

newsletter

A publication of J Watumull Global Hospital & Research Centre | www.ghrc-abu.com | Volume 117 | Apr 2015

Check, check, check

Take no shortcuts, whatsoever

We use checklists often—while going shopping, packing for a long journey, preparing for an event, etc.

Preparing a list and following through is an accepted method to ensure a task is well completed.

Checklists are used in clinical settings as well—both the tick-off variety as well as those listing critical info such as patient's vitals. Something as simple as a checklist can increase a patient's chances of survival and recovery. That's the basic premise of Atul Gawande's *The Checklist Manifesto*, a New York Times bestseller.

Here's what the New York Times said about the book: "What a powerful insight this is: In an age of unremitting technological complexity... something as primitive as writing down a to-do list to 'get the stupid stuff right' can make a profound difference."

Sounds far-fetched?

Let me share more.

Failure can usually be ascribed to two reasons.

Ignorance is the first cause, according to Gawande. We may err because science has given us only a partial understanding of the world and how it works, he writes.

Ineptitude, the second reason, means the failure to apply the knowledge we possess consistently and correctly. Most errors in the modern world happen because of ineptitude. In the world of medicine, that means making wrong treatment choices or departing from proven procedures (skipping steps

is a big no-no) or simply failing to navigate through the abundant complexities and pitfalls that are entailed in steering a patient to full recovery.

Gawande proposes using a checklist to avoid such errors—and failure.

It makes sense to me. Hospitals are becoming busier, surgeons are always in a hurry. Stress levels in emergency rooms are high. In such situations, checklists can come in handy to make sure things are done the right way.

Checklists are often taken for granted. Some consider them to be impediments, even barriers to workflows. I know nurses and other hospital staff even look upon them as boring! But they play an invaluable role in hospital settings. Here's a great example from Gawande's book that proves so:

In 2001, Dr Peter Pronovost, a critical care specialist at John Hopkins Hospital, introduced a checklist to cut the incidence of central line infections. Nurses were asked to keep tabs on doctors as they implemented the procedure, step by step. Amazingly, they found doctors skipped at least one step. Next, the hospital empowered nurses to intervene if a step wasn't followed, to ensure procedures were followed.

A year later, the ten-day line-infection rate had fallen from 11% to zero.

Beyond doubt, checklists can give us a simple set of priority checks for improving outcomes at work (and in our personal lives).

To my mind, pieces of paper that take but two minutes to read and can improve treatment outcomes are worth many times more than their weight in gold.

—Dr Partap Midha
Director

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You said

Selfless service, integration of different paths of treatments and above all spirituality and upkeep of international standards, all give a very, very pleasant feeling. May God bless it.

K C Jain
Director General of Income Tax
Delhi

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first time ever

Neurosurgeon Dr Sanjiv Bhatia from Miami Children's Hospital, Florida, USA operated on five patients in January 2015, the first time that neurosurgery cases were taken up in the hospital. All of the children suffered from hydrocephalus. They were operated on for free as they belonged to poor families.

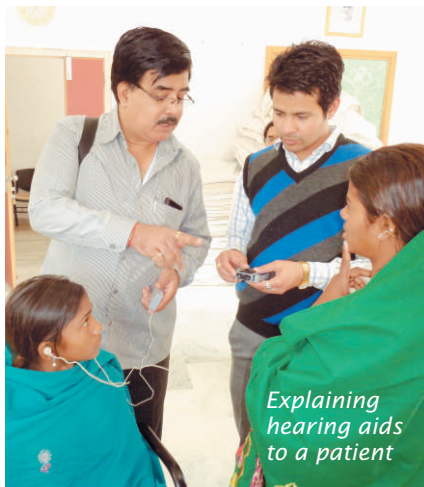
In the US, Dr Bhatia currently focuses his skills on the management of intractable epilepsy, brain tumours, vascular malformations, spinal dysraphism, neuroendoscopy for the surgical management of hydrocephalus and intracranial arachnoid cysts, paediatric peripheral nerve injuries and congenital malformations of the central nervous system etc. At Global Hospital, Dr Bhatia performed endoscopic third ventriculostomy, an alternative procedure to a cerebral shunt. Neurosurgeons from the adjoining district of Udaipur visited the hospital to learn from Dr Bhatia.



