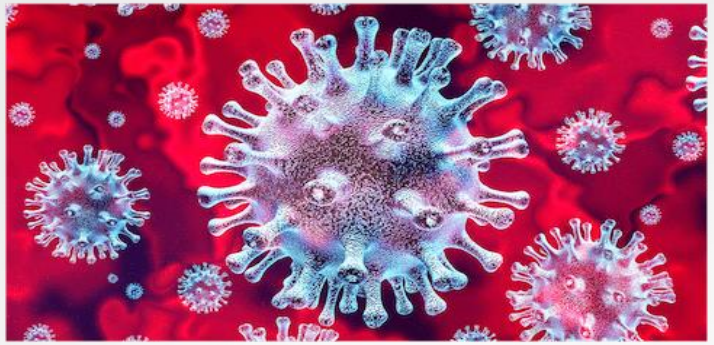


A BASELINE AND IMPACT ASSESSMENT OF INTERVENTIONS FOR PREVENTING & SAFEGUARDING THE HOSPITAL SETTING & STAFF FOR THE REGULAR WALK-IN AT BURJEEL HOSPITAL, ABU DHABI, UAE

Presented By:

Mr. Joginder Singh Adhikari

Management Trainee Operations

Burjeel Hospital

AbuDhabi, UAE


Centre of Excellence
with Exemplary care
Art of Healing

DISCLAIMER

The information provided in this Dissertation Report is abided to UAE Law & Regulations which includes the policy of Hospital that restrict the researcher to share the data with any organization/industry/ institute in any circumstances.

The Results discussed in this report is marked to the data obtained or provided to the researcher as well based on the DoH i.e. Department of Health, Abu Dhabi, UAE circulars shared with researcher.

The Appendices shared are duly approved by the Hospital Management & doesn't include any act of infringement or Law Breaking.

The researcher is fully aware of the Hospital Policies and UAE LAW & Regulation. Being aware of the consequences.

Researcher:

Signature:

Name: Mr. Tejinder Singh Ahluwalia

Designation: Management Trainee - Operations

Industry Mentor:

Signature:

Name: MANISH H. JAIN

Designation: DIRECTOR- OPERATION

INTRODUCTION:

- COVID-19 (name given by WHO in February,2020 for the disease caused by the novel coronavirus SARS-CoV-2) started in December like a viral outbreak in Wuhan city of central Hubei province of China

- Crown infections, so named due to the because of its envelope studded with anticipating glycoproteins which takes after to a crown like structure ('crown' in Latin) and encompasses a center which comprised of framework protein encased inside. Crown infection are from a group of wrapped RNA infections. In people, a few coronaviruses are known to cause respiratory contaminations extending from the basic virus to increasingly extreme ailments, for example, **“Middle East Respiratory Syndrome”** (MERS) and **“Severe Acute Respiratory Syndrome”** (SARS)

RATIONALE :

- Having the higher transmission rate and low casualty rate it gets important to safe watchman others. As the antibody for COVID-19 is still under formative stage, the best assurance right now against this viral flare-up is anticipation. Since the infection is exceptionally irresistible, it is currently increasingly significant that individuals ought to have legitimate data about the spread and anticipation of the infection with the goal that they can ensure themselves against the infection just as keep it from further spreading. That is the reason the examination was directed to safe gatekeeper the emergency clinic with the mediations arranged according to DOH Guidelines.
- Making Walkins safe for the patients & safe livelihood for the staff & workers

AIM OF STUDY

The primary aim is to conduct the Baseline & Impact assessment to assess the intervention effectiveness done for safeguarding the hospital in a descriptive manner.

Objectives:

- To assess the Total no. of staff got positive in the time frame from 15th Feb to 31st March.
- To make implementation of designed intervention in respect of DoH circulars.
- To assess the impact of implementation of interventions.

METHODOLOGY:

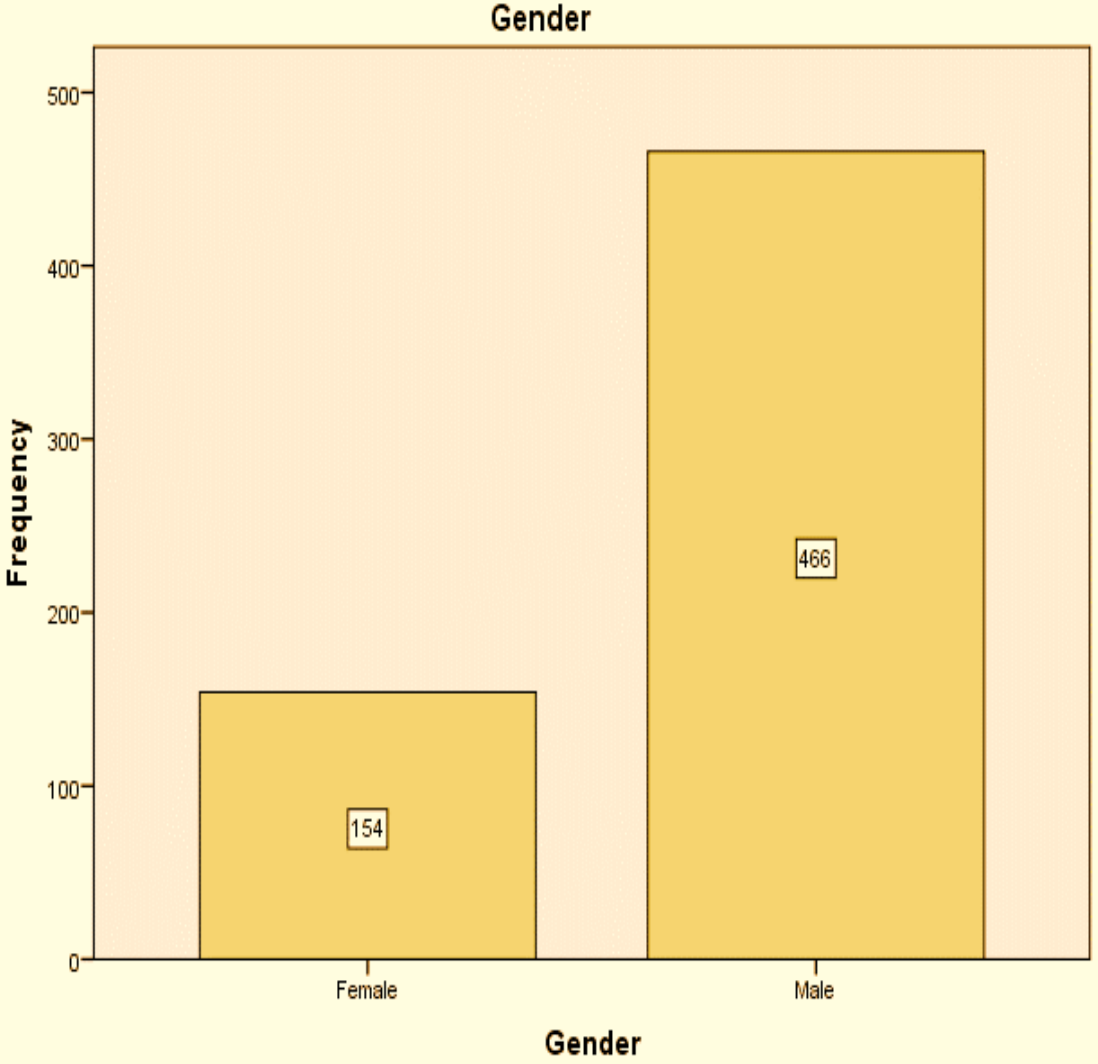
The study design was Pretest-Posttest study:

- 5.1 **Type & Method of Data:**
- **Primary Data:** -Data collected through DOH i.e. Department of Health, Tracking sheet.
- **Secondary Data:** - Hospital documents Review, Clinical Record Review & SOP's
- **Study was carried out in following functional departments:-**
- Emergency Department – Screening Tents
- Family Medicine Clinic- Screening Tents
- 5.2 **Duration of Study:**
- The study carried out for period of 4 months (15th Feb -15th May, 2020)
- 5.3 **Analyzation of Data:**
- The data was analyzed by using Microsoft Excel.
- 5.4 **Study Area:**
- Study carried out at Burjeel Hospital, Abu Dhabi, UAE: Main Entrance & Najda St. Entrance.
- 5.5 **Sample Size:** 1500 Employees + 1000- 3000 Patient Walk-Ins
- The sample size includes the Employees: Doctors, Nurses, Managers, Front Desk Staff, Allied Staff, House Keeping Staff, Managers and Pharmacy.
- 5.6 **Data Collection Tool:**

Data collected through a structured DOH Tracking sheet & Self-Assessment of Hospital

RESULTS:

Objective 1: To assess the Total no. of staff got positive in the time frame from 15th Feb to 31st March.

