



CMASL NEWS

THE OFFICIAL NEWSLETTER OF THE COLLEGE OF MEDICAL ADMINISTRATORS OF SRI LANKA

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Strategic Healthcare Leadership: *Navigating through troubled waters...*

Cover Story... Page 11 & 12



The College of Medical Administrators of Sri Lanka

Directorate of Healthcare Quality & Safety,
Premises of Castle Street Hospital for Women,
Colombo 08, Sri Lanka

e-mail:
cmasl2011@gmail.com

Website:
www.cmasl.lk

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1. PRESIDENT'S MESSAGE



I would like to congratulate the Academic Committee of CMASL for publishing the newsletter for the year 2022. We as administrators, bear the responsibility of strengthening the healthcare system in Sri Lanka and arming ourselves with sound knowledge, skills & experience is crucial in achieving our objectives.

Management is a distinct process consisting of planning, organizing, leading and implementing ideas in order to accomplish pre-determined goals. A bulletin of this nature, published periodically, offers a unique platform to share novel, innovative ideas that would help us achieve our goals. Despite many challenges we face today, we should never lose focus on provision of safe, quality, effective, and efficient healthcare services, to our patients.

I wish you all the success and invite each CMASL member to contribute towards making this publication a triumph.

Thank you.

Dr. Asela Gunawardena

President

The College of Medical Administrators of Sri Lanka

2. OFFICE BEARERS OF THE CMASL – 2022



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1993	Dr. George Fernando
1994	Dr. Reggie Perera
1995	Dr. Lalith Mendis
1996	Dr. H. M. S. S. D. Herath
1997	Dr. Lucian Jayasuriya
1998	Dr. V. Jeganathan
1999	Dr. Maya Atapattu
2000	Dr. Manil Fernando
2001	Dr. S. A. P. Gnanissara
2002	Dr. Ajith Mendis
2003	Dr. H. R. U. Indrasiri
2004	Dr. Hector Weerasinghe
2005	Dr. Athula Kahandaliyanage
2006-2007	Dr. R. Wimal Jayantha
2008	Dr. Rani Fernando
2009	Dr. P. G. Mahipala
2010	Dr. Anil Jasinghe
2011	Dr. S.M. Samarage
2012	Dr. Nicholas Jayasekara
2013	Dr. Sunil De Alwis
2014	Dr. Amal Harsha De Silva
2015	Dr. Jayasundara Bandara
2016	Dr. Shanti Dalpatadu
2017	Dr. Neelamani S. Rajapaksa Hewageegana
2018-2019	Dr. Sujatha Senarathne
2019-2020	Dr. Hemantha Beneragama
2021	Dr. R.M.S.K. Rathnayake

4. MEMBERS' CORNER

The Dark Side of NARCISSISM in Healthcare Organizations! An Eye Opener

Dr. R.M.M.S. Rathnayake, *Former Secretary, State Ministry of Production, Supply and Regulation of Pharmaceuticals*

Healthcare organizations should have a strong vision and a dedicated plan in caring patients. Effective organizations take decisions through team work. Collaboration and cooperation among health care providers has become the key to the success of a health care institution.

When we observe people around us in an organization, one of the first things that strikes us is how different people are from one another. Among the different personalities, “narcissistic personality” has recently come into the limelight. Bad side of this personality leads to an unprecedented crisis in an organization. (1)

Diagnostic and Statistical Manual of Mental Disorders classifies narcissistic personality disorder as having at least five of the following characteristics: 1. Having exaggerated sense of self - importance (i.e. expecting to be recognized as superior); 2. Preoccupation with fantasies of unlimited success, power, brilliance; 3. Believes as “special” and can only be understood by, or should associate with, high-status people; 4. Requires excessive admiration; 5. Has a sense of entitlement; 6. Selfishly takes advantage of others to achieve his own ends; 7. Lacks empathy; 8. Is often jealous of others or believes that others are jealous of him; 9. Shows arrogant, haughty, patronizing, or contemptuous behaviors or attitudes. (1)

“Narcissists expect others to accept the high esteem they hold, and to cater to their needs. Narcissists live under the illusion that they are entitled to be served and their own wishes take precedence over others. They think that they deserve special consideration in life.” (2)

Narcissistic ego has become a barrier to project success. (3) They act in their own best interest, putting the needs and interests of others at risk. (4) This is augmented when they are holding higher positions in organizations. (5)

Narcissism in a workplace could make a major negative impact on the entire organization by engaging in counter - productive behaviour, especially when their self-esteem is threatened. (5)

However, by understanding more about narcissistic personality disorder, you can spot the narcissists in your organization, protect yourself from their power plays, and establish healthier boundaries.

