



ADMINISTRATOR'S SECTION E-MAGAZINE

WAKE-UP CALL

QUARTERLY ISSUE 2

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5 S in Health Care

Disaster Education

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Building a Just and Healthy Society

C O N T E N T S



LEARNING

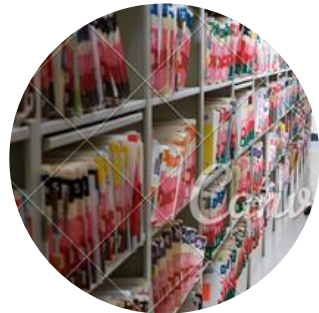
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INSTRUCTIONS

**DISASTER EDUCATION &
EMERGENCY MEDICINE
TRAINING INSTITUTE
(DEEMTI)**

Working Together We Can Accomplish More

Dear Members,

Greetings in the Precious Name of our Lord and Saviour Jesus Christ.

Praise God for the mercy received during this period of PANDEMIC. As Administrators facing newer challenges, different outcomes, concerns about the future, making a new way to COVID wards, treating patients even as you fight your fears, taking huge responsibility for ensuring the safety of the caregivers, and preventing them from contracting or potentially spreading the disease. Following the government directives which are constantly changing, Infrastructural Changes, Managing emergency additional challenges, creating areas of isolation, setting up separate screening areas, separate ICU facilities, quality Personal Protective Equipment (PPE). The clarity in Communication, keep the staff constantly motivated, ensure adherence to protocols and laid-down processes. This is perhaps the biggest challenge and the greatest learning during this period. In addition to standard methods of communication, including emails, WhatsApp, Zoom meetings and classroom chats, personal communication proved to be of great value.

As administrators, you are constantly walking on the edge. With expanded work schedules, they need to be constantly updated on the existing and emerging data, and to share it with all those involved in decision-making. Tackling challenges like the restriction of movement and availability of materials, gathering additional manpower, and ensuring travel safety of the staff, God has carried us during these seven months in His arms within the time of fear and panic.

Let us thank Him always for all things that he has done for our institutions through each of you. May the Lord repay your work and fully reward you with more Wisdom to move ahead.

Here we go with the 2nd edition of the E-News Letter. Queries, suggestions are most welcome, Please contact 9741336277 or write to ejohn@cmαι.org.

Praying for you all.

Elsy John
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CMAI



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A GOOD ADMINISTRATOR (1 SAMUEL 15: 1- 23)

In the passage, we read that God commanded Saul, the first king of Israel through Samuel, his prophet to attack the Amalekites who were their enemies. The Amalekites were a nomadic tribe who became enemies of Israel when they first attacked the Israelites who were sojourning to Canaan from Egypt at Rephidim (Exodus 17:8-13). In His Command, God told Saul to attack the Amalekites and destroy everything belonging to them; the explicit command was given to kill each and every man, woman, child, infant and all livestock.

From His Command, we observe see that God gives very specific and clear instructions to Saul about what he must do. God, in His Command, did not create any confusion or ambiguity in what was to be done. Through this, we see that God sets an example of good communication.

As an administrator or a manager, we must ponder on our communication skills. Do we give vague instructions that make people unsure of what their responsibilities and tasks are, leaving them frustrated? Or do we take the effort to make our communication clear and specific so that they are able to understand the instructions and carry out the work effectively? From God's example of communication, we should endeavour to communicate relevant information in a clear, specific and timely manner to the people in our charge so that they will be able to perform their tasks effectively.

Further on in the passage, we observe that Saul attacked the Amalekites and destroyed them but spared Agag, the king of Amalekites and the best of the livestock. Saul's intention in doing this was to sacrifice the livestock to God for giving Israel a great victory over Amalek. In doing so, Saul disobeyed God's Command by not following it to the utmost letter. Instead, he made the mistake of doing what he thought was right, which became rebellion against God.

As an administrator or a manager, we must ponder on our intentions while performing the tasks allocated to us. Do we perform in accordance to the instructions given to us which aims for the vision and mission of the institution? Or do we rebel as we interpret the instructions from our perspective on how we think it would be best for the institution or even for ourselves? From Saul's mistake, we must understand that we are fallible to rebellion, even if it subtle. We must be mindful in our actions and endeavour to follow the instructions given to us, even if it may not appear to have the best outcomes.

