

## Questionnaire WHITE PAPER Thailand

*(This document was lifted from the WHO rapid hospital readiness checklist for COVID-19. There are 12 components of the checklist. The questionnaire will help us understand and check hospital readiness before and during COVID-19. Responses to these questions will provide us information on the readiness of the different regional hospitals which will help inspire other hospitals in the region as well as other countries and learn from Thailand's "new normal as we write this white paper. Your response is highly appreciated).*

I. Region: \_\_\_\_\_

II. Hospital/s: \_\_\_\_\_

*(Indicate if A- Advance high level, S- Standard high-level, M- Mid level, F- First level, and P- Primary care at sub district level)*

III. Please provide us a brief area history of your region and hospital and surrounding communities.

Components and guidance notes	Questions and Answers/Responses	Insert Document, Pictures, and reference links to be shared here.
<b>I. Leadership and incident management.</b> Good leadership and a well-functioning hospital incident management system team are essential for the effective management of emergency operations. Many hospitals have existing crisis management and emergency preparedness plans. WHO suggests using these plans and adapting them to the core requirements for both the response to the COVID-19 outbreak and maintenance of the hospital's routine essential health services.	1. Name three (3) positive leadership skills in your hospital that helped in making decisions during COVID-19?  2. Give 2-3 leadership challenges?  3. Recommendations on leadership approaches during COVID-19?	

<p><b>2. Coordination and Communication</b></p> <p>Accurate communication and timely coordination are necessary to ensure informed risk analyses and decision-making, and effective collaboration, cooperation and confidence amongst all hospital staff and stakeholders. This component includes communication and coordination both within the hospital and through links with local and national authorities, including communities and primary health care services.</p>	<p>1. What was effective and efficient in the coordination and communication strategies during COVID-19?</p> <p>a. Communication with EOC and top level management</p> <p>b. Communication with others in the different hospital departments?</p> <p>c. Communications with different hospital levels in the community? Any best strategies done?</p> <p>d. What was challenging?</p> <p>e. Any recommendations cope with the challenges?</p>	
<p><b>3.Surveillance and information management:</b></p> <p>Global surveillance for COVID-19 is a basic activity needed to monitor and control the outbreak, especially in the hospital setting. The COVID-19 case definitions are based on current information and may be revised as new evidence emerges. Countries may need to adapt case definitions</p>	<p>1. How did your hospital monitor and control the outbreak?</p> <p>2. What was your good strategy?</p> <p>3. Who among their local partners were instrumental in controlling the outbreak?</p>	

<p>depending on their own epidemiologic situation. Hospital information management complements surveillance and is crucial in raising public awareness about surveillance, the associated risks the emergency poses to people's health and the measures required to reduce these risks and respond to the emergency.</p>	<p>4. What was challenging in surveillance and communications?</p> <p>5. Any Recommendations?</p>	
<p><b>4. Risk Communications and community engagement</b></p> <p>Risk communication and community engagement will help limit or stop the spread of rumors about the outbreak and can be used to convey accurate and clear information about COVID-19.</p>	<ol style="list-style-type: none"> <li>1. What initiatives were developed and practiced to minimize fake news in your region?</li> <li>2. Who among the partners were instrumental in minimizing fake news? What initiatives really worked?</li> <li>3. What were some of the challenges?</li> <li>4. Recommendations on risk communication and the importance of engaging the community to minimize the spread of COVID-19?</li> </ol>	

	<p>5. What communication strategies worked?</p> <p>6. What mode of communication was best to use in your region in Thailand?</p>	
<p><b>5. Administration, finance and business continuity</b> Administration and finance comprise important, integral support systems for preventing, preparing for and responding to emergencies such as the COVID-19 pandemic.</p>	<p>1. Did your hospital have a business continuity plan (BCP) before COVID-19? If yes, how did it look like?</p> <p>2. How did it work during COVID-19?</p> <p>a. Provide 2-3 good practices?</p> <p>b. What were some challenges?</p> <p>3. What did you learn from your BCP orientation/Trainings?</p> <p>a. Were the tabletop exercises useful?</p> <p>b. Were the BCP presentations from MoH, SCG and PTT useful? YES/NO</p> <p>4. Please enumerate 3- 5 things you earned from the presentation of MOH, SCG and PTT.</p>	<p>Please share us through diagrams/ pictures/others.</p>

	<p>5. Enumerate 2 policies which you would like to recommend to help prepare the hospitals better during emergencies, disasters and diseases outbreaks (i.e. COVID-19).</p> <p>a. Department level:</p> <p>b. Ministry level:</p>	
<p><b>6. Human resources</b></p> <p>Human resources are the most important resource for preventing, preparing for, responding to and recovering from a disease outbreak. It is essential to review staffing requirements to ensure that hospitals are adequately staffed (e.g. assess the adequacy of the hospital's recall procedure for existing staff), with respect to number of staff and the competencies required to deliver quality care to respond to the demands posed by an outbreak.</p>	<p>1. How does your hospital manage staffing issues such as the following:</p> <p>a. overworked staff -</p> <p>b. those needing mental health and psychosocial support (MHPSS) during COVID-19?</p> <p>2. Enumerate 3 good practices in supporting staff needs during COVID-19? (Example: incentives, support to family etc.)</p> <p>3. What were some Challenges?</p> <p>4. Recommendations of best practices that could be shared?</p>	
<p><b>7. Surge capacity</b></p> <p>The goal of responses to this component is to enable</p>	<p>1. What important components did your hospital do to expand its ability to manage increasing cases of COVID-19 in your area?</p>	

