

Report

17th International Public Health Management Development Program

“Quality Management Course”

14th -18th November 2022



ORGANISED BY

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



ITEC

SUPPORTED BY

Indian Technical and Economic Cooperation (ITEC),
Ministry of External Affairs, Govt. of India

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 17th IPHMDP was organized by Department of Community Medicine and School of Public Health, PGIMER, Chandigarh from 14th -18th November 2022. 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 28 participants from 10 countries namely Algeria, Cambodia, Egypt, Ethiopia, Iraq, Kenya, Mauritius, Morocco, South Sudan, Tunisia 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.

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 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.

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

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 28 participants from 10 countries across the globe participated to enhance their skills in Quality Management.

PARTICIPANTS OF 17th IPHMDP ACROSS THE GLOBE



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- Application based Learning

Program Duration and Venue

Duration: The duration of program was one week from 14th -18th November 2022

Venue: Online on Zoom platform

PROGRAM SCHEDULE



PROGRAM SCHEDULE
Quality Management
E-INTERNATIONAL PUBLIC HEALTH MANAGEMENT DEVELOPMENT PROGRAM
14th – 18th November 2022
02:00-04:45 PM (all days except first and last day)



Day & Date	Time	Topic of Presentation	Resource Persons	
Day 1 14 th November 2022	01:30- 01:35 PM	Welcoming the Delegates		
	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. Sonu Goel	
	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 15 th November 2022	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 16 th November 2022	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 17 th November 2022	Lecture 4			
	02:00-02:45 PM	Quality improvement at point of care - Part 2	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 5 18 th November 2022	Lecture 5			
	02:00-03:00 PM	Group work: Development of a PDSA framework on a quality issue in your organisation	Participants	
	03:00-03:15 PM	Social media break		
	03:15-04:30 PM	Presentation of Group work and discussion		
	04:00-04:15 PM	Attendance and Feedback		
	04:15-04:30 PM	Post test		
04:30-05:00 PM	Certificate distribution ceremony			

RESOURCE FACULTY



Our Experts



Prof. Praveen Kumar
Professor and Head, Division
of Neonatology, Department of
Pediatrics, Post Graduate
Institute of Medical Education
and Research, Chandigarh,
India



Prof. Sonu Goel
Department of Community
Medicine & School of Public
Health, Post Graduate Institute
of Medical Education and
Research, Chandigarh, India



**Prof. Keerti Bhusan
Pradhan**
Professor-Healthcare
Management
Chitkara University, Punjab

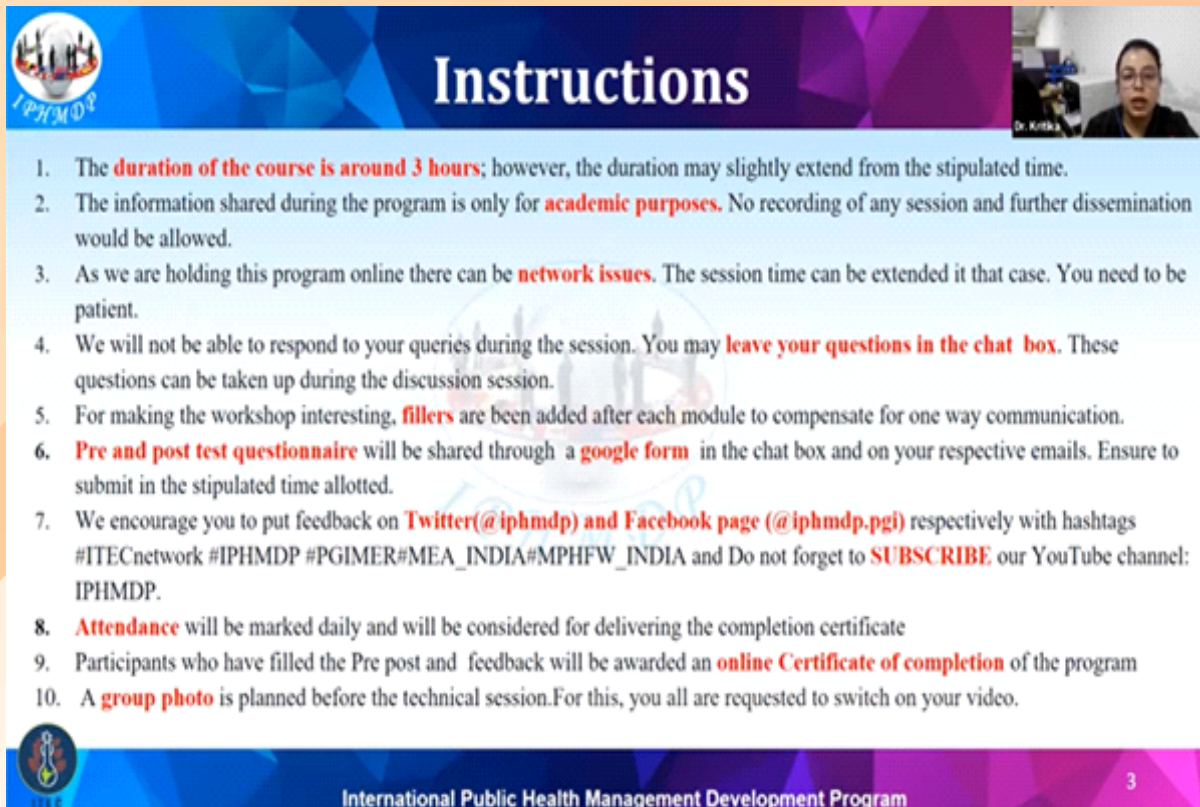
PROGRAM PROCEEDINGS

DAY 1 (14TH NOVEMBER, 2022, MONDAY)

INAUGURAL of COURSE

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 17th 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 17th course in this series.



Instructions

1. The **duration of the course is around 3 hours**; however, the duration may slightly extend from the stipulated time.
2. The information shared during the program is only for **academic purposes**. No recording of any session and further dissemination would be allowed.
3. As we are holding this program online there can be **network issues**. The session time can be extended in that case. You need to be patient.
4. We will not be able to respond to your queries during the session. You may **leave your questions in the chat box**. These questions can be taken up during the discussion session.
5. For making the workshop interesting, **fillers** are been added after each module to compensate for one way communication.
6. **Pre and post test questionnaire** will be shared through a **google form** in the chat box and on your respective emails. Ensure to submit in the stipulated time allotted.
7. We encourage you to put feedback on **Twitter (@iphmdp)** and **Facebook page (@iphmdp.pgi)** respectively with hashtags #ITECnetwork #IPHMDP #PGIMER#MEA_INDIA#MPHFW_INDIA and Do not forget to **SUBSCRIBE** our YouTube channel: IPHMDP.
8. **Attendance** will be marked daily and will be considered for delivering the completion certificate
9. Participants who have filled the Pre post and feedback will be awarded an **online Certificate of completion** of the program
10. A **group photo** is planned before the technical session. For this, you all are requested to switch on your video.

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PROGRAM PROCEEDINGS

Program Overview-

**Speaker: Dr. Kritika Upadhyay, Program Coordinator,
IPHMDP, PGIMER Chandigarh**

Dr. Kritika shared her 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.Kritika also shared his view how quality is an important factor while providing a holistic healthcare service to any patient. She 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.

The session was then concluded by Dr. Kritika by calling attention to the outreach of IPHMDP that has trained 900+ participants from 85+ countries till date. Lastly, she welcomed the torch bearers of 17th International Public Health Management Development Program from 10 different countries.



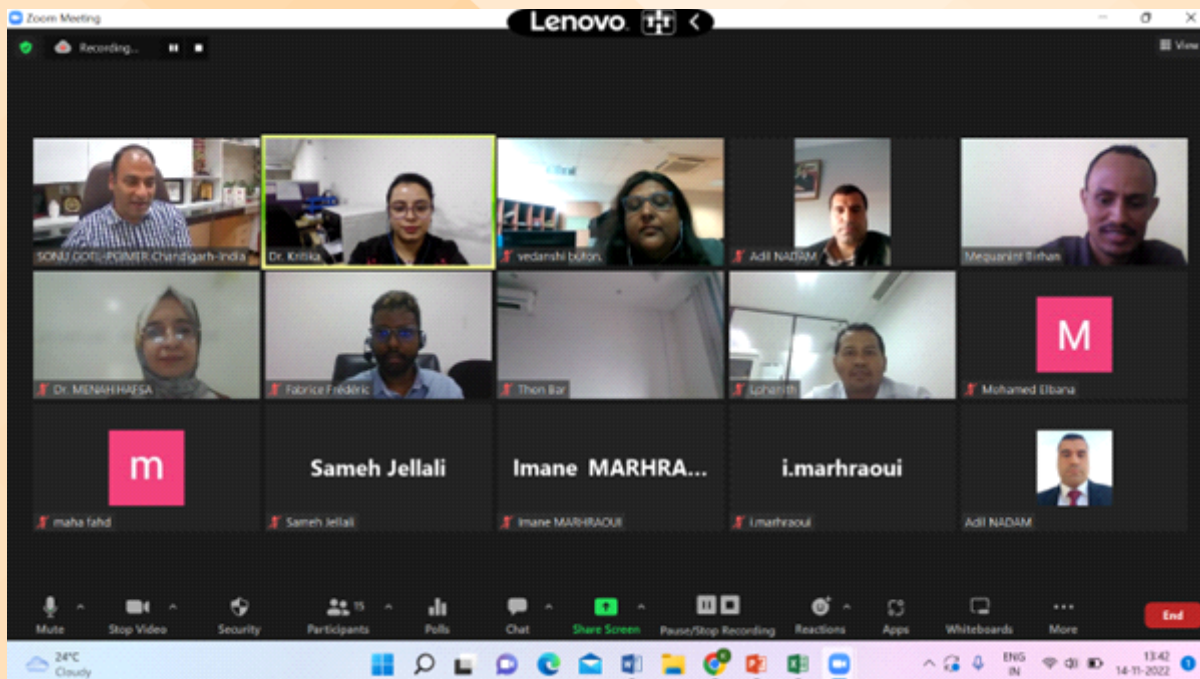
Meet and greet Session

Prof. Sonu Goel, Director IPHMDP 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. Sonu Goel (Professor, Department of Community Medicine and School of Public Health, 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. Sonu 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 due to poor quality 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 of the on-going session were provided 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 participant will be felicitated at the valedictory ceremony.



Social Media Time

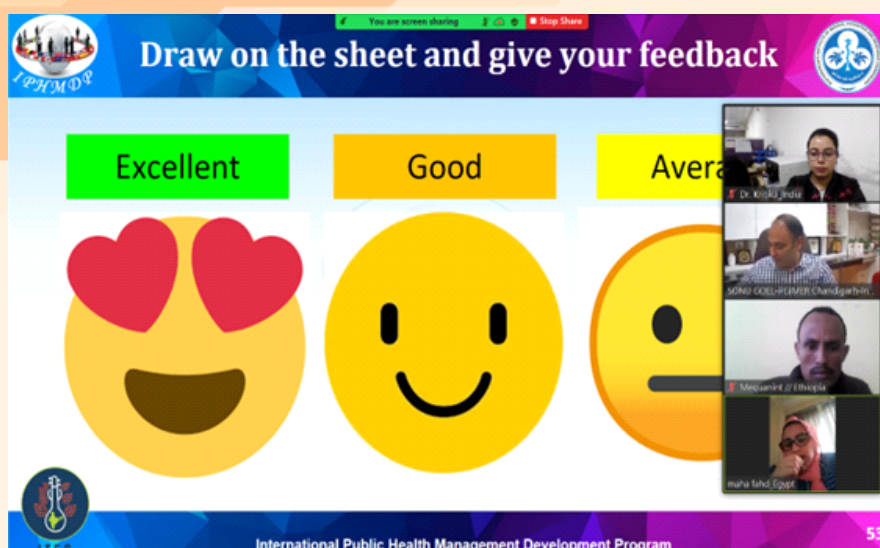
Instructions:

- ❖ **MOST IMPORTANTLY**, the most active participant on social media will be given a **certificate** after the completion of the program.
- ❖ **The most active participant on social media will be chosen on the basis of:**
 - Number of post **shared, liked** on Facebook/Twitter.
 - Comments** on the posts.
 - Use of proper **hashtags**.
 - Whether you have **followed us** on Twitter/Facebook/YouTube.
- ❖ At the end of the course, you will be provided an **online Certificate of completion of the course**.

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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.



Draw on the sheet and give your feedback

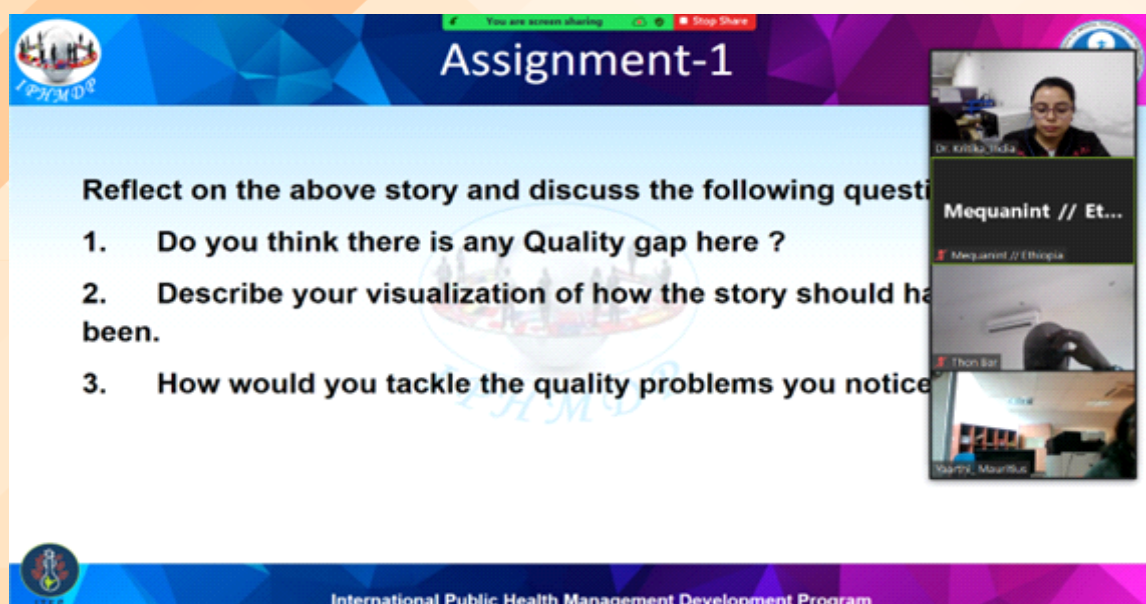
Excellent Good Average

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PROGRAM PROCEEDINGS

E-Assignment

All participants were divided into four groups and were assigned two exercises that they were supposed to be complete in a stipulated time. First assignment was a case study where participant has to find the gaps in healthcare quality and address how they will tackle the gaps in their settings while in the second assignment they had to take quality problem at their settings and develop a plan how they can improve the quality in their organisation. 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.