Saul's disobedience displeased God and God regretted making Saul the king of Israel. He reveals Saul's disobedience to Samuel who grieves for Saul's sin of disobedience. Samuel goes to meet Saul to admonish him for his disobedience to God's Command. On meeting Saul, Saul greets him and tells him that he has carried out God's Command to the letter. On hearing this, Samuel tells Saul that he hears the noise of livestock and questions him on why he should hear such a sound if Saul had obeyed God's Command. Saul tells him that the soldiers spared the best of the livestock to sacrifice to the Lord. When Samuel admonishes Saul for his disobedience, Saul stubbornly denies his mistake and blames his soldiers for sparing the livestock and the king of the Amalekites. On hearing this, Samuel further admonishes Saul saying that God delights in His people being obedient to His Commands over burnt offerings and sacrifices. Although Saul eventually repented, God rejected him because of his disobedience and stubbornness in not taking responsibility for the mistake.

As an administrator or a manager, we must ponder on the way we shoulder the responsibilities for mistakes made in doing the work allocated to us. Are we humble enough to admit our mistakes when it is pointed out to us, even if it can lower our reputation/image? Or do we try to pass the blame onto our subordinates, peers or superiors to save our reputations? From Saul's response to Samuel's admonishment, we learn that we must be willing to take responsibility for our mistakes with positive attitude. The good administrator realises the mistakes he/she makes and acts without delay in order to rectify the mistakes and minimize its effects on the process; he/she does so without blaming others who may be part of the process. Additionally, the good administrator also takes responsibility for the mistakes made by the subordinates and works to rectify them in coordination with his/her subordinates in order to prevent them from occurring again.

As an administrator, we will be delegated diverse responsibilities and tasks. Using the learning from the passage, let us endeavour to be good administrators by communicating well with our fellow workers in the work process, following instructions to the letter and taking responsibility for mistakes we make. In doing so, we will inculcate the characteristics of good communication, obedience and leadership which can inspire others to also emulate these characteristics.

Let us pray that God will grant us strength of mind and spirit to be good administrators and good example to others in our institutions.



Anto Ramesh Delvi
General Manager
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Columbia Asia Hospital - India

THE 10 PS OF HOSPITAL ADMINISTRATION

God can help all Mission hospitals to continue serving people during these challenging times. If all our Churches support our Christian hospitals, we can work better towards building a healthier society. It will help Christian hospitals to a great extent if the Churches contribute the one-day offering that they receive to the healthcare facilities.

Place:

Location is predominantly important while considering a site to construct a new hospital. Do not be in a haste to finalise a place and a builder. Also, ensure to verify the financial capability of your investor. Conduct a Consumer Market Assessment (CMA) to find if a hospital is required in the particular area and analyse the performance of your competitors. It is also important to learn boy-girl ratio in the area and their database to decide what type of diseases is more common there and what type of hospital they would need.

Projects:

Visit few projects and prepare a list of requirements for your hospital. Select a good vendor who can meet the deadline. A good builder with experience in construction of hospitals can ensure that the design is scalable and buildable within the stipulated period of time. The builder should also be aware of the protocols to be followed to build a hospital as recommended by the National Building Code. Safety and quality are of utmost priority. A risk assessment study should also be conducted.

Product:

Each project is unique and the first thing an administrator should understand is the strategy and scope of the project before deciding what equipment would be needed. Look at the scope of the services you are planning to provide. The facility should provide all those services under one roof. The diagnostic department should be planned well. You should ensure that your

products are safe and the best. Users feedback can help in this regard.

The warranty and guarantee should be looked at very carefully to ensure that the downtime of equipment is minimal. All statutory and regulatory requirements should be verified. The planning for a medical equipment will also include equipment survey, costs, best selection of equipment for the services being provided, technical specifications of these equipment, procurement of equipment, the kind of technology that will be required and your available budget.

A facility would also require service personnel.

People:

Human Resource (HR) has a significant role in the overall performance of any organisation. Proper interviews should be conducted to hire right staff with required skillset including doctors, paramedics and ground force. The staff, wherever required, should be trained in handling medical equipment with care and safety. You need to hire experienced people in clinical & Administration areas. Labour law and local and state guidelines should be thoroughly studied too.

