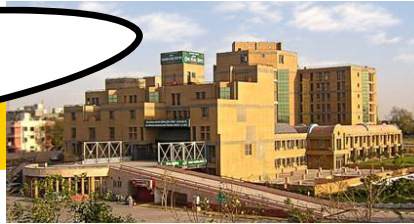


8 PAGE BONUS ISSUE!



VOLUME 2, ISSUE 2

Jan-Feb 2010

JPN Apex Trauma Centre Newsletter

Prof MC Misra, Chief, JPNATC



I am glad to know that the second issue of JPNATC newsletter is being distributed this month. When in November 27, 2007 the casualty (ER) was opened to general public, there was a lingering doubt in many a mind whether JPN apex trauma centre would be able to deliver on its mandate, especially as other existing trauma centers remain in very poor shape. Today I can confidently say that JPNATC is setting benchmarks in trauma care in India. There are many factors for the success of JPNATC and foremost is the leadership provided by the young faculty of all departments who have worked tirelessly for the past few years for continuous improvement in patient care at JPNATC. They have continuously encouraged & motivated the nurses & residents to improve all facets of patient care. I am also particularly happy to see that quality of research being conducted by the nurses at JPNATC and this just proves that if proper direction and mentorship is provided, our nurses can scale new heights of success.

FROM THE EDITORS' DESK



I am delighted to offer you the second issue of JPNATC newsletter. In any endeavor, it is always harder to maintain consistency and quality after the initial phase. Similarly, we had to strive more to get this issue out in time and more importantly- to have meaningful articles which you would enjoy reading.

We are putting a huge emphasis to training and continuing medical education of nurses at the trauma centre and besides the nursing CME's, we have regular classes on computerization for nurses. JPNATC nurses also attended the DNA-CON nursing conference held on 6-7 Feb 2010 at India Habitat Centre and presented original re-

search work in the award category. All the presentations were appreciated by the judges and S/N Anjusha from neurosurgery ICU, JPNATC won an award and bought laurels to our centre. I am proud to including the research presented at the conference in this newsletter. A fresh course patterned on ATLS & tailor-made for nurses is being introduced at JPNATC by the American College of Surgeons and will be a huge leap in certification of nurses for trauma care. The first course is tentatively scheduled for March 2010. The Trauma nurs-

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co-

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ordinator (TNC) program is also getting its act together and nurse coordinators are now manning the Casualty (ER) at JPNATC round the clock. This

newsletter is a window to achievements at our centre and showcases the humongous talent pool available at JPN Apex Trauma Centre.

Dr Deepak Agrawal

EVENTS: INAUGRAL 'AIIMS BEC COURSE' HELD AT JPNATC!

Basic Emergency Care (BEC) is the emergency care which can be provided by schoolchildren, teachers, police and drivers in the absence of advanced medical care. If one school kid is trained in CPR, he or she can take care of his peers, family members and community Beside CPR and foreign body removal, it also includes considerations of patient transport such as the protection of the cervical spine and avoiding additional injuries through splinting and immobilization.

With this goal J.P.N.Apex Trauma Centre, AIIMS has taken an initiative to train people at community level. Inaugural Basic Emergency Care Provider Course (BECC) was conducted on 12th & 13th Dec

Dr.Sanjeev Bhoi was the Program co ordinator.Dr Chavvi was Course director Dr Deepak Agarwal & Ms Sonia Chauhan were course faculties.Overall Course CoOrdination was done by Ms Nirmal Thakur.

Total no. of participants was 32 in provider course and out of them 16 were selected for Instructor Course. It is our pleasure to state that following nurses from J.P.N.A.T.C. underwent AIIMS BEC Instructor Course—Ms Shalu, Ms Swati, Ms Roshni ,Ms Jeen Varghese, Ms. Anjusha Thomas, Ms.Kondru Shyamla who can will be instructors in future courses

J.P.N.Apex Trauma Centre invite maximum participation specially from nursing department for success of this programme. For details log on to www.aiimsemed/aiimsbecc.org



INAUGRAL BECC BATCH

RESEARCH: TO ASSESS THE EFFECT OF CAMERA SURVEILLANCE IN IMPROVING COMPLIANCE WITH HAND WASHING PRACTISES IN ICU SETTING.