A patient and his father

servicing the hearing impaired

In collaboration with the Ali Yavar Jung National Institute for the Hearing Handicapped (AYJNIHH), an autonomous organisation under the Ministry of Social Justice and Empowerment, Government of India, New Delhi, an audiometry and hearing aid distribution programme was organised at both the Mt Abu and Abu Road units on March 2 and 3.



Explaining hearing aids to a patient

A team of professionals from the Outreach and Extension Service Department of AYJNIHH as well as Global Hospital's ENT surgeon Dr Sharad Mehta and speech therapist Prakash Bharadwaj screened 200 patients in two days and fitted 84 people with hearing aids for no charges. Also, 52 hospital health workers were trained to identify people suffering from hearing impairment.

Big thanks to Dr V P Sah (assistant director, NIC, New Delhi), R P Sharma (HOD, Department of Out Reach & Extension Services), Gopal Sharma (vocational instructor), Arvind Surwade (social work officer), B R Shinde and Amarkesh Mahendru (educators), Sanjay Khandagle (audiologist) and Inderaj (ear mould technician).

Super-specialist services

Cardiothoracic & vascular surgeon from Mittal Hospital, Ajmer, Dr Surya was consulted by 5 patients on January 10/11 and on March 14. Visiting echocardiographer Rishipal Singh performed 17 echos over these visits.

Dr Shekhar Kadam, pulmonologist from Mumbai, proffered advice to 32 patients on February 18. As many as 22 patients underwent the spirometry test.

Dr Kamteshwari, dean & head, Periodontology Department, Aurobindo Dental College, Indore, performed 12 procedures during a visit in March.

Continuing Medical Education

Dr Roja Tumma, a radiologist from Hyderabad made a presentation on CT Brain on January 15.

Procuring assets

Big thanks to Naresh Shah from Pune for partially sponsoring eight fully motorised ICU beds and deluxe bedside lockers for orthopaedic patients. The hospital also procured 16 folding food tables.

New appointees

Dr Ananda B, DNB (Radiology) joined as radiologist on March 23.

Participation in conferences

Staff member ~ Designation ~ Conference ~ Organised by ~ Where ~ When

Dr Saurabhi Singh ~ consultant obstetrician & gynaecologist ~ 58th All India Congress of Obstetrics & Gynaecology and Vaginal & Urogynaecology workshop ~ Federation of Obstetrics & Gynaecological Societies of India ~ Chennai ~ January 21-25

Dr Somendra Mohan Sharma ~ consultant general & laparoscopic surgeon ~ evidence based master class on "Esophageal Diseases" & live operative workshop on "Robotic Esophageal Surgery" ~ The Vattikuti Foundation & the esophagus team at Shri Gangaram Hospital ~ New Delhi ~ February 2-3 ~

Dr Dilip Gupta ~ paediatrician ~ 52nd Annual National Conference ~ Indian Academy of Paediatrics ~ New Delhi ~ January 22-25

Dr Laxmi Patil ~ dental surgeon ~ 68th Indian Dental Conference ~ Indian Dental Association ~ Bengaluru ~ February 12-15

Shivali Upadhyay ~ supervisor, Purchase & Claims ~ Management Development Programme on Best Practices in Hospital Logistics, Inventory & Stores Management ~ Research Foundation of Hospital & Healthcare Administration & AIIMS ~ New Delhi ~ February 21-22

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SKILLS UPDATES

Faculty Conference Participation

Chris Thomas, faculty, Saroj Lalji Mehrotra Global Nursing College (SLMGNC), presented a paper on *Television viewing habit & violent behaviour among school going children (10-15 years)* at the National Conference on Changing Scenario in Health Care Waste Management, on January 24.

Workshop on Nursing Education

On March 25, SLMGNC hosted a National Workshop on *Teaching Strategies & Evaluation in Nursing Education*. To kickstart the event, the college invited Dr Banarasilal Sah, treasurer, GHRC trust; Dr C Dusila, principal of Billoth College of Nursing Chennai; D C Dhamnodiya principal, Government PG College of Nursing, Jodhpur; and Dr Jayesh V Patidar, associate professor, Joitiba College of Nursing, Bhandua. Several faculty members presented papers at this event.

