



# COVID-19

## CORONAVIRUS DISEASE

Home Quarantine Program

# Home Quarantine: Concept Note

## Background

- With Government of India invoking powers under the Epidemic Diseases Act, 1897, strengthening of community surveillance, quarantine, isolation wards and rapid response teams have now become essential to enhance preparedness and containment of the virus

## Mission Statement

- To **enable the hospitals and community in their endeavor to enhance preventive measures** against COVID-19 outbreak

## Objectives

- To **extend support to hospital in achieving goals of Home Quarantine against COVID-19 outbreak more efficiently**

## Scope

- To **complement the hospital** in its measure to quarantine an increasingly large number of people either due to travel history or due to contact with an infected COVID patient effectively

# Program Design and overview



**Assessment on  
call**



**Personalized  
Treatment Plan**



**Daily Follow up for  
monitoring**

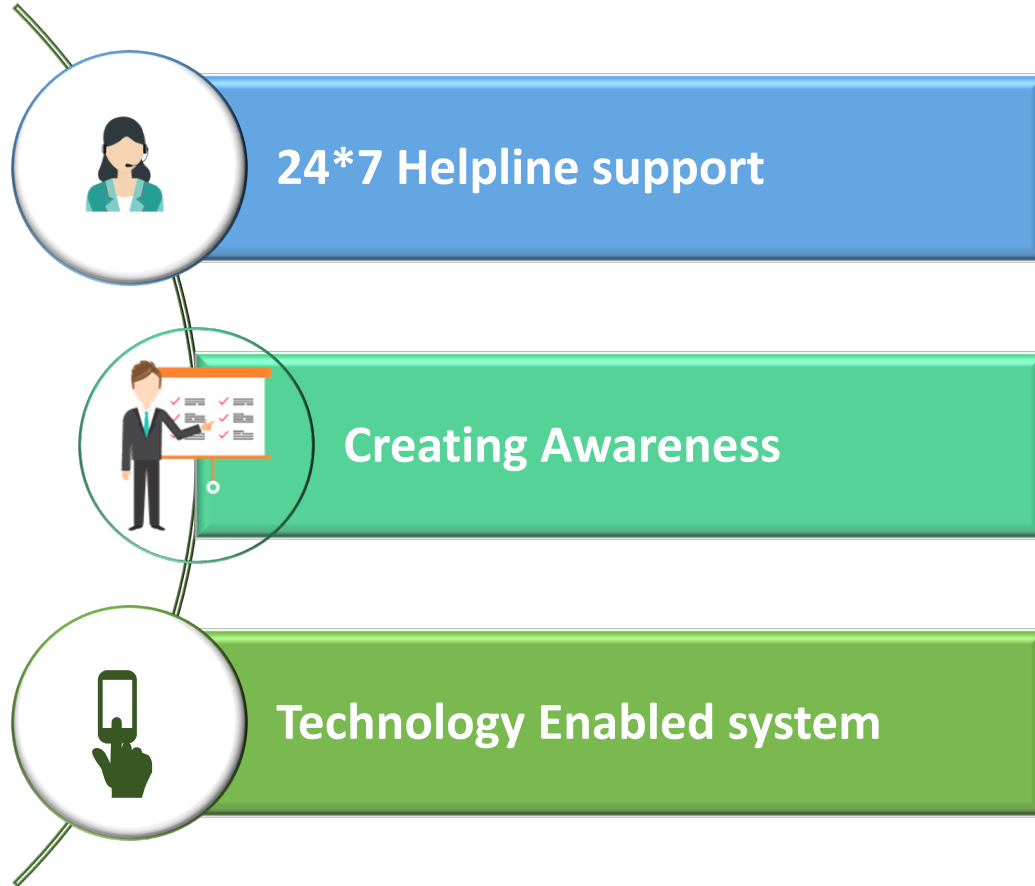
## **Home Quarantine program (For Suspected Patient) Duration - 15 days**

- **Objective – Handhold , monitor to prevent community transmission and avoid hospital admissions wherever possible**
- Onboarding and Assessment by the doctor
  - Creating Assessment form to record vitals
- Formulating a **personalized Care Plan**
- **Daily tracking on call (10 min duration) by a Nurse/Medical team**
  - Daily calls to check for next 5 days by a Nurse – 15 min duration
  - If patient stable then alternate day calls for next 5 days and 2 calls in last 4 days
  - Essential call by doctor for assessment and once every week
  - **Escalation of symptoms to be signposted** to a doctor call

## **Post Discharge monitoring Patient (Post treatment of positive patient in hospital) Duration – 7 days**

- **Objective – handhold , monitor and prevent Relapse**
- **Personalized Care plan** to be designed as per the condition at discharge keeping in view multidisciplinary self-care at home
  - As recommended by the treating physician/hospital medical team
- **Daily tracking on call (15 min duration) by a Nurse/Medical team**
  - Daily calls of 15 min duration for a week by a nurse
  - Call by a Doctor at onboarding and once a week for regular monitoring

