



QUALITY COUNCIL
OF INDIA
Creating an Ecosystem for Quality



Q UALITY CONNECT

NABH NEWSLETTER - AUGUST 2020 | ISSUE 02



**NABH JOINS THE NATION
IN SALUTING OUR
CORONA WARRIORS**



CHAIRMAN'S MESSAGE



I extend my heartiest felicitations to NABH for its completion of 15 years in the service of nation. I express my earnest wishes for the special issue of the Newsletter Quality Connect being released on the anniversary of our national independence.

Since its inception in 2006, NABH has been proceeding ceaselessly towards its objective of ensuring Quality Healthcare to one & all-to the last Man in the line. Through the dedicated and concerted zeal of the NABH team, the bar of quality culture in healthcare has risen higher and still higher.

NABH with its dynamic, progressive, receptive and resilient approach, is an ever evolving body setting new destinations and putting in unflinching efforts towards their achievement. Its endeavors towards making accreditation process free from complications and complexities has resulted in the ever increasing number of healthcare bodies opting for assessment at various levels. The accredited healthcare organizations meticulously follow ethical practices conducive to better patient safety & consequently higher patient satisfaction.

Padma Bhushan Dr. B K Rao

Chairman- NABH

The challenges of the pandemic have failed to hinder the progress and functioning of NABH as it has conveniently resorted to virtual webinars, assessments & training programs. A corresponding progress has been witnessed in the Quality Connect initiatives like Trainings, Newsletter which not only keeps healthcare associates abreast of its undertakings, activities and projects but also incorporates articles by the leaders in the sphere of healthcare.

May NABH keep up the zeal to achieve new benchmarks!

Let the sky not be a limit.

FROM THE PEN OF SECRETARY GENERAL QCI



Dr. Ravi P. Singh

*Secretary General,
Quality Council of India*

We feel proud that in the last 15 years NABH has attained the maturity to recognize and meet the challenges of the healthcare industry in a responsive manner. Initiated in 2006, it has crossed many milestones and helped the Indian world of healthcare with standards which are at par with best in the world. The trust that NABH has developed over the years and the quality of its accreditation have encouraged many assessors of repute to get involved with NABH and many healthcare units are striving for accreditation. It speaks volumes about the indefatigable efforts of the entire NABH team. They have put in their best efforts to sensitize people regarding the significance of patient safety & satisfaction. We hope that the success will drive the NABH to take up many more challenging tasks in the future and strive to become an organization which provides Gold Standard of services.

Quality Connect is an effort to expand our outreach efforts by updating the healthcare workers regarding the functioning of NABH and the targets realized by it from time to time. The special issue of the newsletter on the Independence Day justifies the title---

Quality Connect as NABH is intimately connected with the nation and all the remarkable things that go with it. The appreciation of the Corona warriors through this special issue by NABH is an admirable step.

I congratulate the team of NABH on the launch of this Newsletter which would act as a precursor to many more initiatives in the future. During the pandemic, healthcare services have gained prominence like never before in India which also provides an opportunity to NABH to plan, monitor and execute quality service delivery in this sector for the benefit of all citizens in the country.

Wish everyone a very Happy Independence Day and all the best to NABH for re-dedicating its efforts in the service of the Nation!



EDITORIAL



Dr. Atul Mohan Kochhar

CEO, NABH

Accreditation Helps in Managing Disasters, Saving Lives!!

National Accreditation Board for Hospitals and Healthcare Providers (NABH), is today a restless energetic and motivated teenager. Established in 2005, NABH is in its 15th year of creating an ecosystem of quality in healthcare in India. NABH standards focus on patient safety and quality of the delivery of services by the hospitals in the changing healthcare environment.

The COVID pandemic has once again highlighted the enabling value of accreditation, quality processes and SOPs in healthcare. All of the NABH accredited, certified and empanelled hospitals have adapted very quickly to the daily changing, dynamic protocols and geared up in time to save precious lives. Healthcare staff of accredited or certified hospitals have protected themselves well due to inherent systems of infection control and following the right way to don and doff the PPE. NABH standards have thus proven to have prepared hospitals in managing disasters whether it is COVID or a plane crash.

NABH salutes all the frontline corona warriors and is proud to have partnered with all government agencies and ministries in collating and sharing relevant data, participate actively in capacity building via webinars and seminars and help disseminate real time information and dispel myths. Adjusting quickly to the new normal, standardising and conducting virtual and remote assessments, remote committee approvals, our staff has worked tirelessly in unison to empower hospitals.

In celebration of our 74th Independence Day on 15th of August, 2020, we are pleased to announce, that all NABH standards, across programmes, will be available free of charge as downloadable documents in PDF format on the NABH website www.nabh.co. (The Printed copies of Standards and Guidebooks will continue to remain available for purchase at a nominal price).

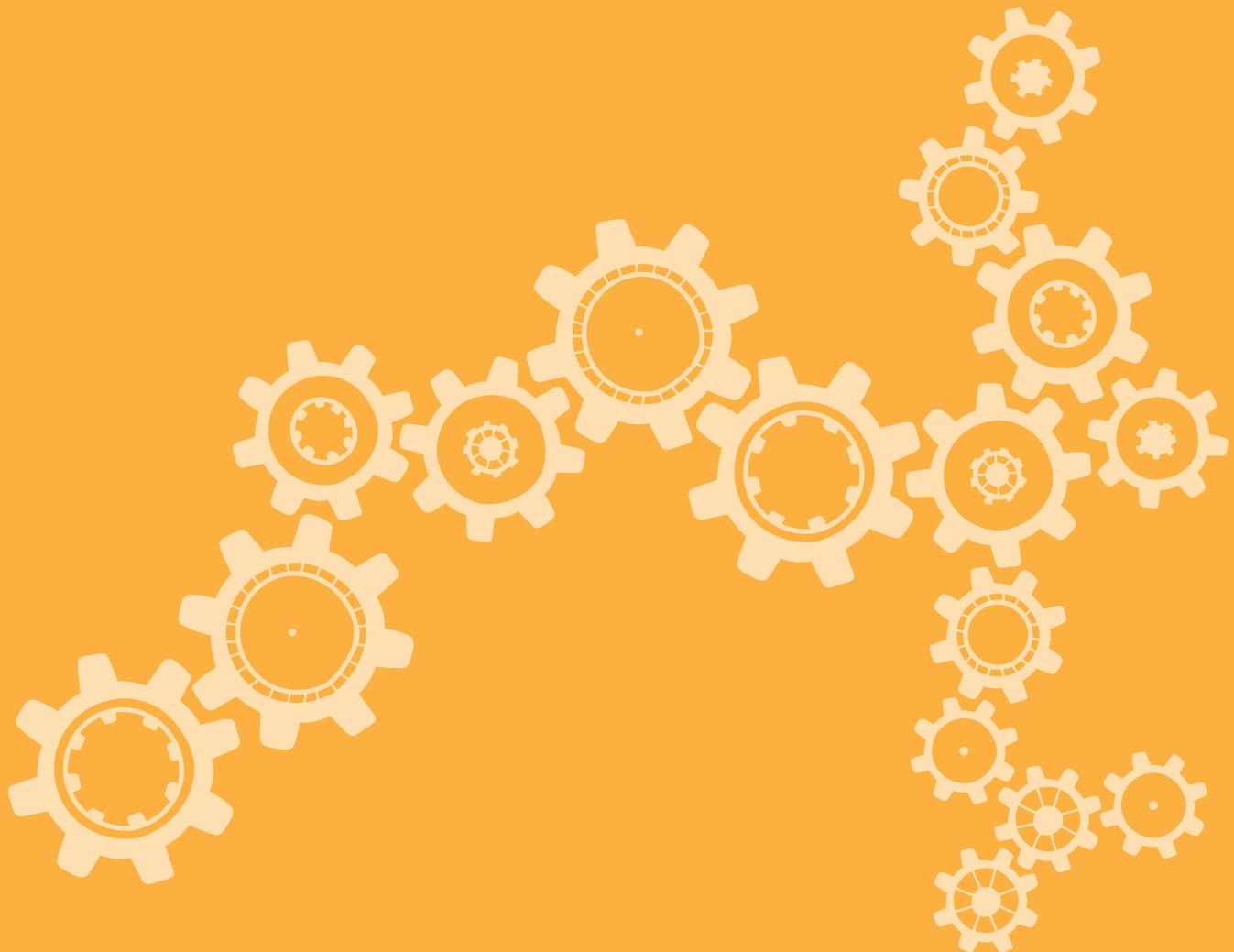
NABH also announces the enriched continuation of its "NABH Quality Connect-Learning with NABH" initiative, connecting free monthly training classes, webinars and seminars. The various topics that will be taken up will cover all aspects of patient safety, including: Key Performance Indicators, Hospital Infection Control, Management of Medication, Document Control etc.

Recently introduced communication initiatives like Dynamic Website Resource Center and this NABH Newsletter Quality Connect will also be bettered.

It is sincerely hoped that all stakeholders will certainly benefit from the collective efforts of the Board and practical suggestions of thousands of Quality Champions from India and abroad

NABH remains committed to ensuring healthy lives and promote wellbeing for all at all ages (SDG-3-Target 2030), creating a culture of quality in healthcare and taking Quality, Safety and Wellness to the Last Man in the Line.

Jai Hind!



HEALTHCARE LEADERS SPEAK



TRYING TIMES TO BRING OUT THE BEST



The COVID-19 pandemic is proving to be a formidable adversary, threatening people in more than 200 countries and challenging even the most advanced healthcare systems in the world. In just 163 days, COVID-19 has overwhelmed humanity and infected more than 7.27 million people and snatched away 4,13,372 lives.

This is a war like situation, humanity has not seen before. In 1945, when World War II ended, I was 12. I was told the World will never be the same. At the age of 87, I say to you, the world will never be the same.

SARS-CoV-2, a 120 nm virus has brought the world to virtually a standstill. It has made us pause, stop and think. It has made us realize that the world we live in today has no borders. It has made us aware that we as a human race can break the barriers that we have erected and as a united force, can take on any challenge. It has made us recognize the amazing ability we have to find solutions in record time.

Doctors and researchers came together across the globe and unraveled the genome

Dr. Prathap C Reddy

Founder Chairman of Apollo Hospitals Founder President, Global Association of Physicians of Indian Origin (GAPIO)

of SARS-CoV-2 in days. Diagnostic kits were developed rapidly, clinical and vaccine trials were initiated in record time. Our understanding has improved considerably in managing patients with COVID-19, we now have efficacious medication and we are at the cusp of using newer therapy. The 1.4 million physicians of Indian origin working across the globe have been at the forefront of the fight against COVID-19, as they have done on many occasions in the past. The Global Indian Physician Collaborative was launched on 11th April. The Collaborative aims to foster cross-systems learning and clinical management to arrive at the best possible approach for the prevention and management of COVID-19.

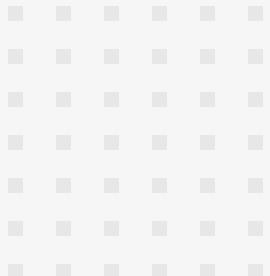
We must salute the spirit of doctors, nurses, technicians, paramedical staff, supporting staff, administrators, manufacturers, the transport teams who ensured that essential medication, food, diagnostic services and supplies are available the front line to treat patients. We also need to thank the family members of the healthcare workers. The families have displayed immense faith and

courage in supporting them to carry on their duties and must be very proud of them as they went out to work.

In the war against COVID-19, doctors have put their lives and the lives of their loved ones at risk. Only health care professionals know what it means to spend hours covered from head to foot in uncomfortable personal protective equipment without even water and no bio-break. At the age of 22 years doctors took an oath to care for humanity and we will live by that oath despite what we have had to endure.

While social distancing, masks and handwashing become a part of our life, virtual CMEs and telemedicine are here to stay. In some ways, harnessing technology will help us use our time more efficiently. We have discovered in the last few weeks the power of finding solace in the arms of family members. Happiness lies in the midst of our families and we as doctors have spent far too much time away from them. We now have the opportunity to cherish our loved ones more than ever before.

Together, we can, we must, and we will be victorious over COVID-19. With pooling of resources of sharing of ideas and intellect and cooperation across countries and continents we shall defeat SARS-CoV. We are at an inflection point in our war and with a well thought strategy with meticulous execution we will be victorious. I am certain that we will through the COVID-19 crisis emerge stronger as a united medical community and build more fulfilling and enriching lives. While the world will never be the same again, we have an opportunity to build a better world.



COVID-19: A BOLT FROM THE BLUE AND WAY FORWARD



Dr Om Manchanda

Managing Director, Dr Lal PathLabs Ltd.

Covid-19 has been a bolt from the blue, and all of us find ourselves in an unprecedented crisis. Most of us haven't yet realized, recognized or understood the full blow of what is happening around us, since everyone is caught up in firefighting. The only parallel to this crisis is the Spanish Flu of 1918 and 1919, but that was close to a hundred years ago.