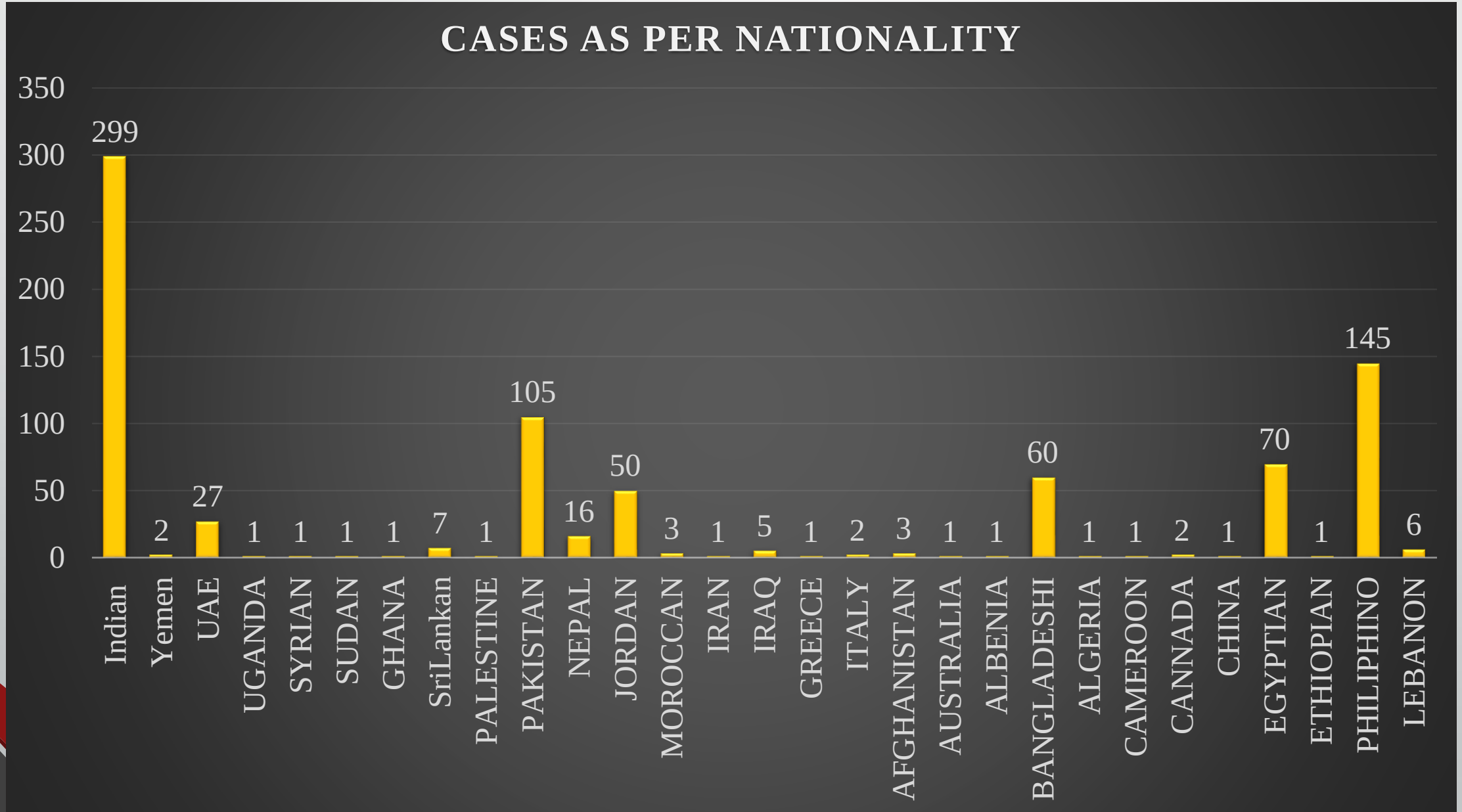


Base Line Assessment:

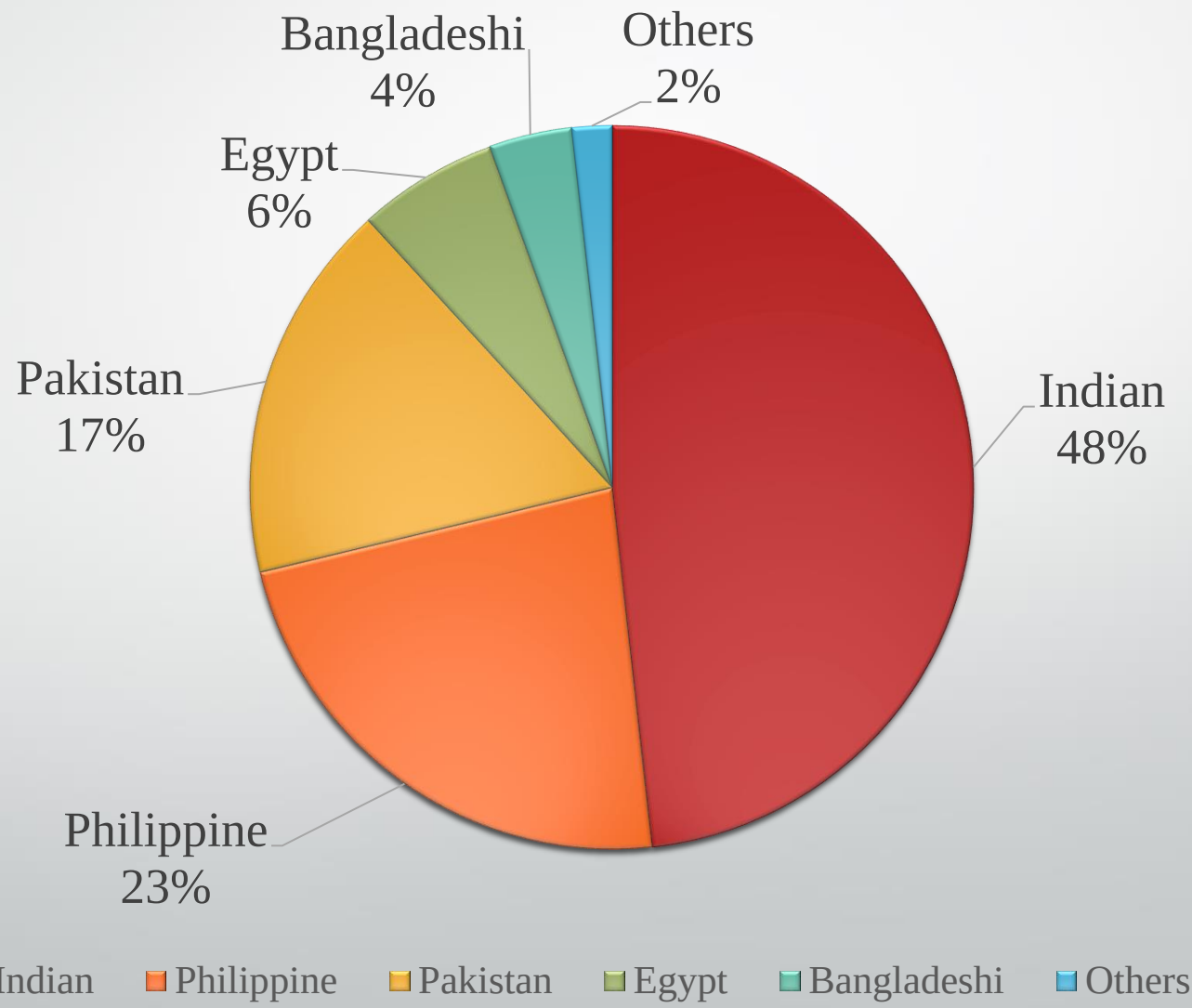
- Total no. of cases till 31st March: 620
- Total percentage: 41.33%

Gender					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Female	154	24.8	24.8	24.8
	Male	466	75.2	75.2	100.0
	Total	620	100.0	100.0	

