

SUMMER TRAINING PRESENTATION



Guided by

Dr SHEENU JAIN

Presented by

Dr Urvashi Kapoor

MBA HM (25)-1230

The image features a light gray background with decorative white line art of leaves and branches in the four corners. The top-left and top-right corners have clusters of elongated, pointed leaves. The bottom-left and bottom-right corners have larger, more complex leaf structures with multiple lobes and veins. The central text is framed by these decorative elements.

**A STUDY ON CHALLENGES FACED BY
COVID HOSPITALIZED PATIENTS ATTENDANTS
DURING THE SECOND WAVE IN INDIA**

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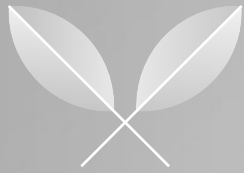


INTRODUCTION

- According to WHO, there have been 183,934,913 confirmed cases and 3,985,022 deaths worldwide as of 05th July 2021. Reportedly, India has 30,619,932 confirmed cases and 403,281 deaths. Currently, India has 459920 active cases.
- A wildly infectious new variant hit a population that had forgotten the social distancing norms and was not following any guidelines to limit the spread.
- Some people were battling this disease from their homes while some needed help and care of a healthcare institution or hospital.
- According to the National Centre for disease Control guidelines, the isolation facilities that were set up for the treatment of COVID-19 did not allow visitations.
- Hospitalized people had to stay without their families all alone with no moral support in order to limit the spread of the infectious virus.

AIM OF THE STUDY

To focus on the perspective of family members/relatives/friends of the patients hospitalized during the second wave and their experience so far



RESEARCH OBJECTIVES

- To learn the challenges faced by the patients' attendants during their hospitalization due to COVID-19
- To give recommendations for addressing the challenges faced.



METHODOLOGY

RESEARCH DESIGN AND APPROACH

- This is a descriptive study with a qualitative approach

STUDY TOOLS

- Questionnaire- people's perspective
- Direct observation
- Internal Organization records

STUDY POPULATION

- The first set of data was collected with the help of a structured questionnaire
- The second set of data from the E-mails/messages/phone calls received from the patients' attendants who had been already hospitalized during the month of May and June.

SAMPLE SIZE

- The sample size of 124 is taken. Of which only 1 participant was excluded on the grounds of refusal to participate in the study.

FINDINGS

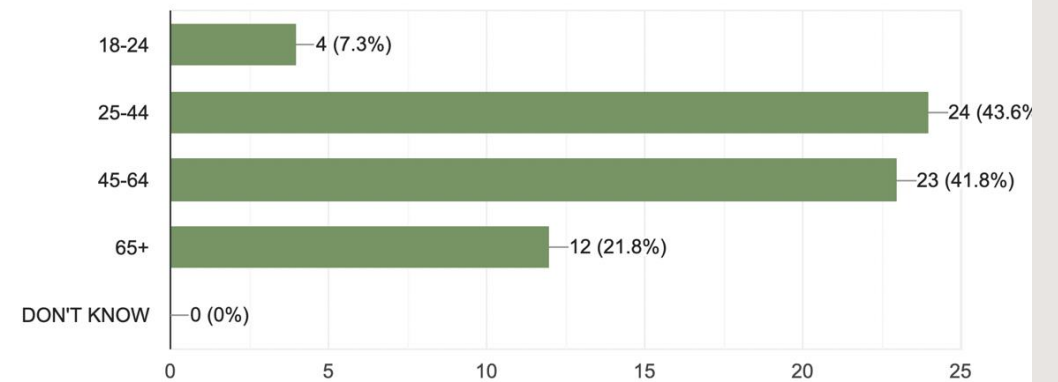
AGE OF THE HOSPITALIZED PERSON

Fifty-five participants' family members/relatives/friends were hospitalized. Of which majority were in the age group of 25-44 years of age i.e., 24 (43.6%) and 23 individuals (41.8%) were in the age group of 45-64 years. The third highest is the people falling in the age category of 65 and above i.e., 12 (21.8%). However, only 4 (7.3%) members of the participants were in the age 18 to 24 years.



