



Annual Report 2011-12

J Watumull **Global Hospital**  
& Research Centre

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## Contact us

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## Contribute to our work:

Find us on GiveIndia.org

## About this publication

The Annual Report of J Watumull Global Hospital & Research Centre is an annual publication brought out to share the hospitals' performance during the previous year. The publication is disseminated to donors and potential donors and well-wishers of the hospital. A soft copy of this report is also available at our download site <http://sites.google.com/site/ghrcabu/>.

This annual report was compiled and designed in-house at J Watumull Global Hospital & Research Centre and printed at Honey Computronix, Jodhpur.

# Inspiring Message

*Spirituality and the medical profession are sisters of a kind.*



*Greetings of peace in the remembrance of the Divine!*

*It is beautiful to know that J Watumull Global Hospital & Research Centre has completed another year of commitment, diligence, and loving care in the medical field. Congratulations to the trustees, medical director, senior doctors, specialists and consultants, nursing staff, lab technicians and well-wishers for this precious accomplishment!*

*Spirituality and the medical profession are sisters of a kind; both are engaged in healing, nurturing, sustaining and rejoicing good living. Further, experiences based on wisdom and consistent, patient efforts reap fruit in both arenas. When we follow the path of transparency and humility, the intellect cannot waver; it remains empowered, and decisions made thereafter will always be accurate and beneficial for all concerned. The noble activities of J Watumull Global Hospital & Research Centre are an inspiration to everyone and we wish you success for the coming year!*

*On behalf of the Brahma Kumaris world-wide family, we extend our good wishes to the entire staff of J Watumull Global Hospital & Research Centre and its allied services.*

*On Spiritual Service,  
B.K. Janki  
Chief of Brahma Kumaris*

# Inspiring Message

*This hospital has been blessed by the Divine.*



*It is a pleasure to know that Global Hospital & Research Centre is preparing its annual service report.*

*The hospital has been blessed by the Divine for being a hospital as well as a holy place, where both body and mind are given rest. The doctors, nurses, technicians and medical staff serve with such pure feelings, love and dedication that patients are inspired to leave with a smile on their faces. By not only providing healthcare and treatment, but also education and additional facilities to the local poor, uneducated and underprivileged citizens especially, the hospital has become worthy of receiving good wishes from all.*

*It is my pure wish from the heart to see all the doctors and staff always happy, and able to please the hearts of others too. Continue to progress and support others in their progress too!*

*On Spiritual Service,*

*BK Hirday Mohini  
Additional Administrative Head  
Brahma Kumaris, Mt Abu*

# Inspiring Message

*Research work being done by the hospital will continue to be useful for society*



*It has always been a great privilege to receive the Service Performance report for all the units of Global Hospital & Research Centre. I am sure that the individuals who have taken benefit from the hospital services -- directly or indirectly -- would be whole-heartedly showering blessings on the facilities and services. Sisters and brothers connected with Brahma Kumaris centres in India and abroad have great appreciation for the services of Global Hospital. Similarly, the people of Mount Abu: tourists, students and villagers around the region alike are indebted to all the consultants, doctors, nursing staff and members of various hospital departments which are rendering yeoman service compassionately.*

*On seeing the services of the hospitals, kind-hearted philanthropists and donors have always come forward to help expand the services. With new facilities in the fields of education for nurses, eye-care and other disciplines, you have been receiving due recognition from the Government, for which all the professors and teaching assistants deserve congratulations! The new Nursing College and Hostel will prove to be the greatest gift and a boon for students (as well as their parents) whose lives will be enriched by these facilities. Research work being done by different disciplines in the hospital will continue to be very, very useful to society.*

*I extend my very warm greetings and best wishes on the auspicious occasion of publishing the Annual Report for the year 2011-12.*

*With regards,*

*B.K. Nirwair  
Managing Trustee  
Global Hospital & Research Centre*

# Inspiring Message

*A vision of continuing progress and accelerated humanitarian efforts*



*I am very happy to send my best wishes for the continuing progress and accelerated humanitarian efforts being done at all the hospitals of the GHRC trust. Our achievements over the last two decades have exceeded the expectations we started out with. The multi-speciality services offered by the fulltime staff and the visiting consultants from Mumbai, Ahmedabad, Palanpur and Delhi are an excellent addition to the establishments at Mt Abu and Abu Road – especially since these services would cost much more if the local population had to travel to larger centres in cities. Medical services aside, the educational activities, the social commitment being implemented through outreach services, and checkups for school children are some of the highlights of the good work being done by the trust. I am sure that we will be doing more and better work in the future.*

*Dr Ashok Mehta*

*Founder Trustee, Global Hospital & Research Centre*

*Honorary Medical Director, BSES MG Hospital, Mumbai*

*& Honorary Medical Director, J Watumull Global Hospital & Research Centre, Mt Abu*

# Executive Summary

*Marching forward on all fronts: hospital, educational and community services*



*It's been an exceptional year for our educational endeavours (page 12). Finally, we welcomed two students for the DNB course in Family Medicine. We also entered into an arrangement with the Postgraduate Department, General Practice Education & Training, London Deanery, for two GP trainees to spend a year working with us. Dr Thuli and Dr Camille returned to UK in July 2012 after spending an eventful 12 months in Mt Abu. Setbacks aside, we launched our graduate programme in Nursing. We're still struggling with this infrastructure but hope to attract more well-wishers to get things up and running.*

*In the realm of hospital activities, diabetes services gathered momentum last year, with the start of a five day residential programme for diabetics. The best part about this programme is its holistic approach, which resonates with the ethos behind J Watumull Global Hospital & Research Centre. Physician and intensivist Dr Sachin Sukhsohale is making a huge difference to our critical care services. We are saving a greater number of serious patients and referring fewer to higher centres.*

*We acquired a digital x-ray system and commissioned a day care unit. That's a lot of new infrastructure for the benefit of patients. A huge thanks to the State Bank of India for sponsoring the cost of two new ambulances, to be plied in Mt Abu and Abu Road (page 31).*

*Dialysis facility at the Radha Mohan Global Hospital Trauma Centre, Abu Road is making life easier for patients of chronic renal failure (page 23). A new clinic on wheels sponsored by the Champabai Chandulal Parmar Educational Foundation Trust, Pune, is the latest acquisition for the P C Parmar Foundation Global Hospital Eye Care Centre (page 20). This asset will prove a boon as the low vision aids project of Rajasthan Sarva Shiksha Abhiyan gets underway. We have been enlisted to care for those school children in the Jodhpur region, covering five districts of the state, that are identified as having an ocular problem. This project is slated to reach out to over 500,000 young ones.*

*A lot is happening in the current year that would build on our past achievements. Regularising our super-speciality clinics in the disciplines of cardiology, neurosurgery and urology will help fill the gaps in our scope of services. Our efforts to comply with the National Accreditation Board for Hospitals & Healthcare Providers (page 15) guidelines are gaining momentum. A new tobacco deaddiction programme for villages is also on the anvil. We also look forward to the greater support of the Prajapita Brahma Kumaris Ishwariya Vishwa Vidyalaya in sustaining our regular activities.*

*Dr Partap Midha  
Director & Trustee  
J Watumull Global Hospital & Research Centre*

# Mt Abu Overview

*Service level statistics, case studies and activities of the flagship hospital at Mt Abu*

## Origins

J Watumull Global Hospital and Research Centre nestles in the rocky semi-arid terrain of Mt Abu, a hill resort in south west Rajasthan. The brain child of an industrialist, a surgeon and a spiritual leader, Global Hospital, as it is popularly called, stands out for offering the best of modern medicine alongside complementary medicine systems.

## History

In 1989, eminent head and neck cancer surgeon from Mumbai, Dr Ashok Mehta visited the Brahma Kumaris world headquarters in Mount Abu. His positive experience led him to believe that the Brahma Kumaris represented a like-minded group of people he could partner to implement his vision of a model hospital focusing on holistic healthcare. The project was adopted by Khuba Watumull and Gulab Watumull of Mumbai and Hawaii (USA) respectively, and named J Watumull Global Hospital & Research Centre, in memory of their late father. BK Nirwair, officer-in-charge of the Brahma Kumaris establishment at Mt Abu, was appointed managing trustee of the hospitals' governing trust, Global Hospital & Research Centre.

## Early Vision

The founder trustees envisaged that establishing a secondary care hospital at Mt Abu would help bridge the yawning gap in health services in district Sirohi, Rajasthan. In 1991, four hospitals with a combined bed strength of 457 served the 700,000 strong population of the district. Global Hospital, apart from offering medical services through out-patient clinics and hospitalisation, would also focus on community outreach programmes to reach out to remote communities. Medical research, vocational education in paramedical



streams and health awareness promotion would be other major priorities.

## Mission Statement

The Global Hospital & Research Centre trust units at Mt Abu and Abu Road have adopted these guidelines as their statement of mission:

- Provide free consultation to all and free/subsidised treatment to poor patients.
- Plan, organise and implement medical & surgical programmes in remote villages to facilitate inhabitants to access the hospital's services.
- Contribute to the economic sustenance of the local community by offering youth vocational training opportunities in health-related streams.
- Conduct medical research aiming to offer insights into the effects of lifestyle on wellbeing as well as study diseases impacting the health of the local community.

- Offer positive thinking & Rajyoga meditation courses to patients and their relatives.

- Create a healthy and positive work environment.

## Out-Patient Department

The out-patient department includes clinics dedicated to cardiology, dentistry (including dental implants, launched during the year), dermatology, dietetics & wellness, ENT, gynaecology, medicine, nephrology, neuropsychiatry, obstetrics, ophthalmology, orthopaedics (including joint replacement surgery), paediatrics, physiotherapy, plastic surgery, and general surgery (including urology surgery, surgical gastroenterology and laparoscopic surgery). Complementary medicine therapies offered side-by-side include acupressure, acupuncture, ayurveda, homoeopathy, magnet therapy and yoga therapy.

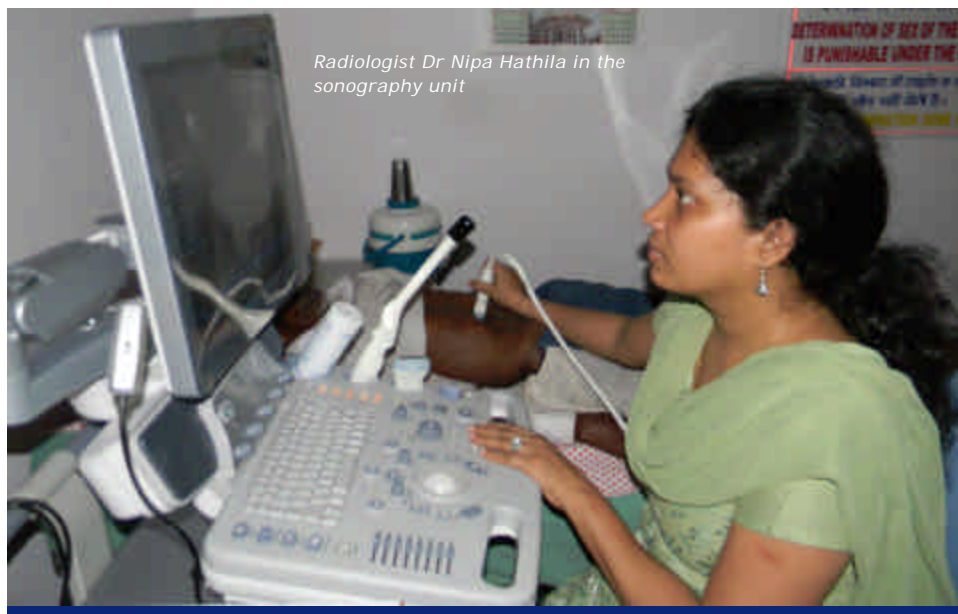
## Pathology Laboratory

A fully equipped computerised laboratory provides 24x7 services





Dentist Dr Laxmi Patil



Radiologist Dr Nipa Hathila in the sonography unit

under stringent external and internal quality controls. Last year, the laboratory served 17083 patients. Of these, 6048 were paying patients, 10034 were free patients and 1001 were patients who were offered concessions on the applicable charges.

Sub-sections include biochemistry, serology, haematology, clinical pathology, microbiology, cytology, and histopathology.

### Blood Bank

The licensed blood bank (RAJ 1874) attached to the pathology laboratory is a life support for accident victims in the hilly terrain in and around Mount Abu. It also serves surgical and anaemia patients. Since the Global Hospital Blood Bank mainly relies on voluntary blood donations, donor motivation is given special attention. Stringent

procedures - including the screening of blood donors - ensure compliance with regulations controlling the supply of safe blood. Mandatory reporting procedures are also adhered to.

### Imaging, Cardiology, Neuropsychiatry and Audiometry Diagnostics

Imaging services include facilities for x-rays, mobile x-rays, sonography studies, mammograms, colour Doppler studies, and orthopantomograms. Special procedures like barium studies, intravenous urography and myelography are conducted as well.

Cardiology diagnostics include ECG, TMT and 2D Echo investigations. Neuropsychiatry diagnostic services include EEG and biofeedback tests.

The department of ENT conducts audiometry investigations. The tables on the next page detail service levels last year.

The immunisation clinic in the out-patient area served 3292 patients. Dressings performed by the surgery department for out-patients numbered 1269.

### In-Patient Department

The hospitals' bed strength is 102 beds spaciouly laid out in general wards, twin-sharing rooms, single occupancy air-conditioned, non-AC rooms, and deluxe suites. At present, 82 beds are functional.

A 5-bed Day Care Centre was commissioned last year with the support of Dr Surendra Raina and Mrs Girija Raina of Stockton, USA, in memory of their son Avinash Raina.

**What a wonderful facility - with a great spirit of volunteerism. Keep up the noble work.**

Chandradath Singh  
High Commissioner  
Trinidad & Tobago

#### OUT-PATIENT STATISTICS

ALLOPATHY			
Casualty	2261	Orthopaedics	4717
Dentistry	14418	Paediatrics	8444
Dermatology	2617	Physiotherapy	986
Diabetes	3317	Plastic surgery	897
Dietetics & Wellness	106	Surgery	5449
E.N.T.	5426	COMPLEMENTARY THERAPIES	
Gynaecology	1386	Acupuncture & Acupressure	584
Medicine	15497	Ayurveda & Panchkarma	1377
Neuropsychiatry	3885	Homoeopathy	2500
Obstetrics	5322	Magnet therapy	5049
Ophthalmology	8376	Yoga therapy	4
		<b>TOTAL</b>	<b>92618</b>

## CASE STUDY

### Gynaecological patient operated on for free

Pepi Devi was first noticed standing in a long queue, waiting for her turn during a health check-up programme for women organised by Global Hospital in a remote village. She looked heavily pregnant. During the interaction with the doctor, she complained of heavy menstrual flow as a result of which she was severely anaemic (her haemoglobin was 6mg/dl). Pepi had been suffering since two years. She was compelled to silently tolerate the situation. The family is financially hard-pressed since her husband is unemployed.

Investigation revealed that she had a huge fibroid (tumour) in her uterus. Gynaecologist Dr Saurabhi Singh advised her to undergo surgery immediately. Pepi was assured that she would be treated free of charge. A few blood transfusions helped improve her haemoglobin level and prepare her for a hysterectomy during the course of which a huge fibroid weighing almost 3kg was also removed. Pepi Devi was discharged from Global Hospital a much relieved woman.



## Operation Theatre

Last year, 1597 major and 438 minor surgeries were carried out in the operation theatre complex.

The most major operations were performed by the departments of plastic surgery (502), ENT (347) and ophthalmology (338). Lagging behind were the disciplines of general surgery (178), orthopaedics (118) and gynaecology including normal and C-section deliveries (115).

The department of general surgery performed the most minor surgeries (176). This was followed by the disciplines of plastic surgery (79), ENT (52), orthopaedics (44), ophthalmology (36), gynaecology/obstetrics (24), skin (11), and others (16).

Gastrosopes were the most used scopes (144). Also, 82 FOL scopic exams, 5 nasal endoscopic exams, 4 cystoscopic exams, 3 DL scopic exams, 2 urethroscopic exams and 1 sigmoidoscopic exam were done.



