

Highlights:

- The Health Sector: The First Line of Defence Against Climate Change
- Editorial
- Safety First – A Continuous Journey towards Quality and Patient Centric Care
- India Bangladesh Healthcare Forum
- ICC Healthcare Delegation to Bangladesh
- BIMSTEC Health Forum
- ICC National Nursing Summit 2023
- ICC National Nursing Excellence Awards 2023
- ICC National Healthcare Summit 2022
- ICC Healthcare Excellence Awards 2022
- Deep Brain Stimulation
- Cancer can be prevented and cured completely, if detected early
- Male Infertility – A growing problem but solution is there
- Let There be Noise
- Communication in Healthcare
- Igniting Zest for the Quality Quest
- Success Stories
- Health & Wealth Management through Health insurance
- Can Effect come before the cause?
- We are What we eat

The Health Sector: The First Line of Defence Against Climate Change

Climate change, with its far-reaching impacts on weather patterns and the environment, has become a pressing global issue. While its effects are felt by everyone, it is the most vulnerable populations that bear the greatest burden in terms of health, food and water insecurity, and lack of other resources. The international community, cognizant of the risks of worsening climate change, have developed frameworks to tackle the subject and promote sustainable development. The Paris Agreement aims to limit global temperature rise to well below 2°C, while the SDGs and Sendai Framework focus on resilience-building and urgent climate action.

The healthcare sector has also mounted a response to this issue, with adaptation, mitigation, sustainability and disaster risk reduction being significant features. As first responders to climate emergencies, healthcare workers are particularly attuned to the need for climate resilience.

It may surprise you to learn that the healthcare sector, which is dedicated to protecting human health, contributes significantly to greenhouse gas emissions, making it the fifth-largest emitter worldwide. Healthcare facilities consume vast amounts of energy, water, and resources, resulting in substantial emissions. These emissions, coupled with the effects of climate change, have led to a rise in respiratory diseases, cardiovascular issues, non-communicable diseases, heat-related illnesses, and injuries caused by natural disasters. Unfortunately, developing countries with weak health infrastructure face even greater challenges in providing care amidst climate-induced health crises. To address this critical situation, the healthcare sector must prioritize primary prevention by reducing greenhouse gas emissions. This requires implementing sustainable practices, adopting energy-efficient technologies, and minimizing waste generation. Additionally, healthcare facilities must enhance their resilience to withstand extreme weather events and ensure uninterrupted care for the community.

Healthcare facilities play a significant role in global emissions, and collaboration is key to achieving climate action goals. This requires partnerships between healthcare providers, manufacturers, suppliers, governments, and ministries to align efforts with the objectives of the Paris Agreement, SDGs, and Sendai Framework. Such collaboration can drive rapid decarbonization and create a more sustainable healthcare sector by 2030. As witnesses to the health impacts of climate change, healthcare providers can use their platform to raise awareness and engage the public in addressing climate change. Their trusted position in society allows them to advocate for climate action policies centered around health at the state and national levels.

The Association of Healthcare Providers – India (AHPI) has made large strides in this area. The publication of India's first publication in the subject, the open access book *Climate Change and the Health Sector; Healing the World*, sensitizes healthcare workers thereby addressing the knowledge gap regarding the implications of climate change. National conclaves on the subject have led to white paper recommendations to the government, leading to the incorporation of climate change as a subject in the medical curriculum. The establishment of Health and Environment Leadership Platform (HELP) and the introduction of Green Standards for Hospitals in order to obtain accreditation have led to the increased adoption of sustainable practices by healthcare organisations, resulting in decreased energy consumption and waste generation, as well as the empowerment of healthcare professionals, students and researchers.

The healthcare community is a crucial first line of defence against climate change. By harnessing their expertise and mobilizing their capabilities, we can secure a healthy, secure, and sustainable future for all. It is imperative to recognize the vital role of healthcare workers in addressing climate change and to support their efforts in creating a resilient and sustainable world.



Ms. Divya Alexander
Co Editor, Book on Climate Change
& The Health Sector - Healing the World



Dr. Alexander Thomas
Patron, AHPI & Chief Editor, Book
on Climate Change &
The Health Sector - Healing the World



Dr. Ashwini Jogade

Vice President, ANBAI Maharashtra
and Secretary, AHPI Maharashtra

The journey of a clinician, entrepreneur, and hospital administrator has enriched me with wisdom across various domains. It is always a pleasure for me to share my hard-earned experiences. As an editor, I aim to convey a sportsman-like attitude - embracing challenges in this modern era and achieving success on all fronts. To attain these goals, one quality stands out: "Resilience."

We kick off this edition by addressing the pressing need of the hour: Resilience in healthcare. Resilience manifests in diverse roles, whether as a practicing physician, an entrepreneur running a diagnostic center, polyclinic, nursing home, or hospital, an administrator, investor, or advisor. At its core, resilience is about strengthening the healthcare system's ability to effectively respond to and recover from challenges, disruptions, and emergencies. All the while, it upholds its core functions and maintains quality patient care.

Our healthcare system grapples with myriad challenges arising from its vast and diverse population, socioeconomic disparities, infrastructure limitations, evolving patient demands, doctor-to-patient ratios, advanced technology, and emerging diseases. Navigating these complexities while working with existing resources involves fortifying the healthcare system to adapt, endure pressure, weather crises, and consistently deliver comprehensive healthcare that surpasses patient expectations.

Key highlights include:

****Adopting Digital Health Solutions**:** Harnessing technology, such as telemedicine, electronic health records, PACS, LIMS, and Artificial Intelligence. AI's potential in healthcare is particularly evident in its ability to analyze vast medical data with remarkable accuracy. In fields like radiology and pathology, AI algorithms can rapidly analyze images, detect abnormalities, and highlight potential issues often missed by human eyes. This expedites diagnostics, bolsters precision, reduces misdiagnosis risks, and ensures timely, effective treatment. Digital platforms also enhance patient-provider communication, facilitating prompt diagnosis and treatment. Digitization improves healthcare quality, reduces errors, and optimizes costs.

****Strong Processes**:** Emphasizing consistent process refinement, reporting deviations, and accepting changes only after due approvals.

****Capacity Building**:** Investing in healthcare professional training and development enhances their ability to adapt to evolving challenges, adopt best practices, and contribute to intangible assets.

****Planning, Infrastructure, and Resource Utilization**:** Strengthening healthcare infrastructure by expanding hospital beds, medical equipment, and facilities is pivotal. Ensuring an ample and evenly distributed healthcare workforce comprising doctors, nurses, and other professionals is equally critical.

****Emergency Preparedness**:** Developing and implementing robust emergency preparedness and response plans is vital for sudden outbreaks, natural disasters, or health crises. This entails stockpiling essential medical supplies, crafting clear communication strategies, and training healthcare workers to effectively manage emergencies. The experience gained from the Covid Pandemic has undoubtedly enhanced our resilience.

****Research, Disease Surveillance, and Data Analytics**:** Proactively establishing effective disease surveillance systems and leveraging data analytics aid in early detection and monitoring of health threats. This data guides timely interventions and resource allocation.

****Innovation**:** Fostering research and innovation in healthcare leads to new treatments, technologies, and strategies that elevate healthcare delivery and outcomes.

Dynamic healthcare personelle bearing positive attitude with acceptance of change are great heroes in this journey.

With such key attributes under capable leadership, we are poised to construct a more resilient healthcare system capable of confronting present and future challenges head-on.



SAFETY FIRST

A Continuous Journey towards Quality and Patient-Centric Care

For the Consortium of Accredited Healthcare Organizations (CAHO), the message is clear: “Building a culture of safety” is not just a tagline; it's a necessity. This isn't merely about checking boxes or meeting set standards. It's about making sure everyone – from the staff to the patients – feels secure and taken care of at all times.

But why is a culture of safety so vital? The answer is simple. At the heart of every successful healthcare organization lies its patients. Their well-being and satisfaction are paramount. When we prioritize safety, we are directly enhancing the patient experience, ensuring they receive care in an environment where risks are minimized, and their concerns are always heard.

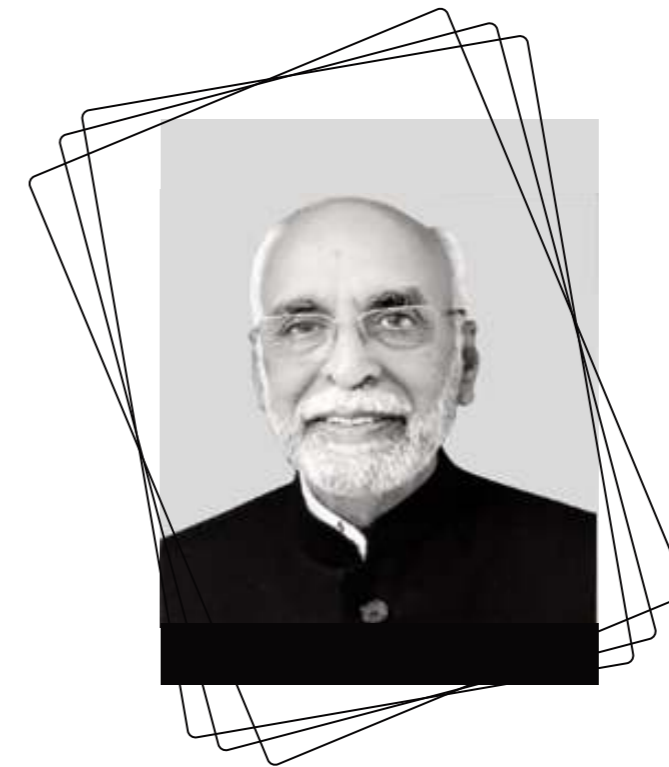
This year, the World Patient Safety Day (WPSD) drives home a critical point – the importance of engaging with patients. When patients are actively involved in their care journey, it leads to better outcomes and enhanced trust. They're not just recipients of care; they're active partners in the process. This aligns perfectly with the idea of patient-centric care – an approach that places the patient's needs, experiences, and voices at the centre of every decision.

