#### JNMC Leading with great Leadership

"Do not follow where the Path may lead.

Go instead where there is no path and leave a trail"

- Ralph Waldo Emerson

Jawaharlal Nehru Medical College and Hospital (JNMCH)is a tertiary level hospital affiliated to the Aligarh Muslim University (AMU), Aligarh. It was established in 1962 with the following vision and mission:

- To be perceived as a leading tertiary care center in the country.
  - · To incorporate the latest scientific & technological advances in health care,

Teaching, training and research activities.

- ·To be a center of excellence which offers safe & quality health care through humane approach.
- · To maintain the highest possible standard in all Endeavours.

JNMCH is a 1269 bedded tertiary carehospital which is providing affordable Medical Care to all sections of society especially to the economically weaker sections. As a policy, Hospital does not refuse admission if indicated to any patient.

JNMC hasmoved one spot up in this year's India Today Survey and according to the India

Today Neilson Survey 2015, it's now ranked 14th best Medical College

in India among 300 medical colleges. The Survey also shows JNMC on 2nd

Rank or second best Medical College in Uttar Pradesh

# **Organizational leadership**

**Dr. Tariq Mansoor** 



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Former Principal, J. N. Medical College, AMU

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**Ex-President, Association of Surgeons of India (UP Chapters)** 

All endeavours carried out by the JNMC hospital administration to counter the COVID 19 menace have been possible only because of the able guidance and mentorship of the honourable Vice Chancellor. He has been a beacon of light and a pillar of strength for every health care worker of JNMCH through this herculean effort against the COVID 19 pandemic.

#### Dr. Shahid Ali Siddiqui



Principal & Chief Medical Superintendent, J.N Medical College and Hospital, Aligarh

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# **Scintillating journey of JNMC During Covid 19**

The Severe Acute Respiratory Syndrome Corona Virus 2(SARS CoV-2) took the world by storm after appearing thefirst time in Wuhan, Hubei Province, China in December 2019. WHO declared it as a pandemic later on 11<sup>th</sup>March,2020. India reported its first case of COVID 19 on 31st January, 2020. By the first week of February,meetings regarding the preparations for the COVID pandemic onslaught had begun at JNMCH. The biggest hurdlein the way was a lack of experience in tackling natural disasters, let alone a pandemic of this magnitude. Inprevious years, epidemics of malaria, dengue, Chikungunya, and other viral fevers were managed by JNMCH butthis time the mass hysteria, social media misinformation cascade and the lack of knowledge with respect to COVID 19 posed a huge challenge.



# **Road Map of Strategies**



RT-PCR testing for COVID 19 began at JNMCH and soon the Virology
Lab was catering to the whole of western U.P. In order to process the
deluge of COVID samples coming from neighbouring and far away
districts, JNMCH began round the clock testing and upgraded its
COVID 19 testing equipment. Since then, JNMCH has conducted close
to 14 lakh RT PCR tests for COVID 19.

#### **Training and Development**

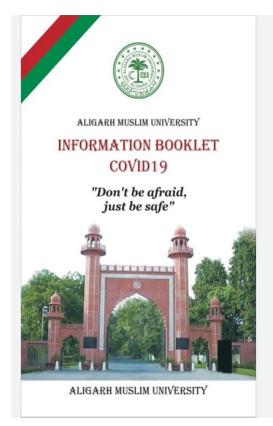
Health care worker (HCW) training for COVID duties began by the Hospital Infection Control Committee(HICC). Updated COVID specific hospital infection control policy was formulated and taught. Nurses, ward attendants, sanitation staff and doctors of all non-clinical, para-clinical, and clinical departments of JNMCH were brought up to date with management protocols of COVID 19. This training was then extended to medical staff of A.K Tibbya College and Sir Ziauddin Dental College. Since then, more than 100 such training programmes have been conducted by HICC. Several public outreach programmes were conducted in theform of appeals for COVID prevention through TV, radio and print media, publication of COVID preventionliterature and social media outlets.







#### **Awareness Programme Booklet**





The government had in April issued an advisory on the use of homemade protective cover for face and mouth, asking people to wear it, particularly when they step out of their residences.

