

**Hospital/Clinic/Health Facility Managers
TB and MDR-TB Workshop
Mumbai, India**

5-8 October 2009

Report

International Hospital Federation



In Collaboration with



Health Development International



Lilly India

Organized by

THE MAHARASHTRA STATE ANTI-TUBERCULOSIS ASSOCIATION



Acknowledgement:

Hospital/Clinic/Health Facilities Managers TB and MDR TB Workshop Mumbai, India was organized by The Maharashtra State Anti TB Association and funded by International Hospital Federation in collaboration with Health Development International and Lilly MDR TB Partnership.

This report is prepared by Dr. Yatin Dholakia, Country Coordinator and Hon. Secretary, MSATBA.

We acknowledge the support to this Training Program by:

1. International Hospital Federation for initiating the Program and the financial support.
2. Dr. L. S. Chauhan - Deputy Director General Health Services – TB, Central TB Division, Ministry of Health & Family Welfare, Government of India for the necessary permissions and nominating the DOTS Plus Managers for the same.
3. Dr. Sarabjit Chadha - National Consultant DR TB – RNTCP for all technical inputs.
4. Ms. Kamaldeep Kaur – HR Consultant for coordination with the State TB Cells.
5. Ms. Sunita Prasad – Lilly MDR TB Partnership for coordination and organizing media briefings.
6. Dr. Ashok Ladda – Jt. Dir. Health Services (TB), Maharashtra State for necessary permissions.
7. Ken Hekman – Director, Health Development International for conducting the program.
8. Faculty:
 - a. Dr. Puneet Dewan – Medical Officer, Tuberculosis, Communicable Diseases Division, WHO – South East Asia Region.
 - b. Dr. Nerges Mistry – Director, The foundation for Medical Research.
 - c. Dr. Camilla Rodrigues – Consultant Clinical Microbiologist, P. D. Hinduja Hospital
9. Participants from Brazil and India for their active participation.

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Abbreviations:

DDG:	Deputy Director General.
FMR:	The Foundation for Medical Research
HDI:	Health Development International
IC	Infection Control
IHF:	International Hospital Federation
IUATLD:	International Union against Tuberculosis and Lung Diseases (The Union)
MDG	Millennium Development Goals
MO:	Medical Officer
MSATBA:	The Maharashtra State Anti Tuberculosis Association
SEARO:	South East Asia Regional Office.
STDC:	State Training and Demonstration Centre.
STO:	State TB Officer
WHO:	World Health Organization

Rationale

From a public health perspective, poorly supervised or incomplete treatment of TB is worse than no treatment at all. The problem, however, cannot be attributed to the lack of an effective treatment, but to a lack of organization. The shortage of trained staff is consistently cited as the main constraint facing TB control. Effective and expert leadership is therefore crucial among the managers of the treatment delivery settings and network.

Regardless of the mode of delivery, management of TB and MDR-TB depends on the assurance of a steady supply of medicines provided to patients through a reliable network of educated and effectively trained providers. Thus, a well managed TB control programme can only be found within a framework of collaboration among all those healthcare professionals, in such vital fields as medicine, nursing and hospital management, bringing together knowledge and expertise involved in the treatment and care of the disease.

The role of managers is to be active participants of an area-wide organization of health services that reaches the community and home levels for effective TB and MDR-TB control. They have to understand the need for continuous and strong support for MDR-TB and TB control programmes.

Financial support for TB treatment drugs has to be continuous as interruption to the drug therapy process increases the potential and likelihood of resistance to all major anti-TB drugs. Managers in charge of financing and organization of health services have the responsibility of ensuring that such lapses in drug therapy do not occur.

The role of managers would therefore be that of facilitators for doctors and nurses to enable them to provide treatment without interruption and to apply actions for monitoring the control programmes, in the absence of which costs and human suffering increase significantly, particularly as a trend in resistance to major anti-TB drugs emerges.

The International Hospital Federation (IHF), as a leading global representative body for hospitals and healthcare management professionals, through this MDR-TB and TB training workshop for hospital and health facility Managers in India, will seek to provide an overview of the basics of TB control together with the appropriate expertise and necessary resources to make informed decisions about the management of TB patients in their facilities.

Learning Objectives

- Macro level skills development in leadership, strategic and operational planning and budgeting;
- Development of guiding practices of hospital/clinic/health facility managers, in order that they may gain the cooperation and commitment of other agencies and their own staff to plan and to organize a successful and sustainable TB and MDR-TB national control programme;
- identify current management/leadership strengths and weaknesses in occupational settings;
- Opportunity to share experiences, practices and expertise with national and international TB health facility managers;

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Outcomes:

- Better informed health facility managers in leadership, strategic and operational planning and budgeting within settings treating MDR-TB and TB;
- improved management/leadership, strategic and operational planning and budgeting skills;
- Better understanding of management/ leadership financial priorities/realities of TB control and care in and between national and international health facilities;

Target Audience

MDR-TB and TB Health facility and hospital managers

Language: English

Report:

Hospital/Clinic/ Health Facility Managers TB and MDR TB Workshop was held in Mumbai, India between 5th and 8th October 2009. This residential workshop was conducted at YMCA International House, Mumbai.