The screenshot shows a Zoom meeting slide titled "Assignment-1". The slide contains the following text:

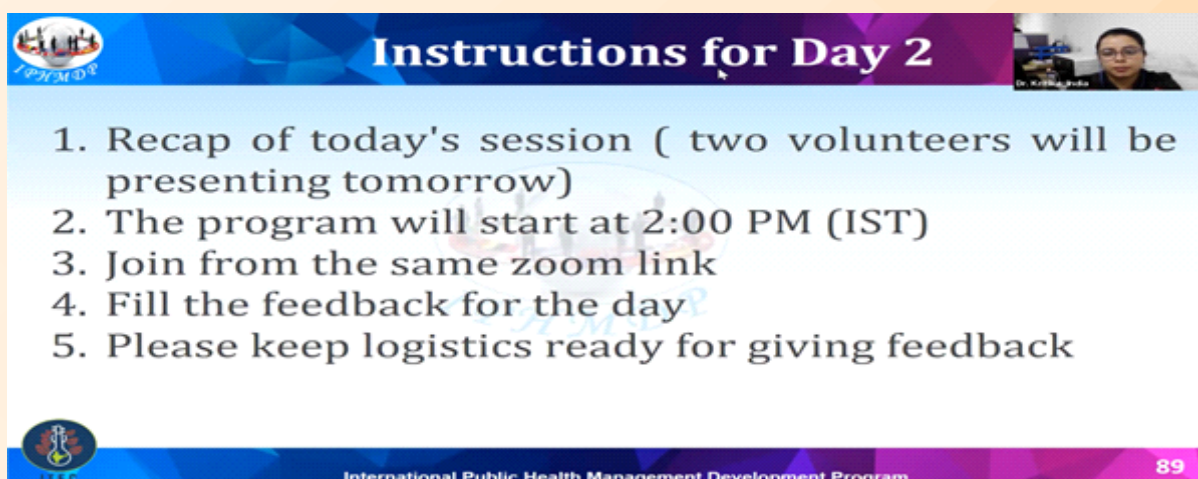
Reflect on the above story and discuss the following questions

1. Do you think there is any Quality gap here ?
2. Describe your visualization of how the story should have been.
3. How would you tackle the quality problems you noticed?

The slide also features a video gallery on the right side with four participants: Dr. Krishna, Mequanint // Et..., Mequanint // Ethiopia, and Thon Bar. The bottom of the slide includes the IPEC logo and the text "International Public Health Management Development Program".

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 and shared the day 2 instructions with participants.



The screenshot shows a Zoom meeting slide titled "Instructions for Day 2". The slide contains the following numbered list:

1. Recap of today's session (two volunteers will be presenting tomorrow)
2. The program will start at 2:00 PM (IST)
3. Join from the same zoom link
4. Fill the feedback for the day
5. Please keep logistics ready for giving feedback

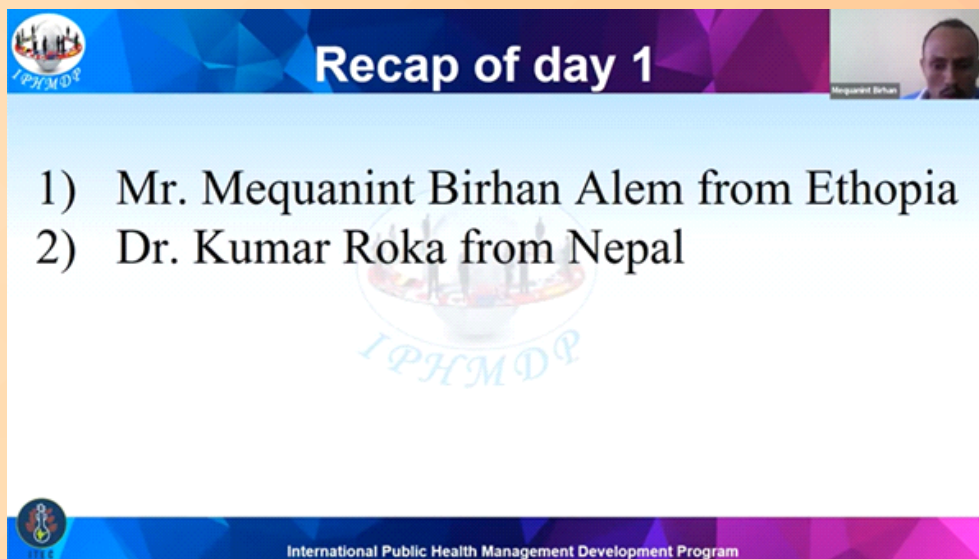
The slide also features a video gallery on the right side with one participant: Dr. Krishna. The bottom of the slide includes the IPEC logo, the text "International Public Health Management Development Program", and the page number "89".

PROGRAM PROCEEDINGS

DAY 2 (15TH NOVEMBER 2022, TUESDAY)

Recap Session

Dr. Kritika Upadhyay, Program-Coordinator, welcomed all the faculty members and participants across the globe on the 2nd day of 17th 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. A brief recap was presented by two participants namely Mr. Mequanint from Ethiopia and Dr. Roka from Nepal. They briefly explained all the topics that were discussed on the previous day. They also explained this session has given them meaningful insights about quality in Healthcare. The quiz winners of day 1 were announced at the end of the session.

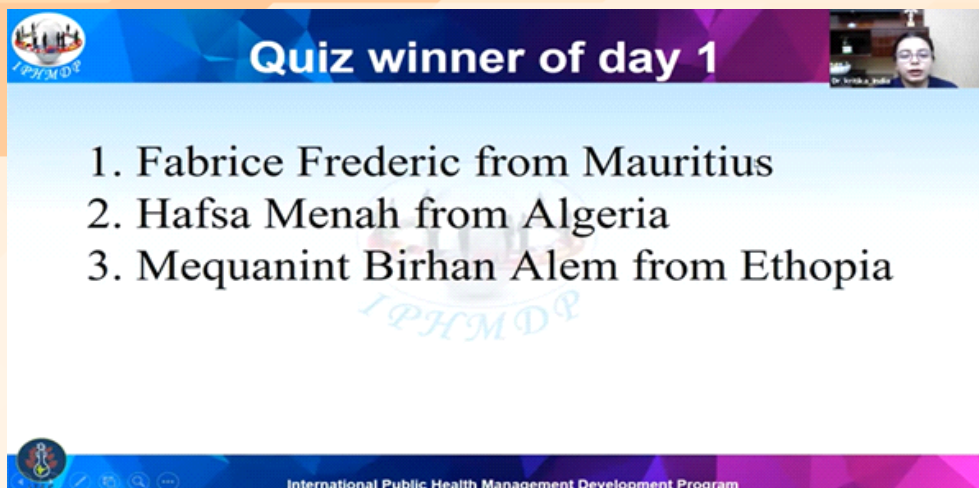


Recap of day 1

- 1) Mr. Mequanint Birhan Alem from Ethiopia
- 2) Dr. Kumar Roka from Nepal

International Public Health Management Development Program

The slide features a blue header with the IPHMDP logo and a small video feed of Mr. Mequanint Birhan Alem. The main content is a white box with a blue border containing the recap list. The footer includes the IPHMDP logo and the program name.



Quiz winner of day 1

1. Fabrice Frederic from Mauritius
2. Hafsa Menah from Algeria
3. Mequanint Birhan Alem from Ethiopia

International Public Health Management Development Program

The slide features a blue header with the IPHMDP logo and a small video feed of Dr. Kritika Upadhyay. The main content is a white box with a blue border containing the quiz winners list. The footer includes the IPHMDP logo and the program name.

PROGRAM PROCEEDINGS

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 overview 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

The image shows a Zoom meeting slide with a blue and purple geometric background. At the top left is the IPHM DP logo. The main title is 'QUALITY STANDARDS INTERNATIONAL AND NATIONAL'. Below it is a circular portrait of Dr. Keerti Bhusan Pradhan, PhD, with his name and title: 'Dr Keerti Bhusan Pradhan, PhD Expert-Healthcare Management Adjunct Professor-Health Management & Quality'. A small video inset of the speaker is in the top right. The slide is titled 'Objectives' and states: 'At the end of session, the participant shall be conversant with'. Two numbered objectives are listed in blue arrow-shaped boxes: 1. 'What are quality standards' and 2. 'Quality standards available globally and India'. The bottom of the slide has navigation icons, the program name 'International Public Health Management Development Program', and the page number '11'.

PROGRAM PROCEEDINGS

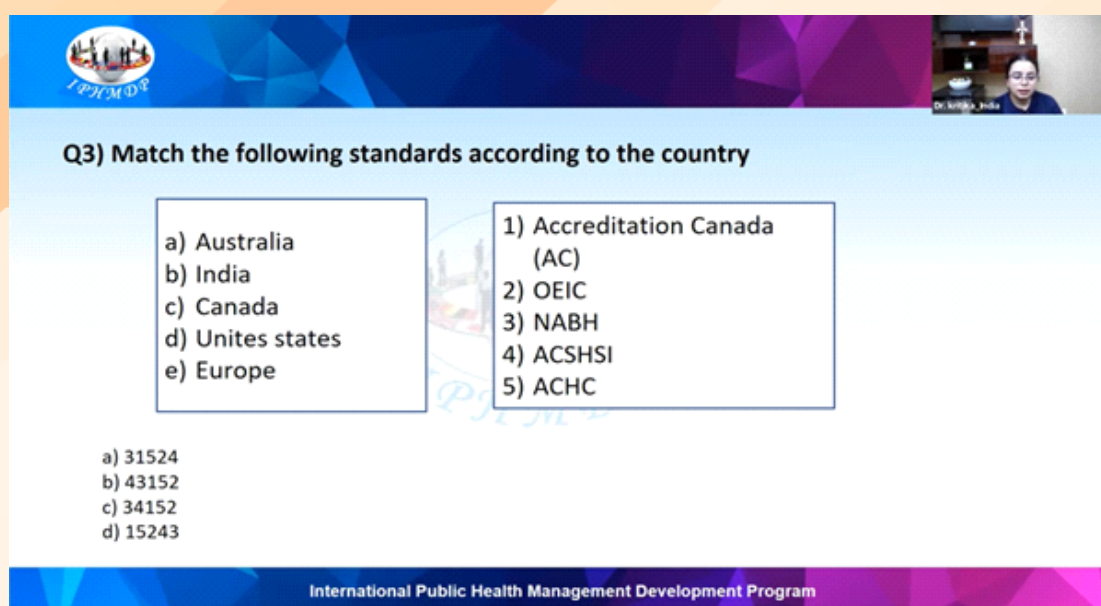
Feedback Session

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 thumps 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.



PROGRAM PROCEEDINGS

Day 3 (24th August 2022, Wednesday)

Technical Session - Action plan development

Dr. Sonu Goel

Professor, Department of Community Medicine and School of Public Health,
PGIMER, Chandigarh

This session covered the need for development of action plan which was discussed in details by Dr. Sonu Goel. He asked the participants to develop an action plan with one or two objectives while showing an example of how to prepare an action plan. Thereafter the participants were given some time to develop their own action plan that they will implement in their countries.

The screenshot shows a Zoom meeting interface. On the left, a slide titled 'Action plan' is displayed. The slide content includes:

Action plan
Your Commitment to taking the idea to implementation

Name of the Participant: _____
Country: _____
Name of the Institute/organization: _____
Designation: _____
On the basis of knowledge gained from the program write 1-2 goals and complete the action plan below as to successfully implement your learning(s) in 3 MONTHS DURATION

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

At the bottom of the slide, there is a small video thumbnail of Dr. Sonu Goel. The Zoom meeting controls at the bottom show 15 participants, chat, share screen, record, reactions, and apps buttons.

Dr.Sonu Goel giving inputs to participants on action plan development

The first participant to share her action plan was Dr.Dahmi from Morocco. She gave six objectives which were centred around developing diagnostic communication channels in hospital. For measuring the success criteria she focused on the social media likes,shares and posts. Next participant to share their action plan was Mr. Chulong Sun from Cambodia. He developed an action plan on creating a digital media campaign for community awareness on hand hygiene. For achieving this he outlined some tasks that included use of social media to spread awareness in the community.

Next participant from Philipines Jole Dela Paz shared his action plan for developing futuristic thinking and strategic foresight in the department of Health. The tasks included brainstorming with teammates along with developing digital media campaigns. He kept a time frame of 2 months and success criteria would be by evaluation of level of participation and acceptance by team members.

PROGRAM PROCEEDINGS

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.