The advisory stressed such face covers must be washed and cleaned each day, as instructed and states that any used cotton cloth can be used to make this face cover.

The colour of the fabric does not matter but one must ensure that the fabric is washed well in boiling water for five minutes and dried well before making the face cover. Adding salt to this water is recommended, it said.

It also listed the procedures of making such homemade masks, asking to ensure it fits the face well and there are no gaps on the sides.

It urges people to wash hands thoroughly before wearing the face cover, switching to another fresh one as the face cover becomes damp or humid, and never reusing it after single use without cleaning it.

Never share the face cover with anyone. Every member in a family should have separate face cover," the advisory stated.

Disclaimer: Ministry guidelines are updated frequently kindly visit
Ministry of Health Website for latest quidelines

# **Departmental Efficient Division of work**

To overcome this huge challenge and streamline approaches to the COVID pandemic, several committees involving all the departments of JNMC were constituted. Committees such as Administrative committee, Management Protocol Committee, Security Team, Health Care Worker Welfare Team, Central LaboratoryServices/ Diagnostic Workshop Team, IT &Telemedicine, Public Relation Committee, Duty Roster and COVID19 Control Room team were formed to tackle the menace of COVID 19 that included all clinical, para clinicaland non-clinical branches of Medicine and their roles were formulated. A JNMCH advisory committeerelated to management of cases admitted in Aligarh district hospitals has been made that provides trainingexercises and provides expert advice on patient management. Standard Operating Protocols (SOPs) were formed by all para-clinical and clinical departments to elucidate admission and discharge criteria of COVID patients, diagnosis &management of active cases, transportation of such patients within and outside thehospital and disposal of COVID 19 suspect and confirmed dead bodies.

#### STRATEGIES OF TREATMENT

As JNMCH was responsible for treating both COVID 19 and non-Covid patients of Aligarh district, a separate COVID 19 Suspect and Confirmed case isolation ward had to be earmarked and prepared for the same. The entire old OPD block and Emergencywards were demarcated for this purpose. As the government lockdown was in effect, nothing could be purchased from outsideand JMNCH Caretaker Team had to make do with whatever building materials they had in their stores. There were times when old furniture was used as a source of wood for building structures. Essential ICU equipment such as ventilators, portable x-ray machines, infusion pumps, multi-channel monitors, air conditioners and many more were all arranged from various wards of the hospital. A 24 hour Fever and Flu Clinic was established where medical personnel donned in full Personal ProtectiveEquipment (PPE) were stationed. Procurement of PPEs was also done according to Government of India guidelines. Availability of adequate PPEs was scarce with local manufacture of PPEs still in its infancy making it exceedingly difficult to procure them. The JNMC administration and the Aligarh District administration did a stellar job in making sure that there were no shortages. COVID testing of suspect cases was done and non-COVID cases were advised accordingly. The Emergency and Trauma Centrewas converted into a COVID 19 suspect ward. Here, all precautions were taken to segregate COVID and non-COVID patients. AllHCWs performed their duties dressed in full PPE and patient transfers to hospital wards were regulated by predesigned SOPs. Operation theatres (OTs) for emergency surgeries were designated for the same. A COVID OT had to be specially constructed in the COVID isolation ward in old OPD hall of Obstetrics &Gynaecology. Gas pipelines were fitted for oxygen supply throughout the isolation ward. Hostel facilities for HCWs working in the isolation ward had to be created within the isolation ward. In record time, old OPD rooms were refurbished to serve as dormitories and hostels. Normal clinical OPDs were shut down as per governmental norms to stop the spread of COVID 19 and so telemedicine OPDswere started by all clinical departments to cater to non COVID patients. Since the beginning of outbreak of COVID 19, JNMCHhas provided free of cost testing, drug treatment and hospital admission to all patients. Quite a few OPDs that were functioning within the isolation complex prior to the COVID outbreak such as Anti Retro-viral Therapy (ART), Directly Observed TuberculosisTreatment, RBSK, DEIC had to be shifted out to newer premises for fear of spread of COVID. Hospital was managing all thepatients of oncology, cardiology and those requiring dialysis as per Govt. of India guidelines during this period. Type of PPE withrespect to degree of risk was decided upon and their areas were designated to prevent waste of resources. Various typesincluded surgical masks, N95 masks, HIV surgical kits, complete PPEs. They were distributed according to need.