Physician & Intensivist Dr Sachin Sukhsohale sees a patient in the Medicine Clinic



New Digital X-ray Unit

### Indoor & Laboratory Statistics

PATHLAB	TESTS
Haematology	139206
Biochemistry	61381
Clinical Pathology	6817
Microbiology	1234
Serology	7528
Cytology	190
Histopathology	241
Blood Bank	615

PATIENTS ADMITTED	PAID	FREE	TOTAL
Diabetology	84	56	140
E.N.T.	80	317	397
Gynaecology & Obstetrics	75	45	120
Medicine	664	586	1250
Neuropsychiatry	70	19	89
Ophthalmology	203	140	343
Orthopaedics	91	26	117
Others (dentistry & complementary medicine)	22	3	25
Paediatrics	65	102	167
Plastic Surgery	90	452	542
Surgery	198	149	347
<b>Total</b>	<b>1642</b>	<b>1895</b>	<b>3537</b>

**This is a unique hospital with a mix of medical facilities and spirituality. Meeting Dr Midha and his team was a very pleasant experience. I wish the hospital a great future.**

R S Chib,  
Honourable Minister for Medical Education,  
Technical Education, Youth Services and Sports,  
Jammu and Kashmir

## CASE STUDY

### Village trauma patient operated on for free

*Bhanwarlal Bhat, aged 35, a resident of village Rajapura, was operated on for a ruptured intestine, an injury sustained while he was at work.*

*Bhat was preparing to plough a field with a bullock cart when he was hit by a bull. A man of small means, supporting his elderly mother and two children (his wife is no more) on an annual income of merely Rs.24000, he did not seek immediate medical treatment.*



*Some villagers brought him to Global Hospital with an open wound. Bhat was in shock and septicemia had set in. Consultant surgeon Dr Digant Pathak and consultant plastic surgeon Dr Partha Sadhu operated on him. Bhat recovered well, to the joy of his family. A big thanks to Give India also for partially sponsoring the cost of this surgery.*



### Diagnosics & Blood Bank Stats

OTHER DIAGNOSTICS	PAID	FREE	TOTAL
Xray	2789	1844	4633
Orthopantomogram	271	321	592
Ultrasonography	1801	1165	2966
Mammography	14	17	31
ECG (computerised)	1822	1191	3013
TMT	20	24	44
Colour Doppler	39	29	68
2D Echo	22	9	31
EEG	111	16	127
Biofeedback	573	3	576
Spirometry	36	24	60
Audiometry	185	58	243

BLOOD BANK PERFORMANCE	
Total donors	415
Voluntary donors	383
Replacement donors	32
Units transfused	385
Units given to other hospitals	25
Units issued that were not cross matched	Nil
Transfusion reactions	Nil
Date expired units	2
Unused units due to HbsAg positive	3
Unused units (HIV + 've)	Nil
Unused units (HCV + 've)	Nil
Unused units (VDRL + 've)	3

## Hospital-based Diagnostic & Surgery Programmes

**Acupuncture Services:** Dr Sarita Jain from Bengaluru served 100 patients during her visit between November 28 and December 2.

**Ayurveda Services:** Ayurvedacharya Dr Gulab Rai from Jabalpur proffered ayurveda consultations to 203 patients from March 12 to 17. In-house ayurveda practitioner Dr Sanjay Jain assisted. Dr Rai referred 74 patients for panchkarma treatment given by Br Gyaneshwar and Sr Ramila.

**Bone Mass Density Programmes:** Six screening events for bone mineral density served 583 patients last year.

**Cardiology Services:** Dr Haresh Mehta from BSES MG Hospital, Mumbai, was consulted by 36 patients during his visit on July 9-10. He also performed ten 2D echo investigations and supervised six TMTs. Visiting cardiologist from USA Dr Jijibhai Patel was consulted by seven patients between January 19 and 21.

**Dental Services:** Mumbai-based maxillofacial surgeon Dr S S Khambay treated 22 patients and performed one major surgery during a visit in June. Also, 100 resident children from local hostels underwent dental check-ups and were lectured on oral hygiene by visiting orthodontist Dr Saurabh Mistry and in-house senior dental surgeon Dr Niranjana Upadhyaya.

**Diabetes Programmes:** A total of 590 local diabetic residents took benefit from monthly programmes arranged to help them manage their disease.

**Gastroenterology Services:** Dr Sandeep Shah, from BSES MG Hospital, Mumbai, proffered his advice to 32 patients and performed two endoscopy investigations.

**General Check-ups:** Twenty eight taxi drivers underwent free health check-ups on December 6. Senior medical officer Dr Kanak Srivastava recorded their height, weight and blood pressure and their haemoglobin and glucose levels were also tested. Ophthalmic tests, dental work, and/or an ECG were prescribed where essential. Dr Srivastava also conducted a health check-up programme for economically underprivileged women

from December 2 to 22. In all, 261 women were tested for anaemia, malnutrition and blood pressure. She found 102 women to be mildly anaemic, 37 were moderately anaemic and 5 women were suffering from severe anaemia. All the anaemic women were given free iron tablets.

**General Surgery Programmes:** Dr Thirunavukkarasu S, additional professor, surgical gastroenterology at the Medical College and head of the department of surgical gastroenterology, Government Peripheral Hospital, Chennai performed six operations during his visits spread over the year. Also, visiting GI surgeon Dr Dilip Kothari performed 9 surgeries last year.

**ICTC Centre:** The Integrated Counselling & Testing Centre for HIV certified by the National AIDS Control Organisation counselled 1322 patients last year. They were tested for HIV and ten patients had a positive result.

**Joint Replacement Surgery:** Dr Narayan Khandelwal, orthopaedic surgeon, BSES MG Hospital operated on 115 joints during his visits spanning the year. He was assisted by registrar - Orthopaedics & Emergency Department, Dr Murlidhar Sharma.

**Ophthalmic Screening:** On October 18, 540 students of Central School underwent eye screening. Twenty three were diagnosed with minor ailments for which they were treated.

**Neurology Services:** Thirty one patients consulted a visiting neurologist from Delhi.

**Urology Surgery:** Dr Darshan Shah, eminent urologist from Apollo Hospitals, Ahmedabad, performed 21 major surgeries and 5 minor surgeries during his visits spanning the year, assisted by the hospitals' surgeons.

## Government Recognition

**By the Department of Science & Technology, Government of India** The hospitals' status as a Scientific Industrial Research Organisation continues through the period from 2011 to 2013.

**By the Rajasthan Government:** J Watumull Global Hospital & Research Centre and its branches at Abu Road continue to be recognised health centres for the treatment of employees and pensioners of the

Rajasthan government.

**By the CRPF:** J Watumull Global Hospital & Research Centre is a recognised private hospital for the treatment of Central Reserve Police Force employees (and their families) stationed at Mt Abu.

## Vocational Education

**Global Hospital School of Nursing:** In October 2011, 30 students were admitted to the three-year GNM (general nursing & midwifery) course of the Global Hospital School of Nursing.

**Saroj Lalji Mehrotra Global Nursing College:** The first batch of B.Sc. Nursing, comprising 7 students, offered by the Saroj Lalji Mehrotra Global Nursing College, the hospital's most recent educational initiative, commenced classes last November.

**Post-Graduate Course in Family Medicine:** Last year, J Watumull Global Hospital & Research Centre was accredited by the National Board of Examinations (Ministry of Health & Family Welfare, Government of India) to offer a three-year post-graduate residency-based training-cum-employment medical programme, DNB in Family Medicine (new regulations) to candidates holding a recognised MBBS degree and registered with the Medical Council of India or a State Medical Council.

**Training British GPs:** J Watumull Global Hospital & Research Centre has entered into an agreement with the Postgraduate Department, General Practice Education & Training, London GP Deanery for GP trainees to work at the hospital for a year. GP trainees have four years post qualification clinical experience working across a variety of specialities within London Hospitals and thus bring a range of skills and competencies to this Out of Programme (OOP). Last year, Dr Thuli and Dr Camille opted for this training to gain experience in provisioning healthcare in a rural setting that is new to them and where they could learn about different disease profiles and their management strategies.

**Diploma in Medical Laboratory Technology:** The government recognised Diploma in Medical Laboratory Technology conducted under the guidance of the Indian Medical Association between the years 2002 to 2006, may resume soon.

## Research Projects

### By the Department of ENT

The Indian Council of Medical Research (ICMR) is funding a three-year study titled Clinico microbiological study of chronic otitis media with reference to pseudomonas and related species, being conducted by J Watumull Global Hospital and Research Centre with Dr Sharad Mehta, consultant ENT surgeon as the principal investigator, Dr Anita Jaiswal as co-investigator, and Maya Kharche as research scientist.

Dr Mehta is studying the microbiological profile of chronic suppurative otitis media (CSOM), an ear condition resulting from the chronic infection of the middle ear characterised by persistent ear discharge and deafness, with specific reference to pseudomonas and its various species in Garasia (local tribal) patients. The study aims at determining whether topical antibiotic ear drops alone are sufficient in controlling the infection and drying the ear. Dr Mehta is also studying the changing spectrum of antibiotic sensitivity of CSOM, since recent cases of a certain type of CSOM show the growth of a kind of pseudomonas that responds to limited antibiotics. The study will help determine effective treatments for CSOM based on knowledge of the local pattern of the disease, the prevalence of the organism and its sensitivity to different antibiotics.

Last year, 220 patients - 179 general patients and 41 tribal patients (Garasias) - attending the ENT Department with the complaint of chronic ear discharge (since more than 3 weeks) were examined for CSOM. Patient who had used antibiotic ear drops in the last 5 days were

excluded. Two ear swabs were taken from each affected ear for aerobic culture and for anaerobic organism. Patients were given an appropriate topical antibiotic after the culture & sensitivity study report was made available, and they were called at weekly intervals for one month to

observe the clinical response. Quinolones (ciprofloxacin, ofloxacin), and Gentamycin ear drops were used. The examination of repeat swabs from the treated ear, taken after one month of undergoing treatment, helped evaluate the bacteriological elimination.



The findings show that 209 patients had the Tubo Tympanic type of CSOM and 11 were suffering from the AAD type. Of those with the TT Type, 110 were adults and the rest were paediatric patients. Of the 220 swabs, 213 were culture positive in which 306 organisms were isolated. In all, 267 aerobic and 29 anaerobic organisms were noted. Fungal organisms were seen in 10 patients. Only seven swabs were culture sterile. The majority of pseudomonas and other organisms both in adult and paediatric patients were found to be sensitive to quinolones such as ciprofloxacin and ofloxacin on culture sensitivity.

Of the 178 patients who finished three follow-ups, 170 became free from ear discharge after using topical ear drops alone. Six patients who had persistent mucoid discharge in spite of being susceptible to topical antibiotic ear drops were also put on decongestants. Four responded well to this line of treatment. The remaining two were given systemic antibiotics and became discharge free. Two patients with pure growth of anaerobes were given oral metronidazole and their ears became dry. Two patients showed growth on the follow up swab and they were treated accordingly.

**By the Department of Medicine**  
Counselling psychologist Dr Rupal Jaideo is studying the effects of Rajyoga meditation on the psychological and physical wellbeing of 150 hypertensive, diabetic and CAD patients. Six monthly follow-ups of the sample set of patients are continuing.

Director & Trustee Dr Partap Midha is studying the effect of a lifestyle incorporating Rajyoga meditation in maintaining wellness and reducing burnout syndrome in healthcare professionals. Phase 1 of this project involving a survey of hospital healthcare staff practicing Rajyoga meditation is underway. Phase 2 will involve conducting a second survey on hospital staff that are not practicing Rajayoga meditation. The two results will be compared subsequently.

Both of these projects are being self-sponsored by the hospital.

### By the Department of Cardiology

In India, a three-fold increase in the prevalence of Coronary Artery Disease (CAD) was observed from 1970 to 2000 with working young people being hit the hardest. Recent estimates peg the number of people suffering from CAD in the country at approximately 47 million. Almost the same number suffers from silent CAD.

The global increase in the prevalence of CAD is attributed to population growth, ageing, greater urbanisation, rising obesity, physically inactive lifestyles, changes in dietary patterns and growing mental stress. Also, well designed global studies show that psychological behaviour patterns play an important role in the occurrence and progression of coronary blockages as well as in the formation of clots which cause angina and heart attacks. The behaviour pattern classified as Type A is most prone. This includes personality traits such as feeling pressurised by time, work, and likes and dislikes; perfectionist; aggressive; competitive, polyphasic (multi-tasking); anxious; anger; sensitive; emotional; feeling isolated; cynicism; hostility; experiencing job and family stress etc. Individuals with this behaviour pattern are also most prone to inculcate undesirable dietary, exercise and sleeping habits and poorly control conventional risk factors of CAD such as hypertension, diabetes, high cholesterol, overweight, smoking habit etc.

Over the last decade, J Watumull

# The Indian CAD epidemic

47 million

number of known CAD sufferers

28 million

of these are aged less than 50 years

2.3 million

CAD related deaths occur annually

1.1 million

deaths occur in people aged less than 50 years

Global Hospital and Research Centre has collaborated with the Defence Institute of Physiology and Allied Sciences (DRDO), New Delhi to develop a unique user-friendly Three Dimensional Healthcare Programme for Healthy Heart to combat the CAD epidemic. The programme involves

sharing scientific information, education and counselling about the body, heart, heart disease, mind-heart connection, risk factors leading to CAD, heart attacks and how to modify them through Rajyoga Meditation, diet, exercise, sleep and medical care.

The efficacy of this lifestyle programme has been evaluated in two multidisciplinary prospective research studies (Mount Abu Open Heart Trial and Abu Healthy Heart Trial – A randomised controlled study). A team comprised of psychologists, physiologists, endocrinologists, cardiologists, clinicians, dietitians, fitness experts and spiritualists followed 518 angiographically documented CAD patients over six years. This project was sponsored by CCRYN, Ministry of Health and Family Welfare, Government of India, New Delhi and the Defence Research & Development Organisation, New Delhi.

The results of both the trials were presented in the Asia-Pacific Congress of Cardiology organised by the World Heart Federation in Singapore, in 2004, and at the 60<sup>th</sup> Annual Conference of the Association of Physicians of India, held in Mumbai in 2005. Leading cardiologists from all over the world accepted the outcome. Highly significant improvements in

symptoms like angina, breathlessness, palpitations, exercise-tolerance, and a healthy improvement in psychological parameters were observed. A striking reduction in drugs required for the management of angina, hypertension and diabetes was noted as well. Significant opening of coronary blockages was also seen in repeat angiographies by an independent panel of angiographers, in all the patients who sincerely followed the programme. Some 100% calcified blockages opened up in these patients.

Dr Satish Gupta, the cardiologist that spearheaded this research continues to make this programme available to CAD patients. Last year, eight groups were admitted for the one week lifestyle programme held in the Shantivan campus (Abu Road) of the Prajapita Brahma Kumaris Ishwariya Vishwa Vidyalaya. A total of 325 angiographically documents CAD patients from different parts of the country and all walks of life participated, including 10 doctors.

A paper on this research study, Regression of Coronary Atherosclerosis through Healthy Lifestyle in Coronary Artery Disease Patients - Mount Abu Open Heart Trial, was published in the Indian Heart Journal last year (Issue 2011; 63:461-469).



## A MATTER OF HONOUR

Dr Satish Gupta, medical superintendent & senior consultant, Cardiology & Medicine, was invited as a speaker at the 1st National Conference on Quality in Health Care organised by the National Council for Quality in Health Care, CII and MS Ramaiah Medical College at Bengaluru on December 10. His talk on 'Three dimensional healthcare: the need of the hour' was well received.

On December 8, Dr Gupta also collected the Atma Swasthya Sri endowment award and a cash prize of R50000 from Naganur Rudrakshimath, Belgaum, for his work in the field of healthcare (*right: Dr Gupta is seen accepting the award*).

## Preparing for NABH Accreditation

A few years ago, the hospital decided to apply for accreditation under the National Accreditation Board for Hospitals & Healthcare Providers (NABH) believing that this would boost the quality of care and hospital processes to international standards. NABH is a comprehensive process that requires the hospital to assess itself against 635 standard elements. This was started in April 2010 and to date, J Watumull Global Hospital & Research Centre has achieved 62% compliance with the standards. Efforts have focused on establishing systems of governance (committees); writing policy and procedures; staff training; fire safety; facility and equipment maintenance; infection control; establishing processes for ensuring patient safety and for monitoring quality improvement.

In particular, some of the initiatives under NABH have included:

### Governance

- Established **Continuous Quality Improvement Committee** to oversee implementation of NABH standards including collection and quarterly reporting data on some 20 quality-related indicators (7 meetings held).
- Established **Drug and Therapeutics Committee** to oversee the development of the drug formulary and implement systems to minimise medication errors (7 meetings held).
- Established **Monthly Clinical Audit Meetings** to review deaths, adverse events and present and discuss clinical audit findings, including blood transfusion documentation and general medical record documentation audits (10 meetings held).
- Established **Disaster Preparedness Committee** to develop Hospital Disaster Manual, disaster response training (2 meetings held).
- Established the **Safety Committee** to oversee: preventative maintenance of estates and equipment;

implementation of fire safety plan; implementation of strategies to ensure security of hospital, patients, visitors and staff; and implementation of plans to ensure safety in work

practices. (10 meetings held).

