

Role of Mian Meer Hospital during the 1st wave of Covid – 19 pandemic

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INTRODUCTION

Till now we all know what COVID – 19 is, what are its symptoms and signs, who and how to investigate, different treatment myths and actual treatment regimes. This pandemic started to spread globally since March 2020 and the cases were increasing every day. It has severely affected almost all the countries and their healthcare systems. Pakistan was not spared from the disease. On 26th February 2020, the virus was confirmed to have reached Pakistan¹. In Punjab the first case, who came from abroad was diagnosed on 15th March 2020² and later the numbers increased dramatically².

This article reflects the role of Mian Meer Hospital in pandemic. Mian Meer Hospital is a 130 bedded Tehsil Headquarter Hospital, under Primary and Secondary Healthcare, Punjab, located adjacent to Mian Meer Shrine in Lahore. Hospital includes all the major specialties to facilitate the local community. Although the world is in the 21st century, this pandemic has taught the medical system that we were not prepared for this colossal disease. Even though few major steps were taken, which will be discussed in this article, but we need to revise our medical health policies so that we can combat such kind of pandemic in future.

Role of Hospital Administration

There was not a single active case in Punjab, when the Medical Superintendent called an urgent meeting in the first week of March 2020, to discuss about the nightmare that we were about to experience. All the consultant, senior medical officers, nurses and in-charge of paramedical staff were involved in that meeting and it was decided that the admin will take unorthodox actions to fight against this approaching monster and will facilitate doctors, nurses and paramedical staff.

Establishment of Corona Ward

In the wake of this global health crisis, Mian Meer Hospital stood by the local community. As per direction of Primary and Secondary Healthcare Department, a twenty bedded corona ward was established. A crash course was given by the consultant physician to the junior doctors and nurses, who were ready to help the corona infected patients. The suspected cases were identified and referred to the recognized corona center for their further management.

Personal Protection Equipment (PPEs) Evaluation Committee

After the arrival of the disease in the Punjab. The health department of Punjab took a swift action. On 4th March 2020 an urgent PPEs evaluation committee³ was formed, to purchase the equipment from the local market, as at that time the international flights were very limited or were not in the air. The Director General (DG) Health, Punjab put the name of a consultant from Mian Meer Hospital, to be a member of the PPEs evaluation team. The hospital and the nominated consultant felt honored for this and played a vital role as a member of that committee. Several out of hours meetings of that committee were held, so that the demand of PPEs can be fulfilled.

Doctors on Special Duties

To monitor and to fight against this disease, the doctors and nurses from Mian Meer Hospital were directed by the Primary and Secondary Healthcare Department to assume special additional duties at the airport, quarantine hotels and camps⁴ (UET & GCU camp Kala Shah Kaku including "Field Hospitals") and Raiwind (Markaz, Itikaf Mosques & Haveli)⁵. Without any delay all the doctors assumed their additional duties to help the community at their respective places.

Biometric Attendance at Halt

The fingerprint attendance system was working properly till the arrival of the disease, but due to the fact that every single employee of the hospital was putting his or her finger on the machine, which could be a factor in spreading the disease, a bold step was taken by the medical superintendent in mid – March 2020. In consultation with the consultants, it was decided that the attendance would be taken manually. Simultaneously, The Primary & Secondary Healthcare Department, Government of Punjab, Pakistan notified to temporarily suspend biometric attendance all over Punjab⁶.

Educating the Local Community

To educate the local community coming to the hospital, the LCD TVs were installed on the wall, in the main hall, which run different educational clips about the prevention of this disease to date. A special help desk was placed in the main entrance of the building to help the local people. The main idea was to inform the truth about the disease to the local community as a lot of myths and mal information was circulating through social media.

Role of Consultants and Junior Doctors

All the consultants and medical officers put their efforts to combat this crisis by managing the patients accordingly. They held a meeting to discuss about the protection of nurses and paramedical staff, who were doing their jobs without any hesitation and without any PPEs. Although the admin of the hospital on behalf of the consultants did demand the PPEs from the health department but there was a shortage of PPEs due to closure of borders and other factors. The health department was trying its best to provide the PPEs, but due to the non-availability crisis the department was doing triage and providing them accordingly.

Arranging the PPEs

The existing PPEs were only available at an exorbitant price in the market. However, it was ensured that every doctor, nurse and paramedic, performing duty in hospital was provided with the adequate PPEs. The author purchased the PPEs and provided them to the frontline workers. Keeping in view, the acute shortage of PPEs, preference was given to the most vulnerable healthcare workers i.e. those who were in direct contact with the patients or were doing their duties in emergency room and telemedicine.

Telemedicine Desks for OPD

The out – patient services continued, but to minimize the exposure of the doctors and consultants, urgent training was given to the selected paramedical staff for telemedicine who used their own cell phones in the main hall and were connected to the consultants or junior doctors on the other side. Physical examination was done as and when required with full geared PPEs.

