



ST. STEPHEN'S NEWS

SERVING HUMANITY IN THE SERVICE OF CHRIST

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From the Director's Desk

A cruel but true joke has been making the rounds on social media recently. Question - What do you do if a flyover collapses and kills people crushed by it? Answer - Beat up the Doctors who pronounce any victim dead. This seems to be the depth to which patient confidence in the medical profession has plumbed in recent years. Almost every day in our country some Doctor is assaulted, usually only for being the bearer of bad tidings. We seem to have gone back to medieval times when the messenger of unwelcome news was executed. While Medical professionals may not be perfect, I am sure no Doctor wants a patient to die under his treatment. There may be some people whose knowledge may not be updated but those assaults do not happen only in lesser institutions but even in the premier hospitals such as All India Institute of Medical Sciences. We have been seeing images of the casualty doctors attending duty wearing protective helmets. Can anyone imagine the stress unnecessarily being imposed on them, specially since a physician's life is stressful enough with impossibly long hours and the responsibility of holding a human being's welfare in his care?

I have been trying to analyze why this phenomenon is gaining ground. Yes, society today as a whole appears angrier, more mistrustful and exceedingly demanding. We see constant instances of 'road rage' over trivial incidents. We are moving towards newer levels of intolerance of others. One reason may be that with children today being brought up on a diet of 'sanitized' interactions through their smartphones and computers, actual physical societal interaction is decreasing and the newer generations are becoming more insular.

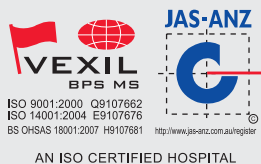
I also have another theory as to the current outburst of violence. For many generations healers were placed on a special pedestal by the patients. How many times have we Doctors heard the words - 'a Doctor is like God'. Well, the truth is no one can ever be God but God Himself. We may be holding educational qualifications beyond those in many other fields. We may understand the working of human bodies and their psyche much better than the general public - though 'Dr. Google' may beg to differ! But, we are not God. Life is finite and we may only be able to prolong it till God wills it. But we have been put on a pedestal and, over time, the general population loves knocking people off their pedestal. This happens regularly in public life where we see those popular today being heaped with scorn and rejection the next.

It is in the hands of the educators, law-makers and the medical fraternity itself to change this trend. We have to learn to talk to patients, not over them to each other. I despair when I see Doctors on rounds discussing the patient's problems but ignoring to ask the person at the centre of it all how he or she is doing. Today, often, we don't even bother to touch the patient daily and carry out a physical examination, as we concentrate only on the lab and radiology reports. How often do we as Doctors invest time in getting to know our patients needs? If we did establish stronger levels of trust with patients, I am sure that, though such violence may not stop, it would, certainly decrease. So, Physician - heal thyself.

Dr. Sudhir Joseph | Director

WHAT'S INSIDE

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UPCOMING CONFERENCE/ WORKSHOP

- STEPHCON 2019 (National Conference) on Exploring Excellence and Pioneering Recent Trends in Anesthesia and Critical Care on 5th October 2019
- Workshop on Aane Wala Kal.. (Gen Next) on 9th November 2019
- CNE Workshop on Ethical/ Legal Aspects in Nursing in November 2019

The Department of Critical Care Medicine at St. Stephen's Hospital is an amalgamation of many specialities and technologies, offering the possibility of survival to patients who are acutely and critically ill. Intensive Care management of patients at St. Stephen's Hospital is based on the fact that the methodical organization of critical care services influences important overall outcome measures such as mortality, length of stay and infection. A modern Intensive Care Unit (ICU) represents the pinnacle of a hospital's approach to patient care. Over the last 20 years there has been a rapid explosion of technologies, evidence and protocols in critical care and we have consistently endeavoured to stay with the current evidence and practices.

