Vigilance, Mitigation, Management

It was indeed a red flag for everyone, and for a hospital that handles among the most vulnerable of patients, this flag was redder than red, especially as it was something unknown. However, vigilance, prudence and wisdom always place one in good stead, so it was for IJN.

Dr Hasri Samion, Chief Clinical Officer, explains how IJN met and handled this COVID-19 pandemic.

When news reached us, it placed us on high alert, especially as we are exposed to foreign risk, with international patients coming in. Being a hospital, it is our business to be ready for unexpected situations and emergencies. Sooner or later, this became one of them.

Constantly vigilant, IJN has ears on the ground and a team alert for anything that can threaten our work and operations. So, when Sars-CoV-2 descended, we sprang into action.

Task Force

We very quickly formed a multi-disciplinary task force led by Dr Geetha, the Chairperson of the Hospital Infection and Antibiotic Control Committee (HIACC), Key areas of concerned were swiftly identified and the team started putting in preventive measures and screening guidelines.

Day after, Dr Geetha and her team sat for hours, thinking of procedures, processes and preventive measures. From creating awareness, disseminating information and tracking exposed staff and patients to in-house testing capabilities and COVID-19 management protocols, each measure and step was looked into and re-looked to find the best solution. And when the first MCO was announced, it gave us some breathing space to put things in place.

Things were very fluid then, and directives were changing all the time. The task force was on their toes, and they had a gargantuan task. Everything had to come together as quickly as possible, and they came through marvelously. It taught us a lot about working as a team, understanding evidence-based and science-based decisions and believing in the leadership and the organisation.

Education

One of the keys to our management was education and the dissemination of information. The priority was educating the staff and ensuring them that their safety was our key concern. We educated them about preventive measures, screened those returning from overseas, and did many tests once they became available.

Subsequently, we started regular meetings to update all relevant unit HODs and PICs to keep them abreast of situations, protocols and any new measures we put in place.

It was also important that they knew the current status of the country, the figures, the facts and all the directives from MOH and MKN. There was a lot of information and misinformation going around, and we needed to filter through and make sure our staff got the correct data. We also empowered HODs and PICs to make decisions and act accordingly in their respective units.

Our Front Office team also played a vital role in communicating and engaging with patients. We distributed flyers, listed do's and don'ts, emphasised SOPs and physical distancing, educated people about symptoms, and answered questions. We also displayed a running count of Malaysia's cases in our lobby to create awareness, so people knew the gravity of the situation.

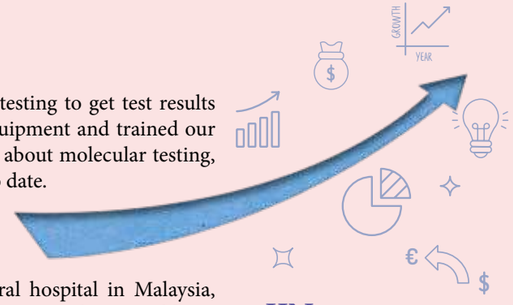
Mitigation

Our primary concern was to stop the virus in its tracks, so tracking the movements of every staff and patient we came in contact with became crucial, especially when they emerged as positive cases, close contacts or PUI and PUS.

Our MIS department created a myriad of solutions under our IJNSurveillance app. We have a unique and effective system using the Internet of Things that has been developed and refined over the months. Today, we can open up any of our apps and computer systems and easily access a wide range of information and tracking.

Meanwhile, the engineering and facilities team very efficiently blocked off areas, created buffers and protective borders for our doctors and staff, and cordoned off negative pressure rooms, reworking the air-flow systems wherever necessary. Support and housekeeping were prompt and attentive, sanitising, disinfecting and fogging, ensuring cleanliness was always at its highest.

We also wanted to do in-house testing to get test results faster, so we bought the PCR equipment and trained our lab staff. From knowing nothing about molecular testing, we have done over 25,000 tests to date.



Business Continuity

IJN is the main cardiac referral hospital in Malaysia, and our work had to go on; otherwise, where would our patients have gone? We had to ensure business continuity because if we closed, many patients would have been in trouble.

Once we had handled the staff situation, the patients came next. While we had to defer elective cases, the emergency ones had to go on. I must commend our doctors and nurses who bravely worked with the patients, often not knowing their COVID status. Eventually, the in-house PCR followed by RTK tests were available, and we could mitigate this better.

Then there was the issue of medical consumables and drugs. PPEs like gloves, masks and gowns were in short supply, and we had to find supplies quickly. IJN generally has a 3-month stock as a buffer, but these ran out extra quickly, and we had to improvise, even making our masks and gowns. As we deferred appointments, we also ensured patients had enough medication and devised new ways to fill prescriptions.

I am glad to say we are almost back to normal now, especially involving patient procedures, and we do not have to lock down wards due to positive cases. If there is exposure, we have excellent contract tracing systems, and we know how to manage the situation. Our staff is also very compliant to public health measures and are in the low risk status.

I think we have managed it well, and we have lived up to our duty to serve our cardiac patients, and we continue to operate with very strict SOPs.

Playing a Greater Role

IJN also wanted to do more than mitigate the pandemic at our hospital level, and we knew we could do this.

And so, taking care of our staff also extended to creating a little food bank that provided basic groceries and household items for those who worked overtime and had difficulty sourcing family needs at the initial phase of the MCO. This care and assistance were a great comfort and support for them and elevated morale. We also provided counselling for staff who faced increased mental pressures.

Dr. Hasri

IJN also wanted to reach out to the public. That's one of the reasons we participated very early on as a PPV, the other being the need to ensure our vulnerable patients had vaccination priority.

We were also one of the first to offer mobile vaccinations and worked closely with the government. These were some ways we reached out and contributed to the national fight against COVID-19.

Going Forward

It has been more than 20 months now, and I am cautious in saying that we are on the verge of entering into the endemic phase of this pandemic. The second and third quarters of 2021 saw us facing off the greatest battle against more than 20,000 cases a day for some time.

With more than 75% of Malaysia's population completed vaccinated today, (source: Our World in Data - as of December 2021), we are hopeful that we have seen the worse of it. But we cannot be complacent as the future is still unknown, and there are many variables. When we say endemic, this means we must live with the virus and no longer go by the numbers; instead, it empowers the people to be self-aware, take care of themselves, follows SOPs and be proactive in seeking treatment if they have symptoms.

For us at IJN, we have considered ourselves as transitioning into the endemic phase ever since the entire staff - and now, more than 90% of our patients - were fully vaccinated.

If we continue adhering closely to the SOPs, I feel we can move forward, and again am cautiously confident that we will be able to mitigate the situation. Most importantly, we can function once again with our core work without too much disruption and upsets.

Pandemics have come and gone, many of which have left pathogens that are still with us today. However, they do not affect us as much as they did because eventually we developed immunity against them, and the viruses themselves become less threatening.

Let us be hopeful that this will also be the case with COVID-19.