

# Competency of surveillance and rapid response team to respond to public health emergencies of Northeastern Thailand.

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Research and Training Center for Enhancing  
Quality of Life of Working-Age People



Will the first response to a Emerging or re-emerging diseases attack be this.....



.... or this?



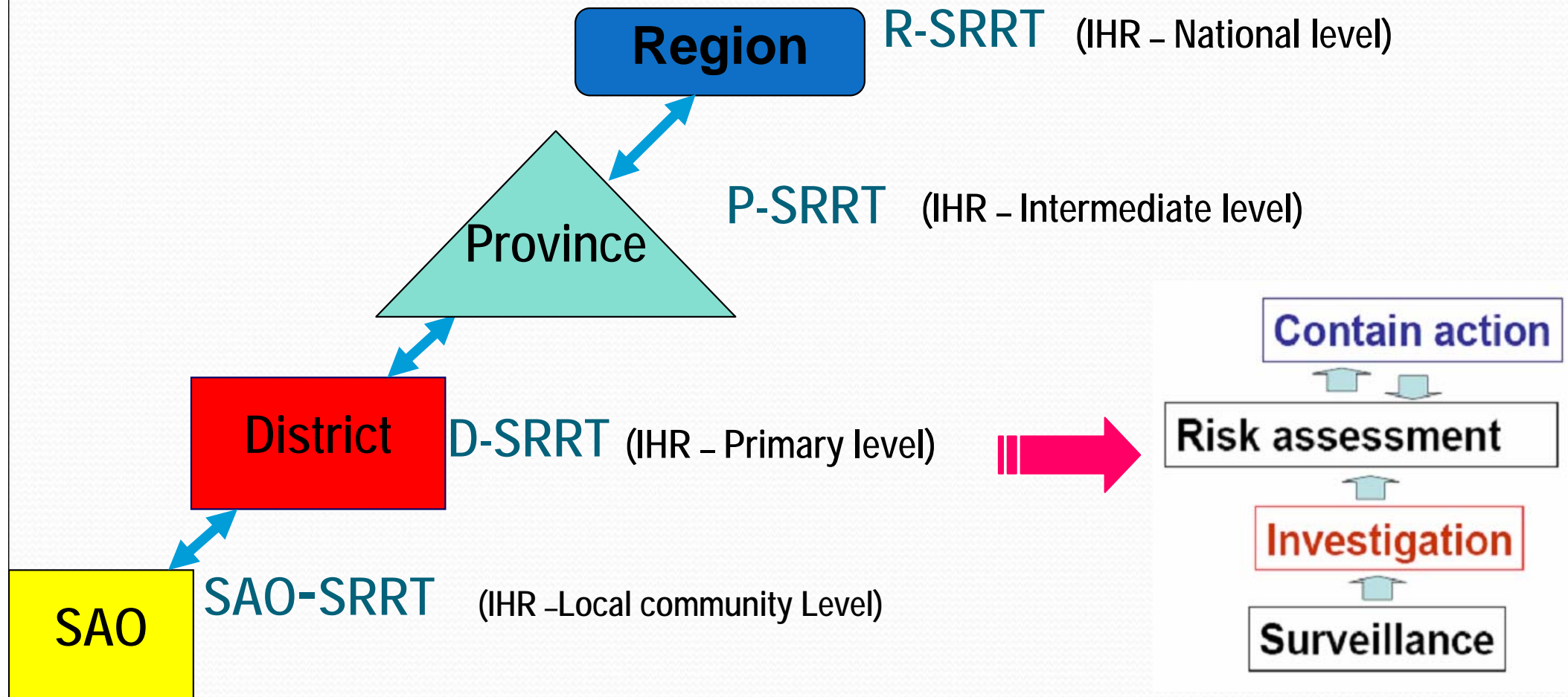
It's more likely to look like this....



น.พ. คริสโตเฟอร์ อาร์. บราวเนน แพทย์ผู้เชี่ยวชาญจาก  
ศูนย์ควบคุมโรค ของสหรัฐอเมริกา บินด่วนมา ตรวจ  
อาการของผู้ป่วยที่รับประทานหน่อไม้บรรจุน้ำมัน



# Surveillance rapid response team: SRRT



Sources of data to prevention and control: TV. and newspapers

What's happened on the surveillance and rapid response team?



## Resources in prompt response

The resources in responding to emergencies are insufficient throughout the world (Jones et al, 2008).

**Studies in Thailand**, the readiness to react in emergency situation was limited ( Sookawee and Prapasirib, 2005)







## Competency & readiness to response

- **Studies in Thailand**, the SRRT could not react appropriately. Planning and preparation for emergency situations beforehand were neglected (Prapasiri, et al 2007).
- **Studies in Thailand**, the SRRT were in danger to be infected as well (Ramasut et al 2006).
- The SRRT members did not utilize the information obtained by foregoing surveillance attempts (Thaewnongiew et al, 2009).