Achieving accreditation is, without a doubt, a significant accomplishment for any healthcare organization. It means you've met strict standards and are committed to providing quality care. But it's crucial to see this as a starting line, not the finish. Accreditation signals the beginning of a continuous journey to improve, innovate, and excel.

Remember, the ultimate goal is not just to be good but to be the best for our patients. This means listening to them, making them feel valued, and continuously enhancing the care they receive. So, as we mark our achievements, let's also look ahead and pledge to keep patients at the heart of everything we do.

We at CAHO are very proud to have sensitised a number of HCOs to establish Patients Advisory Councils (PAC). These councils will provide a structured and constructive way to elevate the patients voice. We have also helped creating Patients for Patients Safety Foundation (PFPSF) to provide an independent forum to collate and represent patients perspective. CAHO and PFPSF are releasing the guidelines for setting up PACs on 17th September on the occasion of World Patients Safety Day!

Join us in this journey to elevate Patient's voice in healthcare!



Dr. Vijay Agarwal

President, CAHO

India Bangladesh Healthcare Forum ICC Healthcare Delegation to Bangladesh

6th – 8th August, 2023

Indian Chamber of Commerce in its commitment to engage deeper with the neighboring countries, in order to understand the investment and business opportunities available in the two economies of South Asia; which form the rudiments of future commercial transition; organized a Business Delegation to Bangladesh from 6th to 8th August 2023. The objective of the business delegation was to understand the business and investment opportunities available in the two economies of South Asia and to explore avenues for collaboration.

Indian Chamber of Commerce organized Business Forums and Business to Business (B2B) meetings focused to the Energy, Education, Health, and Agriculture during the three days, i.e. from **6th to 8th August, 2023**.

The **Healthcare Forum** held on **6th August, 2023 at Dhaka, Bangladesh**; where the esteemed dignitaries and stakeholders addressed and shared their valuable thoughts on International Doctor & Student Exchange in Healthcare, Medical Tourism, Patient satisfaction, Cost effectiveness & value addition, Patient's safety & quality, Healthcare collaborations and investments.

Mr. Prashant Sharma, Chairman, ICC National Healthcare Committee and MD, Charnock Hospital; **Ms. Richa S Debgupta**, Co-Chair of ICC National Healthcare Committee and SVP, Fortis Hospitals; **Dr. Ajay Kohli**, Group Head – Oncology & Quaternary Initiatives, Narayana Health; **Mr. Sajal Dutta**, CMD, Desun Hospital; **Mr. M A Mubin Khan**, President of Bangladesh Private Medical College Association, MD of International Medicare Limited and Chairman of the Governing Body of International Medical College & Hospital; **Mr. Ravindra Pai**, Deputy Managing Director of Peerless Hospitex Hospital & Research Center Ltd.; **Mr. Shibli Azad Koreshi**, President of TOAB (Tour Operators Association of Bangladesh) and Governing Body Member of Bangladesh Tourism Board; Padmasree **Dr. Ramakant Deshpande**, Chairman of ACI Kumballa Hill, India and Co-Chair (W) of ICC National Healthcare Committee; **Mr. Delowar Hossain**, Director of Dr. Lal Path Labs Bangladesh Pvt. Ltd.; **Ms. Ardra Kurien**, Chief Strategic Management Officer of Rajagiri Hospital, India and CEO of Unico Hospitals PLC, Bangladesh; **Ms. Priti Chakraborty**, Chairperson of Universal Medical College Hospital and Director of FBCCI; **Dr. Rahul Bajpai**, Group CEO of Asian Cancer Institute; **Prof. Dr. Sanku Bose**, Group CEO, Techno India Group addressed the Session. The Guest of Honor of the Healthcare Forum was **Dr. Md. Anwar Hossain Howlader**, Secretary of Healthcare Division, People's Republic of Bangladesh and **Dr. Md. Enamur Rahman**, Hon'ble State Minister of Disaster Management & Relief, People's Republic of Bangladesh and Chairman of Enam Medical College, Bangladesh, graced the forum as the **Chief Guest**.

Overall near about 100 nos. of attendees participated from Bangladesh including the members of BPMCA, TOAB, IBCCI, FBCCI and DCCI.

The **ICC Healthcare Delegation** (6th, 7th, 8th August, 2023) also had several Business Meetings and two and half days business collaborative tour in Bangladesh. ICC Healthcare Delegation visited the **Universal Medical College & Hospital**, Dhaka, Bangladesh; **Enam Medical College & Hospital**, Dhaka, Bangladesh; **TOAB Secretariat**, **FBCCI** and discussed on various aspects of healthcare collaborations, i.e. research & development, oncology, genome, nursing, etc. ICC Healthcare Delegation had one to one **B2B meetings** with 26 nos. of Bangladeshi Medical Tourism Operators in a hotel for near about 3 hours. ICC Healthcare Delegation also had a high level meeting with **Mr. Zahid Maleque**, Hon'ble Minister, Ministry of Health & Family Welfare, People's Republic of Bangladesh; **Dr. Md. Anwar Hossain Howlader**, Secretary – Health Services, People's Republic of Bangladesh and **Prof. Dr. Abul Bashir Md. Khurshid Alam**, Director General of Health Services, People's Republic of Bangladesh at Secretariat, People's Republic of Bangladesh.



BIMSTEC Health Forum

Wednesday, 14th June, 2023 | Kolkata, INDIA

Indian Chamber of Commerce along with Ministry of External Affairs, Government of India organized BIMSTEC Business Conclave from 13th to 15th June, 2023 at Hyatt Regency, Kolkata, India. This was to commemorate 25 years of BIMSTEC.

With the renewed importance of BIMSTEC after signing of the charter in Colombo, BIMSTEC has been recognized as an international organization. We at Indian Chamber of Commerce felt that this is the right time to collaborate and prepare for Quantum Leap in Business Co-operation among member countries to ensure shared prosperity, growth, employment and equal opportunities for all the stakeholders.

With this objective, the BIMSTEC Business Conclave was being organized where entrepreneurs from BIMSTEC countries participated, discussed business opportunities, challenges, solutions and possibilities of business tie ups on the basis of market complementarities.

The BIMSTEC initiative was conceived as a regional alliance to provide a fertile ground for cooperation and be a source of sharing and learning among members of the group, for which Healthcare Co-operation remains the essential condition.

During the BIMSTEC Business Conclave from 13th to 15th June, 2023; BIMSTEC Health Forum was held on 14th June, 2023 on Healthcare Tourism, eHealth, Universal Health Coverage, Mental Health and Ayush at Hyatt Regency, Kolkata, India. The BIMSTEC Health Forum provided member nations with chances for commerce, investment, co-operation and complementarities in the realm of health. Medical tourism is the recognized export from two BIMSTEC member countries, i.e. India and Thailand. Reputable hospital chains in the BIMSTEC region have the opportunity to invest in other member nations through joint ventures and franchises, extending and raising the caliber of healthcare facilities in the area.

The eminent speakers were Mr. Prashant Sharma, Chairman, ICC National Healthcare Committee; MD, Charnock Hospital, SKM Group, India; Ms. Rich Singh Debgupta, Co-Chair; ICC National; Healthcare Committee; Sr. VP, Fortis Hospitals, India.; Dr. Rupali Basu, MD & CEO, Woodlands Multispecialty Hospital P.L, India; Mr. Rupak Barua, Group CEO & Director; AMRI Hospitals, India; Prof. Dr. Ravi Kumar Chittoria, Head of Telemedicine & IT Wing, JIPMER, India; Ms. Priti Chakraborty, Chairperson, Universal Medical College & Hospital Ltd., Director, FBCCI, Bangladesh; Mr. Kraichok Arunpaioikul, Minister Counsellor, Thailand International Cooperation Agency, Ministry of Foreign Affairs of the Kingdom of Thailand; Ms. Minu Budhia, Psychotherapist, Counsellor, Columnist, Entrepreneur; Founder Director of Caring Minds, ICanFly & Café, India; Chairperson, ICC National Task Force on Special Abilities, India; Mr. Supriyo Sinha, ED, Business Transformation & Corporate

Strategy, PGFI; Director – Peerless Hospital, Peerless Hotels, Peerless Financial Services, India; Dr. Dammika Abeygunawardena, Commissioner, Department of Ayurveda, Government of Sri Lanka; Dr. Vijay Pratap Kushvaha, CEO, Ayurvita P.L., India; Dr. Mostafa Nowshad Zaki, Secretary General, Bangladesh Ayurved Foundation, Bangladesh and Mr. Prem Raj Tiwari, President Nepal Herbs & Herbal Products Association; Nepal. The BIMSTEC Health Forum was for substantive discussion, information sharing and teamwork among players in the healthcare industry. It aimed to promote collaborations that increase healthcare delivery and enhance the general well being of the BIMSTEC member countries. The forum was focused on the critical issue of ensuring sustainable financing for basic healthcare and universal health coverage in BIMSTEC countries. The sharing of concepts, best practices and fresh ideas was talked about to improve the region's healthcare systems and promote fair access to high quality medical treatment.

