

Role of District Hospital Pulwama(J&K) in Mitigating the Coronavirus Pandemic

Tavseef Ahmad Mir¹ and Dr. Manvendra Singh²

¹PhD Scholar Department of Government and Public Administration, Lovely Professional University Punjab, India

²Assistant Professor, Department of Government and Public Administration, Lovely Professional University Punjab, India

Abstract

COVID-19 has become unprecedented challenge all over the world, especially for the healthcare sector. This disease being novel in its spread and impact has created a chaos globally. District hospital Pulwama falls within the administrative district of the Jammu and Kashmir region of India. This hospital is designated as a special COVID Care hospital since the spread of the Coronavirus. During this pandemic, even with scarce material and human resources, this hospital played a pivotal role in managing the crises caused by the spread of this dreadful communicable disease. There is an urgent need of having a relook at the role of secondary level health care institutes at district levels to meet the ever-growing health-related challenges. Policymakers need to take the present circumstances and the role played by these hospitals into account while drafting healthcare policies for the future. The Severe Acute Respiratory Syndrome Coronavirus-2 (SARS-CoV-2) has provided an opportunity for this healthcare institution to learn and unlearn various methods and practices to deal with such situations in future. This paper is a sincere and genuine attempt to investigate the role of District hospital Pulwama in the Kashmir region of India, in mitigating the Coronavirus crises.

Keywords

COVID-19, healthcare administration, capacity building, policy, district hospital Pulwama

Introduction

Pulwama is one of the twenty districts of the Jammu and Kashmir region of India. After the outbreak of the Coronavirus pandemic in this region, district hospital Pulwama was designated as a special COVID care hospital. Dealing with the situations arising out of this pandemic was a novel experience for the whole world. The same was the situation with health care institutions all over the world including this region. This hospital not only catered to the patients of this district but also of neighbouring areas falling under districts of the Kashmir region like Shopian and Budgam.

District hospital Pulwama has been established in 1984 since then it has a catchment area consisting of the territorial districts of Pulwama and Shopian (Erstwhile part of District Pulwama). According to the Census of 2011, the district hospital Pulwama has a population of 5.60 lacs and a catchment area of 1090 square kilometres consisting of about 327 villages. In

the year 2019, the pandemic of coronavirus engulfed the whole country including district Pulwama of this region. This institution was earmarked as a special hospital to take care of the emerging crises. This paper tries to find the correlation and linkages between different aspects of capacity building, infrastructure and service delivery at district hospital Pulwama.

Study Design: This paper used a mixed approach methodology consisting of quantitative as well as qualitative methods like sampling, literature review, interviews, questionnaires, and focused group discussions. The sample size is 50 which includes doctors, patients, paramedical staff and key administrators.

Limitations

The Pandemic is not over yet. The vaccination drive is in its initial stage and the majority of the population is not vaccinated yet. There is a need of maintaining a high degree of precaution during fieldwork. Also, district hospital Pulwama being a government institution some reservation from some employees, to share the primary data was felt and due to the heavy workload, it was quite strenuous for the employees to spare time for completing the questionnaires.

Review of Literature

Jeff Hwang et al. (2020) in their article titled, “Responding to the COVID-19 pandemic the role of occupational health services in a tertiary hospital in Singapore” have suggested that crises like this pandemic should not be wasted. It provides us with opportunities to do a formative assessment of what ails the country’s healthcare. It compels us to think over our established paradigms and structures present in various government sectors.

