

Task-force Approach to Manage the COVID-19 Pandemic in Private Hospitals in India

Subhrojyoti Bhowmick¹, Partha S Chattopadhyay², Niloy Sarkar³, Sudipta Bhattacharya⁴, Sinchan Bhattacharya⁵, Sujit Kar Purkayastha⁶, Krishnangshu Ray⁷

ABSTRACT

The novel coronavirus (COVID-19) pandemic has gripped the whole world. It was originated in the Wuhan Province of China in December 2019. The World Health Organization confirmed it to be a global healthcare emergency a month later. Gradually, it has spread its tentacles all over the world, and everything is in a virtual standstill after most countries including India issued nationwide lockdown. With hundreds of thousands of confirmed cases and increasing number of related deaths, the situation calls for immediate and specialized management. Task force is a comprehensive mechanism of dealing any serious issues. The concept of task force can be particularly helpful in this trying scenario. The task force consists of specialized personnel and dedicated team for countering similar adverse situation. It has shown fruitful results since the Second World War, eradication of small pox, and more recently during the fight against swine flu epidemic, among others. In this article, we are stressing on the advantages of using task force in healthcare sector for countering the COVID-19 pandemic. It is suggested in the article that by implementing the task forces in hospitals and healthcare institutions, the handling of the disease would be more robust and eventually the mortality rate would subside over time.

Keywords: COVID-19, Democratic approach, Eradication, Global health, Socialization, Swine flu, Task force.

International Journal of Research Foundation of Hospital and Health Care Administration (2020): 10.5005/jp-journals-10035-1121

TASK FORCE APPROACH FOR COVID-19 PANDEMIC AT A PRIVATE HOSPITAL

The novel coronavirus (COVID-19), an infectious disease agent, has manifested its effects on humans. A case of pneumonia with unknown etiology was detected in Wuhan, China, which was first reported to the WHO on December 31, 2019. International Public Health Emergency was declared on January 30, 2020. The name of the new Coronavirus disease, COVID-19, was declared by WHO on February 11, 2020.¹ In India, Janata curfew was declared on March 22, 2020, for social distancing trial. On March 24, the Government of India under Prime Minister Narendra Modi ordered a nationwide lockdown for 21 days which was extended later.² As on May 04, 2020, 3,435,894 confirmed cases of COVID-19 and 239,604 deaths was reported from all over the world.³ In view of difficulties, Indian government formed a task force with handpicked bureaucrats and key officials to deal with Coronavirus outbreak led by prime Minister of India on March 29, 2020. The COVID-19 Task Force is multifaceted and deals with all aspects of the crisis.²

INTRODUCTION TO TASK FORCE CONCEPT

The word task force was first introduced by United States Navy during the Second World War. Task forces were temporary organizations created to assign for particular missions. Every task force was composed of ships, submarines, military forces, aircraft, or coast service units. U.S. Navy alone created hundreds of Task Force by the end of World War II. A Joint Task Force 1 was created during Operation Crossroads—a pair of nuclear weapon tests conducted by the United States at Bikini Atoll in mid-1946.⁴

Task forces were also created by the British Royal Navy that had already planned its own system of Forces earlier in the Second World War. They mainly assigned a letter, occasionally a number for their task forces.⁵

¹Peerless Hospital and BK Roy Research Centre, Kolkata, West Bengal, India

^{2,4,5,7}Medical Administration, Peerless Hospital and BK Roy Research Centre, Kolkata, West Bengal, India

³Dean Academics, The Neotia University, Kolkata, West Bengal, India

⁶Hospital Management, Peerless Hospital and BK Roy Research Centre, Kolkata, West Bengal, India

Corresponding Author: Niloy Sarkar, Dean Academics, The Neotia University, Kolkata, West Bengal, India, Phone: +91 7980956118, e-mail: dr.niloy.sarkar@gmail.com

How to cite this article: Bhowmick S, Chattopadhyay PS, Sarkar N, et al. Task-force Approach to Manage the COVID-19 Pandemic in Private Hospitals in India. *Int J Res Foundation Hosp Healthc Adm* 2020;XX(X):1–3.

Source of support: Nil

Conflict of interest: None

Later, the task force concept was used by different nations in diversified sector to manage particular tasks.