Ms Shalu Chauhan, Dr Deepak Agrawal



BACKGROUND: Handwashing has been shown to be the most effective means of reducing cross infection in the healthcare environment. However, staff compliance remains low in the real

setting

MATERIALS AND METHODS: A prospective study carried out over one month period in one cubicle of neurosurgery ICU. A surveillance camera which was previously installed and functioning was focused on a cubicle of three patients and recordings of previous 24 hours were reviewed every day for 15 days. Number of incidents when handwashing was required but not done was recorded. An incident was defined as any one of the follow-

This research paper was awarded & appreciated in Trauma Nursing Conference 2009.

ing: 1. Handwashing not done by health team workers. 2. Touching different patients without hand washing. 3. Using the same gloves for different patients and for different procedures. 4. Hand washing not done after finishing the procedures. Following this 15 day period, all staff were verbally instructed in every shift that they were under surveillance for the next 15 days. Camera recordings of previous 24 hours were similarly reviewed every day for these 15 days and incidents recorded.

RESULTS: In the first 15 days period, there were a total of 480 incidents when hand washing was not done. 83% (n=401) of the incidents occurred in the night shift especially during the early morning hours.

. In the subsequent 15 days when the staff were informed that they were under camera surveillance, the total number of events when handwashing was not done was 140. The difference between the two periods was statistically highly significant ($p < 0.01$). Similar to incidents occurred in the night shift especially during the early morning hours.

CONCLUSIONS: Hand washing is poorly practiced in our ICU set up by health personnel. As the maximum number of incidents occurs in the night shift, poor motivation may be one of the factors for this behavior. Our study shows that camera surveillance plays a major role in changing the staff behavior and may improve compliance with hand washing.

EVENTS: 6th NEURONURSES UPDATE 2010, DNACON, DELHI

The XII Annual Conference of Delhi Neurological Association & 6th Delhi Neuro Nurses Update was held on 6th & 7th Feb 2010 at Indian Habitat Centre.

Miss Anjusha Thomas, Mr Geo Thomas working in TC3 ICU & Miss Metilda CJ (TNC) from trauma center presented the research paper which was

much appreciated. Anjusha won 3rd prize. There were talks of faculty from GB Pant hospital. Poster & quiz competitions were conducted



RESEARCH: Use of 'Blood Donation Board' and 'Nurse Relative Interaction' By Nurses in Improving Communication with Patient Relatives and Increasing Blood Donation in Neurosurgery ICU

BACKGROUND: Due to nature of emergency services being provided, blood products are in perpetual scarcity

in trauma centres like JPNATC. Also, patients' relatives frequently complain of lack of timely and appropriate information regarding the clinical status of their patients.

AIMS & OBJECTIVES: 1. To assess prevailing levels of blood donation for ICU patients and see for improvement (if any) following use of 'Blood donation boards' in one ICU.

2. A study the satisfaction level among relatives of ICU patient's regarding communication with healthcare workers and to see for improvement (if any) following a specific behavioural change by nurses in one ICU.

MATERIALS & METHODS: This prospective study was carried out over one month (15 Dec 09 -15 Jan 2010) in two intensive care units (ICU's) of JPN Apex Trauma Centre. The ICU were no active interventions/ behavioural changes were done was taken as the 'control ICU' and the ICU where active interventions/ behavioural changes were undertaken was taken as 'Test ICU'.