Social Media Time

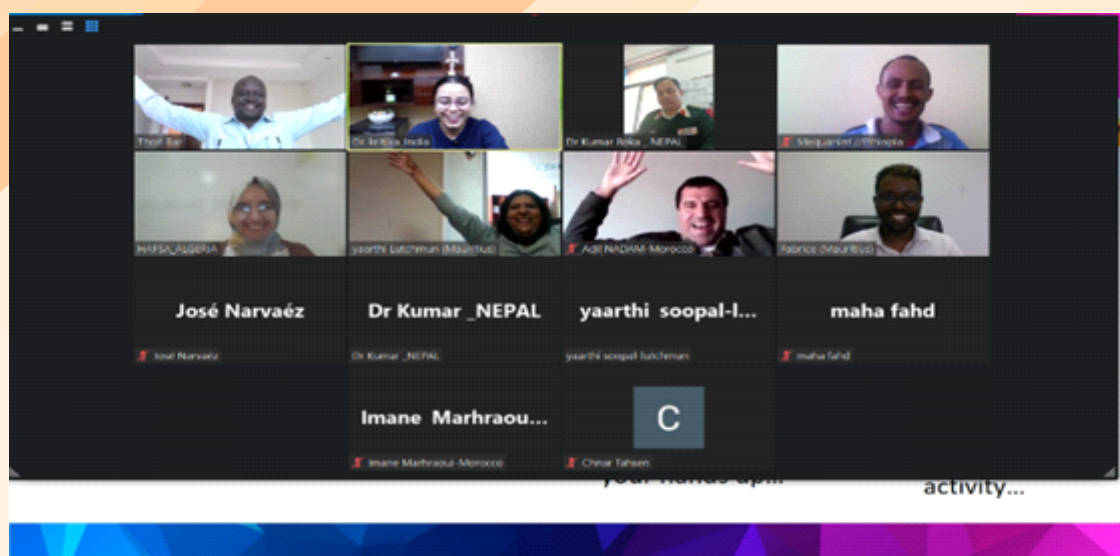
Follow our steps:

- Go To **FACEBOOK** → International Public Health Management Development Program → Page will open → Press **follow & Like** Button.
- You can write **comments** (on the usefulness of the program by PGIMER , Chandigarh & sponsored by Ministry of External Affairs under ITEC scheme)
- Search **IPHMDP PGIMER** → Send us request

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Energiser

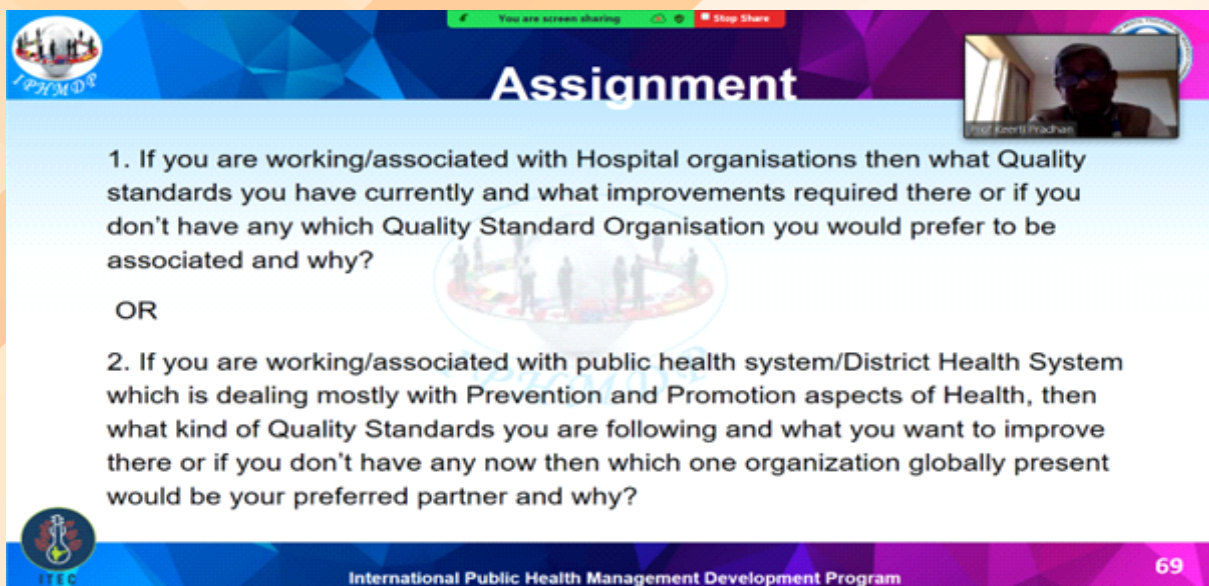
Participants were involved in a quick energiser where all were asked to take a deep breath and on the count of three all had to raise hands and laugh. Everyone enjoyed the session and geared up for the next technical session.



PROGRAM PROCEEDINGS

E-assignment

The participants were asked to create assignments in which they described the quality standards that exist in their country and what improvements are needed. Each participant was given 30 minutes to complete their assigned task. Following the completion of the assignment, presenters from Nepal, Maldives, South Sudan, Algeria, and Mauritius presented their recommendations to the group, which was followed by a thorough discussion. Dr. Kirti concluded the session with a few key takeaways.



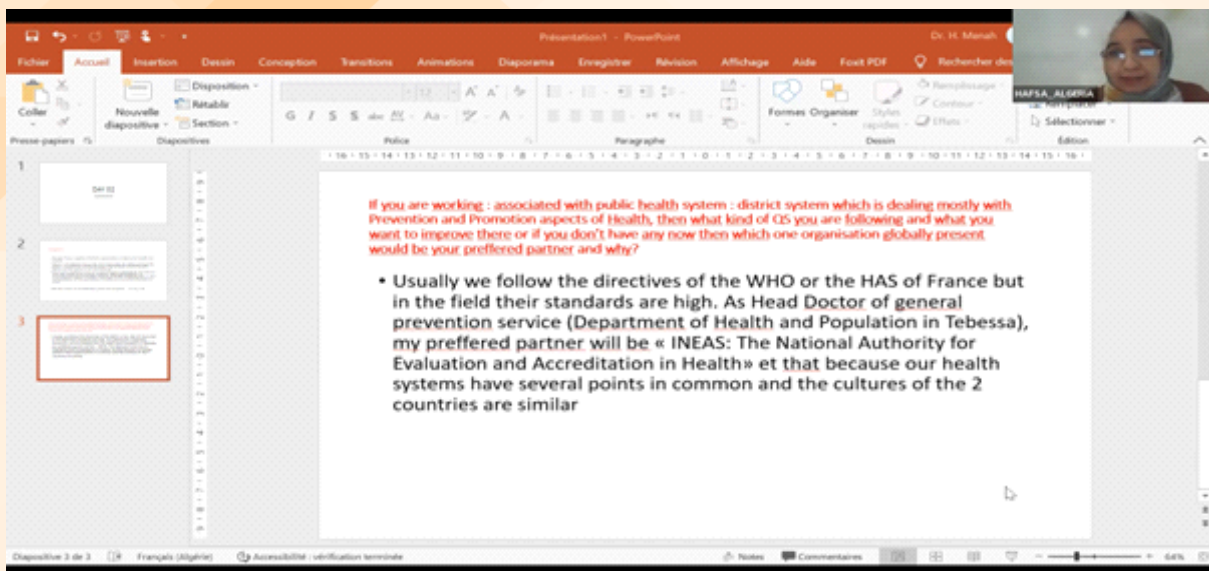
The screenshot shows a Zoom meeting interface. At the top, there is a status bar with "You are screen sharing" and "Stop Share" buttons. The main content is a slide titled "Assignment" with two questions:

1. If you are working/associated with Hospital organisations then what Quality standards you have currently and what improvements required there or if you don't have any which Quality Standard Organisation you would prefer to be associated and why?

OR

2. If you are working/associated with public health system/District Health System which is dealing mostly with Prevention and Promotion aspects of Health, then what kind of Quality Standards you are following and what you want to improve there or if you don't have any now then which one organization globally present would be your preferred partner and why?

The slide also features a logo for "ITEC" and the text "International Public Health Management Development Program" at the bottom. A small video window in the top right corner shows a participant named "Dr. Kirti Pradhan".



The screenshot shows a PowerPoint presentation window. The slide content is as follows:

If you are working : associated with public health system : district system which is dealing mostly with Prevention and Promotion aspects of Health, then what kind of QS you are following and what you want to improve there or if you don't have any now then which one organisation globally present would be your preferred partner and why?

- Usually we follow the directives of the WHO or the HAS of France but in the field their standards are high. As Head Doctor of general prevention service (Department of Health and Population in Tebessa), my preferred partner will be « INEAS: The National Authority for Evaluation and Accreditation in Health» et that because our health systems have several points in common and the cultures of the 2 countries are similar

The PowerPoint interface includes a ribbon with tabs like "Fichier", "Accueil", "Insertion", "Mise en page", "Références", "Affichage", "Aide", "Export PDF", and "Rechercher des images". A small video window in the top right corner shows a participant named "HAFSA, ALGERIA".

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 (16th November 2022, Wednesday)

Introduction to the session

Dr. Kritika Upadhyay, Program-Coordinator, welcomed all the faculty members and Participants on the 3rd day of 17th IPHMDP. Thereafter, she shared the winners of yesterday's quiz session.



ITEC

IPHMDP

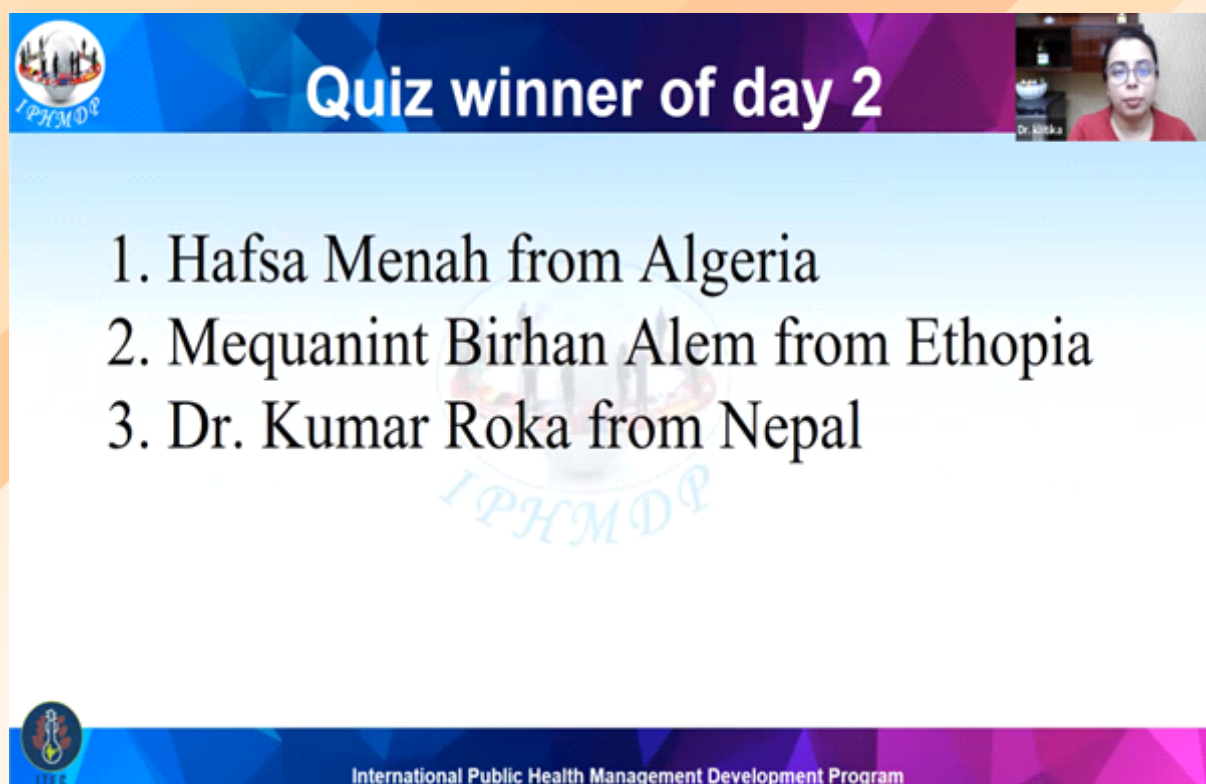
Department of Community Medicine & School of Public Health
Post Graduate Institute of Medical Education and Research, Chandigarh

Welcome Delegates for

**E- INTERNATIONAL PUBLIC HEALTH
MANAGEMENT DEVELOPMENT PROGRAM**

Quality Management
14th -18th November, 02:00- 05:00 PM (IST)

Sponsored by:
Indian Technical & Economic Cooperation Programme
Ministry of External Affairs, Govt. of India



