

WHITE PAPER ON THAILAND'S NEW NORMAL SOLUTIONS FOR BUILDING RESILIENCE FOR EMERGING INFECTIOUS DISEASES (EID) IN HEALTHCARE FACILITIES

HOSPITAL INTERVIEW RESULTS (28 January – 2 February 2021)

Six hospitals were selected for interview using the WHO Rapid Hospital Readiness Checklist for COVID-19

(This list of hospitals are represented in the transcription of the project implementation lesson on Healthcare facilities for EID by MoPH Thailand)

HOSPITAL NAME	STRENGTHS	CHALLENGES	POLICY RECOMMENDATION
<p>NAKHORN PHING HOSPITAL</p> <p><i>Level: Advanced under Area Health 1</i></p> <p><i>Zone: Maximum surveillance area</i></p>	<p>Nakhorn Phing Hospital is a hospital located in Chiang Mai, Thailand. It is the second largest hospital in Chiang Mai with an in-patient capacity of 609 beds. It is now serving as the regional hospital of Chiang Mai province. It is a CPIRD Medical Education Center for the School of Medicine, University of Phayao. Wikipedia</p> <p>Opened: 1980 Number of beds: 609 Founded: 1980 Location: 159 Chotana Rd, Tambon Don Kaeo, Mae Rim District, Chiang Mai 50180, Thailand Affiliated universities: School of Medicine, University of Phayao, พ้ายอย 1</p> <p>Salient points:</p> <ul style="list-style-type: none"> Proactive attitude of leaders. They have 5 ICs and 2 ID doctors. Good coordination across all levels of partners such as DSM team, other 	<ul style="list-style-type: none"> Sustaining budgets for staff food. 	<ul style="list-style-type: none"> Be prepared for the 3rd wave Follow the safety office guidelines (DSM). Make sure news received and delivered are on time. Ensure good patient flow Work as a team

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	<p>hospitals and stakeholders in the area (i.e. DSM, Hotels as “Hospitels” and others.</p> <ul style="list-style-type: none"> ▪ They coordinate with provincial public health to minimize fake news (FN) and release only trusted news. ▪ On BCP, hospital organized 2 types of OPD, 1 for General OPD and 1 for Respiratory OPD (COVID-Cases). ▪ The hospital team used the DMS Guidelines provided by re-adjusts the hospital flow according to the need. They plan, adapt and apply and adjust accordingly should they experience problems along the way. ▪ They adjusted laboratory initiatives accordingly through acquiring of another equipment to support testing. The hospital has managed to prepare initially for 1000 patients and can now manage 2,500 patients. ▪ Staff change shifts after 14 days with. They have benefits for staff such as free meals and accommodation. ▪ Psychosocial support is provided for staff who may need help. ▪ They had stock piles PPE, N95 masks even before the epidemic and would request from MOH if necessary. ▪ Mask and PPE donations were available but often not of standard quality. 		

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	<ul style="list-style-type: none"> ▪ The team used the standardized DSM guidelines specifically the use of negative pressure rooms, triage of patients and etc. ▪ They had color-coded uniforms for the hospital staff for easy visibility of services provided. ▪ Donations (50 M) were used for improving COVID-19 negative pressure rooms. They only requests funds from MOH if needed. ▪ Medical staff are aware on risky areas in their hospital. A special route of transfer flow is developed for high risk patients as they are transferred to negative pressure rooms. ▪ Telemedicine was also established. ▪ A color-coded method of triage was used in such as those with green do not need to go to the hospital. 		
UDON THANI HOSPITAL <i>Level: Advanced under Area Health 8</i> <i>Zone: Maximum surveillance area</i>	<p>Udon Thani Hospital is the main hospital of Udon Thani Province, Thailand and is classified under the Ministry of Public Health as a regional hospital. It has a CPIRD Medical Education Center which trains doctors for the Faculty of Medicine of Khon Kaen University. Wikipedia</p> <p>Address: 33 Pho Niyom Rd, ตำบล หมากแข้ง, Mueang Udon Thani District, Udon Thani 41000</p>	<p>History: Medical Director from Udon Thani Hospital just recently transferred.</p>	<p>Policy Recommendations:</p> <ul style="list-style-type: none"> • BCP can be used in the future. • It is good for the government to provide authority to local administration organization. Locals know their area very well and they can monitor the people coming in and out of their communities.

