



11th International Public Health Management Development Program “Quality Management Course” 4th -10th October 2021



Organized by
Department of Community Medicine and School of Public Health, PGIMER Chandigarh
Supported by
**Indian Technical and Economic Cooperation (ITEC),
Ministry of External Affairs, Government of India**



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PREFACE

From Program Directors Desk

“No matter how much we can do by ourselves at the local level, it is never enough. In a spirit of mutual cooperation, we must join hands in an action-oriented effort to solve the global public health challenges.”

To fulfil this vision, the International Public Health Management Development Program (IPHMDP) was conceived by Department of Community Medicine and School of Public Health in year 2016 in collaboration with International Union against TB and Lung Diseases and Chitkara University. This program aims to enhance the skills and competencies of middle and senior level program managers and academicians for addressing public health challenges and strengthening efficiency of organizations in limited resource settings. This program is entirely on No-Profit Basis and first of its kind in the country which is being conducted in government set-up to enhance management competencies of programme managers for improving the performance and productivity of their organizations.



The current programme is 11th in the series of International Public Health Management Development Program (IPHMDP) which is fully supported by Ministry of External Affairs, Government of India under Indian Technical and Economic Cooperation (ITEC) Scheme. The first ten programs were conducted between May 2016 and September 2021, with an overwhelming response from the participants. It aims at building capacity of middle and senior level public health managers in designing, implementing, monitoring and evaluating program/ project operations in context to their respective setting and countries. The program focuses on developing critical thinking and problem-solving skills among global delegates for warranting their adaptation in respective countries in order to effectively manage the existing and emerging public health challenges for overall strengthening of health care systems. I always believe in development of management and leadership skills as a multi-dimensional concept in cross cultural setting, for addressing public health challenges across the globe. Thus, the vision of the program is in complete consonance with the mandate of ITEC program of establishing relation of mutual concern and inter-dependence based upon the common idea and aspirations along with the solid economic foundations.

In this program too, hundreds of participants across globe applied, out of which 36 participants from 18 countries were shortlisted after rigorous selection criteria and detailed deliberations. Unlike physically delivered programs, the current program has been designed to be delivered on a provide a unique platform for advancing academic expertise, ideas exchange and variety of opportunities for academicians, program managers both from government and private setups to develop management and communication skills.

PREFACE

The approach used in the program was a mix of learning methods (traditional formal learning through lecture, power point presentations, group discussions, and informal learning through case studies, exercises, videos, and real case scenarios); Application centred learning (participants prepare an action plan during the program to be implemented within 3 months of completion of program); Experience based teaching (by an elite panel of leaders and experts like senior academicians, bureaucrats and legislators); Peer to peer learning (through sharing best practices of various countries by the participants). I truly hope that the participants replicate the learning during the program into real-life practice in their country settings.

I extend my sincere thanks to Ministry of External Affairs, Government of India who had sponsored this imperative program under the flagship of Indian Technical Economic Cooperation (ITEC) Scheme for spreading knowledge and skills to the countries of global south (south-south cooperation) under the ancient Indian philosophy 'Vasudeva Kutumbakam' i.e. 'the world is one family'. I also take this opportunity to thank Dr. Kritika Upadhyay (Program Coordinator) and Dr. Reshma Kaur (Program Assistant) who left no stone unturned in providing best services over the one week intensive scientific program. I must also thank all the participants for their proactive participation in all the sessions which motivate us to keep the flame of knowledge alive for such programs in future.



Dr. Sonu Goel
Program Director (IPHMDP)

EXECUTIVE SUMMARY

Achieving universal health coverage by 2030 requires positioning qualified and skilled public health professionals, especially from developing countries and continents (India and other developing nations alike), who can plan, implement and monitor national health programmes and public health initiatives in order to improve performance of health care delivery system. Further, it is documented that Sustainable Development Goals (SDG) cannot be achieved without addressing availability and distribution of trained public health management officials. The available literature has cited that health initiatives in developing countries often fail because of lack of managerial competence.

In this context, an International Public Health Management Development Program (IPHMDP) was conceptualized in 2016 by School of Public Health and Department of Community Medicine which aims at enhancing the skills and competencies of middle and senior level program managers for strengthening efficiency of organizations in resource limited settings. In this well-ordered series, a five day 11th IPHMDP was organized by Department of Community Medicine and School of Public Health, PGIMER, Chandigarh from 4th-10th October 2021. The program was fully sponsored by Ministry of External Affairs, Government of India under Indian Technical and Economic Cooperation (ITEC) Scheme. In this program, a total of 36 participants from 18 countries namely Armenia, Bangladesh, Bhutan, Kingdom of Eswatini, Maldives, Mauritius, Nicaragua, Palestine, Philippines, Seychelles, Sri Lanka, Suriname, Thailand, Cambodia, Myanmar, Nigeria and Vietnam participated.

The current program is 'first of its kind' public health management program in the country which endeavors to boost skills and competencies of public health professional for addressing local public health challenges and increase competency of organizations. The modules covered during this comprehensive program were specifically targeted to improve the quality management related concepts and skills in the participants in order to enable them to apply this knowledge in their respective settings.

In order to ensure the application of learning during the program, every participant has submitted an 'Action Plan' after completion of the program, in which they prioritised the areas (from the program) of implementation in their respective organization. The key highlights of the program were; its design which focused on learning through a mix of traditional formal learning methods (lecture, power point presentations, case studies) and informal learning methods (exercises, real case scenarios, management games and videos); its concept wherein focus was on application based learning in which the participants prepared an action plan during the program for their organization (to be implemented within 3 months); and facilitation by an elite panel of experts and facilitators from lead academic and management institutes of the country.

'IPHMDP Contests' was also organized during the program wherein various awards pertaining to different activities viz., most active social media participant, most participatory participant, best selfie and tag line, best logo representing the program, voracious reader, and

EXECUTIVE SUMMARY

best logo were honoured during the 'valedictory ceremony' of the program. The active participation by delegates was ensured by presentation of the reflection of key concepts/teaching of previous day, participation in IPHMDP contest, management games/ energisers in between the sessions.

Participants interacted informally during the group discussions with each other which actually helped in peer learning and developing network for future endeavours. Every day, few participants were also given opportunity to present daily recap of the event on preceding day. We also ensured to provide best resource material to participants, which will help them to design similar program in their country. All the activities during the program were actively uploaded on the IPHMDP Facebook page and Twitter page with appropriate hash tags social media (eg. #ITECNetwork, #MEA_INDIA #MOHFW_INDIA, #IPHMDP #PGIMER etc). A parallel e- mail account and whatsapp group was also maintained by the organizers to keep the participants updated (on daily basis) and to provide them assistance during the program.

During the program, the participants appreciated the overall quality of training along with the mixed teaching methodology. They felt that it was a wonderful experience with a blend of learning, through various teaching methods which they can apply in their organization. They revealed that the program was well planned, organized, managed and full of knowledge which can be truly implemented in their settings and across different organizations. They expressed their willingness to scale up the program in their respective organizations and countries.

KEY HIGHLIGHTS OF THE PROGRAM

Appropriate blend of participants

Middle and Senior Academicians and Implementers
Medical and Public Health Professionals
Gender and Age distribution

Elite panel of experts and facilitators

Public Health and Management Experts
Technocrats and Bureaucrats

Mix of teaching methods

Formal: Lectures, Power point presentations, Case studies, Exercises
Out of the box: Management games, Videos, Social media breaks, breakout rooms

Learning management with fun

Games, videos, energisers etc. were embedded within formal teaching

Application centred learning

Action plan preparation by participants during the program for their organization

Use of e-technology

Facebook page, Twitter, instagram, e- mail account and Whatsapp group for ease of communication

Cross-cultural learning

Group Assignments
Sharing of practices of countries by participants

PROGRAM DESCRIPTION

Preamble

“Health initiatives in developing countries often fail not because of lack of scientific knowledge but because of lack of managerial competence”.

The aim of good management is to provide health services to the community in an appropriate, efficient, equitable, and sustainable manner. The skills and ideas that healthcare managers bring to the table provide a fresh approach to tackle various situations with significant patient benefits. A considerable portion of management generally involves skills and competencies such as motivating staff, communicating and negotiating with stakeholders, and maintaining attitudes and behaviours maximizing discipline and performance. Managers also need to understand the basic technical aspects of the services delivered. There are very few formal management trainings in government and private health organizations. Most of the existing courses on Public Health Management especially on quality management are theoretical, extensively elaborative, and incomprehensive and are unable to provide all the necessary skills. In order to improve effectiveness and efficiency of health care delivery system through effective quality management system, there is a need to devise programs to impart quality management skills required to manage the existing and emerging challenges and in-turn leading to capacity building of the public health.

Goal

The main goal of this course is to make understand the concepts of patient safety and importance of quality in healthcare

Program Objectives

1. To build capacity of public health professionals with the quality system and different frameworks of quality improvement
2. To illustrate with relevant context-specific case studies, how quality system and standards can improve the patient safety and enhance the overall competitiveness within and outside the organizations.

Program Audience

This program is designed for managers and organizational leaders working in the domain of public health, hospital administrators, faculty of medical colleges and management institutions who are responsible for effective and efficient formulation and implementation of healthcare program or projects. In the current program, a total of 36 participants from 18 countries across the globe participated to enhance their skills in Quality Management .

PROGRAM DESCRIPTION

PARTICIPANTS OF 11th IPHMDP ACROSS THE GLOBE



REACH OF 11th IPHMDP



PROGRAM DESCRIPTION

PROGRAM BENEFITS

Benefit to the Participants

1. Learn the concept of Patient safety & Quality in healthcare and its importance
2. Application of quality management system for successfully managing projects and programs
3. Understanding different frameworks of quality improvement in healthcare and its application in their settings

Benefits to Organization

1. Improved quality standards for dealing with public health management challenges.
2. Overall increased performance and productivity of organizations in attaining top ranked position

Program Contents

- Module 1- Quality Concepts in healthcare
- Module 2- Quality Standards National and international
- Module 3- Quality improvement at point of care – Part 1
- Module 4- Quality improvement at point of care – Part 2
- Module 5- Lean Management
- Module 6- Action Plan Discussion
- Module 7- Action Plan Presentation and Valedictory ceremony

Program Duration and Venue

Duration: The duration of program was one week from 4th-10th October 2021

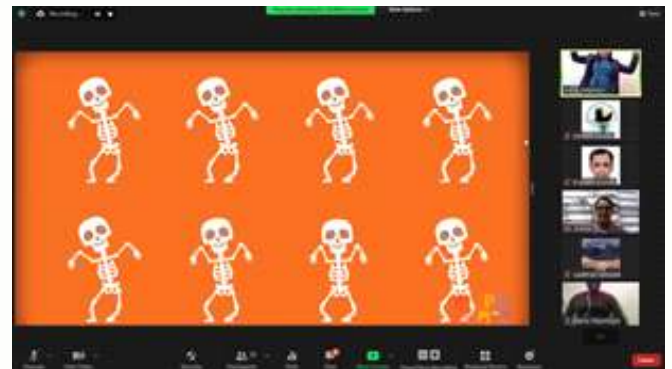
Venue: Online on Zoom platform

TEACHING METHODOLOGY

1. Lecture (Power-Point Presentations)



2. Management Games and Exercises





3. E – assignment



PROGRAM SCHEDULE

E-INTERNATIONAL PUBLIC HEALTH MANAGEMENT DEVELOPMENT PROGRAM

Program Schedule

 PROGRAM SCHEDULE Quality Management E-INTERNATIONAL PUBLIC HEALTH MANAGEMENT DEVELOPMENT PROGRAM 4th – 10th October 2021 02:00-04:45 PM (all days except first day) 				
Day & Date	Time	Topic of Presentation	Resource Person:	
Day 1 4 th October 2021	01:30-01:35 PM	Welcoming the Delegates		
	01:35-01:35 PM	Lamp lighting Ceremony		
	01:35-01:45 PM	Introduction to E- IPHMDP		
	01:45-02:00 PM	Pre test		
	Lecture 1			
	02:00-02:45 PM	Quality Concepts in healthcare	Dr. Praveen Kumar	
	02:45-03:00 PM	MCQ		
	03:00-03:15 PM	Social media break		
	03:15-04:00 PM	e-Assignment		
	04:00-04:30 PM	Discussion		
04:30-04:45 PM	Attendance and Feedback			
Day 2 5 th October 2021	Lecture 2			
	02:00-02:45 PM	Quality standards- International and national	Dr. Keerti Pradhan	
	02:45-03:00 PM	MCQ		
	03:00-03:15 PM	Social media break		
	03:15-04:00 PM	e-Assignment		
	04:00-04:30 PM	Discussion		
Day 3 6 th October 2021	Lecture 3			
	02:00-02:45 PM	Quality improvement at point of care - Part 1	Dr. Praveen Kumar	
	02:45-03:00 PM	MCQ		
	03:00-03:15 PM	Social media break		
	03:15-04:00 PM	e-Assignment		
	04:00-04:30 PM	Discussion		
Day 4 7 th October 2021	Lecture 4			
	02:00-02:45 PM	Quality improvement at point of care - Part 2	Dr. Ravneet Kaur	
	02:45-03:00 PM	MCQ		
	03:00-03:15 PM	Social media break		
	03:15-04:00 PM	e-Assignment		
	04:00-04:30 PM	Discussion		
Day 5 8 th October 2021	Lecture 5			
	02:00-02:45 PM	Lean Management	Dr. S K Chadha	
	02:45-03:00 PM	MCQ		
	03:00-03:15 PM	Social media break		
	03:15-04:00 PM	e-Assignment		
	04:00-04:30 PM	Discussion		
Day 6 9 th October 2021	Lecture 5			
	12:00-01:00 PM	Action plan preparation in consultation with your team		
Day 7 10 th October 2021	Lecture 5			
	02:00-03:00 PM	Action plan presentation		
	03:15-03:15 PM	Post test		
	03:15-04:30 PM	Valedictory ceremony		

Resource faculty of 11th International Public Health Management Development Program

Quality management
Under
INTERNATIONAL PUBLIC HEALTH MANAGEMENT DEVELOPMENT PROGRAM
(4th October to 10th October, 2021)



Experts

Dr. Sonu Goel
Professor,
DCM-SPH, PGIMER

Dr. S K Chadha
Professor & Ex. Chairman,
University Business School,
Punjab University, Chandigarh

Dr. Keerti Bhushan Pradhan
Professor-Healthcare Management,
Chitkara University, Punjab

Dr. Raveet Kaur
Associate Professor, Centre for
Community Medicine,
AIIMS, New Delhi