Firstly, I would like to share my deepest condolences to people who have lost their loved ones during this Covid-19 pandemic. Also, I would also like to thank the frontline warriors who are risking their lives to save our country.

It is rightly said that administration is indeed an art and we need to put our heart into our work. When it comes to hospital administration, it is important to devise a 10 P approach. The 10 P approach to build a new hospital and plan its operations is detailed below:

Sharing what had been thought by my Mentor/Leaders...For Successful Administration

Prayer:

We need to pray to God as it is the most important thing for us to be able to sustain in this corporate world. The Bible mentions in Matthew 6:33, the thirty-third verse of the sixth chapter of the Gospel of Matthew: "But seek first the kingdom of God and His righteousness, and all these things will be added unto you".

We all understand the threats of the pandemic and during these unprecedented times of what we call a 'public health emergency', the mission hospitals can selflessly serve the people who require medical care. The medical fraternity are in dire need of PPE and ventilators and are facing severe shortage of staff. But with everyone's prayers and generous donations,

Administration person should have

- strong result focus
- Financial Management
- Cost Management
- Data Management
- Statutory Knowledge
- Time Management
- Analytic skills
- People handling Skill
- Good Communication
- Risk Management
- Diagnostic Department business knowledge
- Capable to handle operational Challenges

Price:

Costing has to be done appropriately. The services should be priced reasonably so that it is affordable for people. Otherwise, they will not avail your services. You need to also consider investment, operation cost, staff salary and maintenance and calculate your Return on Investment. Cost-volume-profit (CVP) analysis should also be done.

Process:

You should ensure that you have the best workflow in place for OP, IP and OTC. Every hospital activity should be closely monitored for safety and quality. There should be an authorised signatory for all the items moving in and out of the hospital. It is mandatory to ensure that the processes designed are met with the statutory and regulatory requirements.

The Operation, Quality, Safety manual should be in place. A gap analysis should be done regularly to determine if the business requirements are being achieved or not. You should also ensure that a risk management policy is in place to prevent any situations resulting in losses or liability for the hospital. The standard of services should be outstanding. Vision, Mission and Values of your services should be met in the day-to-day activities. Maintain a good record of consent forms and medico-legal cases. Ensure that the privacy and confidentiality of patients are maintained.

Productivity:

Identify the hiring needs and recruit the required manpower. You can implement Manpower rationalization strategy to ensure a more effective organisational structure. Though extra manpower should not be onboard, it would be ideal to have buffer manpower to counter absenteeism and for other sudden requirements.

Profit:

You should ensure that the business is profitable after meeting the required expenses. Track your monthly profit and loss statement and devise a plan accordingly. Monitor your expenses and minimise unnecessary expenditure. Look at the average duration of stay of a patient. Conduct surprise audits regularly to prevent and detect fraud and risk analysis to help maintain a healthier work environment. Ensure there is no overstocking of products or equipment and keep a check on the expiry date of medicines. At the same time, it is important to ensure there is no shortage of critical items. Do not compromise on quality and safety of the products. Keep a check on deleted and unbilled orders and perform discount analysis to determine better cash flows.

Promotion

Create a good and user-friendly website. Make effective use of social media. Word of mouth is one of the best marketing tools and hence, exceed the expectations of the customer as a happy customer is a repeat customer and in turn can bring in more customers. Review your medical programmes regularly and adapt to new requirements and trends. Artificial intelligence should be adopted in healthcare services. Focus on telemedicine and teleradiology for better long-term care management and patient satisfaction.

5S IN HEALTHCARE



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5S is an organizational system for optimizing space for efficiency and effectiveness so that work could be accomplished precisely, conclusively, and cautiously. This system emphasizes on putting everything in its place and keeping the workplace tidy and makes it convenient for people to do their activity within the stipulated time. This system is also commonly called as Lean Management System. Lean management is a thinking that aims to remove 8 types of waste from work process.

