

MANAGEMENT OF HEALTH ADMINISTRATION IN ANDHRA PRADESH DURING COVID

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Abstract: Since times immemorial man has a natural instinct to see the new and distant places. The people of early civilizations of Egypt, Mesopotamia and Indus valley also had trade and cultural relations with distant lands which indicate that there were regular travels among these ancient settlements of man. In the early historical times, the Greeks and Romans had maintained commercial and cultural relations with Persia, China, and India. Indians particularly during the rule of Mauryans, Satavahanas, Kushanas, Guptas and Pallavas maintained Trade and Cultural relations with the Greek, Roman Empire and South East Asian countries which resulted in the creation of a cultural empire of India, i.e., Greater India. Even during the medieval period there were regular travels between West Asia and Indian Sub - Continent. Merchants, Scholars adventures from Europe also visited India during the medieval and early modern periods. India has the distinction of having all important categories of handicrafts practiced in their traditional locations spread over different parts in their traditional locations spread over different parts of the country. The history of Indian crafts is as old as its origin. The first reference to Indian crafts can be found from the Indus Valley Civilization (3000 B.C. – 1700 B.C.). The craft tradition in India has revolved around religious beliefs, local needs of the commoners, as well as the special needs of the patrons, royalty, and trade. These craft traditions have flourish owing to the assimilative nature of Indian culture.

Keywords: Handi crafts, Employment, Revenue, Promotion.

1. INTRODUCTION:

The present study analyse about the COVID 19 outbreak has placed unprecedented demands on our health system. Our health facilities and workforce are currently inundated by a plethora of activities related to controlling the pandemic. Governments of Andhra Pradesh actively as a risk that essential health services which communities expect from the health system, would be compromised. It is likely that health seeking may be deferred because of social/physical distancing requirements or community reluctance owing to perceptions that health facilities may be infected.

Government of Andhra Pradesh provide essential services for all areas include reproductive, maternal, new-born and child health, prevention and management of communicable diseases, treatment for chronic diseases to avoid complications, and addressing emergencies. Non-Covid services such as health promotion activities, IEC campaigns, meetings of the Village Health Sanitation and Nutrition Committees/Mahila Arogya Samitis, community based screening for chronic conditions, other screening programmes, etc. could be deferred and undertaken after lockdown/restrictions are lifted.

Need of the study

To analyse the management of health administration done by the government of Andhra Pradesh during

covid emergency. The investigator wants to study the delivery system and process implementation by the government through the medical and health administration.

Study objectives

1. To analyse the management of health administration during Covid Code.
2. To examine the efforts made by the government against COVID.
3. To study the delivery sytem and process of health administration by the government of A.P.

Research methodology

The primary sources of data collection for the study include relevant documents, reports and guidelines issued by the Government of India and Andhra Pradesh.

In addition to the collected information through the above methods, substantial information was also collected through related websites and journals

Management of health administration and delivery services

a. Planning and Facility Mapping

Government of Andhra Pradesh provide administrative process covers mapping of all existing heath facilities (city/ district/ block-wise) in the public, not for profit and private sectors to be

undertaken. States would identify and designate facilities or separate block within existing facilities to provide COVID -19 related services (Fever clinics, COVID Care Centres (CCC) Dedicated COVID Health Centre (DCHC) and Dedicated COVID Hospital (DCH)) as per guidance issued for appropriate management of suspect/confirmed cases of COVID-19.

b. Telehealth

Telehealth process for suspected COVID patients and other patients requiring ambulatory care, should be encouraged to utilise tele-platforms to determine the need to visit a health facility/ hospital/ Fever Centre. Government of Andhra Pradesh alerts missionary to avoid overcrowding of hospitals and prevent transmission of SARS-CoV-2 virus during travel or in health facilities. Other mechanisms to minimize patient provider encounters include self-monitoring through Apps, use of helpline, web-applications, video-calls, tele-medicine etc.

c. Alternate models for outreach services

Delivery services that are traditionally through outreach such as immunization, antenatal care, screening for common NCDs/communicable diseases etc. would need to be re-organized during the period of lockdown/restriction. Where more feasible, those due for any of these services, would be asked to come to peripheral facilities (SHCs/ PHCs/UPHCs, including HWCs/ Urban Health Posts) on particular dates/times, decided at local levels and informed telephonically or through ASHAs. This can be done by allocating fixed day services for each village / ward area, ensuring adherence to physical distancing and other IPC protocols

d. Home Visits

Management of home-visits by ASHAs should be optimized to provide follow up care to all beneficiaries in a particular household/hamlet/mohalla during one visit and avoid making repetitive visits to the same house/mohalla. This may include beneficiaries like high risk pregnant women or newborn, elderly and disabled individuals etc.

