

Summer Training Report And Online Course Report

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Batch : MBA HM 24

Summer Training report

Containing COVID-19 – A Case study of Bhilwara

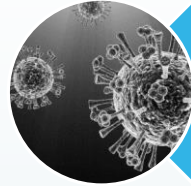




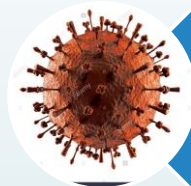
A pandemic is defined as “An epidemic occurring worldwide, or over a very wide area, crossing and usually affecting a large number of people”



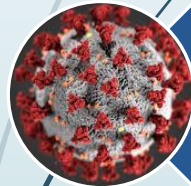
World Pandemic Histories



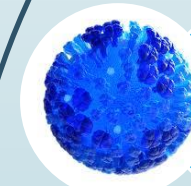
1918 – Spanish flu
Caused by H1N1 virus
Affected 50% of world population



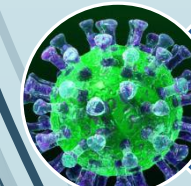
1957 – Asian flu
Caused by H2N2 virus
Approximately 1.1 million people died



2003 - Severe Acute Respiratory syndrome (SARS)
Caused by SARS-CoV



2009 – H1N1 Pandemic
Caused by H1N1pdm09 virus



2012 Middle East Respiratory syndrome (MERS)
Caused by MERS-CoV virus

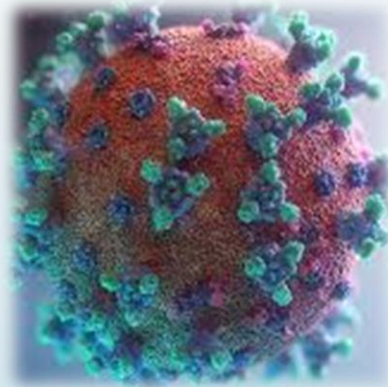
COVID -19

Disease caused by the SARS-CoV virus

Novel coronavirus

Coronaviruses are the viruses that circulate among animals but some of them are also known to effect humans.

The **2019 novel** coronavirus was identified in China at the end of 2019 and is new strain that has not previously been seen in humans



Symptoms

Fever

Cough

Breathing Difficulty

Muscle pain

Tiredness

Prevention

Wash your hand with Soap and water



Avoid contact with sick people



Use mask and gloves at public places



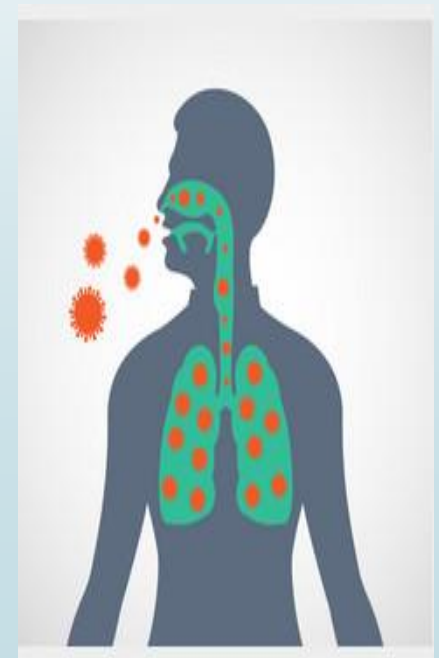
Whenever travel apply general hygiene roles

Transmission

Via respiratory droplets

2-14 days

estimated incubation period



Bhilwara – ‘ Ruthless Containment Model’

- Bhilwara is a district of state of Rajasthan in western India. It is also known as the Textile city of country.
- Population – 24.1 lakh (2011 census)
- First case of COVID -19 was reported on 19th March 2020 from a Doctor (employee) of Brijesh Bangad Hospital.
- Within few days Bhilwara became epicentre of COVID -19 in State.