Dr. Praveen Kumar
Professor and Head,
Division of Neonatology, PGIMER

Supported by
Indian Technical and Economic Cooperation, Ministry of External Affairs,
Government of India

Organized by
Department of Community Medicine and School of Public Health, PGIMER, Chandigarh



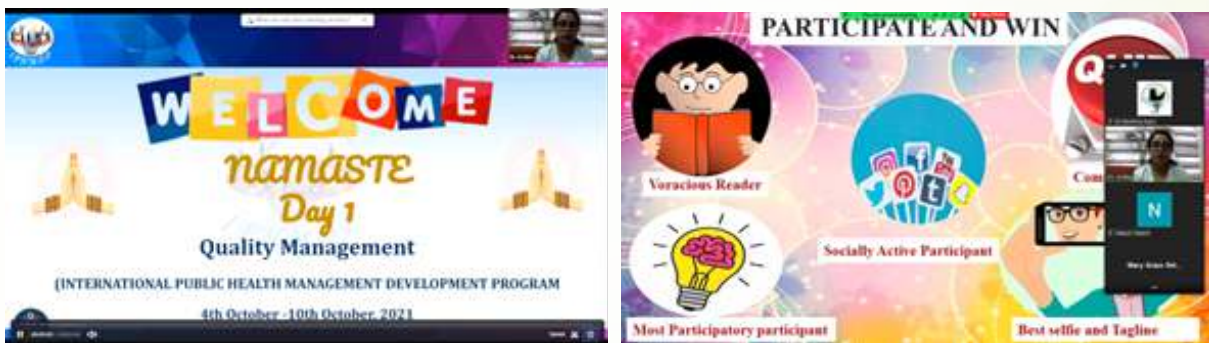
PROGRAM PROCEEDINGS

DAY 1 (4TH OCTOBER, 2021, MONDAY)

INAUGURAL SESSION

On behalf of Post Graduate Institute of Medical Education and Research, in support of Indian Technical and Economic Cooperation Programme under Ministry of External Affairs, GOI, Dr. Kritika Upadhyay, host of the program cum Program Coordinator welcomed all dignitaries, eminent speakers, and participants across the globe to the 11th International Public Health Management and Development Program specifically targeting Quality Management in Healthcare.

The host firstly provided a brief introduction of the session followed by a chronological timeline in which she gave a glimpse of all the activities and various competitions that would be conducted during the course. She then also briefed the participant about for the instructions that need to be adhered by participants during the course in order to earn the certification upon completion of the course. The course was then inaugurated by a lamp lighting ceremony to commence the 11th course in this series.



Program Overview-

Speaker: Dr. Sonu Goel, Professor, PGIMER Chandigarh

The host then welcomed Dr. Sonu Goel, Program Director, (IPHMDP) to share his view on the journey of IPHMDP which was conceptualized in the year 2016. He highlighted the needs, objectives and the journey of the program to the audience. In continuation to this, the program outcomes at the organizational as well as participant level were enumerated. Dr. Goel also shared his view how quality is an important factor while providing a holistic healthcare service to any patient. He mentioned that the course aims at developing the basic concepts and understanding about how quality is an integral part of providing better and equitable healthcare service.

PROGRAM PROCEEDINGS

The session was then concluded by Dr. Goel by calling attention to the outreach of IPHMDP that has trained 600+ participants from 80 countries till date. Lastly, he welcomed the torch bearers of 11th International Public Health Management Development Program from 18 different countries.



Meet and greet Session:

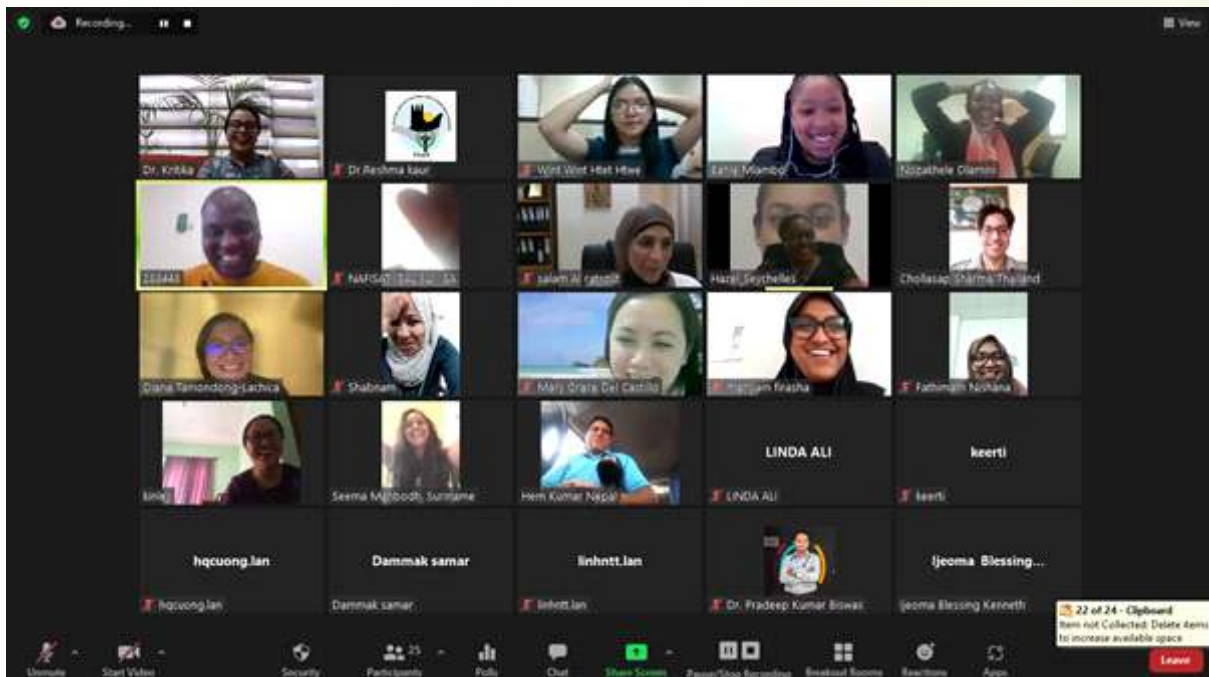
Dr. Sonu Goel interacted with the participants and asked each one of them to introduce themselves and their current position on which they are currently working. This activity is important for building a foundation for the upcoming session as it helped the participants to break the ice and interact comfortably during the group activities that were to be held in the following session. This also helped the speaker to know the spectrum of participants so that he/she could customise the content accordingly and make it more relatable for each and every participant hence catalysing the learning of the participants.



PROGRAM PROCEEDINGS

Group Photograph

To flag-off the quality management course, a group photograph was now taken before the participants can start off with their learning.



Pre-Test

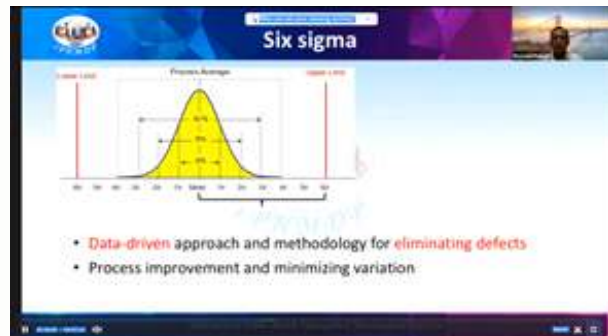
An online test consisting of 20 questions were shared among the participants through the chat box over zoom as well as through mail. This procedure is important to measure the overall effectiveness of the course and the level of knowledge gained after completion of the course.



PROGRAM PROCEEDINGS

Session 1: Quality concepts in Healthcare

Dr. Praveen Kumar (Professor and Head, Department of Paediatrics, PGIMER, Chandigarh) started with the content of the course which would be covered in the upcoming session and then started the session with an opening question to the participants to know the basic understanding of quality and how they would define quality in their day to day life. All the participants shared their views with everyone. These responses were then translated in healthcare domain. Dr. Praveen then discussed various terminologies, models and presented various data that reflected the importance and relevance of quality in healthcare and how it can impact healthcare outcome at various levels. He also quoted some adverse events in healthcare facilities, and emphasized upon improving it to enhance good health of a community. Further, he enumerated the basic determinants and dimensions of the quality and important strategies which would help the health care professionals to improve the quality in healthcare. He ended his discussion by highlighting important roles of quality manager in healthcare.



Quiz

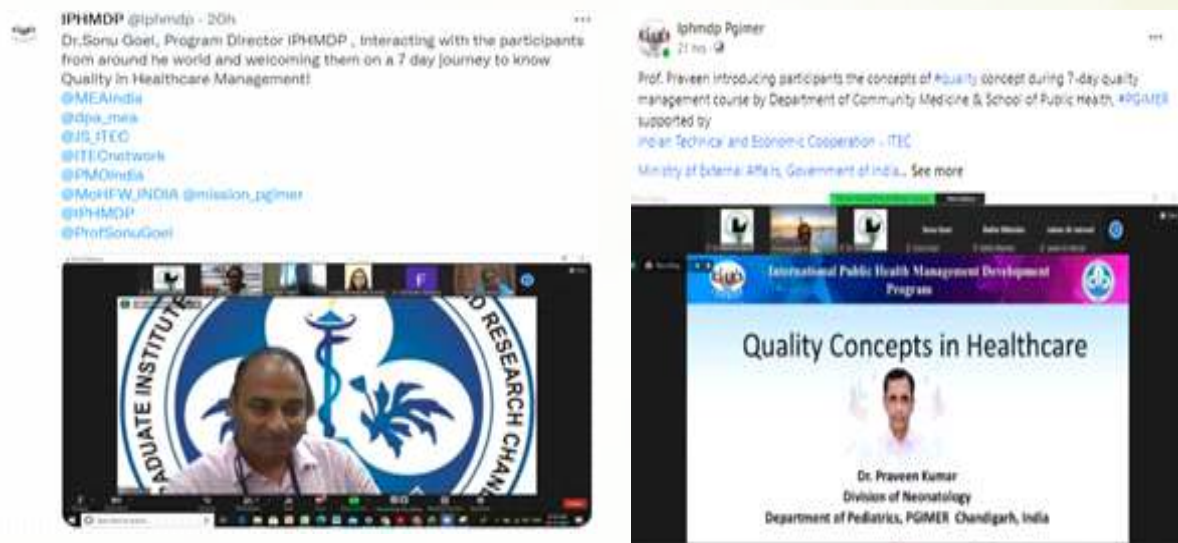
A quiz session was conducted at the end of the session for self-assessment by each participant where they were asked to put answers to the question in the chat box. The participants were also informed that winners for the quiz would also be announced at the end of day to motivate them and increase their participation.



PROGRAM PROCEEDINGS

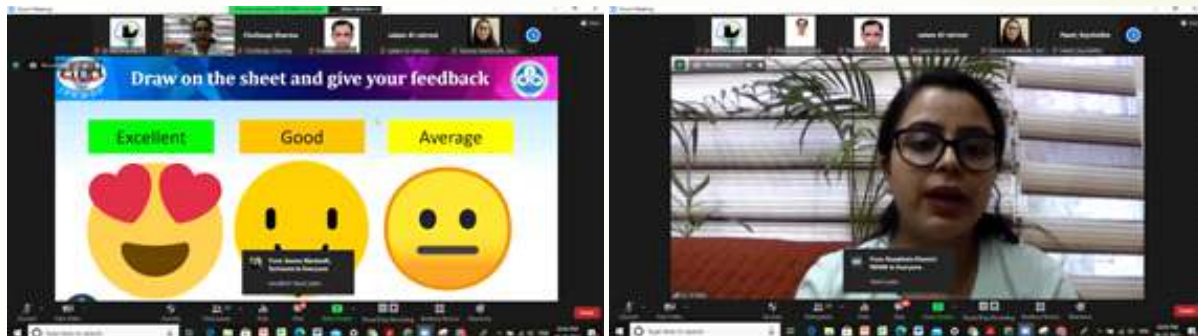
Social Media Break

Participants were provided with a short media break where real time updates were provided of the on-going session through link of posts uploaded on official social media handles of IPHMDP. It was also announced that all participants would be monitored for their social media activities involving promotion of the course and official pages during the course duration and the most active social media will be felicitated at the valedictory ceremony.



Session Feedback:

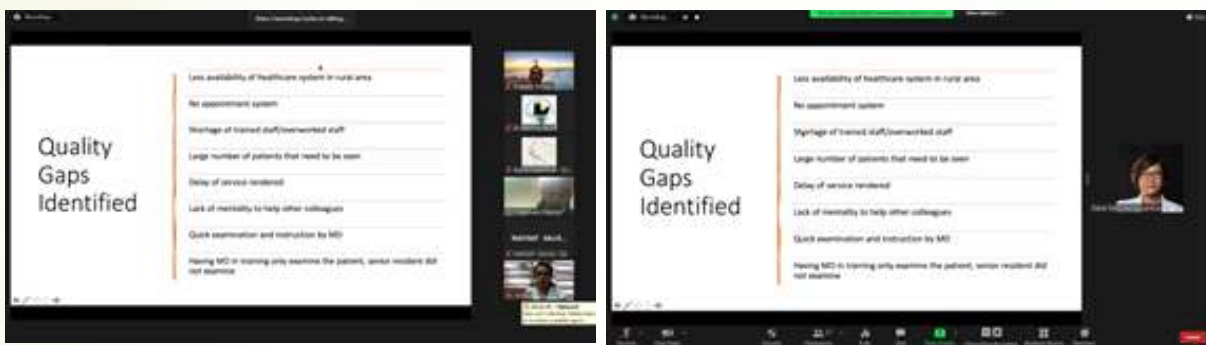
All the participants were asked to share their feedback in an expressive way where. In this, they were asked to share the smiley or show gestures such as a 'thumbs up' sign by enabling their videos. This activity is important as it helps the organisers understand what better can be done to improve the scoring and enhance the the learning experience of the participants.



