

SUMMER SPECIAL !



VOLUME 2, ISSUE 3

March-May 2010

JPN Apex Trauma Centre Newsletter

Prof MC Misra, Chief, JPNATC, AIIMS



I sincerely feel that there should be continuous efforts by all of us to bring quality assurance in each area of trauma centre. Tremendous efforts have been put in by our faculty, residents, staff nurses, technicians, physiotherapy unit and radiographers, despite severe shortage of manpower in some service areas. Our accounts and store personnel have made all out efforts to procure machinery, equipment and essential drugs which are so vital for smooth and efficient patient care. Computer facility at Trauma centre needs special mention for spearheading computerization of the centre in several areas including initiation of call centre. We must put on record our appreciation for transport, security & sulabh personnel involved in keeping the centre efficient, clean and secure.

Delhi is preparing itself to host Commonwealth Games 2010. Trauma Centre has been designated as one of the definitive care facility for the CWG 2010. I am confident that with our team effort, we will do our best to come to the expectation of all during the conduct of the games in City of Delhi.

General cleanliness & maintenance of the hospital including shining floors and window panes, biometric attendance, access control, CCTV and similar measures although directly not contributing to patient care, actually help in improving the standard of care and consequently the outcomes. The above are surrogate measures to subtly help patients, relatives, visitors and staff understand that attention is being paid to details(s) and that this attention to detail will also reflect in patient care. It is therefore appropriate for me to say that this newsletter is also a significant effort in improving patient care. I compliment the editorial team led by Dr. Deepak Agrawal in bringing out this 3rd issue of the newsletter.



FROM THE EDITORS' DESK

There have been many new developments at JPNATC over the past few months and this newsletter showcases them vividly. The articles capture the depth and breadth of talent and innovations which are present and continue to thrive at JPNATC.

However, any institution can only prosper if innovative ideas are nurtured and supported and its people provided the right encouraging environment. In public funded institutions in India, mediocrity rules as incentives & rewards for excellence are lacking and penalties for poor performance are non-existent.

There are always pockets of brilliance but these are because of individuals who appear to be swimming against the current. Too often, one tends to take the easy path out and becomes a part of the 'system'.

I am proud to say that till now JPNATC has managed to 'swim against the current' and has incubated many new ideas and innovations which are now being implemented at JPNATC and setting benchmarks in patient care, not only in India but all over the world. I hope you enjoy reading this newsletter as much as we enjoyed compiling it.

Deepak Agrawal drdeepak@gmail.com

Inside this issue:

ATCN Course for nurses in India	2
MRMCM -2010	3
Medical writing	4
Top Abstracts	4
Non clinical Jobs For Nurses	5
Innovations & Technology in JPNATC	6
Launch of new look JPNATC website	8

HIGHLIGHTS

JPNATC is now on:



twitter.com/jpnatc



facebook.com/jpnatc



See back page for details!

EVENTS- Inaugural Course of ATCN Held in JPNATC

International ATCN® Program

The ATCN® course has been offered to nurses since the mid 1980's. In the USA and some other countries where ATCN® has been running, it has been made mandatory for nurses to be trained in ATCN®. In many countries all those nurses working in the Emergency Departments and dealing with trauma have to mandatory pass the ATCN® Course. The course has been helpful in creating a baseline cadre of nurses who are trained in basic trauma management and organization of a trauma system, in the in-hospital phase.

SCOPE IN INDIA: The Trauma Care systems can be analyzed in relation to the three most important aspects of trauma care viz. Pre-Hospital, In-Hospital Acute Care and In-Hospital Definitive care. The definitive care has been provided in India according to the international standards of care, but the two areas which need urgent attention are the Pre-Hospital



ATCN Inaugural Provider Course 11 - 13 March 2010

Care (Emergency Medical Services) and the immediate care that a patient receives when he reaches the hospital (Acute trauma care). There is an urgent and pertinent need to develop protocols and training modules in both the areas of Chain of Survival.

The ATCN® is a copy right course of the Society of Trauma Nurses USA and is the only internationally accepted Course in Acute Trauma



is the only internationally accepted Course in Acute Trauma

Care. The ATCN® is an evidence based course and is up-graded at regular intervals by the core team of international trauma professionals.