Delegates debate several aspects of health: India has recently joined a number of organizations to improve access to healthcare. The largest medical tourism destinations are India, Turkey and Thailand and the countries of BIMSTEC have a combined GDP of about \$4 trillion. Telemedicine has been permitted in India last year and is seen as the future of healthcare. It is vital area of health care that requires more attention. We should concentrate on universal health coverage, information sharing, human capital exchange and collaborative opportunities.

In India, the Heal in India platform is being built, which will enable global and regional collaboration. India has given medical visas to 166 nations. India has seen an increase in medical tourism over the last two decades. It earned \$7,400 million by income over the last decade and is expected to generate \$43,500 million over the future decade. Many private investments in the health business have occurred in the previous five years. India's medical personnel and facilities are at par with worldwide behemoths such as South Korea, Malaysia, Singapore and Dubai. The BIMSTEC Health Forum discussed Heal in India, an effort of the Indian Government aimed at boosting medical tourism in the nation. The effort is being led by the MoHFW and MoAyush, Government of India. The Centre for Development of Advanced Computing (CDAC) and the Services Export Promotion Council (SEPC) has been collaborating with the Ministries to establish a 'One Step' Heal in India site to promote Medical Value Travel. Medical technology has improved significantly in India with significant national and foreign investment. Because BIMSTEC nations are sensitive to climate change, coordination between the commercial and public healthcare sectors, as well as the government is required to effect good change while keeping the environment in mind.

Tele-monitoring through nano drone, indigenously constructed Tele Medicine Kiosk and Trolley for remote exchanges between physicians, attendants and patients, which has various sub facilities under its aegis. The inclusion of mental health under overall health and its equal relevance to physical health. The need of overcoming mental health stigmas is critical in order for it to be included in the health tourism business.

Thai International Cooperation Agency operates capacity building programmes for underdeveloped nations, while Thailand International Programmes offers scholarship programmes to prospective students from BIMSTEC countries as well as other countries throughout the world.

A partnership with the Government of Thailand has been proposed to adopt Swastha Sathi facilities (a Government of West Bengal Health Care Scheme) and come up with progressive in medical insurance. JIPMER has been regarded as a pioneer in treating patients across the country through various facilities such as Tele-Monitoring using nano drone, indigenously prepared Tele-medicine Kiosk and Trolley for remote interactions between doctors, attendants and patients, which again has several sub facilities under its aegis. Quicker adoption to the Digital Medical Tourism Platform. Consistent way of measuring consumer experience. Tax free import and export of Ayush raw materials among BIMSTEC nations, i.e. to remove tax barriers. Quality of traditional medicine needs to improve. Lack of research in Ayush, needs more research awareness. To promote evidence based practices by conducting clinical trials, outcome studies and systematic approaches. Proactive mutual collaboration for the improvement of medicine. To plan signing MoUs with foreign institutes for collaboration

The BIMSTEC Health Forum held truly international in nature having gathering of large number stakeholders, policy makers, representatives from industry and trade bodies from this sub-continent.



ICC National Nursing Summit 2023

May 10th, 2023, Kochi, Kerala

Nurses are the hearthstone of the healthcare industry. A well-nurtured and skilled professional force of nursing staff is vital for every hospital. An effective healthcare system is a determining factor for the development of a nation. India is a developing nation with a flawed healthcare system that is downright fragile in places. Our country needs to give precedence to the health of its doctors and nurses amidst the pandemic that has struck the world today. Not just in the Indian subcontinent but all around the world, many healthcare workers are paying the price for the shortcomings of a suffocated healthcare system with their own health and lives.

As our ongoing endeavor, Indian Chamber of Commerce in association with Indian Nursing Council, AHPI and CAHO; organized ICC National Nursing Summit 2023 on 10th May, 2023 at Kochi, Kerala. The discussion held on the most prioritized topics of Indian Nursing sector at present, i.e.

- Systematic Challenges of Nursing in India
- Nurturing the Nursing Force
- Nursing Education
- Vision for Future Healthcare

The eminent speakers were Dr. T. Dileep Kumar, President, Indian Nursing Council; Dr. Alexandar Thomas, Founder President & Patron, AHPI; Father Johnson Vazhappilly, Chairman, Healthcare Division, CAHO, Executive Director & CEO, Rajagiri Hospital; Mr. Prashant Sharma, Chairman, ICC National Healthcare Committee, MD, Charnock Hospital, SKM Group; Ms. Richa Singh Debgupta, Co-Chair (E), ICC National Healthcare Committee, Senior VP, Fortis Hospitals; Dr. Lallu Joseph, Co-Chair (S), ICC National Healthcare Committee, Quality Manager & Assoc. GS, CMC Vellore; Dr. Geetika Madan Patel, Member, ICC National Healthcare Committee, Vice President & Medical Director, Parul Sevashram Hospital & Parul University; Dr. Anoop Nambiar, COO, VP Lakeshore Hospital; Ms. Saibala Madathil, Nursing Director, Amrita Institute of Medical Science; Ms. Elizabeth David, Director – Nursing & Organizational Excellence, Rajagiri Hospital; Ms. Roselind Mathews, Director Nursing Services, Jaslok Hospital; Capt. R. Thangam, Chief Nursing Officer, Aster Medcity; Prof. Rose Mary George, HoD, Department of Medical & Surgical Nursing, Parul Institute of Nursing, Parul University; Prof. Mahasweta Bose, Chief of Nursing, Charnock Hospital and Ms. Reshmi George, Assistant Nursing Superintendent, Rajagiri Hospital.

Discussion had upon crucial aspects, challenges and solutions towards improvisation of nursing education and service in India, Nursing Leadership and Quality in nursing using the IOM framework of STEEP- Safe, Timely, Efficient, Effective, Equitable and Patient Centered care. Also discussion had about the 13 nos. of leadership and personality characteristics of a good nurse, i.e. Caring, Communication Skills, Empathy, Attention to Detail, Problem Solving Skills, Stamina, Sense of Humor, Commitment to Patient Advocacy, Willingness to Learn, Critical Thinking, Time Management, Leadership and Experience.

The ICC National Nursing Summit 2023 witnessed the participation of over 125 nos. of attendees from all over India.,



ICC National Nursing Excellence Awards 2023

May 10th, 2023, Kochi, Kerala

Indian Chamber of Commerce in association with Indian Nursing Council, AHPI and CAHO; organized ICC National Nursing Excellence Awards 2023 on 10th May, 2023 at Kochi, Kerala; to recognize the excellence of Indian Nursing Sector.

ICC National Nursing Excellence Awards 2023 held under the categories of Best Hospital in Nursing Excellence, Best in Nursing Education & Training Excellence, Best Nursing Administrator of the Year, Best Nursing Team Leader of the Year and Best Nurse of the Year.

The Awards and Certificates was presented to the Awardees by Dr. T. Dileep Kumar, President, Indian Nursing Council; Mr. Prashant Sharma, Chairman, ICC National Healthcare Committee, MD, Charnock Hospital and Ms. Richa S. Debgupta, Co-Chair, ICC National Healthcare Committee, Sr. VP, Fortis Hospitals.

Awardees from all over India attended the ICC National Nursing Excellence Awards 2023.