PROGRAM PROCEEDINGS

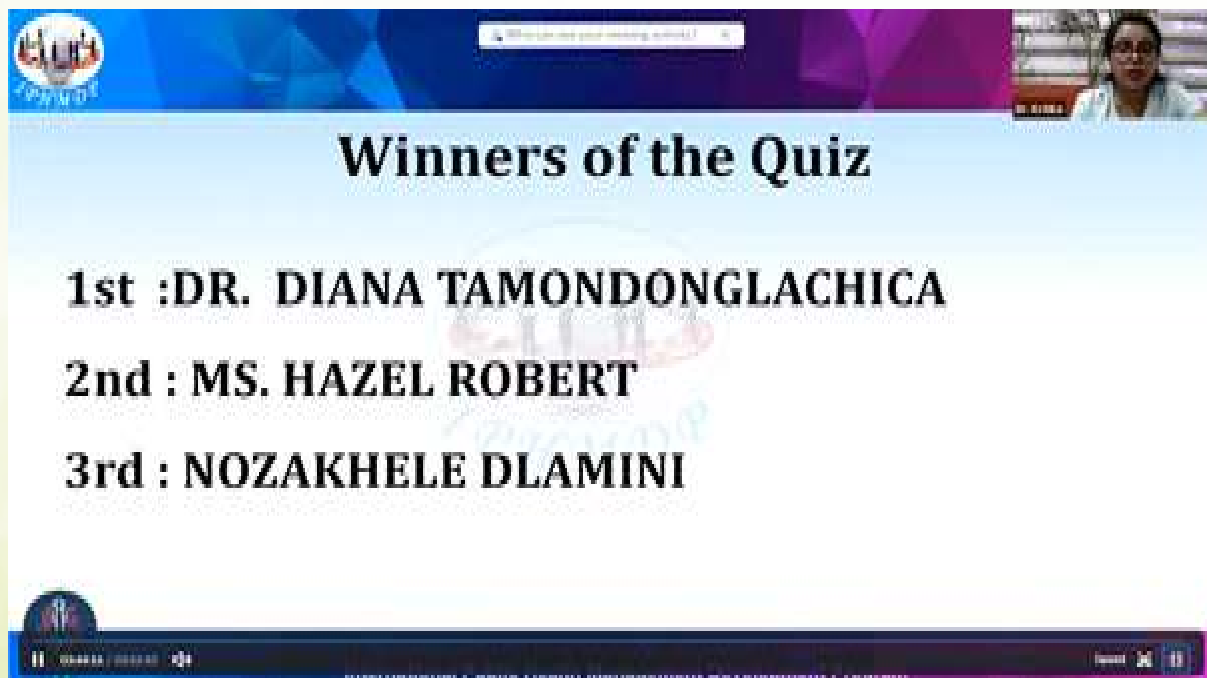
E-Assignments

All participants were divided into four groups and were assigned two exercises that they were supposed to be complete in a stipulated time. Breakout rooms were formed over zoom and participants were randomly grouped in 4 rooms to discuss their observation and find answers to the 3 questions based on a scenario explained in the assignment. A moderator from each group later presented the findings to the entire cohort. The activity turned out to be very effective as most of the groups presented their finding using presentations. A lot of insightful findings were seen in these sessions from the participants making it a knowledge building session. Further, this activity increased bonding among participants as they interacted with each other in small groups.



Quiz Winner

Dr. Kritika then announced the winners of the quiz session at the end of day one that were based on the topic covered during the day.



PROGRAM PROCEEDINGS

Attendance and Feedback form

All the participants were asked to fill their attendance and feedback forms for session through links that were forwarded in the chat box.



PROGRAMME PROCEEDING

Day 2 (5th October 2021, Tuesday)

Recap Session

A brief recap was presented by two participants namely Ms.Salam KM Alratrout (Palestine) and Ms.Linda KY (Palestine). They briefly explained all the topics that were discussed in the previous session. They also explained this session has given her meaningful insights about quality in Healthcare.



Dr. Kritika Upadhyay, Program-Coordinator, welcomed all the faculty members and participants across the globe in the 2nd day of 11th IPHMDP organized by Post Graduate Institute of Medical Education & Research, in support of Indian Technical and Economic Cooperation Programme under Ministry of External Affairs, Government of India.

Session 2: Quality improvement at point of care

Dr.Keerti Pradhan (Professor, Healthcare Management, Adjunct Professor, Health Management and Quality) started the session with giving a brief about various important questions that would be answered at the end of the session such as who regulates quality standards both nationally and locally, how quality standards are being formed and regulated at national and global level, what is global coordination in quality standards etc. He explained what different quality standards are known globally and in India, what quality standard mean and its importance in healthcare. He also explained how quality standards provide objective and authoritative foundation for both provider and consumers. He lastly emphasised his talk on the various reasons why quality is a non-negotiable attribute in healthcare.



PROGRAMME PROCEEDING

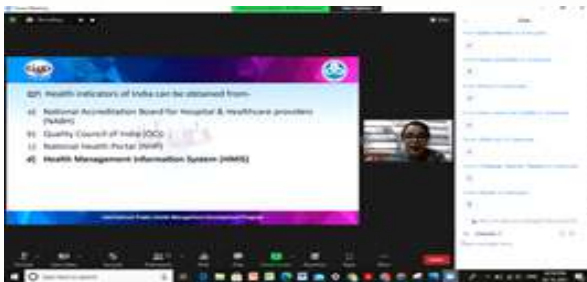
Session Feedback

After completion of the session the participants were asked to share their feedbacks using three different emoticon to express what they felt about the session. Few participants shared their feedback in a very innovative way by drawing smiley faces on a piece of paper while other showed thumbs up signs by enabling their videos.



Quiz Session

After getting the feedback of the session a short quiz session consisting of ten question viz. Fill the Gap, a MCQ and a fill in the blank was conducted after the session to assess the knowledge gained by the participants for the topics covered during the session.



Social media time

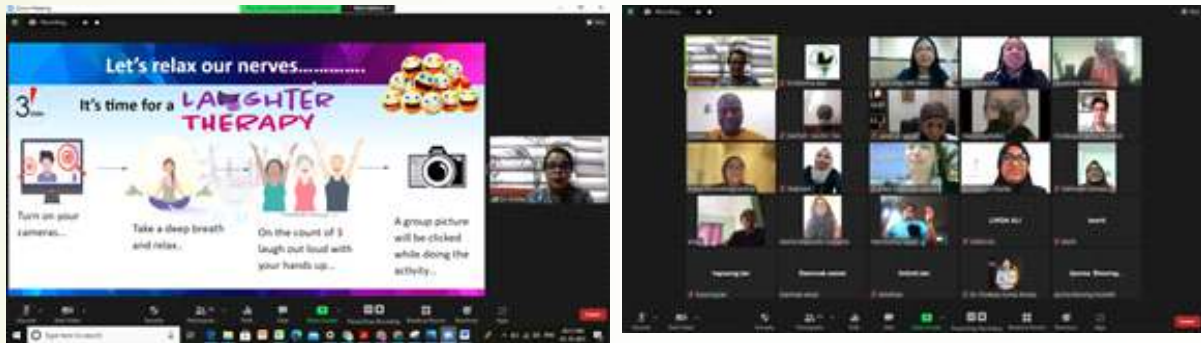
Participants were provided with a short media break where the organizing team asked all the participants to login to their media handles and view the posts related to the course on official page of IPHMDP. They were also requested to share, comment, re-tweet the posts with their friends and colleagues. The participants were also reminded about the social media contest activity where the participants would be recognised who shall be actively promoting the course through their media handles would win the title of the most active social media participant.



PROGRAMME PROCEEDING

Energizer

An energizer activity was planned for participants to break the monotony and refresh them before they start with the e- assignment activity. The participants were asked to enable their video camera and laugh out loud while raising their hands in the air.

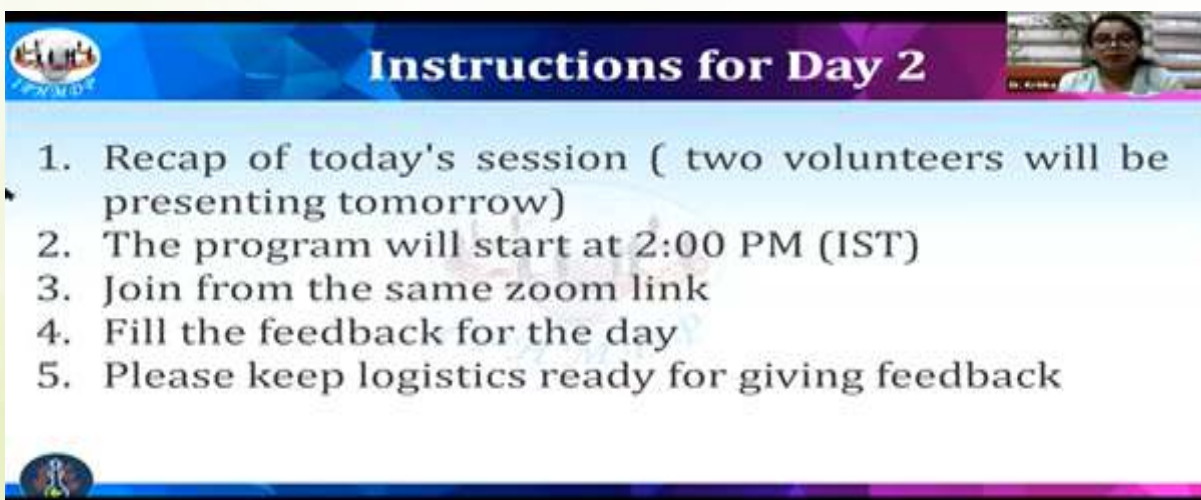


E-assignment

The participants needed to prepare an e-assignment in groups which would then be presented by 1 volunteer from each group. This activity involved formation of 4 breakout rooms where participants were randomly grouped to prepare their group assignments. All the groups were given 20 minutes to complete their respective assignment. Post completion of the assignment, each group presented their work followed by a discussion. At the end Dr. Kirti concluded the session with few take home messages. It was followed by feedback about on presentation of every group.

Instruction for Day – 3

The participants were asked to give their names for next day recap session which was then incorporated in next day plan. They were also informed about the timings and link for the next day. The participants were also asked to fill the feedback and attendance form through the link sent in the chat box.



PROGRAM PROCEEDINGS

Day 3 (6th October 2021, Wednesday)

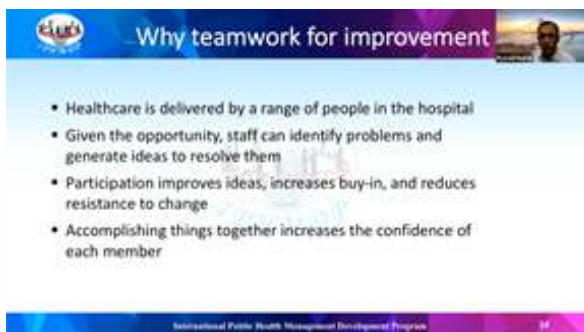
Dr. Kritika Upadhyay, Program-Coordinator, welcomed all the faculty members and participants across the globe in the 3rd day of 11th IPHMDP organized by Post Graduate Institute of Medical Education & Research, in support of Indian Technical and Economic Cooperation Programme under Ministry of External Affairs, Government of India.

Session Recap

A recap of session conducted on day 2 was presented by Ms. Kinley (Bhutan) before starting the session of Day 3.

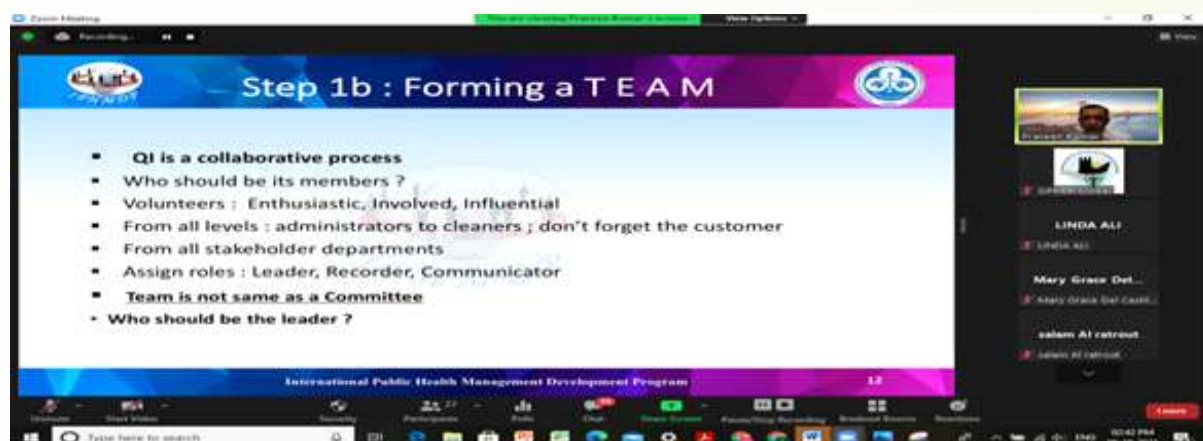
Session 3 : Quality Improvement at Point of Care

Dr.Praveen kumar started the session with briefing the participants about importance of quality at point of care. He introduced topic and shared the learning objective of the sessions followed by explanation of a situation based example. He further introduced the participants to steps in Quality improvement process and elaborated on each and every step involved in it.



Quiz Session

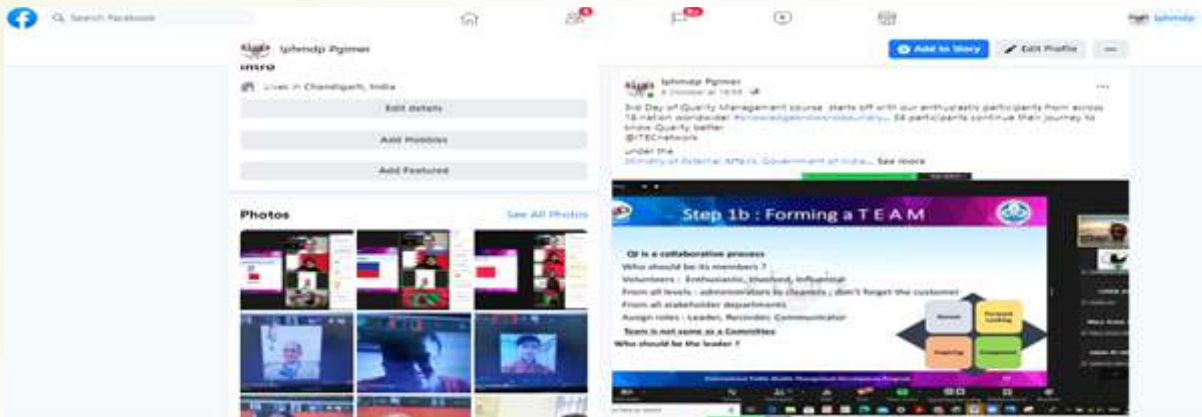
A short quiz session was conducted, viz. fill in the blank, MCQ, identify missing element of the picture etc. The participant enjoyed the session.



