What's Up? @St John's Hospital

Issue 16, January 15th, 2019

Message from Rev. Fr. Paul Parathazham (Director) To All the Staff of St. John's Hospital

'OUR FOCUS 2019'

St. John's Research Institute on a sunny day.
PC: Dr. Rakesh

HAPPY NEW YEAR 2019!!

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St John's National Academy of Health Sciences
St John's Medical College Hospital, Bengaluru

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MESSAGE FROM THE EDITORIAL TEAM

Hello All!!!

"What's Up? @ St John's Hospital" magazine's first issue of the Year 2019 is out today. We wish you all a very happy and a prosperous New Year. In the dawn of this year, we begin with the message from our Director (Rev. Fr. Paul Parathazham) to all the staff of St. John's Medical College Hospital.

The present issue also highlights Universal Health Coverage Day. Do not miss the 'Survivor's corner' which narrates a story of a cancer patient who survived jaws of death due to timely intervention.

We request you all to continue your valuable support this year and motivate all of us in bringing out better and better issues. We soon will send a online feedback survey to find out what interests our readers.

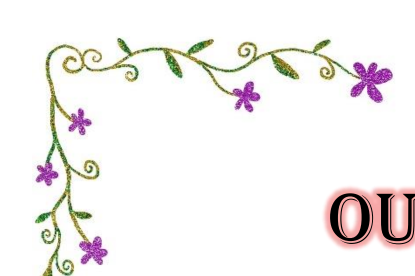
Based on the feedbacks received, we are reducing the frequency of the magazine to once in fifteen days henceforth. Feel free to communicate with us for publishing your achievements, events and any feedbacks.

Editorial Team

OUR FOCUS 2019: TOWARDS GREATER PATIENT SATISFACTION: EVERYONE, EVERYWHERE CAN ST. JOHN'S MEET THE CHALLENGE?

Rev Fr Paul Parathazham
Director

We are a tertiary care, academic teaching, multidisciplinary hospital with talented physicians-surgeons, caring nurses and supportive paramedical staff. We are nearly 45 years old and have always had an honest reputation and image as a caring, not-for-profit healthcare provider. The challenge before us is to maintain this reputation and image of St. John's. Clearly, Patient Satisfaction is key to this mission in making quality healthcare available, accessible and affordable, especially to the underserved. It is time to introspect what each one of us can do in our own sphere of influence as doctors, nurses, paramedical staff, supportive staff, administrators and managers to enhance every patient's experience in St. John's.



OUR FOCUS 2019: TOWARDS GREATER PATIENT SATISFACTION….

There is no doubt that Patient Satisfaction is central to a patient-centered delivery of health care. Patient Satisfaction is what determines whether our patient will return to experience our care again for self or recommend others. It may be best described as the extent to which patients are happy with the quality of care they receive in our hospital. Patient Satisfaction builds loyalty and all who work in St. John's are responsible for this patient experience. Most literature arrives at the conclusion that Quality of Services are the most influential determinants of Patient Satisfaction.

It is obvious that it is usually the sick that need to access hospitals. This effort is in line with the theme of World Health Day 2019 (7th April 2019): *Universal Health Coverage: Everyone, Everywhere*. The Quality of the experience begins well before the journey to hospital. The ability and ease to be informed of the services provided, to fix an appointment, and the courtesy shown during the process marks the beginning of Patient Experience. The journey to the hospital, the reception on arrival, the process to reach the physician, the consultation experience, the following investigation services (imaging and lab tests) and ease to obtain the prescribed medication from the pharmacy constitute the patient experience for outpatients. In case of in-patients, a similar experience decides satisfaction as the sick patient waits for completion of formalities for admission, for availability of bed and finally for a physician to visit again.

OUR FOCUS 2019: TOWARDS GREATER PATIENT SATISFACTION….

The waiting continues with cross consults, coordination for further tests until the day of discharge arrives. Processes continue to add to the experience whether it is dealing with pharmacy, billing, insurance and finally obtaining a discharge summary and prescription for follow up. Surely, we see how each one of us in St. John's has a role to play in this experience that determines Patient Satisfaction. Of course, the leaders need to lead. What can each one of us do?

This year we will work hard to improve the system and processes, but we can only do so with each and every one of you on board this determination to excel and improve patient satisfaction. Are you with us on this journey to enhance patient satisfaction? Will we be kinder, more caring, more courteous, more communicative, more responsive and disciplined? Are we going home every day proud of a good day's work where we helped each other enhance our patients' satisfaction? By the 7th of April 2019, each one of us should have begun to do our part in this journey towards greater Patient Satisfaction….