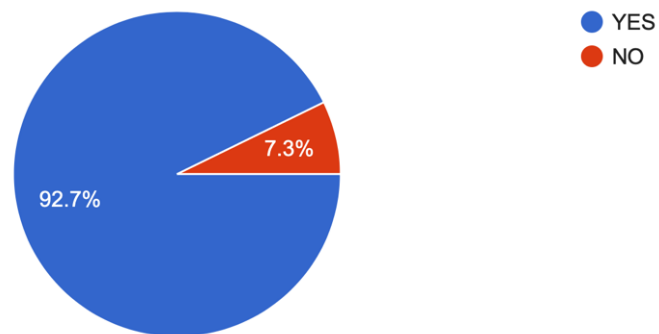
WHAT WAS THE AGE OF THE PERSON HOSPITALIZED?

55 responses



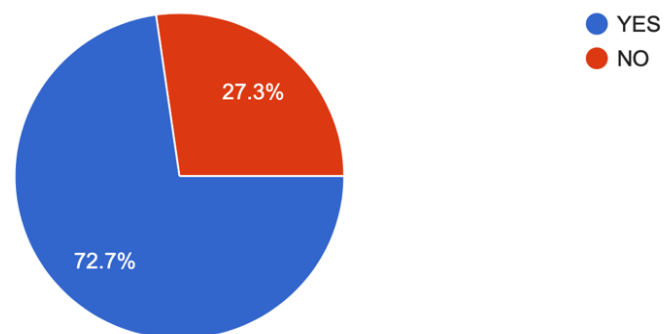
ARE YOU AWARE THAT THERE ARE NO ATTENDANTS/VISITORS ALLOWED IN THE HOSPITAL COVID PATIENTS?

55 responses



ARE YOU AWARE OF THE GOVERNMENT GUIDELINES FOR THE TREATMENT OF COVID-19 AFFECTED INDIVIDUALS IN A HOSPITAL?

55 responses



KNOWLEDGE AND AWARENESS OF THE GOVERNMENT GUIDELINES

CHALLENGES FACED DURING HOSPITALIZATION

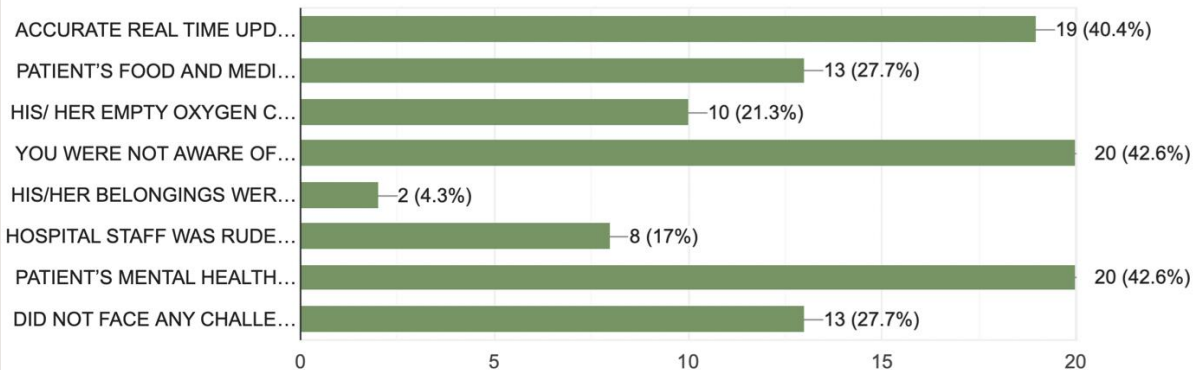
This question had an option of selecting multiple answers that resulted in participants choosing all that applied to their situation i.e., all the challenges they had to face while hospitalization of their patients.