PROGRAM PROCEEDINGS

Social Media Time

A short social media break was provided to all the participants with the links of social media posts that were being shared live of the on-going session. The participants were encouraged to post their feedbacks and experience through their media handles.



Mobility Break

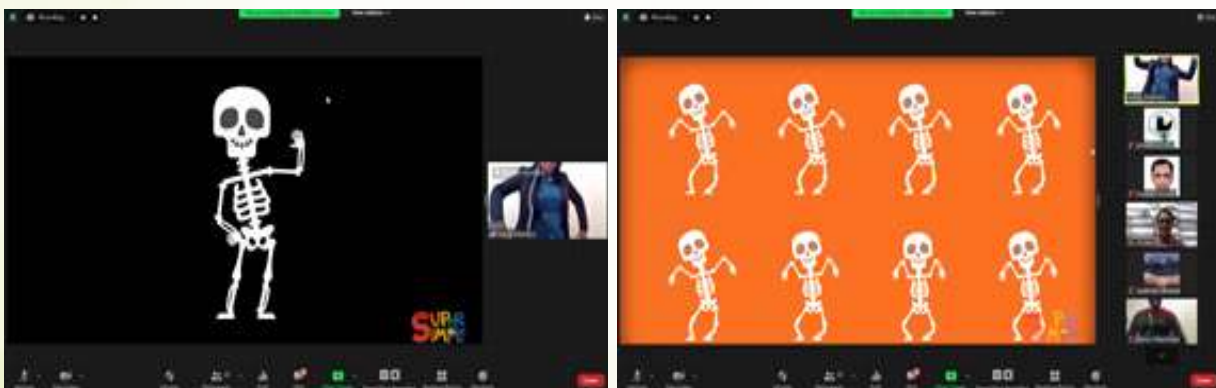
A short 2 minute mobility break was provided to the participants to let them relax for the upcoming sessions of the day.

Session feedback

The participants provided their feedback about the technical session using emoticon drawn on a piece of paper on a scale of Average, Good and Excellent.

Energizer

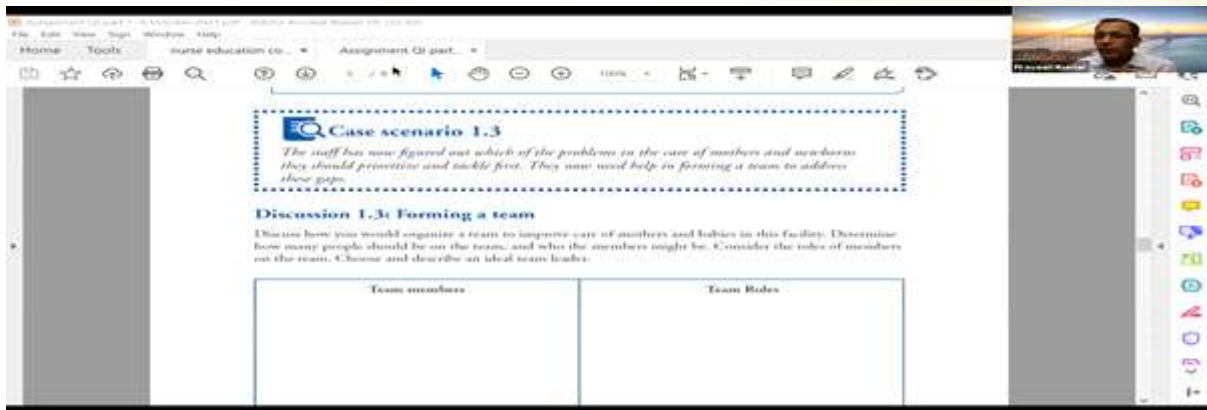
All the participants were engaged in an extremely relaxing energizing activity named “Skeletal dance” which brushed off the dullness before starting with next highly engaging group activity.



PROGRAM PROCEEDINGS

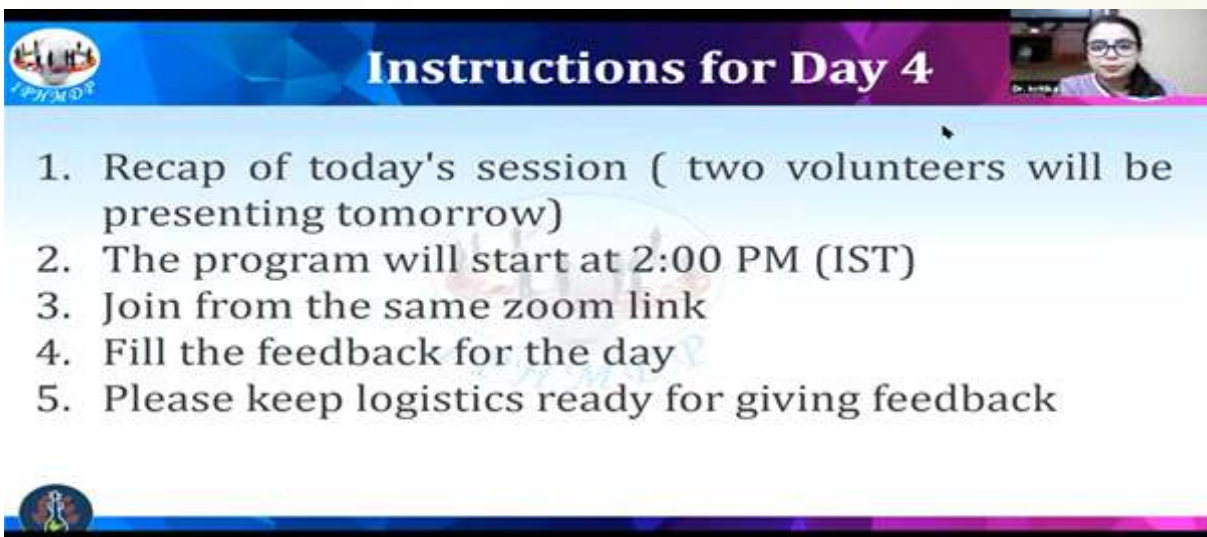
E-Assignment

The participants were provided with a document which had a case scenario based on which they need to answer the questions followed by the case study analysis by the participants in a group of 6-7 participants each. The assignment session ended with a discussion session.



Instruction for day 4

The participants were asked to self-nominate themselves for presentation of recap of day 3 and other instruction for preparation of day 4 was communicated to all the participants.



PROGRAM PROCEEDINGS

Day 4 (7th October, 2021)

Dr. Kritika Upadhyay, Program-Coordinator, welcomed all the faculty members and participants across the globe in the 4th day of 11th IPHMDP organized by Post Graduate Institute of Medical Education & Research, in support of Indian Technical and Economic Cooperation Programme under Ministry of External Affairs, Government of India.

Recap of day 3

The recap of day 3 was presented by 2 participants named Ms. Wint wint (Myanmar) and Dr. Diana (Philippines).

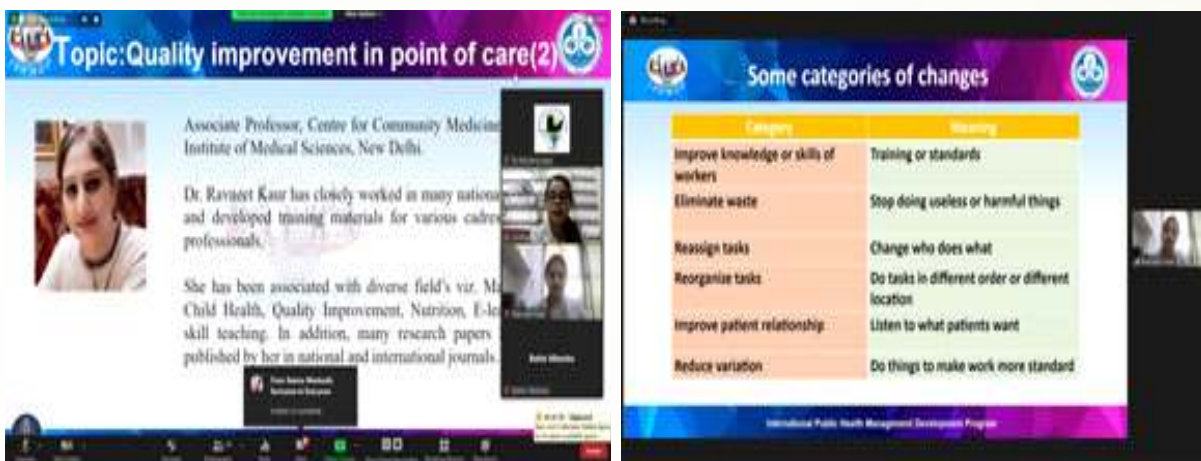


PROGRAMME PROCEEDING

Session 4:

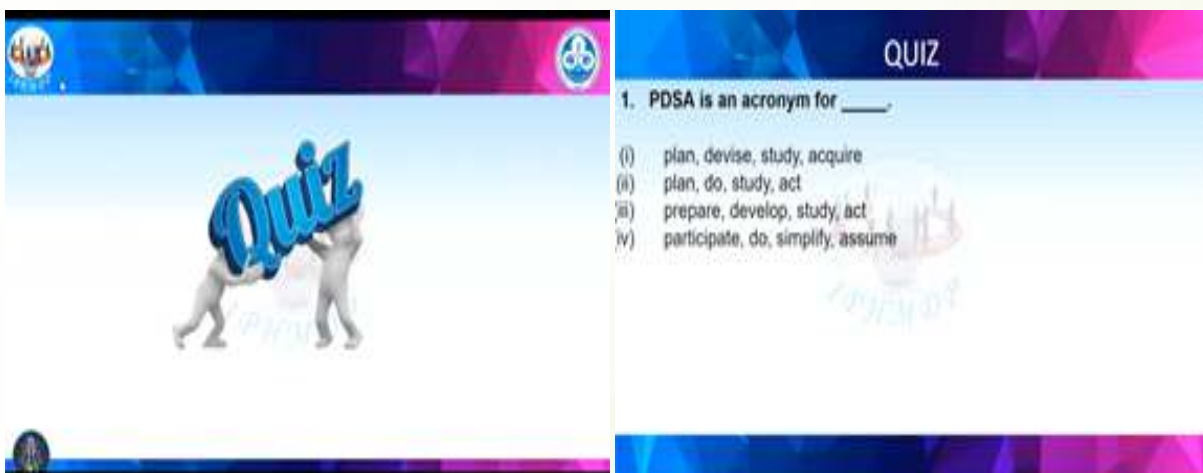
Quality Improvement at Point of Care (Part 2)

Dr. Ravneet Kaur (Associate Professor, Centre for Public Health, AIIMS, New Delhi) facilitated the technical session on day 4 where she expanded further on the topic “care at point of care”. She firstly refreshed the steps in QI process that was taught in previous session followed by introducing participants to newer concepts of quality at point of care such as change ideas, use of PDSA cycles for QI process at various level. She explained the participants in details the process for development of change idea and how it can be used for designing various PDSA cycle to actualize this change in the target setting. She further explained various tools such as Fish bone analysis, Perato principle etc. to analyses the problem area before developing the change idea and PDSA cycle.



Quiz Session

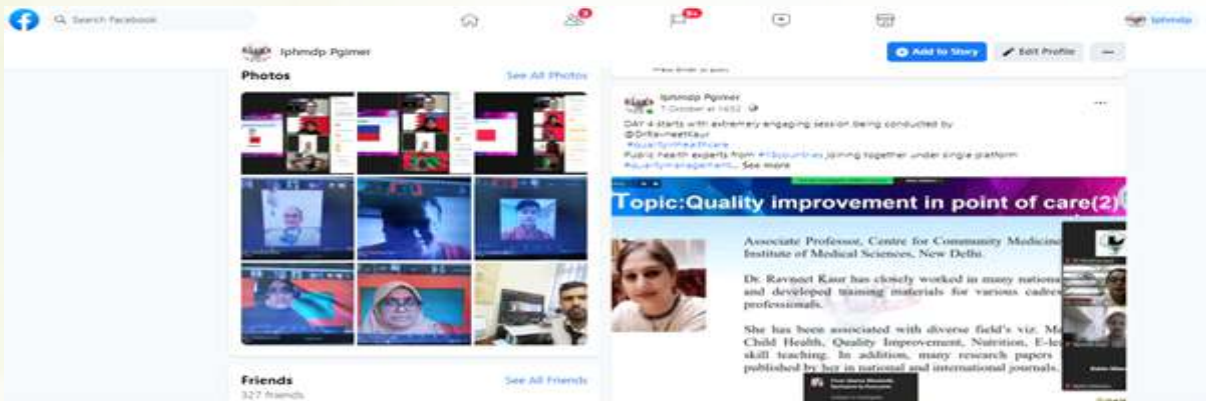
A short quiz session was conducted, viz. fill in the blank, MCQ, identify missing element of the picture etc.



PROGRAM PROCEEDINGS

Social Media Time

A short social media break was provided to all the participants with the display of facebook and Twitter handle and encouraged to post their feedbacks and experience on the social media handles.



Mobility Break

A short 2 minute mobility break was provided to the participants to let them relax for the upcoming sessions of the day.



Session feedback

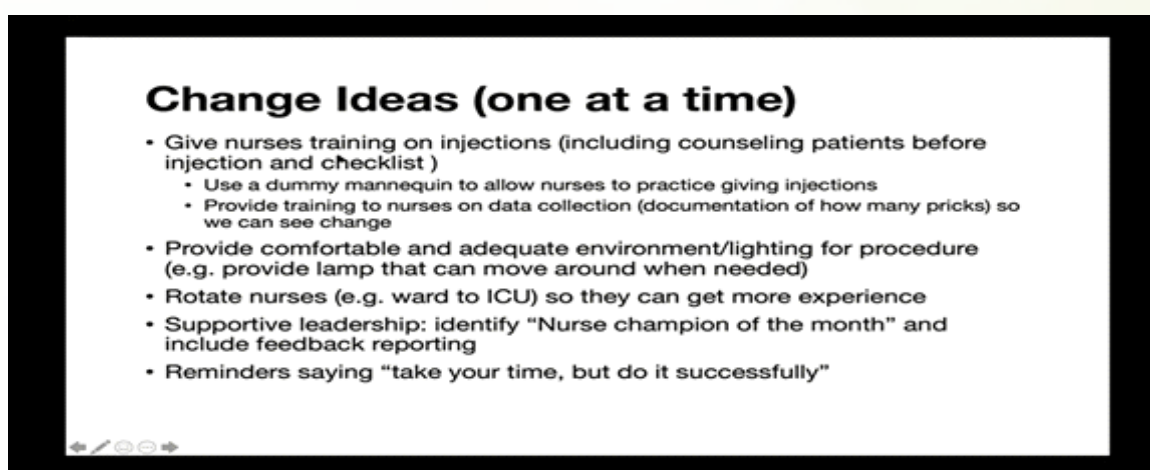
The participants provided their feedback about the technical session using emoticon drawn on a piece of paper on a scale of Good, Average and Excellent. Participants thoroughly enjoyed the session.