- Refined the process for running the existing **Infection Control Committee** (12 meetings held).

### Policy and Procedure Writing

So far, 25 Policies and Procedures have been completed, covering areas such as infection control, management of medications, blood transfusion, paediatric care, patients rights and responsibilities, obtaining informed consent, admission and discharge processes, medical record documentation, information management and disaster and emergency procedures.

### Improvements resulting from the NABH Process

- Implemented regular CPR training for clinical staff including simulation case-based training (12 held throughout the year).
- Developed new patient information brochures for specific conditions/procedures.
- Prepared Patients Rights and Responsibilities in Hindi and English.
- Developed new consent forms for general consent and anaesthesia and revised the existing consent forms for surgery, high-risk surgery and treatment, and for photography/videography.
- Implemented and refined the performance management process.
- Introduced an orientation session for new recruits.



Hospital Safety Committee

- Introduced a numbering system for Medical Records Department forms and began standardising all forms with a standard header.

- Improved management of estates including the replacement of 100 toilets with dual flush systems to cut water consumption; renovation of the waste water treatment plant which was non-functional for over 8 months; installation of extra water metres to monitor water consumption; and the repair and renovation of lifts.

- Formalised fire safety process including: installation of fire exit route signs and illuminated fire exit signs; established evacuation assemble points; increased the number of fire extinguishers, fire buckets and fire blankets; and trained 135 staff in managing fire emergencies.

- Implemented regular safety walks (20 in total) by Manager Estates, Security and Transport during which management talked to staff to identify pressing safety and maintenance issues, resulting in comprehensive improvements relating to fire, staff and patient safety; general security, and directional signage.

Next year, the focus will be on completing all the policies and procedures, fire safety and disaster management training, developing clinical guidelines for the top ten conditions treated at the hospital, strengthening the Human Resource Department processes and assessing compliance with all government rules and regulations.

# Community Outreach

*Performance of hospital community initiatives*



## **Modus operandi of Mobile Clinics**

*A doctor, assistant and driver team staff a mobile clinic offering a weekly free health consultation service to 56 villages. To maximise productivity and patient numbers, the doctor examines patients at one end of the mobile clinic while the assistant dispenses the prescribed medicine, for free, from a side window (see inset).*

*Last year, the clinic served 26105 patients. Dr B S Deora heads the Community Service Project.*

## **Community Service Project**

It is challenging for rural inhabitants leading a hand to mouth existence to take a day off work to visit a doctor - because that is what seeking health services amounts to for dwellers of remote villages. Making a difference to the health status of the rural poor thus hinges on reaching out to them in their own surroundings.

J Watumull Global Hospital & Research Centre has delivered doorstep health services to villagers through revolving clinics staffed by a doctor and assistant as well as adequate supplies of essential medicines since April 2004.

Two mobile clinics offer a weekly service to 56 remote villages. Each of these villages is otherwise not served by a government-run Primary Health Centre.

Since 2010, this service is being sponsored by the Vitol Charity Foundation.

Last year, the mobile clinic doctor was consulted by 21377 patients. The follow-up visits numbered 4728. About 32% of the consultations were for children, 40% by young adults and 28% by individuals aged 45 years and above.

Respiratory diseases accounted for one-third of the consultations. The incidence of skin diseases and gastroenteritis was high as well (15% each). Ophthalmic, dental and ENT ailments were also commonly seen.

A total of 2738 patients were referred to the base hospital for further diagnosis.

The mobile clinics also make halts at village schools. Thus, 12249 students underwent check-ups as well.

**Impressed by quality and humanitarian approach towards patient care by the hospital.**

Dr A K Sinha,  
Medical Superintendent,  
CRPF Hospital,  
Ajmer

**Excellent services to patients. Highly impressed.**

J B Vora, IAS  
Collector, Banaskantha,  
Palanpur



## Village Outreach Programme

The Village Outreach Programme (VOP) has been an essential part of the hospital services since 1991. It constitutes of biweekly visits to 10 adopted villages by consultant gynaecologist and VOP chief Dr Vinay Laxmi and her team. While the health service focuses on mother and child care, malnutrition, skin diseases and tuberculosis (see



*Dr Vinay Laxmi treks to a village*

top right for annual stats), the doctors are consulted for other ailments as well, such as respiratory diseases and gastro-intestinal ailments.

Patients needing medication or health advice are treated on the spot. Patients requiring indoor treatment are encouraged to travel back to the base hospital with the team.

Different components of the VOP are sponsored by individual donors and trusts such as the Kanya Daan

Trust, Hong Kong.

The ten villages forming the VOP circle are

Aarna, Chandela, Jaidra-Kyaria, Jawain-

gaon, Nichalagarh, Oriya, Salgaon, Takiya, Uplagarh and Utteraj.



*Snack time*

### Nutritional Project

An extension of the VOP, the supplementary nutritional (mid-day snack) project is run in 12 village primary schools. School students are served milk, a healthy snack and fruit in the school premises every day (even on Sundays and holidays) throughout the academic year. This supplement to the students' daily dietary intake has yielded positive results. Most schools report higher attendance, better concentration and a healthier student population since the nutritional programmes were launched.

### Sewing Project

The VOP has taken up the training of village women in villages Aarna, Chandela and Salgaon, in sewing skills in an effort to make them economically self-reliant. Women participating in the VOP sewing project earn an income from working as seamstresses.

**VOP SCORECARD**

**15653**

total number of patients seen during the year

**6215**

gynaecology patients including mother & child cases

**9438**

dermatology, respiratory, gastrointestinal, orthopaedic & cardiac patients

## Case Study: Continuity of Care



*The VOP team found a 12 year old boy suffering from high grade fever and difficulty in breathing in village Salgaon. He was screened for tuberculosis but tested negative. A pleural aspiration was carried out which showed frank pus in the pleural cavity. The boy was diagnosed with empyema.*

*Since the patient was referred to the Government Hospital in Udaipur for further treatment, the VOP facilitated this passage. There, a chest tube intubation was done with under water seal drainage of pus. Heavy antibiotics were also administered and thankfully, the boy responded.*



*The VOP continued to look after the patient for another month after his return from Udaipur. This involved daily visits until he recovered fully.*

*Today, the young man is hale and hearty, and busy building a house for himself.*

## Anganwadi Project

The Vitol Charitable Foundation is sponsoring a project for the benefit of about 450 infants aged 6 months to 4 years enrolled with 21 government-run anganwadis in Mount Abu. Anganwadis offer poor families support in raising their children by providing them medical support and a midday meal. They also conduct immunisation drives on pre-fixed dates. Most anganwadis are staffed by an unskilled female health worker. This project builds on the premise that these centres are an effective means to reach out to young children and conduct regular health checkups. They educate young mothers about childcare as well. This project was launched on October 1, 2010.

Children attending the anganwadis are being distributed high-protein and high-calorie nutritional supplements on a daily basis. In addition, our paediatrician conducts health check-ups of the infants in the hospital. Examining the infants in the hospital makes it easier to refer them for diagnostic tests and familiarise the mothers with the paediatrics clinic so that they would make use of the free consultation services in the future.

During the scheduled annual check-up conducted last year, 432 enrolled children were medically examined. Fifty children were found to be suffering from

respiratory tract infection, 28 were anaemic, 26 had skin infections, 19 had gastro-intestinal infection, 18 presented with growth-related issues, and 1 each had tuberculosis, congenital heart disease and congenital tongue-tied anomaly. In all, 132 children were advised follow-up exams. These were suffering from respiratory tract infection (7), anaemia (2), gastro-intestinal infections (2) skin problems (1), growth related issues (1), tuberculosis (1), and congenital heart disease (1).

## Juvenile Healthcare Project

The Juvenile Patients Project was launched in January 2008 with the support of a businessman trustee of the hospital. Other individual donors and agencies have since come on board to sustain this project, which aims at ensuring that children (aged up to 16 years) from economically

underprivileged families receive timely care for chronic as well as emergency health issues. Diagnosis and treatment is rendered through J Watumull Global Hospital & Research Centre, Mt Abu and its branch hospitals at Abu Road. Most of these children are school drop-outs.

Last year, 637 children benefited from the project.



Dr Pankaj Gupta examines a child



Anganwadi setup

**Great centre, dedicated doctors and staff. Visiting after almost 10 years. Lot of good changes.**

Gp Capt KJS Makker,  
Dy PMO, HQ, SWAC IAF

## Outreach Screening

Eighteen diagnostic and pre-surgical screening programmes were conducted in various towns in district Sirohi and the adjoining districts Pali and Jalore. Eleven of these programmes were for general surgery ailments, three focused on ENT problems, one was jointly conducted for ENT as well as general surgery patients, one was held exclusively for patients needing joint replacement surgery and two were multi-disciplinary programmes in which a general surgeon, gynaecologist and dentist participated. A total of 900 patients took benefit from these programmes.

The support of businessman Pruthviraj Gevarchand Jain made it possible to widely publicise and treat for free gynaecology patients screened during a programme held in Keria, a remote village in tehsil Sanchore of district Jalore.

Bishan Das Mehta & Sons sponsored the cost of conducting ENT operations for no charges on poor patients identified as requiring surgery during a programme held at Reodhar.

MLA Jeeva Ram Ji Choudhary and his family supported the 4th annual multi-speciality screening programme organised in Sanchore, in district Jalore. Needy gynaecology patients that were screened were operated on for no charges following this programme.

## Service in Maharashtra

A free consultation camp co-organised with construction company POSCO E&C India in village Yelwade, Mangaon (about 180 kms from Mumbai) from November 7 to 9 gave local village residents an opportunity to consult specialists in general medicine, ophthalmology and paediatrics.

## Tuberculosis Project

The tuberculosis (TB) project provides for the early screening of 'suspect' TB cases from among about 120,000 residents in 45 villages. Thirty seven field workers cover this ground guided by one supervisor and one community doctor. The workers' mandate is to screen every doubtful case so that positive cases can be started on the treatment regimen without delay.

Field workers give the patients a specific dose of medication as well. Personal attention helps monitor patients' wellbeing and ensure that they adhere to the long treatment regimen. Since there is growing concern about the recurrence of TB, which is closely linked with malnutrition, the field workers also distribute supplements to enhance patient's nutritional intake, help them make a full recovery, increase their immunity and prevent them from

acquiring the illness a second time.

This project builds on the fact that while TB is curable, a complete recovery from the disease depends on early diagnosis and adherence to the treatment regimen. It exemplifies how a health charity supported by international funding agencies can work hand-in-hand with the local government. Authorities provide the medication and some funds to cover the costs of educating patients about the treatment regimen, as part of the nationwide anti-TB drive. Field workers spread awareness at the grassroots level. This project also shows how villagers can be cured of many diseases by availing medical treatment without disrupting their daily routine, which revolves around earning a livelihood.

Private funding for this project comes from Grapes for Humanity Global Foundation, USA and The People Bridge Charitable Foundation, Canada.

### CASE STUDY

*Memni, daughter of Lala Garasia, was 5 years old when she was found to be suffering from tuberculosis. The family – which includes her parents and 5 siblings – lives in a remote village called Mudarla in district Sirohi. Memni's parents work on a farm and earn about R25000 a year. Memni was successfully treated for TB over six months. Since recovering, Memni has started schooling as she has the stamina to walk through the forest to the nearest school.*



*Memni after recovering from TB*

<b>Salient performance indicators of TB project</b>	
Number of patients whose sputum was collected	997
Of the above, number of patients who tested positive	83
<i>Division of patients:</i>	
Category I TB patients	582
Category II TB patients	227
Category III TB patients	7
<i>Treatment outcome:</i>	
Number of patient who refused to take medication / died	18
Number of patient who successfully completed the protocol	94
Number of patients who are still under treatment	744

## PROJECT PERFORMANCE

**Cure rate of Category 1 TB patients**

**25%**

in 2008

**85%**

in 2011

**Cure rate of Category 2 TB patients**

**36%**

in 2008

**71%**

in 2011

### PATIENT TESTIMONIAL

*Field worker Kamla found Chamna, a man aged 45, suffering from*



*Chamna*

*body ache, chest pain, cough, loss of appetite, and with no energy to do anything but lie in*

*his home in village Milvas, Girvar, in Abu Road tehsil. He had consulted a few local doctors but the medicines had not worked. Kamla encouraged Chamna to get himself tested for TB and subsequently, treated, when the tests confirmed the diagnosis. By the second month of treatment, he had become strong enough to resume work. By the sixth month, Chamna had collected enough money to get back a piece of jewellery his wife had pawned to keep the family going during the hard times. Chamna is all praise for Kamla and for the mobile clinic team that facilitated his tests and treatment. He believes the team prevented his family life from falling into disarray.*

## Blindness Prevention Project

Global Hospital & Research Centre partners the National Programme for Control of Blindness, a Government of India initiative to eradicate preventable blindness. Last year, P C Parmar Global Hospital Eye Care Centre (Abu Road) and J Watumull Global Hospital & Research Centre (Mount Abu) performed 2333 cataract operations that fell within government prescribed guidelines for reimbursement of a part of the cost of each surgery. These patients were either walk-in cases or identified at 86 screening programmes at which 23,241 patients in all presented for check-ups. Another 90 eye surgeries were performed that weren't sponsored.

### Redefining Outreach

A special opportunity arose during the year for senior ophthalmic consultant Dr Sudhir Singh, ophthalmologist at the Global Hospital Institute of Ophthalmology (GHIO) Dr Amit Mohan and operation theatre staff nurse Sister Champa. They participated in a free eye surgery programme held at the 92 Army Base Hospital at Srinagar from November 13 to 16. Working alongside Lt Col B V Rao, a classified ophthalmologist from the Army, they operated on 60 elderly patients drawn from remote areas in Kashmir. The Rotary Club of Central Calcutta (RID 3291, India) and the Indian Army organised this effort. Major General Virendra Kumar, chief of staff of the Chinar Corps, and divisional commissioner of Jammu & Kashmir Asgar Hassan Samoon inaugurated the programme. Rotarian Manoj Jain (honorary secretary) and rotarian Sanjay Ganeriwala represented the Rotary Club Central Calcutta.

### Service in Pavapuri

A screening programme was organised at Shri Pavapuri Jain Tirth jointly with the Vision Foundation of India (Mumbai) on January 5 and 6. A total of 656 patients were examined,

265 refractions were done and 120 patients referred to the base hospital for cataract microsurgery.

### Service in Mohabat Nagar

A screening programme was held in Mohabat Nagar on January 8. A total of 375 patients were examined, 225 refractions were done and 48 patients were referred for cataract microsurgeries. Another 86 patients were treated with medicine.

### New Service: Mobile Eye Clinic

Jayesh Parmar and his family, patrons of the Champabai Chandulal Parmar Educational Foundation Trust (Pune) sponsored the acquisition of an eye mobile clinic equipped with a slit lamp and vision box. This clinic will enable the ophthalmic team to reach out to people in remote areas. The new asset was inaugurated at Mohabat



New mobile eye clinic



Dr Seema Laad sees a patient inside the new mobile eye clinic

Global Hospital was represented by director & trustee Dr Partap Midha, Dr Vishal Bhatnagar, honorary senior consultant ophthalmologist & chief, GHIO, and Dinesh Singh, eyecare manager - community services.

### Vision Centres

Two Vision Centres in Raniwada in district Jalore and in Kalandri in district Sirohi conduct vision checks and perform minor ophthalmic procedures. Last year, the centres saw 3339 and 3465 patients respectively, performed 171 minor procedures and referred 300 patients needing major surgery to the base hospital. Post-op follow-ups for 1622 patients were also done.

### Staunch Support

Shri Shankarmandal Religious Public Charitable Trust of Mt Abu supported 124 free cataract surgeries (with IOL implantation). These patients were chosen from 846 individuals screened over five programmes during the course of which 319 people had refractions and 127 were provided spectacles. All the screening took place in remote villages.

## Health Outposts

Three health posts in villages Ker, Kasindra and Kacholi remained largely unused. Each of these health outposts was constructed on land given gratis by the local village authorities, with the support of a Dutch Trust and Wilde Ganzen, a Dutch media organisation promoting charity endeavours around the world. Technical reasons forced the shutdown of satellite connectivity services by the Indian Space Research Organisation to the outpost in village Ker, which was part of a rural information network, Village Resources Centres, spanning Rajasthan. Since then, the operational strategy behind these outposts has been reviewed. The outposts

are now functioning as health centres for basic mother and child care and ophthalmic ailments.

**It is my 11th trip. It is like my second home.**

Dr Shailesh Vadodaria,  
visiting plastic surgeon from London, UK

## The Smile Train Project

Smile Train accredited surgeons, plastic surgeon Dr Partha Sadhu and consultant ENT surgeon Dr Sharad Mehta performed 698 cleft lip/cleft palate corrective surgeries last year. The Smile Train is a USA based charity that sponsors the surgery of paediatric cleft cases worldwide.