EVENTS

Lamp Lighting Ceremony

Lamp lighting, the ceremonious taking of the Nightingale pledge, happened on February 28 for the latest batch of graduate nursing students. In attendance were Dr K K

Johri, chairman, Adarsh College of Nursing; Dr Surindera Johri, past chairman, Innerwheel Club; BK Mruthyunjay, Vice Chairman, Education Wing, Rajyoga Education & Research Foundation; and SLMGNC principal Geetha Venugopal.

Celebrating Women's Day

Rajyogini Usha, gynaecologist Dr Kanaklata Mishra, deputy sarpanch of Danav Nanda Rao, and Shashibala Gupta and Geetha Venugopal (seen in adjacent photo), principals of the nursing college and Global Hospital School of Nursing (GHSN) judged competitions held on Women's Day, March 9.



Annual Sports Day

GHSN and SLMGNC held sports events from March 18 to 21. Students competed in the 100 metres race, 200 metres race, cricket, badminton (singles/doubles), carom, volleyball and kabaddi for boys and girls.

TRAINING

Communications Training

In January and February, trainer Shrinidhi K introduced graduate nursing students and faculty to AIDET (Acknowledge Introduce Duration Explanation and Thank you), a communication tool to improve patient (customer) relations.

Values in Nursing

On March 11, Nirmala RagbirDay from UK and Kalpana Bhandare from Global Hospital facilitated the *Values in Healthcare: A Spiritual Approach* module on compassion for diploma nursing and graduate nursing students.



Lamp lighting ceremony in progress

PC Parmar Foundation and United Socio Economic Development & Research Programme Pune sponsored an eye screening programme at Mohabbat Nagar in district Sirohi on February 8. DNB Ophthalmology candidate Dr Rini Sukhwai, optometrist Rakesh Verma and optometry students were in attendance on site. Of 476 walk-ins, 59 patients were found to have cataract, 10 glaucoma, 10 corneal abnormalities, 5 retinal problems, 11 squint and 38 allergic conjunctivitis. In all, 350 people underwent refraction, of whom 295 were distributed spectacles gratis. Needy patients underwent free blood and urine laboratory tests and distributed medicine. As many as 43 people actually presented at Global Hospital Institute of Ophthalmology for small incision cataract surgery.

An eye screening programme was held in Santpur, Abu Road, on February 14-15 with support from the Brahma Kumaris and the Lions Club of Abu Road Aravali. Consultant ophthalmologist Dr Seema Laad, eyecare manager Sandeep Singh, senior optometrist Dhaneshwar Deka and trainee optometrists examined 607 patients, and diagnosed 72 cataract cases (55 cases were referred to the base hospital for free cataract surgery), 11 cases of glaucoma, 14 corneal abnormalities, 8 retinal cases, 6 squint cases and 78 allergic conjunctivitis cases. They performed 197 refractions.

Shambhulal Prasadilal Agarwal's family of Sirohi sponsored a multispecialty consultation programme at Ambeshwarji, in Sirohi, on February 15. The family dedicated the event to the memory of Swami Rajeshwaranand Bharti ji of Abhay Ashram. Dentist Dr NS Girish Kumar saw 41 patients, ENT surgeon Dr Sharad Mehta saw 90 patients, general and laparoscopic surgeon Dr Somendra Sharma saw 20 patients, DNB Medicine candidate Dr Ramnik Makwana saw 115 patients, orthopaedic surgeon Dr Kailash Kadel saw 89 patients and DNB Ophthalmology candidate Dr Anita Bisht saw 450 patients. Specimen samples were tested for free for 45 patients. Optometrists performed 200 refractions and dispensed spectacles for free to 155 people.

← O U T reach

A joint replacement surgery diagnostic and screening programme was arranged at Patan in Gujarat on January 29. Of the 100 patients who consulted joint replacement surgeon Dr Narayan Khandelwal and registrar in Orthopaedic & Emergency Dr Murlidhar Sharma, 19 patients were advised surgery. J Watumull Global Hospital & Research Centre attracts hip and knee joint replacement patients from all over the country for offering high quality surgery at affordable price.

A general surgery consultation programme was held at the Brahma Kumaris centre at Raniwada, district Jalore on March 22. Consultant general surgeon Dr Somendra Sharma saw 70 patients assisted by medical officer Dr Manas Sharma. Needy patients received free medicine.