This research paper was presented at the 6TH Delhi Neuro Nurses Scientific Update(DNACON)2010

Intervention in the form of a 'blood donation board' was introduced in the 'test ICU'. This blood donation board is a 1foot by 1foot board placed on the wall next to each patient's bed with the details of blood donated. The donation details are updated by nurses in every shift. No 'blood donation board' was used in 'control ICU'. Blood donation per patient over one month was calculated for both ICU's by reviewing the blood donation register in the blood bank.

Behavioural change in the form of 'nurse-relative interaction' was introduced in the 'test ICU'. The 'nurse-relative interaction' involves the nurse explaining the patient's condition to the relatives in every shift and answering questions they might have. This 'interaction' is then documented as 'relative notes' in the nursing chart in every shift by the concerned nurse. No such behavioural change was introduced in the 'control ICU'. A questionnaire was given to relatives of patients in both ICU's on the last day of study and results compared.

RESULTS: Following introduction of 'blood donation boards', 80 patients in the test ICU and 37 patients in the control ICU were evaluated during the study

period. The total number of blood units donated in the test ICU was 270 units and in the control ICU was 106 units. The number of units donated per patient (n=3.37) in the test ICU was significantly higher than the number of units donated per patient (n=2.8) in the control ICU (p<0.01). Following introduction of the behaviour change (nurse-relative interaction), the questionnaire was administered to 15 relatives in the test ICU and 10 relatives in the control ICU. With respect to timely & appropriate communication regarding patient's condition, the overall satisfaction was 100% (n=15) in the test ICU as compared to 10% (n=1) in the control ICU and this was also highly statistically significant (p<0.001)

CONCLUSION: Simple interventions such as 'blood donation board' and behavioural changes like 'nurse-relative interaction' and markedly improve blood donation as well as improve satisfaction levels amongst the relatives of patients. Due to the immense benefits and no costs involved, we recommend that these measures be made mandatory in all intensive care units.



RESEARCH: Usefulness of GCS & Metabolic Markers in predicting outcome of head Injured patients

Background: Nurses are frequently required to prognosticate relatives of head injured patients. Glasgow coma score (GCS) also remains poorly utilised by nurses as a tool for prognostication. Also, biochemical prognostic markers for head injured patients are not well defined.

Aims & Objective: To find the Relationship between GCS and metabolic markers like serum lactate, serum glucose & Haemoglobin (Hb) on day 1, 2nd, 5th 7th & 14th day of hospitalisation with neurological outcome.

Methodology: This prospective study was done in head injury patients admitted in neurosurgical ICU over the last one month. The admitting GCS & serum lactate, serum glucose & Haemoglobin

from arterial blood gas (ABG) analysis were noted in the enrolled head injury patients. The GCS & ABG Results were again noted on days 2, 5, 7 & 14 respectively. Outcome was assessed at the time of discharge/death using Glasgow outcome scale (GOS). Patients were divided into two groups based on outcome: Good outcome (GOS 4-5) & Poor Outcome (GOS 1-3). The neurological outcome was compared with the variation in the metabolic markers.

Results: A total of 50 patients were enrolled during the study period. The mean age was 38 years (range 20-70 years). The M:F ratio was 13:2. The mean admission GCS was 8 (range 4-15). The mean serum lactate, serum sugar and Hb were 2.7 mmol/l, 189 mg/dl & 11.3 g/dl respectively. Good

outcome was seen in 8 patients and poor outcome was seen in 7 patients. On univariate analysis a serum lactate of greater than 1.6 mmol/l on day 1 was highly predictive of poor outcome (p<0.01). GCS on Day 1, 2, 5 7 & 14 was also highly predictive of outcome. There was no significant relationship found between Serum sugar, Hb and outcome (p>0.05).

Conclusions: GCS can be used by nurses as an easy marker for prognosticating relatives. Our study also shows that admission day serum lactate may have prognostic implications for head injured patients. We recommend that for routine use GCS be used for prognostication by nurses.

FULLY COMPUTERISED EMERGENCY DEPARTMENT (CASULATY) IN JPNATC!