IPHMDP

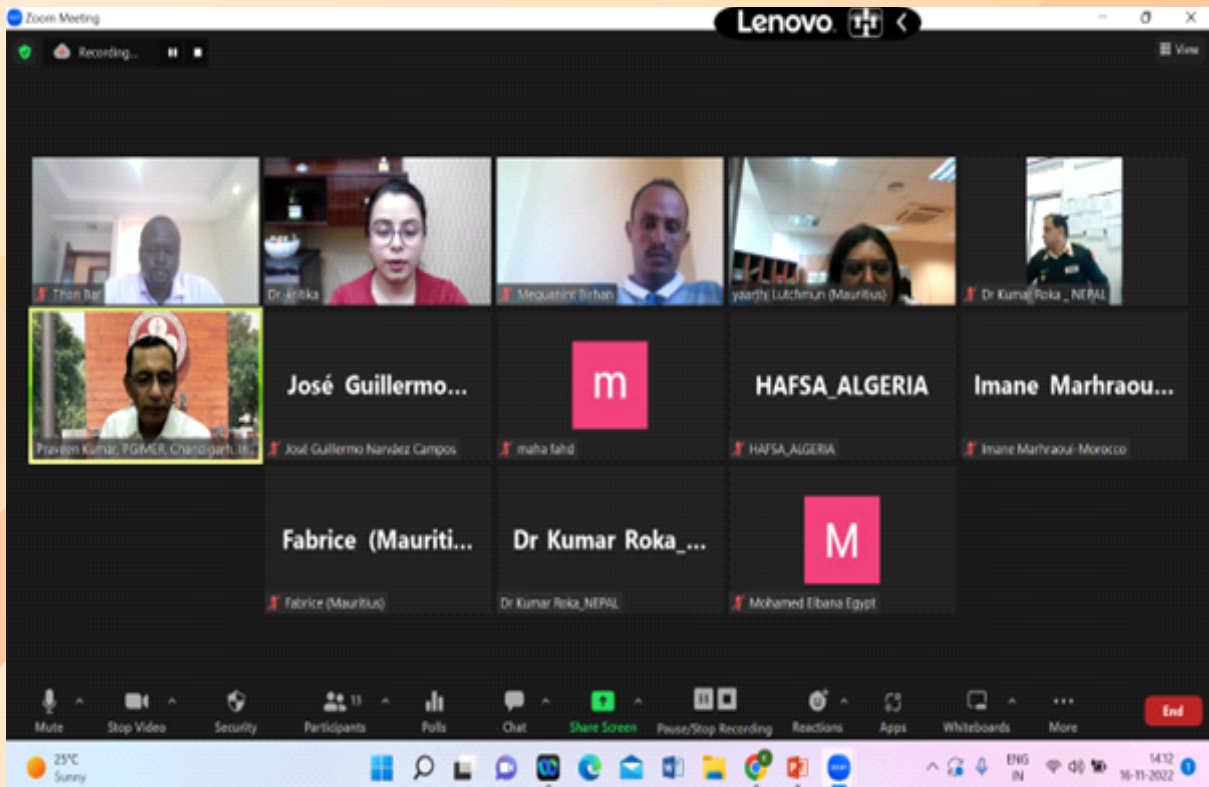
Quiz winner of day 2

1. Hafsa Menah from Algeria
2. Mequanint Birhan Alem from Ethiopia
3. Dr. Kumar Roka from Nepal

ITEC

International Public Health Management Development Program

PROGRAM PROCEEDINGS



Session Recap

A recap of session conducted on day 2 was presented by Ms.Yaarthi from Mauritius before starting the session of Day 3.



PROGRAM PROCEEDINGS

Session 3: Quality Improvement at Point of Care

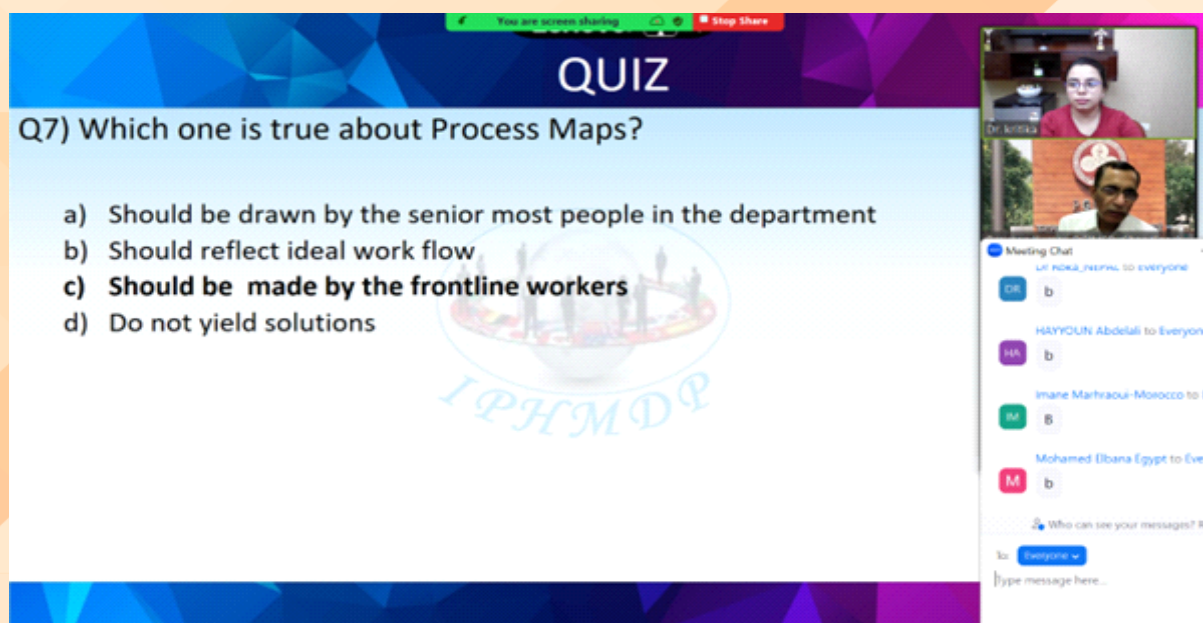
Dr. Praveen Kumar, Professor and Head of the Department of Neonatology at PGIMER, began the session by informing participants about the importance of quality at the point of care. He introduced the topic and shared the session's learning objective, followed by an explanation of a situation-based example. He went on to explain the steps in the Quality Improvement Process and elaborated on the first two steps. In the first step, they must identify and prioritise a problem that has been explained using various examples. The formation of a team was then explained, and finally, the participants were taught to create a smart goal. Step 2 described how the problem's causes are investigated.

The image shows two screenshots from a Zoom meeting. The top screenshot displays a presentation slide titled "Quality Improvement at Point of Care" under the "International Public Health Management Development Program". The slide features a portrait of Dr. Praveen Kumar, identified as being from the Division of Neonatology, Department of Pediatrics, PGIMER Chandigarh, India. The slide is labeled "Part 1". The bottom screenshot shows a gallery view of the meeting with 14 participants. The main content area displays a slide titled "How do you improve the following?" with two bullet points: "Nurse fills the ventilator humidifier chamber with formaldehyde instead of distilled water and patient's condition worsens" and "Baby in ICU gets a 6 cm x 6 cm extravasation burn due to calcium infusion and needs skin grafting". The Zoom interface at the bottom of both screenshots includes controls for Unmute, Stop Video, Security, Participants, Polls, Chat, Share Screen, Pause/Stop Recording, Reactions, Apps, Whiteboards, and an End button.

PROGRAM PROCEEDINGS

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.



The screenshot shows a Zoom meeting interface. The main window displays a slide titled "QUIZ" with the following question and options:

Q7) Which one is true about Process Maps?

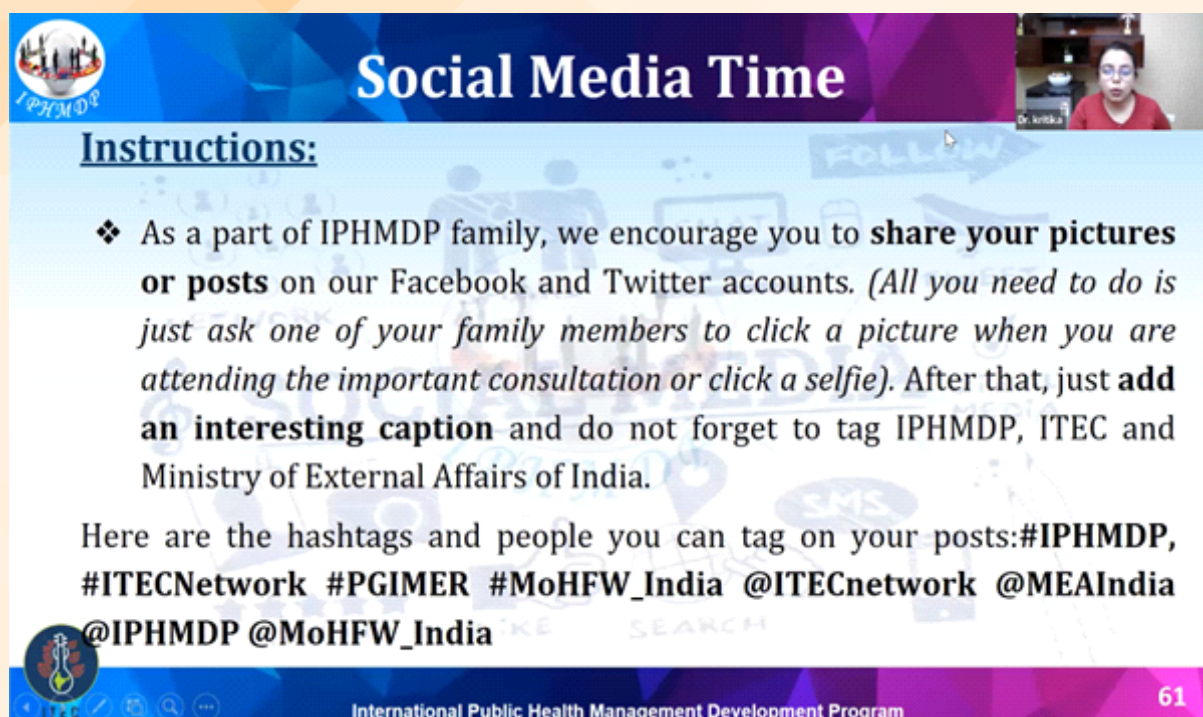
- a) Should be drawn by the senior most people in the department
- b) Should reflect ideal work flow
- c) **Should be made by the frontline workers**
- d) Do not yield solutions

The slide also features the IPHMDP logo. On the right side, there is a video thumbnail of a participant and a chat window with the following messages:

- Meeting Chat
- UJ NOKA_NEPHAL to everyone
- SIR b
- HAYOUN Abdelali to Everyone
- MR b
- Imane Marhaoui-Morocco to Ev
- MR B
- Mohamed (Ibana Egypt to Every
- M b
- Who can see your messages? Rec
- To: Everyone
- Type message here...

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.



The screenshot shows a Zoom meeting interface. The main window displays a slide titled "Social Media Time" with the following instructions:

Instructions:

- ❖ As a part of IPHMDP family, we encourage you to **share your pictures or posts** on our Facebook and Twitter accounts. *(All you need to do is just ask one of your family members to click a picture when you are attending the important consultation or click a selfie).* After that, just **add an interesting caption** and do not forget to tag IPHMDP, ITEC and Ministry of External Affairs of India.

Here are the hashtags and people you can tag on your posts: **#IPHMDP, #ITECNetwork #PGIMER #MoHFW_India @ITECnetwork @MEAIndia @IPHMDP @MoHFW_India**

The slide also features the IPHMDP logo and a video thumbnail of a participant. At the bottom, there is a footer with the text "International Public Health Management Development Program" and the number "61".

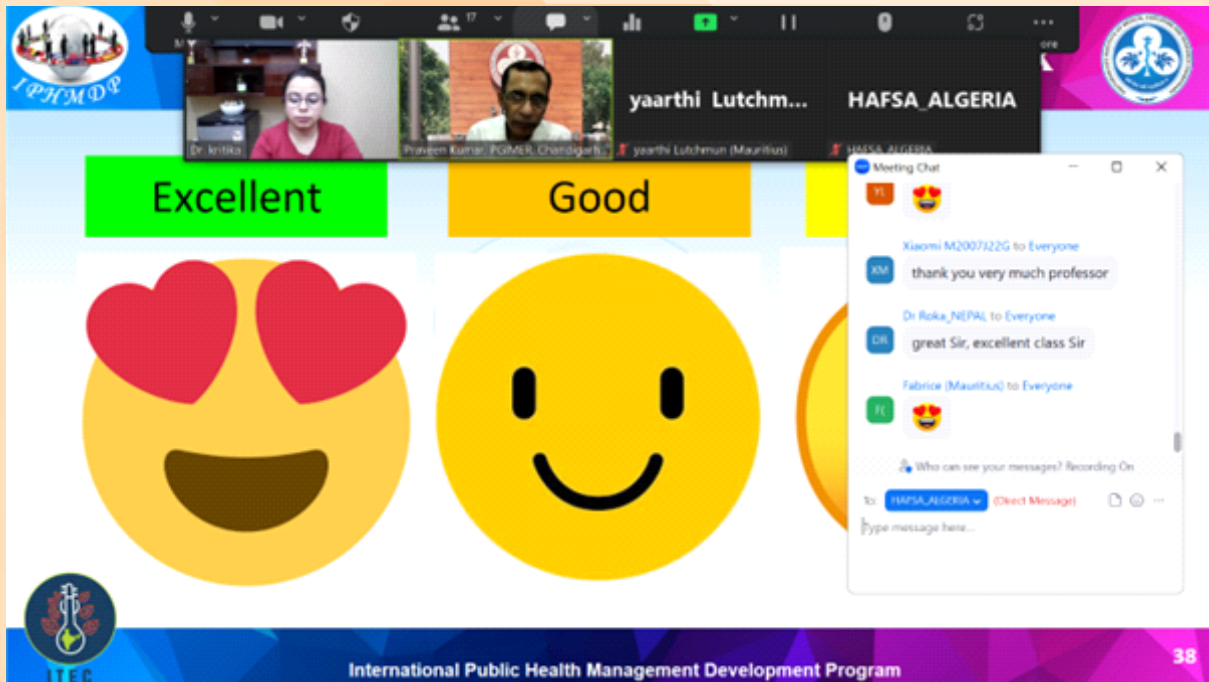
PROGRAM PROCEEDINGS

Mobility Break

A short 10 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.