“Half the harm that is done in this world is due to people who want to feel important. They don't mean to do harm, but the harm does not interest them. Or they do not see it, or they justify it because they are absorbed in the endless struggle to think well of themselves.”

T. S. Eliot, The Cocktail Party (1949).

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Success in the containment of COVID-19 through timely response: Base Hospital Thissamaharama
Dr.H.L.Saneetha Chathurika - Registrar in Medical Administration (Former Medical Superintendent, BH – Thissamaharama 2020/2021)

BH-Thissamaharama is one of the three base hospitals in the Hambantota District. It is situated in Debarawewa, by the Thissa-Kataragama road about 2km away from the main town. It caters to about 100000 population, not only from the Thissamaharama area but also in the surrounding areas such as Kataragama, Thanamalwila, Lunugamwehera, etc. The vision of the hospital is “To be the paramount Type B Base Hospital in Southern Province”. The tourism which is attracted by the historical places highlights the importance of the continuous provision of health services by the hospital.

Regular COVID cell meetings with the relevant stakeholders and the prompt actions taken were the key to success. The Southern PDHS and RDHS Hambantota extended the administrative support to the fullest. My heartiest gratitude to the new Hospital Development Committee which extended their support physically and financially for most of the development projects which were undertaken during the pandemic.

Triage of the patients was started at the entrance by displaying the boards and directing the patients accordingly. The safety of the staff was ensured by providing adequate personal protective equipment (PPE) and arranging special cubicles to check the patients. With the rising numbers of suspects and the patients, it was a challenge to increase the isolation capacity. A quarters building and an abandoned ward were reconstructed into female and male COVID wards respectively with the capacity of 17 beds. Separate cubicles for COVID patients who need to be monitored closely were established in the Medical, Maternity, and Paediatric wards.

The consultant VOG was much concerned to conduct a simulation to identify the gaps during the preparedness stage after arranging a separate labour room and a separate entrance for the positive patients. The consultant Microbiologist of DGH - Hambantota conducted a few sessions on handling PCR samples and instructed on proper donning and doffing methods.

The total bed capacity of the hospital is about 217 and at the time of the second wave of COVID we had only three ETU beds. An ambulance garage was renovated and converted to a COVID ETU with three beds. During this time, a Surgical High Dependency Unit (SHDU) with 3 beds started to function with great effort from all the stakeholders. The consultant Psychiatrist took the lead in arranging a special programme weekly for the staff to discuss their problems and it was more or less a counseling session as well as an entertainment time to relieve the work-related stress.

It was amazing to experience the generosity of the villagers who donated medical equipment, PPE kits, masks, furniture, etc. Simultaneously, a shramadhana campaign was held successfully in January 2021 with multisectoral collaboration. The dedicated staff and the positive thoughts of the stakeholders kept the focus on providing the best possible care to patients throughout the pandemic without disturbing the routines.



A Wellbeing Service for a Better Outcome: An Example from the United Kingdom

Dr. K.G.R.V. Pathirathna, Medical Administrator

Dr. P.D. Koggalage, International Research Fellow, University of Lincoln, UK



Health and wellbeing are strongly interrelated concepts. Maintaining good health may not always improve well-being as multitude of other factors can affect one's wellbeing. Therefore, modern healthcare systems should incorporate Wellbeing Services into their health policies in order to ensure wellbeing of individuals in a holistic manner.

One such example of Wellbeing Services implemented in the UK at its county level, supports adults aged over 18 years who live in the particular county or are registered with a GP in the county. These Wellbeing

Services are funded by the UK government through respective County Councils. This service functions as a Public-Private Partnership and helps individuals who experience ill health, disabilities, financial challenges, changing medical needs, bereavement, lack of family support, loneliness and social isolation, etc.

What are the main functions of this service?

This service,

- assesses people's needs for independent living;
- provides short-term support to make them safe in their own home and engage them in community services;
- helps signposting to other services like money advice, local groups, clubs and charities;
- helps people to resettle following discharge from hospital;
- supplies small aids, equipment and home adaptations and
- responds to calls from Telecare clients.