The cleft anomaly is congenital, yet easily corrected by surgery. Illiterate people in developing countries, however, perceive it as a curse, as a result of which many live with the affliction. The Smile Train supports its partner organisations working through accredited surgeons to screen and operate on cleft cases free of charge. The cleft cases operated on at J Watumull Global Hospital & Research Centre were selected from screening programmes held in the states of Rajasthan, Gujarat and Madhya Pradesh. Patients from across the country directly approached the hospital for surgery as well.

Last year, Global Hospital hosted several observers who desired to learn about this programme. Rijul Bohra and Matthew Rodrigo, premedical students from UK, spent a week in July with plastic surgeon Dr Partha Sadhu. Another observer Dr Biswajit Mishra, a M.Ch. in plastic surgery from Cuttack visited the hospital between August 16 and 25.

Dr Shailesh Vadodaria, a London based plastic surgeon, visited the hospital to perform plastic surgeries. This was his eleventh volunteering visit since 2002. Also, Dr Vadodaria supported the acquisition of plastic surgery instruments worth R67000.

Sponsorship from the Smile Train also covered the cost of orthodontic treatment for patients, publicity expenses and part of the salary of a speech pathologist.

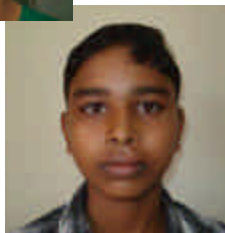
## CASE STUDY

*Sixteen year old Pavan Patel of village Gothva in Gujarat was successfully operated upon for a deformity that left him unable to speak properly. Pavan's biggest lament was that his classmates would tease him during debating competitions. So much that he decided to quit studies. Fortunately, his teacher had heard about the cleft programme at Global Hospital and recommended that he see a doctor. "My facial beauty improved and my speech became normal. Now I speak clearly. Nobody laughs at me anymore and I wish to complete my studies," says a delighted Pavan after receiving what he describes as new energy and joy in his life.*



Pre-operative look

Post-operative appearance



## Cross-Continent School Project

This project started when a friend of the hospital, Lee Jellis, who works as a school teacher in the East Bentleigh Primary School, Melbourne, Australia, enquired if children at her school could raise funds to help meet the needs of any local schools. On hearing that the Ambedkar Colony Government Primary School of Mt Abu requires desks, she encouraged her students to raise AUS\$ 1000 to fulfil this need by putting up a store in their school to sell second-hand books, handmade crafts etc. The delivery of the desks took place under the watchful eye of Parmeshwaran B, sub-divisional magistrate, Mt Abu and Dr Partap Midha, director & trustee, J Watumull Global Hospital and Research Centre in the presence of the block education officer Ashok Vyas, on May 3.

Subsequently, Jellis learned that the Machgaon Government Primary School, also in Mt Abu, needs funds for the renovation of the school building. Students pitched in once again and raised R80,000. Since this fell short of the budget, they approached the Rotary Club of Bentleigh Moorabbin Central to double the money through a matching grant. Construction work will commence as soon as adequate funds are raised and the Mt Abu Municipality approves the plans.

Udo Heimermann, a German contact of the hospital, and his friends also raised some money for this project.



◀ The eager fund-raising team, students of the East Bentleigh Primary School, Melbourne, Australia

The delighted recipients of desks, students of the Government Primary School, Ambedkar Colony, Mt Abu ▶



# Branch Scorecard

*Performance of sister units located at Abu Road, Baroda and Mumbai*

**G**lobal Hospital & Research Centre trust runs six units outside Mount Abu. Four of these units are located at Abu Road, namely, G V Modi Rural Health Care Centre (a general health centre), Global Hospital Institute of Ophthalmology, Abu Road (dedicated eye hospital, also called P C Parmar Foundation Global Hospital Eye Care Centre after its new wing), Radha Mohan Mehrotra Global Hospital Trauma Centre (trauma unit) and the Shivmani Geriatric Home (services for the elderly).

The trust also runs the Brigadier Vora Clinic and Jyoti Bindu Diagnostic Centre in Baroda, a general health centre, and BSES MG Hospital in Mumbai, a multi-disciplinary hospital.

## **Global Hospital Institute of Ophthalmology, Abu Road**

**Overview:** Last year, 38984 out-patients, including 22694 new and 16290 review patients consulted the panel of ophthalmic specialists. A total of 4134 major surgeries including 89 paediatric surgeries were performed. Another 362 minor surgeries were carried out. Over three-fourths of these surgeries were conducted during the winter months from November to March and 698 surgeries took place in January alone.

Eye banking services were also functional. Seventeen corneas (eye balls) were collected, of which 10 were implanted in people registered on the organ (eye) transplant waiting list. Fifty one people pledged their eyes.

Paediatric ophthalmology received a boost with the joining of paediatric and squint surgeon Dr Amit Mohan after successfully completing a hospital and ORBIS India sponsored 18 month fellowship in paediatric ophthalmology and training in phaco emulsification from Aravind Eye Hospital & Postgraduate Institute of Ophthalmology, Madurai.

**Vocational Education:** In all, 10 students were admitted to the three-year course in ophthalmic techniques, regulated by the Federation of Ophthalmic Research and

A hospital with a difference. Humanity has acquired the top most place. My deep appreciation to the MS, doctors and all staff of this hospital.

Smt Krishna Tirath,  
Minister of State for Women  
and Child Development  
(independent charge),  
Government of India



Education Centre, Noida. The course leads to a Diploma in Ophthalmic Training. Another nine students gained admission to the Bachelor of Science (Honours) in Optometry & Ophthalmic Technology, affiliated with the School of Health Science, Indira Gandhi National Open University. Global Hospital Institute of Ophthalmology is the only institution to offer this course in Rajasthan.

Students' exposure to industry practices is emphasised over and above the academic programme. Last year, students of both ophthalmology courses visited the optical surfacing unit of Prime Lenses Pvt. Ltd. in Ahmedabad. They also stepped in at leading city opticians, Nagar Chasmaghar and Jain Optics, with the aim of furthering their understanding of dispensing optics, sales and the supply chain of optical goods and the scope of optical shops. Senior optometrist & eye care manager Sandeep Singh and junior consultant, Paediatric Ophthalmology, Dr Amit Mohan accompanied the group.

### **Celebrating World Optometry Day:**

World Optometry Day was celebrated for the first time on March 23 to emphasise the role optometrists play in preventing blindness. Optometrists Sandeep Singh, Dinesh Singh, Dhaneshwar Deka and Madhu Sinha shared their experience with the audience, compromised mostly of optometry students and staff. Consultant ophthalmologists appreciated the huge role that optometrists - the first touch point in the hospital for most eye patients - play in patient care.

## **Radha Mohan Mehrotra Global Hospital Trauma Centre, Abu Road**

### **Overview**

The trauma facility (GHTC) was put to good use last year, in part thanks to the efforts of a new orthopaedic surgeon, Dr Ashok Kumar Gupta and a new general surgeon Dr Mahendra Kataria. Both surgeons have had a positive impact on patient numbers. Interactions between the hospital management and the local government authorities were also organised to



disseminate information about GHTC's services and address their concerns.

The key indoor departments, medicine, orthopaedics and surgery admitted 924, 219 and 203 patients respectively. Also, 5 ENT patients, 22 gynaecology and 10 pain clinic patients were hospitalised. Over one-fifth of these patients (292) were admitted for no charges. A quarter of the patients were offered concessions on their bills. In all, 134 major operations - 103 orthopaedic, 27 general surgery, and 4 gynaecology cases - were performed. Also, 160 minor operations took place - 82 orthopaedic, 46 general surgery, 28 gynaecology, and 4 ENT cases. The pain clinic performed 361 procedures.

### Neurosurgery Services

Dr Manish Rathi, a neurosurgeon from Hope Neurocare Hospital, Ahmedabad, started a monthly consultation service in May, mainly to see patients with head injuries and complaints of neurological disorders. Last year, 145 patients took benefit from his expertise.

### Haemo-dialysis Services

A haemo-dialysis unit was inaugurated on January 28. The single bed German Fresenius machine offers add-on features such as removing bacteria from water used in the process. Apart from the machine at J Watumull Global Hospital & Research Centre, Mt Abu, this is the only dialysis facility in district Sirahi.



Ophthalmic staff and operated patients selected at a screening programme in Pawapuri

## Ophthalmology Scorecard

### Eye surgeries performed

Kind of major surgery	
Cataract	3818
Retinal	29
Trabulectomy	90
Squint correction	24
Ptosis	3
Keratoplasty	10
Other surgeries	160
<b>Minor surgeries</b>	
On adults	350
Paediatric cases	12

### Out-patient procedures performed

Procedure	
Perimetry	50
Yag laser capsulotomy	288
Retinal laser	77
Yag Laser iridectomy	10
FFA/Fundus photography	68
Ultrasound sonography	48
Low vision aids	8
Contact lens clinic	61
Artificial eye	10
Refraction	22234



New dialysis facility



Dr Amit Mohan examines a patient

onboard died on the spot. Two more succumbed to their injuries after being taken to GHTC. More than 30 patients were admitted for further treatment. While the event stretched the entire hospital team, the smooth response showed the capability enhancements since the launch of the hospital. Doctors from Abu Road offered their assistance as did the Army and CRPF stationed at Mt Abu and members of the Brahma Kumaris.

### Screening Programmes

Patient screening arranged during the year included 3 programmes held in the hospital, 1

gynaecology programme organised at RIICO industrial area in collaboration with RIICO Mahila Mandal, attended by 55 patients, 1 multidisciplinary programme held at Bhansali Engineering Polymers Ltd, Abu Road, attended by 40 general surgery patients, 63 orthopedic patients, 52 deaddiction patients and 60 dental

patients; 1 gynaecology programme organised with JK Lakshmi Cements at JK Puram, Banas, attended by 40 women; 1 multi-specialty programme arranged at Bhinmal in collaboration with the Brahma Kumaris Bhinmal centre, attended by 650 patients in all.

### Ambulance Transfers

Inbound and outbound ambulance transfers picked up during the year. Transfers to higher centres numbered 467 covering a total distance of 68450 kms. Additionally, 47 inbound retrievals enhanced the running by 1336 kms.

### Continuing Medical Education

Ajmer based senior orthopaedic surgeon Dr Ashok Mittal specialises in the Illazarov technique. On December 18, he conducted a workshop on Management of deformities by the Illazarov technique of Russia. This technique helps regenerate shortened bones and damaged tissues. The workshop was well attended by doctors from Abu Road, Pindwara and Swaroopganj. A free checkup programme for persons with deformities was organised as well - 25 patients availed of this service, five of which were selected for surgery.

### Promotion of Holistic Health

R C Aggarwal, general manager, North-Western Railways, inaugurated an exhibition on holistic health organised by GHTC at the Abu Road Railway Station on April 23. Sanjay Dass, deputy regional manager, NWR, Dr Ashok Sangar, chief medical superintendent, NWR and others were also present.

### Blood Banking

On June 14, the Rotary International Global Hospital Blood Bank teamed up with the blood bank at J Watumull Global Hospital & Research Centre, Mt Abu, to celebrate World Blood Donors Day. Fifty jawans donated blood at a blood donation camp organised in the Central Reserve Police Force campus. Also, around 400 regular voluntary blood donors were honoured for their noble gesture at a felicitation programme presided over by Sirohi district head Chandan Singh Dewda. Lalit Vora, Rotary President, Mt Abu, Dr Raj Dhawan, chairman of the Rajsheela Trust and Satpal Kapoor, DIG of the CRPF, also graced the occasion.

In July, the Rotary International Global Hospital Blood Bank received

### Handling Mass Trauma

On August 12, a bus run by the Gujarat State roadways suffered brake failure en route to Abu Road from Mt Abu. The bus skidded off the road and plunged 50m down into a ravine. Thirteen of the 70 passengers

## Trauma Scorecard

Out-patient clinic statistics		Services offered	
<b>Clinic</b>		X-ray	5488
Casualty	4490	Sonography	857
Dental	6732	2D Echo	92
Dietetics	134	CT Scan	1090
ENT	2765	ECG	3265
Gynaecology	1120	TMT	112
Homeopathy	261	<b>Laboratory tests</b>	
Medicine	9141	Haematology	92459
Orthopaedics	4576	Biochemistry	58971
Pain management	785	Serology	6266
Physiotherapy	1438	Clinical pathology	1485
Surgery	1173	Microbiology	197
<b>Total</b>	<b>32615</b>	Histopathology/Cytology	14



authorisation to produce blood components. This makes the blood bank the first such centre outside of Rajasthan's major cities. Last year, the blood bank collected 1631 whole blood units, a part of which was processed into 1301 packed cell units, 77 platelet units, 1301 fresh frozen plasma units and 1 cryoprecipitate unit. Units issued included 1506 whole blood units, 1241 packed cell units, 58 platelet units, 1200 fresh frozen plasma units and 1 cryoprecipitate unit. Activities stepped up after receiving authorisation in July 2011. The blood bank organised 72 voluntary blood donation drives. While most of these were co-organised with the Prajapita Brahma Kumaris Ishwariya Vishwa Vidyalaya and held at their Shantivan complex in Abu Road, the blood bank forged new associations for the rest. The Rotary Club of Abu Road helped organise one drive at the USB Group of Colleges, Abu Road, which yielded 99 bags of blood. Another programme held on December 9 at the Abu Road branch of HDFC Bank coincided with a nationwide blood donation drive of the bank. Fifty one bags of blood were collected during this endeavour. The Banwasi Kalyan Parisad at Manpur, Abu Road, also helped organise a drive that yielded 42 blood bags.

## **G V Modi Rural Health Care Centre, Abu Road**

Last year, 1718 patients consulted the in-charge medical officer Dr Mahesh Hemadri, 406 patients consulted visiting dermatologist Dr N S Patni, and 173 patients consulted visiting neuropsychiatrist Dr Nikhil Patel. Patients also benefited from 33 counselling sessions and 444 comprehensive health checkups were conducted; 124 of which were tailored for senior citizens.

## **Shivmani Geriatric Home, Abu Road**

Barely a year after its launch, Shivmani Geriatric Home has been fully booked with 71 individuals on its rolls. This health and lifestyle facility for senior citizens is emphasising the provision of nutritious meals and fitness/physiotherapy to ensure that resident's enjoy optimum health. The facility is being well looked after by Om Prakash Kathpalia assisted by his wife Vijay Laxmi Kathpalia.

## **Brigadier Vora Clinic & Jyoti Bindu Diagnostic Centre, Vadodara**

The general out-patient attendance at the Brigadier Vora Clinic & Jyoti Bindu Diagnostic Centre was 7820 patients, including 3298

A marvellous integration of all kinds of medical and rehabilitative approaches. It was a very enjoyable and educative visit. Great work. Please keep it up. God bless you.

Professor M K Mishra  
Vice Chancellor  
Lucknow University



men, 2939 women and 1583 children. Specialist clinics continued to be offered as well, the uptake of which was as follows - 38 patients attended the paediatrics clinic, 295 patients attended the skin clinic, 23 patients attended the cardiac clinic, 294 patients attended the eye clinic, 123 patients attended the ENT clinic, 132 patients attended the orthopaedics clinic, 93 patients attended the gynae clinic and 575 diabetes patients presented in the diabetes clinic. The laboratory conducted 2875 blood tests and 992 urine tests during the year.

A diagnostic and consultation programme for eye diseases was facilitated by city ophthalmologists Dr Pradeep Sheth, Dr Ketan Patel and Dr Reena Patel, which was attended by 140 patients. Also, a free cervical smear diagnostic programme facilitated by city gynaecologists Dr Rajat Kumar and Dr Sapna Kumar served 30 patients. Dr Nalinbhai Naik delivered a talk on Neurobic Gym therapy.

## **BSES MG Hospital, Mumbai**

BSES Municipal General Hospital continues to be admired as an exemplary Public-Private-Partnership (PPP) and has been studied by various healthcare agencies including the World Bank.

### **Performance Overview**

Out-patient clinic registrations totalled 50641 of which 35417 were general (free) registrations. Admitted patients numbered 8709, including 2950 general (free) patients. A total of 3044 surgeries were performed; 1064 were for free patients and included 838 cleft surgeries. Concessions to deserving patients amounted to R357 lakhs. Another R81 lakhs worth of help was provided from the Indigent Patient Fund.

### **Sponsored Projects**

Sponsored hospital projects fared well. The tally of subsidised total knee/hip replacements, surgeries for which the Radha Mohan Mehrotra Medical Relief Trust donated the cost of prosthetic knees - each costing upwards of R75000 - crossed 130 for the last two years. The same trust has also been supporting the hospitalisation costs of cancer patients - to the tune of R1 crore since 2007. A new project launched last year for needy ENT patients saw the trust donate an additional R20 lakhs.