As of now, Covid-19 doesn't have any cure or vaccine. A lot of personal hygiene and social distancing measures are being recommended. The administrative measures like lockdown and other restrictive measures so far may have helped us in many ways but these measures have also created new problems to deal with. In these circumstances, it has become very challenging for any business leader to steer financial health of any business. Healthcare institutions have had a double whammy wherein non-COVID business has sharply fallen and there is no way to cut any costs, given very high fixed cost nature of the business and the essential nature of the service. While the inflow of COVID patients may have gone up, that is not enough to make up for the shortfall. On the contrary,

costs have gone up since employee and patient safety have become of paramount importance.

In next few lines, I have attempted to highlight a few areas that the CEOs of Healthcare institutions like hospitals and diagnostics should look into in these times.

1. Recover revenue rapidly: COVID is here to stay and will have a lasting impact on patient behavior. Leaders should understand the behavioral change in both the segments i.e. B2B and B2C and change their service model. Eg: layout of the facility to suit the social distancing norms; tele health/tele-consultation – one needs to accelerate contactless, paperless and cashless interface therefore drive tele-health/tele-consultation solutions.
2. Focus on costs and consolidation: In my view, healthcare institutions haven't leveraged the power of scale and backend sharing of resources so far. Our policy governance structures cater to the fragmented nature of the industry. It doesn't help the cause of efficiency. Healthcare institutions need to drive scale

both through organic and inorganic routes. Policy measures need to facilitate it further. This will help not only in reducing cost at one end, but will also help in enhancing quality standards and improve access in the remotest corners of the country.

3. Revisit and rebuild operations and capabilities within the organization: The new normal will require us to enhance the 'Tech Quotient' of the company. Therefore this necessitates further increase in investments in the area of automation and digital initiatives.
4. Employee safety and Patient Safety will have to become no. 1 priority for any healthcare institution. Invest in the initiatives that build confidence amongst patients and employees that they are safe. Invest in employee welfare measures like health and life insurance especially that of frontline workers.
5. A renewed focus on Public Health and communicable diseases: The current times have further highlighted the need for a renewed focus on communicable diseases that have public health significance. Epidemiologists will have a big role to play. This will require a seamless flow of information among private, and public healthcare institutions, and concerned authorities. Therefore, I foresee a new form of public-private partnership emerging that will lead to healthcare information exchange thereby helping collaboration and data analytics.

6. Industry Associations: The fragmented nature of the sector has also led to fragmented nature of industry bodies. All of them working together may help in solving common industry level issues. Business leaders of healthcare institutions should look at macro level industry issues that are in the interest of all the stakeholders' with patient outcomes, affordability and accessibility being the central themes.

I would end by saying that this is a moment of truth for all of us as healthcare institutions, we have to act on a higher sense of purpose to support larger societal goals. As corona warriors, it is our duty to fight this invisible enemy. This fight is indeed very challenging given the lack of attention to supply side constraints, heightened risk to lives of caregivers and their family members. But if not us, then who will take on this challenge? CEOs of healthcare institutions are war generals. One of US' presidents and former Army Colonel once said..

"If there is not the war, you don't get the great general; if there is not a great occasion, you don't get a great statesman; if Lincoln had lived in a time of peace, no one would have known his name."

Theodore Roosevelt, 26th President of the United States & former Army Colonel

It is your moment to be a Great General!

Wish you the very best.

WE ARE AT FRONT; COME WHAT MAY



“Warriors want a worthy opponent. There is no redress in fighting the pathetic.”

A famous philosopher once penned this, but it is packed with time tested wisdom. It always lurked in my mind. In this background, I found the coronavirus, apparently invisible so far, is the enemy who has to be challenged with full might and grit in the current crisis time.

With a thought process of “come what may”, we, one of the health care providers in the NCR, leapt into the war against the unsparing virus and developed an ecosystem for the COVID-19 patients despite stiff opposition from within.

In frontlines of India's battle against the 'coronavirus pandemic' stand its coronavirus warriors. They have put everything at stake to see the nation through the morass of the ongoing crisis.

Hospitals who are running COVID 19 hospitals they are actually like soldiers because they are also at same risk to lose their life.

I still remember when I decided to make one block of my hospital as COVID 19 wing so many negative answers I received from

Upasana Arora

Yashoda Super Speciality Hospital, GZB

Doctors, Nurses, and general staff, all of them were really scared .

When they said 'NO WE CAN NOT TAKE THIS RISK', I told them that we are healthcare workers and this is the high time to give our services to those who are really in trouble.

I said "our patients are looking at us with hope how can we say no we should learn from our soldiers who are posted at borders and they face all situations ,war like situations they never leave their position at the time of crisis.

Fired by the indomitable spirit of soldiers, I said we should learn from them it is war time for all healthcare to fight against COVID 19 and there is chance of going back from our role.

Alas! Instead of all encouragement a few of them left organization, few decided to go on leave, but I started with full precaution with HVAC and entry exit with some infrastructural changes and with the team of real brave and helpful persons. They all merit salutes from the society as they put their lives in peril to save others. The fight against the deadly pandemic is still underway.

We are really proud of them. After initial hiccups, we increased our bed strength also as there is more demand for corona beds instead of other diseases. Hospitals are left with only 15% routine work because people are scared to come to hospital for elective surgery or other pains etc.

There is a lurking fear that they can catch infection now we have tie up with nearby hotel also to keep our stable patients there under supervision of my doctors, nurses and other paramedical staff.

By the grace of god things are going in right direction and we are able to save our patients with passion for safety and quality care.

This time is really very tough time for everyone but especially for healthcare providers because we have to give treatment to patients. Now, patients need moral support also, because he want to get assurance from doctors so these words are really important'. We keep on boosting them with all well message that 'NOTHING WILL HAPPEN TO YOU, EVERYTHING WILL BE FINE VERY SOON '.

Everyone who is working tirelessly day and night without fear of their lives, deserve not only incentive but they also deserve appreciation as a warrior. they are working in all type of pressures ,PPE KIT .N 95 MASK, ISOLATION etc. but still they are smiling and encouraging patients to recover fast

As recovery rate of corona is high and mortality rate is less, we are receiving appreciation letters from recovered patients which is making good bonding between doctor patient relationships.

It is not only this pandemic we are supposed to mentally and infrastructure wise prepare for any challenge like this.

Corvid 19 disease has teaches us a big lesson but we need to prepare our self for any hardship because we have taken oath to serve sick persons as healthcare workers so we are duty bound.



NABH NEWS

**SHARING BEST PRACTICES
AGAINST COVID FROM
ACROSS THE COUNTRY**

- NORTH
- EAST
- WEST
- SOUTH

NORTH



Dr. Angel R. Singh

Asst. Professor, Dept of Hospital Administration, AIIMS, New Delhi

AIIMS, NEW DELHI: ADAPTING TO THE COVID CHALLENGE AT LIGHT SPEED

COVID-19 pandemic has presented a unique challenge for healthcare facilities in India and AIIMS, New Delhi under the able leadership of its Director & leading pulmonologist- Prof. Randeep Guleria – stood upto this crisis by quickly adapting and reconfiguring its facilities to make space for COVID patients. In early March 2020, as the numbers of COVID patients was just trickling in, a decision was taken to quickly equip the newly constructed 400 Single Hostel Rooms with attached toilets & 3 in-patient wards (earlier proposed to be operationalized in 2021) of National Cancer Institute (NCI) at Jhajjar Campus of AIIMS, New Delhi into a COVID Care Facility. Orders for hospital furniture, monitors, ventilators, infusion pumps, etc. were placed under emergency procurement provisions and within 7 days, a 500 bedded fully equipped COVID Care Facility was ready to accept patients at NCI. As cancer services were also continuing therein, zoning of areas & access routes was done to ensure fail safe separation between COVID & non-COVID areas so as to avoid cross contamination.



Special focus was given on infection control in these areas and dedicated donning and doffing areas were created in each in-patient ward and isolation facility. A detailed SOP for donning & doffing was prepared and pictorial representation of the same was fixed in these areas as a ready reckoner for the teams. 1000's of AIIMS doctors, nursing staff, lab technicians, x-ray technicians, phlebotomists, hospital attendants, security guards, sanitation staff, etc. were trained in COVID specific infection control practices and a massive exercise was initiated to procure adequate stocks of personal protective equipment for healthcare workers.

Simultaneously, it was decided to on similar lines convert the AIIMS Trauma Center & Burns and Plastic Surgery Blocks into dedicated COVID Care facilities with more focus on patients who will require enhanced ventilation and multi-specialty cross consultations.

This innovative and prompt response of quickly re-configuring existing cancer & trauma care facilities into infectious disease handling facilities resulted in quick enhancement of hospital surge capacity for handling of COVID patients and till date AIIMS, New Delhi has handled over 1000 COVID patients. Also, this model of augmenting healthcare infrastructure surge capacity during disasters merits a deeper foresight while planning new facilities so that specific infrastructure requirements like enhanced manifold capacity/outlets, ability to isolate floors/zones of hospital physically & from ventilation perspective, UVGI systems in HVAC, water & drainage points for use of dialysis machines, etc. can be built-in upfront in healthcare facilities designated for such purposes.

NORTH



Dr. Anita Arora

Director Medical Operations - NCR 1,
Air Marshal (Dr) B Keshav Rao, Group Head Medical
Operations Fortis Healthcare, India

JOURNEY OF FORTIS THROUGH COVID TIMES

At Fortis, patient safety is at the forefront of everything we do. In these unprecedented times, to deal with COVID-19 in the best possible manner, we focused on ensuring the safety of not only our patients, but also that of our frontline doctors and staff.

Given the highly infectious and unpredictable behavior of the virus, speed of response was the need of the hour. The current 'Infodemic' has flooded the print and electronic media, with more Google hits on COVID 19- a disease we have known for just about 4 months than diseases we have known from eternity. In addition, the Central Ministries are issuing fresh guidelines almost every day and states are putting out their interpretations of these advisories. To keep pace with this humungous amount of data and to sift the grain from the chaff, we at Fortis created a data management team to keep us up to date.

Accordingly, we set up a core team at the centre and individual unit teams. The core team ensured that we kept abreast of the latest advisories and guidelines issued by both national and international bodies,

namely, the Ministry of Health and Family Welfare (MoHFW), National Centre for Disease Control (NCDC), Indian Council of Medical Research (ICMR); and The Centers for Disease Control and Prevention (CDC) and World Health Organization (WHO), respectively. In parallel, the individual unit teams implemented the guidelines on ground, while customizing them, as needed, to adhere to state regulations and local requirements.

Our approach was multipronged. First, we increased awareness among patients, visitors and staff about COVID-19 and general infection prevention and control measures including hand hygiene, cough etiquette and physical distancing. Second, we defined new processes for the entire journey – from screening and admission, to discharge – of each patient visiting our hospitals based on the guidelines by MoHFW, NCDC and ICMR. Third, we focused on staff safety measures, by ensuring provision of adequate personal protective equipment (PPE), as well as provided for their overall health and well-being.

The new processes, which took into account the national guidelines, ensured effective implementation of infection prevention and control (IP&C) measures. As was the new norm across hospitals in India, dedicated staff wearing PPE proactively screened and assessed each patient and staff walking into our hospitals. Every suspected COVID-19 patient further underwent a detailed assessment by specialists at the dedicated COVID-19 OPD or Flu Clinic. Not only did we demarcate specific areas, in accordance with guidelines, for treatment of both COVID and non-COVID patients, but also made sure that dedicated staff worked in rotational shifts. All care providers were provided with PPE, and in case of those using PPE for the first time, we deployed extensive training. Further, we defined specific processes and guidelines, wherever required, for specific departments such as surgery, radiology, gastroenterology, dialysis and chemotherapy.

In addition to the above steps/ measures, we incorporated innovative technology solutions. To enable physical distancing, our hospitals procured Video Laryngoscopes for intubation and deployed robots to interview patients and screen them for fever as well as for area disinfection. Further, our staff stepped up to develop in-house low-cost solutions such as an 'intubation hood' to protect clinical staff from aerosols and droplets.

Given the dynamic nature of the situation, we aimed at continuous improvement. As the national guidelines evolved basis the learning

from international and national experience, we revised our guidelines. For the same, we conducted daily morning huddles, among the core team, to address queries and gather feedback from individual unit teams, as well as disseminate revised guidelines to them. Moreover, we conducted in-person audits to oversee adherence to processes on the ground such as screening methodology and usage of PPEs.

Lastly, we focused on ensuring uninterrupted services to non-COVID patients to the extent possible. From day 1, we continued to support our patients who needed our services for deliveries, accident and emergency, acute cardiac care, chemotherapy and dialysis. Furthermore, we recognized the importance of providing a communication channel between our patients and their doctors. In this regard, we adopted remote care facilities like telemedicine and video consultation. Over time, we revived our OPD and IPD facilities at all our hospitals albeit on a limited slots basis.

In summary, the situation arising as a result of COVID-19 led us to be more resilient in our response to a critical medical situation. This was a result of constant communication, prompt action and streamlined coordination across teams.

The collective effort of Fortis management and clinical leadership, in tandem with public understanding and cooperation, has gone a long way in an effort to meet the COVID-19 challenge.