Course structure:

1. Interactive lectures
2. Skill stations
3. Demonstrations
4. Group discussions
5. Simulated patient scenarios
6. Written exams

Duration of ATCN® Provider Course:

Three days

Course fee: Rs. 10000.00 (Ten thousand only)

Course fee includes study material, consumables used during hands on training, and Breakfast and Lunch on all three days

Duration of ATCN® Instructor Course:

Two days

Course fee: Rs. 6000.00 (Six thousand only)

Course fee includes study material, consumables used during hands on training, and Breakfast and Lunch on all three days

EVENTS - World Health Day Celebrated at AIIMS on 7 April

As part of World health day, Ministry of Health & Family Welfare in Collaboration with All India Institute Of Medical Sciences & WHO organised an Exhibition & Panel Discussion on "Urbanisation & health-Challenges & Solutions" on 7th April at AIIMS.

The Exhibition was inaugurated by Honorable

Union Health Minister of health Sh.Ghulam Nabi Azad. The JPNATC



exhibition stall was much appreciated by the minister. The JPNATC Ex-

hibit consisted of models and posters demonstrating the Road safety measures, Team Work in Patient Care, Advanced treatment modalities & facilities provided in Trauma Centre which helped to provide awareness to the public.



EVENTS- MRMCM 2010 CONFERENCE

The National conference on "MEDICAL RESPONSE TO MASS CASUALTY MANAGEMENT" first of its kind was held on 6th & 7th of May which was organized by JPN Apex Trauma Centre, All India Institute of Medical Sciences in association with National Disaster Management Authority of India at 'DRDO Bhawan', New Delhi. We had distinguished international experts who shared their valuable insight and experience in the field of disaster management.

Our vision was 'to build a safe and disaster-resilient India by developing a holistic, proactive, multi-disaster and technology-driven strategy for Disaster Management. More than 300 delegates including Doctors, nurses & paramedics attended the conference which made it a huge success. Conference promoted the need to develop a culture of prevention, mitigation and preparedness to generate



a prompt and efficient response at the time of disasters. Exhibition of HAZMAT vehicles & instruments used for management in CBRNE exposure was conducted which was an informative experience.

CME Program For Nurses at JPNATC



Nurses are an integral part in medical care & its important for updating their knowledge so as to provide effective patient care. In this view, Continuous medical education (CME) has been conducted for nurses every month which helps them in

specialized care for trauma patients. Classes are taken by faculty of each department. Almost 150 nurses has been trained yet and we are starting the next cycle of training from next month. We specially thank Dr MC Misra, Dr Deepak Agrawal & our DNS for their support & cooperation.

AWARDS & HONOURS



We are happy to introduce Mr Anand S. Mandia, who is working as lab technician in the blood bank of JPNATC who is active both in trauma activities as well as in sports. He has participated & won number of achievements in state & national level by represent-



Inter ministry best physique championship 2009-10

ing JPNATC, AIIMS through the team of Ministry of health. Along with these appreciations, the recent achievements includes first prize in interministry Powerlifting & benchpress championship 2009-10, second prize in inter ministry best physique championship 2009-10 which adds charm to his hardwork & passion to sports. Our faculty really supports & encourages the extra talents in the em-

ployees which is essential for their growth. As he adds, "Your health and fitness is the nucleus for which you establish self-respect, individual pride & discipline. It carries over into every aspect of your life. All you really need is your mind, your body and a desire to be fit."



WHAT IS FAT: - Fat is important component of diet and serve a number of function in the body. Fat is a concentrated source of energy and it supplies per unit weight more than twice the energy furnished by either protein or carbohydrate. It also imparts palatability to a diet and retards stomach emptying time.

HOW MUCH FAT IS REQUIRED

- The total fat/oil content in the diet - 10-15gm/day (2-3 tsp) per person.
- Fat from varied source is better than any single kind.
- Use of either groundnut, rice bran, sesame or sunflower, corn, cotton seed oil, sunflower, corn along with mustard or soybean oil.
- Regular consumption of foods which are good source of alpha-linolenic acid like green leafy vegetables, fenugreek, mustard, cowpea, rajmah, blackgram.

TIPS TO REDUCE FAT

1. Choose leaner cuts of meats such fish and poultry.
2. Use skim milk and its products like cottage cheese, curd instead of whole fat milk.
3. Cook using low fat methods baking, broiling, steaming and roasting.
4. Chill soups to remove excess fat that hardens.