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	<p> Hours: Open 24 hours Phone: 042 245 555 Number of beds: 1,022 Founded: April 24, 1954 </p> <p>Salient Points:</p> <ul style="list-style-type: none"> BCP was used in managing cases in Udon Hospital. They used the DSM principal guidelines There were 134 hospital beds in the hospital On coordination and networking, the Director consulted with provincial mayor including donations from monks who willingly supported the hospital. Coordinated with Hotels to be a space for the staff. When cases started to increase, they prepare for the plan. They worked with provincial mayor for support. Provincial policy must be followed. The area has more than 3,000 cases per day. Primary Care units were supported through team work. All staff must communicate New Normal: They focused more on the basics like physical distancing, and making patients aware and protect themselves. They had PCR and gene expert to help them with the cases. 	<ul style="list-style-type: none"> Social Management Crisis was also done. 	<ul style="list-style-type: none"> Locals can manage themselves and they can manage faster. Administration must be quick

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	<ul style="list-style-type: none"> On Human Resources: Staff sends report to committee just in case they need to work at home. BCP can be used and be sustainable through technology. Prescriptions can be done on mobile phones with confidentiality options. 		
MAE SOT HOSPITAL <i>Level: Standard under Area Health 2</i> <i>Zone: Maximum control area</i>	<p>Mae Sot Hospital is located at 175/16 Sripanich Road, Mae Sot District, Tak Province with an area of 49 rai 2 ngan 84 square wa, 87 kilometers from Tak province and 6 kilometers from the Thai-Burma border with the Moei River as a barrier. Mae Sot Hospital border has started Construction in the year 1957. In patient capacity of 420 beds</p> <p>Salient Points:</p> <ul style="list-style-type: none"> Mae Sod is the biggest entrance for laborers from Myanmar hence control mechanisms needs to be in place. A safe zone was developed for both sides (Thailand & Myanmar). People cross the border to buy stuff in Thailand. They often stay in a hotel. Thailand is a China town "Chokgow". They have 2 bridges however they had to close one (1) bridge to ensure in flow and out flow of people and minimize cases. 	<ul style="list-style-type: none"> They are more afraid of the war that may spark in the boarder over COVID-19. Karen soldier was injured and want to be admitted at the MaeSod Hospital. They need more staff, more medicine, more vaccines for Myanmar but no help. <p><i>Question:</i> <i>There are three other hospitals in this region. Mae Sot General, Paho Hospital and Nakhom Mae Sot International Hospital. How do they work together making sure that they are well coordinated to respond during COVID-19?</i></p>	

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	<ul style="list-style-type: none"> ▪ The second (2nd) bridge is used for transferring goods. A crane is used for this purpose. ▪ Strategy of leaders deals with having good relationships with Myanmar soldiers near the border for better coordination, collaboration and monitoring of possible patients. ▪ All cases of COVID-19 are imported from Myanmar. NO local transmission. ▪ Hospital is more prepared for phase 2 by knowing what equipment's to be used, use of negative pressure rooms. ▪ They use EOC using MOH standards. ▪ Masks were provided to military staff as well as travelers across the border. ▪ Resource Mobilization is from MOH donations. ▪ Mae So Hospital was the first to have a PCR machine ▪ No BCP but can still mange problems. ▪ They have one new building with 298 beds. ▪ On Fake News "Mae Sod is a hell town". COVID call center is used for communications. ▪ Mae Sod must quarantine. ▪ Mae Sot Hospital culture is "working with high dedication", never talk about money. ▪ They psychosocial support with support from health zone. 		