The major problems that were selected 20 times (42.6%) were-

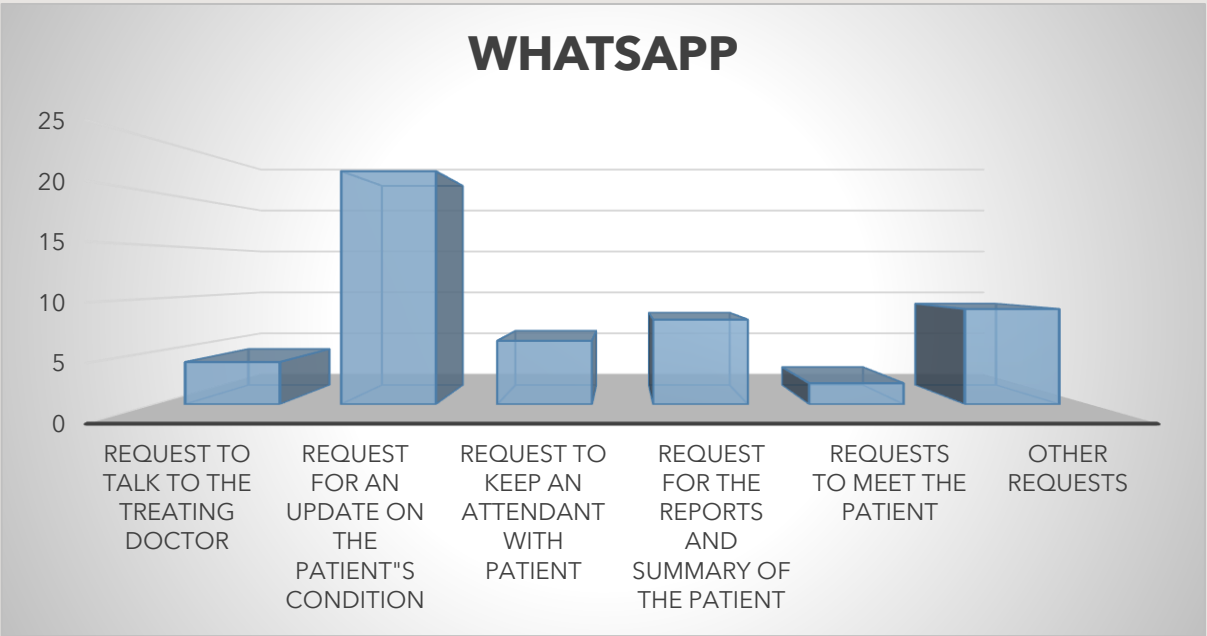
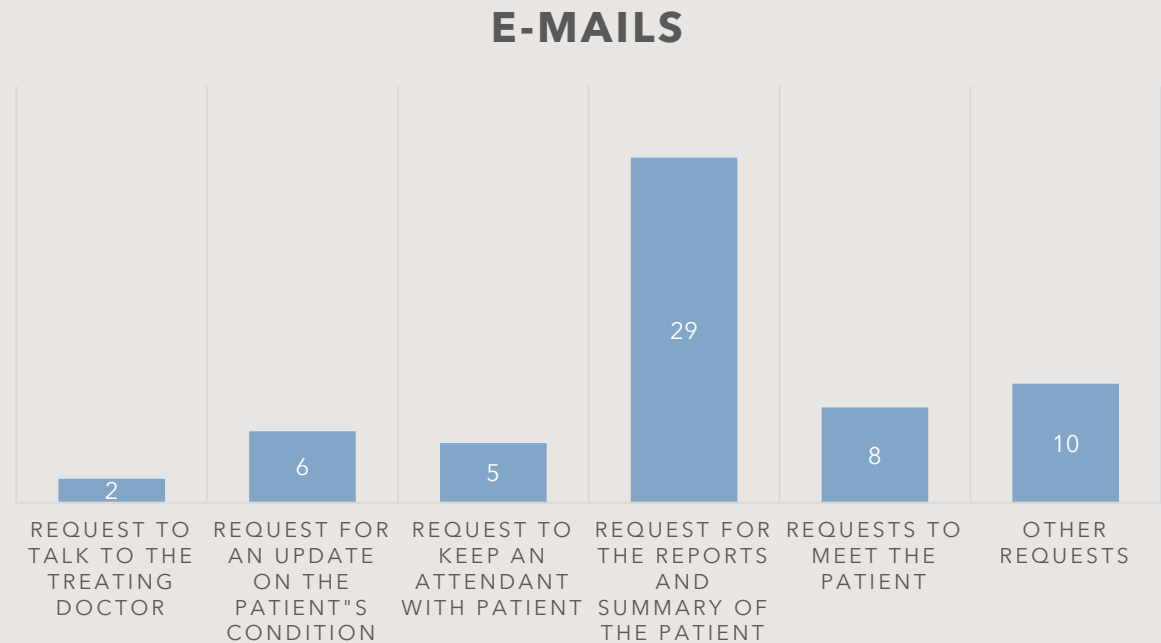
1. The attendants were not aware of the patients' condition during their hospital stay
2. They think that their patients' mental health deteriorated because of the inability to meet their close ones.

IF YES, PLEASE SELECT ALL THE PROBLEMS YOU HAD TO FACE DURING THE HOSPITALIZATION OF THE PERSON.