➤ OBJECTIVE

1. To assess the impact of micro plan containment model in Bhilwara district to contain COVID -19 cases till 20th April 2020
2. To evaluate the strategic approach taken by State Health Department and Bhilwara Administration to contain the COVID-19 cases in Bhilwara district.

CORONAVIRUS TIMELINE

31st Dec 2019

**Cluster of
pneumonia
cases in Wuhan**

30th Jan 2020

**WHO declared
outbreak as a Public
Health Emergency of
international concern**

11th Feb 2020

**WHO announced
new coronavirus
as COVID-19**

2nd Mar 2020

**In Rajasthan 1st
case reported in
Jaipur**

30th Jan 2020

**In India, 1st case
in Trissur
District, Kerala**

19th Mar 2020

**1st case reported in
Bhilwara**

20th Mar 2020

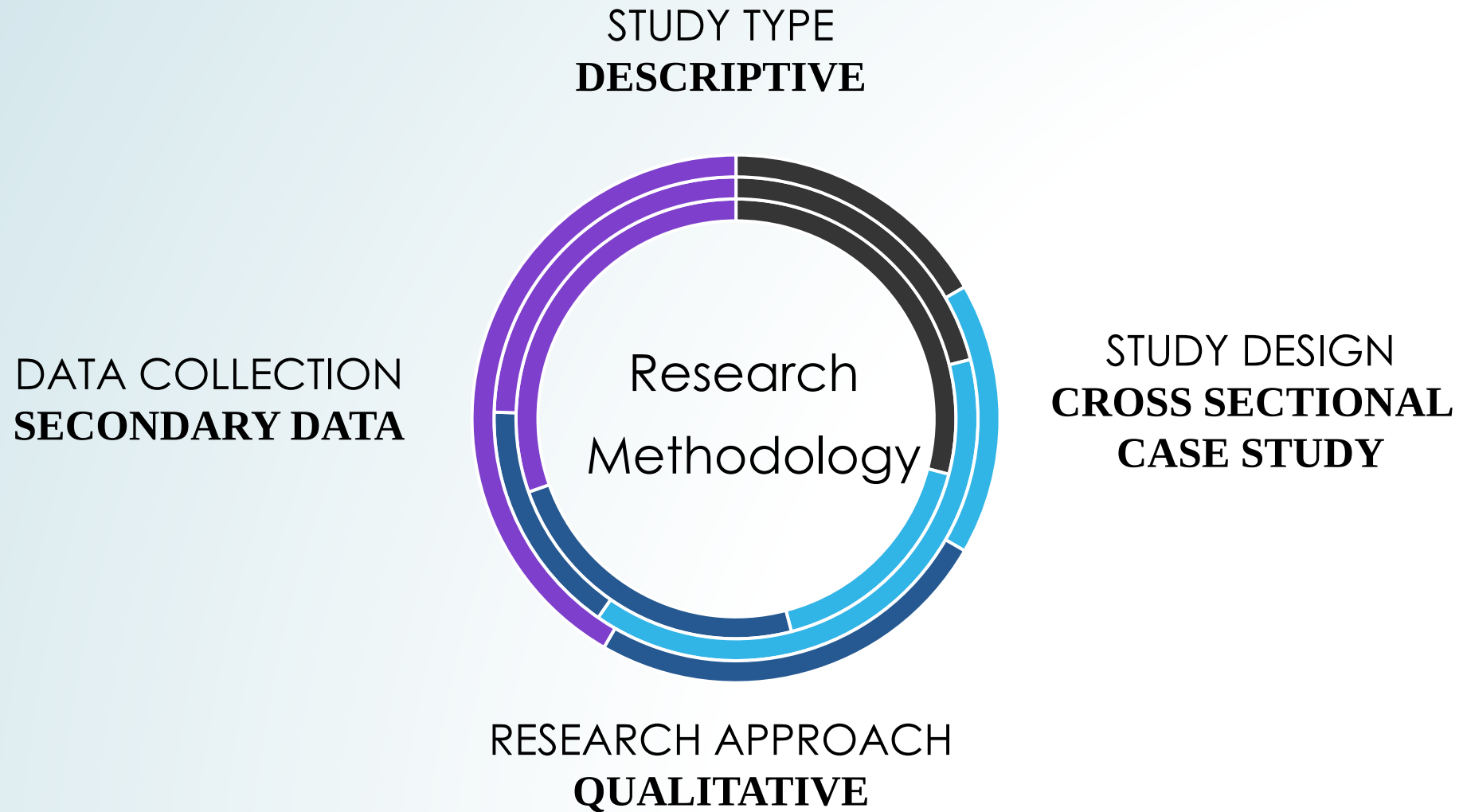
**Curfew imposed
in Bhilwara**

22nd Mar 2020

**Complete
lockdown in
Rajasthan**

**3rd – 13th April
2020**

**Maha – Curfew
imposed in Bhilwara**



(Secondary data sources : <https://www.covid19india.org/>,
<https://twitter.com/pibjaipur?lang=en>)

19th March
First case in
BHILWARA



Positive report of
three doctors and
three compounders of
same hospital



21st march
Complete
border seal

Public vehicles
transport banned



22nd to 31st March
Curfew

Public movement
banned
Essential services
exempted



23rd March
Acquisition

Hotels , Resorts,
Dharamshala acquisition
for Quarantine facilities



25th March
War room

Helpline number
for public



29th March
Support to
Migrants

Temporary shelter
