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Abstract:

In December 2019, WHO had announced and warned against the serious outbreak of COVID-19, first in Wuhan, China, followed by symptoms in many other countries. By March 2020, India was badly affected by the spread of Covid. Today in 2023, when once again we find rising cases of Covid with various symptoms, causing fear and distress, the authors think this is a good time to hit the pause button and remind ourselves how resilience through counselling, coordination and leadership can be contagious and help face a crisis. The general perception behind the inadequate provision and availability of healthcare services is attributed to India's developing nation status. One of the obvious reasons why public health care has not been a priority lies in the fact that India's middle class did not need it. A debate on the lack of investments in public health is bound to take place once the dust has settled. But it does not mean that the private sector or the civil society has no role to play in the health care sector. Many private foundations using the CSR funds have played a bigger role in strengthening the healthcare sector. The most effective intervention seems to take place when there is high degree of coordination amongst all stakeholders. The case discussed here speaks about coordination, compassion and counselling, during a pandemic like Covid- 19.

This discussion studies the experience of a medical facility set-up in MIT Aurangabad, Maharashtra, India as Covid Care Centre. This particular topic is chosen for discussion as most B- Schools in the country were requested to render help and assistance in infra- structure facility during the Covid- 19 pandemic. MIT Aurangabad, is one such B- Schools that turned around a hostel facility, first into a fever clinic and subsequently into a covid care centre. In-depth interviews were conducted with Dr Nandini Tiwari and the hospital staff (n=10) who, served as health care providers at the CCC (Covid Care Centre). Resilience among the patients emerged as a result of encouragement from the 10-member team, managing 7180 patients in a time period of 10 months. This paper studies the indomitable spirit of the doctor and her team in the face of highly contagious disease. It's imperative that mental health support and counselling is provided during any challenging situation. The authors studied the resilience in handling, counselling and coordinating during the emergency to build a health care system.

Key words- Resilience, Covid- care- Centre, Counselling, Coordination, Intervention

Introduction:

In December 2019, WHO had announced and warned against the serious outbreak of COVID-19, first in Wuhan, China, followed by symptoms in many other countries. By March 2020, India was badly affected by the spread of Covid. The shortage of Covid Care Centres, Covid vaccines and doctors and nurses, coupled with the challenge of social distancing affected lives and livelihoods. Some organizations and individuals during 2020- 21 showed resolve and grit and rose above the cause to fight the situation out, Today in 2023, when once again we find rising cases of Covid with various symptoms, causing fear and distress, the authors think this is a good time to hit the pause button and remind ourselves how resilience through counselling, coordination and leadership can be contagious and help face a crisis. Many B- Schools in the country were requested to render help and assistance in infra- structure facility during the Covid- 19 pandemic. MIT Aurangabad, is one such B- Schools that turned around a hostel facility, first into a fever clinic and subsequently into a Covid care centre

Dealing with a pandemic needs high levels of commitment. There is an incredible number of people across different sections of society who have, often at great risk to themselves, and under difficult circumstances, helped to fight the pandemic and mitigate a looming humanitarian disaster. The

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Methodology:

A structured interview through questionnaire was taken to understand the coping and handling strategies at the Covid Care Centre and audio recordings were also done wherever required. The authors visited the CCC with proper Covid Appropriate Behaviour and interacted with the doctor and her team for the study. Qualitative analysis of the interview and audio recordings were translated into an interview based case analysis. The main focus on the case study is the resilience stage of the unit, addressing the situation and the most burning issue. In-depth interviews were conducted with Dr Nandini Tiwari and the hospital staff (n=10) who, served as health care providers at the CCC (Covid Care Centre). Resilience among the patients emerged as a result of encouragement from the 10-member team, managing 7180 patients in a time period of 10 months (during which the observations were made)

CASE IN POINT- Covid Care Centre

In view of the rising Covid- 19 cases in the country, the authorities announced the implementation of a revised strategy in April 2020, to prevent and manage the first phase of the pandemic. Municipal officer of health, devised a new strategy for isolation of suspects and confirmed cases. As per the strategy, 12 Centres were identified as Fever Clinics, these were, the four AMC centres, six centres were identified by Indian Medical Association and two private hospitals. MIT Aurangabad hostel worked as a fever clinic initially, which was later made MIT Aurangabad Covid Care Centre.