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	<ul style="list-style-type: none"> ▪ New Normal is on the OPD where patient calls hospital. ▪ Medicines are sent through focal points to patients home or medicines are picked up through the drug store. ▪ They practice active face finding making sure high risk areas are separated. ▪ IC will look at workshop for the staff. ▪ Coordination and collaboration among local Thai and is the technique for partnership. "Obtain funds from rich Burmese people and spend it for poor Burmese people. 		
CHAOPHRAYAYOMMARAT HOSPITAL SUPHAN BURI <i>Level: Advanced under Area Health 5</i> <i>Zone: Maximum control area</i>	<p>Chaophrayayommarat Hospital is the main hospital of Suphan Buri Province, Thailand and is classified under the Ministry of Public Health as a regional hospital. It is an affiliated hospital of the Faculty of Medicine Ramathibodi Hospital, Mahidol University. Wikipedia</p> <p>Address: 950 ถนน พระพิณวรางษา Tha Phi Liang, Mueang Suphan Buri District, Suphan Buri 72000</p> <p>Hours: Open 24 hours</p> <p>Number of beds: 680</p> <p>Phone: 035 514 999</p> <p>Founded: November 29, 1926</p> <p>Salient points:</p> <ul style="list-style-type: none"> ▪ They have team work. 		<p>Policy Recommendations:</p> <ol style="list-style-type: none"> 1. Minimize hospital staff infection. 2. Multi sector management, multi stakeholder collaboration and coordination works best. 3. Support from management is very important not only from HR. 4. Vaccines are needed to control the pandemic. 5. BCP can be used for other disease in the future. 6. Many hospitals do not still have proper preparedness mechanisms. These need help too.

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	<ul style="list-style-type: none"> ▪ The key success lies on leadership. If problems arises then we discuss, have a dialogue, design a system and approach together, and develop control markers. ▪ They checked on old plans, analyzed situations ▪ Realization that many things could be fixed and worked on as they coordinate collaborate and communicate regularly. ▪ They activated their EOC plans, if there are cases, they have avenue to discuss and implement a given plan together. They consult with management as well. ▪ They used to have 3 X a week meeting however they adjust their meeting time accordingly. ▪ They have the realization that “they could accomplish more, solve more problems and issues if they work together”. ▪ They have ICN and ICD ▪ With regards to the new phase, they have increasing cases from Samut Sakorn due to open Casino areas. ▪ Medium of communications: loud speakers, online communications, radio, posters. They also managed to communicate with other hospitals through mobile platforms and fact sheets. ▪ Simulation exercises with scenarios are used regularly to update staff capacity. 	<ul style="list-style-type: none"> • Some challenges were on trust from patients and staff. 	

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	<p>They include community health care volunteers in the trainings.</p> <ul style="list-style-type: none"> ▪ Set up Screening systems , quarantine groups ▪ They have community network with community people, community volunteers and police. ▪ They had EOC already even before COVID- 19 hence they intensified its use during the disease outbreak. ▪ On Fake News (FN): They have a point person who is dedicated to follow on FN. They have a hospital FB. ▪ The Hospital comes out with real figures. ▪ They set up security codes on internal information and communications. ▪ If they have identified a case, they refer to liaison and the province is informed. ▪ Phase 1 & 2 were found is same sub province. ▪ On BCP: Situation awareness were prioritized, warning systems were developed bringing about the development of their BC Management. ▪ The hospital identifies and triage cases with the RED as the worse case ▪ Human Resource management was where they found some challenges as it affects the management of the hospital. 	<ul style="list-style-type: none"> • Challenges is that the FN travels faster and spreads quickly. • HR Management was a challenge. Questions such as how long should one work at home? Who will work from home? 	