5S is accomplished by finding and eradicating waste from production or processes. It all began as a part of manufacturing method of Toyota Production System (TPS) in the early and mid-20th century. The term 5S originated from five Japanese words namely Seiri, Seiton, Seiso, Seiketsu, Shitsuke. These words are translated to Sort, Set in Order, Shine, Standardize, and Sustain. Each "S" denotes each part of a five-step process that can revamp the overall function of the system. The main purpose of 5S is to reduce waste and increase efficiency. The benefits could lead to increased productivity, employee satisfaction, reduced costs, higher quality and a protected and safe work environment.

Application of 5S in Hospitals

In last few decades, 5S has also being utilized in service industries. In the year 2000 Castle Street Hospital, Sri Lanka was the first hospital to apply this manufacturing lean tool. Before implementing 5S, spaces are confusing and disorganized. After 5S, everything has its own designated place, which is often identified with floor marking tape, labels, and other visual hints.

5S helps in cutting down operational cost and improve quality, many hospitals and health systems are implementing 5S to improve their system. It can also help and improve hospitals with limited or inadequate resources.

Sort (Needed or Not Needed)

Sort activity should identify and sort out the items as wanted & unwanted in the work place. Unwanted items that are no longer in use, i.e Expired consumables or outdated equipments which are not in use. The commonly used sorting tool is red tag. This activity can be achieved through red tagging, which helps us to identify wanted and unwanted items using red tags which can be later removed or eliminated. This activity can also initiate "Reduce, Reuse, Recycle Concept".

Set in Order (Everything in proper place)

Set in Order is the second step that focuses on sorting and arranging the useful items in order (based on usage & accessibility) and differentiates it by proper basic visual management such as labeling, signs, pictures. The principle behind this activity is a Place for Everything and Everything in its Place (PEEP). This activity helps in easy retrieval of any item without searching. In principle you should be able to retrieve any item in less than 30 seconds. The system and tools which can help you set in order are Shadow Box and Error Proofing (Poka Yoke).

Shine (Everything must be cleaned)

Hospitals ensure regular cleaning of all areas and equipment, and identify any gaps in the cleaning and maintenance standards. This would also create a safe environment and improve patient experience and also reduce equipment breakdowns. In a hospital this stage emphasizes on regular cleaning and maintenance of equipment. All the equipment in the hospital both medical and non medical should be cleaned from dust and dirt in a regular frequency this will increase the efficiency of the equipment. Check sheet or checklist is the commonly use documented tool for shine.

Standardize (Set Rules for Use)

This step defines the protocols to be followed, necessary action to be taken, people responsible for these actions and when the actions should be performed. This would ensure compliance to the above 3S Sort, Set in Order and Shine. The activities and procedures needed to be standardized through audits that measure, monitor and improve since machinery or men or methods (processes), if left alone tend to deteriorate. Tools commonly used in this activity are color coding, One Point Lesson (posters, leaflets, stickers etc.) and Monitoring and evaluation (M&E) checklist.

Sustain (Maintain and Review Standards)

This is the crucial step and most difficult part of 5S since it requires cooperation of the organization in sustaining all the changes made by 4S activities and inculcate continuous improvement culture among the staff. This step ensures that the 5S is implemented and followed smoothly and consistently at all times. Kaizen, Quality Circle and Total Employee Involvement play an important role in implement in 5S in any setup.

Over and above these 5S, a 6th S is introduced in healthcare called “Safety”.



Safety (Identifying Hazard)

Without implementation of 5S activities, you cannot guarantee hospital safety. The 6th S (Safety) is widely used in healthcare facilities. The 6th S focuses on the overall risk assessment of medical service package as well as physical facility at workplace by identifying any hazards and minimizing or eradicating any type of occupational or operational hazards at workplace for both patients and staff. Incident reporting system helps in improving and implementing safety measures.

Practicing 5S or 6s is not the final goal of hospital Quality improvement. Principles of

5S are the starting point of the long process of achieving quality of services as indicated by high employee satisfaction, customer satisfaction and better patient outcome. But 5S is a structured approach which helps to improve our workplace by reducing waste and increasing efficiency. 6S could be implemented through cooperation of all department staff and would help to use the available space optimally and reduce unwanted expenses creating a safe workplace.