Combined effort of staff in the Trauma centre helped to fulfill the dream of a completely computerized Emergency Department. Now, from the registration to the discharge of the patient whole documentation is done in computer. Patient's primary data is collected in the reception counter outside the ED & entered in the computer. A Slip is obtained from the reception counter to the patient attendant.



Reception Counter For primary data Collection

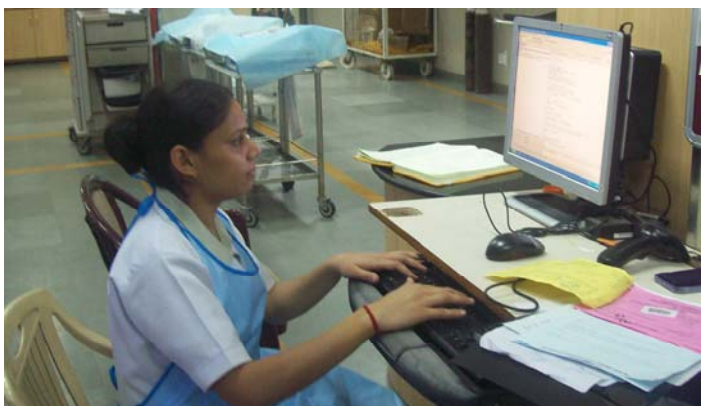


Doctor Detects the Bar Code No. By Laser Reader

With the slip obtained from the reception counter patient comes to the ED & is seen by the Doctor on duty. Doctor collects the slip & is detected by the laser reader which identifies the bar code of the patient given in the

IAI PRAKASH NARAYAN APEX TRAUMA CENTER	
2002 APEX UNIT - CHITRAKOOT HIGH SCHOOL - 11, 9, 8, 4, 11, 11	
ALL INDIA UNIVERSITY OF MEDICAL SCIENCES NEW DELHI (AIIMS)	
No. 1088	Name: BHUJANG DEBARIYA
MLC No. 1088	Residence: AMBI, DELHI, DL
Date and hour of arrival: 15/06/2007 10	Place: HOSPITAL/OT
CC (DISEASE NO. & Under section)	
Name of Police Officer	
Name of Police Station	
Date of Admission	15/06/2007
Date of Discharge	
HISTORY OF PRESENT ILLNESS AND PTX. AND NO LOC POINT ENT BLEED PTX WALKING HIT BY A BIKER TENDERSHIRT AT AMBLE PARTICULARS OF INJURY Signature of Patient (Name & Sign) Date for particular to be further reference to the case note of injury Name of the Casualty/Department of arrival and to transfer Name of Identification or Trauma Impression of patient/body Cause of Trauma (Death)	
OFFICERS	Name of Physician (Single Director or designated)
	Name of Doctor: ANBETHA RAJNA

reception counter. The Assessment sheet of each patient is entered by the concerned doctor. Concerned Doctor from each department attaches the print of the review of the patient to the file. Each Nurse in her shift duty enters the vitals of each patient of concerned area in the computer. All over India only in JPNATC the MLC of every accident cases are prepared in computer by the doctor. Computerisation has really replaced the whole manual system of writing the documents which was previously practiced.



COMPUTERISATION



INDIA'S FIRST AND ONLY 'INTEGRATED' CALL CENTRE STARTS OPERATIONS FOR JPN APEX TRAUMA CENTRE, AIIMS (Phone 011-40401010)

In another first for India & possibly the world, an integrated call centre started operations for JPN Apex Trauma Centre on 2 January 2010. Although call centres are common in



GTI/SMT Call Centre Building at Noida

commercial industries like telecom, the concept has been alien to hospitals. Hospitals usually have reception desks which manage general enquiries and appointments. An integrated call centre on the other hand manages extensive backend administrative chores and services besides providing a host of patient related activities on a common platform.