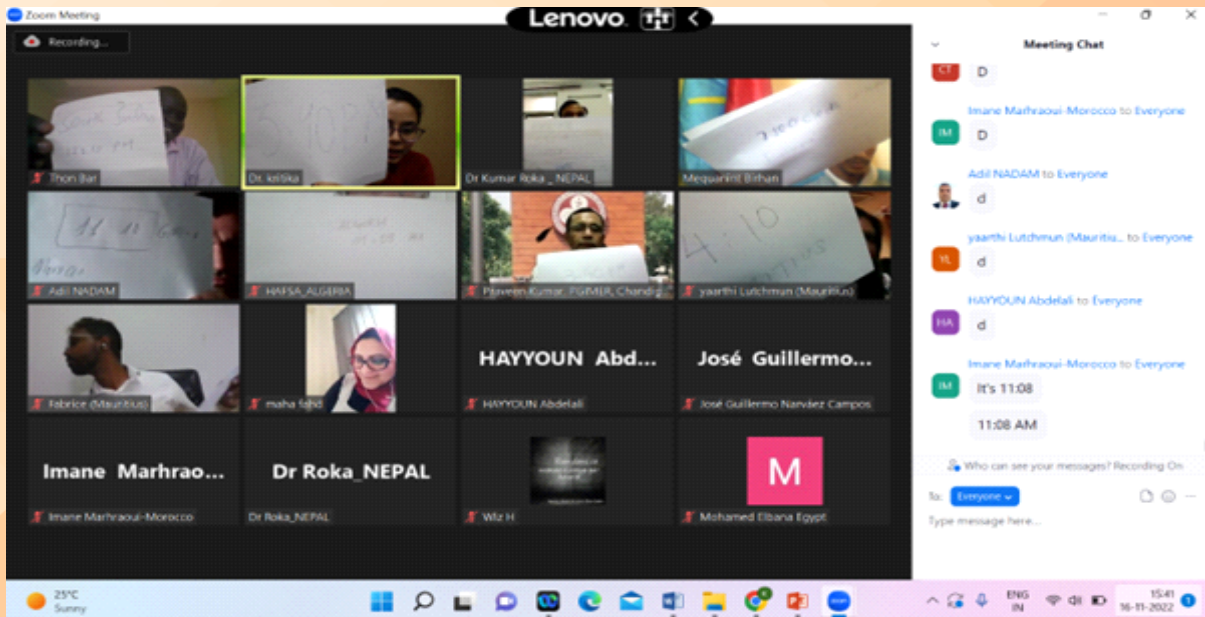


Energizer

All the participants were engaged in activity named “show your clocks” which brushed off the dullness before starting with next highly engaging group activity.

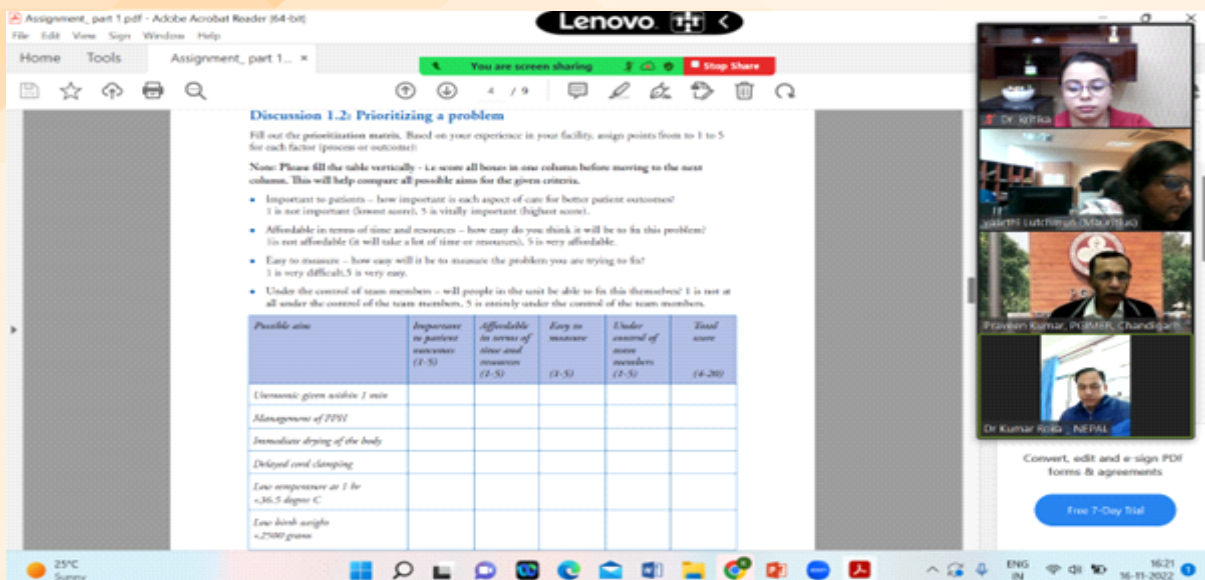


PROGRAM PROCEEDINGS



E-Assignment

The participants were given a document containing a case scenario from a neonatal intensive care unit (NICU). They were given a sample of a record register with new born entries and indicators, from which they were asked to develop a problem statement. Then, based on the parameters provided, they had to categorise the possible goals into two groups: under control and not under control. Finally, they must respond to the questions, which are followed by case study analysis by the participants, and develop an aim statement. The assignment session was followed by 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 (17th November, 2022, Thursday)

Introduction Of the Session

Dr. Kritika Upadhyay, Program-Coordinator, welcomed the experts and participants of the course to the 4th day of 17th 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 from Myanmar and Dr. Diana from Philippines.



Session 4: Quality Improvement at Point of Care (Part 2)

Dr. Praveen Kumar, Professor and Head of the Department of Neonatology at PGIMER 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 next steps of quality at point of care which included the developing a change idea, testing change idea in sequential PDSA cycle, monitoring and sustaining the change. He 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. He further explained various tools such as Fish bone analysis, run chart, Prato principle etc. to analyses the problem area before developing the change idea and PDSA cycle.

PROGRAM PROCEEDINGS

Recording... Lenovo You are viewing Praveen Kumar, PGIMER, Chandigarh, screen View Options

International Public Health Management Development Program

Quality Improvement at Point of Care

Part 2

Dr. Praveen Kumar
Division of Neonatology
Department of Pediatrics, PGIMER Chandigarh, India

Participants: Praveen Kumar, PGIMER, CH; Dr. NISHA; Dr. Kumar Rola, NEPAL; Megharaj Birhan; Jayshil Luchman (Mauritius)

Controls: Unmute, Stop Video, Security, Participants, Polls, Chat, Share Screen, Pause/Stop Recording, Reactions, Apps, Whiteboards, More, End

Recording... Lenovo You are viewing Praveen Kumar, PGIMER, Chandigarh, screen View Options

Recap.....Steps of QI process

- Step 1
 - Identify and Prioritize a problem
 - Form a TEAM
 - Write a SMART aim
- Step 2
 - Analyze (diagnose) the causes of the problem
- Step 3
 - Develop change ideas
 - Test change ideas in sequential PDSA cycles
- Step 4
 - Sustain the change
 - Monitor

International Public Health Management Development Program

Participants: Praveen Kumar, PGIMER, CH; Dr. NISHA; Dr. Kumar Rola, NEPAL; Megharaj Birhan; Jayshil Luchman (Mauritius)

Controls: Unmute, Stop Video, Security, Participants, Polls, Chat, Share Screen, Pause/Stop Recording, Reactions, Apps, Whiteboards, More, End

Quiz Session

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

QUIZ

Q10) Fill the blank:

- Determine possible change ideas that may lead to improvement
- Ask your team:

Based on the analysis what changes can we make? → Why will this change result in an improvement? → → What will we expect to see as a result of this change?

Organize changes according to **importance and practicality**
Test **one change at one time**

Participant: Dr. NISHA

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.

The slide is titled "Social Media Time" and features the IPHMDP logo in the top left. It contains the following instructions:

- Follow our steps:** Go To FACEBOOK International Public Health Management Development Program Page will open Press follow & Like Button.
- You can write **comments** (on the usefulness of the program by PGIMER, Chandigarh & sponsored by Ministry of External Affairs under ITEC scheme)
- Search **IPHMDP PGIMER** Send us request

The slide also includes icons for a smartphone, a Facebook 'f' logo, a comment bubble, and a search icon. At the bottom, it says "International Public Health Management Development Program" and "ITEC" with a page number "64".

Mobility Break

A short 10 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 or on chat box. Participants thoroughly enjoyed the session.

The slide is titled "Draw on the sheet and give your feedback" and features the IPHMDP logo in the top left. It contains three columns of feedback options:

- Excellent:** A green box with a yellow smiley face with two red hearts for eyes.
- Good:** A yellow box with a yellow smiley face.
- Average:** A yellow box with a yellow neutral smiley face.

The slide also includes a chat window on the right side showing messages from participants. At the bottom, it says "International Public Health Management Development Program" and "ITEC" with a page number "37".

PROGRAM PROCEEDINGS

Energiser

All participants were asked to get up from their seats and find somethings starting from letter C or J and were asked shoe it over the screen.

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.

The screenshot shows a Zoom meeting with a screen share of a slide. The slide is titled "E assignment" and contains the following text:

- Identify an area/problem in your health facility or the organization where you are working .
- Suggest a change idea for improvement. Justify how did you select the change idea.
- Discuss the steps to implement the selected change idea
- How will you monitor the change?

Below the list, it says: "After group work of 15 minutes, each group will share their presentation with the main group."

The slide also features a network diagram with various icons representing health and organizational concepts. The Zoom interface includes a "maha fahd" name tag, a "You are screen sharing" indicator, and a "Stop Share" button. The bottom of the slide reads "International Public Health Management Development Program" and "69".

The screenshot shows a Zoom meeting grid with several participants. On the left, a document titled "1.3" is shared, containing a table with the following content:

1.3	
Team members: <ul style="list-style-type: none">• doctors (physicians, gynecologist, pediatric)• Nurses• A member of the technical team responsible for the heating system and the maintenance of the equipment• An administrator• Michael 201	Team roles: <ul style="list-style-type: none">• Leader• Recorder• Communicator
Team leader: <ul style="list-style-type: none">• The name in charge	Characteristics of a good team leader? <ul style="list-style-type: none">• Moral• Assertive• Empathetic• Inspiring

The Zoom grid shows participants including HAFSA ALGERIA, maha fahd, José Guillermo..., Imane marhraoul, Dr Kumar Roka..., and HAYYOUN ABD... The bottom of the screen shows the Zoom control bar with options like "Mute", "Stop Video", "Security", "Participants", "Profile", "Chat", "Share Screen", "Pause/Stop Recording", "Feedback", "Apps", "Whiteboards", and "More".

PROGRAM PROCEEDINGS

1.4

Writing an aim statement:



We aim to reduce **the incidence of hypothermia**
In (which patient group) **newborns**
from (current performance) **50%** to (desired performance) **25%**
by (in how much time) **within a month**

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

DAY 5 (18TH November, 2022 Friday)

Dr. Kritika Upadhyay, Program Coordinator, welcomed everyone to the final day of the 17th IPHMDP. She informed the participants about the daily instructions for competing for various titles and sending their entries to participate. She then asked the participants to give a brief summary of the day 4 sessions

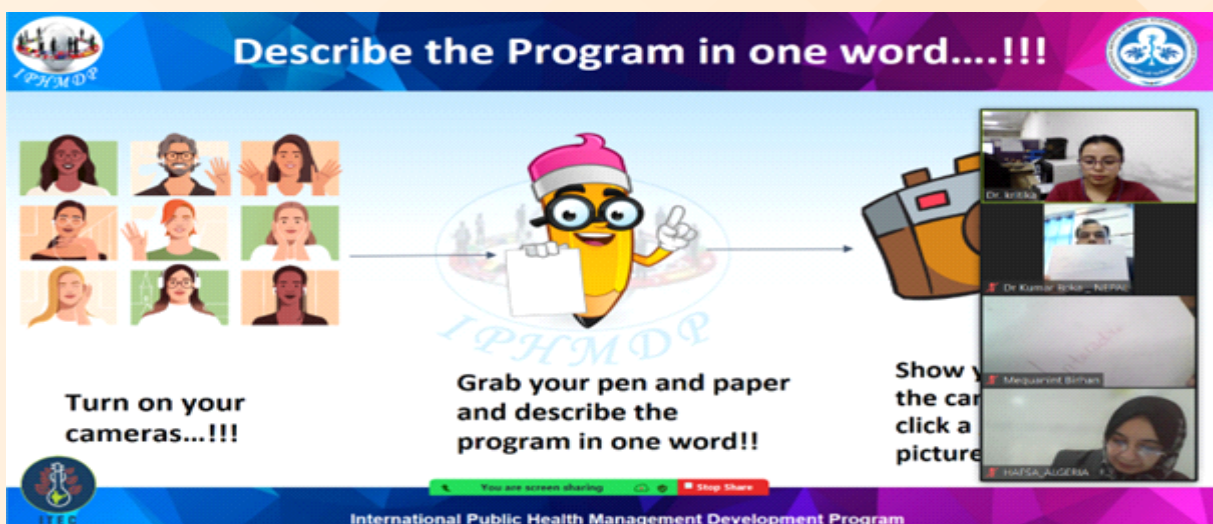
Recap session

Ms. Hafsa from Algeria and Mr. Birhan from Ethiopia presented a recap of day 4 and refreshed the concepts of identifying a problem, developing a change idea, and monitoring it to ensure sustainability.