The Workshop was supported by **International Hospital Federation, Health Development International and Lilly MDR TB Partnership. The Maharashtra State Anti Tuberculosis Association** organized the workshop.

There were twenty six participants including two participants from Brazil. Two participants from China could not make it to the training due to technical reasons.

The program started with the Registration of all the participants. **Dr. Yatin Dholakia**, Country Coordinator for the Program and Hon. Secretary, MSATBA welcomed the participants and the faculty. This was followed by introductions. **Mr. V. N. Dharmarajan – President**, The Maharashtra State Anti TB Association spoke about the activities of the Association. **Ms. Sheila Anazonwu – Program Manager IHF** gave an overview of IHF activities in context of TB – MDR TB and introduced the Health Development International.

As the chief guest, **Dr. L. S. Chauhan** could not come due to pressing national commitments; formal inauguration of the workshop was performed by lighting of the traditional lamp. This was followed by a round of introductions from all present. The session concluded with a group photograph.



***Inauguration: Lighting of the Lamp
by Mr. V. N. Dharmarajan
President, MSATBA***



***Sheila Anazonwu – IHF
Presentation***

Guest lectures: by Dr. Yatin Dholakia

TB – Global overview was presented by Dr. Yatin Dholakia on behalf of Dr. Chauhan.

Dr. Dholakia spoke of the global burden of Tuberculosis with 9.27 million new cases being registered in 2007 of whom nearly 50% are infectious and around 1.37 mi are co infected with HIV. During the year nearly 1.7 million deaths were reported including 0.45 mi who were dually infected. Around 500000 incident MDR TB cases with 50000 XDR TB cases are estimated to have been identified. The estimated prevalence of overall TB cases is around 13.7 million.

Regional figures showed SEAR highest with 34% of the TB burden occurring in that region. Incidence in 22 high burden countries was highlighted. India, China, Russian Federation South Africa and Bangladesh have a very high burden of MDR TB.

Dr. Dholakia further spoke on Global TB control efforts, the Global targets, the Stop TB Plan, progress towards the MDGs with respect to various targets laid done under these. There has been a steady success towards the targets in spite of a large funding gap.

MBR TB: Issues and Challenges: This presentation was by Dr. Yatin Dholakia. Speaking on behalf of National Consultant – Dr. Sarabjit Chadha, Dr. Dholakia spoke of the RNTCP infrastructure in place current burden of TB in the country with an annual incidence of 1.6 million cases with 316,500 deaths. The MDR TB prevalence is estimated to be around 3% among new cases and 12 to 17% among previously treated cases. Of the 2.31 million people living with HIV/AIDS around 0.9 million are co infected with TB. There is 5% HIV sero prevalence among TB cases.

Key achievements of the RNTCP were highlighted with Drug Resistance being a major challenge to the achievements. As per WHO estimates, 131,000 MDR cases emerged in India in 2007 and as per RNTCP estimates ~56000 detectable MDR TB cases annually. Although XDR TB has been reported, data is insufficient and not representative.

RNTCP response to MDR & XDR TB has been to strengthen the DOTS implementation to prevent emergence of MDR & XDR TB; improve laboratory capacities to diagnose MDR TB by setting up NRLs, IRLs and accrediting labs.; effective treatment through DOTS Plus and evaluating the extent of threat of SLD resistance and management of XDR TB. This was followed by the detailed description of the RNTCP DOTS Plus infrastructure and procedures. Operational challenges and steps to overcome these were highlighted.



Dr. Yatin Dholakia – Guest Lecture

Country Presentation from Brazil: Dr. Monica Kramer

The presentation covered the following issues:

- Brazilian Epidemiological Situation of TB/MDR-TB/XDR-TB.: 83,293 cases (41.7/100,000 pop) with DOTS coverage of 52% a cure rate of 75.4% and mortality of 2 – 3%. 16% HIV sero prevalence among TB patients and around 6995 TB cases among HIV infected individuals. There are 3621 MDR TB cases.
- Description of strategies for MDR-TB and XDR-TB control in Brazil: Multi disciplinary teams manage MDR TB using standardised five drug treatment regimen for a duration of 18 to 24 months. Information system is intricate. operational research is being conducted to incorporate new diagnostic tools and infection control strategies.
- Perspectives: DR-TB Health Surveillance Model scaling up. Updating the current guidelines and changing the regimen to manage MDR TB. Strategies to achieve early Diagnosis of MDR-TB Cases and improve TB Control in Hospitals were discussed.