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	<ul style="list-style-type: none"> ▪ They continued to identify hospital management gaps and resolved them accordingly. ▪ CSLO? ▪ The hospital had an operation plan before COVID-19 with 7 modules. ▪ They have great stockpiling and logistic initiatives with a dedicated person managing this department. ▪ They have a center for donations. They sort donations. They can't use 20% of the donations. ▪ First model in Thailand to collaborate and use Kerry for sending medicines. Special discounts for Kerry. ▪ New Normal: ▪ 2 ER and 5 other room, ARI 5-10 rooms, ▪ They got help from donations ▪ PPE donations for COVID and Non COVID cases ▪ They need a capsule for patient transfer ▪ They use telemedicine system as set by WHO. ▪ Show case is their Laboratory test system (ICN/ICM) ▪ They have experience on Ebola hence had been conducting mock drills before COVID-19 in coordination with the province. ▪ Hospital feels that they can handle cases very well now but they need to continue their preparedness initiatives 	<ul style="list-style-type: none"> ▪ Challenge: Development of negative pressure room. ▪ They need funds 	

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	just in cases level of COVID infection increases.		
RAJAVITHI HOSPITAL <i>Level: Tertiary under Dept. of Medicine, MoPH</i> <i>Zone: Maximum control area</i>	<p>Rajavithi Hospital is large public hospital located in Ratchathewi District, Bangkok, Thailand. It was founded in 1951 as the Women's Hospital, and is operated by the Ministry of Public Health's Department of Medical Services. With an inpatient capacity of 1,200 beds, it is one of the largest hospitals in Thailand. Wikipedia</p> <p>A 3-min walk from the Victory Monument Address: 2 Phayathai Rd, Thung Phaya Thai, Ratchathewi, Bangkok 10400 Hours: Open 24 hours Phone: 02 206 2900 Number of beds: 1,200 Affiliated university: College of Medicine, Rangsit University</p> <p>Salient points:</p> <ul style="list-style-type: none"> Leadership is very important. A good leader needs to be knowledgeable with positive spirit to lead. Focus is on the following: <ol style="list-style-type: none"> How to reduce cases How to transfer cases Resource Management EOC activated EOC Initiatives included leader/Information group, Medical 		

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	<p>services team, Medical Support team and the Educational Training team to ensure capacity development of personnel.</p> <ul style="list-style-type: none"> ▪ BCP training, knowledge sharing through the mobile app platform is very effective tool for communicating with other hospitals as well as support from MOPH/DMSF on difficult cases encountered. ▪ Rajavithi Hospital is a model for other hospitals (Medical Department) in terms of BCP preparation. ▪ With the BCP, hospital was able to work on resource management initiatives and cost expenses and revenues amidst the pandemic. ▪ On the New Normal, they have adapted key initiatives in strengthening health system delivery at the same time minimizing infection. ▪ Use of Mobile platforms for ARI was developed. ▪ Flow charts for strengthening OPD, was provided through leaflets and other communication mediums. ▪ New Normal Pre-Op Swab looking into the conditions on the situation, structure, system and staff. These are all color-coded. ▪ IPD new normal covers the PUI ward (negative pressure), Cohort ward I 		

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	<p>(Robot patient journey), Cohort Ward II (Negative Pressure monitor slave) and RICU (negative Pressure room with a positive pressure nurses station with monitor slave.</p> <ul style="list-style-type: none"> ▪ A new normal ARI health system patient flow was developed. ▪ The new normal health system was effective in that deaths were very much controlled with more discharged patients. ▪ In summary, the he COVID -19 New Normal covers 5S (Specialist, Standard guidelines and policies, Safety, positive Spirit in working as a team and Speed in case finding and contact tracing). ▪ The Structure/ Staff and System covers the following points: Digitalized systems, being aware always of Distancing as well as minimize Discrimination and focusing on Domestic community issues. ▪ Following are the Key messages: <ul style="list-style-type: none"> ○ Mindset of Human Resources in the health care system must include knowledge on “Emerging diseases”. ○ Coordination and collaboration among various technical specialization (i.e. engineers, statisticians, data analyst and others) is very important. 		