arrangement to migrants



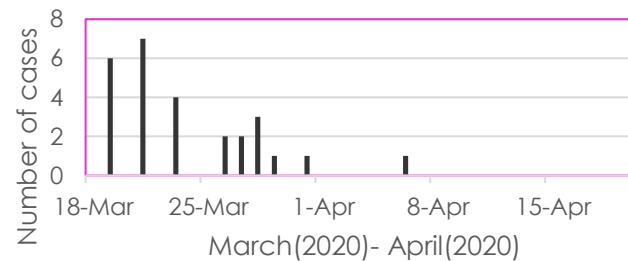
3rd to 13th April
Maha curfew

Zero mobility

Essential services
barred



Number of positive cases -
Bhilwara



FINDINGS

Steps taken by State Health Department and Bhilwara Administration

Isolation of District

- **Curfew** imposed under section 144 of CrPC
- Interstate borders sealed
- All rail, public transport movements banned

Hotspot mapping

- **Micro Plan** containment model was followed
- **Containment zone** and **Buffer zone** were made

Door-to-Door Screening

- Identification of potential carrier
- Twice a day visit by healthcare workers to check on quarantine protocols follow ups

Contact tracing

- Aggressive contact tracing done to identify all who came in contact of positive patients directly or indirectly

Quarantine facilities

- 5 private hospitals with 25 beds each, 27 hotels, 1541 rooms were taken to provide quarantine and isolation facilities

Monitoring rural areas

- **Corona captions** (BDO) and **Corona warriors** (Sarpanch, ASHA worker) appointed
- Daily reporting

Micro Plan for Containing Local Transmission of Coronavirus Disease

- Based on travel history and maximum stay period of past 1 month, this containment model was prepared.
- **Epicentre:** Bangad Hospital, R. C. Vyas Colony Bhilwara

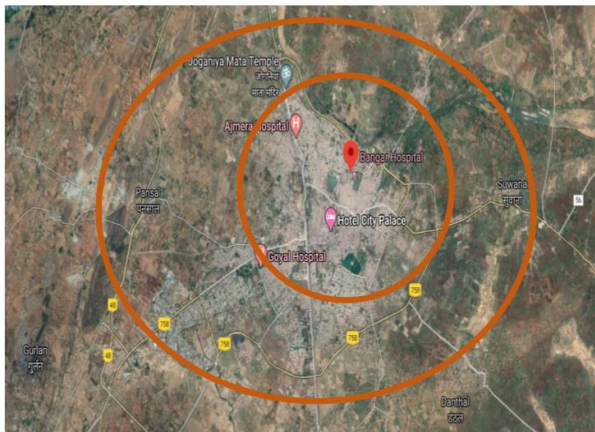
➤ Containment zone

- 8 sectors
- 51 wards
- 68452 Houses
- Population 341601 Persons

Buffer zone (Peri urban area)

