



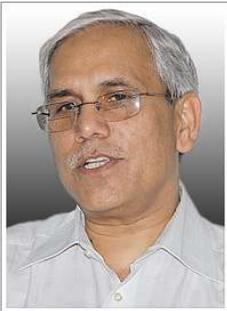
**CWG DELHI 2010
ISSUE**



VOLUME 3, ISSUE 5

AUGUST 2010

JPN Apex Trauma Centre Newsletter



Prof MC Misra, Chief, JPNATC

It gives me great pleasure in releasing the special common-wealth games Delhi-2010 issue of the JPNATC newsletter. We were able to successfully host the CWG 2010. We were also put to test our preparedness at trauma Centre, when we received 23 patients following an over bridge collapse during the last lag of preparations for the CWG 2010. I compliment everyone who was involved in the care of these patients. I feel extremely satisfied that all 23 patients not only survived but also recovered and shall return to society functional. Organizing CWG 2010 has metamorphosed the infrastructure of the city of Delhi. JPNATC also benefited by having a state-of-the-art disaster ward being commissioned in time for the games. This is the legacy that the games will leave behind for the people of India. It is also a matter of pride that majority of the nursing awards given by AIIMSONIAN jury have gone to JPNATC nurses. JPNATC also continued to excel in governance and was awarded the prestigious mBillionth award south Asia 2010 in M-Health as well as the e-India Jury's choice award in the m-governance category in the last two months. It has been possible only because of the hard work and sincerity of the entire faculty, residents, nurses, technicians and other staff engaged at trauma centre. I am fully aware of the fact that at times all of us work in difficult circumstances and things do not happen, as we want them to happen. I congratulate Dr. Deepak Agrawal and all the team working with him to successfully bring out another issue of newsletter..



FROM EDITORS' DESK

This CWG issue highlights the triumph of individuals over a system. Indian athletes have come on the world stage and the CWG just provided a platform for these exceptional individuals to showcase their talent to the world. In any government organization there is no dearth of talent. However, due to multi-

ple causes, this talent is not leveraged for the benefit of the organization and society. Media has a huge role to play in recognizing this vast pool of talent and disseminating it in the society. This newsletter is dedicated to the humongous talent in India and showcases the talent in JPNATC in its own small way.

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JPNATC wins multiple awards in e-governance- see back page for details



This months focus department-Radiology

The Medical Facility Developed at JPN Apex Trauma Centre for Common Wealth Games- 2010



Jai Prakash Narayan Apex Trauma Centre has always been providing outstanding patient care, teaching and research and public awareness programs as its contribution towards trauma care and Disaster management since the time of its inception. For the upcoming CWG 2010, Trauma Centre had been directed by the DGHS and Ministry of Health and Family Welfare, Govt. of India to set up a specialized area for the definitive management of the injured/ unwell athletes, officials and related

personnel coming for the CW Games in October 2010. This facility at JPN Apex Trauma Centre will be one of the three definitive care facilities for the Games personnel, other two being at the G B Pant Hospital and Dr R M L Hospital. It was then decided that the designated Mass Casualty Management area which is situated on the first floor, above the present Operating Rooms would be constructed into the medical facility with all sophisticated

patient care equipments under the guidance of our chief, Prof M C Misra.

The Facility would include a 20 Bedded

fully equipped Ward, 8 ICU Beds with Ventilator Capacity, one VVIP observation area, one peri-operative management cubicle and one fully modular & integrated operating room. At present doctors, nurses and paramedical staff

will be recruited from our trauma centre in rotation till new staff joins.

We are ready for any medical emergency during the games and thereafter as a legacy, the facility will be continued as ward for management of victims of Mass Casualty Incidents/ Disasters. We also welcome all foreign delegates who are the part of games and hope the games to be a success. JPNATC will always be providing compassionate care for acutely Ill patients with utmost dedication & specialized services as per our mission statement.



WARDS



MAIN ENTRANCE



WAITING LOUNGE



ICU



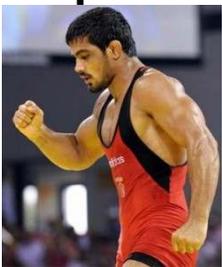
VVIP observation room

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FINAL MEDALS TALLY AT CWG DELHI 2010

Country	Gold	Silver	Bronze	Total
Australia	72	50	47	169
India	38	27	36	101
England	37	56	45	138
Canada	26	17	32	75



Saina Nehwal won the 38th Gold for India in the singles event

IN FOCUS: Radiology Department of JPNATC

The department of Radiology is a state of the art imaging centre located at the ground floor of the Trauma Centre. We have Dr Atin Kumar and Dr Shivanad Gamanagatti (Asst.Prof) as Faculty along with 4 Senior Residents and the technical Staff which includes technical officer Mr Dalbir Singh, 11 radiographers & 3 nursing staff.