EAST



Dr. Anjan Jyoti Bhargab

MD (Medicine)

REGISTRAR, DEPTT OF MEDICINE,
GMCH, Guwahati, Assam

Dr. Abhijit Neog

COO - Arya Hospitals,
Guwahati

JOURNEY OF THE HCOs IN THE STATE OF ASSAM DURING THE COVID 19 PANDEMIC

The tsunami of Corona infection which has affected the whole world and also the Indian Subcontinent seems by the grace of the Almighty to have a very low prevalence in the States of the North East of India, with Assam recording an official figure of 42 infected cases and 1 death which can be attributed to COVID 19.

It was a surprise to know that the Government of Assam was prepared with a blitzkrieg on how to tackle the onslaught of this pandemic when a meeting of all the stakeholders of the private sector HCO's was called for a discussion which was chaired by the Health Minister of Assam on the 26th of March, 2020.

In a paradigm shift, where we as private HCO's, who are always on the receiving end of the who's who walking in the hallowed corridors of power in the Government

machinery, were received, seated and addressed as perceived saviours of mankind and also served delicious savouries and tea to satiate our taste buds during the meeting was a pleasant surprise.

On a serious note and after a few exchange of opinions and suggestions, it was decided that the private HCO's would not be treating any COVID 19 cases and all cases suspected of being infected with CORONA would be referred to the designated Government HCO's which were readied and equipped to deal with such cases. The private sector HCO's were requested to handle and treat the routine cases of the Government hospitals, both OP and IP patients, as the routine OPD and the IPD services of the Government Hospitals and Medical Colleges were suspended, albeit at the rates fixed as per the Atal Amrit Abhiyan & PMJASY. This was unanimously agreed to by all private HCO's as

a gesture to extend a helping hand to the Government machinery when it needed it the most.

While reaffirming my belief that the term TEAM (Together Everyone Achieves More), I would like to doff my hat to the proactive and futuristic decisions taken by the Health Minister of Assam and his team led by Mr. Samir Sinha and Dr. Monalisa Goswami, et al, who has done a commendable job of providing an uninterrupted and a smooth delivery of health care services to the masses through the network of the private HCO's and the empanelled TPA (MEDICARE and FHPL) deserves a standing ovation.

Coming out of North East India, I would like to thank NABH for giving me this opportunity to thank and again and salute my fellow assessors who in any way are putting their best foot forward to help our country fight this uncalled for war.

I crave your indulgence to reproduce in inverted commas, the experience of my colleague who is directly involved in the care, treatment and rehabilitation of the COVID infected patients in the state of Assam.

MY EXPERIENCE WITH COVID POSITIVE PATIENTS

The novel Corona virus infection or COVID 19 infection which has gripped the whole world has also shown its effects in Assam. The first Case in Assam came to light on 31st March 2020 and since then we have been reporting positive cases and till date 41 confirmed

cases has been reported in Assam with one death attributed to COVID infection. The Government of Assam declared a number of Government HCO's as dedicated COVID hospitals for treating COVID patients and one of the Hospitals was "Mahendra Mohan Choudhury Hospital, MMCH (Annexe Hospital of Guwahati Medical College)" and I have been posted there since 29th March 2020. Till date we have attended and treated 21 COVID positive cases.

Our initial aim was to arrange the hospital in such a way so that we could handle maximum cases while maintaining the safety guidelines mandated by WHO. The team was led by the Superintendant of MMCH, Dr. Abhijit Sarma. Working on a war footing, within two days we had in place 6 isolation wards and a dedicated COVID 12 bedded ICU with total bed capacity of approximately 130 beds. Rigorous and continuous training of doctors and other staff along with special training for DONNING and DOFFING of PPE was done and these training sessions are being done everyday even till date.

The first POSITIVE case was admitted to the hospital on 01/04/2020. We were all apprehensive, confused and scared at first as to how to proceed with the management of such patients because all management protocols were in their infancy at that time and the guidelines of management were not very conclusive. Yet we did all the required management of the patients while maintaining all protective measures. Gradually the number of cases started increasing and our team of doctors and

paramedics were working day and night to provide the best possible care, comfort and reassurance to the equally petrified patients. Initial issues included communication between those inside the isolation ward and those outside, including the family members of the patients, so a smart phone was arranged for making video calls. This proved to be a boon and helped to have many benefits from patient management to helping patients be in contact with their relatives and also psychiatric counselling of all patients through video counselling.

Simultaneously we were also involved in managing two quarantine wards for high risk suspects. We were managing patients as per the laid down management protocols and patients were also being discharged from the hospital when they were tested negative after fourteen days of treatment and all the patients were very happy and satisfied with our management. The health minister of Assam would personally visit the patients before discharging them with a gift hamper of fruits and a traditional Gamosa (An Assamese towel given as a gesture of respect).

The administration also made it a point to announce publicly and through different media like Press Conferences, Social Platforms etc. that these discharged patients should not face any discrimination after they leave the hospital since they were cured fully.

With the beginning of the Ramzan month we had to arrange for space for offering namaz and also make provisions for Suhur and Iftar , since most patients were followers of Islam. Accordingly, provision for this was made and food was provided for Suhur at 2:30 am and for Iftar at 5:45 pm and space was made available for offering namaz while maintaining social distancing. Those in the quarantine centre were also encouraged and occupied with activities and pursuing hobbies like painting, writing, doing paper art etc while maintaining social distancing.

We have been lucky in Assam that most patients are stable till now and have recovered or recovering well and hopefully we are confident that we can overcome this pandemic and make the world once again a safe and enjoyable place.

EAST



Dr Sankar Sengupta

Medical Superintendent, Chittaranjan National Cancer Institute, Kolkata.

LIFE IN A CANCER HOSPITAL DURING COVID TIME

“Lord, you are the Great Physician,
So we pray for healing... for the victims of
COVID-19.

Lord, you are the Creator,
With power over the creation,
So we pray for COVID-19 to be destroyed”

-Life is not the same since COVID 19 stuck us since March 20th and we understood what is called living in an unfavourable situation. We did not have any preparation to handle COVID time in our regional Cancer Centre which is normally inhabited by large number of patients both in OPD and IPD like any other government hospital. Chittaranjan National Cancer Institute is the only Central Government run Cancer Hospital in the entire East and North east founded in sixties. Thus patient footfall is always high in this place. We were quick to plan to shift all dischargeable patients to their home to lessen the crowd as all cancer patients under chemotherapy are immunologically deficient and vulnerable to infection and then our challenge was to run the OPD show as usual. It was not easy to arrange immediately PPE for our healthcare

workers but we simply cannot allow them to be infected. We made an Institutional COVID Strategy committee where Infection Control Officer and Nurse also became member. The committee after reviewing present situation arrived at eight proposals:

- I. Rational Utilization Of OPD Manpower
- II. Rational Use Of PPE For OPD
- III. Rational Use Of PPE In Wards
- IV. Rational Use Of PPE In OT
- V. SOP For Isolation Room (4th Floor)
- VI. SOP For Nasal Swab Sample For RT-PCR
- VII. SOP For CNCI Staff With High Suspicion Symptoms
- VIII. SOP For Day Care Chemotherapy patients

The Hospital then engaged logistic department for immediate procurement of enough stock of different PPE. We decided adequate PPE in OPD will be provided for all OPD Staff. To reduce the risk of widespread staff contamination in OPD following are recommended till containment guidelines are lifted:

- I.** 2 doctors per OPD per day, 1 Nursing staff to share 2 OPD areas
- II.** Two Weeks (14-days) self-isolation / quarantine rotation roster for medical staff may be planned by departmental HOD.
- III.** Medical Staff of Radiotherapy and Medical Oncology to be combined for now for patient care services (OPD and Wards)
- IV.** Weekly Tumor Boards are not recommended. Departmental Tumor Board (Interim Tumor Board) may be done daily.

All Elective surgeries in patients with fever, cough, and respiratory distress to be avoided until negative Covid test report of NP swab of the patient are received. Meanwhile we obtained permission from ICMR to do COVID RNA PCR testing in our molecular biology laboratory and that was a boon. For all emergency OT it was decided that it is mandatory for entire team to don Full PPE (approximately 5 PPE, including Anesthesiologist, Scrub Sister and OT GDA per OT). We have started thermal screening for all OPD patients and also have started taking self declaration by introducing a form. Chemo doctors initiated switching from Inject- able to Oral Chemotherapy wherever possible so that patients do not have to come to Day care on everyday basis. Moreover we restricted admission of all emergency patients with respiratory distress to a make-shift isolation ward followed by testing later. COVID Committee implemented SOP for

isolation room patients e.g. patient party cannot be allowed to stay with the patient in isolation beds, Minimal use of parental drugs and NP Swab Testing for RT-PCR for isolation ward patients to be completed by the concerned department at the earliest. We also decided that Staff developing HIGH SUSPICION SYMPTOMS (e.g. fever, cough, shortness of breath) should be considered suspected case of COVID-19. Self reporting to concerned head is to be encouraged and He/she should be immediately taken off the roster and admitted for observation for temperature, SpO2 and Chest X-Ray and NP sample for COVID RT-PCR at the earliest. Now CNCI Hospital COVID Committee is reasonably satisfied that if the source case have been identified and isolated, all contacts have been traced and quarantined and adequate disinfection has been achieved, the hospital will continue to function for all cancer cases efficiently in both OPD and IPD. We d not know how long this COVID time will continue.....but Hard time teach us valuable lesson.

WEST



Mr. Joy Chakraborty

COO, PD Hinduja Hospital & MRC, Mumbai

JOURNEY OF THE NABH ACCREDITED HOSPITAL IN WEST DURING COVID TIMES

We started early ... but will it ever be enough?

P. D. Hinduja Hospital & MRC started its preparation for COVID 19 in the beginning of March itself where there was no case reported in our state.

We mobilized the operational teams to create the 'COVID 19 preparation team' who was responsible to plan and implement the initial measures at ground level.

Some of the activities of this group included planning and implementing screening measures, creating awareness amongst patients and staff, the 'To Do' list.

We started triage at all building entrances asking for history of travel, along with temperature screening by infrared thermometers. Use of sanitizer was made mandatory for all entering the buildings; hand sanitizers were placed at various strategic areas for frequent use by staff, patients and visitors.

We set up a 'Safe room' to screen all patients with fever, symptoms, travel history; so that they would be isolated from other patients and examined. Full PPE was given to staff managing these patients. Mock drills were

conducted to ensure staff preparedness at triage and screening areas.

Regular interactions with the local municipal corporation provided us with updates on how to improve our set up.

Despite all the measures, we had a case which slipped through; we learnt not all people are truthful!

So we upped the ante...

We put in more rigorous measures with controls. A signed declaration was taken from all patients not only about the travel and symptoms but added contact history and also asked them to declare if they come in from any containment areas.

A secondary triage was started at all units where patients frequented like Oncology, Dialysis, etc. This was done by the clinical team of doctors and nurses who repeated the previous process and also clinically evaluated the patients prior to taking up the patient for any procedure.

We re-emphasized social distancing in the hospital for all staff, no physical meetings were allowed, and even the cafeterias where

arranged so as to ensure social distancing norms were followed.

The hospital started a tele-triage facility manned by trained nurses to guide the patients regarding the services available at the hospital especially for screening of patients for fever, etc., investigations and for other points of assistance.

We created COVID War group which included senior management staff and senior clinical staff; this group meets daily via con calls to discuss the latest updates, resolve any issues and take immediate measures and precautions.

During this time, a COVID facility was set up in the hospital. We identified a building which is separated from the main building and created the COVID space.

This facility has a ward and ICU set up dedicated for COVID 19 positive and suspect patients.

To ensure the creation of the requisite infrastructure, engineering changes were made in the pre-existing wards to create a negative pressure facility along with other changes to use ventilator and dialysis facilities. Rapid procurement of equipment and materials was done so as essential items were available to manage this facility.

Staff was identified and given training on various aspects of Infection prevention and control and how to handle these cases. This included training of Staff by the Infection Control team for donning and doffing of PPE.

Protocols created detailing all aspects of entry to exit, patient care, support services were made in coordination with the clinical, infection control and administrative teams

Mock drills were conducted to ensure readiness even before we received our first patients.

With the increase in cases in the city, the above protocols and measures were constantly improved with an aim to increase capacity and ensure safety of staff and patients.

The hospital has started testing at its Lab facility to ensure that patients get early reports and therefore quick action can be taken for patient care.

As an added measure and to ensure staff safety, the hospital decided to implement reduced staffing where possible in an effort to ensure minimal exposure to staff and have a backup team if required. Medical prophylaxis was given for high and moderate risk staff; this was done after evaluation and assessment by a clinical team.

We realised that in the current scenario of the COVID 19 pandemic and lockdown situation, our other patients were suffering and stressed about how to go about their treatment when they could not come to the hospital and consult with our doctors. To remedy this we initiated Tele-consultation for our doctors wherein the Hinduja Hospital doctors can consult patients on the phone / laptop through a software solution. This has helped the patients connect with their doctors and be assured that their medical treatment is on track.