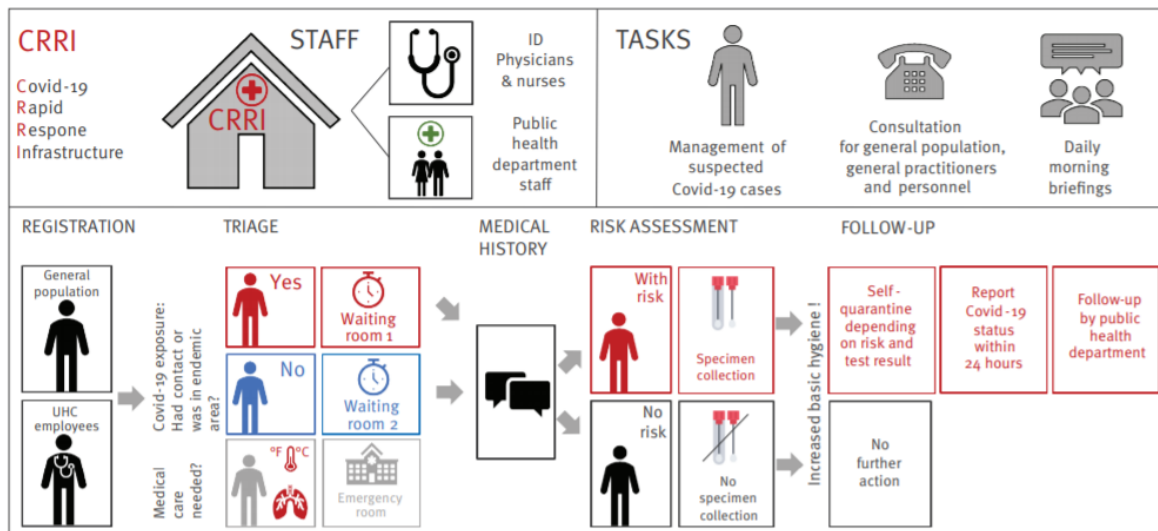
Basher and Haque. (2020) in an article titled as “Public policy lessons from the COVID-19 outbreak: How to deal with it in the post-pandemic world?” advocated for providing health care at grass root levels uniformly. To have universal health coverage, there is a need of enhancing the infrastructure and skillsets in the healthcare sector. Policies need to be framed, taking into account, the circumstances created by the diseases of a pandemic nature.

Chopra Teena et al. (2021) in the article entitled as “COVID-19 corollary: the changing role of a hospital epidemiologist in the new world” stated that planning is the basic necessity to mitigate any future infectious threats. There is a need of strengthening the public health and hospital framework. There is a need of equipping the workforce through skill enhancement and providing enough safety measures.

Bragazzi (2021) in the article entitled as “The Role of Hospital and Community Pharmacists in the Management of COVID-19: Towards an Expanded Definition of the Roles, Responsibilities, and Duties of the Pharmacist” tried to present the vital role played by pharmacies within hospitals in combating COVID-19. There is a need for inter-sectoral and interprofessional collaboration within hospitals.

Augustin et al. (2020) in the article “Rapid response infrastructure for pandemic preparedness in a tertiary care hospital: Lessons learned from the COVID 19 outbreak in Cologne, Germany” analysed the situations faced by hospitals in Cologne Germany. They concluded that new

situations need to be dealt with new solutions. One of the best practices adopted by the hospitals at Cologne Germany was the framing of mechanism to receive a huge rush of patients in a streamlined manner as shown below.



Source: University Hospital Cologne.2020 (www.eurosurveillance.org)

Thiagrajan (2020) in the article “COVID-19 exposes the high cost of India’s reliance on private healthcare” tries to reiterate that there is a need of investing more in the public healthcare sector. Private institutions work on a profit motto. Private sector institutions can’t be of much help to the govt policies aimed at achieving social goals, in a welfare state. There is a need of reframing healthcare policies and giving public health institutions, a primary role, in the implementation of different healthcare initiatives.

Singh et al. (2020) in the article titled as “Estimating the Impact of Covid-19 Outbreak on High-Risk Age Group Population in India” sounded a word of caution regarding the vulnerable groups. Effective measures need to be taken towards preventing the high-risk groups from contracting the disease. These measures should include proper social and medical care.

Tyagi et al. (2021) in the article entitled as “COVID-19: Journey so far and Deep Insight Using Crowdsourced Data in India” suggested making policy measures aimed at containing the pandemic, keeping into consideration the population density of an area. Availability of instruments at hospitals increases the service delivery so adding more sophisticated medical instruments for effective coronavirus disease management has become a necessity.

Changotra et al. (2020) in the article “Largest democracy in the world crippled by COVID-19; Current perspective and experience from India” emphasises that there is an urgent requirement of paying attention to the public healthcare system in India. It is underfunded i.e., only 1.28% of GDP is allocated for the health sector. The COVID-19 is a wake-up call to take long term initiatives towards the public healthcare system.