The department is equipped with Digital radiography unit of Phillips installed in the casualty



Dr Atin Kumar, Mr Dalbir Singh, Dr Shivanand R. Gamanagatti, Ms. Sheeba Joseph, Mr Parmender, Dr Shrinivasan, Dr Ankur Gacodia, Dr Siram Jagandhan, Mr Ranjan, Mr Sharvan Kr, Mr Nitin, Mr Noor, Mr Bavesh, Ms. Aleyamma Biju

MRI of Siemens (Magnatom Avanto), five (2 digital and 3 conventional) portable radiography units, flat panel digital Subtraction Angiography unit of GE with full PACS connecting all the imaging equipments and providing radiological images to every wing/dept of the trauma center.



DSA Room

area, four ultrasound Doppler machine (2 in casualty, 1 in the department and 1 portable), a conventional radiographic unit of GE along with Computed Radiography unit of Fuji, a 40 slice CT scanner of Siemens (Somatom Sensation), a 1.5 T

The department's workload consists of an average of 4500 X-rays, 1300 portable X-rays, 600 ultrasounds, 1500 CT Scans, 130 MRI examinations and 10 Angio-embolisations per month. Really appreciable job is being done by our radiology dept even with the limited staff strength.



1.5 T MRI Machine at JPNATC

The Good, the bad & the ugly of CWG Delhi 2010



Cartoon seen on cartoonistsatish.blogspot.com



After a disastrous run up to the games all well which ends well! However, However, we sincerely hope all the corrupt are bought to book



Interactions between foods and drugs can have profound influence on the success of drug treatment and on the side effect profiles of many drugs. The interactions are not always detrimental to therapy, but can in some cases be used to improve drug absorption or to minimize adverse effects.

Recently, these interactions have more attention. Most food-drug interactions occur through three mechanisms:

- 1.Reduced rate or extent of absorption
- 2.Increased rate or extent of absorption
- 3.Through chemical/pharmacologic effects.

Avoid alcohol, or eating foods prepared with alcohol while taking medications like METROGYL and for at least three days after taking a course the medication (may cause nausea, abdominal cramps, vomiting, headaches, dizziness or flushing)."

Facts to remember

Read the prescription label on the container. If you don't understand something, ask your doctor or pharmacist.

Read all directions, warnings and interaction precautions printed on medicine labels and packages. Even over-the-counter medicines can cause problems.

Take medicine with a full glass of water, unless your doctor tells you differently.

Don't stir medicine into your food or take capsules apart (unless your doctor tells you to) because this may change the way the drug works.

Don't take vitamin pills at the same time you take medicine because vitamins and minerals can cause problems if taken with some drugs.

InFocus: Hospital infection control Nursing, JPNATC, AIIMS

The HICN (hospital infection control nursing) at JPNATC-AIIMS has come a long way from a single infection control nurse (Sr. Jacinta) managing the entire HIC related work to the creation of a dynamic infection control nursing team comprising of 4 members (Ms. Jacinta Gunjiyal, Mr. Amit Kumar Gupta ,Mr. Bhagwan Sahai Sharma,Ms. Sheenu Mary Thomas) .



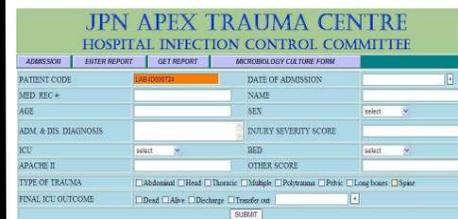
Dr Purva Mathur, Faculty Incharge of HICN

Under the vibrant leadership of the Prof. M.C. Mishra- Chief, JPNATC and able guidance of Dr. Purva Mathur, the HIC department at JPNATC has seen a paradigm shift from the usual surveillance methods to the development of an automated surveillance system for the reporting of DAI's (device associated infections).

Since infections are second only to head injury as the leading cause of mortality in trauma patients, electronic software



Ms.Jacinta Gunjiyal, Ms Sheenu Mary Thomas, Mr Amit KrGupta, Mr Bhagwan Sharma (HICN Team)



Software for entering HICN data

based surveillance systems can play a significant role in the identification of HAI's. Timely identification and estimation of DAI's (device associated infections) have proved to be helpful in the formulation and implementation of better policies and practices within the clinical areas particularly the ICU's e.g. strict implementation of ICU care bundles etc.

