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JPN Apex Trauma Centre Newsletter

Message - MC Misra, Chief, JPNATC



It gives me immense pleasure to release the anniversary issue of JPNATC newsletter. We have completed 3 years of full-fledged operations at JPNATC. 2010 was a watershed year in JPNATC's short history as we could consolidate all patient care activities, build a disaster complex and recruit more nurses. With the dedication of our faculty, nurses, technicians and all other supportive and cleaning services, trauma centre, AIIMS was adjudged the best trauma care hospital in the country in the year 2009-10. Just to give everyone overview of the accomplishments, let me share with everyone the statistics from the start of trauma care at JPNATC - 1,20,251 patients were seen in our ED, 15,415 patients were admitted to the trauma centre and 14,117 (Neurosurgery, Orthopedics and Trauma Surgery including plastic and reconstructive) major operations were performed including some land mark operations (Supratim Dutta, Adamo and Bhubaneshwar). Over 2,27,165 radiological investigations were performed despite acute shortage of radiographers prevailing at the centre. More than 10,74,899 laboratory tests were performed by laboratory services which is one of the best laboratories in the country. Over 20,000 units of packed red cells were issued by our blood bank and 13,535 voluntary donations were received. The area, which did not do well, organ donation from brain dead declared head injured patients' families. Religious myths and beliefs of various kinds are responsible for dismal rate of conversion. We need to put increased efforts in this area. Dedicated nurse counselors can contribute a lot towards improving ratio of brain dead and organ donation. Another area which needs concerted efforts by all the clinical units (faculty, residents and nurses) in collaboration with HIC team, to bring down unproductive use of antibiotics by formulating empiric and other antibiotic policy of our institution. It will go a long way to rationalize effective use of antibiotics and as a result bring down the menace of antibiotic resistance and cost of care to a large extent. I would urge the entire clinical faculty to take leading role and cooperate with HIC Unit with an open mind. Antibiotics have never solved all infection problems and that is the reason despite extensive use of antibiotics has not brought down the gigantic problem of infection related mortality and antibiotic resistance is ever increasing. I am happy to welcome newly appointed nurses in the trauma centre family. With the increase in the number of nurses, fresh challenges such consistency of nursing care have emerged and continuous training, upgradation and supervision are required to maintain the high standards and bring them at par with international levels. Steps in this direction have already been taken and I am sure that we will continue to set new benchmarks in research, nursing and patient care this year. I would like to see that for all patient transfers from one area to another in the hospital, the patient is accompanied by nurse and a doctor to prevent avoidable complications leading to untoward outcome. Keeping hospital clean is a Herculean task and our cleaning services are try their best but there is always room for improvement and I look forward cooperation everyone in trauma centre towards achieving this goal. I would urge the entire faculty, nurses, residents, technicians and everyone to show compassion and welcome all patients with a smile and empathy. Patients are our teachers.

I congratulate Dr. Deepak Agrawal and his team of dedicated nurses for successfully bringing out anniversary issue of newsletter. God bless us all and keep us healthy to care for others.



FROM THE EDITOR'S DESK

Wow, how time flies! It's been one full year since we started and are already onto the 3rd volume & sixth issue of the newsletter. We have received many accolades and some brickbats and have tried to consistently improve the quality of content and printing of the newsletter for your reading pleasure without changing the 'look' of the newsletter.

In this issue we bring you the highlights of 'Trauma 2010' especially the nursing subconference, besides showcasing 'blood-bank' as the department to be highlighted this month. JPNATC website also continues to evolve and I would like you all to preview the 'Statistics' section on the site and about which I will expand in the next issue.

drdeepak@gmail.com

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Highlights of Trauma 2010



FCCS Course in Trauma



Welcome to Sr Sulekha (Acting NS for JPNATC)

'TRAUMA 2010'-3rd International conference HIGHLIGHTS

3rd International Trauma conference was held from 26th-28th of Nov 2010 in JPNATC,AIIMS. Preconference workshops were held on 26th which included different areas like Basic life



Inaugration Of Trauma Conference2010

Support, FCCS ,Trauma Radiology, Pre emergency Care, Research Methodology, Brachial plexus Injury, Pelvic trauma, Spinal injuries,



Release Of Souvenir Of Trauma 2010

also organized to discuss the need for emergency trauma nursing as a separate specialization which included faculty, INC personnel's & seniors from nursing field of different hospitals in Delhi.