Ref: leansixsigmadefinition.com/glossary/5S/www.5Stoday.com/what-is-5S/

COVID-19 & THE PARADIGM SHIFT



Dr RajKumar.Ch, Director, SDA Hospital Bangalore

For as a snare shall it come on all them that dwell on the face of the whole earth". Hasn't been fulfilled in our very eyes. This pandemic had descended without a doubt as a snare and robbed us of our false security in the medical technology, in the cleverness of man to solve our problems. A tiny microscopic flimsy virus had brought to world to its knees. This pandemic had put sudden breaks on our earthly ambitions for a purpose.

Paradigm shift

God in mercy had sent a mini storm perhaps a twister (the pandemic) to open our eyes to see the reality of where the foundation of our lives had been rooted. In one clean sweep God had exposed the hollowness of the castles we had been building. We had become oblivious of the fact that due to our skewed worldly mind-set we have built on sifting sand which will not truly last.

In a way we need to thank God for the present crisis because he had turned all eyes towards Him, He had made mankind to "Be still and know that He is God" Ps 46:10. As a loving Father He wants us to reorient our thinking and to re-shift our priorities to what is really valuable. Yes, we desperately need this radical paradigm shift in order to align our value system towards that which heaven values.

The valuable

So we need to ask the question as to how we can make the assessment of the "truly valuable"? As we are caught up with the mundane things of life what is really valuable?

Jesus redefines for us what is truly valuable. **Mat 6:25** Therefore I say unto you, Take no thought for your life, what ye shall eat, or what ye shall drink; nor yet for your body, what ye shall put on. Is not the life more than meat, and the body than raiment?

In these few verses Jesus draws the line and highlights what is valuable – "LIFE". So life is more valuable than the things of this world. Due to this blindness we had surrendered our lives and got into the slavery of accumulating earthly things hoping to find happiness.

Through this pandemic God has taught us the value of life. Yet many due to the panic & apprehension value their own life yet do not value the lives of others. Life had become too cheap to be tossed out to the dumpster.

That's why God had allowed practically every thing to be under lockdown. You name it, travel, entertainment, restaurants, sports, and even what we considered essential like parties, weddings and even church attendance has been clamped. Why did the Almighty God allow this? Perhaps the following verse will answer this.

John 6:27 Labour not for the meat which perisheth, but for that meat which endureth unto everlasting life, which the Son of man shall give unto you: for him hath God the Father sealed.

So we need to put our value on things that God values, we have to shift our gaze from the earthly to heavenly" for the things which are seen are temporal; but the things which are not seen are eternal". **2Co 4:18**. Jesus wants us to not just desire heavenly things since every one living on earth wants better things. See what Jesus said "LABOUR" for that meat which endureth unto everlasting life. In another verse Jesus said "STRIVE" to enter in at the strait gate: for many, I say unto you, will seek to enter in, and shall not be able". Luke 13:24.

Jesus does tell us have a casual desire but to proactively "Strive" to spend our resources to "seek the kingdom of God first" Matt 6:33.

Perhaps we have to shift to a higher gear, to that which is edifying than just merely looking for that which is "lawful." Because there may be many things that are acceptable yet will not be profitable towards eternal life. Apostle Paul made this clear when he said "All things are lawful for me, but all things are not expedient; all things are lawful for me, but all things edify not. **1Co 10:23**.

One thing needful

Perhaps the best example is seen in the lives of Martha & Mary. While Martha did

We are living in the most momentous time in the history of the world. A time of tremendous uncertainty and fear. The pandemic had thrown every aspect of our lives into a tail spin and sent us scurrying for survival. There is no facet of our lives that have not be altered, in fact Covid-19 had defined and delineated to us what is essential and what is not. It had visibly made a clear demarcation on what 'we need to value' verses 'what we thought was valuable'.

Let us look at what Jesus had defined for us to be truly valuable "And he said unto them, Take heed, and beware of covetousness: for a man's life consisteth not in the abundance of the things which he possesseth. Luke 12:15.

We have spent our lives hankering after that which is not really valuable i.e "the abundance of things". Somehow we had been mesmerized with what the world had taught us was valuable – the temporary things of the world and therefore we had gone on a hunting spree after those things which do not last nor would satisfy.

We had invested time, money, energy and resources in building on sand (the abundance of the things)..