The surveillance forms for DAI's e.g. VAP, UTI, CRBSI etc, are filled up by the HICN's on a daily basis and entered into the program. This web based program also called as the HIC module can be accessed from most of the systems within the Trauma Centre. The results in the form of total device days, episodes of CRBSI's, UTI's, clinical sepsis, bundle compliance etc. is then generated by this program module.. The above mentioned method of surveillance is currently being used in both the ICU's at JPNATC.

Research : To study the duration of emergency department stay and, profile of injury in homeless patients in a level one trauma centre.
Ms Sonia Chauhan, TNC



Back ground and Objective: Immediate resuscitation and early disposition to definitive care improves outcomes. Homeless patients are neglected in emergency department (ED). We measured duration of ED stay and profile of injury in homeless patients at a level one trauma centre.

Method: Study was done from October 2008 to Sept. 2009. Homeless was defined as patients; who had no attendant and does not have any shelter. ED duration of stay was noted from the ED arrival time to entry time at the definitive care (ICU/Ward). Clinical and demographic details were recorded. Subjects who had (i) an attendant (ii) discharged from ED or (iii) expired in ED were excluded

Results: 41 homeless patients were admitted. Mode of injury among them was road traffic crash in 73.2%; assault in 7.3%; fall from height

in 7.3% & in 12.2% mode of injury was not known. Average Injury Severity Score (ISS) was 6.76, with a maximum of 34 and 1 being minimum. 24 subjects (59%) had Glasgow coma scale (GCS) of ≤ 8 (Severe head injury), 10 patients (24%) had GCS 9-12 (moderate head injury) & 7 subjects (17%) had GCS 13-15 (minor head injury). Breath alcohol test was positive in 13(%). The average duration of ED stay was 35(3 -173)hrs in homeless group and 12 (0.5-18) hrs for patient with attendant. 21 subjects were admitted in neurosurgery (51.2%) with average ED stay of 22.4 hours, 5 in surgery (12.20%) with average ED stay of 56.6 hours, 15 in orthopedics (36.6%) with average ED stay of 45.3 hours.

Conclusion: Emergency department stay of homeless patients was 35 hours. Orthopedic trauma subjects had prolonged disposal time. This addresses serious patient safety concern and immediate remedial measures.

Medical Writing: AGING CONSIDERATION & REHABILITATION

Ms Poonam Mishra, Physiotherapist



As we all know Physiotherapy is the most important rehabilitative service needed in a community and an integral part of a modern health care delivery system. Physiotherapy work not only for the injured or physically challenged alone, but also for healthy individual as well, Their role is crucial right from the neonatal to geriatric stage. They deal with a variety of conditions from sports injuries to mental health issues.

PHYSICAL EXERCISE, FITNESS AND AGING

From a philosophical point of view, one might consider movement to be the most fundamental feature of the animal kingdom in the biological world. Thus, life is a movement. Movement is crucial not only for securing basic needs such as food clothing and shelter but also for obtaining fulfillment of higher psychosocial needs that involve quality of life. Maintaining independence in thought and mobility is the universal desire that



is, unfortunately, not achieved by all individuals. The value of exercise and fitness is that they help to maintain fullest vigor possible as time ages every one. By exercising, it is hoped that one may enhance the quality of life, decrease the risk of falling and maintain or improve functions in various activities. Fitness, however, is more the aerobic capacity. It is a state of mind and it involves endurance



(physical work capacity determined by oxygen consumption, VO_2), strength, flexibility, balance, and coordination and agility. The benefits of exercise are systemic and may be viewed as being favorable for all body systems functions provided the phenomena of over use are abated before causing irreparable damage to the organism. The opposite is also true; the deleterious effects of immobility are profound. The

beneficial effect of the systemic response to aerobic exercise by the cardiopulmonary and cardiovascular systems as well as by the musculoskeletal system are fairly well recognized. A higher level of fitness is associated with a lower mortality rate. However, many exercise enthusiasts do not extol the benefits of exercise in order to lengthen lives. Rather, the emphasis is placed on experiencing a better quality of life by maintaining robust health and physical competence.