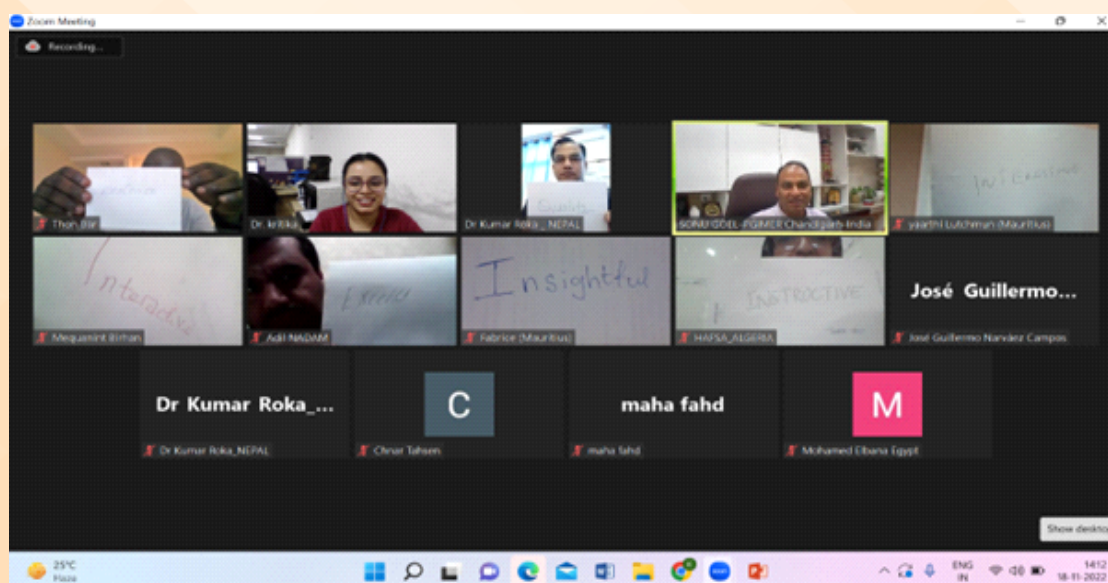


Energizer

All the participants were asked to define the course in one word and display it over the screen. This activity represented the feedback from all participating countries.



PROGRAM PROCEEDINGS



E-Assignment

The participants were divided and asked to prepare the assignment on development of PDSA framework and present their findings. They were asked to develop their assignment under the following heads.

1. Identify a key problem- Describe in 3-4 lines in quantitative terms
2. Propose list of few possible solutions
3. Identify ONE out of them and rationale for its selection (like feasibility of its sustenance etc.)
4. Enumerate outcome indicators
5. Expected time period of the implementation, resources and stakeholders involved
6. Write brief methodology for implementation

A screenshot of a presentation slide. The slide has a blue and purple geometric background. At the top left is the IPHMD logo. The main text reads: 'Development of a PDSA framework on quality issue in your organisation' followed by '(Time of preparing a word document for submission: 45 minutes)'. A small video thumbnail of a participant is visible in the top right corner. At the bottom, there is a navigation bar with icons, the text 'International Public Health Management Development Program', and the number '10'. A status bar at the very bottom indicates 'You are screen sharing' and 'Stop Share'.

PROGRAM PROCEEDINGS

Presentation by participants

Participant were asked to volunteer for presenting their assignment which was discussed with the group. The assignment led to clarity of the topic about its implementation in their respective resource settings.

The screenshot shows a Zoom meeting window with a screen share of a presentation slide. The slide content is as follows:

Expected time period of the implementation, resources & stakeholders

1. Hand hygiene and use of PPE training for HCW in 1 week
2. Resources utilization, required for COVID ICU, 2 weeks
3. Hepafilter installation 3 month

Brief methodology of implementation

Step 1

- Identify & prioritize covid related deaths
- Form of TEAM of Doctors, Nurses, HCW, IPC, Hygiene Officer, Biomed Engr
- Write a SMART aim
 - Teaching HCW skills of hand hygiene, use of PPE
 - Comparison of datas with other COVID hospitals

Step 2

- Diagnose the cause of mortality eg. Sepsis
- Mitigate the possible causes of sepsis

Step 3

- Develop change ideas
- Test change ideas in PDCA cycle

Step 4

- Sustain the change
- Documenting the flow of the new process
- Progress change and awareness to the stakeholders

Submitted by:
(Kumar Roka)
Nepal

The Zoom window shows four participants: Manoj Kumar Bishara, Dr. Kritika, Dr. Kumar Roka - NEPAL, and Thon Bar. The system tray at the bottom shows the date as 18-11-2022 and time as 15:43.

The screenshot shows a Zoom meeting window with a screen share of a presentation slide. The slide content is as follows:

Organization: Ministry of Health

Hand hygiene project

Purpose of this project :

- Decrease of general infection inside the medical unit
- Raise the percentage of the compliance to the policy of hand hygiene
- To be sure of the right assessment of the percentage of the compliance to the policy of hand hygiene

through the education, control, monitor, we found decreasing in percentage of the compliance of infection control nurse so we decide to make a research to study from the people who related to the problem to decide an improvement project

The research

the level of awareness

infection control device

the manager of the medical unit

the technique we use PDCA

find

find process to improve

current related standards and documents

analyze the collective data

identify problems and demand resources

execute a research

draw the process (study the current situation and demand resources)

- Fully understanding of the current process for all team members
- Draw flow chart to study the current condition
- Collect data from all affected areas related to process and demand resources

Enhanced sources of resources

Select an improvement

The Zoom window shows three participants: Dr. Kritika, Sonu Goel, and maha lalid. The system tray at the bottom shows the date as 18-11-2022 and time as 16:24.

PROGRAM PROCEEDINGS

Post Test

To determine the knowledge gained by the participants during one week program, a post test was shared with the participants in the chat box of the zoom platform. The link of the google form was dropped and participants were given 20 minutes to complete the test.



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	Mr. Mequanint Birhan
Most Participatory participant	Dr. Yaarthi Devi Soopal Lutchmun
Quiz Competition (1st Position)	Ms. Hafsa Menah
Quiz Competition (2 nd Position)	Mr. Fabrice Frederic
Quiz Competition (3 rd Position)	Mr. Kumar Roka
Voracious reader	Mr. Mequanint Birhan and Mr. Fabrice Frederic

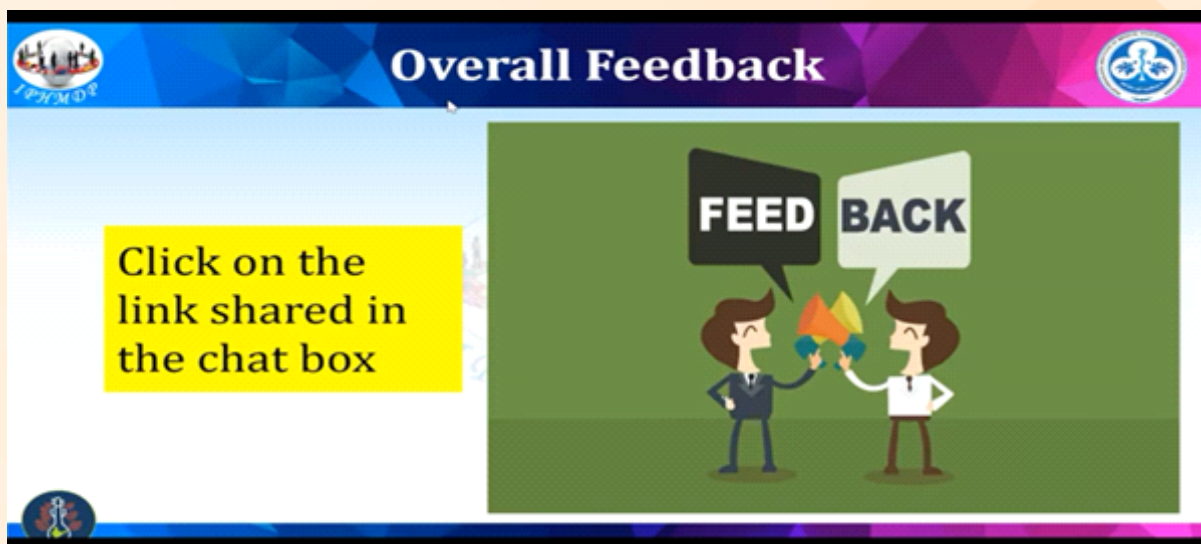
Certificate Distribution

A link to download the certificate was shared with the participants in the chat box in which they had to fill their details and the certificate was automatically sent to their respective mails. The participants thanked the organizing team for being part of such a wonderful program.



Closing Ceremony

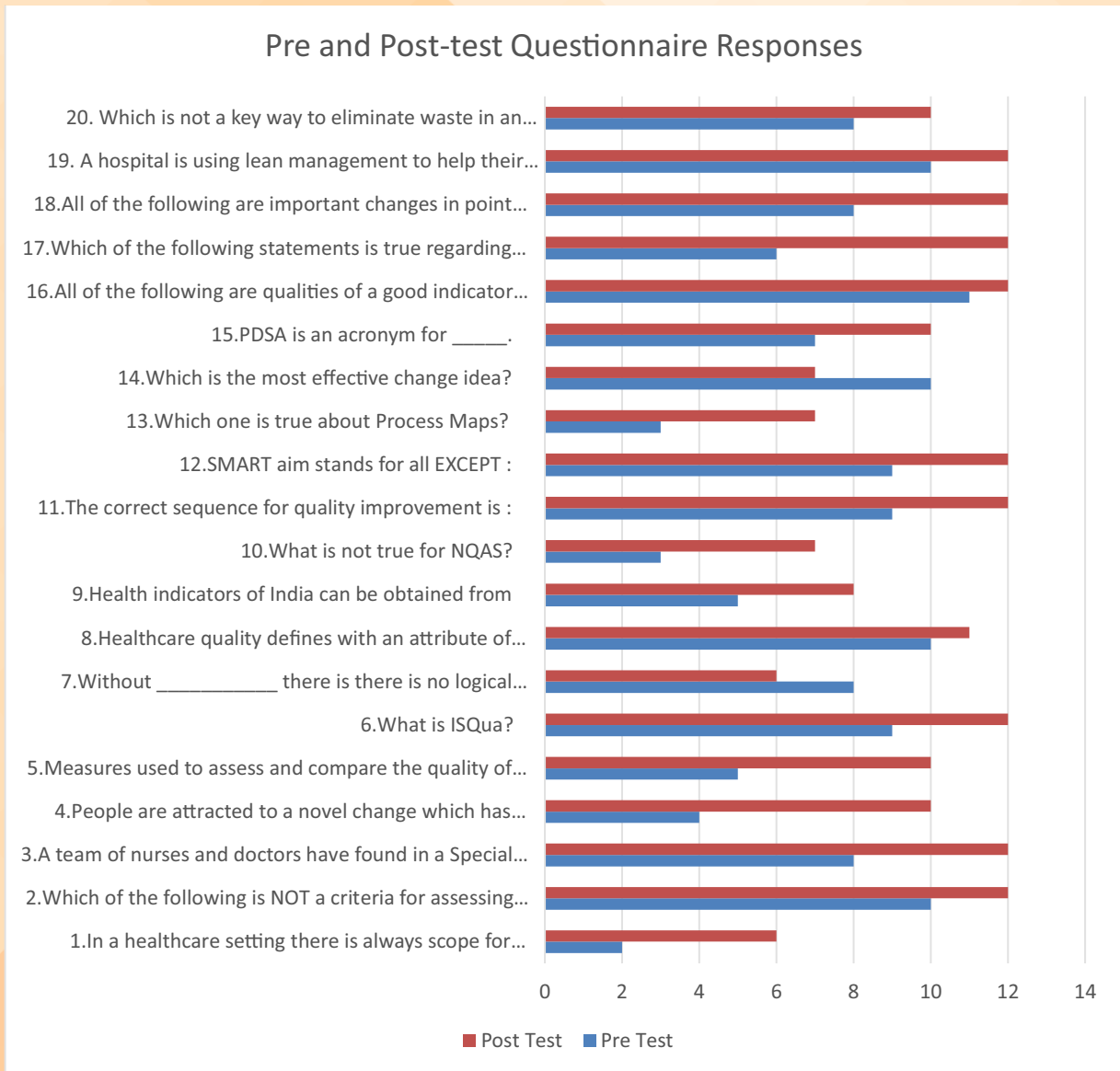
The 5 day long journey of 17th International Public Health Management Development Program (IPHMDP) which is fully supported by Ministry of External Affairs, Government of India under Indian Technical and Economic Cooperation (ITEC) Scheme came to end with closing remarks from Dr. Sonu Goel, Program Director, IPHMDP. He requested all the participants to fill the overall feedback for the entire course.



PROGRAM ASSESSMENT

Certificate Distribution

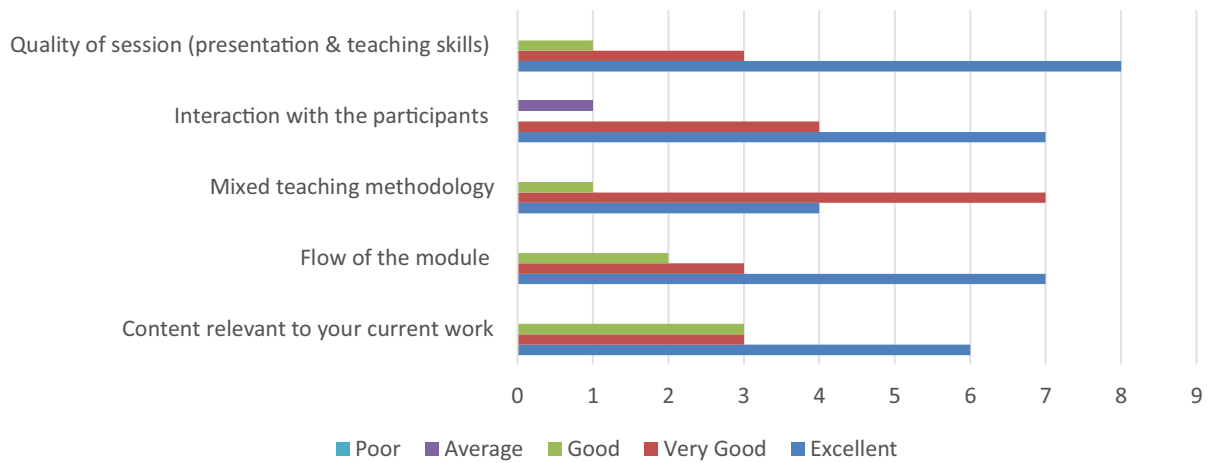
The pre and post test scores of the course participants were used for assessment of the course. It was found that majority of the participants had significantly improved their scores after attending all the course modules.