Chowdhury and Joma. (2020) in their article “Responding to the COVID-19 pandemic in developing countries: Lessons from selected countries of the global south” stated that the pandemic crises has necessitated the need for ‘all of government’ and ‘whole of society

approach. Under the credible leadership, inclusive, accountable and flexible policy-making and well-established institutional framework shall form the basic mantra for a response towards any eventuality like COVID-19.

Mohan et al. (2020) in the article entitled as “Clinico demographic profile and hospital outcomes of COVID-19 patients admitted at a tertiary care centre in north India” emphasised that there is the necessity of recording various parameters of the patients admitted for coronavirus. Only competent, skilled health care workers could operate with zeal and zest. Technical knowledge to deal with such emergencies is the prerequisite to draw out results from various medical procedures related to COVID-19.

Dabholkar et al. (2020) in the article “COVID 19 infection in healthcare Professionals, risks work safety and psychological issues” stated that healthcare workers are frontline soldiers in the coronavirus pandemic. They are more vulnerable for contracting such disease. They are under stressful conditions and their anxieties need to be combated by increasing their morale by making their workplaces safe so that they could discharge their duties smoothly and best of their capabilities.

Maity et al. (2020) in the article entitled as “Interstate disparities in the performances in combatting COVID-19 in India: efficiency estimates across states” argues for efficient utilisation of the existing health infrastructures in India and improving the same. There are disparities in the handling of the pandemic. The main reason for the same lies in infrastructure and lack of capabilities of healthcare personnel.

Bhat et al. (2020) in the article “Depressive and anxiety symptoms, quality of sleep and coping during the 2019 coronavirus disease pandemic in the general population in Kashmir” stated that due to lack of prior preparations, healthcare workers were not mentally prepared for meeting the situations arising out of COVID-19. The lockdown and the concept of work from home had an adverse effect on the psychological conditions of the patients as well.

Saleem et al. (2020) in the article “COVID-19; Preparedness and response by the union territory of J&K for containment of pandemic” states that the Union Territory administration undertook various measures for containment of the pandemic. It included awareness drives through media, measures for countering rumours, deploying adequate police personnel for enforcing lockdown. Earmarking hospitals and arranging other infrastructure for patients. Coordination among various departments forms the key to meet exigencies in future.

Meraj et al. (2020) in the article “Coronavirus pandemic versus temperature in the context of the Indian subcontinent: a preliminary statistical analysis” scrutinised the relation between temperature and the spread of Coronavirus. It was found that temperature should not be considered as a yardstick for making interventions aimed at controlling the disease. Infrastructural up-gradation and other measures need to be taken keeping this fact into consideration.

Research Methodology

This paper used a mixed approach methodology of quantitative as well as qualitative methods. Sampling, interviews, questionnaire, and focused group discussions. The sample size consists of 50 samples that include doctors, patients, paramedical staff and key administrators.

Data Collection

The sample size for this paper is 50 that includes 15 doctors, 20 paramedical staff, 10 common patients who had received treatment from the hospital. Healthcare staff were provided questionnaires while patients were subjected to telephonic interviews. Five key informants consisting of administrators etc are selected for Focused Group Discussions. Primary data regarding various issues was gathered from the administrative office of the Chief Medical Officer. A questionnaire consisting of questions related to various parameters of the hospitals were distributed among health care workers which included doctors and paramedical staff. Also, information regarding the vaccination programme against Coronavirus was gathered from the immunisation section of the hospital. Secondary data was also collected from the websites of Deputy Commissioner Pulwama, Director Health Services Kashmir and National Health Mission, Ministry of Health and Family Welfare, Government of India.

Data analysis

This hospital is a declared special COVID Care hospital that provided its services to the patients of the Pulwama district and adjoining areas. There are more than 50 wards for indoor patient services. More than 30 wards had been demarcated for admitted COVID patients. There are more than 18 consultants, 20 specialist medical officers, 16 medical officers and other paramedical staff. Table I provides the details of manpower available at District Hospital Pulwama.