Myths	Recommendations
A zero fat at diet is excellent for fat reduction	Some amount of fat in the diet is essential for proper functioning of the body
Vegetable oils cannot increase blood cholesterol because they are cholesterol free	Vegetable oils do not contain cholesterol but if consumed in excess can cause increase in total fat intake and too much fat in the diet increase the formation of the cholesterol in the body
Vanaspati is as good as ghee	Vanaspati contains "trans fatty acid" which are more harm full than the saturated fat present in the ghee
Children should be given large amount of desi ghee and butter (saturated fat) for good health	Excess intake of saturated fat can lead to obesity which can subsequently lead to the diabetes at an early age. Thus there should be a balance intake of all the nutrients including fats.

5. Avoid all fried foods like parantha, puri, samosa & desserts

RESEARCH : Is there a relation between monthly alcoholic handrub (Sterilium®) consumption in neurosurgery ward and gross infection rates?

Ms Princess Sebastian



Background: Alcohol based hand rubs like Sterilium® are considered better than hand washing in decreasing spread of infection in a busy clinical setting. Whether increased use of these hand rubs leads to a decrease in the incidence of gross infection rate remains to be studied.

Aims & Objectives: To study the monthly consumption of alcoholic hand rub (Sterilium®) as well as monthly gross infection rates in one neurosurgery ward and see for any correlation between them.

Materials & Methods : This was a retrospective study carried out over 6 month period (March- August 2009) in a 30 bedded neurosurgery ward (including a 6 bedded HDU). The number of admissions per month as well as the monthly consumption of alcoholic hand rub

(Sterilium®) was recorded. The total incidence of positive tracheal, blood and urine culture were also recorded monthly and gross infection rate was calculated as (total number of infections per month/ total number of admissions in the month) X 100

Observations & Results: The gross infection rate varied from 17% (March 09) to 31% (August 09) with a mean of 22.5%. The consumption of sterilium varied from 30 bottles/ month (April 09) to 75 bottles per month (July 09). No correlation was found between the monthly consumption of sterilium and gross infection rate.

Conclusions: This study shows that optimum use of handwashing may decrease the cross-contamination rate but not the primary infection rate. However, larger studies are required for assessing the reasons behind this finding.

RESEARCH: Effect of Intravenous Midazolam on ICP during Endotracheal Suctioning in Severe Head Injured Patients

Ms Anjusha T



Background: Patients with head injury require elective ventilation. The authors have previously shown that there is a significant rise in intracranial pressure (ICP) during endotracheal (ET) suctioning in spite of patients being fully sedated. As any rise in ICP even for a brief period may be detrimental for the patient, there is a acute need to assess interventions which may help in decreasing this rise in ICP.

Aims and Objectives: To assess the effect of pre-procedural bolus dose of intravenous midazolam on ICP during ET suctioning

Methodology: This was a prospective study carried out over one month period in neurosurgery ICU at JPNATC, AIIMS. All ventilated severe head injury patients who underwent ICP monitoring were included in the study. All patients were electively ventilated and sedated using fentanyl

& midazolam infusions. ICP monitoring was done using intraparenchymal Codman catheter. In the control group, ICP was monitored before, during and after ET suctioning and readings noted. In the interventional group 2 mg midazolam was given just before doing ET suction ICP readings similarly noted.

Observation: A total of 8 patients were enrolled during the study period. The mean age was 33 years (13-45years) and the mean GCS was 6.875 (6-9). Although both groups showed significant rise in ICP from baseline during suctioning, the mean rise in ICP in the control group was 24.1 mmHg (SD=11.1) was significantly higher as compared to mean rise of ICP of 18.25 mmHg in the intervention group (p=0.017).

Conclusions: Our Study shows that additional bolus midazolam prior to suctioning may significantly reduce the rise in ICP and should be practiced by ICU nurses.



Dear Readers, I am talking about QCC (Quality Control Circle), a concept of management which was initially applied to industry. Hospitals are also labor intensive organization and have been declared industry by Supreme court.

In hospitals we should not only improve the quality of patient care, but also increase the job satisfaction and work motivation of all the employees, reducing cost and maximizing employee's involvement and productivity. The primary aim of QCC is to provide better quality of working life to functionaries at all levels in an organization. The underlying belief is that when better quality of working life is assured, it motivates the hospital staffs for improving their work, in their delivery of medical care services/ productivity which may even lead to cost reduction.