The beneficial effects of exercise on the action of various cells, tissues and systems and on the organism as a whole, as judged by comparing the findings with those of sedentary people are listed as 1. Aerobic capacity, 2. All cause of mortality, 3. Breast Cancer, 4. Cognitive function, 5. Colon cancer, 6. Depression, 7. Disability, 8. Falls, 9. Hyperlipidemia, 10. Hypertension, 11. Osteoporosis, 12. Sarcopenia, 13. Stroke, 14. Total adipose tissue, 15. Type 2 diabetes, 16. Walking speed

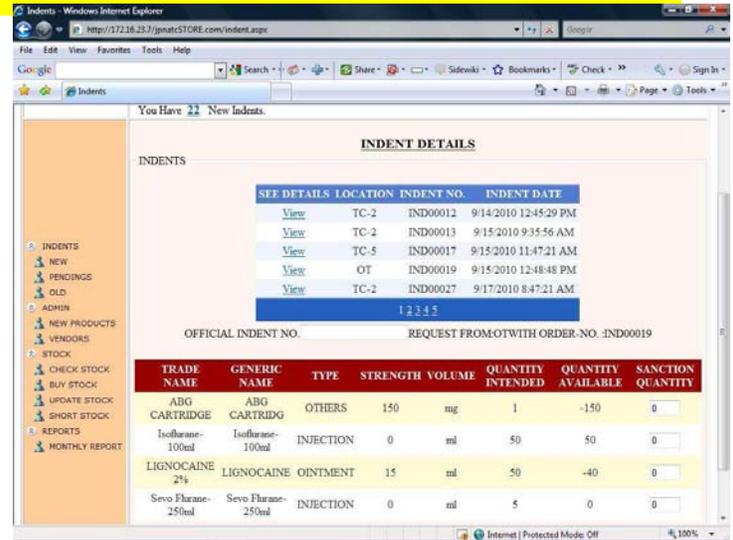
Computerized Store indent system in JPNATC

For the first time in AIIMS, store computerization has been implemented successfully and that too from scratch. In the first phase, the medical stores were computerized and a homegrown software was developed in JPNATC by two young software developers Vikas & Vishal. All sister incharges were given training in using the software and



Web interface of the computerized store system

computers installed in the nurses rooms across JPNATC. The store database was updated with all medicines, their rates and vendors. The USP of the software is that It is web based and can be opened through a



One can place indents on the system and view previous indents web browser on any computer in JPNATC (after authentication). Indents are sent and received through the system and stock status can be seen on the fly.

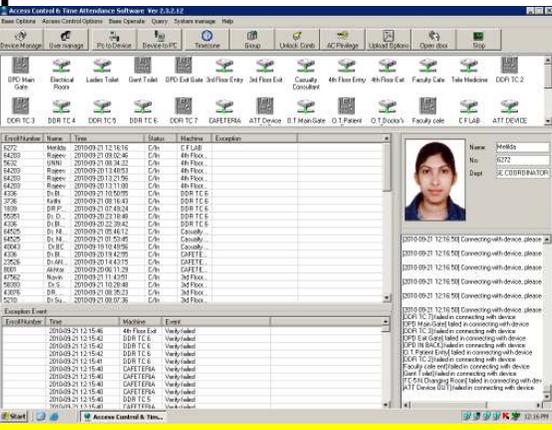
BIOMETRIC ATTENDANCE SYSTEM MADE COMPULSORY FOR ALL OUTSOURCED STAFF AT JPNATC

Another innovative project is the biometric system for the attendance started in Trauma centre. At present every sulabh workers are putting their attendance on arrival & departure of duty so as to keep an accuracy check on the number of personnel as well as punctuality. For this system a major exercise was undertaken by computer facility, JPNATC and fingerprints recorded for every sulabh employee on the biometric machines. The



Every JPNATC employee has been enrolled into the biometric system

The biometric attendance is linked to payment release to ensure compliance with the biometric attendance system. The system has been a huge success and besides verifying the employee count, has



One can view the log of every device /person on live basis

biometric attendance is verified against the manual attendance sent and anomaly is any is reported to the chief on a daily basis.

markedly decreased the problems encountered with the manual system. However, the system requires dedicated resources from the computer facility to function optimally, besides constant supervision from faculty to ensure transparency & ac-



Sulabh worker provides his thumb for analysing

DIFFERENCE BETWEEN LEADER AND BOSS

Ms Jacinta Gunjiyal, HICN



The **Boss drives** his workers; the **Leader coaches** them.

The **Boss** depends upon **authority**, the **Leader** on **goodwill**.

The **Boss** inspires **fear**, the **leader** inspires **enthusiasm**.

The **Boss** says "**I**"; the **Leader** ; "**WE**".

The **Boss** fixes the blame for the breakdown, the **Leader fixes** the breakdown.

The **Boss** knows how it is done; the **Leader shows** how.