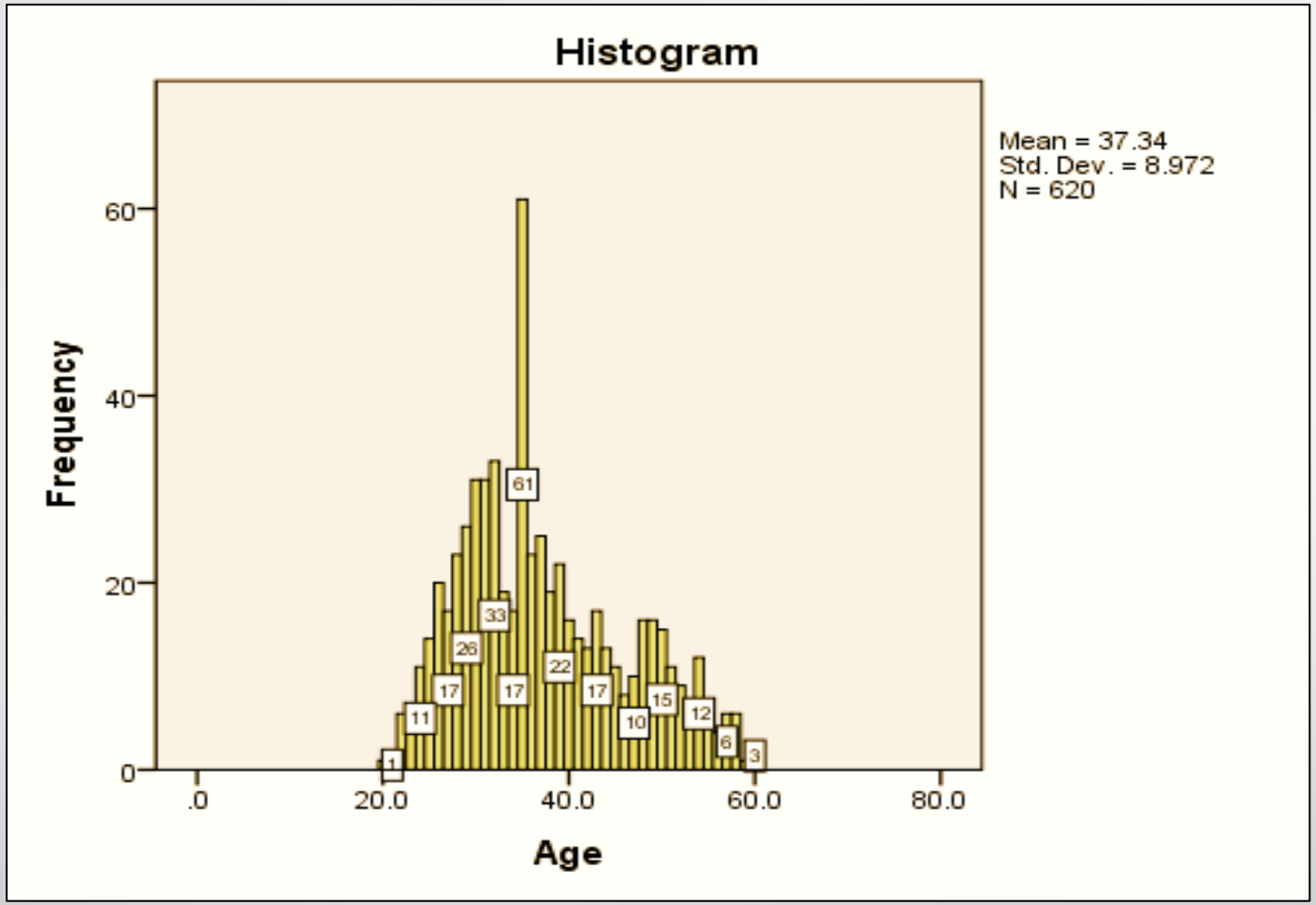
Nationality wise case Distribution:



Nationality wise the majority of staff affected was with -



Age Distribution



Interpretation: The graph shows that the Mean age of affected staff was at **37 Years**, among which majority of **61 staff** out of **620** was having age of **35 Years**

Objective 2: To make implementation of designed intervention in respect of DoH circulars.

- **<u>Interventions Implied</u>:**
- **Banding Policy:**
- To secure the hospital from symptomatic cases having:
- Head ache
- Fever
- Breathing Difficulty
- Body Pain
- Sore throat.
- Screening tents were established, in which banding policy was implemented:
- **Red Band:** Patients having any of the listed symptom straightly sent to Swabbing Tent, More urgent or difficult cases directly to Emergency Department.
- **Green Band:** Patients not having any of the listed symptom will be allowed to go concerned OPD or IP visit

SOP (Structure Operating Procedure) for handling was made by Mr. Joginder Singh Adhikari – MT Operations, approved by Infection Control & Medical Director acknowledging process flow to handle 1500 to 3000 Walk-Ins of patients.

Establishment of Covid Clinic:

- The Covid clinic also known as fever clinic was established as per DOH rules at the Najda Street enterance to the hospital, AbuDhabi with proper facilities including:
- Swabbing & Phlebotomy Room
- X-Ray Room
- Triage Room
- Consultation Room
- For CoviD clinic also the SOP was made by Mr. Joginder Singh Adhikari MT Operations, approved by Infection Control & Medical Director

THERMO-DETECTOR CAMERA AT HOSPITAL ENTRANCES & STAFF ENTERANCES:

- The highly calibrated Thermal detectors camera were used to monitor staff or patients to make the gateway secure. If the temperature of the patient or staff is high more than 37.5 degree Celsius then the camera will automatically capture the picture & will raise alarm.
- Continuous monitoring was done by the security personnel’s.