Organized by: In association with:

CONGRATULATIONS

ICC National Nursing Excellence Awards 2023

10th May, 2023 | Kochi, Kerala

Category	Zone	Winner	1 st Runner Up	2 nd Runner Up
Best Hospital in Nursing Excellence	Eastern India	Tata Medical Centre	Care Hospital	Fortis Hospitals
	Western India	Dr. L.H. Hiranandani Hospital	UNMICRC	Jaslok Hospital
	Northern India	HCMCT Manipal Hospitals Dwarka	SMVD Narayana Hospital	Nazareth Hospital
	Southern India	Aster Medcity Hospital	Rajagiri Hospital	BGS Gleanagles Global Hospital
Best in Nursing Education & Training Excellence	Northern India	Chitkara School of Health Sciences	PIMS	Rohilkhand College of Nursing
	Western India	Parul Institute of Nursing		
Best Nurse Administrator of the Year	Northern India	Ms. Shylaja S of SMVD Narayana Hospital		
	Southern India	Capt. Thangam Rajaratnam of Aster Medcity Hospital		
	Western India	Ms. Reselini Mathews of Jaslok Hospital		
Best Nursing Team Leader of the Year	Eastern India	Ms. Tapshya Lyngwa of Fortis Hospitals		
	Northern India	Prof. Nidhi Sharma of PIMS		
	Western India	Ms. Jyotsna Manoj Mohite of Jaslok Hospital		
Best Nurse of the Year	Eastern India	Ms. Tapi Chanda of Fortis Hospital		
	Northern India	Ms. Beneetta Thomas of HCMCT Manipal Hospitals Dwarka	Ms. Akanksha Sharma of SMVD Narayana Hospital	
	Western India	Ms. Rita Sunitha Lobo of Dr. L.H. Hiranandani Hospital	Ms. Aparna Rani Chitara of Jehangir Hospital	

ICC National Healthcare Summit 2022

18th November, 2022 at New Delhi

World over health is a priority sector among all the Governments across the globe especially after the pandemic. It is one of the fastest growing sectors and it's also one of the most expensive industry sectors. In all healthcare organizations in the country today, improving the quality of health care is an important achievement as they face pressures to keep up with an increasingly digital ecosystem, and other pressing concerns revolves around organization's financial health, defining cost-effective workflows and improving patient experience. Enlightening and enlarging the capability of health care systems to respond to the public demands of all ages is one of the biggest challenges of today's time. This is the right time to think about strengthening the health care delivery in India.

In fact the health sector has to play a crucial role in achieving the objective of a USD 5 trillion economy as health sector is intimately intertwined with health and economic growth of our nation. There has been major transformation and scaling of health access in the last five to seven years in our nation and it gives us a lot of hope that universal health care will become a reality in our nation soon. Platforms like eSanjeevani with about six crore tele-consultations, under Ayushman Bharat platform there are over 17.7 crore beneficiaries and more than 219 crores COVID doses were facilitated through the COWIN platform, all of these proves that the pace of inclusion, involvement and the push towards universal health care in our nation is increasing and it is expected to improve in the coming years as well. Further, for strengthening Indian healthcare we also need to focus on increasing the number of fully functional primary healthcare centre for early detection of diseases, we need to empower our human capital, develop our infrastructure and use our administrative capacity to the fullest for creating a world class healthcare sector for our future needs.

In this perspective Indian Chamber of Commerce organized the annual flagship Healthcare programme ICC National Healthcare Summit 2022 at New Delhi on 18th November, 2022. In the Summit, the discussion was held on Strengthening Indian Healthcare, Healthcare Policy Advocacy, Challenges of Private Healthcare Sector, Patient Safety & Quality Control, Pharma & Medical Devices etc. Esteemed Speakers from the Healthcare Sector addressed the Summit, i.e. Mr. Prashant Sharma, MD; Charnock Hospital; Chairman, ICC National Healthcare Committee | Ms. Rich Singh Debgupta, SVP, Fortis Hospitals; Co-Chair (E), ICC National Healthcare Committee | Ms. Upasana Arora, CEO & Director, Yashoda Super specialty Hospital; Co-Chair (N), ICC national Healthcare Committee | Dr. Ramakant Deshpande, Executive Chairman, Asian Cancer Institute; Co-Chair (W), ICC National Healthcare Committee | Dr. Vijay Agarwal, President, CAHO | Dr. Sanjeev Singh, Medical Director, Amrita Institute of Medical Sciences; President AHPI, Haryana Chapter | Mr. Veeresh Narayan, Head of Healthcare Sector, KPMG | Dr. Manju Agarwal, Chief of Medical Services, Artemis Hospitals | Dr. Manoj Luthra, CEO, Jaypee Hospitals | Mr. Jitendra Haryan, CEO, Jaslok Hospitals; Member, ICC National Healthcare Committee | Mr. Ravindra Pai, Deputy Managing Director, Peerless Hospital | Mr. Devanand KT, Regional CEO – Telangana & AP Cluster, Aster DM Healthcare | Dr. Ashwini Jogade, Medical Superintendent, Max Nanavati Hospital | Dr. Atul Mohan Kochar, CEO, NABH | Dr. Anna George, Head-Quality, Aster India | Dr. Shalaka Sawant, Head – Quality Systems, Jehangir Hospital | Dr. Sarbani Mukherjee, Head – Quality, Jaypee Hospitals | Dr. Rajiv Chhibber, Vice President, External Affairs, Sahajanand Medical Technologies & Joint Coordinator, AIMED | Mr. Rajiv Gulati, Delhi Pharmaceutical Trust; Ex President, Global Pharmaceutical Business, Ranbaxy Laboratories Ltd. | Mr. Sameer Kant Ahuja, Joint Secretary, Indian Pharmaceutical Association, Delhi Chapter.



(L-R) Dr. Ramakant Deshpande, Ms. Richa S. Debgupta, Dr. Vijay Agarwal, Mr. Ravindra Pai, Mr. Veeresh Narayan, Mr. Prashant Sharma



(L-R) Dr. Ramakant Deshpande, Ms. Richa S. Debgupta, Dr. Manju Aggarwal, Mr. Devanand KT, Dr. Ashwini Jogade, Mr. Ravindra Pai



(L-R) Dr. Ramakant Deshpande, Dr. Vijay Agarwal, Dr. Atul Mohan Kochar, Dr. Anna George, Dr. Sarbani Mukherjee, Dr. Shalaka Sawant



(L-R) Dr. Ramakant Deshpande, Mr. Rajiv Gulati, Dr. Rajiv Chhibber, Mr. Sameer Kant Ahuja

ICC Healthcare Excellence Awards 2022

18th November, 2022 at New Delhi

Indian Chamber of Commerce organized ICC National Healthcare Excellence Awards 2022 in association with KPMG to recognize the potential of Healthcare Sector of India. The Awards have been selected by thorough scrutiny of the submitted Nomination from various hospitals of India. The categories were,

Hospital (having 50 to 299 beds) and Hospital (having >= 300 beds) of the four Zones of India

- Hospital of the Year
- Best Hospital in Healthcare Delivery
- Best Hospital in Quality Control
- Best CEO of the Year
- Hospital of the Year
- Teaching Hospital of the Year
- Best Health Insurance Service Provider

Indian Chamber of Commerce handed over the prizes to the Winners and Runner Ups of various categories for their significant dedication to Healthcare Sector. ICC Healthcare Excellence Awards 2022 was evaluated by KPMG Advisory Services P L as knowledge partner.



INDIAN CHAMBER OF COMMERCE



ICC Healthcare Excellence Awards 2022

18th November, 2022 New Delhi

CONGRATULATIONS

Best Hospital in Healthcare Delivery		
	Winner	Runner Up
Eastern >= 300 beds	Peerless Hospitex Hospital & Research Center Ltd.	
Western >=300 beds	Jaslok Hospital	
Southern >=300 beds	Aster CMI Hospital	

Best Teaching Hospital in Healthcare Delivery		
	Winner	Runner Up
Western >=300 beds	Parul Sevashram Hospital	U.N.Mehta Institute of Cardiology & Research Centre

Best Hospital in Quality Control		
	Winner	Runner Up
Eastern >=300 beds	Peerless Hospitex Hospital & Research Center Ltd.	
Western >=300 beds	U.N.Mehta Institute of Cardiology & Research Centre	
Western 50-299 beds	Saifee Hospital Trust	

Hospital of the Year			
	Winner	Runner Up	Special Awardee
Eastern >=300 beds			Peerless Hospitex Hospital & Research Center Ltd.
Eastern 50-299 beds	Care Hospital, Bhubaneswar		
Western >=300 beds	Nanavati Max Superspeciality Hospital	Jehangir Hospital	
Western 50-299 beds	Sankara Eye Foundation India		
Southern >=300 beds	Aster CMI Hospital		
Southern 50-299 beds	Apollo Cancer Centre		

Best Teaching Hospital of the Year			
	Winner	Runner Up	Special Awardee
Western >=300 beds	U.N.Mehta Institute of Cardiology & Research Centre	Parul Sevashram Hospital	
Southern >=300 beds			Sri Ramachandra Medical Centre

Best CEO of the Year		
	Winner	CEO
Eastern >=300 beds	AMRI Hospitals	Mr. Rupak Barua
Southern >=300 beds	Sankara Eye Foundation India	Dr. R.V.Ramani

Best Health Insurance Service Provider	
	Special Awardee
National	HDFC ERGO General Insurance Company

DEEP BRAIN STIMULATION

A Brain Surgery Can Change the Quality of Life of Crippling Neurological Diseases

DBS is a brain surgery that uses a pacemaker for electrical stimulation of some nerves of the brain to treat movement disorders like Parkinson's disease (PD), essential tremor, dystonia and other neurological conditions. It works by electrically stimulating some nerves of brain which stopped or reduced working.

Patient who is suffering from advanced Parkinson's disease or dystonia or tremor and stopped responding to medicines, they should be evaluated for options of DBS. DBS can significantly improve symptoms like trembling (tremor), stiffness, slowness of Parkinson's disease and its medicine related side effects (dyskinesia). DBS improves patient's function and quality of life, significantly reduces sufferings with proper pacemaker stimulation settings. Patients can start work life with brain pacemaker on. Some medicines have to be continued. The average hospital stay the DBS leads is 7 days. For some patients it may be little more or even less depending on many things. As with any surgical procedure, there are risks and complications. Complications of DBS can happen in 5% cases. Those are brain hemorrhage, infection, device, and stimulation related side effects. DBS has been shown to be remarkably safe and effective treatment for Parkinson's disease, dystonia, tremor with 95% success rate.