In India, a joint task force was formed by the states of Tamil Nadu and Karnataka in 1980 to counter the infamous ivory poacher, Veerappan. A task force was created in Punjab in the late 1980s to counter insurgency or anti-terrorism measure. The Uttar Pradesh police and West Bengal police have special task force to deal with criminal activity.⁶

HISTORY OF TASK FORCE IN HEALTH CARE

The task force concept has been used from the past in global health sector for different health-related problems and preservation of health and wellness. The Canadian Task Force on Preventive Health Care (the Canadian Task Force on Periodic Health Examination) was formed on September 1976. The United States Preventive

Services Task Force (USPSTF) was formed by adopting Task Force methodology after minimal modification, and thereafter it was followed by both countries—The United States and Canada.⁷ World Smallpox Eradication Program was initiated by WHO in 1959 but suffered due to lack of fund and proper infrastructure. In 1967, the Eradication Program was started with new promises, and finally in 1980 the world was free from smallpox.⁸ The Task Force for Global Health was founded by Dr William Foege in 1984 aimed to deal with some focused areas such as tropical diseases, vaccination and epidemiology, development of healthcare facility etc. Presently the task force is working at 154 countries.⁹ After a huge success from World Smallpox Eradication Program, The International Task Force for Disease Eradication (ITFDE) was founded at the Carter Center of Emory University in 1988 to encourage eradication programs, evaluate the potential eradicability of diseases, and identification of specific eradication barriers.¹⁰ Foundation of The Global Health Crises Task Force was done by the United Nations Secretary-General Ban Ki-Moon on July 01, 2016, to support and monitor the implementation of the recommendations of the High-level Panel on the Global Response to Health Crises.¹¹ In India, task forces have been formed for National Health Mission and National Immunization Programs. In 1985, the Centre of Excellence in Virology was created at Christian Medical College's (CMC) Vellore by the Indian Council of Medical Research (ICMR) for detection of HIV infections and also established a task force to prepare a national strategy to prevent the spread of HIV/AIDS.¹³

ADVANTAGE OF TASK FORCE APPROACH

- Easy formation of task force without requiring any permanent reorganization and can be easily dissolved following completion of the operational task.
- When a permanent body or system is not present to manage during a crisis and no proper methodology exists, then a task force approach is the only alternative.
- Socialization or a group approach provides employees more enjoyable work environment, where every worker has to play their role to achieve same goal. Decision-making becomes easier by discussing with other co-workers.
- Any team member may lead the group, or a democratic approach may be taken by the team.
- Multidisciplinary team effort makes a task force more effective to problem identification, systematic evaluation, finding obstruction to solve and ultimate solution.
- Task force approach is most time saving and provides good-quality work.

TASK FORCE FOR COVID-19 MANAGEMENT IN A HEALTHCARE FACILITY

It is the biggest challenge for a healthcare setup to operate all medical facility during this COVID-19 pandemic. Every healthcare organization should form a dedicated action team (Task force) to overcome this crisis.

Task force team members:

- Managing Director/Medical Director/Organizational Head
- Medical Superintendent/CMOH
- Nursing Superintendent
- Infection control in charge

- Operational/patient service/facility management in charge
- Emergency Department Head/Director/Chief Consultant
- Consultant in charge for COVID-19
- Consultant in charge of critical care
- Consultant in charge of microbiology (chief microbiologist)
- Consultant Clinical Pharmacologist
- Purchase, logistic and supply chain management in charge
- Security in charge

