MISSION STATEMENT

“Department of Hospital Administration strives to impart the highest quality education, training and research in the field of healthcare administration and health facility planning. The department also endeavours to be the nodal point for healthcare quality and accreditation in Armed Forces Medical Services”

Message from Editor-in-Chief

“The previous quarter has been a watershed period for the whole humanity. It has been one of the greatest game changers in the lifetime of most of us. Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) caused COVID-19 pandemic, has changed the rules of what we do, how we do and also how we live. Hand hygiene has never been more relevant. We only talk about the disease and its might, it’s wrath at societies struck, and ever increasing scale of planning required to deal with the to be adequate, whether human, tive models, with their ‘most picture. Although it is said to disasters and calamities, it war in pandemic is by the healthcare environment. COVID medical facilities, but supervision would be transferred in to your all healthcare administrators have to plan well, prioritise resources, and implement the plan, continuously modifying it, based on ever evolving situation, as well as knowledge.

In the present edition we address some issues, which the practicing hospital and healthcare administrators of AFMS are likely to encounter during the next few quarters. Adapt quickly, use the various provisions to facilitate your enormous tasks, and later share your experience with us. Stay safe and maintain a safe healthcare environment. Best wishes and Jai Hind.”

-Air Cmde Ashutosh Sharma

Urgent Works : DWP 2007

COVID 19 has been declared a Pandemic. Medical authorities of AFMS are required to be prepared to handle the surge arising out of this pandemic not only for service personnel but also for civilians when required. Towards this, creating additional infrastructure such as Isolation facilities, additional toilets, addition & alteration to create isolation wards, air conditioning, negative pressure areas in COVID ICUs, isolation rooms in existing ICUs, Quarantine areas etc. will be required on War footing. The following para of Defence Works Procedure (DWP)- 2007 will facilitate to plan the works expeditiously.

“Para 35. Circumstances may arise from unforeseen operational necessity or urgent medical grounds or out of natural disasters when reference to the appropriate CFA would entail dangerous delay. In such circumstances, any Commander may order the commencement of required work by furnishing an order in writing to the engineer officer.”

The procedures outlined in Paras 35 of DWP above do not dispense with the necessity for the issue of Administrative Approval by the CFA based on subsequently prepared Approximate Estimate at the earliest opportunity not exceeding six months after commencement of works. Further such works can be started without waiting for specific allotment of funds for the project subject to the condition that necessary allotment of funds for the purpose is applied for and obtained at the earliest opportunity.
Emergency Procurements

A special one-time dispensation for COVID-19 related procurement only under Emergency Powers by Indian Armed Forces applicable across all relevant schedules of DFPDS-2016 has been accorded vide Ministry of Finance and Ministry of Defence (Finance). On this basis, O/o DGAFMS has issued advisory for procurement of medical stores for COVID-19 under Emergency Financial Powers, vide their letter 19189/DGAFMS/DG-2C/2020-21/COVID-19 dt 16 Apr 2020.

AIM & APPLICABILITY
These Emergency Financial Powers are invoked under Sch 8 of MSP to DFPDS-2016 to heads of the Medical branches at Fmn/Cmd HQ of Army/Navy/Airforce & Joint Staff including CMOs/PMOs of Navy & Airforce. Aim of these guidelines is to meet urgent requirement of medical equipment & consumable required for treatment/management/testing of COVID-19 cases.

These are applicable for dedicated COVID hospitals and Mixed hospitals with separate barracks for tackling this emergency, and are valid for duration of 3 months i.e. till 12 Jul 2020, with a provision for revision/extension thereof to expedite the procurements related to COVID-19.

A list of 33 items has been prepared by BOO at O/o DGAFMS, which contains items ranging from masks to even ventilators. Additional medical items can also be procured post approval by the BOO. Furthermore, separate guidelines are issued for procurement under Revenue and Capital heads.

WORTH NOTING
The most notable exemption vide MoD(F) letter Budget(DFPDS)/COVID-19/2020 dt 03 Apr 2020 is, non-applicability of provisions of DPM 2009 in the event of natural calamities and disasters. There is relaxation in Para 2.4.13 of DPM-2009, along with dispensation of procurement from GeM and non-applicability of Rule 149 of GFR. The CFA can carry out simultaneous procurement from more than one source if entire quantity required is not available or is immediately not available from one source and such procurement, if unavoidable, may be at different rates.

Additionally, relaxation is provided in Para 4.1.1 of DPM 2009, wherein normal procedures of obtaining bids may be dispensed with. There is also a relaxation in Para 7.4.2 / 7.4.3 of DPM 2009, in which CFA is empowered to decide quantum of advance payment based on merit of case and 100% advance may be given if PSU / ICMR notified entities agrees to deliver in time bound manner. PBG can be dispensed with by the CFA if deemed fit.

The essence of these guidelines is to expedite the procurement processes related to COVID-2019 operations. A SOP has been formulated by Ministry of Defence (Finance), which is available on the link https://cgda.nic.in/ifa/circulars/SOP-COVID-07042020.pdf, to avoid any issues in interpretation of these emergency powers. However, CFA will be personally accountable and due diligence and financial propriety shall be followed scrupulously.