We at P. D. Hinduja Hospital & MRC are continuously upgrading our protocols and practices in an effort to improve the quality of care provided to our patients, staff and the community.

WEST

**Dr Col Philomena Isaac**

Medical Administrator and Chief Quality Coord
MGM Medical College Hospital, Kamothe

FACING THE UNPRECEDENTED CHALLENGES OF COVID-19 PANDEMIC

MGM Medical college Hospital Kamothe has experienced an increasing number of cases of suspect and Covid positive cases in the OPD screening and IPD admissions since early March 2020, and has been declared as a Dedicated Covid Hospital in Navi Mumbai Panvel, the only one in Raigad district, providing Health care services to patients from Panvel Municipal Corporation, Raigad district Navi Mumbai with spill over of Thane and Mumbai. The Covid hospital has 20 ICU beds and 250 additional beds with oxygen facility and adequate health care professionals to keep a close watch.

At the onset of the Pandemic the hospital was divided into two zones the Covid Isolation zone in the right wing with a separate entrance totally sealed off from the left wing NonCovid zone. The 30 bedded emergency medical services ward along with a 20 bedded EMS ICU was converted into Covid isolation ward and Covid ICU initially and later extended on all floors of the hospital with a dedicated lift and staircase leading to the Isolation wards on upper six floors to accommodate 250 patients. The beds are

well spaced in open cubicles. The fourth floor was reserved for positive cases alone and other suspect cases kept in separate enclosures from those tested positive on other floors.

By the third week of March we had started the flu screening OPD with dedicated staff posted round the clock and all patients were being screened before entering the hospital for entry into the emergency, OPD in the Non Covid areas or the Covid isolation areas. There was no shortage of medical staff as the Resident doctors from all clinical departments were put on rotation duties. There was an initial apprehension and anxiety in having to deal with Covid positive patients and the dangers associated but with the counseling by senior staff and with psychological counseling sessions for all doctors, nurses and para medical staff this initial stressful period was overcome for all medical personnel.

We have hostel facilities and staff quarters for doctors and nurses but we did face problems with the attendance of paramedical

support service and housekeeping staff due to the lock down and difficulty in accessing public transport. We issued essential duty certificates to help them travel and also arranged college buses to transport the health care workers from pick up points on different routes as far as Thane, Uran and Panvel areas. Initially most departments were working at 50 % strength however work from home is not an option for a HCW. In order to optimize the medical staff it was decided to scale down the Non Covid hospital load by reducing the number of admissions. Though OPD services continued, however all medicine allied wards were merged into one ward on the second floor and surgery allied wards on the first floor in the Non Covid zone.

Early action by the management including our director Dr Sudhir Kadam was commendable in that hand washing and drying arrangements at all entrances to the hospital were set up early in March along with the screening of all entering the hospital by the security staff. Provisioning of PPE including tailor made masks , N95 masks and hand sanitizers were made and training sessions organized on physical distancing and infection control protocols. We did face a shortage of PPE, N95 masks, Sterilium and even Hypochlorite solution initially which was in short supply, however improved later with help from the local Municipal civic authorities and our suppliers.

A Task Force consisting of senior faculty of EMS, Medicine, Anesthesia and Respiratory medicine was set up to manage the

dedicated Covid hospital, to coordinate with the Nodal officer of the Municipal Corporation for referred patients, organize duties of doctors and nurses, arrange training sessions for all medical staff inducted into the ICU and Isolation ward duties and manage patients with technical and administrative support round the clock.

A war room meeting is held daily headed by the Medical Director along with Dean, Medical Superintendent , Nursing Director, HOD's, Task force team and support services personnel in attendance. This was started early in March and is continued daily since then to discuss the progress of patients admitted, problems of health care workers, study reports and returns of samples tested, analyze the mortality and assess the requirements of Medical stores, consumables, medical equipments. Drugs and other logistic support.

A great shortage of ventilators was experienced initially however we could increase the number of Ventilators, NIV and HFNC. We now have a total of 29 ventilators of which 16 are placed in Covid ICU and remaining in Medical ICU .CVTS and Pediatric ICU but we still experience stressful times with no ventilators to spare with the daily increasing number of Covid positive cases.

There was a sudden increase around 16 in the number of Health care workers who have tested positive around the end of May and many more high risk contacts who needed Quarantine causing much concern for our Risk Assessment Committee and

administration, but thankfully almost all but one had mild symptoms or were asymptomatic and were back to work in 14 days with more positivity thereafter.

The difficulties we faced was mostly in communicating with anxious relatives and patients initially, this was overcome by issuing a hand out to patients on admission giving guidance on helplines and facilities available and also setting up a Dedicated Information Service with dedicated staff placed on phone to answer all queries and provide information of patients admitted in ICU and EMS wards, communication also is provided with duty stations of all Isolation wards. Four Medical Social Workers have been delegated round the clock duties to attend to relatives and to hand over dead bodies from the mortuary which is a sensitive and demanding task as per protocols and changing policies needing safety and tact

Dissatisfaction in the quality of PPE issued from govt sources with discomfort expressed by medical personnel is an issue we face now and then and deal with change of brands. However problems with deciding treatment protocols and changing trends and guidelines issued time to time recommending use of expensive short supply drugs like Inj Tocilizumab with difficulty in procurement is a regular challenge faced.

A time consuming requirement is submitting reports and returns of patients admitted with line lists of positive cases, SARI line list, discharges, deaths and statistical records in addition to documentation of patient case

records and feedbacks as required for submission to the Govt and civic authorities. This needs dedicated staff with inputs from Epidemiologists and Microbiologists all part of a team.

Managing a hospital in crisis period is a dedicated team work with clear responsibilities good communication and a positive attitude. We are still peaking everyday in our Covid zone occupancy, and Covid deaths cause concern, but the number of discharges and cured cases are also rising and I believe that we Medical personnel are resilient and I look forward to the day when we have the satisfaction of overcoming difficult times free from anxiety with total patient satisfaction.

SOUTH



Dr. Sanjeev Singh

*Medical Superintendent,
Amrita Institute of Medical Sciences, Kochi*

PUBLIC PRIVATE PARTNERSHIP: A PANACEA IN THE STATE OF KERALA DURING COVID TIMES

COVID 19 pandemic has resulted in an unprecedented situation of great magnitude. It has disrupted normal life with establishment of a "New Normal" with change in behavior and lifestyles. Kerala witnessed the first confirmed COVID 19 case in India on 30th January'2020, wherein a medical student who was flown in from Wuhan, tested positive. The student was kept in COVID isolation facility of a medical college and a "Health Emergency" was declared. Amidst criticism of over – reacting, 3 more cases tested positive, the State who had learnt its lessons from SARS and NIPAH epidemic, soon had all machineries jumped into high powered coordination and intense surveillance. Amrita Institute of Medical Sciences at Kochi is a regional training center for ICMR-CDC Surveillance project. Under that banner, Amrita took charge of building capacity of private medical colleges and private hospitals along with NCDC and State Health Services for government facilities. We

organized training on IPC, PPE, Clinical Management and surveillance across 14 districts.

Amrita pioneered Telemedicine for last 2 decades and was soon ready to hand hold other hospitals to initiate tele consultations for Outpatient and for screening. @ Amrita, all tele health consults were done free of cost. Amrita also initiated medical education since infra-structure and logistics were in place and also helped other medical colleges.

A strong primary healthcare structure and Literacy is a boon for State of Kerala. During any disaster, the primary healthcare takes huge load as "First contact" and establishes links with community for intensifying surveillance. The Self Help Group "Kudumbashree" network and public distribution networks are brilliant and always work in tandem. Coordination among immigration dept, health, Bureaucracy,

technocracy, Drug Controller, State Health Services, Education, Public works, SPCB etc is spectacular along with all private institutions.

Kerala also adopted aggressive contact tracing by using electronic surveillance and releasing route map of coronavirus positive cases in visual & print media for the general public to respond and to identify primary and secondary contacts. Again huge benefits offered through public private partnership (Figure below).



Kerala also successfully quarantined the infected and dealt with the issues of immigrant workers simultaneously due to community participation. Quarantine was for 28 days in Kerala (double from rest of India). Kerala could ramp up testing to 450 per million due to the capacity created in the public health system, with few private labs also chipping in.

Hindustan Latex Limited (HLL) worked hard for indigenous production of PPEs. Amrita Institute along with School of Engineering

and Nano medicine prepared low cost indigenous noninvasive ventilators, mechanical ventilators, mobile based ECG, BP and Pulse recording. Amrita has also developed Antigen based test kit which has been applied for validation and approval. Public and Private hospitals also are participating in ICMR run trials on convalescent Plasma therapy. Amrita Institute pioneered a White paper document on formulating Resumption of Clinical Services policy, post lockdown along with PHFI, which has tremendously helped institutions to have evidence based screening and PPE adherence.

State of Kerala exemplifies a superb example of Public Private partnership during difficult times for winning the battle, thereby protecting the healthcare workers, community and patients at large.

“Test, Trace, Isolate, Treat”: Remains the motto in Kerala



WARRIOR SPEAK

NABH WARRIOR

**Dr. Abraham Mammen**

Deputy Chief Of Medical Services,
HOD , Dept. Of Pediatric And Neonatal Surgery
Director , Quality Assurance Dept
Administration, Pediatric Surgery & QAD
Aster MIMS - Calicut

DISASTER MANAGEMENT DURING A COVID PANDEMIC

It is with a heavy heart that i write about the recent tragedy that struck at Calicut (Karipur) Airport last week but as the following details show , it is our preparedness for disaster management that was responsible for the success we were able to achieve even during this tragedy. All this was compounded by the fact that it had to be done during the pandemic with complete adherence to COVID protocols.

We were totally deluged with 41 patients who were brought here within hours of the accident. But our NABH preparedness and Mock drill practice stood us in good stead. Due to this we were able to mobilize over 30 doctors in the trauma code and over 100 other staff including Nurses, Paramedical staff ranging from front office to house keeping to security staff including Pharmacy and store. The top management was also there in full strength to ensure that the entire process was smoothly conducted and that there was no shortage of any requirements . I salute the dedication of these staff who worked non stop for over 6 hours (2100pm to 0300am) in full PPE (as the patients were all in quarantine status).

3 persons including the Pilot and Co Pilot were DOA (Dead on arrival) and one patient was so severely injured that we could not resuscitate him despite full and active attempts. However the remaining 37 were looked after well, stabilized and admitted. As of today we have 26 patients admitted in the hospital (the rest have been discharged). All except two are stable . Many have undergone multiple surgeries for the injuries which are mainly spine and fractures of the lower limb in nature. Once things are settled we will conduct a debriefing of the concerned personal.

I would like at this point stress the wonderful response of the staff at ASTER MIMS, Calicut to this tragedy and the way it was wonderfully managed. This resulted in saving many persons and alleviating the pain and stress of all. At this point I have to acknowledge the importance of NABH training and mock drills which was responsible for our preparedness for the same.

Thank you NABH for ensuring the same.

COVID WARRIOR



Dr. Vimal Kumar Govindan

Medical Director - Prof. Of Surgery,
PSG Hospital Coimbatore

COVID AT COVAI FROM A DOCTOR'S POINT OF VIEW

It was the beginning of March and the virus was slowly making its 5000 km journey from Wuhan to Covai, as Coimbatore is fondly called. That was when PSG Hospitals sprung into action. A Covid-19 Task Force was constituted under the chairmanship of the Dean. The task force consisted of a infectious diseases specialist, a respiratory physician, a paediatrician, an epidemiologist, and a microbiologist (who was also the secretary of HIC). This task force, consisting of domain experts, was empowered to make all administrative decisions. There was a surveillance and reporting team to give constant feedback on what is happening at ground level, to the task force.

The medical college was closed and all routine work was stopped at the hospital. The newly constructed hospital "B" block was earmarked entirely for all Covid-19 patients (both suspect and proven). A fever clinic was started on the ground floor, and 200 beds were set aside on the 7th and 8th floors. An

ICU and an OT complex, on these floors, were dedicated solely for Covid-19 patients. Patients were subjected to 2 levels of screening.

An exclusive team of doctors, nurses and support staff, was formed to take care of these patients. They were on duty for a week and then quarantined within the hospital premises for two weeks. Surgeons were designated to carry out surgical procedures, if necessary. But no surgeries have been done so far. Only the necessary workforce was asked to come for duty, and others were asked to stay at home and be on standby. Members of the staff, who were considered vulnerable, were kept away.

The microbiology department was given approval to do testing for Covid-19. A Covid-19 manual was brought out, which was a compilation of standard operating procedures, advisories and policy statements related to practically everything regarding the

management of suspected or confirmed cases. The manual underwent a revision, as you would expect, in view of changing guidelines and advisories issued by the authorities.

Fortunately, we didn't have a large number of cases to treat, even though we were geared up for many more. This was in spite of the fact, we were only one of the two hospitals, in the whole of Coimbatore, with Covid-19 patients. For some reason, the dreaded virus either didn't like the people or the climate at Coimbatore. As I write this piece, there are no confirmed cases in the hospital. I am proud to add that there has been no mortality and the discharged patients also included a patient, who went on a ventilator for 11 days. The hospital is now one of the ICMR approved institutions to conduct the PLACID trial to assess the efficacy and safety of convalescent plasma.