PROGRAM PROCEEDINGS

E-Assignment

Based on the learning from the session the participants were asked to identify a problem in their respective organisation on which they would like to work. They were then asked to develop a change idea which they would be implementing to resolve the problem. The next part of the assignment involved describing the steps to implement the change idea in their respective settings. The final part of the assignment involved a plan of how this change would be monitored to ensure its sustainability. Participants were divided into 4 groups to develop their assignments and 30 minutes were given to complete it followed by presentation.



Change Ideas (one at a time)

- Give nurses training on injections (including counseling patients before injection and checklist)
 - Use a dummy mannequin to allow nurses to practice giving injections
 - Provide training to nurses on data collection (documentation of how many pricks) so we can see change
- Provide comfortable and adequate environment/lighting for procedure (e.g. provide lamp that can move around when needed)
- Rotate nurses (e.g. ward to ICU) so they can get more experience
- Supportive leadership: identify "Nurse champion of the month" and include feedback reporting
- Reminders saying "take your time, but do it successfully"

Winners of Contest

Dr. Kritika, Program Coordinator announced the winner of daily quiz and social media. Everyone congratulated the winner for their active participation.



Winners of the Quiz

1st- Ms. Daina

2nd- Ms. Mbali Mabuza

3rd- Mr. Menzi Nkambule

International Public Health Management Development Program 72

Attendance and feedback

Lastly the day ended with the instructions for fourth day and sharing the attendance and feedback link in the chat box.

PROGRAM PROCEEDINGS

Session 5: Lean Management

Dr. Kritika Upadhyay, Program-Coordinator, welcomed all the faculty members and Participants across the globe in the 5th day of 11th IPHMDP organized by Post Graduate Institute of Medical Education & Research, in support of Indian Technical and Economic Cooperation Programme under Ministry of External Affairs, Government of India. She briefed the participants about the on-going contests in which participants can compete for various titles and send their entries to participate. She then asked the participants to present a brief recap of sessions of day 4.

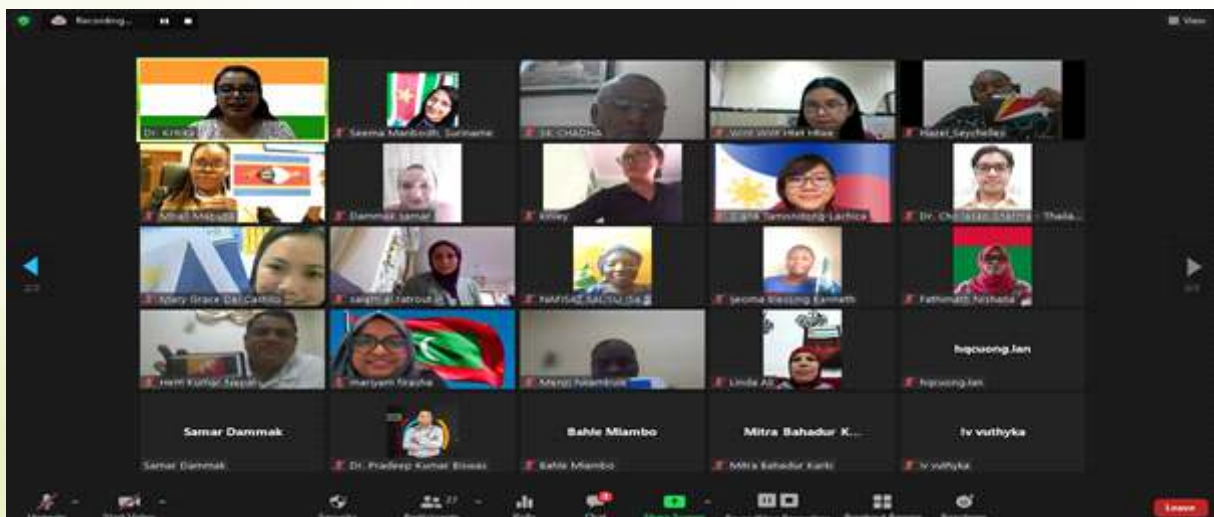
Recap session

Ms. Linda from Palestine and Ms. Seema from Suriname presented the recap of day 4 on how to identify a problem and develop a change idea and monitor it to make it sustainable.



Group photo

All the participants were asked to display their country flag as the virtual background and enable their video. This colorful activity represented the diverse participation from all over the world.



PROGRAM PROCEEDINGS

Lean Management

Dr. SK Chadha (Professor and Ex. Chairman, University Business School, Panjab University Chandigarh) opened the session with stating the importance of lean management with respect to for quality improvement. He told world is facing crisis and limited resources are available there which should be strategically used to improve the health outcome. He then explained Lean Management through various terminologies and its associated concepts. He gave an example of the Toyota manufacturing system and how it is the most apt example for implication of Lean Management System. He later contextualised lean management from perspective of healthcare.

The screenshot shows a Zoom meeting slide with the following content:

- Topic- Lean management**
- Dr. S K Chadha** (with a circular portrait)
- Professor & Ex. Chairman, University Business School, Panjab University.**
- Dr. S K Chadha has been actively involved in research since 1986 has experience of 38 years as a teaching professional.**
- He has published 70 Research Papers and Articles in Leading National & International Journals and has a doctoral research Guiding Experience.**
- He is associated with select Management Development Programs, Consultancy and Research Projects**

At the bottom of the slide, there is a notification: "From 1200835 Layan All to Everyone". The Zoom interface at the bottom shows icons for Home, Start Video, Mute, Participants, Polls, Chat, Share Screen, Raise Hand, and Reactions.

Quiz Session

A short quiz session was conducted, viz. fill in the blank, MCQ, identify missing element of the picture etc.

The screenshot shows a Zoom meeting slide with the following content:

QUIZ

Q4) PDCA is a common improvement cycle. What does PDCA stand for?

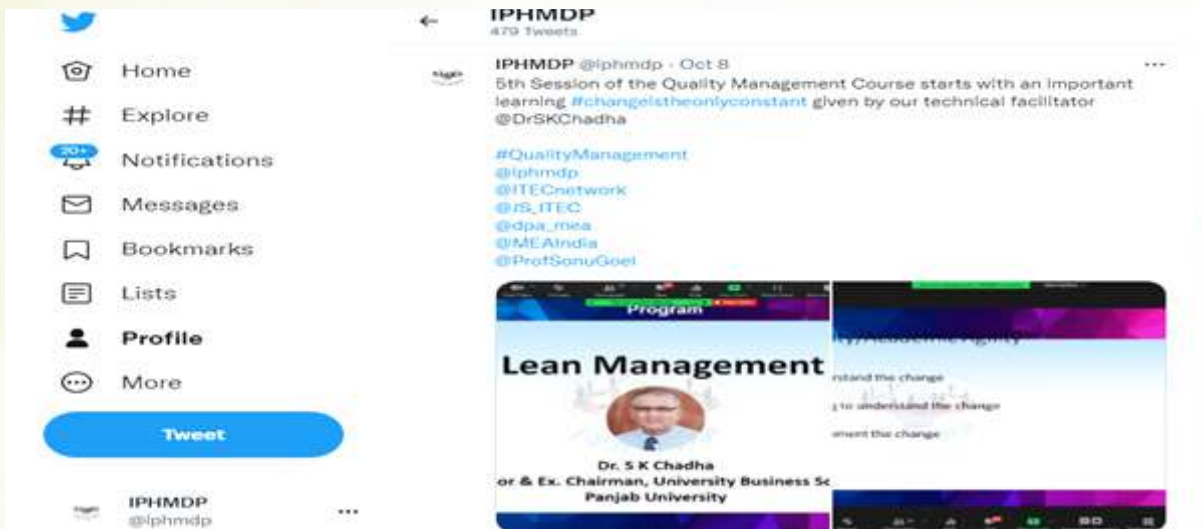
- a. Product development cycle approach**
- b. Product development checklist approach**
- c. Planning development in core activity**
- d. None of above**

The slide features a background image of a globe with the letters 'I P H M D P' overlaid.

PROGRAM PROCEEDINGS

Social Media Time

A short social media break was provided to all the participants with the links of social media posts that were being shared with them on Zoom platform. The participants were encouraged to post their feedbacks and experience through their media handles.



Mobility Break

A short 2 minute mobility break was provided to the participants to let them relax for the upcoming sessions of the day.

Energizer

All the participants were engaged in an extremely relaxing energizing activity named “Skeletal dance” to brush off any dullness before starting with next highly engaging group activity.



PROGRAMME PROCEEDING

E-Assignment

The participants were divided into 4 groups where they had to prepare the assignment after analysing a case study and present their findings. This was followed by a discussion where the groups presented their findings and got the feedback on the same from Dr. S.K Chadha.



PROGRAM PROCEEDINGS

Day 6 (9TH October,(Saturday))

Dr. Kritika Upadhyay, Program-Coordinator, welcomed all the faculty members and Participants across the globe in the 6th day of 11th IPHMDP organized by Post Graduate Institute of Medical Education & Research, in support of Indian Technical and Economic Cooperation Programme under Ministry of External Affairs, Government of India. She briefed the participants about the on-going contests in which participants can compete for various titles and send their entries to participate.

Recap session

The recap of day 5 was presented by Dr. Salam Alratraut from Palestine where she went through all the important concepts of lean management.

Session 6: Action Plan Preparation

The session was addressed by Prof. Sonu Goel and was attended by all faculties of the program. During the session the faculties one by one summarised their respective topics. The faculty also took questions from the participants and answered them live on zoom platform. Further the resource faculty were asked by Prof. Sonu Goel to give a brief idea to all the participants about preparation of their respective action plan. Each faculty expressed their expectation regarding the action plan and clarified doubts of the participants. Lastly, the participants were asked to choose an issue on which they would like to prepare their action plan and the few examples of action plan were explained by the faculty to the participants.

The screenshot shows a Zoom meeting with several participants. The main focus is a presentation slide titled "ACTION PLAN PREPARATION" from the Department of Community Medicine & School of Public Health, PGIMER, Chandigarh. The slide includes a form for participants to complete their action plans.

ACTION PLAN PREPARATION
DEPARTMENT OF COMMUNITY MEDICINE & SCHOOL OF PUBLIC HEALTH, PGIMER
CHANDIGARH

Your Commitment to taking the Idea to Implementation

Name of the Participant: Country:

Name of the Institute/ organisation:

Designation:

On the basis of knowledge gained from the program write 1-2 goals and complete the action plan below as to successfully implementation your learning's in **3 MONTHS DURATION**

Objective (List of goals)	Tasks (What you need to achieve the goals)	Time frame (By when you need to complete the tasks)	Resources (What or who can help you complete tasks)	Success criteria (How will you identify your success)

International Public Health Management Development Program 8

PROGRAM PROCEEDINGS

Day 7 (10TH October,(Sunday))

Dr. Kritika Upadhyay, Program-Coordinator, welcomed all the faculty members and Participants across the globe in the 7th and the last day of 11th IPHMDP organized by Post Graduate Institute of Medical Education & Research, in support of Indian Technical and Economic Cooperation Programme under Ministry of External Affairs, Government of India.

Fun Activity

Dr.Kritika Upadhyay explained all the participants about the steps to change their virtual background to their country flag. After changing the background as their respective country flag the participants were asked to turn on their camera and write one word to describe the Quality Management course as per their experience in the last 6 days. All the participants shared the one word by writing them on a piece of paper and hold it in front of the camera. A group photograph was then taken of all the participants.



Post Test

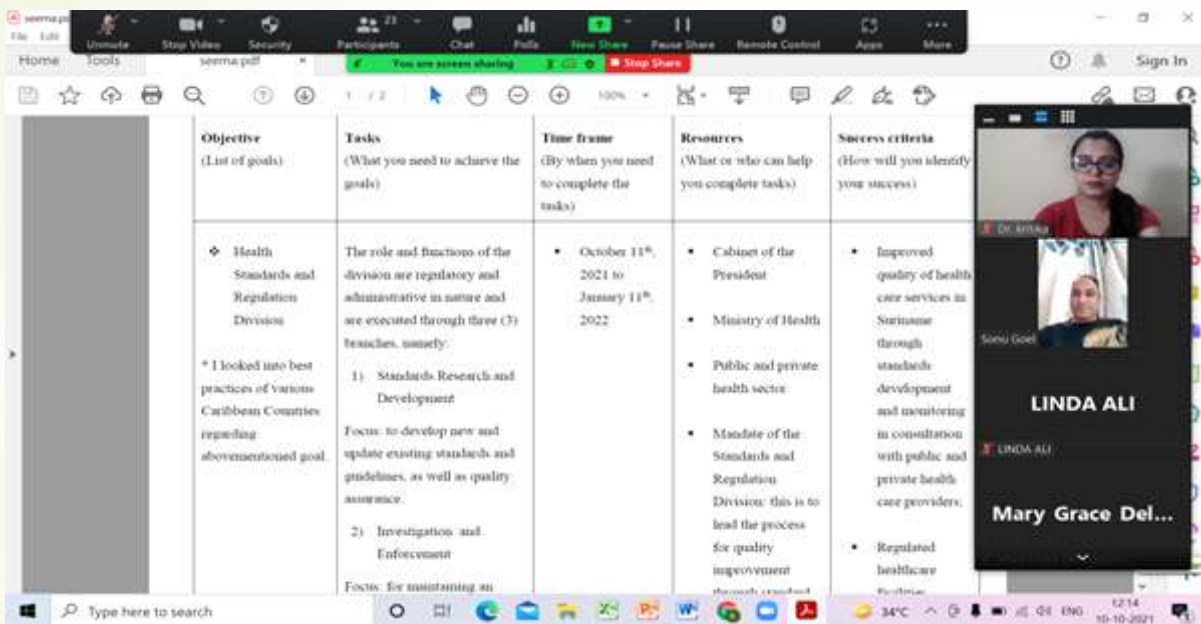
Dr.Kritika Upadhyay explained all the participants about the steps to change their virtual background to their country flag. After changing the background as their respective country flag the participants were asked to turn on their camera and write one word to describe the Quality Management course as per their experience in the last 6 days. All the participants shared the one word by writing them on a piece of paper and hold it in front of the camera. A group photograph was then taken of all the participants.