Dr. Amit Kumar Ghosh

Consultant Neurosurgeon

DNB (Neurosurgery); WFNS Fellow of Micro-neurosurgery (Fujita Health University, Japan); Fellow of Functional Neurosurgery (Ohio state university, USA)

Department of Neurosurgery, Institute of Neurosciences, Kolkata

Cancer can be prevented and cured completely, if detected early

Cancer is as old as mankind. It was detected in an early Egypt in Mummy which dates back 5000 years. Unfortunately, the incidence of Cancer is increasing rapidly. In the next 10 years, it is likely to affect every fourth person worldwide.

Status of cancer incidence in India

The incidence all over India at the moment is 10-15 lakh annually. Kolkata has 20 percent of the total cancer population in India.

What is Cancer?

Body has the inherent capacity of repairing a dead or damaged tissue by multiplication of cells and there is a control system for this. When there is lack of control, the cells multiply excessively and form a lump. This is called tumour. This can be benign- where the lump is slow growing, does not cause damage to the neighbouring structure and do not spread to other organs and are usually not fatal. The other type of tumour is obviously malignant (cancer), where the lump grows very rapidly, involves the neighbouring and distant organs and can be fatal, if not treated early.

What are the common types of cancer?

In male, where tobacco addiction is a common problem, the common cancers are that of oral cavity, lung and prostate. In females, in rural population, the common cancer is that of uterine cervix, whereas that of urban women is breast cancer.

What are the common treatments modalities for cancer?

Surgery (by removing the tumour along with a chunk of normal tissue and local glands) is the gold standard in early stage of most of the cancers. Additional treatment in the form of Radiotherapy (blasting the cancers cells with special rays) and Chemotherapy (some specific medicines to kill the cancer cells scattered around in the body) may be needed in more advanced cases.

Can cancer be cured?

In early stage, especially in Breast and colo-rectal cancers, there is 90% chance of getting cured. However, it is often diagnosed late where the outcome gets affected.

Some common misconceptions about cancer:

Cancer means death, Biopsy can cause cancer or spread of cancer, Surgery in cancer causes spread of cancer, Cancer is hereditary, Chemotherapy is painful and causes severe vomiting and permanent hair-loss, Cancer can cause a very painful death

Take home messages:

Cancer is preventable by avoiding the risk factors especially tobacco in any form, and can be detected early if people come to doctors with symptoms without ignoring them. More it is neglected, worse is the result and more aggressive and expensive will be the treatment. Many organs like breast, limbs, larynx (voice-box) etc. can be preserved in early stages with the new modalities of treatment. Cancer is not contagious.

Ways to prevent cancer:

Stress Management, Balanced diet including green leafy vegetables and rich in Onion, garlic, green tea; Avoiding tobacco in any form; Avoid junk food; cut down on alcohol consumption



Prof (Dr.) Arnab Gupta

Medical Director &

Consultant Surgical Oncologist

Saroj Gupta Cancer Centre & Research Institute, Thakurpukur, Kolkata

Male Infertility- A growing problem but solution is there

When couples start their family, they have many dreams. Subsequently many of them, if not all, plan to extend their family to give a sense of accomplishment. That is a journey from being couples to being parents. But unfortunately, in some couples the journey is not smooth and some of them have to struggle a lot for it. Yes, you are right. We are talking about difficulty to conceive, popularly known as "Infertility".

Infertility is no longer considered as a problem of women only. It affects the couples. It has been found that male partners can be solely responsible for 30% of the infertility and in another 20% cases, they may contribute to the problems (that is both male and female factors can be present). Often we see men are coming to us with abnormal semen analysis report showing very low ("Oligospermia") or absent ("Azoospermia") sperm count or very poor "motility" (ability to move) of the sperms. Naturally, they are very much worried and want to know what can be done. However, we should remember that both man and woman should be seen together. Unfortunately, often we get this question "Who is responsible- husband and wife?" The answer is not straightforward because even when both man and woman are found to have no problems, pregnancy may not happen ("unexplained infertility"). The actual treatment depends on the reports of both the partners, their age and duration of infertility. Moreover, the pregnancy will ultimately happen on the woman. That's why, we need to see both together.

Semen Analysis

Semen analysis is an indispensable part of evaluation of an infertile couple. It is accepted that if semen analysis report is normal, male factor is usually said to be normal. Semen report must be REPEATED from an AUTHENTIC LABORATORY after ABSTINENCE of 3-5 days. This is important, as the sperm count varies day to day. It takes almost 3 months to produce the sperms. Therefore, if today you wear very tight underwear or you have high fever, your sperm count (checked after 3 months from today) will be low. As a result, a single abnormal semen analysis report does not have any significance. You need to repeat it.

Collection of semen in unfamiliar environment is understandably a matter of discomfort and seems awkward. Proper counselling and maintenance of privacy can help. Stress-free approach is needed. If it fails, do not hesitate to inform your doctor. Some medicines can help. But if that fails there are some instruments, like vibro-ejaculator, can help to solve this problem.

What happens if the report is abnormal?

It is important to diagnose the cause of this abnormality. To find out the cause, you may need physical examination of your genital organs. Your doctor may ask you some questions and with your permission, may check your body areas (hair growth, breast development), penis, scrotum, testicular size etc. Doctor can advise you some tests like ultrasound of your testes, or sometimes of your prostate gland. In severe cases, doctor can advise you some hormonal tests (blood tests- LH, FSH, Testosterone etc) and in some occasions, karyotyping (chromosomal analysis).

One important thing is to remember, sperm production has nothing to do with manliness. You may feel absolutely normal with normal sex life but sperm production may be defective. So, first thing is not to feel depressed when the report comes abnormal.

What treatment can be done?

Every attempt is made to find out the cause and treat the cause so that you can father your baby using your own sperm by natural means. You should avoid smoking, alcohol, taking drugs like anabolic steroids etc. You should try avoiding heat exposure to your scrotum. This can be done by avoiding tight underwear, avoiding prolonged sitting, avoiding prolonged driving, avoiding hot bath tub etc. Try keeping laptop and mobile phone away from your lap or thighs. Initially you can take medicines. But if the problem is severe, medicines may not act. The only conditions, where medicines act very well, is when the sperms are not produced because of hormonal problems in the pituitary gland. Otherwise depending only on medicines can be harmful because there is a natural tendency of sperm counts to decline further.

However, you can become biological father using your own sperms. That means, we may not be able to improve your sperm count in most of the cases, but we can definitely help you to become the biological father of your baby. If the problem is mild, intrauterine insemination (IUI) can be done. In severe cases, special type of in vitro fertilization (IVF) is needed.

What is IUI?

Medicines (tablets, injection) are given to your wife to help her eggs grow. By ultrasound, we see whether eggs are growing. If the eggs about to rupture, husband's sperm is collected, processed ("preparation") and then inserted inside the uterus. The success rate is 10-15% per cycle. That means out of 100 couples trying IUI, 10-15 can conceive after the first cycle. You can try maximum 3-4 cycles of IUI. However, for doing IUI, at least one fallopian tube of your wife MUST be open. Moreover, the success rate of IUI is higher if your wife's age is less than 35 years, she is having good number of eggs in the ovaries and you are not trying for pregnancy for long time.

What is IVF?

Your wife will be given some injection (gonadotrophin) to promote growth of the follicles (fluid filled sacs in the ovaries containing eggs). Injections are NOT painful and are needed to be taken under the skin. She has to come to TVS (ultrasound by putting probe in the vagina) follicular study regularly to see if the follicles are growing. Usually, injections are needed for 10-12 days. After that, under anaesthesia, eggs are collected from her body by inserting small needle. The eggs are then fertilized with the sperm to produce the embryos. The embryos are then transferred after 2-5 days (Fresh Transfer) or later (Frozen Transfer). The success rate of IVF is 40-50%. That means out of 100 couples undergoing IVF, 40-50 can conceive after the first cycle. If you have tried IUI for 3-4 cycles and failed, you should consider IVF. If your wife's fallopian tubes are blocked, her age is on the higher side, she is having less number of eggs in the ovaries and you have been trying for pregnancy for longer time, you should NOT delay



Dr Sujoy Dasgupta

Consultant Reproductive Medicine,
Genome fertility Centre, Kolkata
MBBS (Gold Medalist, Hons), MS (OBGY- Gold Medalist),
DNB (New Delhi), MRCOG (London),
MSc (Sexual and Reproductive Medicine, South Wales, UK)

LET THERE BE NOISE

Here a question may arise that, how can hearing loss be detected in a child? There is a programme termed "Neonatal Hearing Screening" where a newborn is tested for hearing threshold. It is a painless, simple test with minimum cost, needing few minutes where the hearing level is determined. This screening is mandatory in the western world, similarly looking at its importance, the test is also being made mandatory in many public & private sector hospitals in our country.