- 1 sector Per 4 wards
- 4882 houses
- Population 24004 persons

Containment activity at Bhilwara



- An area of 3 kilometre radius of Bangad Hospital, was taken as containment area.
- 300 teams deployed which included ANMs, urban ASHAs, nursing students and Anganwadi Workers.
- Various teams used Pulse-polio microplans & RI microplan as base for micro planning for house to. house survey



- One supervisor for every 10 teams and one Nodal Officer for every three supervisors for monitoring.
- Teams went house to house and sensitized people about symptoms of novel coronavirus disease and steps for prevention
- **Door-to-Door Delivery** of essential items were ensured
- Dairy supplies and vegetables supplies were distributed to colonies as per schedule provided.

Dates of survey	No. of Teams Deployed	No. of Houses surveyed	No. of People screened	No. of suspects of ILI		
				No. of URI	No. of High Risk	No. of Foreign Travellers
18.03.20 to 26.03.20 (Round 1)	1135	73334	365605	2572	149	25
24.03.20 to 02.04.20 (Round 2)	1098	75340	366449	882	00	123
27.03.20 to 04.04.20 (Round 3)	941	73626	378491	855	00	1



Based on number of cases resulted positive in district containment zone was prepared



Sample collection of all the staff of Bangad Hospital was done

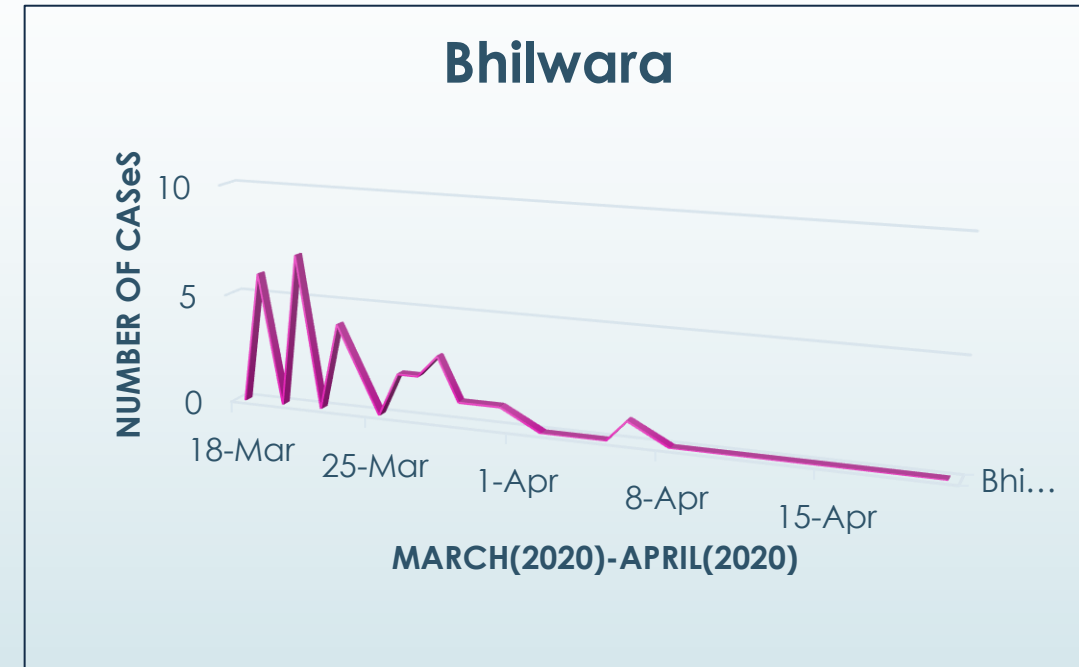


Ensuring no movement zone in urban Bhilwara



Sample collection of all OPD patient from 12th March to 18th March irrespective of symptoms seen or not (as symptoms in major positive staff seen b/w March 11 to 12th