A multispecialty diagnostic and consultation programme was organised on February 10 with the help of the Brahma Kumaris of Jalore.

Joint replacement surgeon Dr Narayan Khandelwal (right) and registrar in Orthopaedic & Emergency Dr Murlidhar Sharma see patients



Medical officer Dr Prakash examines a patient

Plastic surgeon Dr A Gopalkrishnan, general surgeon Dr Somendra Sharma, orthopaedic surgeon Dr Kailash Kadel, medical officers Dr Manas, Dr Jay, Dr Prakash were in attendance. Needy patients were provided medicines. In all, 180 patients consulted the doctor. Several patients were advised to undergo surgery.

A rare case of tuberculosis

A young lady presented with the complaint of swelling of the right middle finger for about one month and mild pain in the middle joint of this finger. She was also suffering from cough with expectoration since a month.

Her sputum tested positive for acid-fast bacilli (active tuberculosis).

Consultant laparoscopic surgeon Dr Somendra Sharma started her on the WHO/government prescribed DOTS regimen for tuberculosis.

Tuberculous dactylitis, a skeletal manifestation of tuberculosis, mostly occurs in children in whom primary tuberculosis has been untreated. It becomes uncommon after the age of 5, and extremely rare after the age of 10.

It happens mostly in the upper extremities and in the male gender.



The swollen joint is clearly visible

DEPARTMENT OF GYNAECOLOGY REPORTING

Whopping big fibroids removed!

Gynaecologist Dr Saurabhi Singh successfully removed huge fibroids, one weighing 5kg and the other 3kg, thus alleviating severe discomfort experienced by Disha Wadhvani, a 38 year old patient from Abu Road, and Nirupama, a 28 year old from Odisha respectively.



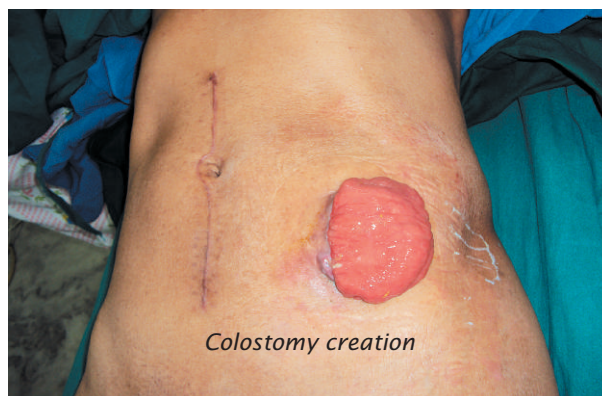
MORE RARE CASES

Spontaneous perforation of the colon

Only 100 cases have been reported so far globally. Typically, only 10% cases are diagnosed pre-operatively. Mortality is as high as 60% in cases diagnosed late.

Chronic constipation and straining at stool is the most important pre-disposing factor.

In a case at J Watumull Global Hospital & Research Centre, Dr Sharma repaired the colon and created a colostomy (an artificial opening for the patient to pass stool while the repaired colon heals). It took three months for the colon to completely heal. The patient was taught how to look after the colostomy during this interim.

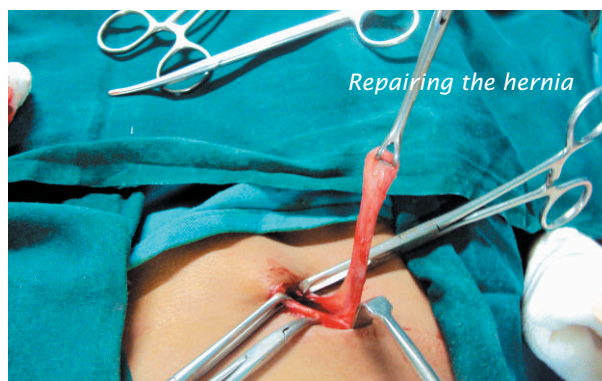


Colostomy creation

Inguinal hernia in girls

Inguinal hernia has an incidence of just 1.9% in girls. Most cases (6:1) happen in males.

A 5 year old girl presented with right inguinal swelling that increased whenever she remained standing for a long time, or strained that part of the body. Dr Sharma successfully operated on her.