Once a diagnosis of complete hearing loss is made, planning for cochlear implantation surgery is done after a thorough discussion with the parents regarding the outcome. Following surgery and removal of stitches, this implant is made to work by switching it on, following which auditory training is given by a specialist, who is a part of the team. Once the child starts hearing he or she learns to speak.

An individual who was termed as "deaf & dumb" few years back, identified as a burden to the family & society, has a ray of hope at present, to grow up as a normal individual. The outcome of cochlear implantation depends on early identification and management, hence TIME IS ESSENCE. Let us all be thankful to the amazing gift of scientific invention and take advantage of its outcome. Let no individual grow up with special needs. Let everyone appreciate the sweet sounds of the world. LET THERE BE NOISE.

Imagine a world without sound, imagine a world where people can't communicate or interact; its unimaginable. However some unfortunate individuals have to experience this. Almost three in a thousand are born with significantly reduced hearing or NO HEARING. Similarly, a significant number of mankind lose their hearing due to several reasons in their lifetime.

Those who are born without any hearing or significantly reduced hearing, have difficulty in learning the art of speech, hence either they have distorted speech or can't speak at all.

There are several reasons which are thought to be the causative factors for deafness:-

1. Some infections like rubella, mumps, chicken pox; in either of the mother or the child
2. Some medications having adverse effect on the hearing mechanism
3. Injury to the head or the ear
4. Very low oxygen during birth
5. Genetic
6. Age related deafness, etc

Medical science has grown in leaps and bounds, a pleasing solution to the above conditions has been derived. Titanium made electrical device has been invented, which conducts sound from the atmosphere, bypasses the mechanism of hearing and directly stimulates the nerve of hearing; yes a deaf person starts hearing.

This device is called COCHLEAR IMPLANT and it is surgically implanted into the inner ear.

The brain has a unique quality of receiving and recognising sound, understanding its meaning, using it in speech. However, unfortunately this characteristic of the brain is not everlasting, it is rapidly lost by the age of 4 to 6 years, which is termed as plasticity of brain. Hence to get maximum benefit from hearing point of view, in a new born with deafness, cochlear implantation needs to be done at the earliest, latest by 5 to 6 years.



Dr. Manojendra Narayan Bhattacharyya

DLO (Cal), DOHNS (England), MRCS (Edinburgh),
MRCS (ENT Head & Neck Surgery)
Consultant ENT Head & Neck Surgeon
Peerless Hospital, Kolkata

Communication in Healthcare

Communication – A key to handling grieving family members

Handling dying patients and their families' demands a delicate balance of communication and empathy. This crucial aspect of healthcare not only impacts the patient's comfort and dignity during their final moments, but also helps families navigate through a difficult and emotional time.

When healthcare personnel lack sympathy, patients and their families might feel unheard, dismissed, or even neglected. This can result in decreased patient satisfaction, heightened anxiety or distress. Families might experience frustration and uncertainty when they perceive a lack of empathy from healthcare providers.

Lack of sympathy among healthcare personnel can lead to challenging situations for both patients and their families. Sympathy involves understanding and sharing in the emotions of others, which is vital in healthcare settings to provide comprehensive and compassionate care.

In contrast, effective communication involves being transparent about the patient's condition while maintaining sensitivity to their emotional state. Sharing information in a clear, compassionate manner allows families to make informed decisions about care options and end-of-life plans. Listening actively to their concerns fosters trust and helps address any fears or uncertainties.

Striking the right balance between hope and realism is essential. Healthcare providers should avoid offering false assurances, while also providing hope and comfort through honest discussions about the patient's wishes and quality of life considerations.

The medium of communication with families of dying patients in hospitals should be chosen thoughtfully, considering the sensitive nature of the situation. Here are some effective communication mediums to consider:

1. **In-Person Conversations:** Face-to-face communication allows for immediate feedback and a personal connection. It's ideal for discussing complex medical information, treatment options, and end-of-life decisions. In-person discussions can offer emotional support and allow healthcare providers to gauge family members' reactions and concerns.

2. **Phone Calls:** Phone calls are useful when immediate in-person communication isn't possible. They allow for timely updates, discussions, and addressing questions. However, it's important to ensure that the family is prepared to receive sensitive information over the phone.

3. **Video Calls:** Video calls provide a visual connection, making conversations more personal compared to phone calls. They can be especially valuable for families who are unable to visit the hospital due to distance or other constraints.

4. **Written Information:** Written communication, such as informational brochures or leaflets, can supplement verbal discussions. Written materials can provide families with a reference to review later and ensure they have a clear understanding of the information shared.

5. **Patient Portals:** Many hospitals have patient portals where families can access medical records, test results, and communicate with healthcare providers. This can provide families with a way to track their loved one's care and stay informed.

6. **Family Meetings:** Scheduled family meetings involving multiple healthcare team members can offer a comprehensive discussion of the patient's condition and treatment options. This approach ensures that all family members receive consistent information.

7. **Interpreter Services:** If language barriers exist, using interpreter services is essential to ensure accurate and clear communication.

8. **Social Workers and religious visitations:** These professionals can provide emotional and spiritual support to families, helping them navigate the difficult emotions surrounding end-of-life care.

9. **Incorporating palliative care specialists into the healthcare team** can offer additional expertise in managing pain, discomfort, and relieving emotional distress for both patients and families.

The choice of medium should consider the family's preferences, cultural norms, and the patient's condition. Regardless of the medium chosen, the communication should be empathetic, clear, and sensitive to the family's emotional needs.

Self-care for healthcare providers is crucial in this challenging field. Continual exposure to the emotional toll of dealing with dying patients can lead to burnout. Support systems, debriefing sessions, and counselling should be readily available to help healthcare professionals cope with the demands of their role.

Addressing this issue requires on-going training and emphasis on the importance of empathy in healthcare education. Empathy plays a pivotal role in creating a supportive environment. Understanding the unique needs of each family allows healthcare professionals to tailor their approach. Demonstrating empathy involves active listening, validating emotions, and providing a safe space for families to express their feelings.

In conclusion, effective communication and empathy are the cornerstones of providing dignified care to dying patients and their families. By creating an environment of openness, understanding, and emotional support, healthcare professionals can help ease the difficult journey towards the end of life.



Dr Manali Patel
Hon. Consultant - Critical Care
& Palliative Care Medicine
Jaslok Hospital

IGNITING ZEST FOR THE QUALITY QUEST

Quality improvement initiatives play a pivotal role in enhancing patient outcomes and optimizing hospital processes. However, implementing such initiatives requires active participation and dedication from hospital staff across all levels. Motivating these staff members to actively engage in quality improvement initiatives is crucial for the success of these endeavours. This article delves into effective strategies for motivating hospital staff to participate in quality improvement initiatives.

The importance of Quality improvement Initiatives

Quality improvement initiatives in healthcare are designed to systematically enhance patient care, safety, and overall operational efficiency. These initiatives address various aspects including clinical processes, patient experiences, and resource utilization. They have the potential to reduce and prevent errors and optimize processes, ultimately leading to improved patient outcomes.

Challenges in staff participation

Engaging hospital staff in quality improvement initiatives can be challenging due to a variety of factors. Time constraints, heavy workloads, scepticism about change, and lack of resources are common barriers that can hinder staff participation. Moreover, some healthcare professionals might perceive these initiatives as additional burdens, which can lead to resistance or lukewarm engagement.

Motivating factors for staff participation

Studies have shown that intrinsic motivation is a key driver of employee engagement. Hospital staff can be intrinsically motivated when they perceive their work as meaningful and when they have autonomy, mastery, and purpose. Applying this framework to quality improvement initiatives, hospital leaders can foster staff participation by practicing the following.

1. Giving the staff the importance, they deserve: Many a times ground level staff is made to pile up hordes of data that gets used into deriving meaningful information. However, seldom the staff is given feedback about how was this data put to use and what decisions were made based on it and the impact on quality improvement it can bring. Without which, the whole exercise becomes mechanical and staff typically find them performing some monotonous insignificant job, while being totally unaware where it leads to. Give them a seat at the table by including them in improvement discussions. Make them derive a sense of being a part of quality squad and allow them to boost their inner high-five meter. I have noticed that inviting the floor teams in brainstorming meetings adds a deeper level of significance. This is in contrast to meetings where some managers, lacking direct insight into grassroots realities, have had to promise to provide answers later for the questions raised during the meeting; which hinders the progress.
2. Providing autonomy: Empower staff to take ownership of improvement projects. Allowing them to identify and solve challenges within their scope of work can boost their sense of autonomy and engagement. Drawing from my experience in the past, once a team of radiology technicians came forth in solving the queuing issues of patients in the radiology unit to bring down the waiting TAT considerably just by changing the waiting arrangement. Colour coded and pre-labelled waiting areas made it easier to pick up which patients were waiting for what kind of tests. Quick identification led to quicker pick up for tests and reducing wait times.
3. Encouraging skill development: This can be done by offering training and resources for quality improvement methodologies, such as basic and advanced excel, white belt in Lean or Six Sigma. This will enhance their confidence and enthusiasm to participate. After training a couple of nurses in basic excel over just a 3-day course they became good at independently creating and modifying documents thus finding great convenience in tracking data. This also prevented repeated highlighting of errors by the quality department. This OT team eventually also gathered confidence to present their own data sets and improvements into large committee meetings. As the staff discover the positive changes within themselves and recognize their progress, their eagerness to contribute further keeps going high.
4. Recognising, showcasing and celebrating contributions: Acknowledging staff members' efforts whether small or big and publicly recognizing their contributions will reinforce the message that their work is valued and impactful and these achievements in quality improvement initiatives can instill a sense of purpose. I have closely seen forums where doctors, nurses and various professionals collectively celebrate each other's accomplishments to an extent that the cancellation of such forums on some days would be sincerely missed by all of them.