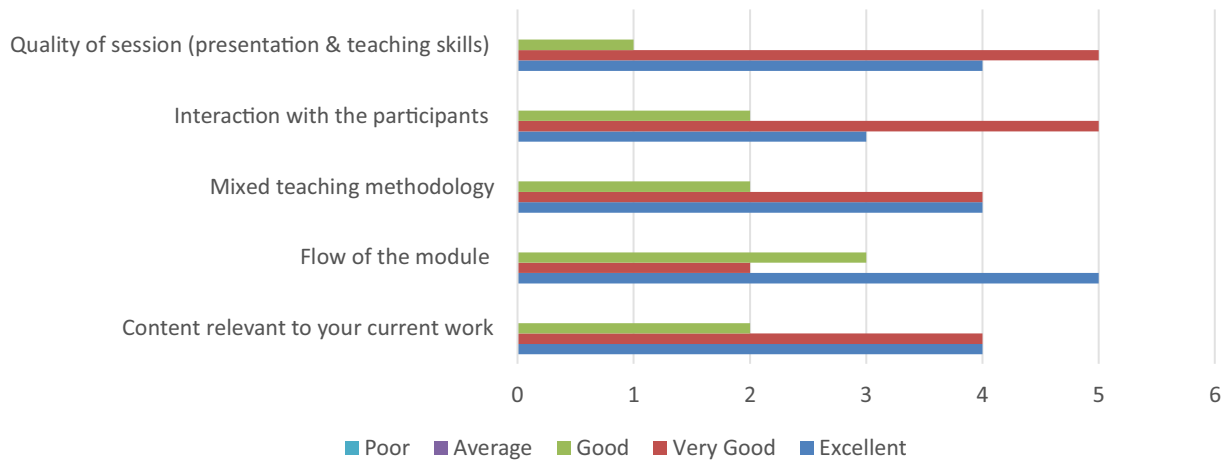
Feedback

The course feedback received showed majority of the participants strongly agreed that the presentations, teaching pedagogy and learning were very relevant. They also agreed that the facilitators of the course were well prepared and the online platform was user friendly.

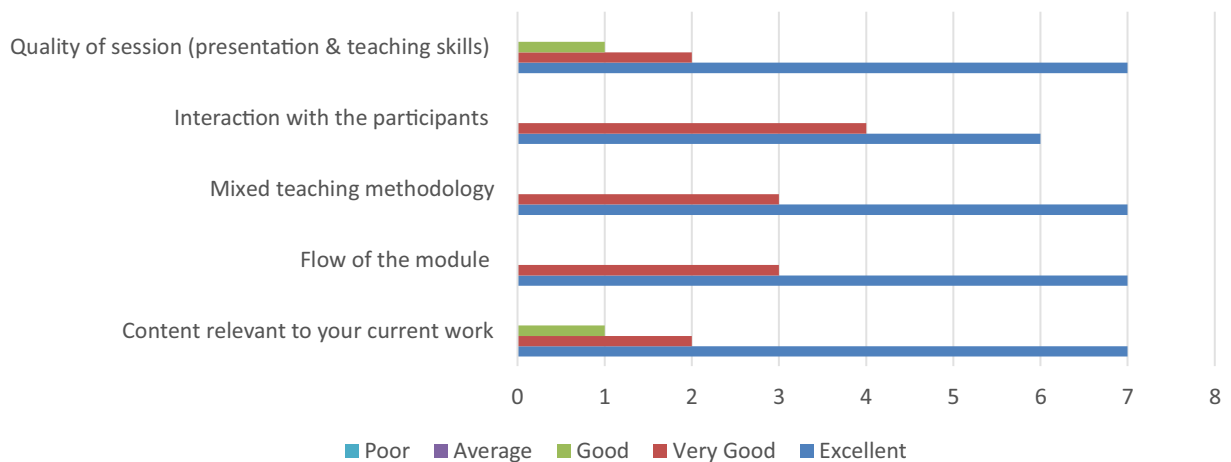
Day 1 Feedback



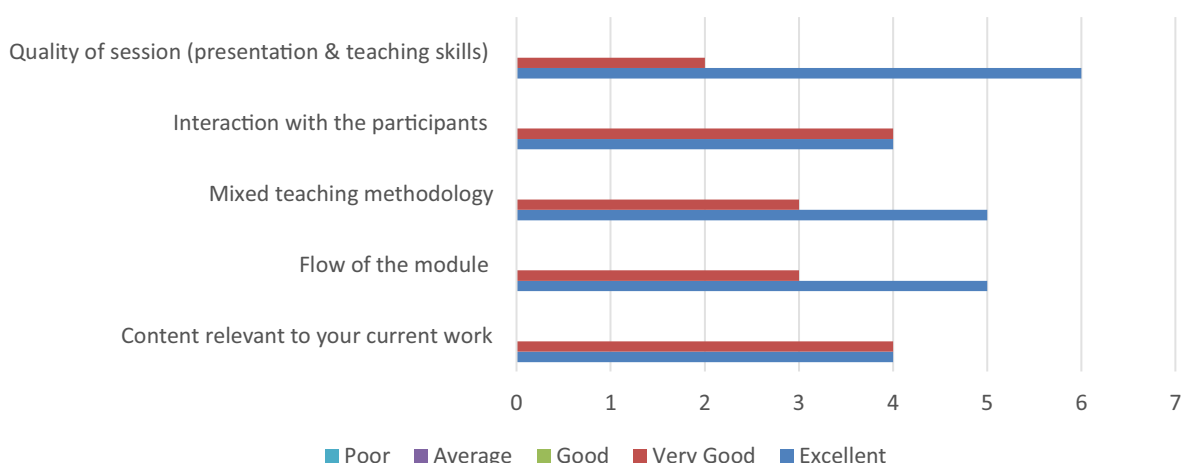
Day 2 Feedback



Day 3 Feedback

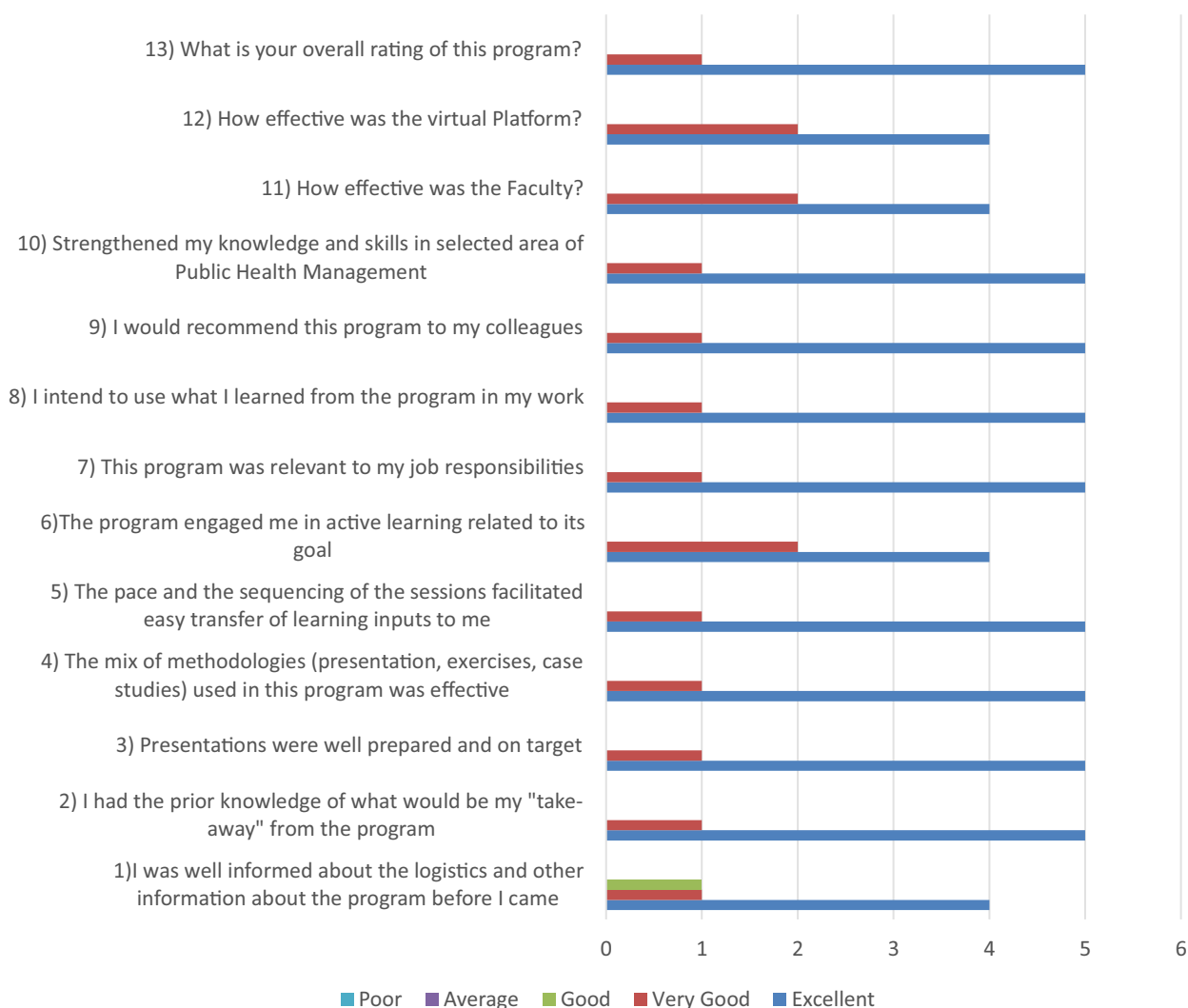


Day 4 Feedback



OVERALL FEEDBACK

Overall Feedback Responses



Annexure: Assignment submitted by participants

Development of a PDSA framework on a quality issue in your organisation

Assignment No. 1

Title: Disallowance of claim by Inexperienced and untrained Doctors carrying out assessment on Medical Boards

The assessment on Medical Boards is being carried out by the Doctors who base themselves on clinical findings evidence produced such as medical certificate, the National Pension Act and the Medical guidelines prepared by the Ministry.

30 to 35 claimants are assessed during one session of Medical board (3 hours)

Identify key problems

Increase the number of disallowed cases on Medical boards and Increase in the number of cases appealing to the Medical Tribunal.

Proposed solutions

Decrease the number of persons to be boarded during one session so that Doctors get enough time to examine them.

Extend the hours for one session.

Decentralise the medical boards

Experienced and trained doctors to carry out the medical boards

Rationale

Experience and trained Doctors to carry out medical boards

There are various studies showing that experience doctors manage work difficulties better. Studies assured that they give better service. Studies show that doctors with experience give better service and customer satisfaction. Doctor experience and patient experience is inextricably linked. For example, without effective, timely communication between doctors, both quality of care and patient experience can suffer.

Enumerate outcome indicators

Decrease the number of cases appealing to the Medical Tribunal

Expected time period of implementation

Within six weeks

Resources and stakeholders involved

No additional resources will be required (The Unit already has a pool of 340 doctors experienced and Inexperienced newly recruited with less than 5 years experienced)

Stakeholders Involved

Administrative staffs, doctors working in the Unit and the Director of the Unit

Write brief methodology for implementation

Interview with few claimants to see whether the statement is correct- 1 week

Interviews with Doctors carrying medical boards -1 week

Random review of assessment sheets at the Medical board and Medical Tribunal. Taking

Some assessment sheets and analyse the number of years of working experience of Doctors with outcomes. 2 weeks.

There have been an increase percentage of allowed cases at the medical tribunal. This shows Doctors are not examining their claimants properly and thus leading to more disallowed cases on medical boards. When further analyse, these disallowed cases are from less experienced doctors. It also shows that cases assessed by experienced doctors are less likely to appeal to the medical tribunal.

Doctors from the Current pool of doctors will be trained based on the number of years of experienced-2 weeks

After 3 month some cases will be reviewed to see the outcome based on the number of years of experience of doctors and whether they have been trained or not.

To analyse whether the number of cases appealing to the Medical Tribunal has decrease

To introduce a Feedback form to filled by claimants after each assessment

Assignment No. 2

THE LONG TIME WAIT AT THE PEDIATRIC EMERGENCY DEPARTMENT, WHAT TO DO?

The Problem: The long wait time at the pediatric emergency department

Of the inpatients in the pediatric hospital on a given day, our data shows that **80%** start in the emergency room however **45%** of ER visits in this department are considered non-emergencies, which can also contribute to a higher number of patients that must go through the entire process, while they may not need much of it.

The average ER wait time in this hospital is around **03 hours** which generates a large number of complaints received.

- **List of few possible solutions:**

- a. Hiring more physicians, more beds (needs extra resources)
- b. Telemedicine for mild cases (needs time and money)
- c. Increase access to family doctors (needs time)
- d. Reduce unnecessary ER visits through health education of children's parents (take a long time)
- e. Integrate a triage process done by a nurse

- **The solution to try out:** Integrate a triage process done by a nurse

- a. There are 8 to 10 nurses per shift in pediatric emergencies, one must be assigned to triage patients (no needs for extra resources)

- **Outcomes indicators:**

- a. The average ER wait time
- b. Number of complaints received per day

- **Time period for the implementation:** 01 month

- **Resources and stakeholders involved:**

- a. Pediatric hospital administration
 - b. Scientific council of the hospital
 - c. Human Resources Director
 - d. Maintenance and equipment department
 - e. Doctors, nurses
- Methodology for implementation:
 - a. Reorganize the patient care circuit in the emergency room
 - b. Establish procedures manual and guidelines
 - c. Organize training sessions for triage nurses

Assignment No. 3

Key Problem

Increase mortality in COVID ICU

List of possible solutions

1. Installation of HEPA FILTER
2. Refresher training in PPE
3. Refresher training in Hand Hygiene
4. Review of literature of mortality in other centers

Feasibility of sustenance

1. Hepafilters came into existence at the surge of COVID-19 infection. So we demanded for the installation of it at COVID ICU, 20 bedded. Due to negative suction effect, inside environment of ICU maintained.