The run so far has not been without minor hitches. There was a lot of anxiety and distress among the staff initially, and a plethora of misinformation pouring in through Whatsapp, only made matters worse. Fear alleviation was a challenge initially, and it called for the formation of a team to train and counsel everybody across all categories of staff. A special programme focussing on the well being of staff, has now been implemented by the department of psychiatry, to help deal with these difficult times.

During this time, a few situations arose, which called for operational innovations. An "intubation hood" was designed by the intensivists in collaboration with PSG Industrial Institute, to minimise the risk of exposure during aerosol generating procedures such as nebulisations and intubations. There was also a similar improvisation for endoscopic procedures. Documentation was kept to the minimum, with template based case sheets, considering the difficulties involved in writing with the PPE on. These case sheets were returned to the MRD only after a month had elapsed. Wherever possible video consultations were done for inter-departmental referrals. Video chat facility was also there for the relatives to "visit" the patients.

Plenty of lessons were learnt along the way. Being a medical college, we were fortunate to have the infrastructure to deal with the crisis. The management was very supportive to provide all the necessary resources. With an effective leadership and a good teamwork, we have been able to put our feet in the right places, and stand firm, as this storm blows over, at least thus far. The experts warn us that the worst is yet to come, and that there will be a deluge of patients in the coming weeks. When that happens, it might test our mettle. For now, though, it may be said that we have not been stretched, and we are hoping that it won't come to that.

COVID WARRIOR



Sophia Vijayananthan

*Professor and Additional Deputy Dean,
College of Nursing
Nurse Manager, Isolation Ward, CMC, Vellore*

CARING FOR COVID-19 PATIENTS: THROUGH THE EYES OF A NURSE

Nursing is the heart of healthcare. Nurses are at the frontline be it any kind of emergency. They work close with patients in the process of providing holistic nursing care. We entered the year 2020 with plan of celebrating "International year of Nurse and Midwife" declared by WHO to honour the 200th birth anniversary of Florence Nightingale, the founder of modern nursing. But the last few weeks have been gruelling on physical, psychological and social levels for nurses across the globe. Disruption in the daily work routine, active changes in the protocols and directives have forced us to make inevitable lifestyle changes. Knowing the risks of contracting the infection from the patients, we bravely stepped up to meet the demands of both the patients and the institution, and diligently carried out our myriad responsibilities. Though we had an overview about this unseen enemy the SARS CoV-2, and focussed with a mission of fighting against it, our fear and anxiety sky rocketed every day as news of medical worker fatalities kept pouring in. After all we are no different from anyone else.

The personnel protective gears provided to us

were standard, but it had clusters of challenges attached to it. Trapped by necessity behind a mask, a face shield, impervious jump suits and overshoes, to protect ourselves, our families and the community, moments of relief were rare and fleeting. The respirators made us inhale our own exhalations, the impervious jumpsuits refused to let our perspiration seep out. The tropical climate in South India exaggerated this physiological mechanism and made it most unpleasant to say the least. But we patiently pressed on. This reiterated the fact that our mission was more than just fighting the virus. Though the administration was generous in providing dining areas, the fear of contamination with every donning and doffing of the personnel protective gear and the fear of not only acquiring the infection, but becoming healthy carriers, made us skip coffee and lunch breaks, even trips to answer natures calls! But this never stopped us from caring for those infected with SARS CoV-2. We felt a vital part of a battalion fighting a necessary war.

The State administration gave new directives every day. As Nurse Managers and Charge

Nurses, we scheduled and rescheduled shift duties according to the demands and directives. We ensured skill mix of nurses based on their skills, seniority and experience. We then divided them into groups, for each shift from morning through evening and night. Realising the need for constant updates on the dynamic infection control protocols, we organized regular teaching and training sessions for all levels of Health care workers. We motivated, prayed and encouraged staff to work cheerfully all the while working shoulder to shoulder with the team.

Translating the protocols to workable routines was a mammoth task on us the Nurse Managers. We mapped, worked out, simulated every changing protocol and ensured it percolated. We tried out various samples of personnel protective gear and custom made it for the comfortable and safe wear. Front line news about the spread and deaths among health care workers from the dreaded infection, was a real threat to the front line warriors. Providing one on one counselling and strengthening their emotions and spirit was the most challenging. Knowledge is power. The more we created awareness among ourselves the more confident we became in providing comprehensive care to our patients. Individual care planning, frequent monitoring, meeting the physical needs and offering psychological support to the isolated patient was very challenging. But we wholeheartedly stood in the gap as no family member was permitted to stay close by.

We were guided by our able administrators who systematically approached all the surging issues and provided appropriate and timely solutions. As Nurse Managers and Executive Members of the Vellore Chapter of Nurses league of CMAI, we produced short videos on transforming our thoughts in Christ, which provided a spiritual boost to us.

We realized that we were not alone, and were motivated and emotionally encouraged. Our fear and anxiety drifted away when our doubts were clarified, when we felt a sense of strong professional support from our nurse leaders, and when regularly updated with the developments in treatment for COVID-19 infection.

Just when we thought we were adapting to the new normal, few of us were stigmatised by our neighbours for working among COVID 19 positive patients. The entire institution especially, our Head of Medical Nursing department and the office of the Nursing Superintendent were extremely supportive and considered every suggestion.

The initial hesitancy and anxiety gradually faded within us. We could provide psychological support to depressed patients and their family members. We were able to implement the organized nursing care taught to us. As more Nurses from across the institution volunteered to work in COVID 19 wards, it fostered new friends and renewed old friendships. The help rendered from various departments enabled us to provide specialized care from Paediatrics to Geriatrics, including Maternity and Newborns.

We experienced uplifting and beautiful opportunity to assist a COVID-19 positive mother to normally deliver live term twins! These bundles of joy brought the much needed ray of hope and reawakened our faith in Jehovah Jireh, our Provider.

We look forward to a destination for the journey onward, we know that the journey is far from over and it will not be easy, but it is definitely worth our sincere efforts. In the words of Robert Frost “The woods are lovely, dark and deep, but I have promises to keep and miles to go before I sleep and miles to go before I sleep”.

COVID WARRIOR



Dr Vibhu Ranjan Gupta

Group Medical Director,
Sarvodaya Healthcare Group, NCR

MANAGEMENT PERSPECTIVE- HOSPITAL EXPERIENCE FOR THE PREPARATION OF COVID 19 MANAGEMENT

With the country grappling with the unprecedented changes brought by the COVID-19 pandemic, the last couple of months have warranted major changes in the healthcare sector. As the world realized it had underestimated the destructive capability of the virus and grappled with the consequences, India showed resilience and courage to boldly face the dire situation.

The realization set in that it was not a matter of 'if', but 'when', the pandemic was going to hit the country. This compelled us to think long and hard, requiring activation of a disaster like situation, with hospitals getting very little time to prepare. Sarvodaya Hospital & Research Centre in Faridabad was one such corporate hospital which was at the forefront in Delhi-NCR region, in terms of its preparation to deal with the crisis. Sarvodaya, serving the finest medical services, is one of the leading tertiary care hospitals of India.

With its mission of 'Sarve Santu Niramaya' meaning 'Good Health for All', it provides the best of medical care and super specialty services in cardiology, cancer care, neurology, orthopedics and joint replacement, urology, nephrology, minimally invasive surgery, gastroenterology, emergency and trauma and critical care medicine. The hospital is accredited with NABH & NABL. This is the ONLY hospital in NCR region to have NABH for hospital, NABL for Labs, NABH for Emergency Medicine, NABH for Nursing Excellence and awaiting certificate for NABH accreditation for Blood Bank. The Haryana government has designated ESI Medical College and hospital as a Covid centre for treatment of positive cases now.

This all started with creation of a Covid Core Committee composed of experts from all clinical & non clinical fields to brainstorm on the way forward including laying down the

policy, resource management and delegation of work and training for Healthcare Warriors .

The preparation at Sarvodaya Hospital & Research Center began with the creation of a Flu Corner outside the two main entrances of the hospital for thermal screening patients and their relatives. Patients presenting to the Emergency department were then triaged again, using a specially created visual checklist based on their symptoms at a triaging desk manned by an emergency physician. A separate isolation area was created within the Emergency department, with a dedicated nurse and separate portable X-Ray, ECG and Sonography machine. The standard treatment sheet for out-patient and in-patient management of suspected patients was created as per the national guidelines. With this, patients could be treated based on whether their symptoms were mild, moderate or severe. At the same time, patients who were advised to isolate at home were provided with specially designed patient education and awareness brochures. A specially designed sample collection booth was also established to collect the swab samples of patients, thereby ensuring zero contact with aerosols and minimizing the risk to nurses collecting the samples.

Additionally, a separate isolation ward was created, and the High Dependency Unit (HDU) was converted into the Corona Care Unit admitting suspected cases. Patients were transferred from the Emergency Isolation room to the respective in-patient areas directly through designated lifts. Patient wards which were not required were

closed, to provide a backup reservoir if there were too many cases.

Since the OPDs had initially closed and all non-essential services were suspended, the hospital made arrangements for video consultation and tele-consultation for patients with their primary physicians. Once OPDs were permitted for a few hours a day, the hospital ensured that the number of visitors with patients was restricted, introduced a token system to meet the doctors, and numbered the seats in waiting areas so that social distancing norms could be adhered to. Similar processes were followed at the other support service areas like the pharmacy, laboratory and radiology departments. The security department in the hospital proactively ensured that there was a smooth movement of patients and that they were guided properly. The consultants were equipped with Level 2 PPEs and maintained social distancing while attending to OPD patients.

To keep the hospital running and able to cater to patients, similar arrangements were made for the operation theatres, endoscopies, radiology, cath lab and labour room where doctors and nurses were provided with complete protective equipment. Patients were counseled and screened for COVID before undergoing any procedures.

A detailed COVID infection control policy was created by a collaborative team of expert microbiologists and infection control nurses, and was regularly updated as per the dynamic government guidelines. The team

was also responsible for training and monitoring all hospital staff to ensure compliance with the policy. They were also responsible for tracing reports from the government approved laboratories that the hospital had tied up with for COVID sampling on a daily basis. The patients who tested positive were immediately referred to the ESI Hospital & Medical College as per the guidelines of the state government, and were transported in a hospital ambulance where the support staff and drivers were provided with full PPE hazmat suits.

The hospital was very prompt in its actions and was successful in the mammoth task of procuring the recommended N-95 masks, 3 ply masks, PPE kits and hand sanitizers. Fortunately, due to the rapid response, there has been no dearth of any protective equipment for the hospital staff. The purchase department acted swiftly and went out of their way to procure equipment, working round the clock to cope with the supply chain challenges due to the lockdown.

All hospital staff were also allotted duties on a rotational basis so that a backup team was always ready, in anticipation of a scenario where an entire team on a shift might need to be quarantined. The hospital also made all backup arrangements to quarantine the doctors and nurses in isolation rooms within the hospital premises and hostels.

Regular patient education and awareness information brochures and training videos were created for the patients and widely shared on the hospital's social media platforms as well. Understanding the

importance of mental health, the hospital has continued regular counseling of all the frontline staff, conducting stress management activities to keep the morale high in such testing times.

Though it is sad that it took a pandemic to lay bare our vulnerabilities and force us to radically revamp the way healthcare is delivered, we must look forward. We, at Sarvodaya Hospital & Research Centre, Faridabad, are fully prepared and committed to providing the best care to all our patients, including during this pandemic. We sincerely hope that our collective efforts shall not be in vain and the lessons learnt from this pandemic will eventually make our systems more resilient in its aftermath. We salute all the doctors, nurses, housekeeping, front office and other staff who have acted as warriors during this difficult time. Wishing everyone to stay safe, use masks and maintain social distancing.



HEALTHCARE INDUSTRY SPEAK



**Dr. Sanjay Sharma**

*Group President
Park Group of Hospitals*

POST COVID-A PARADIGM SHIFT IN HEALTHCARE

Covid-19 pandemic has resulted in an unprecedented global economic impact and has demonstrably thrown up a gigantic challenge to the health care delivery systems in the world thereby making it hard to cope with the given resources, logistics and manpower currently available with the affected nations. In actuality, the menace of COVID 19 has significantly impacted both health and wealth wide across the globe in a manner that it may alter the course of history in the world, changing lot of things globally, showing that the health of each member of a society impacts that of the other.

And without health, it is not possible to create wealth. Our current fight against the pandemic has visibly added complexity to the overall scenario by way of instituting the extended stay-home regimens, prolonged social distancing pressures, increased health vigilance, loss of jobs and profits, colossal budgetary losses etc. People are of the view that they cannot rely only on the existing health structures but, nonetheless, expect all

the help they can get, in every aspect of their lives from the Government and Public agencies. Health experiences will be in constant demand and, vice versa, health should be considered in every experience.