Rev Fr Paul Parathazham
Director

UPDATES THIS WEEK

Kangaroo mother care: helping low birth weight babies to thrive

K V Balasubramanya, Prem K Mony, Suman Rao, Krishnamurthy Jayanna; Karnataka Health Promotion Trust, Bengaluru, India (KVB, KJ), Division of Epidemiology & Population Health, St John's Research Institute, Bengaluru, India (PKM), Department of Neonatology, St John's Medical College Hospital, Bengaluru, India (SR), and University of Manitoba, Winnipeg, MB, Canada (KJ)

Kangaroo mother care (KMC) can improve the health of premature or low birth weight newborn babies. St John's National Academy of Health Sciences and Karnataka Health Promotion Trust are part of an initiative working with the Government of Karnataka to scale up the practice of KMC in Koppal district of Karnataka state, India.

UPDATES THIS WEEK

The project intervened at three levels—district health management, public and private providers in urban and rural areas, and front-line community health workers. Paediatricians, nurses, and community health workers were trained and mentored to detect and manage newborn complications and then initiate, support, and monitor KMC in health facilities and in the homes after discharge. The mother shown in this photograph was helped through this initiative at the time of her delivery when she gave birth to low birth weight triplets. The girls are now 2 years old and thriving.

BACKGROUND:

The Lancet, conducts competition of 'Highlights Photography: Health Stories in Focus' every year. There were many entries every year. Eighteen beautiful photographs were selected for publication in the Highlights 2018 in this week's issue. Each picture tells a different health story—an emotional moment for a mother in a clinic, concern that too few people are opting for geriatric medicine and gerontology to meet the needs of our ageing population, and the importance of accessing safe surgery, among others. Some pictures evoke feelings of loneliness and loss, whereas others convey resilience, inspiration, and hope for the future.

Its indeed a matter or pride that the picture from St. John's was one of those. Congratulations to all those who were involved.

REF: www.thelancet.com **Vol 392 December 22/29, 2018**

UPDATES THIS WEEK
UNIVERSAL HEALTH COVERAGE DAY
12th DECEMBER 2018

Health is a human right. No one should get sick and die just because they are poor or because they cannot access the health services they need. The theme of World Health Day 2018 is 'Universal Health Coverage: everyone, everywhere'. "Universal" in Universal Health Coverage means "for all", without discrimination, leaving no one behind. Everyone everywhere has a right to benefit from health services they need without falling into poverty when using them. With this objective in mind ,WHO called on world leaders to live up to the pledges they made when they agreed the Sustainable Development Goals(SDG) in 2015 and commit to concrete steps to advance #HealthForAll.

#HealthForAll is a campaign to promote universal health coverage (UHC) by 2030. The aim is to support policy-makers, civil society organizations, individuals and media in the journey to bring universal health coverage to middle and low income countries.

Countries that invest in UHC invest in the long-term prosperity of their people. Access to quality health services and financial protection enhances people's health and life expectancy, protects countries from epidemics, reduces poverty and the risk of hunger, creates jobs, drives economic growth and enhances equal coverage of health services regardless of gender.

UPDATES THIS WEEK
UNIVERSAL HEALTH COVERAGE DAY

So how do we achieve UHC? It takes action plans from the policy makers, civil society, individuals and media.

However Universal health coverage is not free coverage for all possible health interventions, regardless of the cost. No country can sustain all services free of charge.

It is also not only about a minimum, “essential”, package of health services, but about ensuring people receive better health services and financial protection as more resources become available.

Status of Universal Health Coverage in India

India had committed to achieve UHC as part of the SDG agenda. State governments have a key role to play. National health policy 2017 is aligned to UHC principles of strengthening services delivery and ensuring financial protection. Ayushman Bharat Program focuses on comprehensive primary health care to be delivered through health and wellness centres, financial protection for vulnerable families and lastly priority implementation in aspirational districts. All states have schemes to provide essential medicines free of cost in government health facilities. The out of pocket expenditure as a share of total health expenditure is 62.6% (middle income countries 36%). Government health expenditure as a share of total government expenditure is 3.78% (international 10%). There is a wide variation in the availability of quality health workers in different states.

UHC services coverage index is a summary measure of 16 essential health services. The index for India is 56 and the global median is 64. A score of 100 imply full coverage across a range of services.