The SNS Charitable Trust donated R10 lakhs to establish a corpus fund to support cancer research and education and an additional R5 lakhs towards the naming of a room.

### **Technology Upgrades**

Technology in the Department of Radiology was upgraded with the installation of a DEXA Scan for bone densitometry, digital mammography machine and a state-of-the-

art computed radiology system. A new RF technology Carbon Dioxide Laser was procured to perform a wide range of head and neck surgeries. Now the Karl Zeiss VARIO 700 microscope used for complicated spine surgeries is also available at the hospital.

**New/ Renovated Facilities**  
President of the Rotary Club of Mumbai Versova Rotarian Ajay Lohia facilitated a donation of over R66 lakhs to procure the digital mammography machine, renovate the OPD clinics and create a new General ICU.

**Kidney Dialysis Services**  
The launch of a 4th shift kidney dialysis service is making it easy for working class patients to have a dialysis done after working hours, over dinner! Last year, the average performance of the dialysis department increased to more than 40 dialysis per day or over 1000 dialysis per month.

**Kidney Transplant and Cadaveric Skin Collection Programmes**  
Three deceased (cadaver) organ retrievals took place in the hospital for which it collected an appreciation award from the Zonal Transplant Coordination Centre (ZTCC). The hospitals' transplant coordinator Sharon-Anne and the intensivist counselled the donor family and brought the deceased donor to the hospital in stable condition, in an ambulance. Theatre staff, dialysis technicians, staff nurses and the transplant team worked overnight to perform the kidney transplant surgery and organ retrieval.

One of the hospitals' first dialysis patients, Parvati Singh, aged 25, who was diagnosed with renal failure eight years ago, received a cadaveric kidney. Initially, she had no urine output so dialysis was carried out. A biopsy showed acute tubular necrosis

which is the most common cause of delayed graft function. Parvati recovered from the transplant in six weeks and she is now doing well.



*Ribbon cutting of renovated OPDs by Rtn Ajay Lohia, Dr Ashok Mehta, BK Yogini and District Governor Rtn Vijay Jalan*

About 60 living donor kidney transplants have been performed in the last two years with a first year graft success rate of 95%.

Deepak Golwala has made a donation of R25 lakhs on behalf of Late Smt.



*Chetan Mehrotra, Dr Narayan Khandelwal, Dr OP Kapoor, Dr Ashok Mehta and Suresh Wadkar kick-start the 9th Anniversary celebrations*

Bhadraben Ranjital Sukhdwala to create a corpus fund to support kidney dialysis patients. Also, the old doctors' van was replaced with a new premier RIO van to be used for the collection of organs to be transplanted and for cadaveric skin collection. The Kirandevi Saraf Charitable Trust partly funded

the new van.

**Medical Camps**

An ongoing outreach programme conducted in association with Larsen & Toubro benefited 20400 individuals through 179 camps. Eight camps focused on the early detection and prevention of lifestyle diseases; these served 547 people.

**Staff Welfare Activities**

Lectures and training events for resident doctors and nurses continued to be conducted regularly. Also, Continuing Medical Education programmes for doctors were organised regularly under the auspices of the General Practitioners Association. The policies of giving staff interest free loans and a child education allowance

of R500 per child per month continued as well.

**9th Anniversary Celebration**

BSES Municipal General Hospital celebrated its 9th Anniversary on May 1 at The Retreat, Madh Island,

Mumbai. Renowned singer, Suresh Wadkar was the Chief Guest and legendary physician Dr OP Kapoor was the Guest of Honour. It was well attended by doctors, staff and their family numbering 750. Staff, including senior consultants, helped organise and conduct this event.

# HR Update

*Staff conference participation, in-house training, and consultants roll call*

## Staff-facilitated Training & Lectures

**Training in Anaesthesia:** An informative hands-on training programme in Ultrasound Guided Nerve Blocks was successfully organised by the Department of Anaesthesiology in March. The 25 anaesthesiologist participants had the opportunity to practice on a gel phantom and interact with the key trainer, Dr Elie Joseph Chidiac, an anaesthesiologist in the field of regional anaesthesia from Detroit Medical Centre, USA. Dr Shvetank Agarwal, cardiac anaesthesiologist from Detroit, assisted Dr Chidiac. Sonosite and GE provided two ultrasound machines each for the training.

### Talk on Cardiology:

Dr Haresh Mehta, a cardiologist from BSES MG Hospital, Mumbai, delivered a talk on New Interventions in Cardiology on July 9.

### Cervical Cancer Awareness Programmes:

Gynaecologist Dr Saurbhi Singh and gynaecologist from Shalby Hospital, Ahmedabad, Dr Chandrakant Shah, imparted useful information about cervical cancer to 69 women during two programmes held in May and June. Dr Singh also conducted an awareness talk for 50 female patients and their attendants on the causes, precautions and treatment (advantages of vaginal hysterectomies over traditional open surgery).

**Clinical Training:** The hospital hosted 10 M.Sc. nursing students from the Civil Hospital in Ahmedabad in May. The students visited the hospital for clinical training and also took benefit from lectures on healthcare. Another group of first year M.Sc. students of the College of Nursing, Ahmedabad, visited the hospital for the same purpose in February.

### Training in Diabetes Management:

The Department of Diabetology of J Watumull Global Hospital & Research Centre and the

to 7.

**Awareness about Diabetes:** Dr Shrimant Sahu spoke about diabetes and obesity on World Diabetes Day, November 14.

### Training in Disaster Management:

Senior clinical associate, Surgery Department, Dr Nabajyoti Upadhyaya, physician & intensivist Dr Sachin Sukhshale, senior clinical associate Dr Hina Mukadam, principal of the School of Nursing Shashibala Gupta, manager, Public Relations & Mass Media, Dr Binny Sareen and accounts assistant Kalpana Bhandare formed a team to impart training in Basic Life Support/ CPR, Medical Management of Disasters, Fractures & First Aid, and Art of



Disaster management training team and trainees

India Diabetes Research Foundation (IDRF) jointly organised training for 25 doctors in diabetes control and management at the Brahma Kumaris Shantivan Complex from May 2 to 5. National level training in Diabetes Control and Management was also organised at the Brahma Kumaris Gyan Sarovar Complex, Mt Abu from September 1 to 4. The programme aimed at strengthening diabetes care services at a national level by enhancing the capacity of service providers. It was attended by 45 doctors. Subsequently, training on the Prevention & Control of Diabetes, Hypertension, Cardiovascular Disease & Stroke was held for 150 nurses and paramedical staff from September 5

Positive Thinking to 619 National Disaster Response Force personnel. The training was imparted in batches, starting in September and lasting until March. OPD coordinator Rishiraj Mehta coordinated this programme, which was conducted in association with the Swami Vivekanand Institute of Mountaineering, Mt Abu.

**Neuropsychiatry Talks:** Senior consultant and head, Department of Neuropsychiatry & Deaddiction Dr Nikhil Patel spoke about the Integration of Indian Culture, Yoga & Meditation in Addiction Management (guest speaker) at the annual conference of the American Society of Addiction Medicine, held in



Staff celebrate  
World Blood  
Donors Day

Washington, DC, from April 14 to 17. Dr Patel also delivered talks on subjects like holistic health, stress management, and spirituality and mental health during his stay in USA. He visited Colombia as well, where he was interviewed by the local media and delivered lectures in medical establishments.

**Examiner Appointment:** Senior consultant neuropsychiatrist Dr Nikhil Patel will serve as an examiner for the MD/Diploma (Psychiatry) course of S N Medical College, Jodhpur this year. He has also been nominated convenor of the Spirituality & Mental Health committee of the Indian Association of Private Psychiatry.

## Learning Opportunities for Staff

**Talk on Infection Control:** Dr Sujata Bavaja, professor and head, Department of Microbiology at Lokmanya Tilak Municipal Medical College & General Hospital, Mumbai, facilitated a CME on Infection Control. This coincided with World Hand Hygiene Day on May 5. The hospital staff and 25 doctors from the government sector, including the district Chief Health & Medical Officer Dr Sanjeev Tak, took benefit.

**Training in Communication Skills:** Communication retreats were organised to train 75 staff posted at the Mt Abu and Abu Road units in soft skills. The sessions were facilitated by Shrinidhi Krishnamurthy, soft skills trainer and assistant manager, Administration, Radha Mohan

Mehrotra Global Hospital Trauma Centre and EV Gireesh, professional soft skills trainer from Mumbai.

**Training in Basic Counselling Skills:** Dr Sujatha Sharma, clinical psychologist, psychotherapist and certified clinical hypnotherapist from Delhi trained 28 staff members of the Mt Abu and Abu Road units in basic counselling skills on December 1 and 2. The programme was well received. Most participants took away rapport-building skills that they would find useful in handling patients.

**Learning Workshop on Systems Thinking:** Twelve staff members attended workshops on Systems Thinking conducted by Geoff Marlow, director of the Society for Organisational Learning in the UK, between March 21 and 25.

**Management Training for Students:** On March 24, management trainer from Mumbai Professor EV Swaminathan conducted a workshop on professional etiquette, memory management and time management for 38 ophthalmic and nursing students posted at the GHTC.

**Ongoing CMEs:** Nurses and medical officers had the opportunity to attend CME programmes on a wide variety of topics. On an average, two CMEs are held every month.

## Staff Education & Training

**In Intensive Care:** Clinical associate Dr Hari Krupakar Reddy successfully

completed a Fellowship in Intensive Care Medicine in August 2011 and a certificate course in Cardiac Emergencies in March 2012, from MedVarsity, Apollo Hospitals, Hyderabad. Medical officer Dr Alka Goyal successfully completed a Fellowship in Intensive Care Medicine from MedVarsity, Apollo Hospitals, Hyderabad in January 2012.

**In Dental Implants:** Senior dental surgeon Dr Niranjan Upadhyay underwent a dental implant course at Apsun Dental Implant Research and Education Centre in Mumbai to prepare for the launch of dental implant services at the hospital, which make use of the Nobel Biocare and Osstem implant systems.

**In Blood Banking:** Blood Bank supervisor Sanjeevani Bhandare and lab technician Rashmi Singh trained in Blood Bank reporting, Strategic Information Management System software in Jaipur in April 2011.

**In Equipment Repairs:** In April 2011, Saurav Samanta, biomedical assistant, underwent 2-day training in basic dental equipment repairing with Confident Dental Equipment, Ahmedabad.

**In Counselling:** Medical social worker Sudhakar Dave attended a workshop on Cognitive Behaviour Therapy: Principles and Applications arranged by the Behavioural Medicine Unit, Department of Clinical Psychology, NIMHANS, Bengaluru, in September 2011.

**In Dressings:** In February 2012,

nursing assistant Lalita Lalge trained in dressings offered by a diabetic foot clinic at the Jain Institute of Vascular Sciences, Bengaluru, for one month.

**In Geriatric Care:** Assistant manager at Shivmani Geriatric Home, Vijay Laxmi Kathpalia completed a one-month certificate course in basic issues in geriatric care from the National Institute of Social Defence, Ministry of Social Justice & Empowerment, Government of India.

**In Management:** In February 2012, chief accountant Somesh Dandavatimath took part in a 3-day Management Development Programme organised by CSO Partners in Ahmedabad, on Financial Management and Legal Compliances for NGOs.

Senior medical officer Dr Kanak Shrivastava underwent a three-weeks observership in hospital management at Sterling Hospitals, Ahmedabad in March 2012.

## Staff Participation in Conferences

### Datewise by Medical Staff

- ▶ Dr Mahesh Hemadri, medical officer & incharge, G V Modi Rural Health Care Centre, took part in the IX Annual Conference of the Indian Academy of Geriatrics, held at Vellore on November 4 and 5.
- ▶ Consultant surgeon Dr Digant Pathak attended the Intensive Laparoscopy Course at the Laparoscopy Academy, Sri Aurobindo

Medical College and PG Institute, Indore, from June 17 to 19.

- ▶ Chief lab technician Jyoti Narang attended a CME on Quality Improvement Plan organised by Shree Krishna Hospital, Karamsad, Gujarat on September 25.
- ▶ Staff nurse Nisha Goswami attended the National Conference on Gerontology organised by Leelabai Thackersey College of Nursing, SNDT University, Mumbai on October 3 and 4.
- ▶ Consultant ophthalmologist Dr Seema Laad attended the 34th Annual Conference of the Rajasthan Ophthalmological Society, held in Jodhpur from October 14 to 16.
- ▶ Counselling psychologist Dr Rupal Shah presented a paper at a national conference on Positive Psychology organised by the Government Maharani Laxmi Bai P G Girls College, Indore on November 3 and 4. Her presentation was adjudged among the top 5 of 100 papers.
- ▶ Senior lab technologist Maya Kharche and senior lab technician Jagatjit Mahapatra participated in MICRON 2011, the XXXVth national conference of Indian Association of Medical Microbiologists, held from November 23 to 26 at Varanasi.
- ▶ Consultant ENT surgeon Dr Sharad Mehta participated in CIGICON 2011, the 9th Annual Conference of the Cochlear Implant Group of India,

organised in Lucknow from November 24 to 27. Dr Mehta also took part in the 64th Annual Conference of the Association of Otolaryngologists of India, held in Allahabad between January 4 and 7.

- ▶ Kanta Sharma, senior lab technician, and Bharat Sahoo, lab technician, attended ACBICON 2011, the 38th National Conference of the Association of Clinical Biochemists of India held from December 2 to 6 in Gwalior, MP.
- ▶ Cardiologist and medical superintendent, GHTC, Dr Satish Gupta, attended CSI 2011, the 63rd Annual Conference of the Cardiology Society of India, held in Mumbai between December 8 and 11.
- ▶ Anaesthetist Dr Jagadevi SajjanShetty attended ASACON 2011, the 59th Annual National Conference of the Indian Society of Anaesthesiologists, held between December 26 and 29 in Mumbai.
- ▶ ICU nursing supervisor Meena Vadasriya attended a workshop on Nursing Administration and Supervision for Effective Patient Care organised by the Trained Nurses Association of India at New Delhi from January 11 to 18.
- ▶ Senior clinical associate Dr Hina Mukadam and chief of nursing services Rupa Upadhyaye attended the First National Conference on Simulation in Health Care, held in Chennai on January 19-20. This event was organised by TACT Academy for Clinical Training.
- ▶ Consultant neuropsychiatrist Dr Nikhil Patel participated in ANCIPS 2012, the Annual Conference of the Indian Psychiatric Society held at Kochi between January 19 and 22.
- ▶ Consultant ENT surgeon Dr Sharad Mehta and speech therapist Prakash Bharadwaj participated in INDOCLEFTCON 2012 held in Bangalore from January 26 to 28. This was the 11th Annual Conference of the Indian Society of Cleft Lip, Palate and Craniofacial Anomalies. He also attended the 44th National Conference of the Indian Speech and Hearing Association held at Hyderabad from January 20 to 22.
- ▶ Senior consultant ophthalmologists Dr Vinod Sharma and Dr Sudhir Singh and consultant ophthalmologist Dr



Consultants of major disciplines

Seema Laad participated in the 70th Annual Conference of the All India Ophthalmological Society, held at Kochi from February 2 to 5.

► Senior dental surgeon Dr Niranjan Upadhyaya and dental surgeon Dr N S Girish Kumar participated in the 65th Indian Dental Conference of the Indian Dental Association from February 9 to 12 in Mumbai.

► Physician and intensivist Dr Sachin Sukhsohale attended CRITICARE 2012, the 18th Annual Conference of the Indian Society of Critical Care Medicine & International Critical Care Congress, held in Pune between February 15 and 19.

#### **Datewise by Non-Medical Staff**

► Geetha Santoshi, junior engineer, Equipment Maintenance, took part in a medical equipment conference organised by the CII, Hospital & Health Conclave 2011, on October 9 in Ahmedabad.

► Saurav Samanta, biomedical assistant, attended Engineering Expo, an exhibition held in Ahmedabad, on October 15.

► Receptionist Rupali Salvi and assistant manager, Administration Shrinidhi K attended MEDRECON 2012, the 12th Annual National Conference on Medical Records organised by the Rajiv Gandhi Cancer Institute & Research Centre and the Health Records Association of India, on February 3-4 in New Delhi.

► Rajinder Dhawan, assistant manager, HR, participated in an International Congress on Emergency Medical Service Systems organised by AIIMS and the Department of Hospital Administration at New Delhi between February 9 and 11.