Our adult critical care units are a combination of multidisciplinary ICUs including the Medical ICU, Surgical ICU, Neurosurgical ICU and Cardiothoracic ICU. There is also a separate ICU for neonates. The medical ICU mostly caters to medicine and allied departments like Nephrology, Respiratory medicine, Endocrinology etc. but all ICUs are multi-speciality units depending on availability and a patient's requirements. The medical ICU also has facilities for isolation of patients with infectious diseases like sputum positive tuberculosis, viral pneumonia, meningococemia etc. The Cardiothoracic ICU admits patients from the departments of Cardiology and Cardiothoracic surgery. Both these ICUs are adjacent to the Cardiac Catheterisation Laboratory.

Scope of the Department

All critical care units at our hospital are level III ICUs providing state-of-the-art care and monitoring. The total bed strength of the critical care unit is 40 beds with critical care specialists working round-the-clock to revive critically ill patients. They also manage critical care units efficiently and ethically ensuring that the whole team of doctors, nurses and paramedics work together, using strict protocols to minimise infections, complications and ensuring a speedy recovery. The ICU is staffed by a multidisciplinary team consisting of a Senior Intensive Care Consultant, an ICU Registrar, a Nursing-in-charge, bedside nurses, physiotherapists, dietician and an ICU technician. All the ICUs function as semi-open units with decisions taken jointly by the ICU team and the concerned speciality.

The critical care units at SSH caters to a very wide spectrum of diseases including trauma, surgical cases, neurosurgical patients, stroke, seizure and cardiac surgery as well as complex cardiac diseases. The MICU routinely handles major medical epidemics like viral pneumonias, dengue, malaria and other tropical infections. We pride ourselves in providing ethical and affordable care to all sections of the society.

Infection Control Practices

Most critically ill patients are vulnerable to different infections and to counter this we have regular surveillance of infection rates.

Services provided

- Besides basic hemodynamic monitoring, there is also invasive monitoring in the ICU ● Arterial blood gases
- SLED and Hemodialysis ● Plasmapheresis
- Critical care USG and Echocardiography
- USG guided procedures ● 24 hrs EEG monitoring
- ICP monitoring ● Transcranial Doppler

- Bedside bronchoscopy and biopsy
- Non invasive ventilation ● Mechanical ventilation
- Proning ● Temporary and external pacemakers
- Intra-aortic balloon pump ● Bedside endoscopy and related procedures ● Bedside Dialysis
- Counselling and pastoral care services

Academics

The department is actively involved in teaching and training post graduate doctors of medicine, anaesthesia, family medicine and surgery which includes rotational posting in the ICUs and bedside teaching, theory and procedures. The critical care department has also been accredited for the Indian Diploma in Critical Care Medicine (IDCCM) by the Indian Society of Critical Care Medicine (ISCCM) and the course is due to commence shortly.

Future plans

The department is planning to start a critical care nursing course in the near future.

Infrastructure development

Besides upgrading the ICU equipment, the critical care team also plans to start cardiac output monitoring, CRRT, percutaneous tracheostomy and ECMO. We as a critical care team have consistently endeavored to improve and upgrade our services in all domains of critical care including ICU administration, resource management, medical documentation, communication and diagnostics and therapy.

Dr. Rijushree Sharma

*Senior Intensive Care Consultant and Head
Department of Critical Care Medicine*



Critical Care Department Team

While the Medical and Cardiac ICUs essentially focus on critically ill medical and cardiac patients, the other wing of the Department of Intensive Care targets mainly the surgical and neurological critically ill patients. Critically ill patients from the adjoining operation theatres who undergo complex procedures from surgical departments and related specialities are received in our fully equipped 8-bedded Surgical and 7-bedded Neuro Surgical ICU. In addition to this, the unit also receives haemodynamically unstable patients with polytrauma and multi organ system failures from the Emergency Department (ED) that require intense monitoring and resuscitation. Besides this, it also serves the overflow patients from the Medical ICU as these units are always busy and full.