<p>the hospital to expand its ability to manage a sudden or rapidly progressive surge in demand for hospital services created by an emergency. COVID-19 may cause a rapid and sustained increase in demand (i.e. a rising tide as opposed to the big bang of a sudden-onset disaster). The essential services and supplies needed to address the risks from COVID-19 include essential health care and the equipment and supplies necessary to maintain high-quality health care especially for patients with severe cases of COVID-19. Additionally, an increased workload should be anticipated.</p>	<p>(Please give as many as you can. Examples: Preparation of bed capacity for both COVID and non-COVID cases, Equipment's and supplies, increasing workload of staff)</p>	
<p><b>8. Continuity of essential support services</b> While the outbreak of COVID-19 evolves and requires rapid scale-up of emergency preparedness and operational readiness, there are also existing needs for essential medical and surgical care that routinely require a</p>	<ol style="list-style-type: none"> <li>1. How did your hospital /facility managed NON- COVID cases/ urgent needs of patients not related to COVID-19?</li> <li>2. Were there separate areas for COVID-19 and Non- COVID cases? Kindly expound.</li> </ol>	<p>(Please share us your hospital pictures with directions during Covid -19 Example: Separating areas for COVID-19 and Non-COVID).</p>

<p>hospital's attention (e.g. emergency medical and surgical services) to ensure business continuity. Therefore, hospitals must consider how best to safely continue to address and sustain continuity in their health services (e.g. in terms of supplies and logistics and their pharmacy services), while addressing COVID-19 case management needs.</p>	<p>3. Share us your good practices?</p> <p>4. What were some challenges?</p> <p>5. Your recommendations?</p>	
<p><b>9. Patient management</b> Patient management includes admission or referral, triage, diagnosis, treatment, patient flow and tracking, discharge and follow up, as well as management of support services, pharmacy services and logistics and supply functions. When dealing with an outbreak of a new communicable disease, measures should aim to ensure that hospitals have space for triage and to isolate suspected, probable and confirmed cases of COVID-19. Appropriate case or clinical management for</p>	<p>1. How did your hospital ensure that the patient management system remains safe, effective and efficient?</p> <p>2. How did your hospital achieve safe and effective patient management despite the increased demands on the hospital's resources and capacities? (Example: Safe space for Triage, isolation of probable and confirmed cases of COVID-19 and others).</p>	<p>(Please share us your hospital pictures, picture of plans/triage areas on patient management)</p>

people with COVID-19 is important and urgent. Setting up a treatment centre for patients with severe acute respiratory infection may be helpful.		
<b>10. Occupational health, mental health and psychosocial support</b> Occupational health, mental health and psychosocial support services are required to reduce the adverse psychological and social impacts of COVID-19 on hospital patients and staff, and members of the affected community. WHO has published guidance about assessing and managing risks to health care workers. Also, there are several publications that address the mental health and psychosocial issues associated with the pandemic.	1. “There is no health without mental health”. Is Mental Health and Psychosocial Support (MHPSS) provided to your hospital staff, patients and affected communities during COVID-19? Who provides the training?  2. Is everyone in your hospital knowledgeable about MHPSS?  3. Share 2-3 Good practices on MHPSS.  4. Any challenges on MHPSS?  5. Any recommendations?	
<b>11. Rapid identification and diagnosis</b> The rapid identification and laboratory diagnosis of	1. Describe how your hospital managed your laboratory diagnosis to support readiness and response during COVID-19? Were the results released in a timely manner?	



<p>COVID-19 cases will ensure a logical and effective chain of events in case management. Laboratory services must be provided to support the hospital's preparedness, operational readiness and response activities, such as surveillance, IPC protocols and patient management; all of these must be accomplished in a timely and efficient manner.</p>	<p>2. Enumerate 2-3 good practices.</p> <p>3. Any challenges?</p> <p>4. Your recommendations?</p>	
<p><b>12. Infection prevention and control</b></p> <p>Based on current information, it is assumed that COVID-19 is a zoonotic disease with human-to-human transmission enabled through breaches in IPC practices. Thus, an operational IPC program is critical to minimize the risk of transmission and finally break the chain of transmission to hospital staff, close contacts, visitors and other patients without COVID-19 who are being cared for in hospitals.</p>	<p>1. How was infection control and prevention managed in your hospital?</p> <p>2. Enumerate 2-3 good practices.</p> <p>3. Any Challenges?</p> <p>4. Your recommendation.</p>	

<p>In anticipation of an increased workload and requirements for waste management and cleaning, hospitals should carefully consider scaling up personnel to meet the higher demand for IPC services.</p>		
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Reference: [file:///D:/download/WHO-2019-nCoV-hospital\\_readiness\\_checklist-2020.1-eng%20\(1\).pdf](file:///D:/download/WHO-2019-nCoV-hospital_readiness_checklist-2020.1-eng%20(1).pdf)