# Justification

- The SRRT lacked knowledge and supervision to develop their work (Sangrungnaphaphun, 2006).
- The SRRT' participating in the system was at a low level (Thaewnongiew et al, 2009)

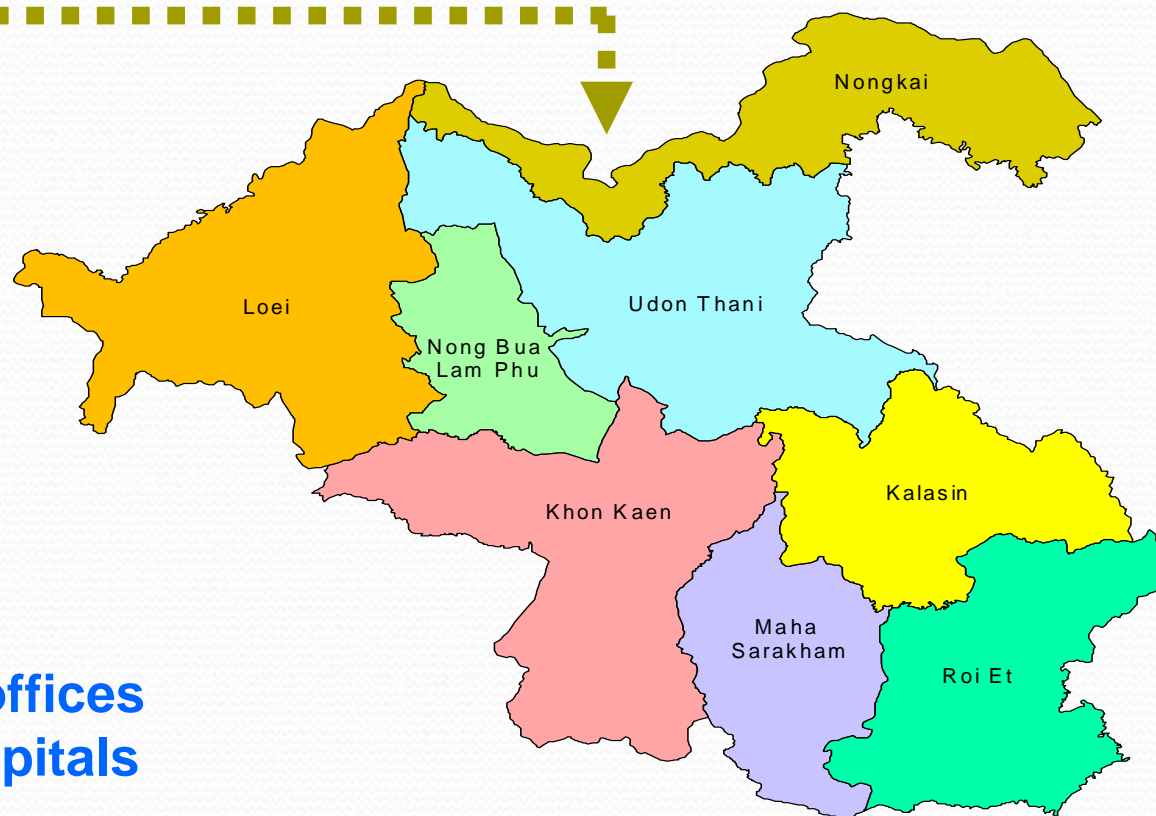
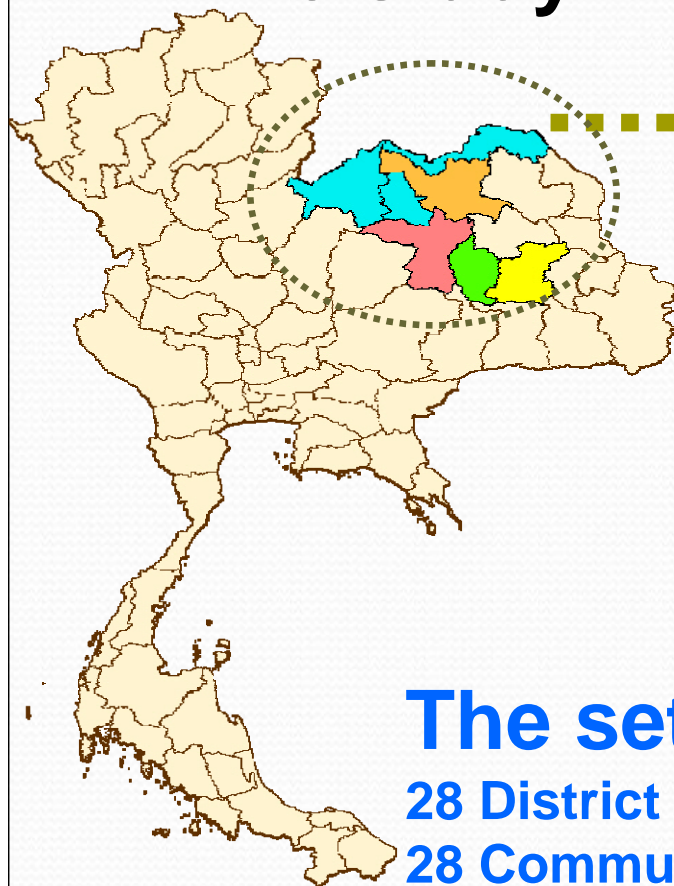


