Dr. Mohansingh Jamra	Nodal Officer, Trauma center
28	Indore	District hospital Dhar	Dr. Dwarkadhish Bhawsar	Assistant Hospital Manager
29	Indore	District Hospital Barwani	Dr. Anita Singare	Civil surgeon
30	Indore	District Hospital Barwani	Dr. Gajendra singh solanki	District Nodal Officer
31	Indore	District Hospital Barwani	Mr. Badal Kharte	Assistant Hospital Manager
32	Indore	District Hospital Barwani	Mr. Vijay Kumar Birare	Male Nursing Officer