Quality circle are group of seven to twelve employees from the same unit / department who meet regularly to identify, analyze and

recommend solution to their work related problems. Membership must be voluntary so that the employees do not feel manipulated and therefore, resentful or coerced or threatened. The key to successful quality circles is good planning and a well thought out, through implementation plan. There should be a steering committee (group of key individuals selected from the management, circle leaders & members) who are involved in making policy decision and setting up other details about planning, implementing and evaluating the whole circle program within a hospital.

The quality system should be aimed to achieve, sustain and improve the quality of products services, secondly assurance to the management that internal control are effective and thirdly assurance to the customer that the services conforms to his requirements. The quality circle training to hospital staff and successful implementation of this management approach will go a long way in improving the quality of patient care.

Non-clinical Job Options for Nurses

Mrs Kumkun Rajput, TNC



Health care profession, especially nursing has always been physically and emotionally demanding. The work of nurses is characterized by high work demands, the need to learn new technologies, to work to increasingly intensified schedules, and to respond to emergencies. In many cases their work is performed in both a

bureaucratic and professional hierarchy, and some nurses may experience a lack of control. This lead to stress and feeling of personal & professional dissatisfaction over a period of long time. Moreover, Nursing is a physically demanding job requiring standing for very long periods of time.

For a variety of reasons, some nurses may seek non-clinical roles at some point in their careers. A non-clinical job is one that does not involve direct patient care. Nurses have a variety of options from which to choose. Many options for nurses are similar to some of the non-clinical careers for physicians. Below are a few options:

Healthcare recruiting- As the name suggests, Healthcare recruiters help to find qualified candidates for healthcare jobs. Recruiters help market and sell the job opportunity to healthcare professionals.

Healthcare Information Technology (HIT) Healthcare IT is the use of computer and digital technology in medical facilities to increase the efficiency and effectiveness of clinical healthcare for patients and providers. Healthcare IT can include but is not limited to electronic coding and billing systems, electronic medical records (EMR), and networks for digital imaging such as PACS.

Clinical knowledge is very valuable in the Health IT field. Clinicians who transfer into health IT may come from a background as a physician or a nurse, or from a laboratory career or other allied health technologist. Nurses may be seeking a new challenge, or new

ways to apply their clinical knowledge and experience to process improvement, or a change out of direct patient care. Careers in nursing informatics, clinical process improvement, and service line analysts are a few of the most common careers for former clinicians.

Medical Writer Working as a medical writer is another option for nurses who are seeking a non-clinical job in the healthcare industry. Medical writers cover a variety of topics and often write about medical research, regulatory affairs, or general medical knowledge. Medical writing is used for a variety of media such as medical textbooks, marketing brochures or advertising, product packaging, white papers, healthcare websites, or even writing for on-hold messaging scripts.

Patient Advocate Nurses often serve as successful patient advocates due to not only their clinical knowledge, but also their knowledge of how the healthcare system works.

Medical Consulting Nurses may consult with medical practices, insurance companies, pharmaceutical companies, law firms, or hospitals on a variety of areas of expertise within the medical and nursing fields.

Legal Nurse Consultant Nurses may provide clinical expertise and analysis on medical liability cases, or criminal cases needing medical forensic analysis or medical expert testimony.

Business owner, independent consultant - Some nurses may incorporate themselves as a business, and provide a plethora of services incorporating many of the above roles into their business.

Healthcare Executive Hospital administrator, Chief Nursing Officer.

Gone those days, when nursing is meant only by bedside patient care. Now, with the globalization these all career options are being outsourced to India especially in private sectors. These are the various career options which can be choose by nurses depending upon their situation requirement.

INNOVATION: LIFT CONTROL ACCESS SYSTEM AT JPNATC

A patient stretcher lift access control system has been installed for the first time in the world at JPN apex trauma centre, AIIMS, New Delhi. Research has shown that the likelihood of major complications occurring peaks during transport of the critically ill patients. These patients require to be transported with monitors, ventilators, infusion pumps, oxygen cylinders and other paraphernalia and time is essence during intra-facility transfer.

Frequently a lot of time is wasted in waiting for the lifts and when the lift does arrive, it is usually full of people who have to be either asked to come out or somehow adjusted. Even inside the lift, the lift stops at every floor increasing the delay and putting the sick patient at risk for adverse events. In the patient stretcher lift access control system at JPN Apex trauma centre, two lifts have been dedicated for patient transfer.