Main process of Wellbeing Services

An individual who needs support can be referred by external organisations such as the Hospital, Police or Fire Departments, etc. Then, the individual will be assessed by a trusted Assessor who will then decide the wellbeing needs of the individual and provide required support in a multidisciplinary manner coordinating with other relevant stakeholders.

Key elements of Wellbeing Services

1. **Response** – Registered clients who do not have other family or social support can use the Telecare device to seek assistance by alarming the Wellbeing Service. Upon being alarmed, Wellbeing Responders will be mobilized to reach the client in less than 45 minutes to provide the necessary support.
2. **Resettlement** - The service is initiated when a client is discharged from a hospital till he or she settles in the home.
3. **Small aids and minor adaptations** - Small aids and minor adaptations into lifestyles such as adding grab rails in the bathroom, a ramp at the door or gadgets to help in kitchen will be arranged with a nominal fee.
4. **Hospital and in-reach care** – The clients can be referred to Wellbeing Services even when they are in hospitals.



When considering Sri Lanka's context with the on-going epidemiological, demographic and socio-economic transitions leading to an 'aging' population with multitude of issues like NCDs, it is timely to further strengthen or establish a well-coordinated and efficient Wellbeing Service to improve the health and wellness of the nation.

Establishing New Intensive Care Unit worth of Rs.100 Million at the Base Hospital, Udugma through Private Public Partnership in 2021

Dr. G.H.S. Fernando, Former Medical Superintendent, Base Hospital, Udugama

A Hospital in Udugama, Galle District, Southern Province of Sri Lanka was established in 1923 as a state hospital to treat workers in the plantation sector. In 2008, it was upgraded to a Base Hospital. Since then, the facilities were gradually upgraded and healthcare services expanded up to the level of a secondary care hospital. However, with the evolution of number of new medical specialties, there was a significant demand for an Intensive Care Unit (ICU) to save the lives of critically ill patients. In early days, the majority of patients who need intensive care management were transferred to TH.Karapitiya and TH Mahamodara and in some occasions it was not successful and unable to save their lives. . Further, some surgeries were not undertaken and postponed due to unavailability of an ICU in the hospital, even though other facilities were fulfilled. It has been a dream to establish an ICU at the Hospital until recent years.

The Hospital Development Committee took the upper hand with hospital authority to fulfill the need of an ICU. Watawala Plantations PLC was contacted by the committee and they agreed to donate Rs.8 Million for this project. Planning, estimating, budgeting and coordination were totally handled by the Hospital Committee with the representatives of the Watawala Plantation PLC. In order to complete the fully equipped ICU with five bed capacity within the limited budget, majority of the construction and infrastructure work was completed using free human resources. The

construction of the infrastructure was carried out by the Sri Lanka Army whereas the electricity and Aluminium work: doors, windows and interior partitioning and wall-cupboards were done by the Hospital maintenance unit. This helped us to complete the project in a cost effective manner with the limited funds.

In December 2021, this project was successfully completed as scheduled. Even though Watawala Plantations initially promised to allocate Rs.8 million, they have actually spent nearly Rs.30 million for the project including a few essential medical equipment, all non-medical equipment and furniture to provide the service.

All other medical equipment including Ventilators, ICU beds and ICU monitors worth of Rs.70 million were provided by the Ministry of Health. Several groups of the people raised the human resource issues and criticized that this ICU would be a white elephant. However, we were able to allocate two trained Consultant Anaesthetists, 5 Medical Officers, 10 Nursing Officers and 6 Health Care Assistances to the ICU. In 23rd of December 2021, the new ICU facility was declared open ceremonially by Hon. Minister of Health Dr. Keheliya Rabukwella, Secretary of Health, DDGs and other health authorities. By the end of the march 2022, 31 patients were managed successfully at the ICU.



Development of Institutional Guidelines on Safe Management of Suspected and Confirmed COVID 19 Patients at Colombo East Base Hospital, Mulleriyawa

Dr. Priyantha Karunaratne, Director, CEBH & Dr. Muditha Perera, Deputy Director, CEBH

Introduction

COVID 19 infection has become a global concern and pandemic affecting diverse facets of the society. Unlike already known infectious diseases, COVID 19 imposed a significant burden to the medical community due to its uncertain behaviour. Adherence to appropriate infection control measures and safe practices have been endorsed methods of successful control of the diseases.