In public funded hospitals like AIIMS, an integrated call centre can provide immense cost savings besides revolutionizing healthcare management and delivery. Due to the presence of a mature computerized hospital information system (HIS), JPNATC was in a unique position to leverage the advantages of a traditional outsourced call centre and innovatively wrap a multitude of healthcare services around this model to provide unparalleled benefits in patient care. The unique features of the call centre are:

1. Completely outsourced and scalable: This frees up valuable real estate at JPNATC besides potentially decreasing the overheads like electricity, parking and toilets which an on-site facility would use. Being completely scalable, the call centre can quickly ramp up operations in line with increased demand and in case of disasters.

2. Professional operations: The call centre will provide best-in-class ser-

vice to clients with quality control at every stage and 100% call recording for auditing and quality purposes.

3. Patient services: With the main thrust on improving

the quality of patient care, the call centre will manage all appointments and follow-up of patients for the whole of JPNATC. The call centre will also answer queries on all admitted patients and will provide information on all diagnostic & therapeutic services available, the procedure and pricing of getting a specific service or test done at JPNATC and the approximate wait-times. This information may help in empowering the patients coming to JPNATC & obviate the need to approach anyone physically for information.

4. Research: Research is one of the key mandate of AIIMS and the call centre will facilitate research by ensuring follow-up of patients, administering surveys and ensuring authenticity of data.

5. Personnel job responsibility management: Job responsibilities have been defined for all staff in computer facility as well as technicians in department of Neurosurgery, JPNATC. The call centre will administer a checklist telephonically to the above employees at the end of each shift (shift-handoff) to ensure compliance and accountability.

5. Centralized help desk & support: The call centre will take over the responsibility of logging & initial troubleshooting software & hardware problems all over JPNATC and this will help in providing professional 24 X 7 support services at JPN

6. Inventory Management & support: It is envisaged that the call centre will act as the single window for all civil, mechanical, and equipment related issues for JPNATC. The call centre can provide completely audit trail for any breakdown or even and follow up with the vendor and end user to ensure optimal utilization of resources.

7. Network & Security management: the call centre will actively monitor JPNATC's local area network (LAN) and pro-actively detect any threats and events in the network.

8. Biometric attendance management: All Casualty (ER) staff, computer facility staff & sulabh employees at JPNATC are under mandatory biometric attendance system and the call centre will manage the biometric system remotely to ensure compliance and accountability.

To ensure access to the system, the call centre number is being advertised on every discharge summary/ transfer summary of in-patients. Also, around 18 vandal proof phones have been placed all over



Inside view of the call centre

JPNATC in public areas so that patients and relatives can avail all the services comfortably. We are very excited about the possibilities of having this unique call centre and are confident that it will turn out to be a huge success.



At the bend of the river.....

Ms Sheenu Mary Thomas

There's a world waiting for me at the bend of the river,
 it beckons me still as it always did.
 The journey so far has been quite an experience.
 The world tested my nerves,
 I saw failures underneath all my success.
 Or where they victories wrapped up in disappointments.
 Dreams and fairytales nourish me.
 They sustain me through my ordeals.
 My stars lead me astray, they plot to angst me or do they torment me to bring calm at last?

There's a world waiting for me at the bend of the river,
 It beckons me still as it always did.

The river is enigmatic and the journey long.
 In moments she transforms from silky to coarse
 She tests my fortitude; I surprise her by my audacity
 I fear legends; she desires me unfettered
 There's a world waiting for me at the bend of the river.

It beckons me still as it always did.

At times my stubbornness turns the course docile
 And just when I begin to regard my destination to be near
 She turns obstinate, tames my spirit
 Will I ever reach my bend of the river, only time will tell?
 As for now, I'll endure the tribulations that flow by me for there's a world waiting for me at the bend of the river.
 It beckons me still as it always did.

Congratulations !!!!!