Dr. Shalaka Sawant
Regional Quality Head
Telangana, Apollo Hospitals

Many studies have underscored the positive correlation between staff engagement and patient outcomes. Hospitals that fostered a culture of staff involvement in quality improvement demonstrated improvements across thus highlighting the tangible benefits of staff participation in quality improvement initiatives. As healthcare continues to evolve, prioritizing quality improvement initiatives becomes non-negotiable for hospitals aiming to provide exceptional patient care. Motivating hospital staff to actively participate in these initiatives is a critical step toward achieving the desired outcomes. They just need to be told, "when work is a jigsaw puzzle, make time for your favourite pieces!"

Success Story:

I constantly remind myself, my residents and students that what we do is a privilege.

We are in the business of saving lives .At Jaslok hospital, we have touched countless lives. There are so many stories unfolding every day within our walls.

Stories of courage, fortitude, love and winning against all odds. A young teen who wins her battle against leukaemia and goes on to finish her college, a wife donating her kidney to her husband, a young man going back home after four months in hospital battling for his life on ECMO, a pregnant woman delivering her baby while in ICU, a devoted daughter donating a part of her liver to her ailing mother so on and so forth.

One particular story comes to mind of a precious new born delivered prematurely at 28 weeks of pregnancy, weighing only 900 gms. and further complicated by a rare kidney disorder called as Bartter syndrome that occurs 1 in 1,000,000 population. This form of the syndrome that develops in the antenatal period is life threatening. Our team of specialists which included our accomplished neonatal intensivist, paediatric nephrologist and neonatal intensive care team worked tirelessly and persistently to send the baby home after 115 days in the neonatal ICU. The baby was discharged home to ecstatic parents and at the time of discharge the baby weighed 2 kgs .Such success stories inspire us to give our best and also to do more.

In conclusion I believe that , in our job, you will never go home at the end of the day thinking that you haven't done something valuable and important. Very few have this privilege.



Dr Fazal Nabi
Director & Fulltime Consultant – Paediatrics
Jaslok Hospital

A 2 year old child with an extremely rare congenital malformation (Bladder Exstrophy) was operated by Expert Doctors at Parul Sevashram Hospital -A collaborative approach by Pediatric Surgeon & Orthopaedic Surgeon gives a new ray of hope

A 2 years old girl from Madhya Pradesh visited Pediatric Department of Parul Sevashram Hospital with a defect since birth. She had a condition called Bladder Exstrophy where in the front part of her abdominal wall was missing thereby leading to exposure of the urinary bladder on the front of the abdomen.

Bladder Exstrophy is a rare Birth defect with prevalence of 2 per 1,00,000 births. Since the urinary bladder was exposed she did not pass urine through the natural passage. In patients with neglected & long standing Bladder Exstrophy the lower pelvic bones are widely separated & this challenging condition cannot be treated unless the pelvic bones from both sides are brought closer to each other.

A Complete Primary repair of Exstrophy (CPRE) was done wherein the bladder was turned in and closed and bladder neck repair was done. Post operatively, the patient could pass urine from urethra with full continence as mentioned by Dr Mishal Patel (Pediatric Surgeon at Parul Sevashram Hospital). The orthopaedic procedure involved controlled breaking of the pelvic bones on both sides, changing the direction of the pelvic bones and bringing the front of the pelvic bones together (oblique pelvic osteotomy with closure of diastasis of pubic symphysis). The patient was treated with a **novel technique to bring the pelvic bones together by using a thick Mersilene tape because stainless steel wires usually cut through bones of the child. External fixator was used to stabilise the pelvic bones.** The osteotomy sites healed and the external fixator was removed during the post-operative stay. The child is able to walk, run and play with her friends; as mentioned by Dr Karthik Vishwanathan; Consultant Orthopedic Surgeon at Parul Sevashram Hospital

Such complex & challenging surgeries are possible only with a multidisciplinary team and strong anesthetic, intensive care & paramedic back up. In the past few years, PSH has become a hub for quality management of such different & complex cases referred to us from various parts of country; said Dr Geetika Patel (Medical Director at Parul Sevashram Hospital)



Dr. Karthik Vishwanathan, Consultant Orthopaedic Surgeon and Professor, Department of Orthopaedics ; **Dr. Chinar Patel**, Anesthetist ; **Dr. Mishal Patel**, Consultant Pediatric Surgeon, Parul Sevashram Hospital

Health and Wealth Management through Health Insurance

India's population has been rising rapidly over time, making it the most populous country in the world. About 25% of India's population is under 14 years of age, while 6.5% of the population is age 65 years and above. The rising share of working age population in India offers the possibility of a demographic dividend, provided substantial attention is paid and investment is made in infrastructure, health and education. A growing elderly population raises concerns about the growing burden on families to support the elderly. Urbanization is also a matter of concern as it is bringing in major changes in the family size, structure and relationships which have implications for elderly health care.

Health care is the process of enabling people to have control over and to improve their health. Though people have realised the importance of health care and health insurance during the Covid 19 pandemic, health insurance in India remains highly underpenetrated. A large portion of India's population is still not covered through any form of health insurance. Even within the percentage that is covered, a sizeable portion is attributable to government schemes like ESIC and Ayushman Bharat. Availability, Accessibility and Affordability are key to bridging the protection gap in health insurance.

India is going through the transition on economic, demographic and also the epidemiological front. Though the country has been successful in eliminating polio and restricting virus infections, some other diseases keep posing threat. The financial burden continues to push large number of people into poverty every year because of unbearably high levels of health expenditure.

Publicly funded health insurance schemes targeting the poor and vulnerable sections of population are important in providing the financial risk protection. India began by launching a fully subsidised health insurance scheme -the "Rajiv Aarogyasri" scheme, in 2007. Another publicly funded insurance scheme for the poor and vulnerable, the 'Rashtriya Swasthya Bima Yojana' (RSBY), was launched in 2008. Yet another healthcare scheme, Ayushman Bharat – Pradhan Mantri Jan Aarogya Yojana (AB-PMJAY) was launched in 2018.

The introduction of 'mediclaim' health insurance policy in 1987 by public sector general insurance companies has been a major milestone in the history of the voluntary private health insurance in India. Today, health insurance coverage is available to Indians from four public sector, number of private sector general insurers and the standalone health insurance companies. Privately purchased or publicly funded insurance schemes provide partial or full coverage for hospitalization at empanelled hospitals for enrollees, but most private outpatient care is paid for out of pocket.

The major issues to be addressed in India's health care and health insurance areas are-

- The skewed locational distribution of doctors, health workers and health facilities, they being largely urban centric.
- Ever rising health care costs/ medical inflation.
- The complacent attitude by the population- 'I am healthy and I do not need health insurance'.
- Misconceptions and lacking awareness about utility and availability of health insurance covers.
- Inadequate reach of insurance companies into remote/ interior areas.
- Insurance mechanism and the policy wordings- difficult to understand.
- Problem of handling the 'pre-existing diseases' issue.
- Trust deficit among prospective buyers mainly because of mis selling and improper claims handling by insurance companies.
- Lacking niche products for super senior citizen, critical illness and mental illness.
- An unsustainable model of writing loss making group health insurance coverages by public sector insurance companies and individual coverages by private and stand-alone health insurers.
- Non-standardisation of medical procedures, treatments and hospital costs.
- Third Party Administrators not able to contain hospitalisation costs.
- Fraud and leakages in the system.

While the stakeholders in health care and health insurance domain keep making efforts to improve the situation, the efforts appear disproportionate to the size of population, the long list of problems and the magnitude of the requirements. While some improvements have already been brought in by insurers, such as health insurance portability, network hospital arrangements, cashless provision, there is still a long way to go. But the things should be looking different with the advent of technology, digitisation, use of AI, Blockchain, Wearables, e-Health Cards for permanent health records, creation of Health Claims Exchange etc. Regulation of health care providers, pharmaceutical industry and insurance sector is critical for the functioning of the health system and ensuring patient welfare through cost containment and efficient claims payment. Existing systems for regulation need to be revisited and strengthened. Coordinated efforts by health care industry, medical sector regulator, health insurance providers and insurance regulator is the prescription for improving health care, making available affordable health services and making health insurance efficient and trustworthy.



Deepak Godbole

Author is retired General Manager GIC Re and Ex Secretary General of Insurance Institute of India

Can Effect come before the cause?