In the absence of well documented literature on scientifically endorsed methods and practices to assure staff safety in a global event like COVID individual institutions were directed by the Ministry of Health to develop standard practice guidelines and make a more lateral approach to come to a consensus whilst evidence cumulate in the natural history of the disease epidemiology.

The need for an appropriate guideline has been discussed at the special in charge meeting and the following major areas of patient encounter and risks were identified; Emergency Treatment Unit and OPD, Clinics, wards, Laboratory and sampling and staff involved in direct contact with confirmed patients with COVID 19

There were two core components in this project:

1. Core component 1 - Having an Infection Prevention and Control Programme in the institution.
2. Core component 2- Adopting Infection Prevention and Control guidelines.

Developing the guidelines

To develop these guidelines following measures were taken:

1. On site visit and observations.
2. Demarcating corrective area and renovations in line with COVID specific infection control measures.
3. Preliminary draft of guidelines.
4. Revision
5. Finalized guidelines and training.

To monitor the project following methods were used :

1. Timely scheduled on site visits and assessment.
2. Small group discussions on site with the front line teams: ETU/ Triage unit, Wards, Laboratory etc.
3. Review sessions
4. Discussions at the main Infection Control committee meetings and the COVID Cell meetings
5. Disperse updates through the Viber group

Challenges:

Available infrastructure was seen as a challenge as it was constructed for routine patient care. Therefore modifications were needed to be completed in short time. One to one communication needed more space which was not available in the hospital. There were uncertainties about the disease even in developed countries and no previous experience.

Conclusion

1. Improved overall engagement of different staff working in different clinical settings
2. Improved understanding of the overall structure
3. Helped to undertake training of new staff members who were allocated to the hospital
4. Gave a good platform to develop and improve certain areas in the hospital
5. Helped to suggest sound and strong solutions in complex situations
6. Contributed to develop national level guidelines
7. A repository for review and learning

All relevant stakeholders were engaged to assess the existing situation and invited to propose suggestions. This measure was taken to ensure sustainability of the project. Areas like the operation theatre, intensive care facility, triage unit, medico-legal unit etc. had special inputs from the relevant consultants and technical officers like engineers. Additionally, thorough assessment done in line with expected patients flow and real patient flow in the process. Any required renovations and structural modifications were done while considering least interruption to the main structure .Therefore, once the surge is adjourned, there will be a cost and process benefit.

5. COVER STORY

The 29th Annual Scientific Sessions of the College of Medical Administrators of Sri Lanka

will be held from 24th to 27th November 2022.

The theme selected for this year's sessions is

'Strategic healthcare leadership: Navigating through troubled waters'

24th November 2022 - Pre-congress Sessions

Venue: Link, Water's Edge (Hybrid Sessions)

Time	Topic	Name & affiliation of resource persons
8.30am to 9.00am	Registration of participants	
9.00am to 12.00noon	1st Session – Navigating through troubled waters Chair: Neelamani Hewageega Co-chair: Dr. Asela Gunawardena	
09.00am to 09.30am	Macro-management of Sri Lankan health sector: Navigating the public sector health services of Sri Lanka through challenges	Dr. W. K. Wickremasinghe Consultant in Medical Administration Deputy Director General- The National Hospital of Sri Lanka, Colombo
09.30am to 10.00am	Micromanagement of Sri Lankan health sector: Navigating a public sector health care institution through challenges	Dr. U. Wijemanne Consultant in Medical Administration Director (Planning), Ministry of Health
10.00am to 10.30am	Future of Sri Lankan health sector: Future implications on the health system & ways means of successfully managing them	Dr. S. Sridharan Consultant in Medical Administration Deputy Director General- Planning Ministry of Health
10.30am to 11.30am	Meeting the prehospital challenges of the COVID-19 pandemic in the UK	Prof. Niroshan Siriwardena Professor of Primary & Prehospital Healthcare Director, Community & Health Research Unit University of Lincoln, United Kingdom
11.30am to 12.00noon	Q & A Session	
12.00noon to 1.00pm	Lunch break	
1.00pm to 1.45pm	2nd Session Prof. Neo Boon Siong "Think again, think ahead & think across"- On public dynamic governance	
1.45pm to 4.00pm	3rd Session Workshop on response to CBRNE event	
4.00pm onwards	Evening tea	