The concerns about health amplified during the crisis will not ebb after it is over. Health and Economic ramifications of COVID 19 are here to stay for a very long time. Rather, health will dominate. A health economy will emerge with opportunities for all to plug into. Every business will need to understand how it can be part of a new health ecosystem that will dominate citizen thinking.

In India, spectrum of corrective measures and effective interventions are being contemplated in following Healthcare scenarios.

1. Governments attention & spend towards Healthcare sector
2. Social norms & Lifestyle changes.
3. Healthcare & Healthcare Delivery Systems.

Government:

- Healthcare attention especially in areas of Primary & Preventive care
- Digitisation: Floated & Extended by Govt of India.
- Web Portals & Mobile Apps such as (Source: <https://www.nhp.gov.in/miscellaneous/m-health>)
 - National Health Portal: This App from Mobile Harvest acts as a mobile extension to the National Health Portal of the Govt of India. The app features an intuitive UI that makes the access & discovery of Health information easy for rural audience who are predominantly illiterate or semi literate. This health information service is planned to be deployed in the Panchayats that have recently been connected with broadband by GOI.
 - AIIMS-WHO CC ENBC: Essential Newborn Nursing for Small Hospitals with limited resources. The participatory learning tool can be accessed at www.newbornwhocc.org. The core contents are based on current evidence based practices advocated by WHO HQ (PCPNC Guidelines for Health Workers, World Health Organization 2010) and experts' opinion. The same is converted as "Aide Memoire" for healthcare professionals on smart phones.

- HealthYouCard: Search Engine & Online Appointment Booking for Doctors, Hospitals, Diagnostic Centres & Pharmacies. Also Alerts & Reminders for appointments
- Others such as HealthyYouEHR, 1mg, SafePregnancyandBirth, Mobile Technology for Water Sanitation and Health, Mswasthya-CDAC, TB Detect, etc.

- GOI Mobile Apps-Such as Aarogya Setu App



- Higher spend & attention towards Public health infrastructure such as waste management, sanitation, water, food safety etc.
- Universal Health Coverage: Concentration on Primary Healthcare & Increased spend in Secondary & Tertiary Healthcare along with Private Players
- Spread of schemes such as Ayushman Bharat
- Increased Public Private Partnerships
- Infrastructure Status or incentivising Healthcare sector

Social Norms:

Corona pandemic has marshaled in assortment of personal adjustments in the given social behavior patterns, focused health interventional strategies and mutually agreeable protocols of international cooperation among likeminded nations. There will be massive effects on all economies that will last for at least two years, affecting billions of people around the world, trillions of dollars in economic activity as stocks are tanking worldwide, interest rates are dropped and more money is printed, tourism and travel are decimated, and supply chains, employment and societies are disrupted.

Social distancing is the new way of life and will be here for sometime. It has forced everyone to be at home and celebrate with close family only. Not only in India, around the world, 'Stay home' and 'Stay safe' is the new normal of social life. Our societies, world over have demonstrably exhibited a gross behavioral shift such as going to Malls, Restaurants, Movie theatres, Travel & Ride sharing, Tourism, avoidance of crowded places or religious ceremonies, dining out, increased on line shopping, less visits to Gyms, beauty parlors', etc

In last few weeks, a lot has changed in India, crowded public place to social distancing, mad rush to go to office to work from home, running behind non-essential services to be happy with basic essential service, normal life with a stable job to a unknown future with a pain of unemployment but other way to look at this situation, people are getting enough quality time to spend with their family.

Definitely coronavirus has made a strong impact on everyone's life & impact will be there for some time after the crisis dissipates also.

- NAMASTE is already the new norm globally instead hand shake.
- Healthcare attention especially in Preventive care
- Increase in Health & Life Insurance subscriptions
- Increased use of Digital Healthcare equipments such as BP Monitor, Glucometers etc
- Decrease in travel via Public Transport, Increase personal protective gears such as gloves, masks, eye protective gears etc
- Increased use of electronic currency transfers

Healthcare:

Now many advanced health systems find themselves in the middle of a rapidly escalating contagion, and the collective expertise to deal with such outbreaks is low. This will change in the post-pandemic period, and countries are going to re-skill their healthcare workers on outbreaks of infectious diseases. Existing health workers may have to undergo training process and professional education curricula will change for the better.

The pandemic has also put Pharmaceutical production, medical equipment manufacturing &, Diagnostic Labs in the limelight besides Healthcare Delivery Systems.

Private hospitals have been asked to earmark beds and isolation rooms, even as diagnostic laboratories have got the go-ahead for Covid-19 tests. The National Health Authority, nodal agency for Ayushman Bharat health insurance scheme for the poor, has

been identified to firm up the protocol and health packages for this section of the population in case India enters the next stage.

Private Healthcare Delivery System:

Besides following the best clinical practices in vogue Private Hospitals need to go for paradigm shift in the following areas :

Paperless Hospital: Data Preservation, data compilation & mining, through a robust Hospital Information System, & total integration between OPD, IPD, Diagnostics, Pharmacy and Auto billing requires to be ramped up to make a paperless hospital

Digital Innovation : Either in terms of the provision of care or in paying for care. Digitalisation in health has been around for a decade. It brings a situation where people are willing to spend what is needed to achieve results, there is greater alignment between stakeholders to work towards a specific goal, and the emphasis is on getting things done rapidly. Patients self care has greatly enhanced by digitalization in monitoring such as Hypertension, DM, Cardiac ailments etc.

Use of Artificial Intelligence, Robotics & Automation: Especially on the provider side there can be vast levels of efficiencies and greater effectiveness achieved through automation and the standardisation of information. Something more evident in the big payer-provider interface is around the way in which individuals, consumers, users and patients interact with the healthcare sector. This is where chatbots, intelligent interactive voice recognition (IVR), telematics, avatars and all of those various remote and or non-remote channels of interaction come in.

There are four key areas related to AI and automation in the healthcare industry:

- Intelligent process automation
- Standardisation of the way in which patient data is classified
- Optimising patient treatment
- Interfacing with patients

Telehealth: Is the distribution of health-related services and information such as preventative, diagnostic, promotive, curative and rehabilitative care delivery via electronic information and telecommunication technologies. It allows long-distance patient and clinician contact, care, advice, reminders, education, intervention, monitoring, and remote admissions. Telehealth effectively bridges the health care delivery gap in rural settings thereby addressing the existing health delivery deficiencies significantly in such areas like lack of transport, lack of mobility, decreased funding, lack of staff or a restricted access to care.

As well as provider distance-learning; meetings, supervision, and presentations between practitioners; online information and health data management and healthcare system integration. Telehealth could include two clinicians discussing a case over video conference; a robotic surgery occurring through remote access; physical therapy done via digital monitoring instruments, live feed and application combinations; tests being forwarded between facilities for interpretation by a higher specialist; home monitoring through continuous sending of patient health data; client to practitioner online conference; or even videophone interpretation during a consult.

Park Group of Hospitals

All Hospitals within Park Group are NABH Accredited. At Park Group of Hospitals we are committed to deliver better Quality enhancement, Hygiene, Cleanliness, Sanitation, Waste management along with the best Clinical Practices at affordable cost.

WHO THIRD GLOBAL PATIENT SAFETY CHALLENGE



Dr Subhrojyoti Bhowmick

MD (Pharmacology), FISQua

ISQua Lucian Leape Patient safety fellowship 2019 winner
Clinical Director, Academics and Quality,
Peerless Hospital and B K Roy Research Centre, Kolkata

MEDICATION WITHOUT HARM

The 72nd World Health Assembly held in the month of May, 2019 validated the decision to annually observe World Patient Safety Day on 17th September. Patient safety is a discipline that emphasizes safety in health care through the prevention, reduction, reporting, and analysis of medical error that often leads to adverse effects. Patients trust the healthcare professionals fully and expect from them the best of the treatment possible. Previously, WHO had been successful in leading two Global Patient Safety Challenges — Cleaner care is safer care (2004) and Safe Surgery save lives (2008) which lead to infection control and safer surgery worldwide. In recent years, it has been reported that four out of ten patients in lower and middle income countries are harmed by Medication errors (MEs) in hospitals. Billions of US dollars are estimated to be squandered to manage the effects of medication errors in the USA.

Hence, the World Health Organization (WHO) formally announced the Third Global Patient Safety Challenge called Medication Without Harm at the 2nd Global Ministerial Patient Safety Summit at Bonn, Germany on 29th March, 2017. The goal of this challenge is to reduce severe, avoidable medication-related harm by 50% over the next 5 years.

Medication errors can occur due to several reasons— be it improper medication system or simply because of human factors like fatigue, poor work environment, under-staffing, etc. It should be kept in mind that these errors signify faulty systems rather than faulty medical professionals. It is often noted that nurses or pharmacists find it difficult to transcribe a doctor's handwriting, eventually ending in administering or dispensing wrong medication to the patient. The range of the clinical outcomes can vary from being inconsequential to death.

This commendable challenge was taken up by the WHO to shed some light on the numerous impediments in the healthcare industry and to

ensure the safety of medication practices. WHO member states and patient safety organizations identified the root-cause of the problem and came up with the solutions.

The strategic framework of this challenge includes 4 stake holders which needs strengthening namely the Patients and the public, Healthcare Professionals, Medicines and systems and Practices of medication. The three action areas identified in the challenge are patients with Poly-pharmacy, medication usage in High risk areas like ICU, dialysis etc and in Transitions of Care where majority of the medication errors happen. Effective strategies are required to be developed and implemented in these three action areas with an ultimate goal of reducing harm from medication

A proper curriculum on Medication safety is required to be established to guide the budding medical practitioners, nurses and pharmacists about the serious implications of medication errors on patients and healthcare system.. Developing an effective Medication Error Reporting System and learning from the reported events is one of the key strategies to reduce medication errors in long run.

NABH accreditation process ensures that the accredited hospital monitors medication errors and performs effective root cause analysis of the reported errors. Published evidence has emphasized on the role of clinical pharmacologists in detection and reducing errors and it can be implemented as a long term prevention strategy.

ACCREDITATION



Sandhya Shankar Pandey

*Corporate Chief of Nursing –Pan India
Fortis Healthcare Ltd.*

KEY DRIVER OF NURSING EMPOWERMENT IN TODAY'S INDIA

"The longer I am in the profession, the more experience shapes my life, the more amazing colleagues influence me, the more I see the micro and macro power of nursing and there I own and command the care of the one at my disposal." - Joni Watson

Advanced Medical Certification Body, AANC

I have been a NABH Assessor (National Accreditation Board of Hospitals and Healthcare Providers) for the past nine years. A clinical nurse practitioner at core and a firm advocate for nursing empowerment, I have always maintained that standardization and accreditations help improve Quality and service delivery of Healthcare.

It was only when I was exposed to the business side of healthcare that I realised the multitude of dimensionality of accreditations. Almost all patients, organisations (whether Public or Private) and health insurance providers gave preference to accredited hospitals and labs. Therefore, accreditations have emerged as key drivers of the healthcare industry. In fact an accredited hospital was more likely to show a positive bottom line.

However, there is another underlying ambit of accreditations which often goes unnoticed and that is the healthcare service delivery practices required to be followed for initial and continued compliance to quality standards. The

accreditation assessment is quite unforgiving on compliance with its standards and the best practices be it clinical, procedural or administrative. As a result, hospitals are required to incorporate/adhere to these practices. No practice can be implemented if the executing workforce is not competent to deliver upon them. Therefore, hospitals are required to invest in development of their Human Capital. The entire spectrum of professionals involved in delivery of healthcare services emerge as beneficiary of the continued focus of hospitals towards human resource development and continuous efforts towards capability enhancement which is critical for ensuring compliance with the accreditation process.

Nurses are the foundation stones of any quality related initiative in any healthcare setup since most of the delivery and monitoring of health care is carried out by them. These nurses are the frontline staff with whom the patients, their families and the visitors interact first hand. Their knowledge, competency, attitude and approach, communication and other soft skills thus make all the difference in the ultimate delivery of health care to the patients. Nursing being the largest workforce involved with delivery of healthcare services, therefore emerges as a significant beneficiary of the business needs of achieving and sustaining accreditations. Since the accreditation framework is continuously evolving, it becomes essential for hospitals to keep their workforce updated on the latest trends and best practices in delivery of healthcare services. To further amplify this point let us take two separate examples; First, let us consider a hospital which has not been accredited. In most cases during the initial accreditation assessment it has been observed that the care delivery over a period of time tends to become people driven based on their individual exposure and their experiences. The Nurses are not a part of the clinical decision making and

majorly function in the instructional mode. The functioning of the hospital undergoes a cultural change while/post the hospital embarks on the accreditation journey because the practices are measured and monitored for adherence and outcome. The people driven care delivery system and the instructional mode of Nursing services transforms to Process Driven care delivery through an actively engaged Nursing workforce. The Nurses are sensitized to takes ownership of processes and the patients resulting in improved delivery of health care services at the hospital as they are able to evaluate the services being provided by them.

Now let's look at the second scenario where an already accredited hospital is undergoing reassessment. While the care delivery is already process driven, any improvement in the process/updation of the framework needs to be adopted by the hospital to sustain its accreditation. This process naturally leads to further fine tuning of the care model in practice and greater empowerment of the existing Nurses and other care givers.