Outcome Indicators

1. Turn over of patients or shift out of cases to wards from COVID ICU
2. Decrease mortality rates as compared before the HEPAFILTER
3. Decrease co-infection among Health Care Workers of COVID ICU

Expected time period of the implementation, resources & stakeholders

1. Hand hygiene and use of PPE training for HCW in 1 week
2. Resources utilization, required for COVID ICU, 2 weeks
3. Hepafilter installation 3 month

Brief methodology of implementation

Step 1

- I Identify & prioritize covid related deaths
- I Form of TEAM of Doctors, Nurses, HCW, IPC, Hygiene Officer, Biomed Engr
- I Write a SMART aim-
- n Teaching HCW skills of hand hygiene, use of PPE
- n Comparison of datas with other COVID hospitals

Step 2

- I Diagnose the cause of mortality eg. Sepsis
- I Mitigate the possible causes of Sepsis

Step 3

- I Develop change ideas
- I Test change ideas in PDSA cycle

Step 4

- | Sustain the change
- | Documenting the flow of the new process
- | Progress change and awareness to the stakeholders

Assignment No. 4

Key Problem

Sedentary lifestyle of public officers – Officers of the public sector, in general, have developed the habit of a sedentary lifestyle, and officers at the Social Integration Division are not spared from this phenomenon. Most are stuck to their chairs and avoid physical activities, let alone minimum movement during the day. Despite extant measures such as physical activity sessions by the Public Officers Welfare Council (POWC) and the opening of a dedicated gym for all public officers, little interest has been displayed by these officers towards these measures.

Possible solutions

- Time off for physical activities
- Encouraging the use of stairs instead of lifts
- Incentives for the use of bicycles instead of vehicles for officers living near their workplace

Adopted Solution

- Encouraging the use of stairs instead of lifts

Rationale: -

- (1) This solution has been chosen as it seems the most feasible in terms of required resources. For instance, no additional costs would be needed as only the cooperation of stakeholders and officers should suffice to implement the measure.
- (2) Moreover, this solution can be easily monitored, and the short-term and long-term effects of the measure can be recorded and assessed.

Outcome indicators

- (a) % of staff using stairs at least three times per week
- (b) No. of sick leaves per week
- (c) % lateness per week

Implementation

The measure will require a test period of three months, where results can be monitored and discussed. The compliance rate to the measure by the staff can be recorded, and adjustments can be made if need be.

Stakeholders would involve:

- The higher cadre, who will give approval for such measure.
- The Human Resources department, who will collect the data.
- The Head of all departments, who will ensure that the measure is implemented and motivate their respective staff.

Methodology

Aim statement

To increase the % of staff using lifts at least three times per week from 10% to 50% within three months of the start of the project.

Pre-launch phase

A brainstorming session will be conducted with the different stakeholders prior to the start of the project, and these stakeholders will consist of the responsible team. The team will comprise a representative of high-cadre administration, mid-cadre administration, HR department, Head of each department (Finance, Procurement, Technical, Office Management).

The main idea will be discussed, and practical aspects of the project implementation will be addressed.

Launch Phase (Test Period – 3 Months)

A roaster system will be implemented whereby each department will be asked to use stairs instead of lifts for a specific day. To ease the transition, the test period will comprise only the clock-out use of stairs (when officers leave). A tentative roaster can be found below:

Monday	Tuesday	Wednesday	Thursday	Friday
Finance	Administration	Procurement	Technical	Human Resources

It is to be noted that staff won't be “forced” to do so, but rather highly encouraged as all may not have the physical ability to adopt same. After the first week, more than one department per day, will be asked to use the stairs so that each staff may use the stairs at least three times per week.

Monitoring Method

Just as attendance is being recorded, the HR department (with the collaboration of attendants) will be asked to record daily the mode of arrival (stairs vs lift). Same is feasible as the Social Integration Division consist of only 65 staff, and an attendant is constantly present at the reception having a view on both stairs entry and lift doors. Through a checklist of staff, the mode can be recorded.

Assessment Phase

After 3 months, the % of staff using lifts at least three times per week will be recorded, and the “adopt, adapt or abandon” label can be decided. (Target being 50%)

Sustainability of the project

The hope is that after some months, taking stairs can become a habit instead of a task for officers, as taking stairs can avoid clustering at lift assembly points. Furthermore, besides the advantage of not losing time waiting for the lifts, the staff can be more active and improve their health.

In the long run, the roster system can be revamped and replaced by an incentive such as “those opting to use stairs can leave 5 mins earlier”. The management can easily recoup those 5 mins “given” to officers as the idea is that a healthy staff will be more productive, punctual and take less sick leave.

Assignment no. 5

Hand hygiene project

Purpose of this project :

Decrease of gained infection inside the medical unit

Raise the percentage of the commitment to the policy of hand hygiene to be sure of the right measurement of the percentage of the commitment to the policy of hand hygiene through the infection control committee we found decreasing in percentage of the commitment of infection control curve so we decide to make a teamwork to study from the people who related to the problem to decide an improvement project

The teamwork

The head of nurse

Quality manager

Infection control director

The manager of the medical unit

The medical manager

The technique we use PDCA

Find

Find process to improve

Review related standards and documents

Analyze the collective data

Identify problems and desired outcomes

Organize a teamwork

Clarify the process clarify the current situation and desired outcomes

- Fully understanding of the current process by all team members.
- Draw flow chart to clarify the variation / problem.
- Collect data from all affected areas relevant to process and desired outcomes.

Understand sources of variation

Select an improvement

Analyse alternative solutions related to process improvement

Choose the best solution that will achieve desired outcome

Plan the improvement

Assign tasks with agreed criteria checklist and set time frame

Allocate resources, determine responsibilities, and gain support from all who will be affected by implementation.

Establish monitoring system to collect necessary data to keep project on track

Do the improvement

Implement the best solution stated in FOCUS process.

Empower all people involved by training, education, and moral support

Collect data and update checklist

Check results

If the desired outcome is obtained & lead expected improvement

Compare data collected from FOCUS process with that during DO

Check for any unexpected, undesired consequences or outcomes

Act to maintain the gain for further improvement

Find

Oversee the reports of the infection control manager

Clarify the flowchart of the patient in the organization

Problems

Lack of maintenance skill, shortage of accessories and other supplies, involuntary actions and intentional mistakes for gaining frequent perdiams since failure happening. Due to that the university laboratories are not in standardized manner.

Proposed solutions are making robotic control system

Planning of the new maintenance approach

Expected time period ranges up to 3months

Testing of the feasibility

Study

Act

Adopt from developed country institutions

Adapt accordingly to Mizan Tepi University Ethiopia

Abandon in all private and public universities and colleges.

Assignment No. 8

Key problem "Poor management of hospital waste" Statement of the problem:

The administration of the provincial hospital " XX " finds that there is a possibility of decreasing the consequent cost of hospital waste management, a high cost of 20% compared to the last two years . according to the hospital's activity reports, it was found that the hospital's production indicators remained constant during these 3 years;

This has been deemed to be a problem because by:

- 2019 the total cost is 160,800 dh (16080 kg at 10dh/kg)
- 2020 the cost is 167750 dh (16775 kg at 10dh/kg)
- 2021 the cost amounts to 192960 dh (19296 kg at 10 dh/kg), an increase of 20% compared to 2020.

The waste management process begins with the sorting of waste at the service level through to weighing and treatment by the subcontracting company.

This situation generates additional costs from one year to another on the hospital budget, which has a negative impact on the hospital's budget balance and therefore on the other services related to the quality of care for patients.

The situation will be improved when the cost of waste management at hospital level is reduced by at least 20% by the end of 2022.

Constitution of the team

The team that will be responsible for improving the situation will consist of: Director of the hospital or his acting;

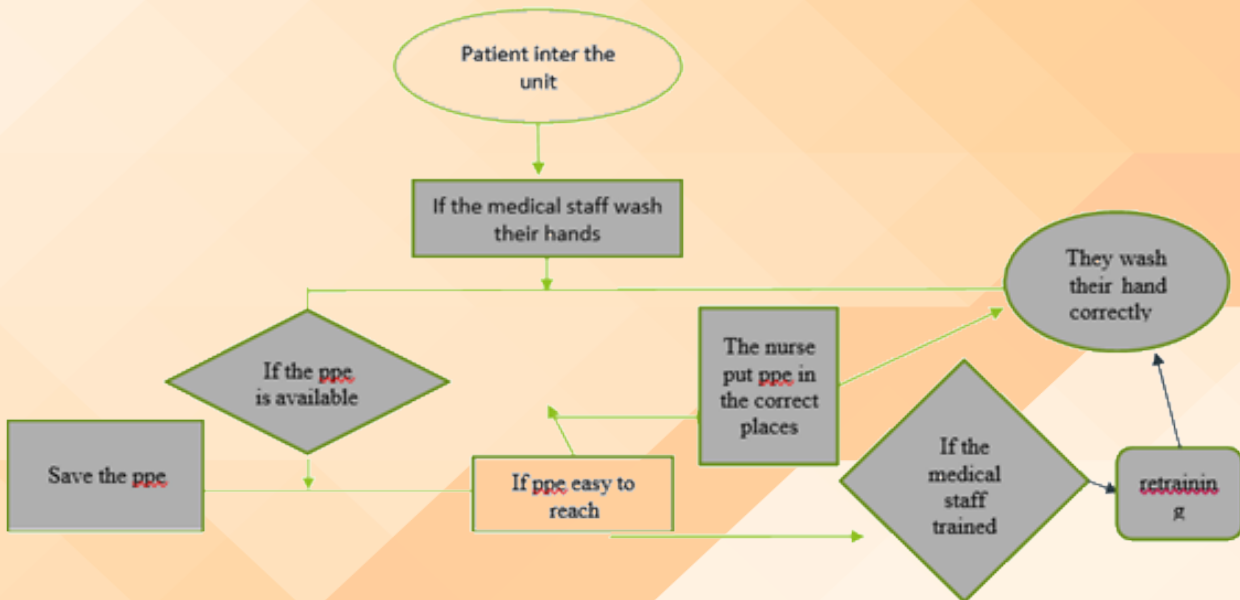
Chief physician of the department; The head nurse;

Financial Administrator; Representative of the subcontractor

NB: any other useful person can be integrated into the quality improvement team

Problem analysis

With Cause and effect diagram (Ichikawa)



The solution

After analyzing the causes of the problem and finding out the most important reasons leading to failure to follow the correct instructions for washing hands in the unit as required, and after arranging the causes of the problem through a prioritization matrix, the solutions were identified as follows:

- 1- Changing the measurement indicator according to the measurement tools proposed by the WHO
- 2- Training the medical staff on the hand washing policy
- 3- Provide the necessary requirements for applying the policy in all service provision locations in the unit

Plan

Action	The responsible person	The time
Update the kpi of hand hygiene	Quality manager Infection control manager	A month
Training of the medical staff	The team of infection control	month
Import enough ppe	Head of nurse	monthly

Assignment no. 7

Quality Problems in Lab Maintenance Experiences in Higher Education Institutions

Introducing the Case:

University laboratories are important working places for practical teaching, workshop and scientific research in private as well as public Colleges and universities. It is also the main base for cultivating college students' practical skills and cultivating compound talents. The level of laboratory management will directly affect the development of daily practical teaching, the output of scientific research results and the training quality of talents in Colleges and universities. Therefore, laboratory management plays an important role in the development of colleges and universities.

The job types are computer maintenance, Machinery maintenance in engineering workshops and electric & network wire and system installation, changing accessories and repairing.

Solution proposals

Cause	Solution
Non-adherence of nursing staff	Organization of awareness sessions on sorting hospital waste Motivation of nursing staff (recognition and encouragement: letters of congratulations)
Insufficient containers and bags	- Require strict compliance with CPS clauses
Failure to comply with the collection frequency	- Require strict compliance with CPS clauses
Monitoring and evaluation irregularity	- Develop and execute by the Hygiène team a schedule for monitoring and evaluating the services provided by the subcontracting company
Insufficient support staff	- Solicit the subcontracting company for the increase in staff (CPS)
Non-compliance of storage premises	- Development of premises for hygienic storage of waste

Solution implementation plan

Solution	Objective	Implementation steps	Who ?	When ?	Waiting time for assessment
- Organization of awareness sessions on sorting hospital waste	- Raise awareness and inform caregivers about the importance of sorting waste	Planning of sessions Organization of meetings	Hygiene team	From April 15	3 months
- Motivation of nursing staff	- Encourage caregivers to engage in the sorting process	Identify the most efficient services Establish a mechanism for recognition and encouragement (letters of congratulations)	Director of the CHR Hygiene team	From 02 May	2 months

Gantt chart

Solution	Activities	Objective	Responsible	Deadline December 2023			
				S1	S2	S3	S4
Organization of awareness sessions on sorting hospital waste	Preparation of the list of beneficiaries	Raise awareness and inform caregivers of the importance of sorting waste	Head of nursing care center	x			
	Estimated resources needed		Head of medical affairs				
	Contact and appointment of session leaders		Head of administrative affairs	x			
	Determination of the total duration and number of sessions		Director of the CHR		x		
			Session leaders (CLIN & EOH)			x	

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.



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