IG NOBEL 😂

1992 - ECONOMICS

Ravi Batra

"The Great Depression of 1990“ and "Surviving the Great Depression of 1990"

Ravi Batra of Southern Methodist University, shrewd economist and best-selling author of "The Great Depression of 1990" ($17.95) and "Surviving the Great Depression of 1990" ($18.95), for selling enough copies of his books to single-handedly prevent worldwide economic collapse.

Raveendra Nath "Ravi" Batra (born June 27, 1943) is an Indian-American economist, author, and professor at Southern Methodist University.

Batra is the author of six bestselling books, two of which appeared on The New York Times Best Seller list, with one (The Great Depression of 1990) reaching #1 in late 1987.

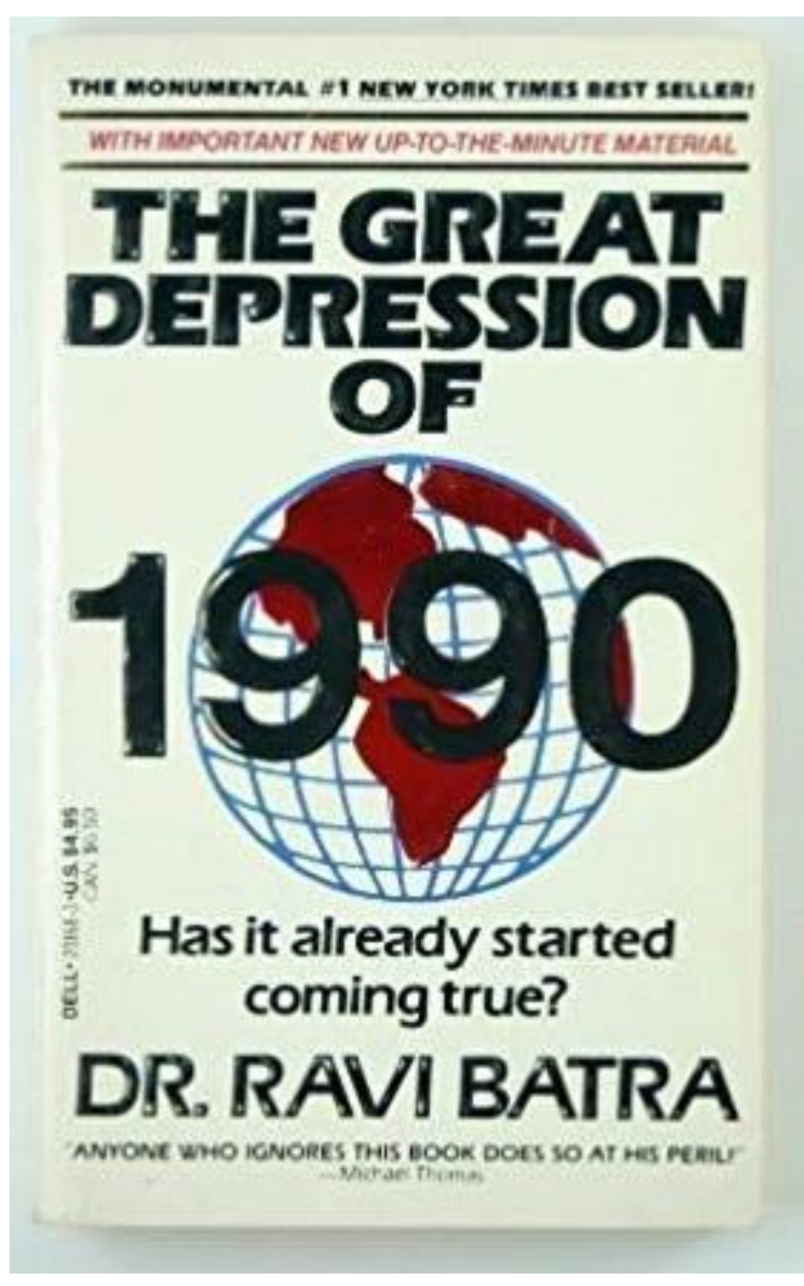
His books center on his idea that financial capitalism breeds excessive inequality and political corruption which inevitably succumbs to financial crisis and economic depression. In his works, Batra proposes an equitable distribution system known as Progressive Utilization Theory (PROUT) as a means to not only ensure material welfare but also to secure the ability of all to develop a full personality.