Let us look at this prophetic statement made by Jesus in Luke 21:34,35 *"And take heed to yourselves, lest at any time your hearts be overcharged with surfeiting, and drunkenness, and cares of this life, and so that day come upon you unawares.*

that which was reasonable, that which was lawful i.e serving the tables yet Jesus rebuked her saying “And Jesus answered and said unto her, Martha, Martha, thou art careful and troubled about many things: But one thing is needful: and Mary hath chosen that good part, which shall not be taken away from her”. **Luk 10:41**

King David had this passion where he says “One thing have I desired of the LORD, that will I seek after; that I may dwell in the house of the LORD all the days of my life, to behold the beauty of the LORD, and to enquire in his temple”. **Psa 27:4**

As we live in this very last cusp of this worlds history it is time that we pause and re-shift our priorities to that which endureth to everlasting life.

William Carrey, the missionary to India understood the value of that heavenly calling. When the king of Burma offered Felix his son an ambassadorship to be the governor-general in Calcutta. The weary Felix accepted, resigning from mission activities in 1814. His disappointed father lamented saying “Felix is shrivelled from a missionary into an ambassador.”

As we minister on the front lines saving lives and as we stare at death on the face. As we face the agony of human suffering where the dear lives of our loved ones are snatched from our very lives. Where the parting is ripped apart so viciously that we may never see our loved ones again even to the extent of being robbed of performing the last rites lets us remember the promise of our saviour “, lo, I am with you alway, even unto the end of the world. Amen”. Mat 28:20 . What is never in question is not the presence of our Saviour but our commitment to Him. Our priorities for His Kingdom and for His glory. There is tremendous hope if we are anchored in Christ.



We have nothing to fear if “our lives are “hid with Christ in God because when Christ, who is our life, shall appear, then shall ye also appear with him in glory. Col 3:3,4. Whether we live or die we would have lived our lives to the full if our priorities have been shifted, if our foundation is on the solid rock, if our value system had changed towards the heavenly.

This is our calling to have the paradigm shift and to help others to have that shift. In a world that is shuddering in fear we can and should lift the countenances of others towards heaven where Jesus “is able also to save them to the uttermost that come unto God by him, seeing he ever liveth to make intercession for them. Heb 7:25

Luk 21:36 Watch ye therefore, and pray always, that ye may be accounted worthy to escape all these things that shall come to pass, and to stand before the Son of man.

DISASTER EDUCATION & EMERGENCY MEDICINE TRAINING INSTITUTE (DEEMTI)

Chance favors the prepared mind.

- Louis Pasteur

CONCEPT NOTE: Creating a disaster risk-resilient Community.



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Karnataka floods in 2009, the Leh cloudburst in 2010, Sikkim earthquake in 2011 and Uttarakhand floods in 2013. It is estimated that the cumulative losses of about Rs. 80,000 crores. No one can forget 2014 Jammu & Kashmir floods, 2015 Chennai floods and 2018 Kerala floods etc.

According to the World Risk Index 2014, India is in the top half of all countries at risk from natural hazards – and, more importantly, for many years it has **severely lacked the capacity to cope with and adapt to these hazards.**

The DEEM Training Institute inducted as many as 10 various basics to advanced training program consisting of disaster relief to medical emergency response. The training contents are flexible and can be easily adaptable to the need of a community or sector or a particular level. For example, Advanced First Aid program for graduate level participants has CPR and AED; The training ranges from community level participants – Basic First Aid, Fire Safety & Response, Basic Rescue Techniques and Basics to Disaster Relief to Advanced First Aid, Basic Life Support (AHA certified) & Advanced Cardiac Life Support (AHA certified) to Disaster Relief Management and Hospital Disaster Management courses for healthcare professionals, doctors, nurses and project managers. Simplified and customised training program offered for rural community participants.