Government of Andhra Pradesh provide healthcare team at SHC, including HWC must be encouraged to follow up with the specific sub-population groups such as- Pregnant women with EDD in current month, all Highrisk pregnant (HRP) women, New-Borns, Children due for immunization, Children with SAM (severe or acute malnourishment), patients on treatment for TB, leprosy, HIV and viral hepatitis, patients with hypertension, diabetes, COPD, mental health, etc, patients undergoing planned procedures (dialysis, cancer treatment and scheduled blood transfusions, etc.)

e.Triaging

To encounter and despite encouraging patients with COVID like symptoms to use channels of telehealth, may individuals are likely to show up at those facilities providing non COVID essential services to seek care. Triaging is thus important in all facilities. The following should be ensured: Covering of SHC and PHC including HWC, referral would be through helplines to higher level facilities. Entry point screening during triaging would help minimize contact between probable COVID and non COVID cases. Government of Andhra Pradesh provide temporary structures outside the building could be set up to facilitate triaging. All healthcare facilities should establish triaging mechanisms for beneficiaries/patients visiting the facility

f. capacity building and HR deployment

Government of Andhra Pradesh managed the challenges of shortage, skewed distribution, and misalignment between health worker competencies and current/ future population health needs are likely to be faced in meeting the surge needs for COVID 19. Re-assignment of staff to treat COVID-19 patients and loss of staff who may be quarantined or infected is likely to pose further challenges. These predictable challenges could be offset through a combination of strategies. Guidance issued by MoHFW provides several strategies to augment health workforce availability.

g. safety and security measures for staff

All health care workers including frontline workers are to be trained in standard protocols for Infection Prevention Control and should adhere to advisories for infection prevention, personal protection and physical distancing norms, for facility level care, outreach visits or home-based care. Government of Andhra Pradesh provide adequate and appropriate personal protective equipment (masks, gloves and other equipment) should be provided to health workers so that they can adhere to the 8 advisories and protect themselves at all facilities. This should also apply to health care workers in those private and not-for profit sector facilities that have been requisitioned/ mobilised to provide services.

h. Adequate supply of medicines and diagnostics

The DVDMS, BMMP and similar portals should be regularly updated and monitored to ensure that there are no stock outs and availability of essential medicines, essential diagnostics services and functional medical devices should be ensured. Government of Andhra Pradesh provide adequate funds may be made available, even over and above the stipulated untied funds to effectively respond to emerging needs. States should make provision for additional free essential medicines and diagnostics in facilities with a higher caseload.

i. Project Management

The state should establish dedicated teams within each state and each district to ensure the continuity of essential services and COVID 19 preparedness and response. These teams will assess and monitor the delivery of essential services, identify gaps and potential needs to re-organise the referral pathways. The teams should work in close coordination with other teams engaged for COVID -19 preparedness and response for planning and optimal use of existing resources to ensure that COVID -19 related response and essential services (non COVID -19) services are effectively delivered.

j. Finance management

States should ensure that facilities have sufficient funding to continue the provision of essential services. Additional funds in the form of increased allocation of untied funds based on facility caseloads can be provided. Managers of public facilities should receive greater authority to use funds, balancing the increased flexibility with transparent reporting requirements.

k. Accountability and transparency

Government of Andhra Pradesh provide grievance redressal mechanisms for denial of entitlements for essential non-COVID and COVID-19-related services should be functional through existing channels in states with appropriate sensitization of call-centre agents. Routine disease surveillance, service delivery monitoring and reporting according to SHC/PHC requirements should continue uninterrupted to maintain accountability and continuously inform policy, local planning, and decision-making.