Emergency Room Rota

In order to further mitigate the effect of the disease, the hospital management and doctors agreed on adopting the alternating Rota system in the emergency room (ER) due to close and direct contact with the patients coming to the hospital. The hospital also had to cope with the acute shortage of doctors created due to the appointment of a large number of doctors on special duties as well as due to the healthcare workers, who got COVID – 19 positive. The in-house doctors assumed additional duties to manage this acute shortage.

Emergency Surgeries

In the early phase of the disease, since there were no investigation kits available in the market, all the patients coming to the hospital were taken as COVID – 19 positive, until proven otherwise. To save the community and the junior doctors, all the consultants of surgery, urology, orthopedics, gynecology, dental surgery and anesthesia, decided that only the emergency radiological investigations and surgical procedures should be offered to the community.

Hospital Staff Appreciation

After the decline of COVID – 19 1st wave, all the consultants and doctors decided to appreciate all the hospital staff, who worked during the crisis. On 27th August when the wave was touching the base a small take away lunch was arranged. On the very same days it was also decided to continue the preventive measures, although the hospital has started its services again, including elective surgeries.

Role of Nurses

The acknowledgment of the professional aspects of nursing has not given proper representation. On the other-hand they have a dynamic role in every healthcare system. They have an essential influence in accomplishing the medical care objectives by being the main connection. Their work ranges from providing highly specific technical care to coordinating the work of other health care professionals to meet patient care goals.

During the entire 1st wave of the disease nurses worked round the clock, pushing themselves to the limit and putting their lives on the line especially in the ER. Due to the limited stock of PPEs they were reusing them after applying the available sanitizer for the next working hours. They maintained the stock of sanitizer and PPEs for themselves and for the workers doing their jobs in the indoor department. They were not only doing their basic job but also teaching the patients and their attendants about preventive measures against the disease i.e. not to touch face or nose, to avoid coming to the hospital repeatedly, to keep social distancing in the hospital and at home and to wash hands for 20 seconds.

Role of Paramedical Staff

No hospital can work without the paramedical staff, which includes physician assistants, dispensers, technician, LHVs, hospital security guards and janitorial staff. They all played a vital role during this crisis.

The physician assistant or the OPD ward boys and LHVs were at the front line. They were the one who were filtering the patients coming to the OPD department. They were the one who were running the telemedicine desks. They were the one who were bringing the patients to the doctors or consultants if needed to be examined. The hospital guards were maintaining the numbers of the patients in the main hall for telemedicine. Similarly, the technicians in the radiology and laboratory were doing their respective duties. It would be unfair if we do not appreciate the operation theatre assistants, who helped the surgeons and obstetrician, dealing with emergency cases. Last but not the least, janitorial staff was fighting also by keeping the hospital clean and tidy besides sanitizing the hospital three

times a day. Not only the doctors, everyone, working in the hospital felt this, as a responsibility to guide and advise anyone coming to the hospital to wear a mask in all public places, cover nose while sneezing or coughing and use hand sanitizer often.

Role of the Local Community

Community participation is essential in the collective response to any disease. As the social and electric media was pouring the information about the disease, the people of the area did realize the gravity of the matter and only those who needed serious medical help were coming to the hospital. Patients who were booked for elective surgeries were postponed and they realized the situation and without any hesitation they agreed to come back for new dates for their surgeries. Apart from that, a lot of people distributed packs of groceries among the less privileged.

CONCLUSION

There is no doubt that it was a very stressful time for the community and the for the health system. Not only we, but the whole world has faced serious problems in managing this disease for which no body was prepared. Pakistani nation has once again proved that in case of a national emergency, we stand as a single nation. This pandemic has been a rude wake-up call regarding our weak health infrastructure as it came under unbearable strain during this period.

Acknowledgment: Dr. Sajid Sattar Butt and Dr. Nazish Yaqoob (consultant physician, senior medical officer), for their help in training the corona ward staff. Dr. Farhana Meer, Dr. Hafiza Tehseen Zahra and Dr. Muhammad Ahsan (consultant pediatrician, senior medical officers), for educating the local community. Dr. Rehana Qamar, Dr. Jawad Rafique and Dr. Raheel Ahmed (gynecologist, cardiologist, radiologist), for their help in preparing the emergency room rota. Dr. Jamil Rahim and Dr. Imran Sheikh (urologist, senior medical officer), for training the staff at telemedicine desks in OPD

How to Cite This:

Yousaf A. Role of Mian Meer Hospital during the 1st wave of Covid – 19 pandemic. *Isra Med J.* 2021; 13(3): 233-235.

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Received for Publication: March 11, 2021

Accepted for Publication: June 09, 2021