Causation and effect is generally the trend in linear thinking.

It beats our logic and rational mind to know that the effect can also come first, and the cause follows later. This happens in rarest of rare cases.

You put your hand in fire, the cause is putting the hand in fire, the effect is hand getting burnt. You jump in the sea, the cause is you jumping into the sea and you getting wet, drenched or drowned. Well, getting out in the rain is the cause and the effect is you getting drenched and dirty, messed up. Fruits, vegetables, grains, herbs and all the food we consume today was grown by nature before man was born. Now, did the food cause the birth of Mankind? or Mankind was the cause because of which the nature created an effect with the phenomena of food. Now imagine a situation when somebody designs a cart before even thinking whether the horse will pull it or the bullock or a dog or a cow. And somebody saying that because you were depressed, you put on weight. It's the incessant eating of depression for gratification that makes you put on weight. The other school of thought could be that because you put on a lot of weight, you get depressed. Many a times it happens that the effect comes earlier and then you realize why it happened to you. And realized what was the cause. Because of the Above Science itself, Science is struggling with fifteen hard problems to which they haven't found bingo answers. Perhaps manifestation from nowhere, the quantum field. . . which is non sequential, non linear and random could fall in this category. Rational logical minds in time and space have reference to only matter, such minds can't fathom the idiosyncrasies of mother nature's reality of randomness. . .

When all kinds of analysis goes for a toss and only synthesis prevails with time and tide or random realizations or jaati smriti self actualization! The regulatory principle of nature THE TAO is spontaneous in nature itself. . .

Emptiness from where everything comes. . .to where everything returns. . .Before space and time. . .the entanglement which we don't understand. . .the singularity which we can't recognize!

The reality of nature is space less timeless and mindless! The reference is to

1. Time travel
2. Techyons
3. Quantum physics as science is struggling to explain the phenomena which is glaring in the face, but science can't explain it all. It is baffled till date.

This generally happens in the nonlinear thinking of the way nature functions - putting hand in fire, getting wet in water are very instant causation and effect, is a linear way of thinking. But sometimes in nature, the karmic circle takes a longer time; sometimes even lives lived many a times, life after life and you don't realize how, when & why. So many a times the effect comes first and much later in life you realize the cause of it, as to why it happened. Mind-boggling and astounding.



Dr. Mickey Mehta

Global Leading Health Guru
/ Corporate Spiritual Coach

If you ask a person of faith, a believer, he can certainly say, that Ishwar can do it all and reverse it all. In the world of Allah, in the world of God the Almighty, everything is possible. Normally the effect follows the cause, but in metaphysics, it can be that the effect comes first. It is mind-boggling. But it could be real, it may be real and many a times many people experience it and they have expressed it, especially for the believers, driven by faith and open to experience miracles. And yes miracles do happen, recorded in the history of Mankind. Cause, creativity, effect and affection, it all governed by the regulatory principle of this universe, that which regulates it all conducts it all. No rules or structure applied to it. No Maths no stats, no data, no analysis only synthesis. Ordinary intellectuals will never understand THE SPLIT OF THE NILE OR THUNDEROUS RAIN COMING OUT OF ABSOLUTE SUNSHINE! That's divine! Not everything of the creative phenomenon can be understood! Could be experienced for evolution! The intellect question, The intelligent understand, The wise live it, Debates go in circles. Deliberations stop at the point of no go, And demystification happens as a process of living it!

THE DIVINE IS SIMPLY BEYOND OUR SENSES AND LENSES. Miracles magic specialized... Nature naturalized.. Evolution and mankind Mickeymized! I am in the business of Age and Ailment Reversal.

All challenging objectives of fitness, health, wellness, well-being or challenging ailments can be achieved with the methods of natural rhythm using breath, sunshine, akasha- the space, gravity of earth, fire, heat and cold as medicines to say the least.

Observing silence, emptying emotionally, laughter, scientific dance techniques, optimal movement therapy, Ayurveda processes, homoeopathy principles, and our circadian rhythm to bring us in line with the universal cosmic rhythm and get them to work in tandem in symphony.

And a lot more intelligent creative processes can heal us, make us whole, make us complete and most importantly radiant and vibrant.

NEVER LET US DIE OF DISEASE

Death has no right to life, death is the culmination of diseases and the diseases are the culmination of our choices. Let's choose to live intelligently and neutralize our kama, krodh, lobh, moh, madh, maya, matsara and sort out our kleshas.

We may choose to breathe the last when we want happily with a smiling face and exit to transform, trans-migrate reform or simply disappear into the eternal consciousness as dhrashta.

Natural nutrition and cosmic nutrition also add a lot of value. Methods of resting, deep resting, and sleep cycles as per the axis of the earth also work as medicine.

The energy of the environment is used for the mind, emotions, intellect, and intelligence and influences our evolution by getting stimulated with PANCHMAHABHUTA – our 5 elements.

Nourishing our TATVAS and getting them to create a harmony of DOSHAS to translate into HOMEOSTASIS.

Vedic wisdom married to modern sciences is what I do. The sciences of epigenetics, neuroplasticity, transgenerational epigenetic reset, mind-gut axis, and The science of anti-ageing telomeres and telomerase, validate our ancient wisdom of rishimunies who were poets, scientists and philosophers all packed in one.

Rhythms of life, rhythms of the body when brought in equilibrium, perfect health will prevail. Cancelling out all the dis-ease, the dis-order, the dis-comfort, decay and death.

So are you ready for equanimity, immunity, longevity and eternity? LET'S BE THE EXPRESSION OF INFINITY.

Will be happy to serve any challenging health conditions or pursuit of excellence in wellness for your friends, family and corporate objectives/goals.

Please Let us know your issue. We will solve your health issue.

Healthy well balanced simple diet helps us:

- **Maintaining good health**
- **Prevention and treatment of heart disease**
- **Prevention and treatment of Diabetes and its complications**
- **Correcting Dyslipidaemia (lipid abnormalities)**

All of the above are very common problems found in every household these days

Diabetes, high blood pressure and lipid abnormalities increase susceptibility to heart disease and other complications such as eye problems, kidney or foot problems. Proper diet as suggested below is the main treatment. It may be more effective in preventing above complications than even treatment of diabetes or heart disease. Please follow these guidelines carefully:

- Use oil in small quantity to avoid excess calories roughly 3-4 teaspoons oil per person per day or 1/2 kg per month per person. Use any one or combined of following: olive oil, canola oil, mustard oil, rice bran oil, and groundnut oil. Avoid fried foods.
- Avoid use of non-vegetarian foods like red meat (lamb, veal, beef, and pork), chicken or egg yolks. Work towards a goal of one or two meat-based meals per week if desired. Include fish 3- 4 times a week like sardines, mackerel, salmon or ravas. Avoid taking fried fish. Prawns/shrimps are high in cholesterol but a good source of omega 3 fatty acids.
- Avoid refined, processed foods or those containing preservatives such as white bread, cake toast, jeera butter, biscuits, khari, cakes, pastries or other Maida preparations like pizza, naan, roomali roti, etc. Instead opt for khakara, whole wheat tandoori roti, roasted channa, etc.
- Avoid tobacco in any form. Avoid alcohol totally or drink sensibly. This means not more than two drinks per day for men and one drink per day for women. A drink is defined as 5 oz./150 ml wine or 12 oz./360 ml beer or 1. 1/2 oz. / 45 ml 80 proof liquor / distilled alcohol.
- Cut down on sugar – desserts, sweet dishes, chocolates, jam, honey, ice cream, fizzy drinks, sherbets, squashes, fruit flavoured drinks, sweetened beverages, etc. Instead take fresh fruits like apple, orange, guavas, papaya, pineapple, pomegranate, plum, watermelon, etc. Diabetics also need to take 2-3 fresh fruits daily. One of them must be an orange or sweet lime. Whole fruits are preferred over fruit juice.

- Patients with high blood pressure or swelling on feet or congestive heart failure should try to eat less salt (no more than 6 gms per day) by using less at table, in cooking and by avoiding taking salty preparations like salted nuts, crisps (wafers) or similar savoury snacks (chivda, sev, Kurkure, pani puri, etc), prepared sauces, packet soups, tinned meats (luncheon meat, sausages), tinned fish (tuna, sardines, mackerel), stock cubes, ajinomoto (MSG), etc.
- Get active and try to be a healthy weight by increasing everyday physical activity. Engage in walking at brisk pace or cycling or swimming at least 30 minutes a day, above usual activity at work/home, on most days of the week. Patients with different level of physical fitness should seek medical advice before embarking on an overtaxing exercise programme.
- Keep food safe to eat. Use proper food safety techniques. Basic food safety recommendations include:

Clean: Hands, contact surfaces, fruits, vegetables and all raw foods
Separate: Raw and cooked foods or ready to eat foods during preparation and storage

Cook: Foods to safe temperature

Chill: Refrigerate perishable properly

Additional care plans are warranted for patients with renal insufficiency and are tailored to their overall condition. Readers desiring specific attention targeting isolated risk factors are advised to seek guidance from a certified dietitian



Ms. Suvarna Sawant (R.D.)

Chief Dietician, HCG Cancer Centre