Result obtained



Flat line Curve

CONCLUSION

Ruthless containment strategy is required to deal with such situation



Proactive and prompt actions are required to control situation effectively



Coordination of various Departments is an important determinant to manage such situation where a holistic approach is needed



To break the chain of containment strict *curfew* imposition is needed



For such situation *Dynamic leader* who can lead the things with clarity of vision



Seeking and providing *support to public* becomes an important element for implementation of such radical containment model.

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<https://www.theweek.in/theweek/statescan/2020/04/17/the-bhilwara-model.html>

Online Course report

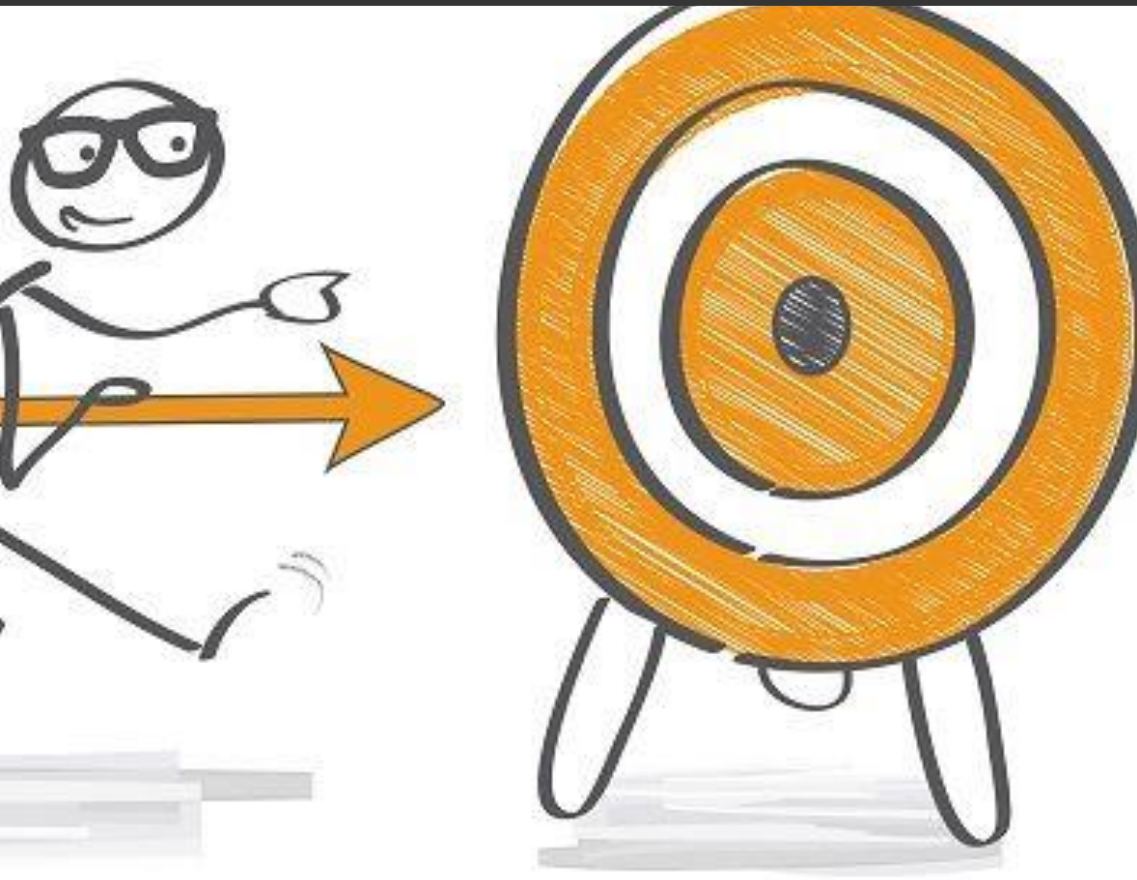
Improving Global Health: Focusing on Quality and Safety