ROLE AND RESPONSIBILITIES

- Planning—What to do and not to do
- Make a diagram and flow chart of planning
- Arrangement of regular meeting to discuss about progress, identification of difficulties, and solution.
- Implementation of Internal and external communication:
- In this pandemic situation, proper communication is required with government to know updated policy which should be implemented simultaneously in the hospital policy in a suitable way. All information related to COVID-19 treatment in hospital has to inform government as per their instruction. Proper communication with media reporter, social media, police, patient relatives, and local community should be done in a proper way. Interdepartmental communication should be done for better coordination and avoid panic.
- Education and awareness: Arrangement of proper educational system for staff to provide regular updated information about disease, management of the patient, and protection of staff.
- Upgradation of investigation and evolution process for new disease.
- Prevention: Preventive measures should be taken to avoid disease transmission within doctors, sisters and healthcare workers. Full personal protective equipment (PPE) should be provided to all health professionals within the patient care area.
- Infrastructure—arrangement of isolation ward and critical care unit dedicated for COVID-19 patients.
- Work flow management: Rearrange staff allocation, including nurses and doctors, arrangement of accommodation, and transportation.
- Patient management: identification of suspected patient, admission, isolation, evaluation, treatment.
- Patient relatives counseling, identification of contact and isolation (may be done by government representative).
- Logistic support for easy availability of required material related to COVID-19 management.
- Infection control: Identification of hospital staff those people unexpectedly exposed by COVID-19–positive patient have to quarantine and sterilization of hospital premises exposed by COVID-19–infected patients.
- Discharge of recovered COVID-19 patients.
- Ensure security of the hospital, staff and patients. Ensure the proper environment to implement task force decision.
- Planning and management for any unexpected event.

ADVANTAGE AND DISADVANTAGE OF TASK FORCE APPROACH FOR COVID-19

Task force has also been created in our hospital which is doing well to manage crisis during this COVID-19 pandemic. Already, I have mentioned that task force is only alternative during any crisis

situation, which is very logical, easy to make decisions, and time saving. Multidepartment involvements make it more effective and more coordinating and minimize errors, where conventional method may create miscommunications and delays in decision-making and execution. Dedicated team members of task force may include other skilled people as per requirement to deal with new special challenges.

Conflict within the team members or lack of efficient team members may create difficulties.

THE ROAD AHEAD

We are experiencing the new task force approach in hospital management during the COVID-19 pandemic. Earlier, we have managed the HIV infection in 1984,¹³ SARS-I outbreak 2003,¹⁴ and Swine Flu pandemic 2009¹⁵ with existing managerial structure, and there was a history of successful implementation of task force at national and international level to deal with those diseases. Now we are learning how to form a task force and how to deal with the situation. This knowledge will help us to be prepared for any circumstances and guide us in the future.

REFERENCES

1. Rolling updates on corona virus disease (covid-19) - <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/events-as-they-happen>.
2. Inside PM Modi's COVID-19 task force | India Today Insight - <https://www.indiatoday.in/india-today-insight/story/inside-pm-modi-s-covid-19-task-force-1665239-2020-04-09>.
3. Coronavirus disease (COVID-19) - Situation Report- 105- Countries, territories or areas with reported laboratory-confirmed COVID-19 cases and deaths, by WHO region. Data as of 10 AM CEST, 4 May 2020 - https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200504-covid-19-sitrep-105.pdf?sfvrsn=4cdda8af_2.
4. Task Force - https://en.wikipedia.org/wiki/Task_force.
5. List of task forces of the Royal Navy- https://en.wikipedia.org/wiki/List_of_task_forces_of_the_Royal_Navy.
6. Special Task Force (India)- [https://en.wikipedia.org/wiki/Special_Task_Force_\(India\)](https://en.wikipedia.org/wiki/Special_Task_Force_(India)).
7. Canadian Task Force on Preventive Health Care- <https://canadiantaskforce.ca/about/history/>.
8. Global Smallpox Eradication Program- <https://www.cdc.gov/smallpox/history/history.html>.
9. The Task Force for Global Health- https://en.wikipedia.org/wiki/The_Task_Force_for_Global_Health.
10. The International Task Force for Disease Eradication-<https://www.cdc.gov/mmwr/preview/mmwrhtml/00001590.htm>.
11. Global Health Crises Task Force- <https://www.un.org/en/global-health-crises-task-force/>.
12. Coronavirus: Why India Will Pay a Great Price Without a National Task-Force - A history of outbreaks- <https://science.thewire.in/health/coronavirus-covid-19-community-transmission-national-task-force-influenza-endemic-pandemic/>.
13. International Task Force for Disease Eradication in 1977 <https://www.cdc.gov/mmwr/preview/mmwrhtml/00001590.htm>.
14. Severe acute respiratory syndrome coronavirus https://en.wikipedia.org/wiki/Severe_acute_respiratory_syndrome_coronavirus.
15. 2009 swine flu pandemic- https://en.wikipedia.org/wiki/2009_swine_flu_pandemic.