# Home Quarantine: Key support pillars identified by us



- **Dedicated team to answer all COVID related queries**
- **Assistance in mobilizing patients to hospitals in case they start to show increase in symptoms during the quarantine period-**
- **Information sharing on disease control measures at home like sanitization methods by our trained nurses through mails post daily calls**
- **Educating the patient on importance of Home Quarantine methods**
- **Dedicated webpage for Coronavirus based on WHO guidelines for updates**
- **Keeping a track of patient history- vital, travel, past medical history by maintaining a repository in the system**
- **Regular monitoring by medical experts to identify potential risk cases**

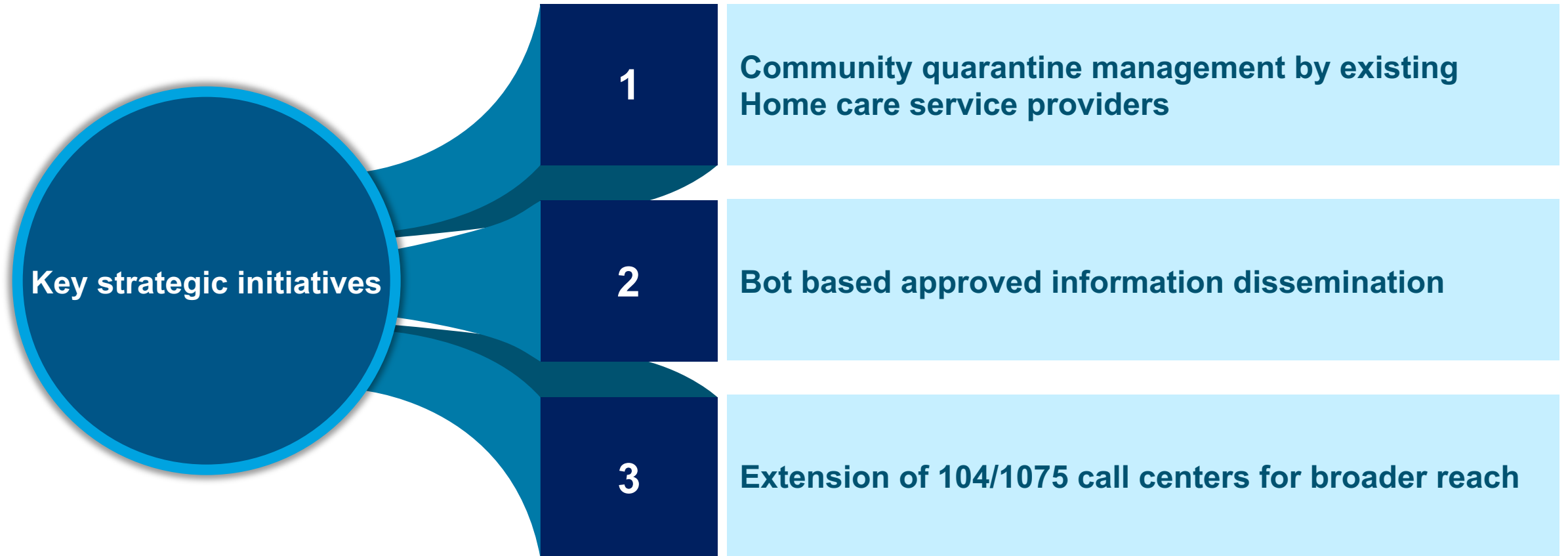
# Home Quarantine: Commercials

## **Service Charges:**

1. Home Quarantine program (Duration 15 days)– INR 4000/ patient
2. Post Discharge monitoring at home (Duration 7 days)- INR 2500/ patient

*\*Additional taxes apply*

# Key strategic initiatives to be discussed further



**Key strategic initiatives**

**1**

**Community quarantine management by existing Home care service providers**

**2**

**Bot based approved information dissemination**

**3**

**Extension of 104/1075 call centers for broader reach**

# Community quarantine solution by existing Home care providers

01

## Create quarantine protocol for communities ( apartments, gated complexes)

- Protocol for **people/ families** where an individual who has tested positive
- For **people with travel history/** who have returned from abroad in the last 14-18 days
- **Common and standard information dissemination** across the eco-system

02

## Programs with “Apartment management companies” such as Adda and Mygate

- **Dissemination of protocols and information** in partner apartment complexes/ societies

03

## Running community response centers through Tele- based process

## Bot based information dissemination

01

### Whatsapp based bot- the first point of information dissemination

- Aligned with the MYGOV- WA partnership
- Vetted and approved information to be provided



02

### Options to integrate with AI platforms to add content based on the queries that are coming up

03

### Options to make it in vernacular language

- *Reduces the calls going into the 104/1075 call centers, and has worked well with Goa government*



## Extending 104/1075 call centers for broader reach

01



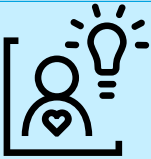
Knowledge partner for extending the existing response center scale and quality of response

02



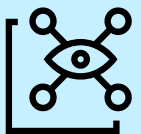
Subject matter expert for training the agents in these companies to respond to queries

03



Continuously update the training material based on day to day changes

04



Work with some of the Large and existing IT companies in Tech. support