MARRIAGES:



Ms Robin Xavier (ED Dept)
 tied a knot on 4th Jan'10



Ms Thiennikim Hokip (TC6)
 tied a knot on 17th Dec' 09



Ms Elphinj Tirkey (TC 3)
 tied a knot on 28th Dec '09

BLESSED WITH BABY

- Mrs Reeha Ranjan working in TC7 Ward blessed with baby girl.
- Mrs Reshmi Rekha Bora working in TC5 Ward blessed with baby girl.
- Mr. Billu Singh Yadav Working in TC3 ICU blessed with baby boy.
- Mr Ashish Jhakal Working as TNC blessed with baby girl.
- Mrs Renjumol working in TC4 ward blessed with baby girl.



ca/vh

17's fou leah (B&K)
 Kku fou (in leah)
 dgy leah fou qv&A
 = fou rtoq leahA
 vlt crgh g& g&K
 ca/vh&v&v esa Q&Z
 dgj
 vltu dp lta ca/vh dk
 d esa lly-ks rj
 d&v&A
 ftds vkvu esa ca/vh
 ugha
 y&h dk c& ugha g&rk
 ca/vh g& dg d'v o (k&
 gP&v&v&v dk dk ugha
 g&v&A
 ti 'v&v esa ca/vh ds
 l& ugha leah
 in (k& o fry dky&v&v
 ogh vltg esa ugha
 leah

Budding Writer -Your Other Side Need To See You Soon

Ms Swati sharma



Imagine yourself at your sixties; retired, sitting in your porch and sipping your ginger tea trying to get a glimpse of winter sun through your thick glasses and you decide that you will give a try the term SELF- ACTUALISATION .So you decide that you will visit some cool and calm lands to reach to yourself, i mean you chose this way to find real you and then you realise that your knees that you have just sprayed with *Moov* are already conspiring to stop you from going .Ok don't dig in too deep, you are still in present !Close that door of future .you still have lot more of time to live your life fully. Everyday , every hour is passing by; so it would be better that you realise; **WHAT IS IT THAT TRULY DEFINES YOU.**

Why not find what you are in fun way ,right now, when you are full of Enthusiasm, Energy, Enigma, Ecstasy

and all other E'S are there with you . Stop cursing for what you have and find out what you can have more from this very moment. May be its just around the corner, what is it that your inner self wanted to do other than things that help you to buy your bread and butter.

A long silence; but nothing is coming to your mind, you question yourself what is it that brings up in your heart a burning passionate flame which burns up all your frustrations; of your job; your world; your people; that one thing will take you to your path of self actualisation and best part is that you don't have to visit a guru for that.

It could be anything. Look into your old box of past go through all your chapters of life; rewind till you find that passion .Was it that smell of

poster colours that your mother hide because she wanted you to concentrate on your studies, was it that *wah wah* you heard that your friends cried out on listening to your patriotic poems. What was it ?

Did you imagined yourself as next hit documentary maker, did u wanted to give way to your imaginations through words .*A dream is a reality in your world* and it's never late to bring your dream out in this world and let everyone be part of it .Its never late to realise who u really are; all you need for this dish is right ingredients .Better start searching for it now . Its now or never!

CHRISTMAS & NEW YEAR CELEBRATIONS AT JPNATC!

On 12th Dec 2009 the nurses organized a get together as part of Christmas & new year.

All faculty participated in the celebrations.. An overview of the latest technologies used in making of the 'Trauma Nursing CD' was presented .



Ms. Sheenu Mary Thomas anchored the program



Highlight of the celebrations was the launch of 'Trauma Nursing Newsletter & CD'



The Chief Guest was Prof MC Misra, Chief JPNATC .



Carol Singing by our Nursing Staff Mrs Aleyamma Biju, Mrs Anita Babu, Mrs Vilasini & Miss Metilda CJ.



Dance performance by Miss Jeen Varghese & Ms Shilpa .



Mr. Altaf entertained everyone with his jokes



Mrs Sheeba who dressed as Santa Claus!