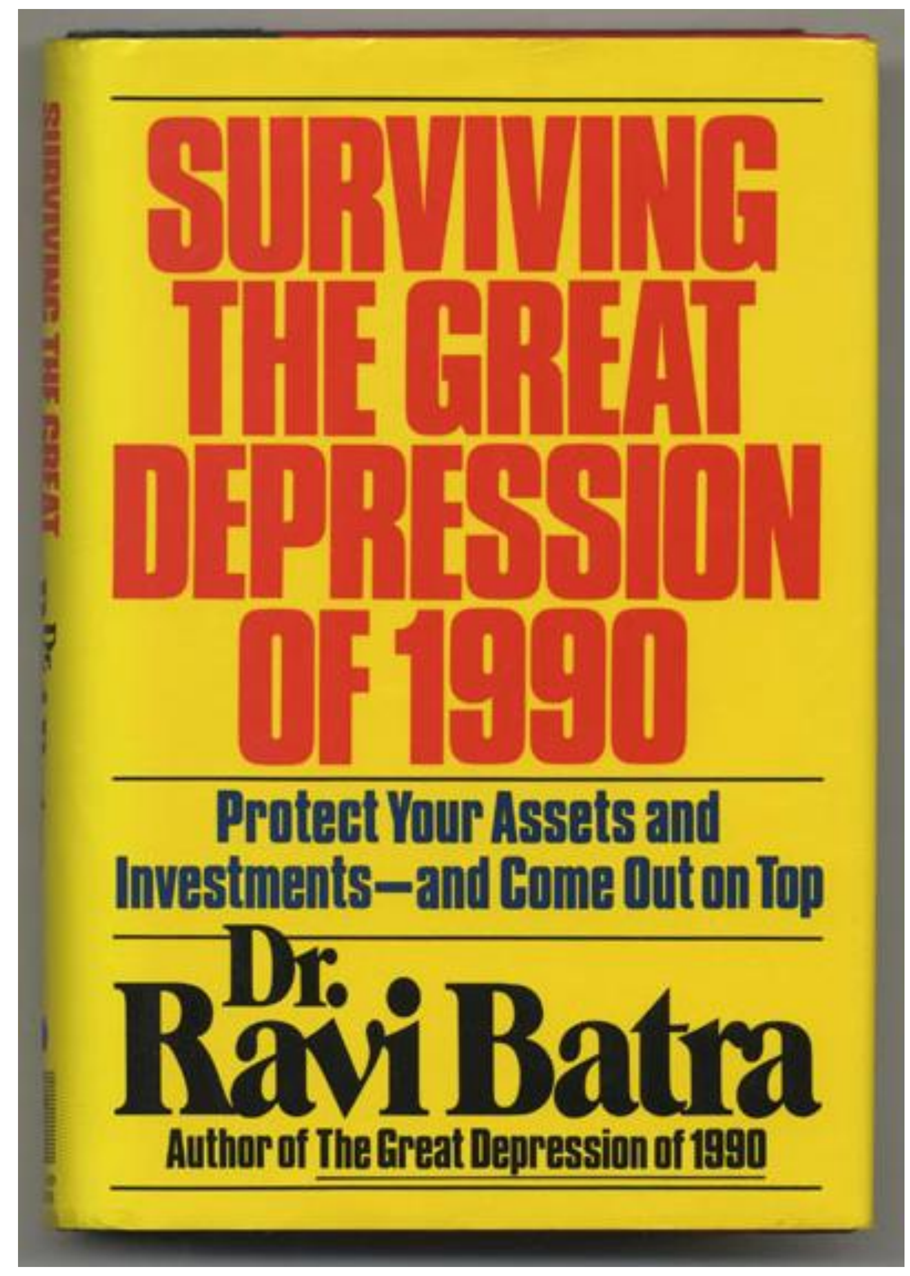
REF: https://www.improbable.com/ig/winners/

IG NOBEL

1992 - ECONOMICS

Ravi Batra





SURVIVOR's CORNER

A 48 year old lady presented to the ER with melaena and giddiness. She was a known case of alveolar soft part sarcoma of the thigh. She presented with circulatory collapse, acidosis and severe anaemia (Hb 4.5gm/dl). An upper GI endoscopy was attempted after haemodynamic stability but visualization was impossible. After further stabilization, a push enteroscopy, showed a profusely bleeding duodeno-jejunal tumour. Immediate surgery was done, the tumour was completely resected. After more than six blood transfusions, ventilator support and inotropes, the patient completely recovered and was discharged from hospital.