To **assessed** the **existing** competency and readiness SRRTs at a district level in provinces within the Northeast of Thailand.



# Materials and methods

**The study was the preliminary phase of PAR.**



## **The setting:**

**28 District Health offices**

**28 Community hospitals**

**50 health centers**

**30 Sub-district Administrative organizations**

# Materials and methods

## **The sample :**

**1 group:** 56 staff members from community hospitals, 54 members from DHO, 87 members from health centers and 30 members from sub-district administrative organizations.

**2 groups:** 50 persons who were willing to participate in-depth interviews and focus group discussions.





# Materials and methods

The study used both quantitative and qualitative methods to assess the competency of surveillance and rapid response team according to the checklist for influenza pandemic preparedness planning (WHO, 2005).



# Data management

- **Quantitative data**

- **Interpretation of competency of SRRT**

- 0.0 -2.0 = Need to be improved
    - 2.1 -3.0 = Fair
    - 3.1- 3.9 = Moderate
    - > 4.0 = Good

- **Qualitative data**

- Four focus group discussions
  - 15 in-depth interviews.

- **Quantitative data analysis**

- number, percentage, and 95% confidence interval (CI).

- **Qualitative data analysis:**

- Qualitative content analysis



# Competency of SRRT

**Table 1 :** Competency of surveillance rapid response team

Competency of public health	Mean	S.D.	Level
- Situation analysis & assessment	3.62	.56	moderate
- Working knowledge	2.86	.36	fair
- Communication	3.33	.52	moderate
- Working in local area	4.00	.65	good
- Local culture skill	4.33	.67	good
- Management	1.94	.81	need to improve
- Leadership & systematic thinking	1.86	.83	need to improve

# Managerial skills

**Table 2: Competency of SRRTs by managerial skills**

Managerial skills	Mean	S.D.	Level
1. To available budget appropriately for work	<b>1.86</b>	<b>.83</b>	<b>need to improve</b>
2. Collaboration between governmen and private sector	<b>1.89</b>	<b>.85</b>	<b>need to improve</b>
3. Using epidemiological methods and to follow the instructions in case of an epidemic	2.43	.74	fair
Total	1.94	.81	need to improve



# Managerial skills

**The policy of local area was not clear. Transferring the policy to work practice was inadequate. Besides, the budget and necessary materials were scarce.**

*“ When there is an outbreak, nobody wants to work in the field because they don't get anything for doing so. While working in the field we are in danger and at the front line, so what will the MOPH pay us in case we are infected? Who takes responsibility for us if we are sick?”*

# Leadership & systematic thinking skill

**Table 3:** Competency of SRRT by leadership & systematic thinking

Leadership & systematic thinking	Mean	S.D.	Level
1. Team development in terms of capacity building	1.87	.829	need to improve
2. Readiness for working in public health emergencies	2.10	.907	fair
3. Participating in policy development for prevention and control of infectious diseases	1.86	.828	need to improve
Total	1.86	.827	need to improve



# Leadership & systematic thinking

The staff is overburdened with work and they are not flexible enough to prevent the spread of diseases and control them.

“The SRRT is like a hot potato. Nobody wants to be involved. When we cannot control the outbreak, the boss blames us that we are not effective. I don't want to say anything more.’

# DISCUSSION

1. The readiness of the teams ( working knowledge) in preparing themselves for responding to the public health emergencies must be improved.
2. The SRRT suffer the lack of motivation.
3. Networking is not strong enough because related organizations have the impression that prevention and control of diseases is only the duty of health officers.
4. Resources to fulfill their duties are not provided to the staff.



## CONCLUSIONS & RECOMMENDATION

The competency of SRRT in district level needs to improve, especially in terms of **working knowledge, management and leadership skill** in order to support public health action.

The results of this study revealed that the existing competency of SRRT could be improved by empowering for providing knowledge with SRRT, and working collaboratively with related organization for strengthening network in local area.

# ACKNOWLEDGEMENTS

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and all you of for your attention