Repairing the hernia

Forging connections!

Department of Orthopaedics

Orthopaedic services at J Watumull Global Hospital & Research Centre, Mt Abu, got a boost with the transfer of orthopaedic surgeon Dr Kailash Kadel from Radha Mohan Mehrotra Global Hospital Trauma Centre, Abu Road.

Prior to joining Global Hospital, Dr Kadel worked in Kurla Bhabha Hospital and in Masina Hospital in Mumbai, and in hospitals in Jalgaon and in Nanded.

Dr Kadel is eager to expand the existing range of services. With a special interest in trauma care and fracture management, he has been quick off the mark in taking on a variety of trauma cases that would otherwise have been referred out to the nearest city more than 100 kilometres away.

His presence has strengthened the joint replacement surgery services hitherto offered by Dr Narayan Khandelwal, joint replacement surgeon and medical superintendent, BSES



Danaram Rabari, age 5, was treated for unilateral club foot with a Jess fixator.



Laxman Garasia, age 9, from one of the hospital's adopted villages, sustained fractured ribs and a fractured femur in a road traffic accident. Young Laxman lost his parents in that tragedy. Dr Kadel operated on him.



Dr Kailash Kadel, Orthopaedic Surgeon



Ravina Garasia, age 3, was treated for bilateral club foot.

MG Hospital, a sister concern, with assistance from Dr Murlidhar Sharma, registrar, Orthopaedics and Emergency.

Jointly with Ahmedabad based noted orthopaedic surgeon Dr Prakash Chauhan, Dr Kadel is offering club foot surgery for children afflicted with that congenital deformity.

Congenital talipes equinovarus or club foot is a skeletal deformity affecting the foot involving both the ankle and subtalar joints. In simple language, the deformity twists feet inward and around.

Club foot affects over 200,000 new borns across the world every year. A quarter of these children are born in India.

Club foot cases are treated depending on their presentation. Early stage cases can be treated with a corrective plaster. Such patients need no surgical intervention.

Surgical procedures needed to treat late stage cases include soft tissue release, wedge osteotomy and the use of a Jess fixator.



Bhagaram Garasia, age 3, hails from a tribal background. He was treated for unilateral club foot.

Banking on the community for blood

Rotary International Global Hospital Blood Bank organised seven blood donation programmes between January and March. Two initiatives held in January in association with Adarsh Credit Cooperative Society, at the government college in Bhinnmal and at the Guajrati Dharamshala, Abu Road, yielded 140 blood bags. Twelve bags were collected at an event held on January 30 jointly with NGO Meri Beti Meri Shakti at Gayatri Mandir, Swaroopganj. Residents of Pindwara arranged a drive on February 9 at Jeevan Jyoti Hospital, Pindwada, where 108 bags were collected. Other drives at Santpur, at Mt Abu and at Swaroopganj arranged with the Brahma Kumaris Ishwariya Vishwa Vidyalaya, Lions Club, Global Hospital and Bajrang Dal, yielded 243 bags.



Big focus on the little ones

India carries the biggest share of the world's blindness burden. India is also estimated to have close to 0.7 million blind children, which is in keeping with the estimated prevalence of childhood blindness in countries with high under-5 mortality rates: 1.5 per 1000 children. Since childhood blindness profoundly affects the social development of children and their future prospects, it is a top priority of the National Programme for Control of Blindness.

Congenital cataract is one of the causes of childhood blindness. Congenital cataracts are usually diagnosed at birth or soon after when something can be done for the child. Undetected cataract can cause permanent visual loss.

Paediatric ophthalmology is a key focus area at Global Hospital Institute of Ophthalmology, where 95 major surgeries and 18 minor surgeries were performed on paediatric patients in FY 14-15. Here's how surgery changes children's life:

Nirma Gavana's family hails from village Kesvana in district Jalore. Her father and grandfather are bangle-sellers.

Nirma was two years old when her grandfather noticed that her eyes looked unfocused. Also, she could not recognise faces and never turned her attention to the toys he had brought for her.

Consultant ophthalmologist Dr Sudhir Singh, diagnosed hers as a case of bilateral congenital cataract and operated on both of her eyes in April 2007.