The presentation generated a lot of discussion on detection of new infection among health care workers and the strategies to manage these.



Dr. Monica Kramer: Country Scenario - Brazil

Scientific Sessions

1. **Infection Control issues** by Dr. Puneet Dewan, Medical Officer – Tuberculosis, WHO SEARO.

Dr. Dewan spoke on the importance of IC for TB, reviewed the incidence of TB transmission among health care workers, the factors affecting transmission and gave a detailed description of the behavior of infectious particles in transmission in various settings. Dr. Dewan then gave the various interventions for IC in TB such as administrative, environmental and personal protective measures:

Administrative measures reduce risk of exposure, infection, and disease through policy and practice. These include adequate health care worker and patient education on cough hygiene, safe collection procedures, segregation of patients etc.

Engineering controls reduce concentration of infectious bacilli in air in areas where contamination of air is likely. This is achieved by Isolation / Spacing, Ventilation and Ultraviolet Germicidal Irradiation (UVGI). Various technical aspects and case studies were presented

Personal respiratory protection to protect personnel who must work in environments with contaminated air: Dr. Dewan spoke about the merits and demerits of various protective devices available and the recommendations for their proper use

Misconceptions on various issues regarding infection control were cleared during the ensuing discussions.

2. **Laboratory issues** pertaining to MDR TB Drug Resistance Surveillance were discussed by Dr. Nerges Mistry, Director, The Foundation for Medical Research. Mumbai. This detailed presentation covered the following issues
 - a. **Challenges to MDRTB Surveillance**
 1. Objectives of MDRTB surveillance
 2. Role & requirements of dedicated MDRTB Labs
 3. Checklist for TB lab capacity
 - b. **Infrastructure**
 1. Estimation of sample load
 2. Laboratory site selection
 3. Sample collection & transport
 4. Risk groups
 5. Ventilation at sputum collection points/ TB wards
 - c. **Technology**
 1. Cross contamination
 2. Staff training
 - d. **Safety & Disposal**
 - e. **Data Management**
 - f. **Quality Assurance**

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3. **Rapid DST for MDR TB** was taken up by Dr. Camilla Rodrigues, Consultant Clinical Microbiologist from P. D. Hinduja National Hospital and Research Center. Dr. Rodrigues began by reviewing the milestones in TB chemotherapy, the mechanisms of action of various first and second line drugs, the role of various diagnostic tools for TB diagnosis and then further described the drug resistance scenario. Various Merits and demerits of the available Drug Sensitivity Testing methods were described. Rational use of available testing facilities was demonstrated by relevant case presentations. Newer technologies were described which would bring about early diagnosis of TB and drug susceptibility.

All sessions generated great interest among the participants and were appreciated by them in their feedback.



Clockwise: Dr. Puneet Dewan, Dr. Nerges Mistry and Dr. Camilla Rodrigues

Management Workshop:

Sessions on Management were taken by Ken Hekman and Mark Huizenga. Topics were introduced by the faculty and this was followed by group work and discussions. All the participants took active part in the group work and the discussions. The sessions that spread over three days are described herein.

Introducing the subject of management, Ken said management had become a profession with skills that can take a lifetime to learn and master. The workshop was designed to provide a solid introduction to a lifetime of learning how management skills can help a hospital or health organization to continually improve its ability to meet the needs of the people it serves.

The basic questions of goals of an establishment, the indicators to measure success and the impact of the manager on the success of the organization were discussed and this introduced the four tasks of management. The Pareto Principle and Ivy Lees technique were described.

1. **Planning:** this session focussed on exercises to determine customer's needs, looking at SWOT analysis for the organisation and developing Mission, Vision and Core Values for the Organisation.

Strategic Planning and its outline were discussed followed by a planning Exercise. Financial Planning generated a lot of discussion.

2. **Organising:** Peter Ducker's model was used to introduce the topic. Issues that were discussed were Developing Organisational Structure, how to determine the requirements, interviewing and selecting people, Delegation of tasks and responsibilities and the factors that prevented managers from effective delegation were explained. Organising of coherent teams for effective work concluded the session
3. **Leading:** Four leadership styles make up an individual and a manager's competence is in how s/he uses these in different situations. Leaders also need to be good motivators to improve individual performance and also be good at problem solving. These discussed in detail and enacted through role plays.
4. **Checking** completes the management cycle. This is essential to all organisations . This involves on deciding who would do the checking, what are the issues that need to be checked, the periodicity of the exercise, the methods to be employed and the type of report to be submitted. This will be followed by preparing action plans to make adjustments and appreciate good performers.
5. **Continuous improvement** involves all the above aspects of Planning, Organization, Leadership and Checking (POLC). The Japanese principle of Kaizen was introduced as a concept for ongoing improvement. Finally the Stellar Performance Model, devised by Ken, was introduced bringing in the human involvement in the progress of any Organization.