Course Description

- In recent decades, technical advancement has led to improved healthcare services worldwide.
- But it is observed that the nature of healthcare that the world's residents get isn't as acceptable as possible and ought to be. The latest information propose that low quality medical services is likely one of the top reasons for mortality globally.
- While the improvement is assessed globally, a big gap is still found in Healthcare quality in high income countries and low income countries.



Objectives



The importance of focusing on Quality for improving population health

- A framework for understanding healthcare Quality
- Approaches to Quality measurement
- The role of information and communication technology in Quality improvement
- Tools and contextual knowledge for Quality improvement

Learning Methodology

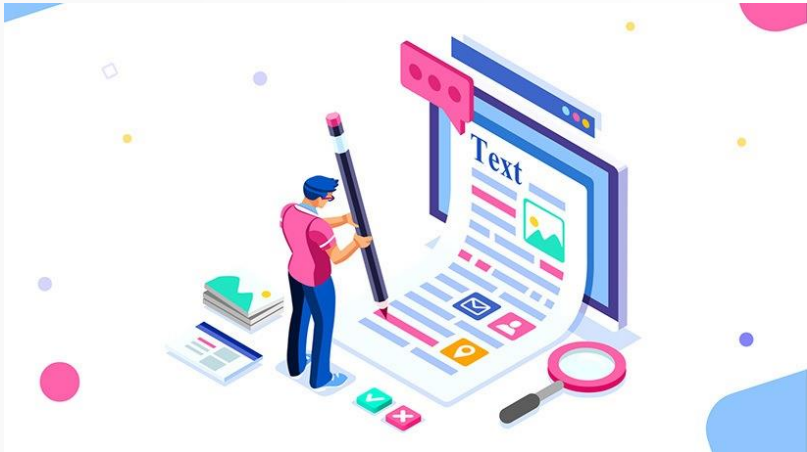


Video/assignments
reading material



Online platform -
edx

Course Contents



Burden

Measurements

Standards

Improvement

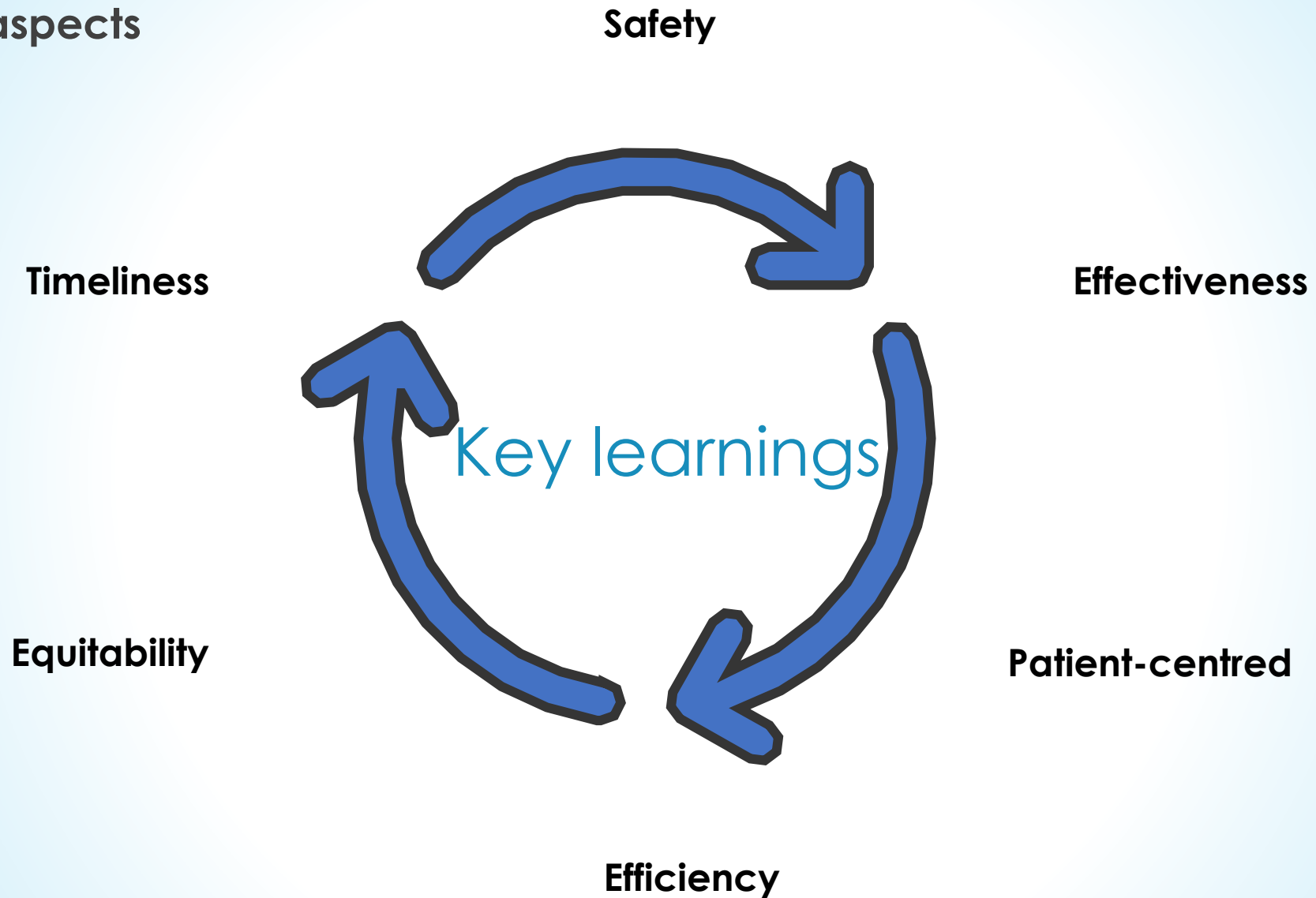
IT and Data

Management

Patients

Public Systems

Quality comes in six aspects





Burden

- 18 -20 % Adverse Drug Events
- 25 – 30 % of global TB cases in India



Measurements

- 50 % Incorrect Diagnosis in India
- Quality Monitoring Programs as Metrics

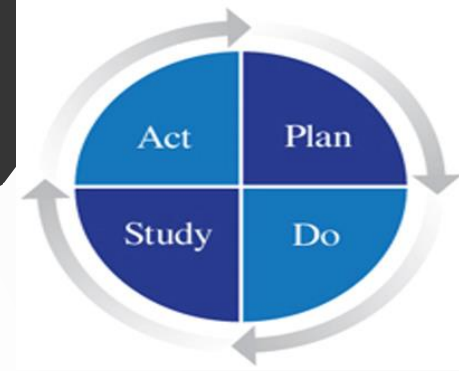


Standards

- 3 ways by which law helps assure quality care provision
 - A. Regulation
 - B. Liability System
 - C. Penalties/Financial Incentives

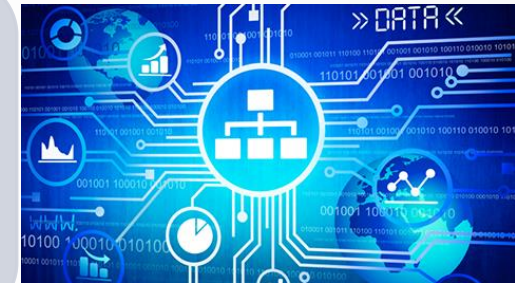
Improvement

- **PDSA Cycle** (Plan-DO-Study-Act)
- Good public policies, comprehensive governance, and comprehensive care at each point of time