## **Roll Call of Consultants & Senior Doctors**

(In alphabetical order as on September 1, 2012)

### **J Watumull Global Hospital & Research Centre, Mt Abu**

#### **Consultants**

Dr Batra, Puneet, Orthodontist (visiting)  
Dr Goswami, Divyesh, Pathologist  
Dr Hathila, Nipa, Radiologist  
Dr Khandelwal, Narayan, Senior Orthopaedic Surgeon (visiting)  
Dr Khurana, Vinay Laxmi, Gynaecologist & Head—Village

Outreach Programme  
Dr Mehta, Sharad, Senior Consultant ENT Surgeon  
Dr Mistry, Saurav, Orthodontist (visiting)  
Dr Patel, Nikhil, Senior Consultant Neuropsychiatrist  
Dr Patel, Niti, ENT Surgeon (visiting)  
Dr Patel, Pankaj, Uro-Surgeon (visiting)  
Dr Patil, Laxmi, Dental Surgeon  
Dr Sadhu, Partha, Plastic Surgeon  
Dr Sahu, Shrimant, Anaesthetist & Diabetologist  
Dr Sajjanshetty, Jagadevi, Anaesthetist  
Dr Singh, Saurabhi, Consultant, Obstetrics & Gynaecology  
Dr Singh, Sudhir, Senior Consultant Ophthalmologist  
Dr Sukhsohale, Sachin, Physician & Intensivist  
Dr Thakkar, Minal, Paediatrician  
Dr Upadhyay, Niranjan, Senior Dental Surgeon  
Dr Vyas, CM, Consultant General Surgeon

#### **Doctors / Clinical Associates**

Dr Hosamath, Sumangala, Yoga Therapist & Clinical Associate  
Dr Makwana, Ramanik, DNB student  
Dr Mukadam, Hina, Senior Clinical Associate  
Dr Parikh, Jay, Family Medicine, DNB student  
Dr Sawant, Arjun, Clinical Associate  
Dr Shaik, Siraj, Resident Medical Officer  
Dr Sharma, Chandrashekhar, Clinical Associate  
Dr Sharma, Murlidhar, Registrar, Orthopaedics & Emergency  
Dr Shelke, Bhupali, Clinical Associate  
Dr Shrivastava, Durgesh, Senior Medical Officer  
Dr Shrivastava, Kanak, Senior Medical Officer  
Dr Sonar, Savita, Clinical Associate, Department of Diabetology  
Dr Suman, Dolly, Medical Officer, VOP  
Dr Upadhyaya, Nabajyoti, Senior Clinical Associate, Surgery Department  
Dr Tully, Katherine, Honorary Trainee Medical Officer

#### **Alternative Therapists**

Dr Dharamthok, Ramesh, Magneto Therapist  
Dr Jain, Sanjay, Ayurvedic Practitioner  
Dr Mehta, Pushpa, Homeopath  
Dr Mehta, Yogesh, Honorary Homeopathic Physician

### **Radha Mohan Mehrotra Global Hospital Trauma Centre, Abu Road**

#### **Consultants**

Dr Gupta, Ashok Kumar, Senior Orthopaedic Consultant

Dr Gupta, Satish, Medical Superintendent & Cardiologist & Senior Consultant Physician  
Dr Katariya, Mahendra, Senior Consultant Surgeon  
Dr Kaur, Rajbir, Dental Surgeon  
Dr Lakhotia, Rahul, Anaesthesiologist  
Dr NS Girish Kumar, Dental Surgeon  
Dr Pimple, Aarti, Radiologist (part-time)

#### **Doctors / Clinical Associates**

Dr Jaideo, Rupal, Counselling Psychologist  
Dr Jaiswal, Anita, Incharge, Pathology & Blood Bank Services  
Dr Krupakar, Hari, Clinical Associate  
Dr Patel, Dignesh, Clinical Associate  
Dr Patidar, Shailendra K, Trainee Junior Resident Medical Officer  
Dr Sharma, Giriraj Prasad, Clinical Associate

### **Global Hospital Institute of Ophthalmology / P C Parmar Foundation Global Hospital Eye Care Centre, Abu Road**

#### **Consultants**

Dr Bhatnagar, Vishal, Senior Consultant Ophthalmologist & Chief  
Dr Gajraj, Manju, Registrar, Ophthalmology  
Dr Gohel, Punit, Senior Resident, Ophthalmology  
Dr Laad, Seema, Consultant Ophthalmologist  
Dr Mohan, Amit, Junior Consultant, Paediatric Ophthalmology  
Dr Ramchandani, Bharat, Retinal Surgeon (visiting)  
Dr Sharma, Vinod Kumar, Senior Consultant Ophthalmologist

### **G V Modi Rural Health Care Centre, Abu Road**

Dr Hemadri, Mahesh, Medical Officer & Incharge

### **Community Medical Services & Mobile Clinics**

Dr Das, Rajat, Medical Officer  
Dr Dave, Ashok, Clinical Associate  
Dr Deora, B S, Advisor, Community Medical Services

### **Brigadier Vora Clinic & Jyoti Bindu Diagnostic Centre, Baroda**

Dr Satish Upadhyaya, Medical Officer & In-charge

# Equipment Upgrades

*Major equipment procured at different functional units*

## **J Watumull Global Hospital & Research Centre**

**Dentistry  
Department**  
— Dental X-ray  
Equipment, RVG  
compatible

**Dialysis Services**  
— Fresenius  
Haemodialysis Machine  
— Water Treatment  
System

**Ambulance**  
— Traveller Delivery  
Vans 3350 WB, BS-III PS  
EMRI

**Operation Theatre**  
— GE Pulse oximeter with adult and  
paediatric probe  
— GE multichannel ECG  
— Fabius Plus Anaesthesia Workstation

**Pathology Laboratory**  
— Biochemistry Analyser

**Radiology Department**  
— 30W Digital Radiography System  
with U-Arm stand

## **Radha Mohan Mehrotra Global Hospital Trauma Centre**

**Ambulance**  
— Traveller Delivery Vans 3350 WB,  
BS-III PS EMRI

**Dialysis Services**  
— Haemodialysis Machine from Next  
Generation  
— Philips Intellivue Multichannel  
Patient Monitoring System

**Pain Clinic**  
— Medical Ozone Generator



*Ribbon cutting ceremony of new ambulance  
donated by State Bank of India*

**Blood Bank**  
— Fully Automated Haematology  
Analyser  
— Revolutionary Research Centrifuge  
with speed controller, digital speed  
meter, timer  
— Plasma Expresser  
— Platelet Agitator Incubator  
— Donor Station  
— Tube Sealer  
— Blood Bank Refrigerator



*New anaesthesia machine being used  
by Dr Jagadevi Sajjanshetty*

— Cryofuge Microprocessor Controlled  
Refrigerated Centrifuge

## **Global Hospital Institute of Ophthalmology**

**Operation Theatre**  
— Phaco Nano Machine

**Optical Shop**  
— Topcon Computerised Lensometer

**Out-Patient Department**  
— Streak Retinoscope Set 3.5V from  
WelchAllyn Inc. USA

The best kept, planned  
and maintained  
hospital I have ever  
seen, in the service of  
deprived mankind.  
May God be with all  
the staff and patients.

— Brigadier R K Singh, SM,  
Commandant, Military Hospital  
Jodhpur

# Spiritual Connection

Association with the Prajapita Brahma Kumaris Ishwariya Vishwa Vidyalaya

The Global Hospital & Research Centre trust, the governing body of J Watumull Global Hospital & Research Centre and its branches, is indebted to the Prajapita Brahma Kumaris Ishwariya Vishwa Vidyalaya, a socio-spiritual organisation. BK Nirwair, administrative officer of the organisation's global headquarters at Mt Abu, is a founder trustee. Other founder trustees include contacts of the organisation engaged in healthcare, finance, business and manufacturing. Contributions of two such trustees: Dr Ashok Mehta, a leading oncologist practicing in Mumbai, conceived the idea of the hospital, and the family of Khubchand Watumull, a Mumbai based businessman, whole-heartedly supported the establishment of the hospital in 1991.

The trust and hospital are also indebted to the administrative leaders of the Brahma Kumaris, late Dadi Prakashmani and the current chief Dadi Janki, for their leadership and guidance. Each unit of the trust continues to receive timely help from centres of the Brahma Kumaris in India and overseas to sustain and expand the health infrastructure and philanthropic aims of the trust. It is noteworthy that about one fifth of the staff of the Global Hospital & Research Centre trusts' hospitals at Mt

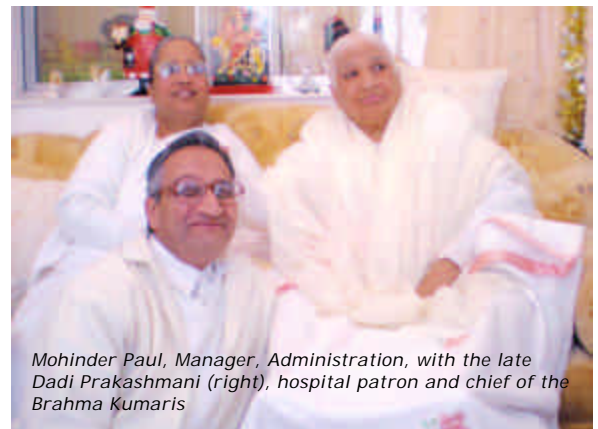
Abu are volunteers drawn from the talented pool of individuals serving the Brahma Kumaris. These qualified individuals and many other staff members practice Rajyoga meditation as taught by the Brahma Kumaris in their daily lives.

Several charities set up by people affiliated with the Brahma Kumaris support the work of the hospital. These include:

**The IndiaCare Trust, Germany**, has supported the activities of the flagship unit at Mt Abu almost since its inception. It has channelled considerable contributions of equipment and consumables to the hospital.

**The Janki Foundation For Health Care, UK**, a registered charity, has been an invaluable help in furthering the hospitals' activities. Values in Healthcare: A Spiritual

Approach, a programme developed by the foundation for healthcare professionals has been adopted by J Watumull Global Hospital & Research Centre, Mt Abu, and BSES MG Hospital, Mumbai. Through this, doctors and nurses are being introduced to ways to put more heart into healing, to enhance the efficacy of healthcare services. Last year, Mt Abu hospital staff shared this approach with over 2000 doctors, nurses and nursing students over five programmes held in



Mohinder Paul, Manager, Administration, with the late Dadi Prakashmani (right), hospital patron and chief of the Brahma Kumaris



Staff picnic at Peace Park

cities across the country. Hospital nursing students were also explained the need for values in healthcare.

**The Stichting Global Hospital Netherlands, Holland**, has supported nursing education as well as community outreach endeavours aiming at delivering health care to residents of remote villages.

**Point of Life Inc., USA**, helps garner support from US based individuals and organisations.



# Governance & Patronage

*Board constitution and list of supportive organisations*



## **Trustees**

*(sitting, left to right)*  
BK Yogini,  
R L Wadhwa,  
BK Nirwair,  
Dr Ashok Mehta,  
Mahesh Patel, Kishore  
Shah,

*(standing left to right)*  
Gulu Watumull,  
Dr Partap Midha,  
Prakash Vaswani

*Also in the photograph  
are Dr Satish Gupta  
from GHRC and Dr  
Banarsi Lal Sah,  
honorary treasurer,  
GHRC Trust (standing,  
far right)*

## **Governing Board**

J Watumull Global Hospital & Research Centre is governed by the Global Hospital & Research Centre (GHRC) trust, a charity registered with the Charity Commissioner of the Greater Mumbai Region. The trust is represented by unrelated trustees from diverse walks of life, including:

**Founder trustee BK Nirwair** is a visionary leader with the ability to foresee and prepare to meet the needs of people. His drive, dedication and meditative qualities has motivated many employees of the hospitals at Mt Abu and Abu Road into forming long-term and lifetime associations with the GHRC trust.

**Founder trustee Dr Ashok Mehta** is a distinguished surgical oncologist who has previously steered forward and headed the department of surgery and head & neck services at Tata Memorial Hospital and the cancer care facility at Nanavati Hospital. His expertise in establishing and expanding health services has helped

chart the expansion plan of the trust. Dr Mehta also holds the twin position of honorary medical director of BSES Municipal General Hospital and J Watumull Global Hospital & Research Centre.

**Founder trustee Kishore D Shah** – who retired from business and settled in Mt Abu in 1982 – was instrumental for aggregating most of the land on which the hospital is built from individual owners, thus paving the way for the establishment of J Watumull Global Hospital & Research Centre, the flagship unit of the trust. Kishorebhai was appointed as a trustee representing the interests of the local community. He has also made significant contributions to landscaping the open areas of the hospital.

**Trustee R L Wadhwa** brings a lifetime of financial and banking experience to the Board. His sound understanding of finance helps improve the review of the Trusts' annual accounts and steer accounting policies in the right direction.

**Trustee Jeetendra G Mody** is a civil engineer with close to five decades of experience in developing real estate. This expertise is enabling him to make a major contribution - oversee expansion projects of the trust involving the construction of new buildings.

**Trustee Gulu Watumull** is the son of Mumbai-based businessman and founder trustee Khubchand Watumull. Khuba Dada, as he is fondly called, retired from the Board last year. Gulu is an entrepreneur with diversified business interests. He started his career in the fashion industry in the US and Hawaii and moved back to India 12 years ago.

**Trustee Dr Partap Midha** has spent about half of his career spanning four decades in the public health sector and half in building up the activities of the GHRC trust in and around Mt Abu. The experience gained during his earlier tenure with the health department of the government of Haryana has stood him in good stead in his present position –

by giving him a clear understanding of health needs at the grassroots level and best practices that facilitate interactions with government authorities.

**Trustee BK Yogini** brings to the trust the experience of growing spiritual services - from one centre in Vile Parle to 22 branches spanning Mumbai, in four decades. As the feminine face of the trust, she has been instrumental in setting up a spiritual counselling centre in BSES MG Hospital. BK Yogini also holds the position of honorary director - Administration and is a member of the Advisory Committee of BSES MG Hospital. She is an honorary Rotarian with the Rotary Club of Bombay Airport, Mumbai.

**Trustee Mahesh Patel** is a London (UK) based businessman with a special interest in and engagement with care homes. His family's support made possible the establishment of Shivmani Geriatric Home, a recent project of the hospital. Mahesh is a qualified chartered accountant.

**Trustee Prakash Vaswani** has 37 years experience in management and providing technical inputs to the manufacturing sector, including the functions of starting new projects, planning implementation, marketing and managing operations. Prakash is based in Dubai (UAE) and Lagos (Nigeria).

**Honorary Treasurer Dr Banarsi Lal Sah** has been associated with the Trust since its inception. Dr Banarsi is also executive secretary of the Medical Wing, Rajyoga Education & Research Foundation, an organisation that Trust units often partner to conduct medical conferences and seminars.

## Patronage

### Key Patrons

- Robin Ramsay, Australia
- Indru Watumull & Gulab Watumull, Hawaii, USA
- Dr Hansa Raval, Texas, USA
- Mahesh Patel, UK
- Prakash Vaswani, UAE

### Supportive Organisations

The following organisations support our work, some regularly and others have made significant onetime contributions:

- Brahma Kumaris World Spiritual University, UK
- Children's Hope India Inc., USA

- Fundacion Ananta, Spain
- G V Mody Trust, Surat
- Give India, Mumbai
- Global Harmony Foundation, Switzerland
- Government of India
- Government of Rajasthan
- Grapes for Humanity Global Foundation, USA
- Help Age India
- IndiaCare Trust, Germany
- Kanya Daan Charitable Trust, Hong Kong
- Orbis International, Inc., USA
- Parmar Foundation, Pune
- Point of Life Inc., USA
- Prajapita Brahma Kumaris Ishwariya Vishwa Vidyalaya, Mt Abu
- Radha Mohan Mehrotra Medical Relief Trust, Mumbai
- Rotary Clubs of Black Mountain (USA) and Abu Road, India
- S J Jindal Trust, New Delhi, India
- The Smile Train, USA
- Stichting Global Hospital Nederlands, Holland
- Stiftung Cleft Children International, Switzerland
- The Generation Charitable Trust, UK
- The Janki Foundation For Global Health Care, UK
- The People Bridge Charitable Foundation, Canada
- The Transpetrol Foundation, Bermuda
- Vitol Charitable Foundation
- Watumull Foundation, Mumbai
- Wilde Ganzen, Holland

It has indeed been a great pleasure to have visited this wonderful facility. It is simply awesome when one realises that a hospital of such size and stature has been set up in a town with a population of just 25,000. It is a great service to the community and the Rotary is proud to be associated with this hospital.

Rajnish Kashyap, District Governor,  
Rotary International District 3050



▲ Honourable Shri Aimaududdin Ahmad Khan, Health Minister of Rajasthan visited J Watumull Global Hospital & Research Centre on November 9 to launch the hospitals Annual Report and celebrate its 20th anniversary.