Table I

| | Manpower |
|-----------------|----------|
| Consultants | 18 |
| Specialists | 20 |
| Medical Officer | 16 |
| Pharmacist | 7 |
| Nursing Staff | 20 |
| OT Technician | 4 |
| Nursing Orderly | 11 |
| Other Class | 7 |
| Drivers | 6 |
| Carpenter | 1 |
| Electrician | 1 |
| Plumber | 1 |

Source: Director Health Services Kashmir,2021

Initially, the hospital suffered shortages of various types of equipment which were provided after a short duration. The availability of Personal Protective Equipment kits and high-power

masks were available in sufficient numbers. More than forty Personal Protective Equipment kits were readily available at any instant of time. It created a sense of safety among the healthcare workers. The perception of safety among such workers was gauged by providing four options, absolutely safe, safe, to some extent and not at all. Out of the responses received 30 per cent selected absolutely safe, 50 per cent replied that they feel safe, 15 per cent responded that they feel safe to some extent and 5 per cent felt not safe at all. 80 per cent of respondents felt that their duties were not going to harm them. The ease of doing their work was gauged by three options, yes absolutely, to some extent and not at all. 30 per cent opined that they feel absolutely easy to work in such crises like situations, 50 per cent responded they are at ease to some extent and 20 per cent felt unease in working like such situations. Concerning vaccination, up to 19 June 2021, a total of 12808 vaccinations were done at the hospital. Staff deployed for the vaccination was having high morale but most of them complained about irregular salaries or other perks.

For training and skill sets, most of the respondents were of the view that capacity building forms an essential component of the pandemic preparations. To gather suggestions regarding improving this hospital in future, skill development got the first preference, enhancing infrastructure was given second preference and increasing the number of healthcare workers was given third as shown in Figure I below:

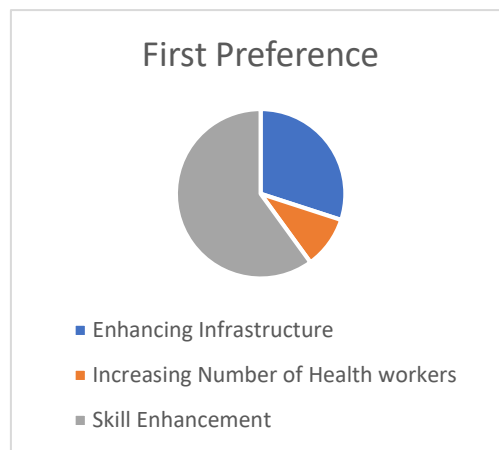


Fig.I

For funds, the hospital utilised payments received under the National Health Mission by the Government of India and special grants by district and divisional administration.

Conclusion and Suggestions

District hospital Pulwama played a critical role in combating the COVID-19 pandemic. Though infrastructure and number of healthcare workers are lesser in number, but the institution managed to achieve its main goals i.e., providing satisfactory services during strenuous times. The important point lacking among the healthcare staff is the capacity to meet such situations, for which necessary measures need to be taken. Also, there is an urgent need of having a liaison mechanism equipped with Information Communication Tools, among various sections of this institute. With scarce resources and limited human capacities, the role of District Hospital is

quite remarkable. It is this institution that treated thousands of COVID-19 patients, creating an example of dedication, dynamism, cooperation, and visionary leadership in Public Health Administration. Policy planners need to consider the role of district hospitals while formulating policies and programmes for the future. District hospitals being connecting link between primary and tertiary healthcare institutions, their development, could prove a game-changer for the whole healthcare.