25th November 2022 – Inauguration & Induction Ceremony

Venue: Galadari Hotel

Time	Details
5.30 pm	Guests take seats
5.50 pm	Arrival of Guests of Honour
6.00 pm	Arrival of the Chief Guest
6.10 pm	Arrival of the Ceremonial Procession
6.20 pm	Traditional Lighting of the Oil Lamp
6.25 pm	National Anthem
6.30 pm	Welcome, flashback and opening remarks by the outgoing President, CMASL
6.45 pm	Induction of the President, CMASL
6.55 pm	Address by the Guest of Honour
7.10 pm	Address by the Chief Guest
7.25 pm	Presidential Address
7.35 pm	Cultural event
7.45 pm	Opening of the Academic Sessions
7.50 pm	Inauguration Speech by the President CMASL
8.00 pm	Keynote Address
8.30 pm	Awarding of fellowships
8.40 pm	Awarding for academic excellence
8.50 pm	Cultural event
9.00 pm	Vote of thanks by the Secretary, CMASL
9.10 pm	Ceremonial Procession leaves
9.15 pm	Reception

26th November 2022 – Scientific Sessions

Venue: Eagle, Water's Edge (Hybrid Sessions)

Time	Details
8.30am to 9.00am	Registration of participants
9.00am	National Anthem
9.05am to 9.15am	Welcome Address by the President
9.15am to 9.45am	Guest Lecture Prof. Nalin Abeysekera Chairperson: Dr. Deepika Attygala
9.45am-10.15am	Morning Tea
10.15am to 12.15pm	Session 1: Free paper presentations Judge panel: - Dr. Lal Panapitiya - Dr. W. K. Wickremasinghe - Dr. Sudath Dharmarathna
12.15noon to 1.15pm	Lunch break Judging of poster presentations Judge panel: - Dr. Alan Ludowyke - Dr. Lucian Jayasooriya - Dr. Pradeep Rathnasekera
1.15pm to 2.15pm	Panel discussion: Primary Care Reforms-overcoming the economic crisis Chair- Dr. Sarath Samarage - Dr. Neelamani Hewageegana - Dr. Alaka Singh, WHO Representative to Sri Lanka - Dr. Asela Gunawardana
2.15pm to 3.45pm	Session 2: Free paper presentations Judge panel: - Dr. Lal Panapitiya - Dr. W. K. Wickremasinghe - Dr. Sudath Dharmarathna
3.45pm to 4.15pm	Presentation of Awards
4.15pm	Evening tea

27th November 2022

Venue: Eagle, Water's Edge (Hybrid Sessions)

Time	Details
8.30am to 9.00am	Registration of participants
9.00am	National Anthem
9.05am to 9.15am	Welcome Address by the President
9.15am to 10.15am	Guest Lecture Prof. Philip Choo
10.15am to 11.15 am	Session 1:New Innovations Judge panel - Dr. Lucian Jayasooriya - Dr. Sarath Samarage - Dr. Neelamani Hewageegana - Dr. Asela Gunawardana
11.15am to 11.30am	Morning tea
11.30am to 12.30pm	Session 2: New Innovations Judge panel - Dr. Lucian Jayasooriya - Dr. Sarath Samarage - Dr. Neelamani Hewageegana - Dr. Asela Gunawardana
12.30pm to 1.00pm	Presentation of Awards
1.00pm to 1.15pm	Vote of Thanks & Closure of Academic Sessions by the Secretary, CMASL
1.15pm	Lunch break

27th November 2022 - Dr. Malinga Fernando Oration & the College Dinner

Venue: Galadari Hotel

Date	Details
5.30 pm	Guests take seats
6.00 pm	Arrival of the Ceremonial Procession
6.10 pm	Traditional Lighting of the Oil Lamp
6.15 pm	National Anthem
6.20 pm	Welcome Address by the President, CMASL
6.30 pm	Reading the Citation of the Orator (President CMASL)
6.35 pm	Placing the Orator's medal
6.40 pm	Dr. Malinga Fernando Oration delivered by Dr. Palitha Mahipala
7.40 pm	Vote of thanks by the Secretary, CMASL
7.45 pm	Ceremonial Procession leaves the hall
7.55 pm	Fellowship dinner

Please send your suggestions to,

Dr. Chandana Gajanayake
The Editor-in-Chief, CMASL

Deputy Director

The National Hospital of Sri Lanka

Regent Street, Colombo -10

e-mail :drchandanagajanayake@gmail.com