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In addition to the facilities provided in our sister units, we also have the following:

- Intra-abdominal pressure and Intracranial pressure monitoring
- Continuous EEG monitoring and transcranial doppler



ICU Resident Accessing Jugular Vein for Vascular Access

Thanks to the generous gift of the management, and Dr. Sudhir Joseph's insight, we have recently acquired an in-house USG machine which has proved to be a boon for all our central line placements and other ultrasound guided procedures, thus minimising the risk of adverse events and bringing down ICU related morbidities dramatically. Also, as a result of this, an e-FAST examination can now be done as part of the primary/secondary survey of all trauma patients at the bedside itself negating the need for transferring patients to the radiological suite for the same, thus allowing quicker diagnosis of pneumothorax, cardiac tamponade and haemoperitoneum in situations where 'time is life'. Additionally the USG also gives us the advantage to assess the optic nerve sheath diameter as a non-invasive tool for raised intracranial pressure (ICP) in the management of neurosurgical patients.

As a department we have been striving to achieve holistic, quality care to all patients who come with limited means and large hopes. To this end we have conducted regular in-house training of our staff including sending our nursing staff for specialised ICU exposure at CMC Vellore. We strive to maintain strict infection control practices by conducting regular quality audits in collaboration with the Quality Management Cell and Microbiology department of our institution. By the grace of God, this year also heralds the start of the Intensive Care Technology course which is an added feather in the cap for the institution.

Dr. Madhurita Singh Bhanu
Sr. Specialist
Critical Care Department

Internet Addiction Disorder

A 17 year old bright boy, studying in 12th standard at a reputed school was brought to the department of Psychiatry with the chief complaint of excessive internet usage. He would sleep throughout the day and remain awake in the night. He had a constant need to be online and showed aggression when prevented from doing so with depressive and suicidal tendencies. His parents were extremely concerned about his declining academic performance. He became a recluse, had no friends and stopped going to school. Before being brought

to us, he had attempted suicide when his parents exerted control over his internet usage. He was diagnosed to be suffering from "Internet Addiction Disorder" and treated with intensive behavioural methods and counselling. His extreme mood swings and aggression was managed pharmacologically and he was taught alternative methods of filling the void in his life owing to internet withdrawal. His parents were also counselled on how to manage his behaviour. He had shown good improvement with treatment and had resumed his studies and other activities like music, which he was very fond of.

Internet Addiction Disorder is the compulsive use of internet over a prolonged period interfering with one's emotional and physical health. It disrupts relationships, school performance and other aspects of daily life. Persons affected may neglect daily activities like showering, eating and socializing etc. Internet Addiction Disorder is like any other drug addiction where there is a significant craving for the drug of abuse. When the drug is not available, it can lead to irritability, anger and sometimes even violent behavior. The long term usage of internet can lead to cognitive blunting with signs like poor attention and concentration, hampering of decision-making and problem-solving abilities. The user gets so hooked to the internet that their overall functioning shows significant deterioration.

Some of the warning signs could be:

- Obsession with social media, gaming and pornography
- Diminished interest in other activities (that used to be pleasurable)
- Social withdrawal from family and non-virtual friends,
- Using gaming as a psychological escape from depression, anxiety and existential void,
- Neglecting sleep, physical and emotional health etc.

Internet Addiction can cause insomnia, irregular eating patterns, headaches, backaches and dry eyes. It can lead to anxiety and depression. It is observed in both genders and can start as early as 5 or 6 years of age. Anyone with access to the internet can become dependent on it.

Parents should not ban the internet as it is an important part of most children's social life. They must establish and fix reasonable rules about internet usage, online sites permitted and activities allowed. Children should be encouraged to engage in offline activities. No cell-phones, tablets or any other internet available device should be kept in the child's bedroom. The most significant task of a parent is to strongly connect with their child, become a friendly and mindful parent and to keep the channels of communication always open. The parents should be aware of what their children are doing online and it is equally prudent for schools to organise workshops on digital media and internet usage.