Now nine years old, she studies in class 4 and is enjoying her childhood. "While opacification of posterior capsule is a concern in every child undergoing cataract and lens implant surgery, taking precautions, performing an anterior vitrectomy has helped avoid the formation of secondary cataract or thick membrane in Nirma's eyes," said Dr Singh at the time of review.



Dr Sudhir Singh (r) with the patient

BRANCH SCORECARD

World Optometry Day celebrations

Optometrists, optometry students and the teaching faculty at Global Hospital Institute of Ophthalmology (GHIO) celebrated World Optometry Day on March 23. Chief of GHIO & Education Services Dr VC Bhatnager and other speakers elucidated the role of optometrists in eye care.

Conference participation

Staff member ~ Designation ~
Conference ~ Organised by ~ Where
~ When

Dr Rajbir Kaur ~ dental surgeon ~ 68th
Indian Dental Conference ~ Indian
Dental Association ~ Bengaluru ~
February 12-15

Dr VK Sharma ~ senior consultant
ophthalmologist ~ 73rd Annual
Conference of All Indian
Ophthalmological Society ~ Delhi
Ophthalmological Society ~ New Delhi ~
February 5-8

Dr Sharma presented an e-poster on
"Epidemiology of Paediatric Cataract in
Western Rajasthan, A retrospective
study" co-authored with Dr Amit Mohan,
paediatric ophthalmologist

CMEs & training

In January, registrar, anaesthetist & intensive care, Dr Santnu Kumar, executive in administration Dr Sajjala Joshi and clinical associates Dr Dignesh Patel and Dr Giriraj Prasad Sharma conducted CMEs on basic life support, advanced cardiac life support, infection control bundles and IPD file maintenance.

In March, these trainers conducted sessions on advanced cardiac life support, needle stick injury, hand hygiene, airway management, file maintenance, and splinting and bandaging.

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ailment?

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ON THE RADIO!



Reach the 3 Million: Reach, Treat, Cure Everyone was the theme for World TB Day 2015. To spread awareness, VOP chief Dr Kanak Shrivastava (above right) conducted a talk show on Radio Madhuban about the symptoms, diagnosis and treatment of tuberculosis. She also conducted an awareness and screening event in village Chandela.

Treating cancer

Seeta Singh is 41 years old. He lives in Utrej, a small hamlet lying a two hour trek out of Mt Abu.

Singh farms and supplies vegetables to the local market. His wife is illiterate. They have three school-going children.

Singh approached Dr Shrivastava for swelling in the inner lining of his mouth that showed no signs of healing.

He knew Dr Shrivastava from her work in other villages. She promptly referred him to ENT surgeon Dr Sharad Mehta.

Singh was diagnosed with second stage mandible cancer. Dr Mehta operated on him. Now he is doing well, all thanks to the VOP.



Seeta Singh

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village outreach programme

Service in Numbers ~ Quarterly Update

40	1245	227
ADMITTED VOP PATIENTS	PATIENTS SEEN BY DR SHYAMLA	PATIENTS SEEN BY DR KANAK

Children's nutritional status survey shows the impact of the VOP

VOP senior medical officer Dr Shyamala Annavarapu led a study to assess the nutritional status of children studying in villages Bageri and Jambudi government schools, both of which are served by the VOP Nutritional Programme.

Growth parameters (height and weight) were recorded for 52 randomly chosen pupils. Each child's Body Mass Index was calculated from these values. Also, parents were asked about their child's health history. These responses were analysed for any correlation with the child's nutritional status.



Dr Shyamala (sitting) conducting the survey

Here are some of the study's salient findings:

- > More than half the children had low birth weight
- > All but one family had no tubercular infection
- > Children had been breast fed for at least one year
- > All but one child had been vaccinated
- > All the children were getting three or more meals a day
- > Most children belonged to large families (up to 10 members)
- > Most mothers were uneducated

In spite of their poor backgrounds and other social disadvantages, the majority of children had normal growth for age and sex on the basis of standard charts provided by Indian Academy of Paediatrics. To some extent this can be attributed to the nutritional programme.

Most of these children, however, fell in the lower percentiles as compared to mean values, showing scope for improvement.

In future, VOP field workers may counsel people on contraception and spacing between children to improve the health of both mother and child. Considering that a number of these children suffer from repeated acute infections, simple hygiene and sanitation measures must be stressed.