47 responses



REQUESTS RECEIVED FROM MAY TO JUNE



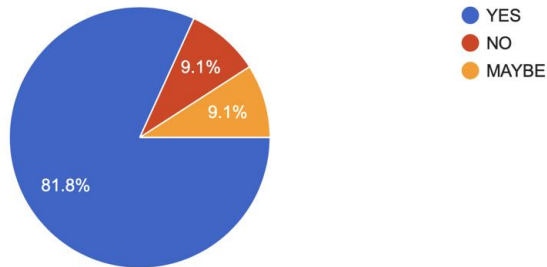
WILLINGNESS OF THE ATTENDANTS TO STAY IN THE HOSPITAL

A question about the willingness of the participants to be with their family members while wearing a PPE kit and following proper infection control protocols were permitted by the government or hospital was asked.

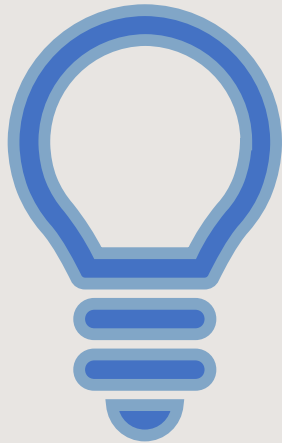
Surprisingly, 45 (81.8%) of the 55 responses were agreeing to be with their family members/relatives/friends during their hospitalization. However, 5 (9.1%) were not sure if they would be willing to do that and 5 of them denied doing the same.

IF YOU WERE ALLOWED INSIDE THE COVID WARDS WITH PROPER TRAINING OF INFECTION CONTROL AND WEARING OF PPE KIT. WOULD YOU...ILLING TO STRICTLY FOLLOW THE GUIDELINES?

55 responses

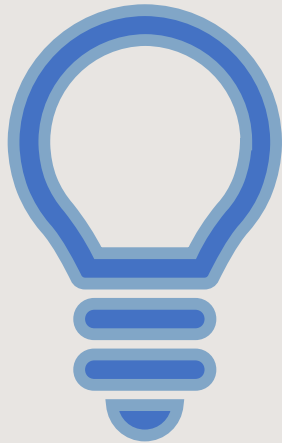


RECOMMENDATIONS



- 1.) For critical patients, visitation of an attendant can be allowed by teaching the donning and doffing of personal protective equipment (PPE). A nurse staff of infection control personnel can be made to stay with the visitor to make sure the maintenance of infection control protocols.
- 2.) If possible, the critical patient can be shifted to a single room within the ICU to avoid exposure to other patients.
- 3.) For visitation, the families can choose one person, nominated as the next of kin who will be allowed in the hospital. The person should be well and fit and have to ensure that they will follow all the infection control protocols
- 4.) It can be ensured that a visitor is only allowed in the isolation area after consulting the in-charge healthcare worker who has the responsibility of keeping a record of the visitors. Also, rosters of all the workers in the isolation areas should be kept, in case of a possible outbreak investigation.
- 5.. A proper communication channel can be made wherein the regular update of the patients' condition should be sent to their loved ones. Regular video calls can be arranged for those who cannot help themselves.

RECOMMENDATIONS



6.) A junior doctor/intern can be assigned for each ward to co-ordinate with the family members and timely updating about the condition of the patient and even can arrange calls with the treating doctor, if possible.

7.) Support staff can be trained for the proper donning and doffing of PPE who can assist in arranging video calls

8.) A psychological consultation can be arranged for the patients who are hospitalized for a longer duration to help the cope up with the situation.

9.) With the shortage of nursing and support staff, it is understood that the food and medicines to patients can be missed, but alarms can be set or a record can be kept for the timely management of patient's food and medicines.

10.) A kiosk can be placed at the entrance of the hospital where the patients' family members can check the latest updates on patient's vitals that should be updated every time the vitals are checked. The same can be provided on the website of the hospital with details accessible to those who have the log-in credentials.

CONCLUSION

Pandemics require appropriate management of manpower, equipment, skills, knowledge but it also requires compassion and benevolence to get through it. We have learned so much about the COVID-19 pandemic scientifically as well as socially. Realistically it is not only taking an emotional toll on the healthcare workers but also on the people who have to stay away from their families during such devastating times. This approach to addressing the challenges faced by the people may not be the solution but we have to start somewhere. The more we learn about the problems and challenges they are currently facing, the more we can be prepared for it. Similarly, for a pandemic in the future because history has taught us that it repeats itself.

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THANKYOU