PROGRAM PROCEEDINGS

Action plan Presentation

Dr. Kritika briefed the participants about session and asked them to volunteer for presenting their Action plan. Few participants presented their action plan during this session and received comments from their fellow participants as well as Dr. Sonu Goel. The participants who presented their action plans were: 1) Ms.Fathimath Nishana 2) Ms. Seema Manbodh 3)Ms. Linda 4) Ms. Dammak Samar.



The screenshot shows a Zoom meeting interface with a presentation slide. The slide contains a table with the following content:

Objective (List of goals)	Tasks (What you need to achieve the goals)	Time frame (By when you need to complete the tasks)	Resources (What or who can help you complete tasks)	Success criteria (How will you identify your success)
<ul style="list-style-type: none">Health Standards and Regulation Division <p>* I looked into best practices of various Caribbean Countries regarding above-mentioned goal.</p>	<p>The role and functions of the division are regulatory and administrative in nature and are executed through three (3) branches, namely:</p> <ol style="list-style-type: none">Standards Research and DevelopmentInvestigation and Enforcement <p>Focus: to develop new and update existing standards and guidelines, as well as quality assurance.</p> <p>Focus: for maintaining an</p>	<ul style="list-style-type: none">October 11th, 2021 to January 11th, 2022	<ul style="list-style-type: none">Cabinet of the PresidentMinistry of HealthPublic and private health sectorMandate of the Standards and Regulation Division: this is to lead the process for quality improvement through standard	<ul style="list-style-type: none">Improved quality of health care services in Suriname through standards development and monitoring in consultation with public and private health care providers.Regulated healthcare

The Zoom interface also shows a list of participants on the right side, including Dr. Kritika, Sonu Goel, LINDA ALI, and Mary Grace Del...

PROGRAM PROCEEDINGS

Competition Winners

Dr. Kritika Upadhyay announced the winners of the contests which were held during the program from the day 1 viz. quiz competition, best logo, best selfie, most socially active participant, most participatory and voracious reader. All the winners were given a certificate for winning the contest.

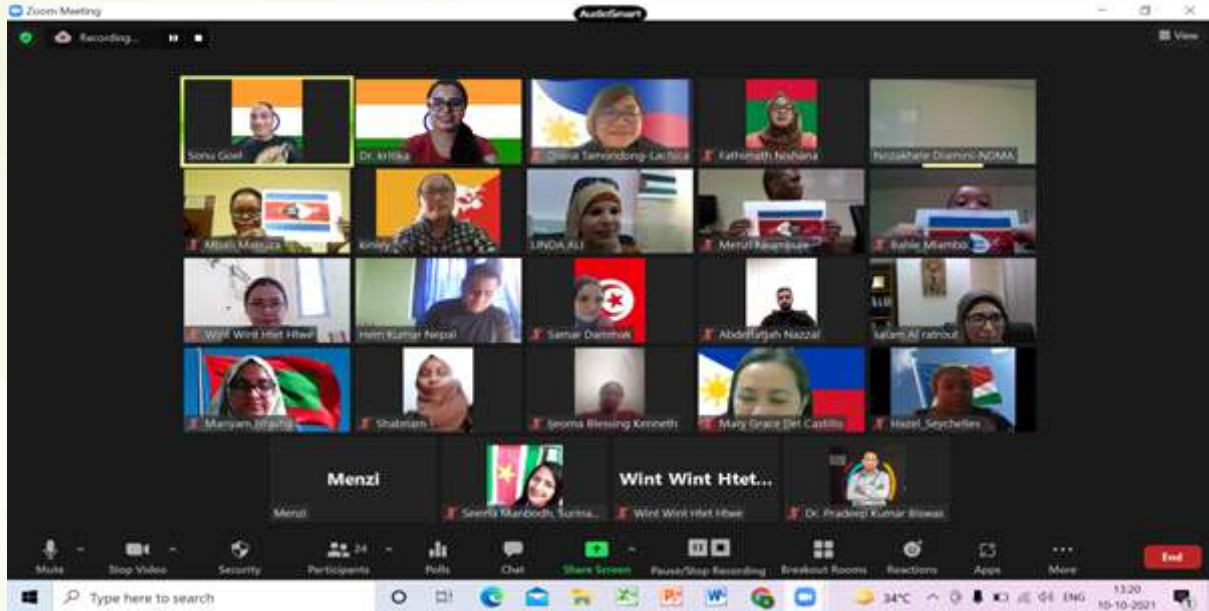
Most Socially active participant	Ms. Seema Manbodh (Suriname)
Most Participatory participant	Dr. Diana Tamondonglachica (Phillipines)
Best Logo Competition	Salam K.M. Alratrout (Palestine)
Quiz Competition (1st Position)	Dr. Diana Tamondonglachica (Phillipines)
Quiz Competition (2 nd Position)	Ms. Nozakhele Dlamini (Kingdom of Eswatini)
Quiz Competition (3 rd Position)	Ms. Mbali Mabuza (Kingdom of Eswatini)
Best Selfie and tagline	Ms. Hazel Robert (Seychelles)
Voracious reader	Dr. Diana Tamondonglachica (Phillipines)



VALEDICTORY CEREMONY

Group Photograph

The participants were asked to put a virtual background of their country flag which was and a group picture was then taken.



LIVE FEEDBACK SESSION

Mrs. Diana
from Phillipines

“Course is comprehensive and felt the assignments were very engaging and were the best part of the program”.

Mr. Chollasap
from Thailand

“Program was really interesting and I will try to apply these learning in my workplace”.

Ms. Samar
Dammak

“Said how satisfied she was with course content and showed interest in attending many more such program”.

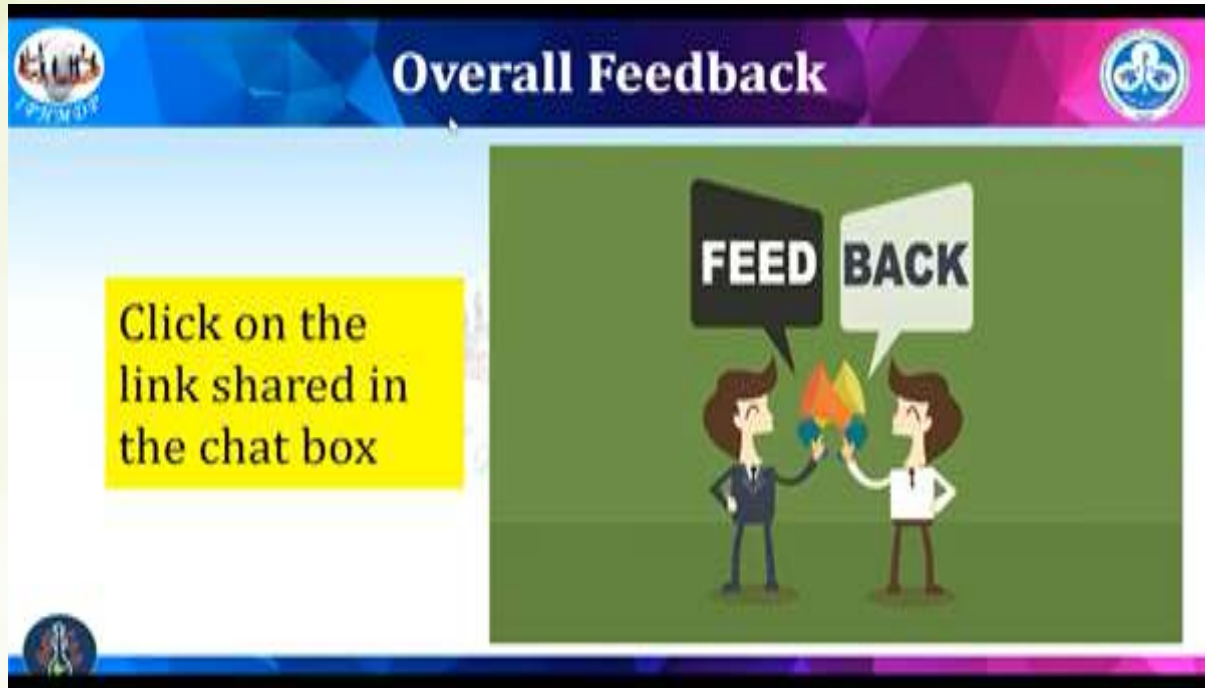
Ms. Nozakhele
Kingdom of Eswatini

“I felt the program was very useful in real life and was engaging”.

Ms. Salam
Al Ratraut , Palestine

“I found the content very rich and engaging. I would specially like to thank Dr. Kritika for all her efforts to make the session engaging and seamless”.

LIVE FEEDBACK SESSION

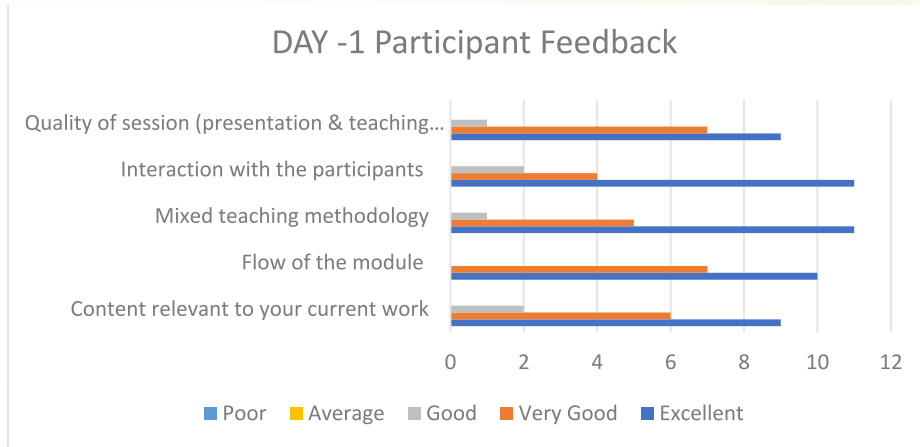


Closing Ceremony

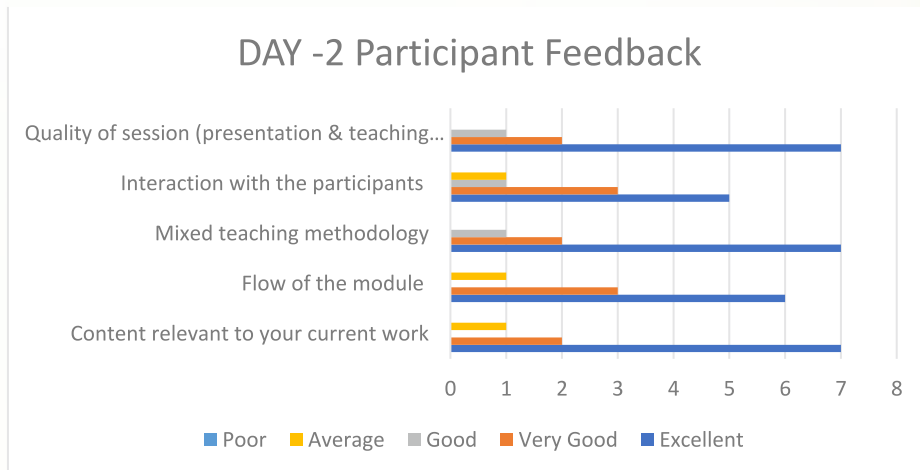
The 7 day long journey of 11th International Public Health Management Development Program (IPHMDP) which is fully supported by Ministry of External Affairs, Government of India under Indian Technical and Economic Cooperation (ITEC) Scheme came to end with closing remarks from Dr. Sonu Goel, Program Director, IPHMDP.