Inaugration by Maj.Gen J K Bansal

The conference consisted of interactive talks by Ms Karen (senior nurse practitioner & manager, Shock

Trauma Centre, Baltimore, USA), Ms Nancy (trauma program director, VCU health systems , medical college of Virginia), Dr Sanjeev Bhoi, Dr Deepak Agrawal, Dr Sanjeev Lalwani (Faculty of JPNATC)& Faculty

physiotherapy & Trauma Nursing. 27th & 28th we had the conference at Sirifort Auditorium.

Trauma nursing workshop was a interactive initiative which brought the delegates more involved in the workshop. Every delegate brought posters related to Trauma Care which was exhibited & evaluated. Workshop was mainly on Research paper writing by Dr Deepak Agrawal & Related to the prevention of infections in trauma patients .Along with the invited speakers we had International faculty which exposed the outreach of research studies among nurses so as to have an evidenced based practice. We had 22 Research paper presentations from delegates from all over India. Poster Exhibition was well appreciated by Our Director Prof R C Deka, Chief Prof MC Misra & CNO Ms Nirmal Kalra who always supports us in our all ventures . An advocacy meeting was



from College of Nursing , AIIMS.

About 130 nurses from all over India attended the conference which made it a great success.



Trauma Nursing Conference-2010

Department in Focus-BLOOD BANK, JPNATC

Blood Bank is a vital part of a Trauma care centre. Our Blood Bank was initially designed as a Blood Storage centre to care the immediate demands of trauma patients. It was started in November 2006 as storage center with the guidance and support of the Chief, JPNATC and the blood bank at CN Center, AIIMS and had a skeleton staff of 1 technical officer and 1 technician. The blood storage center was functional

only during the routine duty hours and emergency hours demands were sent directly to the CNC blood bank.

Presently the blood bank has a staff strength of 1 Faculty In-charge, 2 Assistant Blood Transfusion Officers, 1 Technical Officer, 4 Nursing staff, 11 Technicians, 7 Laboratory attendants, 1 Social Worker and 1 Data Entry Operator. After the issue of the license the blood bank was fully functional, complete with a blood donation complex, component separation laboratory and an Infectious marker laboratory, from 28th March, 2008. Since that day the blood bank at JPNATC has been functioning as a fully fledged blood bank collecting blood from donors, processing the collected blood units into various blood components, doing the mandatory testing of the collected blood for the transfusion transmitted infections screening and issuing of the blood/ components to the needy patients admitted in the trauma center.

BLOOD DONATION in the blood bank, JPNATC

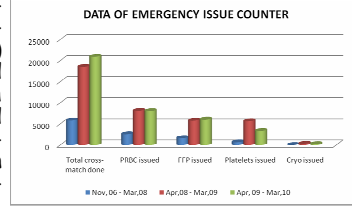
The blood donors coming into the blood bank are required to fill a questionnaire form after which each donor is screened as per rules to confirm if the individual is fit for blood donation or not. Bleeding room has 4 comfortable blood donor couches and are maintained by well trained medical and nursing staff who care for the donor till he/she is bled and leaves the donation complex with a comfortable experience.

Emergency blood demands of trauma patients are immediately met and the next day the social worker posted in the blood bank and the faculties of the related departments motivate the near relatives and friends of the trauma patients to donate blood in order to replace the units which were previously obtained. Excess blood demands for unidentified/ unattended trauma patients, massively transfused patients who fail to survive etc are met by the voluntary blood donation camps held in various places of Delhi and nearby areas of Delhi. Occasionally such camps are organized in doors within our campus.