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	<p>Coordination, collaboration and team work at all levels.</p> <ul style="list-style-type: none"> ○ Integrate innovation to safety protocol. ○ Monitor and evaluate situation and consider worst case scenario. ○ Think a step further. 		
<p>SARABURI HOSPITAL</p> <p><i>Level: Advanced under Area Health 4</i></p> <p><i>Zone: Maximum control area</i></p>	<p>Saraburi Hospital is the main hospital of Saraburi Province, Thailand and is classified under the Ministry of Public Health as a regional hospital. It has a CPIRD Medical Education Center which trains doctors for the Faculty of Medicine of Thammasat University. Wikipedia</p> <p>Address: 18 Thetsaban 4 Rd, Pak Phriao, Mueang Saraburi District, Saraburi 18000</p> <p>Hours: Open 24 hours</p> <p>Phone: 036 343 500</p> <p>Number of beds: 700</p> <p>Founded: January 14, 1954</p> <p>Salient points:</p> <ul style="list-style-type: none"> ▪ Hospital used to be a red zone (50-100 cases) but now under the yellow zone (20-30 cases) zone. ▪ The team had to quickly set up local quarantine system with those with low risk in home quarantine. 	<ul style="list-style-type: none"> ▪ PUIs used more resources at the start. 	

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	<ul style="list-style-type: none"> Internal and external communications was 7 (in a range of 1-10) with 10 as the best. Meetings were regularly conducted through the hospital's intranet. FB and LINE platforms were commonly used. Medium of communication was through loud speakers (provincial level) There was a good network and good coordination and collaboration with PH Saraburi, DDPM, provincial administration, organizations and military group. With regards to Fake News (FN) law enforcement was used using the hospital's administration. Saraburi Hospital was the first to have the RCPCR hence laboratory testing's and became faster from the usual 6 hours to 2 hours. Community volunteers were very important in monitoring outsiders and delivery of health services to the people. Screening points were erected "Chai Chara" in all entrance areas. Hospital is more relaxed now that in the first 6 months. Incident Action Plans were developed. The Hospital did not initially have a BCP template however after their participation in the exercises and 	<ul style="list-style-type: none"> FN was faster than the real news. 	

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	<p>trainings as well as exchange information on the LINE group they developed their systems.</p> <ul style="list-style-type: none"> Field hospital has 240 hospital beds which can be downsized in close coordination with MOPH. Hospital adjusts accordingly. If more than 10 patients, they can be referred to Nonthaburi Hospital (central) only 1 hour away. Hospital has 2-3 negative pressure rooms. They plan to increase and construct 6 more by the end of the month. Resource mobilization and management: there is strong networking initiative in the area and in the community. Hospital has donation funds more than the government fund. They have 2M Bhat to work on their BCPs. They have only spent 600,000. The remaining funds will be used to buy N95 masks and to develop their dental services. Use of the New Normal Guidelines (DMS) is very helpful to them. If they come up with complicated cases, they use the DMS manual as reference and it helps the team solve the issues. Mock drills are very important and facilitated regularly and on a high scale. 	<p><i>Challenges:</i> on 24 hour duties. We used to have 1 Incident Commander (IC) then they had 4 and then 3 left.</p>	

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	<ul style="list-style-type: none"> Physical distancing measures, different rooms for high risk cases as well as isolation rooms. For urgent care patients 100% service is provided. All hospitals in the area need to identify which is their core business and non-core business. Saraburi hospital staff have good capacity that they are able to train others in the near future. Admissions are generally within 10 days and when discharged, they need to be quarantined for 28 days after which staff and or community volunteer do the follow up or home visit. Random swabs also may be done. Most hospitals in the area have at least 60 hospital beds in buffer zone. Most of the high –risk groups are non-Thai and people that go for cockfighting. Message for the community is that “they are not there to capture them but to help them ensure their safety”. Public awareness is very important (wearing masks, hand washing, physical distancing). On MHPSS: Frontline medical staff have mental health test with mostly good results. 		

Note: Zoning according to the map measures data from the FDA dated 2 January 2021