ANNEXURE 1: DAY WISE FEEDBACK

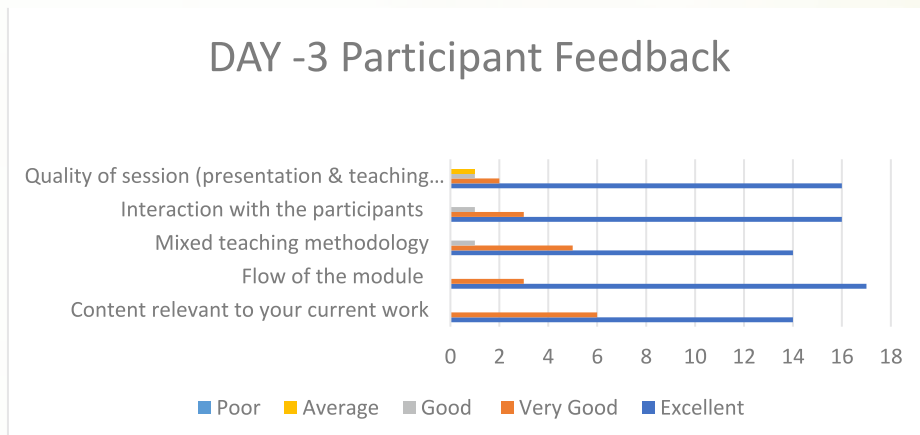
N=17



N=10

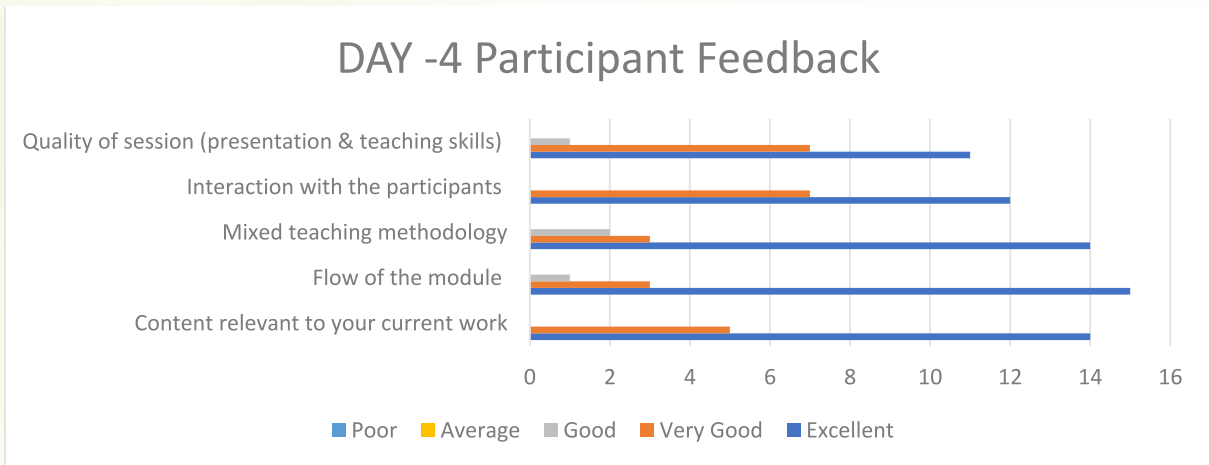


N=20

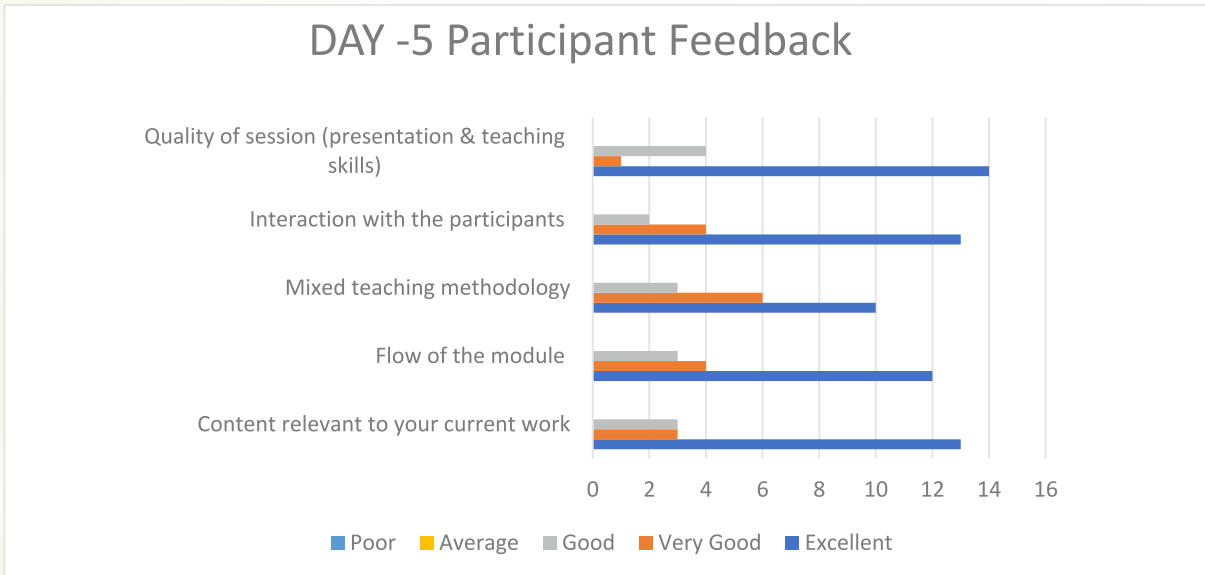


ANNEXURE 1: DAY WISE FEEDBACK

N=19

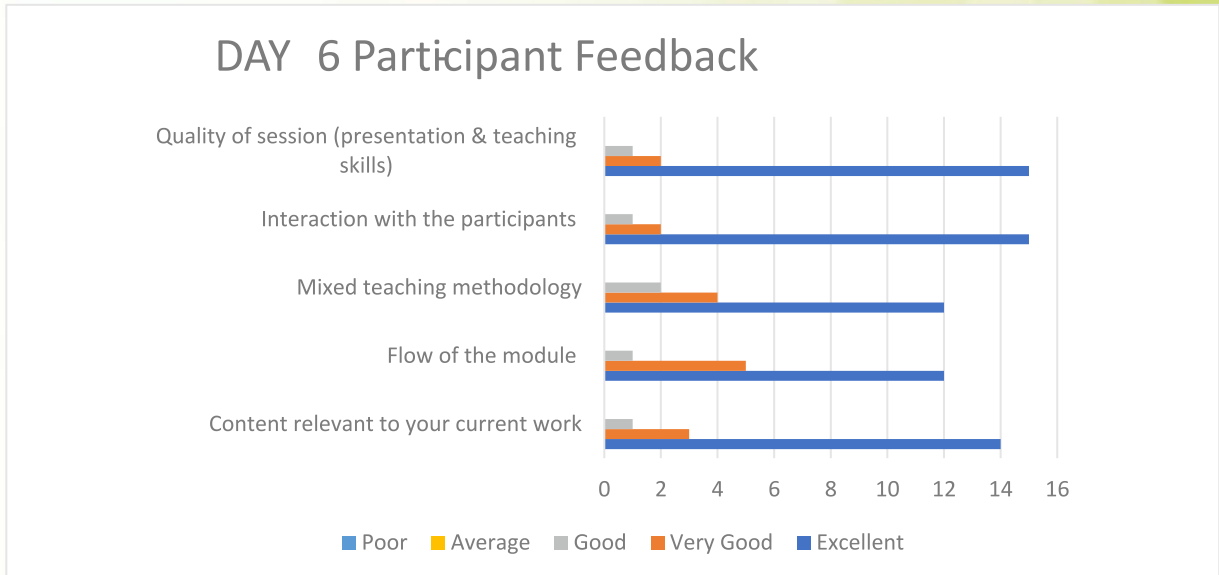


N=19

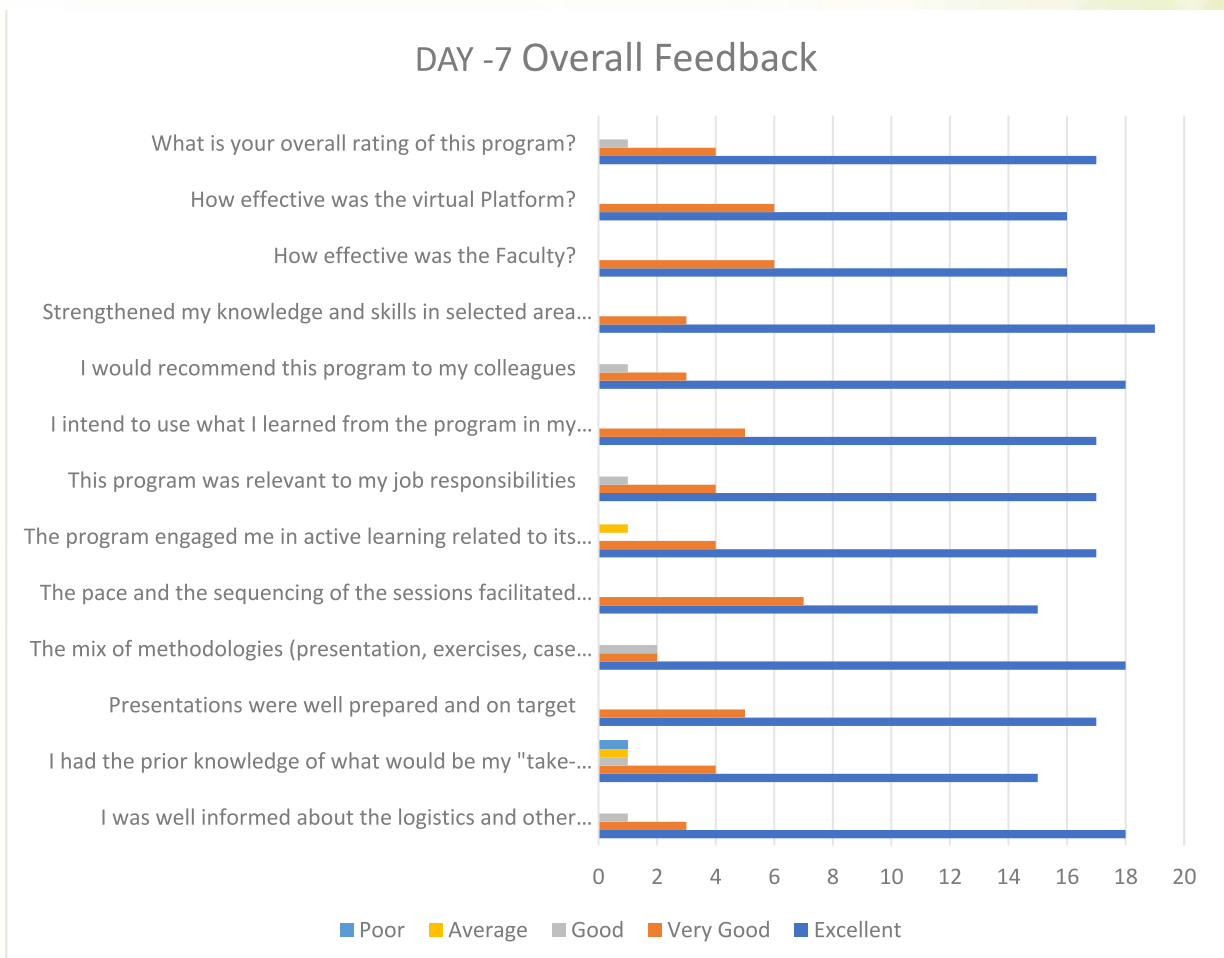


ANNEXURE 1: DAY WISE FEEDBACK

N=18



N=22



ANNEXURE 2: PRE-POST TEST QUESTIONNAIRE

1. **In a healthcare setting there is always scope for improvement. Yet not many efforts are made for improvement. Which of the following is NOT the reason for this?**
 - a. People are busy in what they do routinely and do not actively work to do carry out improvement efforts
 - b. It may be difficult to identify changes which can be made and which will lead to improvement
 - c. **There is already shortage of resources and doing better requires more resources like beds, equipment, supplies and manpower**
 - d. It requires soft skill to motivate people to participate in improvement activities and satisfy their diverse opinions and expectations

2. **Which of the following is NOT a criterion for assessing quality of healthcare?**
 - a. Safe
 - b. Equitable
 - c. Timely
 - d. **State-of-art**

3. **A team of nurses and doctors have found in a Special Care Newborn Unit (SCNU) that mothers of preterm babies can provide more expressed breast milk if they are encouraged to come to SCNU within first day of birth of baby and handle the baby. As a doctor-in-charge of your SCNU after hearing this success story what should you do?**
 - a. Implement this practice in your SNCU
 - b. Cannot implement or test in your SNCU as mothers do not maintain hygiene and it can result in increased incidence of sepsis
 - c. Test this idea in your SNCU by doing it for a small number of babies over next few days and see what nurses think
 - d. **Test this idea in your SNCU by doing it for a small number of babies over next few days and collect data how it effects feeding practices and sepsis**

4. **People are attracted to a novel change which has improved things in another place. However, while they want to use the same change idea in their place what is MOST COMMON mistake they make?**
 - a. **Implement the change without testing it**
 - b. Are afraid to commit to change
 - c. Think they do not have resources to make changes
 - d. Do not educate people at their place

ANNEXURE 2: PRE-POST TEST QUESTIONNAIRE

5. Measures used to assess and compare the quality of health care organizations are classified as either a structure, ----- or outcome measure.
- Process
 - Route
 - Performance
 - None of the above
6. What is ISQua?
- Indian Society for Quality in Health Care
 - Internal Standards for Quality in Healthcare
 - International Society for Quality in Health Care
 - International Standards for Quality in Healthcare
7. Without _____ there is there is no logical basis for making a decision or taking action.
- Knowledge
 - quality
 - standard
 - condition
8. Healthcare quality defines with an attribute of _____ care should be based on individual needs
- Advanced care
 - Patient-centered care
 - Evidence based care
 - Modern
9. Health indicators of India can be obtained from
- Quality Council of India (QCI)
 - National Health Portal (NHP)
 - Health Management Information System (HMIS)
 - National Accreditation Board for Hospital & Healthcare providers (NABH)

ANNEXURE 2: PRE-POST TEST QUESTIONNAIRE

10. What is not true for NQAS?

- a. It stands for National Quality Assurance Standards
- b. NQAS are currently available for tertiary level hospitals, distric hospitals, CHCs and PHCs**
- c. These standards are ISQUA accredited
- d. Include * areas of concern

11. The correct sequence for quality improvement is :

- a. Develop an aim, analyse the problem and implement a change
- b. Identify a problem, form a team, analyse the problem and test change ideas**
- c. Identify a problem, develop a solution from literature and pass an order
- d. Identify those making errors and take punitive action against them

12. SMART aim stands for all EXCEPT :

- a. Specific
- b. Measurable
- c. Achievable
- d. Reproducible**

13. Which one is true about Process Maps?

- a. Should be drawn by the senior most people in the department
- b. Should reflect ideal work flow
- c. Should be made by the frontline workers**
- d. Do not yield solutions

14. Which is the most effective change idea?

- a. Education and awareness
- b. Skill training
- c. Reminders
- d. Automation**

15. PDSA is an acronym for _____.

- a. plan, devise, study, acquire
- b. plan, do, study, act**
- c. prepare, develop, study, act
- d. participate, do, simplify, assume

ANNEXURE 2: PRE-POST TEST QUESTIONNAIRE

16. All of the following are qualities of a good indicator EXCEPT
- Clear and unambiguous
 - Should be linked to aims
 - Should be used to test change and guide improvement
 - Should not be a part of the team's daily routine**
17. Which of the following statements is true regarding testing of change ideas
- It is preferable to test multiple changes at a time.
 - Changes should be prioritized according to importance and practicality**
 - If the change did not happen as envisioned, it should not be documented.
 - If a change idea did not work at all, it should be adapted
18. All of the following are important changes in point of care quality improvement EXCEPT:
- Improving skills of the health workers
 - Reassigning the tasks
 - Increasing the variations in the task.**
 - Eliminating waste
19. A hospital is using lean management to help their efficiency. Which is NOT a potential benefit?
- Cutting wait time for patients
 - Shortening patient hospital stays
 - Saving money by reducing unnecessary personnel in the billing process
 - Lower employee morale**
20. Which is not a key way to eliminate waste in an operation?
- Streamline flow
 - Match supply and demand exactly
 - Use large and high capacity machine
 - Create flexible process**
 - Minimize variability

ANNEXURE 3: SAMPLE ACTION PLAN

Annexure 3: Sample action plan

E-INTERNATIONAL PUBLIC HEALTH MANAGEMENT DEVELOPMENT PROGRAM (IPHMDP)

DEPARTMENT OF COMMUNITY MEDICINE & SCHOOL OF PUBLIC HEALTH, PGIMER
CHANDIGARH
4th-10th October 2021

Name of the Participant: Fathimath Nishana

Country: Rep of Maldives

Name of the Institute/ organization: Ministry of Health/ Quality Assurance and Regulation Division