COMPONENT SEPARATION FACILITY at blood bank, JPNATC, AIIMS

The blood bank at JPNATC is a 100% component processing unit. All the blood units that are collected are separated into 1.Packed Red Blood Cell (PRBC), 2.Fresh Frozen Plasma (FFP), 3.Platelet Rich Concentrate

(PRC). Since August, 2009 Cryo-precipitate (Cryo) is also prepared additionally which made the blood bank a 100% component separation facility, some components like Platelets and FFP are surplus in the stock. These surplus blood components are issued to the other government blood banks like Main blood bank AIIMS, GB Pant hospital Blood bank, ESI blood bank etc. where these are issued to needy patients.



Blood Bank Team



Screened & Packed Blood Products

blood donation complex, component separation laboratory and an Infectious marker laboratory, from 28th March, 2008. Since that day the blood bank at JPNATC has been functioning as a fully fledged blood bank collecting blood from donors, processing the collected blood units into various blood components, doing the mandatory testing of the collected blood for the transfusion transmitted infections screening and issuing of the blood/ components to the needy patients admitted in the trauma center.



Counseling Blood Donors



Assisting Voluntary donors for Blood Donation

ACADEMIC ACHIEVEMENTS of staff of blood bank, JPNATC

- A Maximum Surgical Blood Ordering Schedule (MSBOS) has been prepared for the Departments of Orthopedics, Surgery and Neurosurgery. MSBOS for orthopedic trauma surgeries is published in the Journal of Emergency, Shock and Trauma JETS I 3:3 I Jul - Sep 2010
- Patients who undergo massive transfusion are retrospectively recorded and their effects on the clinical outcome were studied (under publication in JETS)
- A Trauma patient with M antibody - a case report was published in Indian Journal of pathology and Microbiology 2010: volume 53; issue 3:580-581

- Blood Transfusion Practices in Level I Trauma Centre: One year retrospective review published in Singapore Medical Journal 2010; 51(9), pg 736-740

In the Trauma conferences

- November 2008, two posters and one paper were presented
- The paper presentation on 'Blood ordering schedule for elective Orthopedic surgeries: one year experience in a tertiary trauma care centre in Northern India' won the best paper award.
- The poster presentation on 'Blood Transfusion Services in JPNATC- A 20 month retrospective analysis' won the best poster award.
- A second poster on 'Occurrence of Cold Antibodies in a Trauma care center' was presented

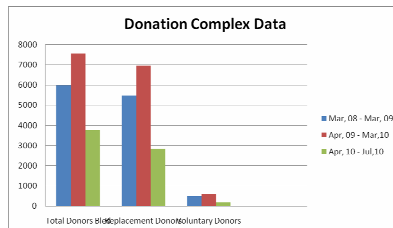
Trauma Conference 2009

- Poster presentation on "Challenges of running emergency transfusion services in a level 1 trauma center" won the best poster award.
- An audit of Fresh Frozen Plasma (FFP) usage in a tertiary referral trauma care centre was presented orally and won the second prize.

Trauma Conference 2010

- Paper on Elective Blood Ordering Schedule for General Surgery and Neurosurgery Departments in a Tertiary Trauma care Centre in India- won the best paper award
- Paper on Influence of Blood Transfusion on the immediate outcome of trauma patients: Retrospective study in a tertiary trauma care centre in Northern India

"THE MAIN AIM OF THE BLOOD BANK IN JPNATC, AIIMS IS THAT NO PATIENT SHOULD BE LOST DUE TO THE NON-AVAILABILITY OF SAFE BLOOD/ BLOOD PRODUCTS and the staff in the blood banks works sincerely towards attaining this goal"



Screening and Blood Testing



Fundamental Critical Care Support (FCCS) Course

Dr Babita Gupta

The Society of Critical Care Medicine's (SCCM) internationally renowned FCCS Course was conducted for the first time in JPNATC, AIIMS on 25th and 26th November

2010. We express our sincere gratitude to Prof. M.C. Misra, Chief of the JPNA Trauma Centre, who has constantly supported and provided encouragement

in all academic activities in the centre. The presence of distinguished national, international faculty and inquisitive delegates made the FCCS course at JPNATC, AIIMS par excellence.