Dr Nandini Tiwari, was in charge of the Covid - Care- Centre and she designed an effective treatment and counselling strategy for treatment and recovery. During her interview with the authors, she said that 95% of the patients recovered through proper counselling.

The detailed interview with Dr Tiwari highlights the following challenges faced by the Covid Care Centre and the resilient strategies used to handle the situation.

Table 1- Patient Data Points and Workflow

Total No of Patients admitted	7180
Total no. of Patients discharged	6323
Total no. of Male patients	4501 (63 %)
Percentage of Female patients	2679 (37%)
percentage of Child patients	1024
Total no. of patients referred to CRC, Tertiary Care Centre and DCHC	696
(i) No of patients admitted in CRC	342
(ii) No of patients admitted in Tertiary care centre	104
(ii) No of patients sent to DCHC	250
No of patients cured within CCC	6323

Table 2- Hospital Facility

No of Doctors available	10
No of staff available	33

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No of beds	550
No of Ambulances	01
No of Lab tests done	4456

As seen in Table 1, the total number of patients admitted between June 2020 to April 2021 were 7180. Around 6323 patients were discharged after healing. 696 patients were shifted to either Covid Resource Centre, Tertiary Centres or Dedicates Covid Care Health Centres depending upon the level of critical statistics and medical reports. 161 patients with mild symptoms were home quarantined and tele medicine and counselling was provided. On an average there were over 500 patients at a time, with only 10 doctors and 33 staffs available. Dr Nandini proudly says that the centre never recorded a single death. Timely care and intervention of the staff helped them face the critical situation.

The total number of lab tests done during this 10 months were 4456. These lab tests had to be regularly done to provide the right treatment and recovery. People with travel history or who had come in contact with a Covid-19 patient or had slight symptoms visited the 12 Fever Clinics. People with mild symptoms and upper respiratory tract infection were considered as suspects and placed under isolation at one of the four Covid Care Centres. During this time RTPCR was only available, the rapid antigen test was developed later. So, anyone who came with the slightest symptoms were quarantined in the CCC (Covid Care Centre). Patients in the quarantined centres were monitored for their SPO2 level, pulse rate and other health conditions. The moment the SPO2 level was below 95 or patients complained of breathlessness, patients were sent to DCHC. At the DCHC, patients were monitored continuously. The CCC had the biggest accommodation of 550 odd patients. There were 148 rooms dedicated for Covid care. Some rooms had 5 to 6 patients and some others had only 2 to 3 patients, depending upon the severity of the conditions. The centre also had availability of oxygen, which could be administered the moment there was a requirement.

Table 3- Patients' Diagnostic

No of Patients with Respiratory illness	2866
No of Patients with fever	1860
No of patients with comorbidity	4102
No of patients with mental symptoms/ depression	26
No of Patients with pregnancy	12
Immuno compromised (HIV)	01
Patient with blood disorder (Thalassemia) transfusion dependent	01
Asymptomatic patients (Home Isolation)	161

The above discussion and analysis corroborates that a systematic way of handling patients flow and proper coordination helped recovery faster and surer. Systemic resilience has two components, one is the organizational resilience, which exists at different levels in the organization and the health care system. This was to a large extent provided by the local administration and authorities. This evident from the discussion here. The second component is the individual resilience of the health care workers' abilities to withstand the work pressure imposed by the emergent situation and the long working hours. The shortage of resources, beds, doctors and health care providers added to the challenge. The treatment was also new and not evidence based. These conditions led to a high level of psychological distress amongst the healthcare providers. The resilience of the doctor and her team during the initial period of Covid-19 situation was exemplary. It is crucial to know through this case discussion, how the resolve of senior leadership at MIT Aurangabad, the Management and Dr Monish Singh, the dedication of the doctor and her team, helped to achieve the covid care mission.

Table 4- Counselling and Care

No of days patient took to recover before counselling	8-15 DAYS
No of days patients took to recover after counselling	6-8 DAYS

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According to Dr Nandini Tiwari, Medicines and blood transfusions alone can't heal a patient. Her focus objective was not to make the place feel like a Covid Care Centre. She adds that many patients while leaving the CCC said, they felt like being at their mother's place. Such was the positivity and effect of counselling at the Covid Care Centre. The centre had indoor games, painting, and drawing facilities, signing and other entertainments were organized regularly. Patients supported each other very well and staff were ever ready to help and stay back after work whenever required. Doctors and the entire team were trained in handling various symptoms and treatments. It never happened that, medical supplies were there but people didn't have knowledge to administer. Dr Tiwari trained all the staff in dealing with all the medical emergencies. Such foresight and commitment of a medial leader is the best resilience during a pandemic.