Findings and observations of the study

1. Isolation rooms

Governments of Andhra Pradesh provide facilities for any possible case should be managed in negative pressure single room if available. If this is not possible, then a single room with attached toilet facilities should be used. Room doors should be kept closed. The nature of the area adjoining the side room should be taken in to account to minimise the risk of inadvertent exposure (such as high footfall areas, confused patients, vulnerable and high-risk patient groups). If on a critical care unit, the patient should be nursed in a negative-pressure single or side room where available, or, if not available, a neutral-pressure side room with the door closed. If there is no attached toilet, a dedicated commode (which should be cleaned as per local cleaning schedule) should be used with arrangements in place for the safe removal of the bedpan to an appropriate disposal point. Avoid storing any extraneous equipment in the patient's room f. Display signage to control entry into room

2. PPE arrangement rooms

Anterooms (otherwise known as a 'lobbies') also have the potential to become contaminated and should be regularly decontaminated as described in environmental decontamination. It is strongly advised that staff progress through 'dirty' to 'clean' areas within the anteroom as they remove their PPE and wash hands after they leave the patient room. To this effect, movements within the anteroom should be carefully monitored and any unnecessary equipment should not be kept in this space. In the event that no anteroom or lobby exists for the single room used for COVID-19 patients, then local infection prevention and control teams (IPCT) will need to consider alternative ways of accommodating these recommendations to suit local circumstances. Isolation Ward Staff Patients Visitors Hospital Staff Sanitization Team Food Supply Team.

3. Alarm and notices

Governments of Andhra Pradesh provide written information must be placed on the isolation room door indicating the need for isolation, including the infection prevention and control precautions which must be adhered to prior to entering the room. b. Patient confidentiality must be maintained.

4. Records of entry

Only essential staff should enter the isolation room. A record should be kept of all staff in contact with a possible case, and this record should be accessible to occupational health should the need arise.

5. Ventilator support

Governments of Andhra Pradesh provide facilities like respiratory equipment must be protected with a high efficiency filter (such as BS EN 13328-1). This filter must be disposed of after use. Disposable respiratory equipment should be used wherever possible. Re-usable equipment must, as a minimum, be decontaminated in accordance with the manufacturer's instructions Closed suctioning system must be used e. Ventilator circuits should not be broken unless necessary Ventilators must be placed on standby when carrying out bagging and PPE must be worn. Water humidification should be avoided, and a heat and moisture exchanger should be used

6. Visitors

Visitors should be restricted to essential visitors only, such as parents of a paediatric patient or an

affected patient's main carer. Visitors should be permitted only after completion of a local risk assessment which includes safeguarding criteria as well as the infection risks. The risk assessment must assess the risk of onward infection from the visitor to healthcare staff, or from the patient to the visitors. The risk assessment should include whether it would be feasible for the visitor to learn the correct usage of PPE (donning and doffing under supervision), and should determine whether a visitor, even if asymptomatic, may themselves be a potential infection risk when entering or exiting the unit. It must be clear, documented and reviewed. If correct use of PPE cannot be established then the visitor must not proceed in visiting.

7. Hygiene

This is essential before and after all patient contact, removal of protective clothing and decontamination of the environment. Use soap and water to wash hands or an alcohol hand rub if hands are visibly clean. Rings (other than a plain smooth band), wrist watches and wrist jewellery must not be worn by staff.

8. Equipment

Re-useable equipment should be avoided if possible; if used, it should be decontaminated according to the manufacturer's instructions before removal from the room. Use dedicated equipment in the isolation room. Avoid storing any extraneous equipment in the patient's room. Dispose of single use equipment as per clinical waste policy inside room. Ventilators should be protected with high efficiency filter, such as BS EN 13328-1. Closed system suction should be used. Disposable crockery and cutlery may be used in the patient's room as far as possible to minimize the numbers of items which need to be decontaminated.