The Society of Critical Care Medicine's (SCCM) internationally renowned two day FCCS course is the resource for training non-intensivists, house staff, nurses, or other critical care practitioners on how to manage critically ill and injured patients effectively. Didactic lectures, small group discussions with clinical scenario questions, skill stations with hands-on instruction and

experience made the course an enriching experience. The FCCS course helped to disseminate basic concepts of critical care to all professionals who might be

called upon to care for severely ill patients. Individuals who will successfully complete the provider or instructor course will receive a Certificate of Successful Completion.



FCCS Faculty & Delegates with Chief Prof MC Misra

The FCCS course offered an approach to initial management of the critically ill patient to providers not formally trained in critical care. Participants learnt useful information about the extended care of critically ill patients, especially care related to mechanical ventilation, monitoring, organ hypoperfusion, and neurological support. Providers received guidance for acute problems encountered in the ICU and for sudden patient deterioration. The FCCS Course content is an ideal curriculum for critical care residency training programs.



Research :Nursing interaction with patients relatives- effect on satisfaction with patient care in the ICU
Mr Geo Thomas

BACKGROUND- One of the most common reasons for dissatisfaction with care of critically ill patients is the lack of communication between the healthcare workers and the patients' relatives. However, the role of nurses as a 'communication bridge' with the relatives has not properly studied. **Objectives-** A study to assess the interaction of nursing staff with patient's family of patient admitted in neurosurgery ICU & common ICU and its results on satisfaction with patient care. **METHOD-** In this prospective study carried out over a two month period (June-July 2010), it was made mandatory for nurses in neurosurgery ICU (Test ICU) to discuss their patients condition with the relatives on every shift and note this down as 'relative notes' in the nursing chart. No such intervention was used in the common ICU (control ICU). Fifty relatives each of both the test ICU & control ICU were subjected to a questionnaire during the study period. The 'relative notes' written in nursing record were compared with the results of the questionnaire in case of the

test ICU. **RESULTS:** In the test ICU, 50 relatives filled the questionnaire and all 50 (100%) reported that patient information was being conveyed to them in every shift. All 50 (100%) were also satisfied with level of communication with the healthcare workers.

This Research presentation won First prize in Nursing Conference of Trauma-2010

In the control ICU, ten (25%) of the 50 relatives reported that patient information was being conveyed to them, although not in every shift. The rest (75%) said that no reported that patient information was being conveyed to them. 100% (50/50) said that they were dissatisfied with level of communication with the healthcare workers **CONCLUSION-** Our study shows that timely communication with patient family members by nurses can markedly improve satisfaction levels and effectively bridge the communication gap that exists between healthcare professionals & patients' relatives, especially in the ICU setting.



Research :Does implementation of START triage criteria in emergency department reduces over and under-triage of patients presenting to emergency department of a trauma centre?
Mr Rakesh kr

Background and objectives: Appropriate triage was defined as patients re-triaged from Y to shortens the delay in definitive care. We studied R or G to Y within 30min of arrival whether implementation of START triage criteria in emergency department (ED) reduces over and under-triage of patients .To study the impact of START triage criteria on over and under-triage subjects.