Well done Surgical Oncology team!

LAUGHTER IS THE BEST MEDICINE…

Q: How are a dog and a marine biologist alike?
A: One wags a tail and the other tags a whale.

©www.termsgenerator.com

Q. What is the biggest lie in the entire universe?
A. "I have read and agree to the Terms & Conditions."

I don’t want to brag or make anybody jealous or anything, but I can still fit into the earrings I wore in high school.

©www.vectorstock.com

Q. I weigh nothing, but you can still see me. If you put me in a bucket, I make the bucket lighter. What am I?
A. A hole!

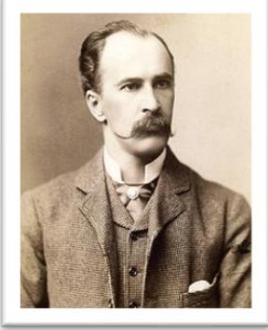
© Readers Digest

THE QUOTABLE OSLER

Laughter brightens life:

Like song that sweetens toil, laughter brightens the road of life, and to be born with a sense of the comic is a precious heritage.

©noviaraindia.com



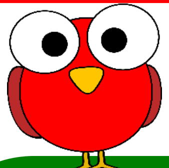
SIR WILLIAM OSLER

©ndtv.com

Laughter is the music of life:

Bubbling spontaneously from the artless heart of child or man, without egoism and full of feeling, laughter is the music of life.

REF: The Quotable OSLER: Edited by Mark E Silverman, T. Jock Murray, Charles. S Bryan



MEDICINE DIS WEEK

A Bird's Eye View.....

Risk of opioid-related death in patients prescribed pregabalin with opioids.

Pregabalin and gabapentin are widely prescribed as part of multimodal pain control regimens for both acute and chronic pain, but they can have dangerous interactions with opioids. In a population-based study of approximately 6500 patients who were receiving prescription opioids, concomitant prescription of pregabalin was associated with a dose-related increase in the risk of opioid-related mortality (odds ratio 1.5 and 2.0 for low- and high-dose pregabalin, respectively). Similar results have been reported for gabapentin. These medications should be administered cautiously for patients who are receiving opioids or other sedatives.

- Gomes T et al., Ann Intern Med. 2018 Nov 20;169(10):732-734..

Association between weight gain in early childhood and future obesity

Persistence ("tracking") of obesity from childhood into adulthood has been recognized, but the timing and strength of the association has been unclear. Now, a population-based study from Germany reports that almost 90 percent of children who were obese at three years of age remained overweight or obese during adolescence, and that the greatest acceleration in weight gain occurred before age six years [6]. Thus, excessive weight gain in early childhood is a strong predictor of persistent obesity. It remains unclear whether the association is causal versus a marker of underlying inherent or environmental risk.

-Mackenzie H et al., Br J Surg. 2018 Nov;105(12):1650-1657.

Annals of Internal Medicine

Observations: Brief Research Reports

Pregabalin and the Risk for Opioid-Related Death: A Nested Case–Control Study

Background: Pregabalin is an anticonvulsant that is increasingly being prescribed as an adjunct for chronic pain (1, 2). However, it can be sedating and may augment central nervous system (CNS) depression in patients also receiving opioids (3). Because recent evidence shows that concomitant opioid and gabapentin use is associated with opioid-related mortality (4), understanding whether similar risks exist when pregabalin is coprescribed with opioids is essential.

Objective: To examine the risk for opioid-related death among persons coprescribed pregabalin and opioids.

Methods and Findings: We conducted a population-based, nested case–control study of Ontario residents eligible for public drug coverage who received prescription opioids between 1 August 1997 and 31 December 2016. The study was approved by the Research Ethics Board of Sunnybrook Health Sciences Centre. The methods, data sources, and statistical analyses are consistent with those reported in our previous study examining the concomitant use of opioids and gabapentin (4). Any differences are described.

We identified a cohort of persons aged 15 to 105 years who received publicly funded opioid prescriptions over the study period. *Case patients* were defined as those who died of an opioid-related cause, excluding deaths determined to be suicide or homicide; the index date was the date of the opioid-related death. Each case patient was matched to up to 4 control participants on the basis of age (within 3 years), sex, index year (within 1 year), history of chronic kidney disease (within the previous 5 years), and Charlson comorbidity index score (within 0.2 SDs). In a sensitivity analysis, we also matched case patients with control participants on the basis of whether they were recently prescribed a benzodiazepine, an antidepressant, or other CNS depressant.