Last but not the least, it is essential for parents to have an updated knowledge of internet and digital media so that they are constantly aware of the trends on the internet and they can keep a vigil on what their child is doing online. If parents feel that their child's internet usage is getting out of hand, they should immediately seek professional help. Behavioural therapy and behaviour modification along with psychiatric intervention and parental counselling can go a long way in helping children suffering from internet addiction, or any other addiction.

Ms. Sanjeeta Prasad
Psychologist, Department of Psychiatry

WELCOME

- Dr. Sushma Sharma as Consultant in Neurology Dept.
- Dr. Mukul Pande as Junior Specialist in Paediatrics Dept.
- Dr. Mohit Sharma as Consultant Physician in SSHHF, Gurgaon
- Dr. Nishant Gupta as Junior Consultant in Respiratory Medicine Dept.

We also heartily welcome all the other new members of the St. Stephen's family who have joined various other departments of the institution!

VACANCIES

- Consultant Neurologist - DM/DNB Neurology
- Senior Fellowship in Diabetology - MD/DNB(Med)/Family Medicine
- Senior Resident Doctor in Obst. & Gynae - MD/MS/DNB
- Senior Resident in Radiology - MD/DNB(Radiodiagnosis)
- Casualty Medical Officer - MBBS with min. 5 years experience

Apply by email: sshdelhi@gmail.com

DEMISE



Mr. P.Y. Daniel, Senior Supervisor in Electrical Maintenance Department passed away on 27.06.2019 after an illness. He had served our institution for 44 years. May his soul Rest in Peace!

RETIREMENT

The following staff retired after meritorious service in our institution.



Mr. Prabhudas Ranadive, Supervisor, Pharmacy Department, after 32 years of service



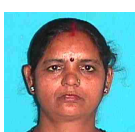
Mr. Bhanwar Singh, Security Guard, Security Department, after 30 years of service



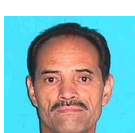
Ms. Indu Kala, Nurses Aid, Nursing Department, after 38 years of service



Mr. Sukul Mandal, Welder, Mechanical Maintenance Department, after 28 years of service



Ms. Phool Mati, Senior Ayah, Nursing Department, after 39 years of service



Mr. Ranjit Singh, Senior Driver, Motor Service Department, after 37 years of service

We wish them all a "Happy Retired Life!"

National Conference on Disaster Management

Be Disaster Aware Take Action To Prepare



A National conference on Disaster Management was organized by St. Stephen's Hospital College of Nursing from 2nd - 3rd July 2019. The conference witnessed a participation of nearly ninety seven delegates including nurses from various institutions of Delhi-NCR, Uttarakhand, Uttar Pradesh etc. The National conference was inaugurated by the Honorable Chief Guest Dr. Sudhir C. Joseph, Director, St. Stephen's Hospital who also unveiled the theme - "**Be Disaster Aware, Take Action To Prepare**". He emphasized that nurses are the backbone of the hospital and they need to be empowered with disaster management skills to deliver quality care. He expressed that positive learning attitude of nurses is an essential requisite for rendering quality patient care. Further he added that this conference is very important for the nurses to enhance their skills in order to deal with emergency and enhancing capabilities to manage crisis.

Prof. Feba Geevarghese, Officiating Principal, St. Stephen's Hospital College of Nursing, delivered the welcome speech and highlighted the purpose of conducting National level conference on Disaster Management. Mr. Pranav Sethi, Disaster Risk Reduction Specialist, Geohazard Society Delhi took few sessions besides various other speakers. Multiple topics such as 'Hospital preparedness, triage, post traumatic stress disorder & crisis intervention, leadership and coordinated services etc, were covered during the conference. On day two, Dr. Joyce Vaghela,

Deputy Director & Chairperson, Emergency Preparedness Committee and the team took hands-on-training sessions and mock drills on codes yellow, red & black, fire-fighting techniques as well as evacuation for creating awareness among the delegates. The conference was highly educative and got publicity in the local newspaper too.

HUMOR



Ms. Sheeba P. Nath
Assistant Professor,
College of Nursing