Fig 1: Conceptual framework practised by the Health Care Team at CCC

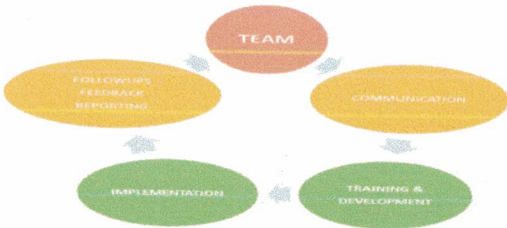


Fig 2: Conceptual framework for Patients Treatment

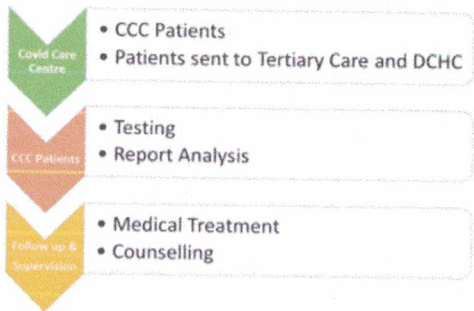


Fig 1 and Fig 2 shows how the leadership, first identified the different teams, with a right mix. Regular communication with this team and sharing of ideas, view -points and open discussions kept the ambience positive and each one committed to the cause of curing. Proper training was imparted to staff wherever needed and many were trained looking at the shortage of the staff. Implementation, follow-ups and feedback closed the loop of communication, where it became a joint responsibility of all doctors and staff. The process was well documented and implemented, which was evident during the time of interaction with the team

Further discussion with the doctor gave insights into the respond strategies adopted at MIT Aurangabad, CCC. The summary of the discussion with the doctor and her team is given below.

Respond strategies and learnings from Covid-19

Strategies in the Respond Stage	Doctors on round every 4 hours monitoring chart for comorbid patients, follow up with family physician, HRCT & Blood Investigation, Counselling, Physical activities, yoga and pranayam on daily basis.
Strategies in the Resilience Stage	Counselling, Post Covid OPD, Feedback from every patient till one month from the date of discharge
Learning from Covid	Minimalistic approach to life Focus on boosting immunity Cultivating a hobby helps to address depression

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Importance of environment, nature & outdoors activities
Psychological well being, through friends and groups
Improving Lifestyle
Financial stability

The strategies mentioned above is applicable to all individuals and organizations. Can organizations and senior leadership help people be more resilient?

The senior leadership team will always have the greatest opportunity to make a positive impact for the organizations and committees they serve. An important aspect for the leader is to organize their management team to act during the five stages that every organization has passed during the Covid-19 pandemic or during any other challenging situations.

During the Resolve Stage, leaders need to determine the scale, pace and depth of action required to address one of the most far-reaching humanitarian crises of the century. The focus should be on bouncing back to normalcy.

In the Resilience Stage, leaders quickly need to prepare for a rapid succession of addressing the most burning issue and prevent the re-occurrence of such cases.

In the Return Stage, organizations will need to balance to reactivate the systems with the possibility of serving most stakeholders.

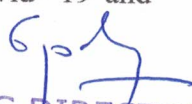
In the Re-imagination Stage, the industry and its key players will need to reimagine how it can be structured and how it delivers services to be more productive and flexible.

In the final Reform Stage leaders will have to reshuffle relationship between individuals and other important stakeholders to pre-empt a future strategy.

Like all industry leaders, health care leaders face a multifaceted challenge, combating the health care crisis on the frontlines while tackling similar issues, like any other industry, such as employee safety and economic challenge. Most health care leaders have already assembled high functioning teams to respond to any immediate crisis resolving to manage the immediate need to the care for the surge in covid related diseases. Many organizations have also demonstrated the resilience required to deal with fast moving liquidity, solvency and economic sustainability challenges. The pandemic has resulted in a series of discontinuous changes that will fundamentally reshape healthcare and in fact all industries. For the healthcare industry, these changes include, (a) the expectations and needs of individuals as citizens, consumers, patients and employees. (b) an opportunity to unlock the promise of overall improvement through technology and medical science. (c) the need to be able to flex up and down the medical care capacity and shift medical care across modalities including virtual health platforms

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