This Research presentation won Second prize in Nursing Conference of Trauma-2010

Methodology: study was done between January to 15th September 2008. All patients presenting to the ED were recruited. A triage nurse tagged the patients with red, yellow and green wrist band as per START triage protocol. Over triage was defined as patients who were re-triaged from red(R) to yellow (Y) or Y to green (G) within 30min of arrival. Under-

Results: Out of 25,928 patients triage was done in 25,468 (98.2%) subjects.. 8303 were triaged in the morning shift, 6994 in evening shift and 9978 in the night shift. 1431(5.6%) subjects were tagged as R, 10,634 (41.7%) with Y and 13424(52.7%) were tagged as G. 474 /25,468 (1.9%) patients were over-triaged. 220/25,468(0.9%) were under-triaged. **Conclusion:** START triage criteria reduces over and under triage of patients.

Renovated Neurosurgery High dependency unit (HDU) starts functioning at JPNATC



Our Trauma Center is having a 30 bedded neurosurgical Ward & 20 bedded dedicated ICU.. However, since some patients require step down unit after shifting from ICU, a new cubicle was renovated as high dependency unit (HDU) in the ward. We started it as 6 bedded unit which was a bit congested and showed increase in infection rate. So we again changed the unit as 4 bedded unit with adequate spacing & monitoring



equipments so as to have better patient care. Every bed is having a white board attached to the bedside which includes the Patients identification , procedures done & Day of Hospital Stay.



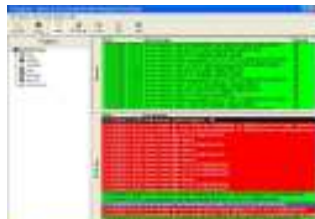
We hope the new methods adopted will surely help in reducing the infection rate and help in effective patient care.

INTEGRATED CCTV SYSTEM ACTIVE AT JPNATC



Central Monitoring Station in Computer Facility, JPNATC

We are proud to have integrated CCTV system all over JPNATC. The system has several unique features.



Intelligent Building Management Software

tem there is a another camera network integrated with the 'Intelligent building management system' which monitors the movement of people auto-



Camera Monitoring all lift entry & exit



Centralized Monitoring for Lift Cameras

This is one of the few systems which

is IP based and which makes it technologically the most



Outdoor Camera In Ambulance Bay



Camera inside the lift

matically and ensures safety of staff at all times. Cameras in this system have been installed in all access controlled lifts as well as common areas for 24 X 7 surveillance and archival. Recordings from ALL cameras are automatically stored for long



Out Door Camera for waiting Hall

advanced in the world. Also the cameras have full pan, tilt & zoom capability so that wide & flexible coverage can be obtained. There are also 5 outdoor cameras which are temperature & humidity controlled to cover the whole campus in all seasons.

In addition to the IP based sys-

periods for easy retrieval in case of any incident. Many thefts and incidents have been detected retrospectively using this system. We are proud to say that in spite of being one of the most advanced systems, this is also one of the most cost-effective solutions implemented at JPNATC.



Outdoor Camera for parking area

NURSING CELEBRATIONS



Prof MC Misra welcomed by Ms BN Danial, DNS

On 16th Oct whole Trauma Family had a get together on behalf of the successful completion of common wealth ward and the inauguration of the new store indent system. The welcome address was given by Ms Madhuri Sagar ,NS, JPNATC

.We had Prof MC.Misra as our chief guest. Nurses who won the AIIMSONIAN's of America awards were felicitated at the function. These included Ms Metilda CJ (Best nurse of the year



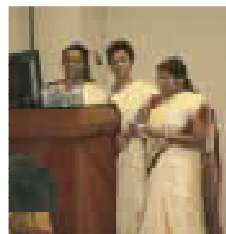
Ms Sunita anchored the program

occasion. The New Computerized store indent system was explained by Ms Poonam Bewal. This is a fully automated system for indent applicable all over JPNATC. Now nurses can send computerized indents from their wards/ICU's and the store



Welcome Speech by Ms Madhuri Sagar, NS, JPNATC

2009).Ms Anjusha T (Best nurse in re-search work year 2009). Mr Ashish (Best outgoing student for -OT technician course) was also felicitated during the



Prayer Song by Ms Aleyama Biju, Ms Asha & Ms Vilasini

can fulfill the inden-sion of the system thus offering unpar-alleled ease & transpar-ency in the indent sys-tem. Celebrations were added to its joy with the cultural programs performed by our nursing staff Ms Rimpi Gupta, Ms Kiran Yadav, Mr Altaf & Ms Sheeba.