References

1. Arch, Simona. (2020) "Towards Post-COVID-19: Lessons and Challenges for Hospitals and Healthcare Infrastructures Health Management", Volume 20 - Issue 4.
2. Augustin, M., Schommers, P., Suárez, I., Koehler, P., Gruell, H., Klein, F., Maurer, C., Langerbeins, P., Priesner, V., Schmidt-Hellerau, K., Malin, J. J., Stecher, M., Jung, N., Wiesmüller, G., Meissner, A., Zweigler, J., Langebartels, G., Kolibay, F., Suárez, V., . . . Lehmann, C. (2020). Rapid response infrastructure for pandemic preparedness in a tertiary care hospital: lessons learned from the COVID-19 outbreak in Cologne, Germany, February to March 2020. *Eurosurveillance*, 25(21).
3. Bansal, P. (2020). Big and Small Stories from India in the COVID19 Plot: Directions for a 'Post Coronial' Psychology. *Integrative Psychological and Behavioral Science*, 55(1), 47–72
4. Basher, S. A., & Haque, A. E. (2020). Public Policy Lessons from the COVID-19 Outbreak: How to Deal with it in the Post-Pandemic World? *SSRN Electronic Journal*.
5. Bhat, B. A., Mir, R. A., Hussain, A., & Shah, I. R. (2020). Depressive and anxiety symptoms, quality of sleep, and coping during the 2019 coronavirus disease pandemic in general population in Kashmir. *Middle East Current Psychiatry*, 27(1).
6. Bragazzi, N., Mansour, M., Bonsignore, A., & Ciliberti, R. (2020). The Role of Hospital and Community Pharmacists in the Management of COVID-19: Towards an Expanded Definition of the Roles, Responsibilities, and Duties of the Pharmacist. *Pharmacy*, 8(3), 140.
7. Changotra, R., Rajput, H., Rajput, P., Gautam, S., & Arora, A. S. (2020). Largest democracy in the world crippled by COVID-19: current perspective and experience from India. *Environment, Development and Sustainability*, 23(5), 6623–6641.
8. Chopra, T., Levy, P., Tillotson, G., & Sobel, J. (2020). COVID-19 corollary: the changing role of a hospital epidemiologist in the new world. *Expert Review of Anti-Infective Therapy*, 19(1), 1–3.
9. Chowdhury, A. Z., & Jomo, K. S. (2020). Responding to the COVID-19 Pandemic in Developing Countries: Lessons from Selected Countries of the Global South. *Development*, 63(2–4), 162–171.
10. Cumulative Coverage Report of COVID-19 Vaccination on <https://www.mohfw.gov.in>
11. Dabholkar, Y. G., Sagane, B. A., Dabholkar, T. Y., & Divity, S. (2020). COVID19 Infection in Health Care Professionals: Risks, Work-Safety and Psychological Issues. *Indian Journal of Otolaryngology and Head & Neck Surgery*, 72(4), 468–473.
12. DISASTER MANAGEMENT MANUAL (2018) Health Care Emergency Management District Hospital Pulwama Published by Director Health Services Kashmir
13. Hwang, J., Yong, E., Cheong, K., Ling, Z. J., Goh, L. H., Lim, F. S., Loh, V., Bagdasarian, N., Somani, J., Archuleta, S., Sng, J., & Lim, S. M. (2020). Responding to the COVID-19 pandemic: The role of occupational health services in a tertiary hospital in Singapore. *Journal of Occupational Health*, 62(1).
14. Maity, S., Ghosh, N., & Barlasakar, U. R. (2020). Interstate disparities in the performances in combatting COVID-19 in India: efficiency estimates across states. *BMC Public Health*, 20(1).
15. Mohan, A., Tiwari, P et.al. (2020) "Clinico-demographic profile & hospital outcomes of COVID-19patients admitted at a tertiary care centre in north India" Jul-Aug; 152(1-2): 61–69.
16. Meraj, G., Farooq, M., Singh, S. K., Romshoo, S. A., Sudhanshu, Nathawat, M. S., & Kanga, S. (2020). Coronavirus pandemic versus temperature in the context of Indian subcontinent: a preliminary statistical analysis. *Environment, Development and Sustainability*, 23(4), 6524–6534.
17. Saleem, S., Quansar, R., & Qurieshi, M. (2020). COVID-19: Preparedness and response by union territory of Jammu and Kashmir for containment of pandemic. *Current Medical Issues*, 18(3), 206.

18. Singh, H. P., Khullar, V., & Sharma, M. (2020). Estimating the Impact of Covid-19 Outbreak on High-Risk Age Group Population in India. *Augmented Human Research*, 5(1).
19. Thiagarajan, K. (2020). Covid-19 exposes the high cost of India's reliance on private healthcare. *BMJ*, m3506.
20. Tyagi, I., Mahfooz, Y., Kashif, M., & Anjum, A. (2021). COVID-19: Journey so far and Deep Insight Using Crowdsourced Data in India. *MAPAN*, 36(1), 33–46.