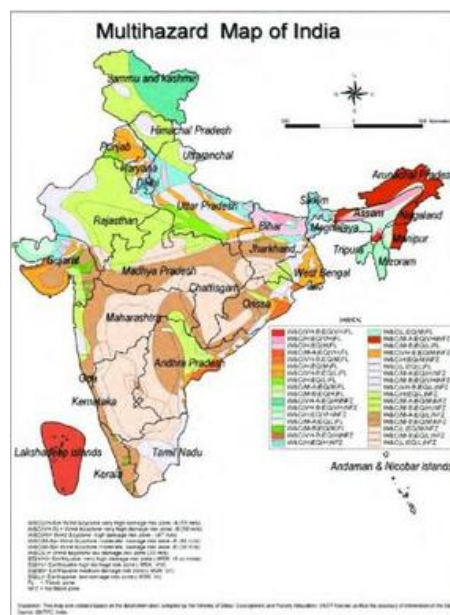
Most of the training program follow **universal approach** ensuring access to all irrespective of gender and person with disabilities.

Various training techniques like – audio-visual, placards, mock practices, video clips, mannequins, mock AED equipment etc., has been used. For visually challenged persons, we use braille materials for First Aid training. All program has compulsory tests – pre as well as post to ensure participants learned and clear with basic life-saving skills.

Almost each program has **master trainer/instructor** course. Instructors are certified after going through all the best practices, practical and series of tests.

The training initiatives has been an important component for disaster risk reduction program. One cannot imagine an effective response without a skilled and equipped volunteer. Till date, more than 40,000 persons trained by DEEM Training Institute since 2006. The institute reached out more than 300 hospitals, 200 schools and various educational institutions and nearly a million beneficiaries across India and Nepal.

- Disaster events are increasing in India with new reach, repeat events and with multiplicity of hazards.
- Disaster risks can be reduced by raising the level of resilience through need specific training & capacity building program.
- Critical infrastructure like healthcare and educational institutions are not immune to disaster impacts.
- Risk & vulnerability level can be reduced effectively through awareness, sensitization, training & capacity building efforts.



Background

India is one of the most disaster-prone countries of the world due to its physiographic and climatic conditions. Increasing population, unplanned urbanization, industrialization, development within high-risk zones, environmental degradation, and climate change can be related to increasing vulnerabilities to disaster risks.

In recent past, India faced devastating disasters like the Bhuj earthquake in 2001, the Indian Ocean Tsunami in 2004, the Kashmir earthquake in 2005, the Kosi floods in 2008, the Andhra Pradesh and

Why Training & Capacity Building Initiative
- A trained mind responds to a situation better.

A Confucius proverb says, if you are planning for a year, sow rice; if you are planning for a decade, plant trees and if you are planning for a lifetime, train people.

The DEEM (Disaster Education & Emergency Medicine) training program has been proving very effective in carrying out disaster preparedness and risk reduction program in the community in high disaster-prone regions in India – north, east & north-eastern region.

There has been a growing need for quality training program. The DEEMTI can capture this widening gap fulfilling its vision with adaptable training program offered for all. A good study – road-map, and smart communication across the both formal and non-formal stakeholders can widen and deepen its reach effectively.

Special highlights of the 3-flagship advanced training program

Medical Emergency Response (MER):
Basic Life Supports (BLS) & Advanced Cardiac Life Supports (ACLS) courses

The DEEM training program launched in the year 2006 in Uttar Pradesh with 25 doctors, nurses and healthcare staff participating from across various states. Ever since then, thousands of doctors, nurses as well as other healthcare and community officials were training in BLS and ACLS courses offered through American Heart Association (AHA) since 2006.

Both BLS and ACLS were introduced in the North-eastern States of India – Mizoram, Meghalaya, Arunachal Pradesh, Manipur, Tripura, Nagaland, Sikkim as well as in Assam by DEEM training institute.

BLS course was undertaken by all while ACLS courses are offered only for medical doctors and MSc nurses. Both BLS and ACLS equip participants to manage medical emergencies in the absence of qualified medical facilities. Strict protocol followed by the DEEM TI to qualify and issue AHA cards. Instructors endorsed by AHA through an approved ITOs or RTOs conduct the program. AHA cards are issued only after a participant satisfactory qualify AHA protocol.



Hospital Disaster Management (HDM):

Hospital Disaster Preparedness & Response Globally, CEOs of hospitals are constantly facing the threshold of various challenges over time.

And if these challenges were not enough, the increasing frequencies of disaster events affecting healthcare organizations (HCOs) beginning to shake the foundation of major operating costs.