## **Strategies to Efficient Coordination**

A centralized COVID 19 Control Room was established from where policy decisions regarding JNMCH'sCOVID 19 response was moderated. Communication channels were established with the Aligarh districtadministration for smooth functioning regarding transfer of COVID patients, disposal of COVID dead bodies, patient referrals, official inspections, and update of COVID state policy. Audio-visual monitoring of theisolation wards was also established. Regular inspections from state government officials ensured thatCOVID care facilities were upgraded regularly. Academic activities in the form of clinical case presentations related to COVID 19 disease were conducted by Director General of Medical Education (DGME) of U.P statewhere JNMCH has been an active member. Robust record keeping and data management by the Control Room Data management team has ensured a steady flow of information to understand the epidemiology of the pandemic better. All COVID 19 admissions, recoveries, deaths, discharges and referrals have been storedand uploaded to governmental portals for analysis.

# Strategies of counseling

The COVID 19 pandemic has been a source of a lot of anxiety, fear, and apprehension among the public and HCWs all over the world. Aligarh was no different. Admission of patients in the COVID isolation wards causeda lot of distress amongst patients as they were not allowed to meet their attendants in person duringhospital stay. Repeated telephonic and physical rounds by treating consultants helped a great deal inameliorating their fears about the disease. HCWs of JNMCH not having been exposed to such a highlycommunicable disease before were also apprehensive at first regarding the disease itself, their completeisolation in the hostels and during passive quarantine and wearing PPEs despite the summer temperatures. Some of them even experienced fainting episodes while wearing PPEs because of heat fatigue. As the monthof Ramadhan was in the peak of summers, fasting and working in PPEs was a real challenge for everyone. Repeated assurances and corrective measures taken by the JNMCH administration on the advice of HCWwelfare team helped to sooth their anxieties. Directly witnessing a high recovery rate among COVIDadmitted patients also put an end to their sense of gloom regarding the disease. Physical OPDs of Obstetrics, Radiotherapy, Anti-retroviral Therapy, DOTS, RBSK, JSY, Haemophilia/Thalassemia were continued as per governmental norms but with many modifications. Specialprovisions to screen suspect COVID 19 patients were made before they reached the OPD to limit infectionspread. All suspect cases were referred to Fever & Flu clinic. Number of patients that attended these OPDsper day was also fixed. These OPDs had to be structurally modified to ensure physical distancing amongstthe patients and HCWs.

## **Efficient Strategies of Multitasking**

A unique feature about this pandemic has been the ability of all HCWs to adapt to the
new realities of patient management in a COVID ward. Doctors, nurses, ward attendants
and sanitation staff have had to multitask, learn, and innovate to keep up with the new
circumstances surrounding their COVID duties. Doctors of different specialities have had
to perform clinical tasks that went beyond their traditional domains. At JNMCH, this was
seen time and again how these COVID combatants succeeded in raising the bar of
excellence.

## **Collaborative strategies to innovations**

 The department of Engineering and Chemistry also volunteered to design and produce various equipment for the COVID battle. Various innovations such as face shields, COVID sampling boxes, endotracheal intubation boxes, manufacture of hand sanitizers, UV light sanitation box, multi-channel ventilator attachments are examples of this great team work.



# Inspirational stories of Excellence





Thank you for giving me this great opportunity to write about the excellent journey of JNMC with great leadership and great support of Principal JNMC Professor Shahid Ali Siddiqui. I extend my heartfelt gratitude to Professor Shahid Ali Siddiqui sir for providing me with all thegreat information about the journey of JNMC during the phase of covid 19 . I want to thank Dr.Shaad Abqari and Dr.Husaini S. Haider Mehdi who supported me with the write up and PPT of all information about JNMC .