These lift doors have long range RIFD readers installed at every floor. In addition, all 180 patient stretchers (trolleys) and wheel chairs at JPNATC have been installed with RIFD cards. Whenever a stretcher comes near the designated lift, the lift gets automatically called and patient transfer times are dramatically reduced. This is an extremely patient friendly step and can have major benefits both tangible

The system has been installed for the first time in the world at JPN apex trauma centre, AIIMS

and intangible towards patient care.

Prof MC Mishra, Chief, JPNATC said that he was delighted to have the system in place and especially proud as this was the first installation in the world for such a system. The aim of introducing these measures is to improve every facet of patient care so as to meet the mandate given to this institute. He further said that technology can only be helpful if it is implemented with a human face. The technology required to implement the patient stretcher lift access control system has been available for a long time. However, only we at JPNATC have innovatively managed to put this technology for use directly by patients and healthcare workers.



NEW ACQUISITION: First Complete Multidimensional Cranio-spinal Imaging System installed at JPNATC

April 20th, 2010: For the first time in Asia, JPNATC launched a state-of-the-art robotic x-ray imaging device that is engineered to capture some of the most comprehensive intra-operative images, optimized for cranio-spinal surgery. Called **O-arm™ Complete Multidimensional Neurosurgical Imaging System**, the device, in simple terms, is designed not only to offer the combined functionalities of a C-arm imaging system and a CT scanner right

inside the operating room, but also to offer more advanced, automatic multi-planar views to deliver very high quality 3-D volume imaging during surgical procedures. The O-arm with integrated navigation system has the potential to cause a paradigm shift in the treatment of spinal fractures as it safety of the procedure and quality of patient care. This is especially valuable in a training institution like AIIMS, where a novice trainee can achieve results equivalent to that of an expert using the O-arm. Besides, O-arm imaging involves decreased imaging time in the OR. Scan time is faster and the robotic repositioning to acquire additional images is automatic. Though the device is presently intended for use in spinal surgery procedures, the O-arm imaging system is designed to be extended to other cranial procedures where navigation is required.

The first patient being operated in O arm in JPNATC



MILESTONE: Mobile CT scanner completes 1400 scans in neurosurgery ICU!



The mobile CT machine at JPN Apex Trauma Centre has two milestones to its credit: Being the first mobile CT scanner in government facility in India and doing a record 1400 head CTs' in 10 months in the neurosurgery ICU of JPNATC

The reasons for purchasing a mobile CT scanner at JPNATC were many:

1. A major challenge was shifting critically ill patients from the ICU to the stationary CT scanner. Most of these patients are hemodynamically unstable, on ventilator, and on multiple drug infusions. During shifting, major adverse events can occur which can endanger the life of the patient

2. Although there is a full fledged CT Scanner at JPNATC, there are times when the scanner is not functioning or busy. Patients with suspected severe head injury who come to the emergency room have to be shifted to main AIIMS which is very time consuming and fraught with danger. A mobile CT acts as a standby CT and can

quickly be transported to the emergency room or operating room as and when required

Advantages offered by the Scanner

MOBILITY: CT scanner can be moved to patient's bedside and scan done very easily without disconnecting from the monitor, ventilator or drugs.

SPEED: Scan is done very quickly with average time of less than 10 minutes from ordering to transmission into PACS.

QUALITY OF IMAGES: The image quality rivals that of high end stationary scanners and is exceptionally good for the scanner of its size



Mobile CT Scanner doing a scan on the patient

The Treasure I overlooked.....

Ms. Sheenu Thomas



Just when I think, I know it all; life comes up with a bolt from the blue and stumps me. God could not be present in person with each of us so I think he went ahead and created parents to be at our side through all our

trials and tribulations.

To guide us, comfort us and more importantly give us a whack when required, to bring us down from the lofty heights, our pride leads us.

No matter how many degrees we have to our credit, how techno savvy or the so called "cool" things we might be, everything becomes worthless in front the wisdom that our elders have.

I had decided to write something else for this edition of the newsletter however something happened in between which made me to come up with this. Hope this helps all of you as much as it helped me.

It started with our hunt for a house. Now to buy a house in South Delhi is a Herculean task. If you like the house, you don't like the locality, the localities you like are beyond the means of an honest govern-

ment employee. So when this goes on for weeks and months you tend to get aggravated specially people of my generation who want everything instantly, patience is a virtue that I presume got redundant as the generations went by.