# Financial Overview

*Consolidated and unitwise final accounts, auditor's report, accounting notes & policies*

## Auditors Report

We have examined the Balance Sheet as at March 31, 2012 and the Income and Expenditure Account for the year ended on that date attached herewith of Global Hospital & Research Centre, 102, Om Shanti, 48, Swastik Society, NS Road No 3, JVPD Scheme, Vile Parle (W), Mumbai 400056.

We certify that the Balance Sheet and the Income and Expenditure Account are in agreement with the books of account maintained by the head office at Mumbai and the branches at Mt Abu, Abu Road in Rajasthan and Vadodara in Gujarat, subject to comments below:

(a) We have obtained all the information and explanations which to the best of our knowledge and belief were necessary for the purpose of the audit.

(b) In our opinion, proper books of account have been kept by the head office and branches of the above-named fund, or trust, or institution or any university or other educational institution or any hospital or other medical institution so far as appears from our examination of the books of account.

(c) In our opinion and to the best of our information and according to the information given to us, the said accounts read with notes thereon, if any, give a true and fair view -

(1) In the case of the Balance Sheet, of the state of affairs of the above-named fund, or trust, or institution or any university or other educational institution or any hospital or other medical institution as at March 31, 2012 and

(2) In the case of the Income and Expenditure Account, surplus for the year ended on that date.

The prescribed particulars are annexed herewith.

For and on behalf of,

Balkrishna T Thakkar & Co  
Chartered Accountants

Place: Ahmedabad  
Dated: September 11, 2012

## Director's Observations

(for flagship unit)

On the upside, we celebrated two decades of health services last year. On the downside, we still face constraints because our need for funding is rising.

We have developed plans to raise funds for our corpus through the network of our parent organisation. On our part, we are trying to increase our revenue through paid hospital services like joint replacement surgery and cataract surgery. We are also focusing on the better utilisation of our overall services.

### ***Did you know?***

***Donors who pay taxes in India can avail income tax benefits as follows:***

***Under section 35AC of the Income Tax Act of 1961***

*The full donated amount is deductible from income for the purpose of computation of taxable income. Donors must provide their income tax PAN and full address at the time of making a donation so that a proper receipt can be issued.*

***Under section 80G of the Income Tax Act of 1961***

*Fifty percent of the donated amount is deductible from income for the purpose of computation of taxable income.*

### ***Overseas donors***

*Overseas donors in UK can route donations to the hospital through The Janki Foundation For Global Health Care, visit <http://www.jankifoundation.org/>*

*Overseas donors in USA can route donations to the hospital through Point of Life Inc., email [kala@us.bkwsu.org](mailto:kala@us.bkwsu.org) to know more*

**Global Hospital & Research Centre (Consolidated)**  
Income & Expenditure Account for the year ended 31<sup>st</sup> March 2012

Previous year	Expenditure	Current year	Previous Year	Income	Current year
777,858	To Brigadier Vora Clinic, Baroda	705,297	5,095,412	By Interest (on securities, loans, bank accounts)	9,017,985
424,844,029	To BSES MG Hospital	458,077,099	73,850,295	By Donations in Cash or Kind	80,533,134
873,056	To GHRC Coronary Artery	863,289	2,360,503	By Grant-in-Aid	2,493,777
253,804	To GHRC Education Project	230,175	500,055,813	By Income from Hospital	553,378,722
1,907,016	To GHRC Eye Care Project	2,507,333	13,855,475	By Income from Other	32,779,687
1,128,516	To GHRC Mumbai	659,257	-	By Deficit Carried to Balance Sheet	-
6,437,977	To GHRC Village Outreach Programme	8,405,516			
592,412	To GV Modi Rural Health Care Clinic	421,415			
24,011,140	To Global Hospital Institute of Ophthalmology	28,602,936			
91,877,501	To J Watumull Global Hospital & Research Centre	92,267,569			
27,747,550	To Radha Mohan Mehrotra Global Hospital Trauma Centre	35,382,829			
6,441,866	To Shivmani Geriatric Home	15,017,145			
-	GHRC Nursing College	1,274,691			
-	GHRC The Smile Train Project	11,594,574			
8,324,773	To Surplus Carried to Balance Sheet	22,194,179			
<b>595,217,498</b>		<b>678,203,304</b>	<b>595,217,498</b>		<b>678,203,304</b>

**Global Hospital & Research Centre (Consolidated)**  
Balance Sheet as on 31<sup>st</sup> March 2012

Previous year	Liabilities	Current year	Previous year	Assets	Current year
173,334,158	Trust Corpus Fund	200,979,176	302,168,254	Immovable Properties	306,140,940
52,617,440	BK Health Care Fund	54,975,173	5,575,911	Capital Work In Progress	26,877,781
26,256,483	Cancer Research & Treatment Fund	26,256,483	1,506,000	Investments	1,006,000
1,510,664	Natural Calamities Fund	1,510,664	14,125,329	Advances	17,503,686
569,313	Friends Of GHRC	569,313	33,155,973	Income Outstanding	35,200,026
8,255,800	Education Project Fund	8,255,800	34,595,172	Stock & Inventories	39,708,782
1,681,000	Eye Care Fund	1,681,000	118,368,691	Cash & Bank Balances	187,473,670
8,700,000	P C Parmar Foundation Fund	8,700,000	117,255,612	Income & Expenditure a/c	138,522,840
35,401,192	Radha Mohan Mehrotra Fund	35,401,192			
57,578,870	Senior Citizen Home Project Fund	63,053,870			
10,000,000	SL Malhotra Global Nursing College	10,000,000			
4,355,674	Nursing College Hostel Fund	16,615,227			
744,552	J Watumull Global Hospital & Research Centre	778,652			
171,825,907	BSES MG Hospital	220,170,587			
73,919,889	Sundry Credit Balances	1,03,486,591			
<b>626,750,943</b>		<b>752,433,729</b>	<b>626,750,943</b>		<b>752,433,729</b>

## Notes to the Balance Sheet and to the Income & Expenditure Account for the year ended March 31, 2012

### Significant Accounting Policies:

#### System of Accounting:

The Trust adopts the accrual basis in the preparation of its accounts. As such, the financial statements are prepared under the Historical Cost Convention on accrual basis and under the going concern assumption, in accordance with generally accepted accounting principles.

#### Inflation:

Assets and liabilities are recorded at historical cost.

#### Fixed Assets:

Fixed Assets are capitalised at cost and are stated at historical cost. At each Balance Sheet date, an assessment is made as to whether there is any indication of impairment in the value of assets. Impairment loss is recognised whenever the carrying amount of an asset exceeds its recoverable value.

#### Investments:

Investments are valued at cost.

#### Inventories:

Inventories such as stock of surgical, sutures, medicines, pathology chemical, x-ray films is valued at cost or net realisable value whichever is lower and is physically verified and certified by the management.

#### Sundry Creditors / Debtors:

Sundry Creditors and Debtors are subject to confirmation from them.

#### Receipts:

Hospital out-patient receipts are accounted on accrual basis on the date of providing hospital services/facilities. Hospital in-patient receipts are accounted on accrual basis on the date of billing as and when the patient is discharged. However, billing is done upto March 31 of every year.

Donation receipts are accounted on receipt basis on the date of receipt.

Donation received towards specific / corpus fund is transferred to respective fund as per the direction of the donor.

Interest on bank fixed deposits, investments is accounted on accrual basis.

Grant in aid from the government is accounted as and when it is sanctioned and there is reasonable certainty of disbursement of claim.

Sales of GHRC Medical Stores and GHIO Medical Stores (Talheti) are accounted net of sales made to other different unit of the trust. Similarly, purchases against such sales is reduced from gross purchases of respective medical stores.

#### BSES MG Hospital, Mumbai:

In compliance with the directions of the Honorable Mumbai High Court, a sum of R88,76,362, being 2% of the Gross receipts is set apart and credited to a separate fund called "Indigent Patients Fund" for the benefit of indigent patients to be spent in the manner specified under the Scheme framed by the Honourable High Court.

The summary of the fund account in the books of the hospital is as follows:

Opening Balance as on April 1, 2011: R224,580

Amount set apart during the year as per the order of the Honorable Mumbai High Court: R88,76,362

Interest accrued: R15,773

Amount spent for the benefit of the Indigent Patients during the year: R81,39,312

Outstanding Balance Carried Forward R977,403

#### Depreciation:

Depreciation on fixed assets provided on written down value method as per rates shown against each asset, in case of assets held on April 1, 2011, for full year and in case of assets purchased and capitalised during the year, for half year irrespective of the date of purchase.

#### Gratuity:

The trust has opted for Group Gratuity Scheme with the Life Insurance Corporation of India for the benefit of employees.

Total Gratuity liability as on

31.03.2012 was R61,88,883.  
Fair value of plan assets as on 31.03.2012 was R56,29,725.

### Contingent liabilities not provided for:

Nil. Claim made by other parties not acknowledge as debt: Nil.

### Payment made to Trustees:

During the year a sum of R49,15,825 (Rupees forty nine lakh fifteen thousand eight hundred twenty five only) is paid to the Medical Director Dr Ashok R Mehta, Trustee in his professional capacity towards the professional services rendered to the hospital.

### Donations:

#### 100% exemption:

The Trust Project of Hospital at Mount Abu is notified as eligible project u/s 35 AC of the Income Tax Act, 1961. This enables donors to claim 100% Income Tax exemption. During the year the Trust has collected donations of R273,98,518 under this said project. It is transferred to Trust Corpus Fund as it is required under the terms and conditions of above notifications.

#### BK Health Care Fund:

The Trust has launched this donation drive in the past years to raise funds for specified purposes i.e. BK Health Care Fund. Under the scheme, Trust will raise the fund and invest in specified securities. The income of the fund will be applied for medical purpose for poor and needy people. During the year, the Trust has managed to raise R23,57,733 under this scheme.

### Accounts of BSES MG Hospital, Mumbai:

These accounts are audited by M/s NG Thakrar & Company, Chartered Accountants, Mumbai. We have relied on their audit report & statements for merging them in the main accounts.

### Regrouping & Rearranging Figures:

Figures of the Previous Year have been regrouped and rearranged wherever necessary.

## Flagship Unit Financial Statements for the year 2011-12

Salient observations about the financial performance of J Watumull Global Hospital & Research Centre:

1) Employment costs continue their upward march. Very little can be done to contain these expenses. Rising living costs are fuelling salary hikes across

industries, including the healthcare sector. Also, good consultants are hard to come by as most want to work in larger cities where more amenities are available. When we find someone willing to relocate to Mt Abu, they must be compensated well.

2) Administration expenses and repairs and maintenance expenses remain steady, a good sign.

3) Power and fuel expenses are

increasing because unit rates of both are charting an upward trajectory.

3) Rising hospital consumables expenses are partially explainable due to the higher hospital income. They still present some concerns. More needs to be done to contain these costs.

4) The sizable increase in hospital receipts is heartening in spite of the dip in donations.

### J Watumull Global Hospital & Research Centre, Mt Abu Income & Expenditure Account for the year ended 31<sup>st</sup> March 2012

Previous year	Expenditure	Current year	Previous year	Income	Current year
4,647,209	To Administration expenses	4,692,910	47,922,990	By Donation income	38,536,321
7,198,108	To Depreciation	7,740,303	37,134,339	By Hospital receipts	46,972,993
4,000,487	To Education project expenses	1,668,084	6,891,405	By Other receipts	7,230,263
27,794,652	To Employment cost	33,019,680			
8,671,533	To Hospital consumables	9,119,078			
168,560	To Insurance	208,798			
17,351,797	To Medical relief & assistance	21,181,799			
886,139	To Other consumables	1,324,018			
5,059,824	To Power & fuel	6,628,612			
4,204,861	To Repairs & maintenance	4,108,151			
11,894,331	To Medical / Social project	25,65,287			
-	To Rent & Tax	10,849			
71,233	To Net surplus transferred to Mumbai HO a/c	472,008			
<b>91,948,734</b>		<b>92,739,577</b>	<b>91,948,734</b>		<b>92,739,577</b>

### J Watumull Global Hospital & Research Centre, Mt Abu Balance Sheet as on 31<sup>st</sup> March 2012

Previous year	Liabilities	Current year	Previous year	Assets	Current year
89,155,959	Mumbai office control a/c	94,309,560	67,557,393	Fixed assets	71,157,481
498,102	GHRC Patient relief fund	532,202	6,061,332	Sundry debtors	8,00,778
246,450	Scholarship fund	246,450	679,021	Advances to creditors	99,926
108,103	Sundry creditors	241,067	924,565	Loans/advances & deposits	1,109,888
3,321,252	Outstanding expenses	4,312,173	9,830,820	Investments	12,445,708
			2,070,304	Income receivable	1,108,604
			1,878,101	Closing stock	2,255,073
			3,899,069	Bank balances	9,757,392
			429,262	Cash balances	906,603
<b>93,329,866</b>		<b>99,641,452</b>	<b>93,329,866</b>		<b>99,641,452</b>

## Funds Flow Statements for the year 2011-12

### Global Hospital & Research Centre (Consolidated) Funds Flow Statement for the year ended March 31, 2012

Sources of Funds	2011-12
Donation income (including fund received under FCRA)	80,533,134
Hospital income (OPD & IPD)	553,378,722
Grant-in-aid from Government	2,493,777
Bank & other interest	9,017,985
Other income	32,779,687
Sales of fixed assets	2,844,757
Contribution to earmarked funds (including fund received under FCRA)	83,054,918
Contribution to Trust Corpus fund	27,645,018
	<b>791,747,998</b>
Application of Funds	
Addition to fixed assets	44,838,038
Disbursement for fixed assets (Nursing Hostel)	20,101,870
Purchase of investments (net increase)	70,706,637
Disbursements from earmarked funds	14,583,852
Revenue expenditure (excluding depreciation)	613,527,755
Increase in net current assets	27,989,846
	<b>791,747,998</b>

### J Watumull Global Hospital & Research Centre Funds Flow Statement for the year ended March 31, 2012

Sources of Funds	2011-12
Donation income (including fund received under FCRA)	38,536,321
Hospital income (OPD & IPD)	46,972,993
Grant-in-aid from Government	703,777
Bank & other interest	1,231,608
Other income	5,294,878
Sales of fixed assets	1,624,382
Contribution to specific fund	34,100
Increase in Net Current Liabilities	4,241,408
	<b>98,639,467</b>
Application of Funds	
Addition to fixed assets	11,497,313
Revenue expenditure (excluding depreciation)	84,527,266
Investment in bank FD's	2,614,888
	<b>98,639,467</b>

**Global Hospital Institute of Ophthalmology, Abu Road**  
Income & Expenditure Account for the year ended 31<sup>st</sup> March 2012

Previous year	Expenditure	Current year	Previous year	Income	Current year
1,565,804	To Administration expenses	1,720,755	804,354	By Donation income	1,063,161
4,597,613	To Depreciation	4,251,313	10,879,611	By Hospital receipts	14,537,931
6,676,764	To Employment cost	7,843,372	1,807,567	By Other receipts	2,717,754
3,047,070	To Hospital consumables	4,375,610	10,519,608	By Net deficit transferred to Mumbai HO a/c	10,284,090
76,717	To Insurance	78,504			
5,844,699	To Medical relief & assistance	7,947,996			
346,032	To Other consumables	434,550			
692,502	To Power & fuel	890,296			
913,256	To Repairs & maintenance	1,036,540			
202,259	To Project Help Age expenses	-24,000			
48,424	To Rent, rates & taxes	48,000			
<b>24,011,140</b>		<b>28,602,936</b>	<b>24,011,140</b>		<b>28,602,936</b>

**Global Hospital Institute of Ophthalmology, Abu Road**  
Balance Sheet as on 31<sup>st</sup> March 2012

Previous year	Liabilities	Current year	Previous year	Assets	Current year
36,236,583	Mumbai office control a/c	35,829,392	35,015,123	Fixed assets	33,138,123
384,817	Outstanding expenses	759,224	134,753	Advances & deposits	262,608
39,855	Advance for expenses	2,940	1,145,000	Grant -in -aid	2,236,500
			-	In -patient receivable	12,870
			85,222	Stock	147,189
			281,157	Cash & bank balances	794,265
<b>36,661,255</b>		<b>36,591,556</b>	<b>36,661,255</b>		<b>36,591,556</b>

[ I am happy to visit a sister institution.  
Clean, neat, with a positive vibration. ]

Dr Prathapan Nair  
Principal  
Amrita Institute of Medical Sciences, Kochi



**G V Modi Rural Health Care Centre, Abu Road**  
Income & Expenditure Account for the year ended 31<sup>st</sup> March 2012