“To move the world, we must first move ourselves” - Socrates
Hand Hygiene: Jack of all trades

Health care-associated infection (HCAI) places a serious disease burden and has a significant economic impact on patients and health-care systems throughout the world. Yet good hand hygiene, the simple task of cleaning hands at the right times and in the right way, can save lives. Hand hygiene includes washing your hands with soap and water, using an antiseptic hand wash or rub, and surgical hand antisepsis.

Critical Elements of Hand Hygiene in Healthcare Facilities

For effective hand hygiene, all staff in healthcare facilities (HCF) must wash or disinfect their hands at 5 critical moments. Sanitary gloves and other prophylactic materials must be kept in continuous supply, worn during patient interactions, and safely discarded to reduce the spread of germs.

Health care staff should also wash their hands when entering or exiting HCFs, before eating, and after using the toilet, and should encourage patients and visitors to do the same. Basic hand hygiene facilities are defined by the WHO/UNICEF as “hand hygiene materials, either a basin with water and soap or alcohol hand rub, available at points of care and toilets.” Good hand hygiene requires the presence of functional and well-maintained hand washing stations located in or near sanitation facilities, at main entrances and exits of the healthcare facility, and in all treatment and recovery wards. The World Health Organization (WHO) recommends a 1:10 sink to bed ratio in healthcare facilities and hand washing stations within 5 meters of toilets. Sinks or hand washing stations should be designed to make hand washing user-friendly for all staff, patients, and visitors.

Long term approach: includes five steps to be undertaken sequentially:

- Step 1: Facility preparedness – readiness for action
- Step 2: Baseline evaluation – establishing knowledge of the current situation
- Step 3: Implementation – introducing the improvement activities
- Step 4: Follow-up evaluation – evaluating the implementation impact
- Step 5: Ongoing planning and review cycle – developing a plan for the next 5 years (minimum)

One of the reasons microbes have survived in nature is probably their simplicity: a simple genomic framework with genetic encryption of basic survival strategies. To tackle these microbes, human beings will have to follow basic and simple protocols of infection prevention. The health care practitioners in our country need to brace themselves to inculcate the simple, basic and effective practice of hand hygiene in their daily patient care activities and serve as a role model for future generations of doctors, nurses and paramedical personnel.

“People don’t resist change. They resist being changed.” - Peter Senge
Statutory Acts during Pandemic: Sneak peak

COVID REGULATIONS – 2020

These regulations are applicable w.e.f. 14 Mar 2020 and binding for one year

- All hospitals are mandated for:
  - Separate corner for screening of suspected cases
  - Elicit history of travel, particularly travel to any country or area where COVID-19 has been reported
  - Inform all positive cases to integrated disease surveillance unit & District / Municipal Commissioner

- Specification of quarantine measures like self-quarantine for 14 days.

- Restriction on media and to take prior permission from Department of Health & Family Welfare before printing anything related to COVID-19.

- Only authorized laboratories to test COVID-19 samples.

- Empowerment of officials to admit and/or isolate a person with symptoms of COVID-19.

- Implement containment measures if cases are reported from a specific geographic location.

SECTION 144
Empowers Executive Magistrate to prohibit assembly of four or more people in an area.

SECTION 188
Disobedience to official order be punished with simple imprisonment for one month or with fine, which may extend to two hundred rupees, or with both.

SECTION 269
Negligent act likely to spread infection of disease dangerous to life shall be punished with imprisonment of either six months or with fine, or with both.

SECTION 270
Malignant act likely to spread infection of disease dangerous to life be punished with imprisonment of either two years, or with fine, or with both.

JURAN’S QUALITY HANDBOOK - The Complete Guide to Performance Excellence : Joseph M Juran, Joseph A De Feo

In Juran’s Quality Handbook: The Complete Guide to Performance Excellence, the teams of contributors are wise enough to let the unvarnished guru speak to us from across the decades. Initial part of the book completely empowers readers with a Model, Road Map and Tools & Techniques for delivering superior quality results and achieving excellence in any organization or industry. The book has a dedicated section on how to use the management quality tools like Six Sigma, Lean Techniques, Root Cause Analysis, Benchmarking, to mention a few.

Later in the book, readers are presented with updated chapters focusing on universally applicable quality principles across diverse industries ranging from Product to Service based organizations. Separate Chapters have been included for Health Care & Defence Based Organisations. The principles mentioned in the book are applicable to all the levels in the organizational hierarchy, irrespective of the functions performed, specialist associated and type of industry.

‘Work from Home’ or Remote Working has been forced upon us by COVID 19 and is here to stay. There can’t be more apt time for achieving Performance Excellence in Business Processes. Use of this handbook appears to be more frequent during times of change such as when developing new business initiatives, working on new processes and projects, organizing departments and functions or just trying new ideas.

As with most things, when present knowledge and its resulting insights come together with the time-honored wisdom and proven performance of the past, the result is a guide pointing toward future success. De Feo and the Juran Global team have done just that in revisiting the work of their founder, and this book is a worthy addition to any quality professional’s library.

Read it, apply these lessons, and you’ll be well on your way to transforming the culture of quality within your organization.

Readers interested in contributing articles may contact us at:
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JUDICIAL ACTS INDIANA

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