It is evident from the above that in an accredited hospital, the patients are treated and cared by credentialed staffs. There are laid protocols to provide care to the patients, there is safe management of medications driven by mandatory infection control practices. By virtue of the need of the sustenance of the quality of patient care and safety, the nurses

are well trained and aware of procedures, protocols and latest practices. Availability of this information makes them confident to communicate with patients, attendants and clinicians. It also allows them to interact with the clinicians and thus facilitate clinical decision making. All of this enables their empowerment which directly translates to enhanced job satisfaction.

NABH over a period of time has recognized the fact that Nurses are the majority and critical workforce determining delivery of healthcare services. This pioneering body therefore launched NABH Nursing Excellence Certification, a subset of NABH accreditation, a first of its kind synonymous to the Magnet Gold Standards in the US and Europe. The NABH Nursing Excellence Certification is focused about achieving a holistic development of Nurses thereby yielding the possible benefits like Confident and Independent Nurses who are Informed and are capable to take decisions in emergency situations and exhibit ability to groom teams. This initiative has laid pre requisite for the upgrade of safe, effective, competent and ethical nursing care. They help the individual Nurse to assess and evaluate the services being provided by them and also act as a building block for self-discipline and improvement. Being applicable to any healthcare setup irrespective of their size, role and complexity, these are the structured foundational blocks being built with a view to lay the guidelines for evaluating the nursing services being provided by any healthcare unit, thereby providing a platform for continual improvement.

There is an old saying, that Learning leads to Empowerment and therefore continued learning leads to sustained empowerment. It has been my observation over the last twenty two years in healthcare, that empowered and motivated teams are the key to success for any organization. While motivation is a function of leadership; empowerment, atleast in the healthcare setup is largely being achieved by the need and desire of hospitals to have a quality driven environment, ie. To get accredited, which is an essential driver of business today. The NABH Nursing Excellence Certification emerge as a major facilitator towards achieving the same.

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Dr Eesha Arora Narang

Assistant Director, NABH

NABH



As we all know, we are passing through a very challenging and tough time because of the COVID 19 pandemic. In such a situation, safety measures are required at different levels-personal, social, organizational, and administrative. As the economy demands that the lockdown should be lifted and there should be a return to normal office routine, the offices are reopening. Although the process of disinfection of the office buildings is certainly undertaken, still the offices & workplaces have more vulnerable environment because of the employees coming from various places & sharing spaces like conference halls, corridors, elevators & stairs, parking, cafeteria, meeting rooms and restrooms etc. Thus, it is of stupendous significance to take precautionary measures to avoid exposure to this highly contagious infection as well as to speed up the action once the virus assaults someone. To ensure the safety of the employees, it is essential to follow certain guidelines to prevent the importation of infection in workplace setting and to respond immediately in situation of some suspect or confirmed case of COVID-19, so as to contain the spread of infection.

For the prevention of the disease the basic preventive measures suggested to be followed to reduce the risk of infection with COVID-19 include:

- Maintaining Physical distance of at least one meter at all times among employees & visitors.
- Mandatory use of face covers/masks by the staff.

- Frequent hand washing with soap and use of alcohol based hand sanitizers.
- Respiratory etiquette like practice of covering one's mouth and nose while coughing/sneezing with a tissue/handkerchief/flexed elbow and disposing off used tissues properly.
- Mandatory download of Aarogya Setu Application for Self-monitoring of health by all the employees and reporting any illness at the earliest so that the curative measures can be taken immediately.
- Any staff reportedly suffering from very mild / mild symptoms should not attend the office and must seek medical advice from local health authorities.
- Any staff requesting home quarantine based on the containment zone activities in their residential areas should be permitted to work from home.

The social etiquette, civic manners, and code of conduct keep changing with the change in times and circumstances. The time today demands a new code of conduct because of the challenge that the world encounters. Certainly, this is an unprecedented situation demanding a New Normal.

NABH दर्शन

LAUNCH OF NABH 5th EDITION HOSPITAL ACCREDITATION STANDARDS IN NEW DELHI

NABH launched the 5th edition of Hospital Accreditation Standards on the 15th of February 2020 at Assessor Conclave & Refresher Course. To keep the assessors abreast with the updated edition, 4 assessor conclaves & refresher courses were planned in different cities across the country- New Delhi (15th Feb 2020), Bangalore (23rd Feb 2020), Mumbai (1st March 2020) & Hyderabad (Virtual Course on 27th June 2020)

Approx. 500 assessors were invited to give their preference to attend the program in various cities by filling the google form.

The launch of the Guidebook, Assessment Guide & Newsletter (Quality Connect-1st issue) was done in New Delhi by the Chairman-NABH, SG-QCI & various other dignitaries from the healthcare industry. A cake cutting ceremony followed the launch. The Technical Committee was felicitated for the hard work put in to bring out the 5th edition. The new edition guidebook containing the changes in transition from 4th

edition to 5th edition was taught in detail by the Technical Committee Members. The open house session was conducted where the deliberations on the new edition were done & the suggestions were sought & incorporated in the new edition in form of corrigendum.

Since it was an Assessor Conclave too, the Dos & Don'ts were told to the assessors in detail. The code of conduct was included in the same & the assessors were asked to abide by the same.

The feedback forms were filled by all the participants. They were collected & reviewed for the future Assessor conclaves. The assessors were given a copy of Guidebook, Assessment Guide, Newsletter in a bag with a small token of thanks from the Secretariat.



Delhi

REFRESHER COURSE ON NABH 5TH EDITION HOSPITAL ACCREDITATION STANDARDS IN BANGALORE & MUMBAI



Bangalore



Mumbai



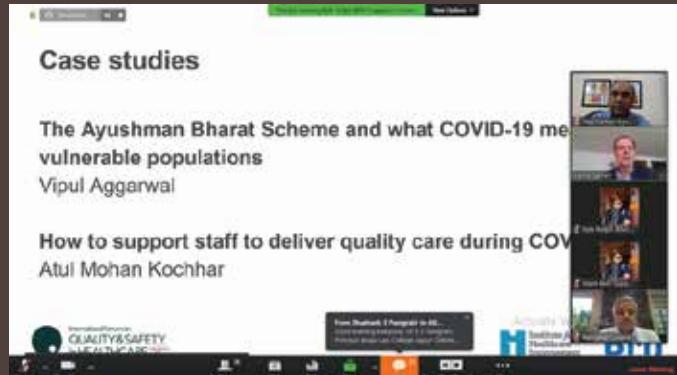
Hyderabad

MEDICAL IMAGING SERVICES ASSESSOR COURSE IN CHENNAI & NEW DELHI

Two courses were conducted, one at Bengaluru from February 07-09, 2020 at Chennai and another from February 21-23, 2020 at Delhi. The 3 days course comprised of brief presentation about NABH and its structure, the MIS 2nd edition in details from seasoned assessors of MIS- Dr Poonam Narang & Dr Uday Patil. The two faculties covered the chapters in details with practical examples as assessors from their vast experience. In Chennai there were 22 participants from different parts of country who participated in the open discussion and the course ended on the third day with written exams. A total of 55 participants attended the course. These courses were also utilised by existing MIS Assessors as a Refresher Course to update their knowledge and skill to the new edition of standards.



Chennai



Case studies

The Ayushman Bharat Scheme and what COVID-19 means for vulnerable populations
Vipul Aggarwal

How to support staff to deliver quality care during COVID-19
Atul Mohan Kochhar



New Delhi

VIRTUAL TRAININGS- THE WAY FORWARD



Introduction about Documentation Workshop coming up in August

Brig (Prof) UB Mishra
Dean Hospital Affairs and Head,
Hospital Administration
AIIMS, Rishikesh

National Accreditation Board for Hospitals and Healthcare Providers

AYUSH ASSESSOR COURSE IN MUMBAI

NABH organized a five days AYUSH assessor training program at Mumbai from 24th to 28th February 2020. Such kind of courses are necessary to develop various skills required before assessing a Healthcare organization. The training involved lots of group exercises, group discussions related to AYUSH hospitals and clinics. The course focuses on AYUSH Hospital Accreditation, Panchakarma Clinic Accreditation and AYUSH Entry Level Certification Standards. The course also enhanced the ability of the participants to plan and develop methodology for the assessment of AYUSH standards and perform assessments as per the laid down guidelines. It helped the participants to develop the soft skill and personal attributes conducive to one's conduct as an assessor.



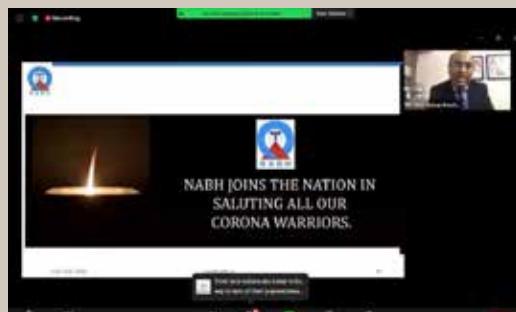
Mumbai

NATIONAL ACCREDITATION BOARD FOR HOSPITALS & HEALTHCARE PROVIDERS (NABH)



Meetings & Webinars







**National Accreditation Board
for Hospitals and Healthcare Providers**

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FREEDOM

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NABH PLEDGES

Taking Quality to the Last Man in the Line

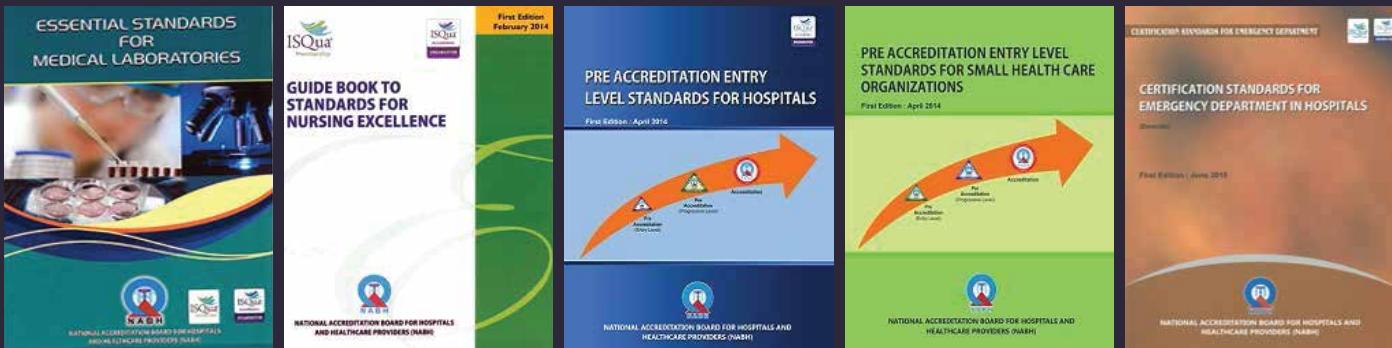
HAPPY INDEPENDENCE DAY

15th August 2020

*Guidebook and printed Standards can still be bought at nominal fee

ABOUT NABH STANDARDS

■ STANDARDS FOR CERTIFICATION



■ STANDARDS FOR ACCREDITATION:



NATIONAL ACCREDITATION BOARD FOR HOSPITALS & HEALTHCARE PROVIDERS (NABH)

WHAT'S NEW? @NABH

(LEARNING WITH NABH)



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**SERIES OF FREE
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register on NABH website*