Designation: Community Health Officer

Objective	Tasks	Time frame	Resources	Success criteria
Increase the percentage of registered nurses in IGMH, medical ward with the knowledge of drug calculation	<ul style="list-style-type: none"> Assess the level of nurses in the ward Identify nurses in the ward who has the knowledge of drug calculation and the nurses who are in need. Divide the nurses in groups as per identified levels. Allocate a leader to each group from the nurse who has the knowledge of drug calculation Conduct education sessions to each group separately Assess the level post sessions Group leader continuously assess the performance of the nurses during duty hours Conducts refreshing sessions by leaders to the group during times of huddle at 	<ul style="list-style-type: none"> Within 1 to 3 weeks Within 4 to 8 weeks Within 9 to 12 weeks 	<ul style="list-style-type: none"> Human resource: <ul style="list-style-type: none"> Nurse in the ward Facilitators Administrative staffs for the administrative works Meeting room Financial support to arrange refreshment and stationaries Standard drug calculation guidelines 	<ul style="list-style-type: none"> Results of pre and post assessment Reduction in medical error incident in the ward Reduction in delay of medical administration Ward senior nurses able to teach other junior nurses on drug calculations

ANNEXURE 3: SAMPLE ACTION PLAN

	start of duty and end of duty hours.			
Increase percentage of patients following up in diabetic clinic who are being discharged from IGMH, Medial Ward	<ul style="list-style-type: none"> • Make a list of patients admitted in medical ward <ol style="list-style-type: none"> a) Known case of diabetes b) Newly diagnosed with diabetes c) Who are already registered in diabetic clinic • Explain follow up in diabetic clinic on discharge to all the diabetic patients • Share the diabetic clinic number and mention in discharge summary so the patient/patient family can contact the diabetic clinic for registration and if travelling out of the city, can do online consultation as well • Maintain a list of patients consulting in diabetic clinic and mention the reference as follow up from which ward or unit patient was referred 	Throughout the 3 months' time	<ul style="list-style-type: none"> • Human resources <ul style="list-style-type: none"> ▪ Nurse, medical officer and administrative staffs • Financial support <ul style="list-style-type: none"> ▪ Computer system ▪ Log books ▪ Mobile phone with a sim • Diabetic guideline from diabetic association of Maldives 	<ul style="list-style-type: none"> • Comparatively the list made in ward with the list in diabetic clinic is the same • Reduction in readmission of patients with uncontrolled diabetes or complications related to diabetes • Patient verbalizes the satisfaction of service provided in diabetic clinic • Number of patients approaching diabetic clinic is more than number of patients being admitted in ward

ANNEXURE 3: SAMPLE ACTION PLAN

E-INTERNATIONAL PUBLIC HEALTH MANAGEMENT DEVELOPMENT PROGRAM (IPHMDP)

DEPARTMENT OF COMMUNITY MEDICINE & SCHOOL OF PUBLIC HEALTH, PGIMER
CHANDIGARH
4th-10th October 2021

Your Commitment to taking the Idea to Implementation

Name of the Participant: *Linda Ali*

Country: *Palestine*

Name of the Institute/ organization: *MOH*

Designation: *QPSU*

On the basis of knowledge gained from the program write 1-2 goals and complete the action plan below as to successfully implementation your learning's in **3 MONTHS DURATION**

Objective (List of goals)	Tasks (What you need to achieve the goals)	Time frame (By when you need to complete the tasks)	Resources (What or who can help you complete tasks)	Success criteria (How will you identify your success)
INCREASE COMPLIANCE OF HAND HYGIENE AMONG HEALTH CARE WORKERS IN ICU, MEDICAL AND LABOUR WARDS	<ul style="list-style-type: none"> 1st step is Review and analyses the previous data of the % of hand hygiene compliance to determine from where to start for improvement process statement of the problem (e.g.: low compliance of hand hygiene (60%-70%) among health care worker in icu, medical and labor 	OCTOBER TO DECEMBER 2021	1- human resources the manager and leader / training about the importance of hand hygiene and its effect on health (to help in system change and provide resources ,equipment and infrastructure if needed 2- infrastructure (adequate	By analyzing the data collected from the chick list of hand hygiene and analyze it 1-%of hand hygiene compliance increased e.g. from 70%to 85% 2-The presence of hand hygiene and patient safety culture 3-decrease in % of HCAs among

ANNEXURE 3: SAMPLE ACTION PLAN

	<p>wards in hospital x during month 9/2021</p> <ul style="list-style-type: none"> • Significance of the problem (increase HCAIs among patient) • Team building related to problem (nurses, doctors , specialist & resident Dr and cleaner) • Arrange for training of hand hygiene and discuss parries with the health team. • Identifying causes of the problem and low percentage of hand hygiene compliance • Provide Suggestions & solutions. • Provide needed equipment (alcogel, posters, soap, water & paper towels if needed • Modification infrastructure (sinks) • Monitoring and evaluation: 		<p>supply of hand hygiene at point of care / sinks or alcogel</p> <p>3- Infection & prevention control coordinator & committee help in monitoring and training</p> <p>4- Put a program for new people and new employee to involve them in hand hygiene program</p>	<p>patients</p>
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ANNEXURE 3: SAMPLE ACTION PLAN

	<ul style="list-style-type: none">• Regular meeting (monthly) to identify barriers and provide support to solve it• Monitor compliance by check list and provide feedback to staff• Give rewards and incentive for active staff and ward with high %of compliance of hand hygiene• conduct activity for hand hygiene awareness campaign (global hand washing and hand hygiene days)			
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ANNEXURE 3: SAMPLE ACTION PLAN

E-INTERNATIONAL PUBLIC HEALTH MANAGEMENT DEVELOPMENT PROGRAM (IPHMDP)

DEPARTMENT OF COMMUNITY MEDICINE & SCHOOL OF PUBLIC HEALTH, PGIMER
CHANDIGARH
4th-10th October 2021

Your Commitment to taking the Idea to Implementation

Name of the Participant: Dammak Samar

Country: Tunisia

Name of the Institute/ organization: Health Ministry

Designation: Pharmacist inspector

On the basis of knowledge gained from the program write 1-2 goals and complete the action plan below as to successfully implementation your learning's in **3 MONTHS DURATION**

Objective (List of goals)	Tasks (What you need to achieve the goals)	Time frame (By when you need to complete the tasks)	Resources (What or who can help you complete tasks)	Success criteria (How will you identify your success)
Hygiene Good Practices implementation in a regional hospital	Form a steering committee and appoint a person in charge.	3 days	-Choice criteria -Curriculum Vitae of potential candidates - meeting logistics	group formation and conduct of introductory meeting
	Training of the members of the hygiene committee in good hygiene practices and development of the axes and documents necessary for their implementation.	2 weeks	- External trainer / consultant expert in good hygiene practice - national and international guidelines and standards relating to good hygiene practices - regulatory requirements - meeting logistics	hospital-specific policy and procedures manual relating to good hygiene practices
		2 weeks	-Entry, exit and performance indicators relating to hygiene in each	establish evaluation scores for the hygiene performance of each department
	Diagnose the			

ANNEXURE 3: SAMPLE ACTION PLAN

	<p>hygiene situation in every department and identify the existing problems.</p> <p>6 days</p>	<p>department for the previous year.</p> <ul style="list-style-type: none"> - Surveys for employees and patients. - meeting logistics 	<p>List of 2 department chosen to implement good hygiene practices</p>
	<p>Choose 2 priority department for the implementation of good hygiene practices</p> <p>2 days</p>	<ul style="list-style-type: none"> - evaluation scores established for the hygiene performance of each department - activity in number of patients in each department - number of staff involved in the hygiene management of each department - the material, financial and human resources necessary for the implementation of the strategy for each department 	<p>theoretical knowledge assessment questionnaire</p>
	<p>6 days</p>	<p>theoretical and practical Qualification assessment validation</p>	<p>- procedure set up</p>
	<p>raising awareness among all hospital employees of good hygiene practices (by the committee members)</p> <p>1 month</p>	<ul style="list-style-type: none"> - hospital-specific policy and procedures manual relating to good hygiene practices - meeting logistics - employees related to hygiene management matters of the 2 selected departments 	<p>-complementary measurements for the 2 chosen departments</p> <p>-next departments to work on</p>
	<p>training and qualification of employees related to hygiene management</p> <p>10 days</p>	<ul style="list-style-type: none"> - External trainer / consultant expert in good hygiene practice - meeting and training logistics 	

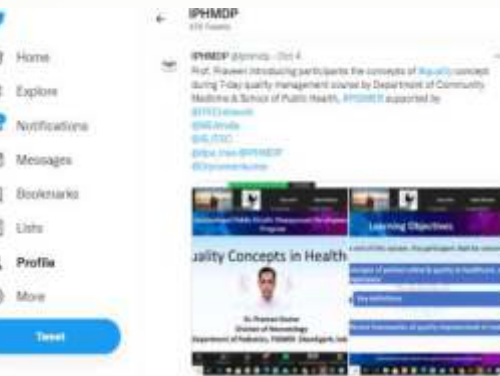
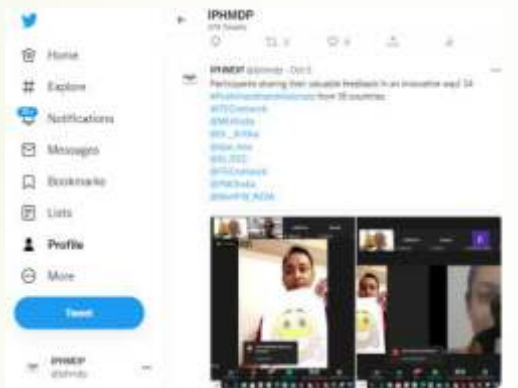
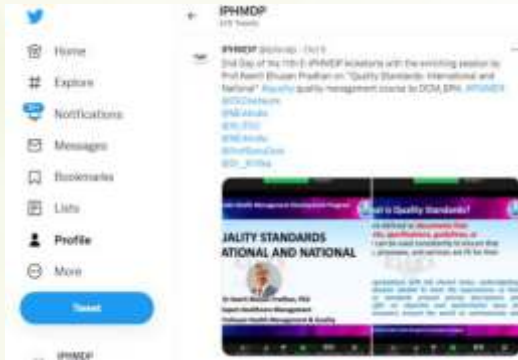
ANNEXURE 3: SAMPLE ACTION PLAN

	<p>matters of the 2 selected departments</p> <p>implement the necessary measures to ensure good hygiene practices by already qualified personnel</p>		<ul style="list-style-type: none"> - material, financial and human resources necessary for the implementation of the strategy for each department (already fixed) - procedure and instructions from the hospital-specific policy and procedures manual relating to good hygiene practices 	
	<p>Check:</p> <ul style="list-style-type: none"> -verify the application of procedures and the effectiveness of the measures taken. - Decision about * <p>complementary measurements for the 2 chosen departments *next departments to work on</p>		<ul style="list-style-type: none"> - performance indicators related to hygiene for the 2 departments - surveys for some employees and patients 	

Note: Time frame for this action plan starts from 10th October 2021 to 11th January 2022

ANNEXURE 4: SOCIAL BUZZ

Twitter



ANNEXURE 4: SOCIAL BUZZ

FACEBOOK



ANNEXURE 5: FEEDBACK FORM

Module feedback form

11th International Public Health Management Program (IPHMDP)

DDEPARTMENT OF COMMUNITY MEDICINE & SCHOOL OF PUBLIC HEALTH,
PGIMER CHANDIGARH

Particulars	1	2	3	4	5
Content relevant to your current work					
Flow of the module					
Mixed teaching methodology					
Interaction with the participants					
Quality of session (presentation & teaching skills) Write two points you really liked about today's session					
1)					
2)					

*This feedback is to assess whether the learning objectives of the module were achieved. Kindly reflect carefully. **Tick mark on the scale of 1 (poor) to 5(excellent)***

ANNEXURE 5: FEEDBACK FORM

Overall Feedback Form

This feedback is to assess whether the learning objectives of the module were achieved. Kindly reflect carefully. Tick mark on the scale of 1 (poor) to 5(excellent)

Particulars	1	2	3	4	5
I was well informed about the logistics and other information about the program before I came					
I had the prior knowledge of what would be my "take-away" from the program					
Presentations were well prepared and on target					
The mix of methodologies (presentation, exercises, case studies) used in this program was effective					
The pace and the sequencing of the sessions facilitated easy transfer of learning inputs to me					
The program engaged me in active learning related to its goal					
This program was relevant to my job responsibilities					
I intend to use what I learned from the program in my work					
I would recommend this program to my colleagues					
Strengthened my knowledge and skills in selected area of Public Health Management					
How effective was the Faculty?					
How effective was the virtual Platform?					
What is your overall rating of this program?					

ANNEXURE 6: PROGRAM CERTIFICATE





ABOUT US

Post Graduate Institute of Medical Education & Research, Chandigarh

Who We Are

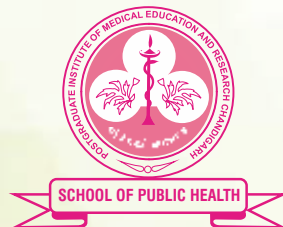
The Postgraduate Institute of Medical Education and Research (PGIMER) is based in Chandigarh (city beautiful in North India) and was established in 1962 by then Prime Minister of India, Pt. Jawaharlal Nehru. It was declared as an Institute of National Importance by an Act of Parliament of India on 1st April 1967 and is currently an autonomous body functioning directly under the Ministry of Health and Family Welfare, Government of India. PGIMER has almost all specialties and super-specialties departments. The Department of Community Medicine was instituted in 1977 with the purpose of developing effective models of health service delivery for rural communities and for providing community health orientation to public health professionals. To address emerging challenges in public health education and research, the Department of Community Medicine was upgraded to School of Public Health (SPH) in the Tenth Five Year Plan of India (2002-06).

What We Do

Department of Community Medicine and School of Public Health conduct post-graduate teaching programmes and short-term training courses on various public health issues. Besides, we are also involved in several research projects in collaboration with national and international organizations (like DBT, ICMR, WHO, UNICEF, UNFPA, DFID, MOH & FW, and MOE&F etc.) and state governments. We also provide consultancy services to state and central health services on public health matters and national programs/projects. Each year nearly 45 training programs are conducted with an average attendance of 30 participants per course. We also deliver population based health services to approximately 80,000 population in rural, urban and slum communities of Haryana, Punjab and Chandigarh. SPH has developed various public health models which have been successfully scaled and replicated across country.

What We Offer

We offer regular Doctor of Philosophy (PhD), Doctor in Medicine (MD), Post Graduate Diploma in Public Health Management (PGDPHM), and Masters of Public Health (MPH) along with various short-term courses in areas of epidemiology, health management, health promotion, communicable and non-communicable diseases.



Department of Community Medicine and School of Public Health,
Post Graduate Institute of Medical Education and Research, Chandigarh (India)

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