- The Bhuj earthquake in 2001 killed approximately 20,023 people, injured another 167,000 and destroyed 340,000 buildings that includes the collapse of 281-bed Civil Hospital. The existing healthcare system in most of the affected Kachchh region failed when it was needed most to the need of about 167,000 persons injured across the state. It took 1 billion rupees to construct a new earthquake-resilient 500-bed hospital with US \$150,000 contributions from New Zealand government.
- US\$ 30 million worth health infrastructure damage & reconstruction due to 2004 Indian Ocean Tsunami.
- 86 patients and 3 para-medics choked to death in the AMRI fire incidence in 2011 in Kolkata. This indeed raised early warning that prompted the national government to develop Hospital Safety Guidelines and various other safety legislations.
- 18 patients died after power and oxygen supplies failed at MIOT International hospital during Chennai Floods in 2015.
- 2015 Nepal earthquake destroyed 446 health facilities and partially damaged 701 public health facilities along with 64 private health establishments. More than 500 hospitals and clinics have been damaged and destroyed in flood-affected areas of Pakistan.

For disaster victims, hospitals are perceived as the 'temple of hope'. Disasters not only restrict the ability to deliver health care services when they are required the most, but also seriously impact on the continuity of operations, raising the risk of patients, staff and the visitors and potential loss of large investments in terms of monetary & skill resources.

Hospitals are not immune to any disaster events and it is possible to reduce potential risk of disasters by pro-actively develop suitable disaster management plan.

Not-for-Profit hospitals already been affected heavily by increasing operational costs, high turn-over rate among medical fraternity and various national healthcare establishment policies and directives in addition to dilapidated infrastructures and equipment, in the days where even a rural patient seek for state-of-the-art medical technology for health solutions.

DEEMTI has reached more than 300 hospitals across India and Nepal training more than 3000 healthcare executives – CEOs, COOs, medical directors, nursing directors, superintendents, principals, hospital administrators, heads of various departments, project directors, managers, officers etc.



WAKE-UP CALL

The 'vision' can be traced back to the year 2006, when the first session of BLS and ACLS was launched with resources arrived from Stanford University, CA, USA and St. Johns Medical College, Bangalore, India.

Consistency, hard work, team efforts and decade long working in the field enabled and positioned the DEEM training initiatives reach a hallmark in the humanitarian field in India and in Nepal. The development of the program was organic in nature mainly due to the development taking place from a training to another, an emergency response to another, rural to urban and healthcare to educational institutions. The strength it gathered from weaknesses and failures and from opportunities to threats with single commitment to move beyond the 'curve'.

However, like every good initiative need fuel to grow, DEEM TI is in need for technical/human and financial resources to strengthen the initiative further and achieve its 'vision' to equip communities to create risk-resilient generation. With its decade-long experiences and a richer profile, it is time for the DEEM TI to map its strategy to establish it as an institute of repute and grow.

The vision is to build well-equipped 'risk-resilient communities' in India and in the Asia pacific region as a centre of excellence in training & capacity.



Brief status of DEEM TI resources being engaged as resource

Since BLS and ACLS training program launched in the year 2006, the DEEM training program never looked back. It kept adding various training programs looking at the need. They range from school or healthcare institutions as well as for the community and corporates.

The process for refining and upgrading continued with more and more training conducted at various places and institutions. The most popular training program in fact was First Aid and then Fire Safety program for schools, hospitals and for the community (rural as well as urban). A massive fire incident at AMRI hospital, Kolkata in the year 2011 kicked up the Disability inclusive Hospital Disaster Preparedness & Response (iHDPR) training modules developed since 2009.

DEEM provided school disaster management (SDM) training to 52 government schools in North-east Delhi and is currently training 100 schools in Uttarakhand State.

The iHDPR training module gaining momentum as Hospital Disaster Management (HDM) training program across many international as well as national organizations.

Modus Operandi – simplified in three phases

1. Develop Strategic Direction toward the 'vision' with a good 'Road Map'.
2. Build up a team progressively and equip them with adequate infrastructure.
3. Reach out the stakeholders & launch training & capacity building project.



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*“Practice Golden-Rule 1 of
Management in everything you do.
Manage others the way you would
like to be managed.”*

Brian Tracy



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