Shera (Ms Sheeba) with Mr Altaf (Skit)

FAREWELL TO Ms Madhuri & WELCOME TO Ms Sulekha



Sr Madhuri Sagar

On 31st Dec 2010 JPNATC Family gave the farewell for our Nursing Superintendent ,Ms Madhuri Sagar & the warm welcome for



Token of Love from Nursing Department to Ms Sagar

chief Prof MC Misra, Medical Superintendent Dr Kamran & all our Faculty and all depart-mental personnels.



Gathering..



Warm welcome to Sr Sulekha Saha



Sr Sulekha, Chief Prof MC Misra, Sr Madhuri Sagar, MS Dr Kamran

the acting NS, Ms Sulekha Saha. Invities included our



Sr Madhuri with family members along with Nsg Staff



Cultural Programs By Nsg Dept

We made the occasion a memorable one for our sis-ter with celebrations & cultural programs.



Congratulations to all awardees of TRAUMA-2010



Best Oral paper I Prize (Anesthesia Track) & also Best Poster I Prize-Dr Neetu Jain



Best Oral Paper II prize(Anesthesia Track)
Dr Nita D'souza



Best Oral Paper II prize (Emergency Track) Dr Tej Prakash Sinha



Best Oral Paper I Prize (Sx Track) & Best Poster I prize- Ms Venencia Albert



Best Oral Paper I prize(Ortho Track)-Ms Nidhi Bhardwaj



Best oral paper II prize (Ortho Track)-Dr Amit Kapoor



Best oral paper I prize (Neuro surgery)-Dr Naufal Basheer



Best oral paper II prize (Neuro surgery)-Dr Vivek Tandon



Best Oral Paper I Prize (Trauma Nsg)- Mr Geo Thomas



Best Oral Paper II Prize (Trauma Nsg)- Mr Rakesh Yadav



Best Poster I Prize (Trauma Nsg ICU Track) & also Best Oral Paper III (Trauma Nsg) - Ms Metilda CJ



Best Oral Paper III Prize (Trauma Nsg)-Ms Anjusha T



Best Poster II Prize - Ms Sunita A Nair



Best Poster III Prize - Mr Amit Kr Gupta



Best Poster III Prize -Ms Jacinta Gunjiyal



Best Poster I Prize (Trauma Nsg-pre hospital track)-Ms Rasmii Rekha Bora



Best Poster II Prize (Trauma Nsg- Prehospital Track) -Ms Aleena Don



Best Poster I prize (Trauma Nsg-Emergency Care track)-Ms Kondru Shyamala & Mr Balraj Shawami



Best Poster I Prize (Trauma Nsg-other Category)-Ms Girija Sharma



Best Poster II Prize (Trauma Nsg ICU Care)-Ms Shallu Chauhan



Best Poster II Prize (Trauma Nsg Other Category) Mr Bala Murugan



Best Poster II Prize (Trauma Nsg-Emergency Care)-Ms Anu Susan

RECENT MARRIAGES



Ms Rekha Pal ,Asst Dietician got married on 14th Dec 2010



Ms Metilda CJ working as Nurse informatics Specialist got married on 22nd Jan 2011



Ms Rimpi Gupta working as TNC got married on 16th Jan 2011

ARTICLES (MEDICAL/NONMEDICAL) ARE SOLICITED WITH PHOTO OF AUTHOR FOR THE JPNATC NEWSLETTER & CAN BE SENT TO metildajose@gmail.com

(The decision of the editors for printing will be final and articles' will not be returned)