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We have tried to ink the proceedings to the best of our ability. However, we wish to inform the reader that if one wants to learn from the workshop, one has to attend it throughout its duration with full involvement.



Ken Hekman - HDI



Mark Huizenga – HDI



Group work in progress



Role play

Certification:

Certificates were awarded to the participants by Ken Heckman, Sheila Anazonwu and Dr. Yatin Dholakia.

Valedictory:

Sheila Anazonwu thanked all the participants for actively participating in the proceedings, HDI, Lilly India MDR TB Partnership represented by Ms. Sunita Prasad, The Maharashtra State Anti TB Association for organizing the training workshop.

Dr. Yatin Dholakia proposed a vote of thanks to IHF, HDI and Lilly India MDR TB Partnership for providing all financial support to organize the Workshop, Dr. L. S. Chauhan – DDG TB for having nominated the participants and supporting the workshop, Dr. Ashok Ladda – STO & DDHS, Maharashtra for supporting the training program and finally the participants without whose presence and active participation the event would not have met the success it did.

DOTS Plus Site visit:

The overseas participants visited the laboratory at P. D. Hinduja National Hospital which has been recently accredited by RNTCP for diagnosis of MDR TB cases. During the visit the participants were shown the Infection Control measures used in the TB culture laboratory, the strict quality control measures employed and the data recording and reporting systems. Participants were also shown the newer technologies which were being researched and the technology transfer for cost effective use.

Work meeting:

A small work meeting was held to discuss how the program could be carried forward. It was proposed to have the next program in New Delhi under the auspices of the Rajan Babu Institute for Pulmonary Medicine and Tuberculosis (RBIPMT) organized by Dr. Jayant Banavalikar. This program will be held somewhere in October / November 2010. Proposals were made to select certain participants from the Mumbai event as collaborators for the planned New Delhi seminar. The ultimate objective is to create a pool of trained managers who would become contact points for conducting similar training programmes at individual state and district levels. The majority of Mumbai participants responded positively to being contact points.



Meeting in progress

Annexure:

WORKSHOP SCHEDULE

Day 1: 5th October 2009		
Time	Module	Faculty
09:00 – 09:15	Registrations	Maharashtra State Anti TB Association (MSATBA)
09:15 – 09:30	Introductions	<ul style="list-style-type: none"> • International Hospital Federation (IHF) • Health Development International (HDI) • MSATBA
09:30 – 10:00	Inauguration	
10:00 – 10:15	Tea	
10:15 – 10:45	TB Global Overview	Dr. L. S. Chauhan – DDG TB. (presented by: Dr. Yatin Dholakia)
10:45 – 11:30	MBR TB: Issues and Challenges	
11:30 – 12:00	Country Initiatives • Brazil	Dr Monica Kramer
12:00 – 13:00	Introduction to Management	HDI
13:00 – 13:45	Lunch	
13:45 – 17:45	Management: • Profession of Management. • Planning – Needs Assessment	HDI
17:45	Close	

Day 2: 6th October 2009		
Time	Module	Faculty
09:00 – 11:00	Planning: <ul style="list-style-type: none"> • Strategic Planning 	HDI
11:00 – 11:15	Tea	
11:15 – 13:00	Planning: <ul style="list-style-type: none"> • Strategic Planning (continued) 	HDI
13:00 – 13:45	Lunch	
13:45 – 15:30	Infection Control: <ul style="list-style-type: none"> • General Principles • Laboratories • Outpatient Departments • Inpatient Care 	Dr. Puneet Dewan WHO SEARO
15.30 – 15.45	Tea	
15:45 – 17:45	Organizing	HDI
17:45	Close	

Day 3: 7th October 2009		
Time	Module	Faculty
09:00 – 11:00	Organizing	HDI
11:00 – 11:15	Tea	
11:15 – 12:00	Laboratory in MDR TB: Laboratory Requirements for MDR-TB-DRS	Dr. Nerges Mistry The Foundation for Medical Research
12:00 – 12:30	Rapid DST on first and second line drugs.	Dr. Camilla Rodrigues, Hinduja Hospital
12:30 – 13:00	Discussion	
13:00 – 13:45	Lunch	
13:45 – 15:30	Leading	HDI
15:30 – 15:45	Tea	
15:45 – 17:30	Leading	HDI
17:30	Close	

Day 4: 8th October 2009		
Time	Module	Faculty
09:00 – 10:30	Follow-up	HDI
10:30 – 12:00	Open Discussion on Management	HDI
11:00 – 11:15	Tea	
12:00 – 13:00	Conclusions	IHF
13:00 – 14:00	Certificates & Closing	IHF MSATBA
14:00 – 14:30	Lunch	
15:00 – 17:30	Visit to MDR TB Site (Overseas participants)	
	Departures	

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