Nevertheless, I'm a proud daughter, my pride comes from the fact that I'm the daughter of an honest government employee who stuck to his principles during his tenure, still does and will always. His teaching of honesty, sincerity towards one's job and proceedings of daily life have helped me and my sister to come a long way with our heads held up high.

However, this business of house hunting made my feeble mind to question the ideals that my parents have stood for, are these virtues useful in today's world. How can they possibly be of any use when we are going through so much trouble? What has life long dedication and sincerity given my parents? All this and more doubts began to sprout in my mind till my mother came to my rescue.

Over a half burnt roti that resembled the shape of probably Africa (courtesy me - you see I have the credit of making rotis resembling any country one might like),

I poured out to my mom all that was troubling my mind as to what's the use of all

these virtues when we are going through so much trouble to buy a house? Her one simple question in response to all my questions gave me the ultimate answer. That put my mind to rest and put me right back on track. Her question was "What is actually a house?" Can a big duplex be called a house if it does not have people living inside it? A house attains its true purpose only when it's filled with people who are content; have a clear conscience and go to sleep peacefully every night? For my mom it's the four of us that made the house not the walls and bricks. This realization uprooted all the misgivings within me.

Well that was it, the ultimate answer to all my questions. The small minute things that I took for granted were the foundations to a happy home which are priceless as compared to the no. of rooms once house might have or the locality it might be in.

Dear readers, we are so engrossed in things that we don't have, we forget to appreciate the gifts we already have. Our parents and elders in our family are the greatest treasures of our life learn from them and cherish the simpler things in life.

"The oldest tree bears the sweetest of fruit and such is its virtue that it still bows down in all humility"

JPNATC on Twitter & Facebook!

<http://aiims.edu/aiims/departments/depart.htm>

Also on www.jpnatc.com

A new look website (beta version) for JPNATC has been launched with the aim of capturing the vibrancy and dynamism present at JPNATC. The website has a clean interface and its USP is the freshness (it is updated daily) and interactivity offered. JPNATC is now also on facebook (www.facebook.com/jpnatc), twitter (www.twitter.com/jpnatc) as well as on Google groups (www.groups.google.com/group/aiimstrauma) and the website integrates all the three social messaging sites so that patients and staff can stay connected with latest in trauma as well in JPNATC. The 'tweets' are reflected in real-time in the 'breaking news section' of the home page showcasing the cutting edge of technology of the website.

The website home page also has a 'featured story' which is updated regularly and tells something new or interesting happening at JPNATC. There is also a signature video on the home page which is 'must see' for all visitors.

Copyright © 2009-10, Jai Prakash Narayan Apex Trauma Center Site disabled friendly | Last Updated: Wednesday, 26 May 2010

It is a pleasure to walk through the various tabs and see the work which has gone into its making.

The *crème-de-la-crème* is the CRM on the website which on logging in gives faculty and selected staff a personalized overview of the patients currently admitted under them, appointments for the week, their monthly rota, official email and notices in an integrated format (see left). When fully functional this will be act as true IT enabler for faculty and staff at JPNATC. The website and the CRM were conceptualized by the computer facility at JPNATC and implemented by a third party. Although undergoing beta testing, do browse around and give us your valuable feedback.

CONGRATULATIONS!!!



Ms Sheenamol working in TC3 ICU



Ms Sheeja working in ED



Ms Kumkum Rajput working as TNC



Ms Linda Liz working in ED

Recent marriages (Contd)

- Mr Praveen Working in TC 5 Ward
- Mr Kamal Kishore working in TC2 ICU
- Mr Altaf working in TC5 Ward
- Ms Sowmya working in TC5 Ward
- MS Jisha George II working in OT

BLESSED WITH BABY

- Mrs Sunita Doukiya working in OT blessed with a baby boy
- Mrs Sheeja Shaji Working in TC4 blessed with a baby girl!
- Mrs Sindhu Kumari Working in TC7 blessed with baby girl

- Mrs Anita B working in TC7 blessed with boy baby
- Mrs Jincy working in Tc5 Blessed with baby boy
- Mrs Neethu Verma working in TC6 blessed with baby boy
- Mrs Liby N Baby (TC6) blessed with Twin baby boys