9. Bio waste management

Cleaning and decontamination should only be performed by staff trained in the use of the appropriate PPE; in some instances, this may need to be trained clinical staff rather than domestic staff. After cleaning with neutral detergent, a chlorine-based disinfectant should be used, in the form of a solution at a minimum strength of 1,000ppm available chlorine. If an alternative disinfectant is used within the organization, the local IPCT should be consulted on this to ensure that this is effective against enveloped viruses. The main patient isolation

room should be cleaned at least once a day, and following aerosol generating procedures or other potential contamination. There should be more frequent cleaning of commonly used hand-touched surfaces and of anteroom or lobby areas (at least twice per day). To ensure appropriate use of PPE and that an adequate level of cleaning, it is strongly recommended that cleaning of the isolation area is undertaken separately to the cleaning of other clinical areas. Communal cleaning trollies should not enter the room.

10. Management of Specimens

Governments of Andhra Pradesh provide management of specimens and request forms should be marked with a biohazard label. The specimen should be double-bagged. The specimen should be placed in the first bag in the isolation room by a staff member wearing recommended PPE. Specimens should be hand delivered to the laboratory by someone who understands the nature of the specimens.

11. Mobile healthcare equipment

Governments of Andhra Pradesh focus on advice applies to devices that cannot be left in the isolation room, such as portable X-ray machines, ultrasound machines: Use of mobile healthcare equipment should be restricted to essential functions as far as possible to minimize the range of equipment taken into and later removed from the room. The operator of the device, if not routinely looking after the patient, must be trained and supervised in infection prevention and control procedures, including the use of PPE. The operator should wear PPE as described above when in the isolation room. Any equipment taken in to the room and which must be subsequently removed, must be disinfected prior to leaving the anteroom. Any additional items such as a digital detector, ultrasound probes or a cassette will also need to be disinfected, regardless of whether there has been direct contact with the patient or not. This is due to the risk of environmental contamination of the equipment within the isolation room

12. Department transfers

Governments of Andhra Pradesh enhanced possible, all procedures and investigations should be carried out in the single room with a minimal number of staff present. Only if clinical need dictates, and in consultation with the infection control team, should patients be transferred to other departments. The following procedures then apply:

The trolley used to transport the patient from the isolation room, should be disinfected as far as possible (see environmental decontamination immediately before leaving the room by an individual wearing protective clothing and PPE as described previously. The department must be informed in advance of the patient's arrival. Governments of AndhraPradesh focused to enable appropriate decontamination after any procedure, patients should be scheduled at the end of a list, as far as possible. After the procedure, access to such spaces should be restricted and environmental decontamination implemented. During patient transfers, a process to ensure that no individuals not wearing PPE come within 2 metres of the patient should be followed. Anyone in the vicinity of the patient (for example carrying out procedures, transferring the patient or standing within 2m of the patient) must wear the PPE previously described.

13. Transfers to other hospitals

Governments of AndhraPradesh facilitated the transfer of cases to another hospital should be avoided unless it is necessary for medical care. If transfer is essential, the receiving hospital and the ambulance staff must be advised in advance of the special circumstances of the transfer, so that appropriate infection control measures can be taken.

14. Corpse management

Governments of AndhraPradesh provide the act of moving a recently deceased patient onto a hospital trolley for transportation to the mortuary might be sufficient to expel small amounts of air from the lungs and thereby present a minor risk. A body bag (zip bag) should be used for transferring the body and those handling the body at this point should use full PPE. The outer surface of the body bag should be decontaminated (see environmental decontamination) immediately before the body bag leaves the anteroom area. This may require at least 2 individuals wearing such protective clothing, in order to manage this process. The trolley carrying the body must be disinfected prior to leaving the anteroom. Prior to leaving the anteroom, the staff members must remove their protective clothing. Once in the hospital mortuary, it would be acceptable to open the body bag (zip bag) for family viewing only (mortuary attendant to wear full PPE).

Washing or preparing the body is acceptable if those carrying out the task wear PPE. Mortuary staff and funeral directors must be advised of the biohazard risk. Embalming is not recommended. If a post mortem is required, safe working techniques (for example manual rather than power tools) should be used and full PPE worn, in the event that power tools are used. After use, empty body bags should be disposed as per protocol of Biomedical Waste Management.

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