Objective 3: To assess the impact of implementation of interventions.

Discussion & Impact assessment:

- It has been seen in the results that there was significant decline in cross transmission for the positive case on comparing the staff residing in hospital provided accommodation.
- The walk-increased by **20%** more after the safety was showed through the strong protocols.
- The total case % after intervention came to be **15%,** which has been achieved through various implication of SOP's, Rules & Guidelines & Screening tents**.**
- Thus, till the vaccine will be made available in the market the screening Programme will be continue to make the hospital safe for every visit.
- The cases of staff getting affected from **15th March** till **15th May** reduced, notified cases were **225** in total.

PICTURES FOR REFERENCING

[The pictures shown below is copyrighted & is not allowed to share or distribute]


مدخل
ENTRANCE
مدخل
ENTRANCE


Face Shield


24 HOURS OPEN

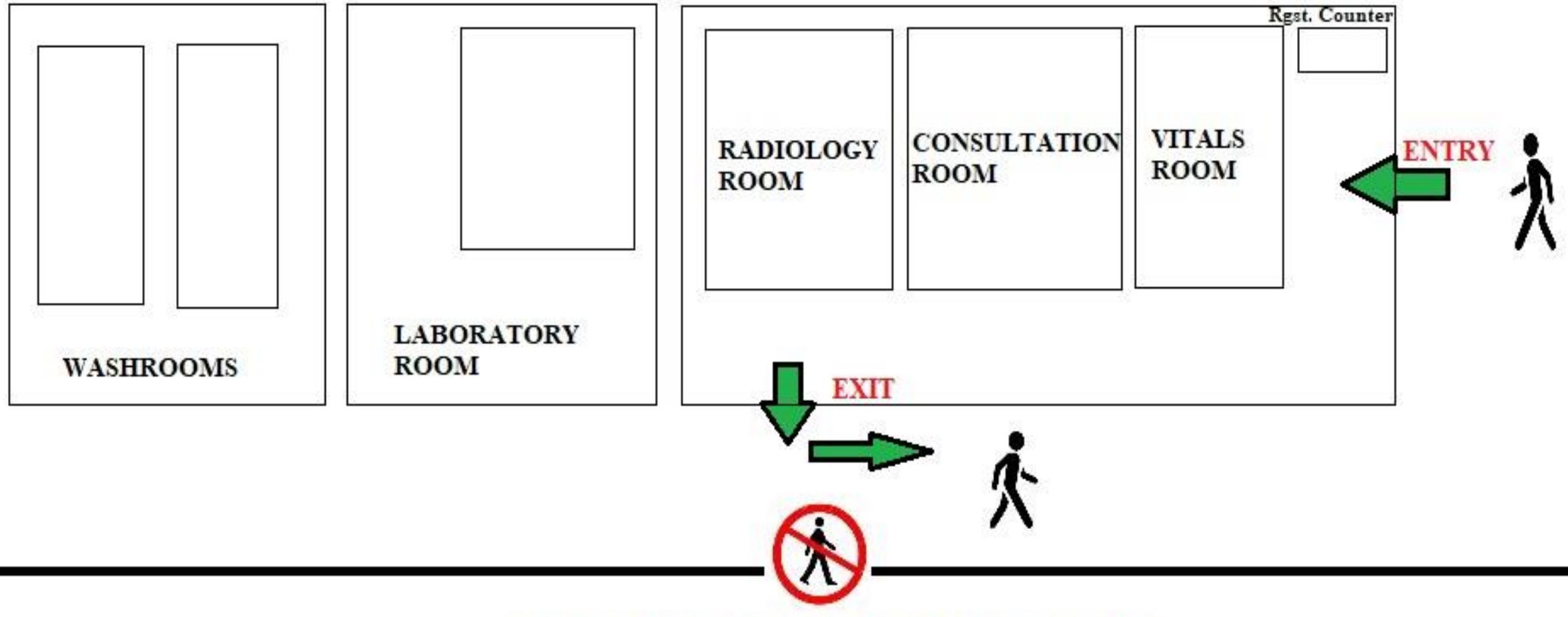

COVID CLINIC

مستشفى برجيل
burjeel hospital
the art of healing
A unit of VPS Healthcare

CoviD Positive Clinic

TAXI STAND

BUS STOP



RESTRICTED ENTRY TO THE HOSPITAL

Thank you!