Previous year	Expenditure	Current year	Previous year	Income	Current year
33,095	To Administration expenses	30,676	26,440	By Hospital receipts	23,070
121,563	To Depreciation	70,144	1,025	By Other receipts	308
247,349	To Employment cost	262,112	617,430	By Net deficit transferred to Mumbai HO a/c	569,033
5,128	To Hospital consumables	1,141			
2,312	To Insurance	-			
165,798	To Medical relief & assistance	101,492			
30,713	To Other consumables	11,200			
29,402	To Power & fuel	78,755			
9,535	To Repairs & maintenance	36,892			
<b>644,895</b>		<b>592,411</b>	<b>644,895</b>		<b>592,411</b>

**G V Modi Rural Health Care Centre, Abu Road**  
Balance Sheet as on 31<sup>st</sup> March 2012

Previous year	Liabilities	Current year	Previous year	Assets	Current year
1,152,430	Mumbai office control a/c	847,627	1,161,126	Fixed assets	849,838
21,885	Outstanding expenses	26,235	13,189	Cash & Bank balances	24,024
<b>1,174,315</b>		<b>873,862</b>	<b>1,174,315</b>		<b>873,862</b>

**Brigadier Vora Clinic & Jyoti Bindu Diagnostic Centre, Baroda**  
Income & Expenditure Account for the year ended 31<sup>st</sup> March 2012

Previous year	Expenditure	Current year	Previous year	Income	Current year
73,242	To Administration expenses	100,570	165,102	By Donation income	96,505
242,760	To Depreciation	213,557	88,650	By Clinic receipts	83,565
11,891	To Hospital consumables	19,078	31,305	By Other Receipts	33,025
256,672	To Employment cost	270,288	492,801	By Net deficit transferred to Mumbai HO a/c	492,202
75,009	To Medical relief & assistance	81,345			
97,520	To Repairs & maintenance	8,050			
11,743	To Power & fuel	12,409			
9,022	To Taxes & rent	-			
<b>777,858</b>		<b>705,297</b>	<b>777,858</b>		<b>705,297</b>

**Brigadier Vora Clinic & Jyoti Bindu Diagnostic Centre, Baroda**  
Balance Sheet as on 31<sup>st</sup> March 2012

Previous year	Liabilities	Current year	Previous year	Assets	Current year
2,613,649	Mumbai office control a/c	2,395,855	2,045,400	Fixed assets	1,831,843
1,824	Outstanding expenses	4,277	300,000	Bank of Baroda: FDR	300,000
			10,714	Advances	12,814
				Advances to Creditors	
			1,576	- Chandrikaben U Lakhmani	1,576
			257,783	Cash & Bank Balance	253,899
<b>2,615,473</b>		<b>2,400,132</b>	<b>2,615,473</b>		<b>2,400,132</b>

**Radha Mohan Mehrotra Global Hospital Trauma Centre, Abu Road**  
Income & Expenditure Account for the year ended 31<sup>st</sup> March 2012

Previous year	Expenditure	Current year	Previous year	Income	Current year
830,422	To Administration expenses	1,486,557	15,332,203	By Hospital receipts	20,893,530
3,958,789	To Depreciation	3,957,033	688,636	By Other receipts	1,327,534
12,509,840	To Employment cost	13,476,863	2,179,493	By Donation	2,412,802
3,256,042	To Hospital consumables	5,759,955	9,547,218	By Net deficit transferred to Mumbai HO a/c	10,748,963
30,435	To Insurance	28,696			
4,430,682	To Medical relief & assistance	7,484,500			
211,601	To Other consumables	333,965			
1,581,055	To Power & fuel	1,874,537			
806,684	To Repairs & maintenance	1,069,106			
62,700	To Rent, rates & taxes	14,203			
69,300	To TB Project	-102,586			
<b>27,747,550</b>		<b>35,382,829</b>	<b>27,747,550</b>		<b>35,382,829</b>

**Radha Mohan Mehrotra Global Hospital Trauma Centre, Abu Road**  
Balance Sheet as on 31<sup>st</sup> March 2012

Previous year	Liabilities	Current year	Previous year	Assets	Current year
30,853,934	Mumbai office control a/c	32,403,408	28,806,331	Fixed assets	30,269,185
987,453	Outstanding expenses	1,224,518	1,300,000	Fixed deposits – SBI	1,400,000
88,789	Advances for expenses	363,337	376,399	Sundry debtors	250,363
			367,853	Stock	561,178
			258,680	Advance & deposits	652,167
			26,059	Income receivable	155,553
			794,854	Cash & bank balances	702,817
<b>31,930,176</b>		<b>33,991,263</b>	<b>31,930,176</b>		<b>33,991,263</b>

Very nicely structured and well maintained hospital. The services provided are first class keeping in mind the quality care both for the patients as well as the hospital staff. Very impressive.

Dr Balram Airan  
Professor & Head, CTVS, Chief CT Centre,  
AIIMS, New Delhi

**Shivmani Geriatric Home, Abu Road**  
Income & Expenditure Account for the year ended 31<sup>st</sup> March 2012

Previous year	Expenditure	Current year	Previous year	Income	Current year
701,567	To Administration Exp.	713,639	173,300	By Donation	-
2,298,321	To Depreciation	7,440,367	1,126,751	By Other Receipts	81,70,750
728,305	To Employment Cost	1,893,730	5,141,815	By Net deficit Transfer to Mumbai Head Office A/c	6,846,395
430,393	To Hospital Consumables	2,227,188			
3,055	To Insurance	32,301			
8,637	To Medical Relief Assist.	2,196			
1,291,384	To Other Consumables	361,358			
478,762	To Power & Fuel	565,568			
501,442	To Repairs & Maint.	1,780,798			
<b>6,441,866</b>		<b>15,017,145</b>	<b>6,441,866</b>		<b>15,017,145</b>

**Shivmani Geriatric Home, Abu Road**  
Balance Sheet as on 31<sup>st</sup> March 2012

Previous year	Liabilities	Current year	Previous year	Assets	Current year
52,920,020	Mumbai Office	45,997,598	66,491,156	Fixed Assets	63,002,107
28,648,215	Outstanding Expenses	56,573,304	12,000,000	Fixed Deposits - SBI	36,500,000
222,171	Advance For Expenses / Others	222,000	-	Fixed Deposits - Axis	1,000,000
			3,400	Sundry Debtors	293,712
			18,885	Advance & Deposits	155,724
			35,533	Income Receivable	257,938
			3,241,432	Cash & Bank Balance	1,583,421
<b>81,790,406</b>		<b>102,792,902</b>	<b>81,790,406</b>		<b>102,792,902</b>

Since I visited last seven years ago, now I find lot of advancement specially in the field of diabetology, knee replacement, ophthalmic surgery, intensive care unit and overall care of the poor and sick.

Dr Karan Singh Yadav  
Vice Chairman, 20 Point Programme Implementation Committee, Government of Rajasthan  
& Former Professor and Head, Cardiac Surgery Department, SMS Hospital, Jaipur

# Compliance Report

*Credibility Alliance Norms Compliance Report*

## Credibility Alliance Norms Compliance Report

### Identity

The Global Hospital & Research Centre trust is registered with the Charity Commissioner of the Greater Mumbai Region (Mah.) under No. PTR/E/12573 dated January 5, 1990.

The functional units of the Trust, in the order of their establishment include:

- ➔ J Watumull Global Hospital & Research Centre, Mt Abu
- ➔ Brigadier Vora Clinic & Jyoti Bindu Diagnostic Centre, Baroda
- ➔ G V Modi Rural Health Care Centre & Eye Hospital, Abu Road
- ➔ BSES MG Hospital, Mumbai
- ➔ Global Hospital Institute of Ophthalmology, Abu Road (includes the wing named P C Parmar Foundation Global Hospital Eye Care Centre, Abu Road)

➔ Radha Mohan Mehrotra Global Hospital Trauma Centre, Abu Road

➔ Shivmani Geriatric Home, Abu Road

Permanent honorary positions of director and medical director of J Watumull Global Hospital & Research Centre, Mt Abu, are held by Dr Partap Midha and Dr Ashok Mehta respectively. BK Yogini is the honorary director for administration at BSES MG Hospital. Dr Banarsi Lal Sah is the honorary treasurer of the Global Hospital & Research Centre trust. The Trust Deed is available on request.

### Trust Registration

■ Under section 12A of the Income Tax Act, 1961 vide No. TR/27348 dated January 15, 1990.

■ Under section 35AC, vide notification No. S.O.1085 (E) dated 14.5.2012 valid for AY 2013-14, 2014-15 and 2015-16.

■ With the DIT Exemptions, under section 80G, vide registration No. DIT(E)/MC/80g/1303/2008/2008-09 valid till assessment year 2012-13.

■ Under section 6 (1) (a) of the Foreign Contribution (Regulation) Act, 1976 (FCRA registration No. 083780494 dated December 18, 1991).

### Name & Address of FCRA Bankers

Union Bank of India, 11 Vithal Nagar Co-op Hsg. Society, 10th Road JVPD Scheme, Vile Parle (West), Mumbai 400056.

### Name & Address of Auditors

Balkrishna T Thakkar & Co, 6th floor, 602-603, "Saffron", Near Bank of Baroda, Ambawadi, Ahmedabad, 380006

### Vision & Mission

**Mission:** To provide world class complete healthcare services responsibly and with a human touch at affordable prices.

**Vision:** Healthcare for all irrespective of social or economic background.

### Governance

The Global Hospital & Research Centre trust Board met five times during the year 2011-12, on May 15, September 11, October 18, January 2 and February 19. Minutes of the Board meetings are documented and circulated.

A Board Rotation Policy (of non-rotation) exists and is practised. Minutes of the Board meetings are documented and circulated.

The Board approves programmes, budgets, annual activity reports and audited financial statements. The Board ensures compliance with laws and regulations.

### Accountability & Transparency

No sitting fees or travelling expenses have been paid since the inception of the foundation, to any Board member, trustee or shareholder.

Only one Trustee received remuneration for professional services rendered to any hospital unit. BSES MG Hospital Medical Director and Trustee Dr Ashok Mehta received a sum of R49,15,825 (Rupees forty nine lakh fifteen thousand eight hundred twenty five only) for services rendered to the Mumbai unit.

Remuneration of Dr Partap Midha, Director, J Watumull Global Hospital &



## Details of Board Members

Name	Age	Gender	Position on Board	Occupation	Area of competency	Meetings attended
BK Nirwair	74	M	Managing Trustee	Social worker	Social Service	5/5
Dr Ashok Mehta	75	M	Trustee	Medical Director & Consultant Cancer Surgeon, BSES MG Hospital, Mumbai	Hospital Management & Oncology	4/5
Gulu Watumull	63	M	Trustee	Business person	Business	2/5
Mahesh Patel	60	M	Trustee	Chartered accountant	Healthcare	1/5
Prakash Vaswani	56	M	Trustee	Business person	Industrialist	1/5
Raghunath L Wadhwa	78	M	Trustee	Chartered Accountant	Banking & Finance	4/5
Dr Partap Midha	62	M	Trustee	Director, J Watumull Global Hospital & Research Centre	Hospital Management	5/5
Yogini Bhupatrai Vora	61	F	Trustee	Director, Rajyoga Centres, Vile Parle Sub-Zone	Social Service	4/5
Kishore D Shah	62	M	Trustee	Business person	Business	5/5
Jeetendra G Modi	70	M	Trustee	Business person	Civil Engineering	2/5

Research Centre: Nil

Domestic travel expenses incurred for trustee Dr Partap Midha was Rs.44196. Dr Ashok Mehta was reimbursed Rs.56224 for the same.

Monthly remuneration of 3 highest paid staff members:

- 1) D409,652
- 2) R301,807
- 3) R294,071

Monthly remuneration of the lowest paid staff member: R4410

Total cost of international travel by all personnel (including volunteers) & Board members: R445,202 (only for BSES MG Hospital for Dr Ashok Mehta, nil for other units)

### Staff Details (as on March 31, 2012)

All trustees are "volunteers" giving their time pro bono. They are not included in these details. This excludes cleaning labourers, paid volunteers and trainees being paid a stipend.

Gender / Staff distribution	Male	Female
Paid full time	388	346
Paid part time	3	10
Paid consultants	40	30
Unpaid volunteers	44	31

### Distribution of staff according to salary levels (as on March 31, 2012):

Slab of gross salary (Rs.) plus benefits paid to staff	Male	Female	Total
<5000	107	37	144
5000-10000	176	138	314
10000-25000	97	171	268
25000-50000	32	26	58
50000-100000	15	12	27
>100000	4	2	6
<b>Total</b>	<b>431</b>	<b>386</b>	<b>817</b>



**Excellent mode of running a hospital achieving social as well as spiritual objective.** The facilities, cleanliness, hospital modus operandi and treatment provided are just outstanding and worth emulating. I wish all success in the objectives and purpose for which it is running.

# How You Can Help

*Wishlist: equipment and community endeavours for which support is sought*

Hopefully, reading this annual report would inspire you to help sustain the hospital activities. Please consider sponsoring:

## **Vision Centres:**

Since the existing Vision Centres are functioning so well, two more Vision Centres (see page 20) are in the pipeline to augment the remote eyecare services. The outlay for each Vision Centre is about R4 lakhs.

## **Marketing services to remote communities:**

Marketing is usually disparate from service rendering departments. The approach of J Watumull Global Hospital & Research Centre, however, is to market services by giving potential beneficiaries a taste of what's on offer. Consultation programmes are arranged in villages and small towns for village communities to consult the hospital specialists. Patients needing treatment are referred back to the hospital. It costs R3.6 lakhs to sustain these marketing/consultation activities for one year. Another R4.5 lakhs is needed annually to cover the expenditure on treatment subsidies given to patients hailing from economically underprivileged backgrounds.

## **Update of library books and journals:**

A onetime grant of R5 lakhs would help update the hospital library.

## **Diagnostic services & medicines for poor patients:**

Every day, numerous poor patients consult the hospital specialists for a range of health ailments. Most of these patients cannot afford the laboratory and imaging diagnostics they must undergo to enable an accurate diagnosis of their disease. As a result, about 60 percent of the laboratory services are conducted for no charges. A significant proportion of other patients are offered rebates in charges. It costs about R36 lakhs annually to cover these subsidies.

Also, many poor patients cannot afford the cost of the medication they need to get better. Around R12 lakhs is needed per year to cover the cost of medicine given to poor patients.

## **Juvenile Patients Fund:**

This fund enables children (aged under 16) hailing from poor households to avail free hospitalisation and diagnostic services. Contributions of any denomination are welcome. The annual outlay of this project is about R10,00,000.



*Community Medical Services Advisor Dr BS Deora with a child TB patient*

## **Staff training and skills upgrade:**

Consultants, nurses, paramedics and technical staff are encouraged to undergo short training programmes and attend conferences (once a year) to update their skills. The costs of such participation and travel is met by the hospital. An annual contribution of around R5 lakhs would help meet such staff development costs.

## **Miscellaneous equipment needed:**

New OT table: R400,000  
Anaesthetic gas monitor: R450,000  
C-Arm Image Intensifier: R10,00,000  
Dental RVG: R400,000  
Dental light cure: R20,000  
New dental chair: R200,000  
ECG machine: R200,000

Biphasic defibrillator with pacing and AED: R300,000

Anaesthesia machine for paediatric ophthalmic surgery: R120,000

Phaco with vitrectomy: R13,00,000

Perimeter (Visual field analyser): R13,00,000

Multiparameter monitors: R210,000 x 3nos.

Electrosurgical unit: R300,000

Suction unit: R30,000

Pulse oximeters: R50,000 x 2nos.

## **Infrastructure development:**

The 8-bed ICU in the Trauma Centre needs to be further developed. This is estimated to cost about R54,00,000.

## **Nursing College:**

The upcoming Nursing College at Abu Road needs support for a bus, for the creation of a library and furniture. All this would cost about R45,00,000.

## **How you can contribute:**

From India:

Send a demand draft favouring 'Global Hospital & Research Centre' to:

The Director/ Trustee  
Global Hospital & Research Centre  
P O Box 35  
Mt Abu 307501  
Rajasthan

From Overseas:

Overseas telegraphic transfers may be made to the hospital FCRA approved account number 408101010017030 in the name 'Global Hospital & Research Centre', with the Union Bank of India, Vile Parle (West), Mumbai.

Please intimate the hospital by fax (91 02974 238570) or email (ghrcabu@gmail.com) when you transfer money from overseas so that the transaction can be followed up with the bank. Donations of smaller denomination may also be made using Paypal. Please email ghrcabu@gmail.com for more details.

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*The whole purpose of education is to turn mirrors into windows.*

-Sydney J. Harris



Feel free to mail us with your inquiries or support at :  
E - [niv@nivartcentre.com](mailto:niv@nivartcentre.com)  
Or call +91 9810128802



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