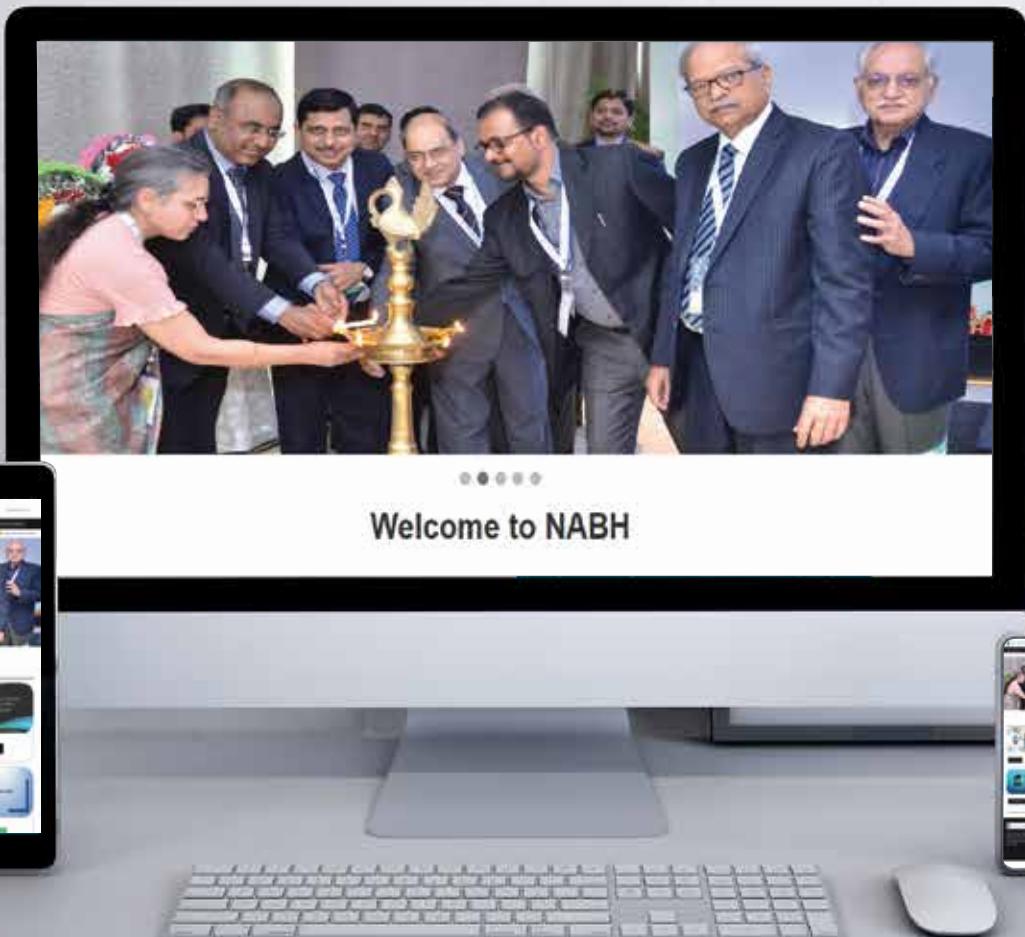


QUALITY COUNCIL
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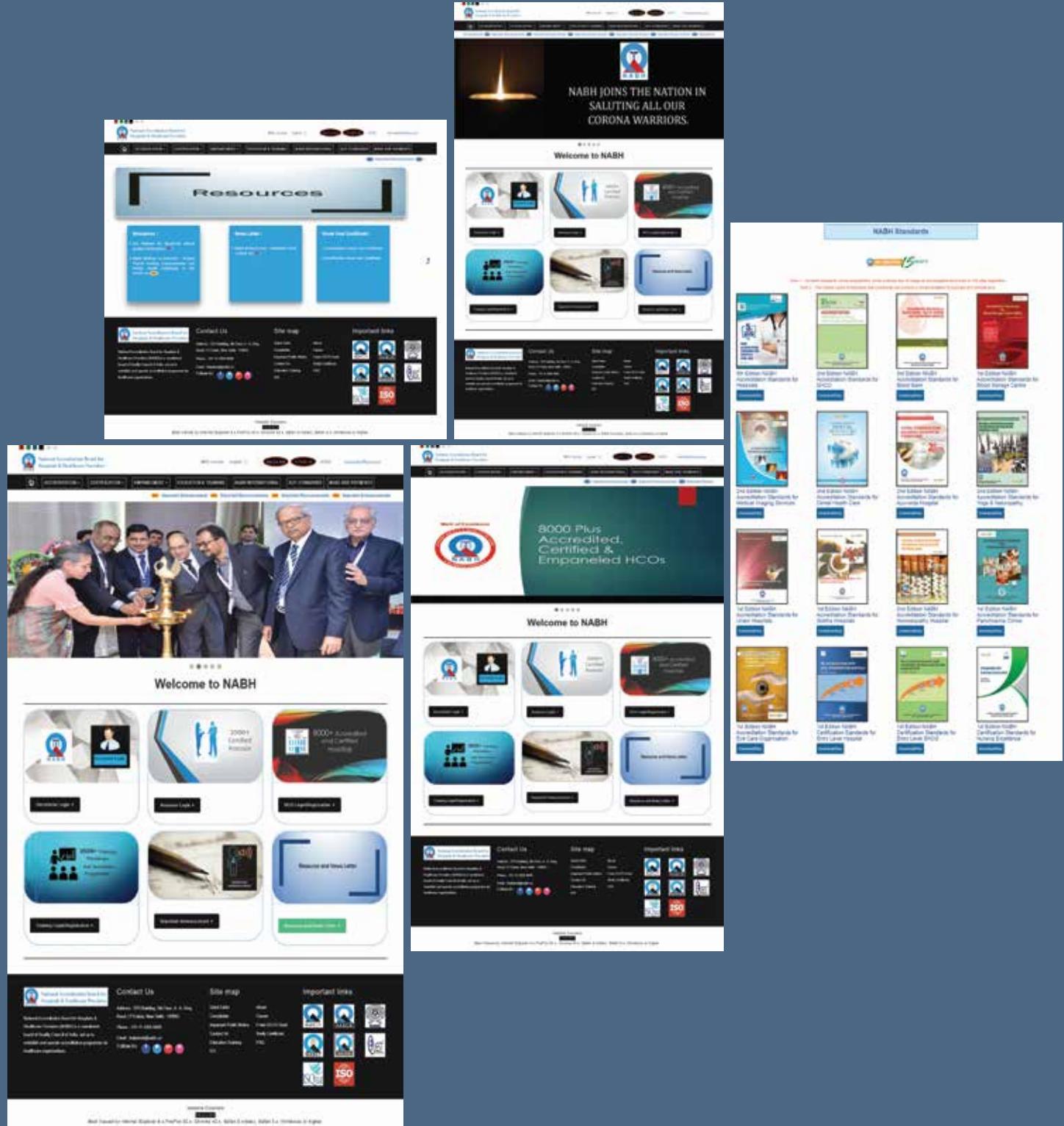
National Accreditation Board
for Hospitals and Healthcare Providers

NATIONAL ACCREDITATION BOARD FOR HOSPITALS & HEALTHCARE PROVIDERS (NABH)



REVAMPING OF WEBSITE

NATIONAL ACCREDITATION BOARD FOR HOSPITALS & HEALTHCARE PROVIDERS (NABH)



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NATIONAL ACCREDITATION BOARD
FOR HOSPITALS AND HEALTHCARE
PROVIDERS (NABH)



5th
EDITION
APRIL 2020

**GUIDEBOOK TO
NABH
ACCREDITATION
STANDARDS FOR
HOSPITALS**

MESSAGES FROM ASSESSORS ON 15 YEARS OF NABH



Congratulations NABH for this awesome journey of a decade and a half. The journey has been full of excitement, challenges and several achievements. What NABH has achieved in terms of evolving and revolutionizing the culture of quality and patient safety in India within this time frame of 15 years no other organisation can possibly lay claims to similar achievements. NABH has grown because it has remained sensitive to the needs of all its stakeholders and has been dynamic in adopting ideas and adapting to the ever-changing ecology, ethos and environment of quality and patient safety. I salute all the past and present staff, stakeholders and management for their continual commitment, support and leadership in making NABH a globally recognized leader in health care quality. Well done NABH. The Nation is proud of you. May your glory multiply by geometric progression in the coming years. Thank you for all your endeavors in making healthcare safer.

Air Marshal (Retd.) Dr. Pawan Kapoor

“



“Heartiest Congratulations to NABH on its 15th Anniversary! I wholeheartedly thank the leadership and team of NABH for their vision, tireless work and perseverance. NABH has trail blazed the path to quality in healthcare across the country. Personally, being part NABH since its inception as Assessor and past member of Technical Committee, has been the most professionally enriching and satisfying part of my professional journey. Wishing the NABH team greater achievements in the coming years.”

*Dr. Arati Verma
Sr VP- Medical Quality Max Healthcare*

”



I am very glad to be associated with NABH from inception. My mentor Air Marshal Pawan Kapoor guided me in this journey and I became part of one of the few first assessors batch. I was also fortunate to become member of various committees associated with NABH. It has emerged as front runner as a solution to global healthcare quality and its standards are bench-marked by many countries. I wish NABH a great success in its continuing journey in healthcare quality.

Col Dr SKM Rao

“



NABH laid the foundation of healthcare quality and accreditation in India. A look back on the last 15 years shows us how much we have progressed as a nation – starting with hospital accreditation, today we have more than 15 types of accreditation and certification programmes. NABH has created a unique common language for Indian healthcare providers to communicate. Indian healthcare quality is today recognized internationally.
“We have miles to go before we sleep.....”

Dr. Parag Rindani
Head-Wockhardt Hospitals Ltd, Mumbai

”



Establishing, sustaining and continuously improving the culture of quality and patient safety in healthcare delivery is a very amazingly executed challenging job done by NABH for the last 15 years with credibility, responsiveness, transparency and innovation. The meaning and purpose of health care delivery got a new face lift with so much value additions, making it respectfully acceptable by the HCO and continue with it. Great going. Keep it up and all the best.

Dr. Suneel C Mundkur
Professor of Paediatrics, Advisor quality implementation
Kasturba Hospital, K M C Manipal, MAHE, Manipal

”



Each one of us is indebted to the visionaries who started the Accreditation movement, the secretariat which has sustained it and the successive CEOs who have augmented and enriched the Accreditation process. Their vision was also responsible for the ISQua accreditation which has firmly placed NABH on the international firmament. We now consider NABH as something of a second workplace!

Dr. Mohan Adhyam

”



May NABH, under the dynamic leadership of the CEO, continue to shape assessors, organizations and healthcare in the country for years, decades and centuries to come!

Dr Prashant Kelkar

Dy CMO(Pediatrics), JNPT Hospital, Navi Mumbai

“



Promoting awareness that performance improvement through quality initiatives is an important element for gaining a competitive edge for a hospital was evolved and enforced by NABH in the most effective manner. NABH made Quality journey possible to each and every health care delivery units, through its magnanimous act of designing standards for various healthcare delivery units. Congratulations NABH and wish many more landmark successful years ahead.

Mrs. Daisy N Raj

”



I congratulate NABH on successfully completing 15 years of its dedicated service to healthcare. It is my proud privilege to have been associated with NABH since its inception and have seen it closely, evolving from one Accreditation programme to sixteen Accreditation programmes and from nil to seven Certification programmes. Also the standards for the hospitals have evolved from 1st edition to 5th edition.

NABH has played a major role not only in transformation of mindset of people, but also the face of healthcare quality in the country.

Dr Sunil K Khetarpal

*Chief Transformation Officer
Rajiv Gandhi Cancer Institute & Research Centre*

”



NABH has grown into a family of extremely quality conscious people and organizations while achieving success beyond expectations in these 15 years. It would not be an exaggeration to say that NABH has become a way of life for hospitals in India.

I am sure NABH will become the topmost healthcare accreditation system across the world in the next few years. My best wishes to NABH for much more success in the years to come.

Mr. Rajeev Chourey

”



MY JOURNEY with NABH

*NABH completes 15 long years
My journey with it is filled with cheers!
While the Quality journey was prudent
It made me all over again a Student.*

*I've been an assessor, faculty and many a committee member,
The arduous journey was worth it I remember.*

*While Multidisciplinary teams were the norm,
There was mutual respect in spite of brain storms.*

*We dreamt of AAC, MOM, HIC and patient care,
We saw NC's here, there and everywhere!
Meeting various professionals associated with health
Was like tapping power houses of knowledge wealth.*

*There were times that were filled with disillusionment,
When we found to our dismay standards far from met!
There were new friends and camaraderie through burning night lights,
The humour and commitment helped forsake our rights.*

*Would I ever know about managing a health facility?
Or think of interviewing a top manager about his responsibility!!!
All this was possible with knowledge gained and support,
of many domain experts and excellent rapport.*

*Thanks to NABH I travelled far and wide,
even represented my nation abroad with pride.*

*Never imagined midnight with zero visibility I'd venture,
Or speeding by road at 2am for a flight would be adventure!
Waiting at airports, delayed or cancelled flights,
Roughing it all out was an assessor's plight.*

*The volume of HCOs accredited,
Makes it all worth it, and appreciated.*

*It all came to a screeching halt in 2020,
But lo! With it came new tech in plenty.*

*Now as we march on with the 5th edition,
These memories ring like a sweet rendition.*

*Gratitude I express to one and all
Pray God bless NABH to stand tall.*

*I wish to express
gratitude to all the
respected CEOs of NABH,
right from the Founder,
all the knowledgeable
chairpersons and team
members with whom I
had privilege of working,
mentors who were my
principal assessors in the
early years, all co
assessors whom I met
and worked with, and all
those who worked so
hard at the NABH
secretariat.*

*Thank you.
With best wishes
Abanti Gopan*



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QUIZ CONTEST

SEARCH FOR 13 DIFFERENT HEALTHCARE
RELATED WORDS IN THE BOX

V	F	E	H	N	O	P	D	X
I	N	F	E	C	T	I	O	N
X	Z	P	A	S	P	X	C	U
Q	U	A	L	I	T	Y	T	R
C	X	T	T	E	I	S	O	S
O	Y	I	H	Y	C	A	R	E
V	M	E	D	I	C	I	N	E
I	W	N	S	A	F	E	T	Y
D	A	T	H	E	R	A	P	Y

"Send the replies to nabh@nabh.co. Winners of the contest
will be announced in the next issue of the Newsletter."

WIN 10 SURPRISE GIFTS

WINNER OF NABH QUALITY CONNECT ISSUE 1 QUIZ IS DR. JASPREET KAUR

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