The **Boss** says "**Go**"; the **Leader** says *let's Go*".

A person may be "in control" because he/she has been appointed to a position. In that position the concerned person may have authority but real leadership is more than having authority; it is more than having the technical training .

Real leadership is being the person others will gladly and confidently follow.

BUDDING WRITERS:

ITS LIFE...

Ms Jyothi Sohal



We human are so much absorbed with the materialistic things around us that most of the times we ignore ourselves. We all desire an idealistic world **but** full of pleasures and luxury. Most of us start thinking about our future prospective at the very young age and now a days at more

younger age But.....there come these two most close friends of ours PLEASURE AND LUXURY and all the future prospects are then left in hands of future only. Only few lucky idiosyncratics can stand being the best friends forever of again P... and L...

Well I don't want to talk about the legacy India is having since 60 years i.e. poverty and hunger nor do I want talk about the money and glamour around ,I just

want to ask that INSPITE of having ample manpower ,adequate resources and everything else, we are not utilizing them. Can't we see number of street children begging at the red lights and many of us being rich enough to do something for them rather than just put our luxurious car glasses up. All those things that we have learnt in our school ,debating about poverty, India rising and all just evaporates in real life. All saying doing nothing. Can't we do something for them? IPL I'll call it league of riches, what the team owners are doing making money out of money. I'm sure that even if 1/4th of the money generated there is utilized for improving the life of such children they can do marvelous work done for their country in future. This time future is in our own hands. think about it.

AIIMS Basic Emergency Care Course (AIIMS-BECC) held in Imphal

For the first time, the AIIMS-BECC course was held in Imphal, Manipur in collaboration with National rural health mission (NHRM). The provider course was given to 108 participants chosen from all districts of the state by the government. Participants included doctors, nurses, NCC cadets, police & paramilitary personnel.

From these 16 candidates were also given instructor course. All participants found the course extremely beneficial in terms of content and teaching. The faculty included Dr Sanjeev Bhoi (Course Director), Dr Vinay Gulathi, Dr Deepak Agrawal, Dr Tej Prakash & Ms Nirmal Thakur (National coordinator). Governments from numerable states have already agreed to have this course in their states and the possibility of having a national mission is on the anvil.



Inaugural AIIMS-BECC provider course held in Imphal, Manipur

CONGRATULATIONS

It was indeed a red letter day for JPNATC when it swept the annual AIIMSON- IAN nursing awards . Ms Metilda CJ was awarded the 'Best Nurse OF the Year 2009' award & Ms Anjusha T received the 'Best Nurse In Research Works-2009' award. The icing on the cake was receiving the awards from none other than Prime Minister Hon Dr Manmohan Singh on 1st Oct 2010. Ms Metilda ,who is currently working as Trauma Nurse Coordinator has been actively participating in research & educational programs conducted in Trauma centre and has presented several papers in national & international conferences. She was previously working in Neurosurgery ICU where she was selected as the best nurse in TC3 ICU in 2008.



Ms Metilda CJ, AIIMS Best Nurse of the year-2009



Ms Anjusha T ,Best Nurse In Research work-2009

Ms Anjusha who is presently working in Neurosurgery ICU at JPNATC and has been actively participating in research works along with her clinical duties. She has presented her original research in Trauma conference 2009 and received the first prize for her presentation. She has also presented paper in DNA conference 2009 which was much appreciated. Trauma Centre always supports the employees in educational & research works along with their clinical duties which is really a backbone & motivating energy for them.

JPNATC WINS CRITICAL ACCLAIM



mBillionth www.JPNATC.com/awards
SOUTH ASIA AWARD 2010

eINDIA 2010
e.gov AWARDS



JPN Apex Trauma Centre's m-health initiative of decreasing queues and chaos in OPD using innovative technologies and the ubiquitous mobile phone was awarded the prestigious mBillionth award south Asia 2010 in M-Health.

Within one month, JPNATC added another feather in its cap by winning the eIndia 2010 jury's choice award in mGovernance. Dr Deepak Agrawal, In-charge IT, JPNATC and Mr Rohit, CEO, SM Telesys Ltd received the award on behalf of AIIMS in Hyderabad. **Prof Misra, Chief, JPNATC** said he was extremely happy with the performance of the IT department in JPNATC & this proved that government hospitals can provide leadership in IT in India.



Mr Rakesh Kumar working as TNC ties a knot on June 4th 2010



Ms Dilna working in TC2ICU ties a knot on 8th Aug 2010



Mr Subhash working in TC7 Ward ties a knot on 12th Sep 2010

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