

Nurse Led Covid-19 Helpline

When general public vocabulary upgraded with new terms such as lockdown, social distancing and many more simultaneously infodemic also attacked the general public. People were more confused, stressed, panic and in anxiety with unknown, unseen pandemic name COVID 19.

Ideation By Nurse: Nurse Led helpline

March 2020, nursing team from WHO CCET set up first professional unified number nurse led helpline to address the all COVID related queries by the general public (complete ideation, execution by the nursing team)

This Nurse Led helpline was run by the doctors and nurses (named COVID marshals) with proper training how to attend and respond calls, counsel, complete protocol prepared and followed

As Covid era progressed needs, demands of public changed from the Covid Marshal, consequently Covid call centre dynamically addressed all the public need time to time.

Helpline transformation as per demand and passage of time:

Phase 01- emotional support busting myth

Phase 02- spreading right information and practices

Phase 03- Crisis management such as bed, medicine, oxygen, food and other supplies (by engaging with other social support groups)

Phase 04 – tele consultations/ home care

About Helpline Model:

This was the low cost – high impact model where all the nurses and doctors volunteered (when they got infected and resting at home, they were playing COVID marshal role from their house or isolation centre) because this model was provider as well as user friendly (any covid marshal can take call from their own mobile) any one can dial unified no. which has 20 lines so no waiting time and all calls usually answered with in 3 rings (as this was also our protocol to reduce the waiting time)

The helpline was a non-funded, voluntary effort by the nursing team at WHO CCET. It operated 24/7, with all calls answered by healthcare professionals specially trained and designated as COVID Marshals. The helpline welcomed all queries, including non-medical ones, and provided counselling and guidance to all callers. Follow-up calls were made as needed, making the service both economical and operator-friendly, as COVID Marshals could respond at their convenience.

Call Analysis of 500 calls:

- 4000 minutes (total of 500 calls)
- 8.3 minutes -Average calling time (counselling time)
- 75% follow-up rate.
- 10 states- Calls were received from 10 states

This initiative was widely promoted and covered by radio channels and newspapers for broader access.