IT and Data

- Health Information Exchange tool
- Electronic Health Records (EHR)



Management

- Improved management practices in hospitals are associated with significantly lower mortality rates and better financial performance
- Transparency and use of hospital safety metrics, managers with clinical degree, organization ownership, and organization size are few factors which affects quality outcomes





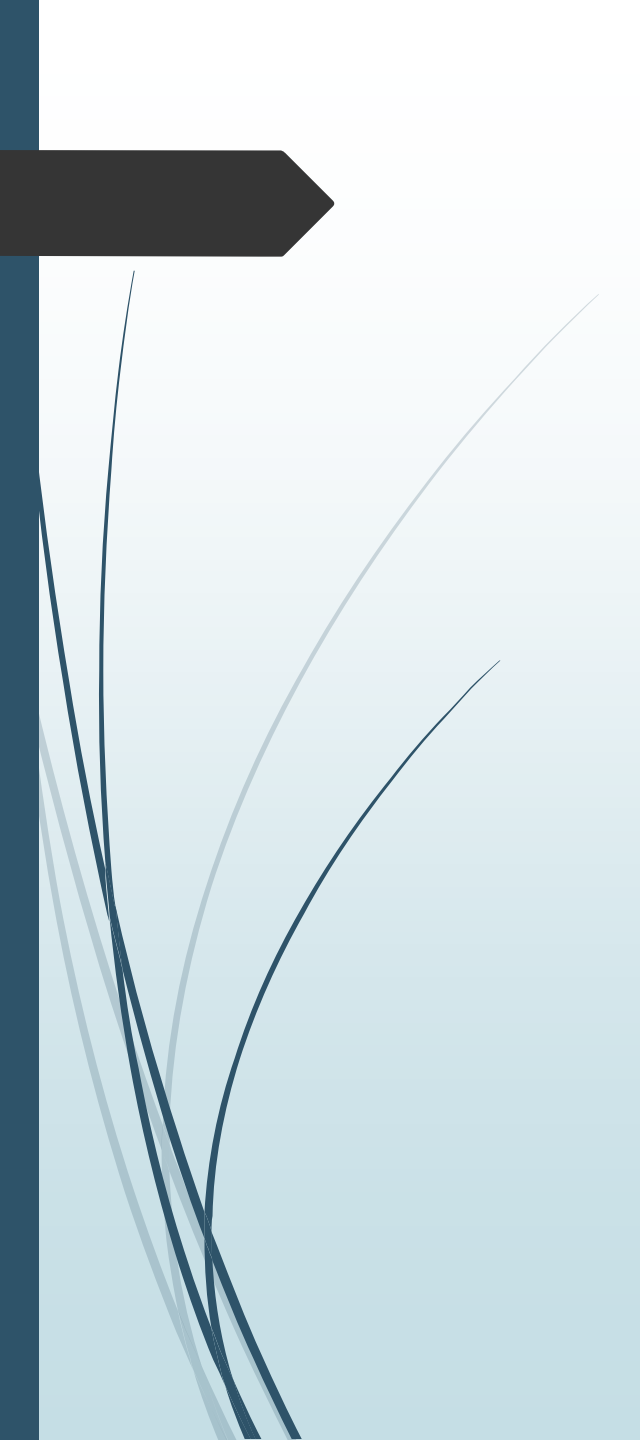
Patients

- Patient-centred care and patient experience are key element of quality of care
- To measure patients, experience there is a tool i.e. HCAHPS
- Clinician-patient interaction is important for quality services.



Public Systems

- Better care, better health and lower cost are Triple Aim of healthcare
- Millennium Development Goals (MDGs) plays a key role to improve quality multilateral policy mechanisms



THANKYOU