In the primary analysis, we defined *recent exposure* as receipt of a pregabalin prescription in the 120 days preceding the index date. In a secondary analysis, we explored whether a dose–response gradient was present, stratifying pregabalin exposure into low or moderate (≤300 mg/d) or high (>300 mg/d) doses. In a sensitivity analysis, we defined *concomitant pregabalin exposure* as receipt of a pregabalin prescription overlapping the index date. To test the specificity of our findings, we used concomitant use of nonsteroidal anti-inflammatory drugs as a predefined control exposure; these agents are not expected to increase the risk for opioid-related death. We used conditional logistic regression to estimate the association between opioid-related death and concomitant pregabalin exposure, adjusting for characteristics that remained imbalanced after matching.

In total, 1417 case patients were identified and were matched to 5097 control participants. Case patients were more likely to have recently been prescribed other CNS depressants, receive more medications annually, and have more comorbidities than control participants (**Table**).

After multivariable adjustment, concomitant exposure to pregabalin in the preceding 120 days was associated with significantly increased odds of opioid-related death compared with exposure to opioids alone (adjusted odds ratio [aOR], 1.68 [95% CI, 1.19 to 2.36]) (**Figure**). We observed consistent results in sensitivity analyses evaluating pregabalin use overlapping the index date (aOR, 1.81 [CI, 1.26 to 2.60]) and after matching on prior use of CNS depressants (aOR, 2.00 [CI, 1.39 to 2.88]). In the dose–response analysis, a high dose of pregabalin was associated with markedly increased odds of opioid-related death relative to no pregabalin exposure (aOR, 2.51 [CI, 1.24 to 5.06]), whereas a low or moderate dose of pregabalin was associated with lower but still significant odds of opioid-related death (aOR, 1.52 [CI, 1.04 to 2.22]). As expected, we found no association between coprescription of nonsteroidal anti-inflammatory drugs with opioids and risk for opioid-related mortality (aOR, 1.04 [CI, 0.90 to 1.19]).

Discussion: In this large, population-based study, we found compelling evidence for a potentially life-threatening drug–drug interaction involving pregabalin and opioids similar to that previously observed with gabapentin and opioids (4). Because more than one half of Ontario residents who initiate pregabalin therapy are concurrently prescribed an opioid (5), this finding has important clinical implications. On the basis of these and earlier findings (4), we recommend caution when coprescribing gabapentinoids with opioids, particularly when the dose of either drug class is high. Furthermore, although current product monographs for gabapentin contain warnings about serious adverse events when this agent is combined with opioids, those for pregabalin do not. The importance of our finding warrants a revision of the pregabalin product monographs.

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The NEW ENGLAND JOURNAL of MEDICINE

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Acceleration of BMI in Early Childhood and Risk of Sustained Obesity

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ABSTRACT

BACKGROUND

The dynamics of body-mass index (BMI) in children from birth to adolescence are unclear, and whether susceptibility for the development of sustained obesity occurs at a specific age in children is important to determine.

METHODS

To assess the age at onset of obesity, we performed prospective and retrospective analyses of the course of BMI over time in a population-based sample of 51,505 children for whom sequential anthropometric data were available during childhood (0 to 14 years of age) and adolescence (15 to 18 years of age). In addition, we assessed the dynamics of annual BMI increments, defined as the change in BMI standard-deviation score per year, during childhood in 34,196 children.

RESULTS

In retrospective analyses, we found that most of the adolescents with normal weight had always had a normal weight throughout childhood. Approximately half (53%) of the obese adolescents had been overweight or obese from 5 years of age onward, and the BMI standard-deviation score further increased with age. In prospective analyses, we found that almost 90% of the children who were obese at 3 years of age were overweight or obese in adolescence. Among the adolescents who were obese, the greatest acceleration in annual BMI increments had occurred between 2 and 6 years of age, with a further rise in BMI percentile thereafter. High acceleration in annual BMI increments during the preschool years (but not during the school years) was associated with a risk of overweight or obesity in adolescence that was 1.4 times as high as the risk among children who had had stable BMI. The rate of overweight or obesity in adolescence was higher among children who had been large for gestational age at birth (43.7%) than among those who had been at an appropriate weight for gestational age (28.4%) or small for gestational age (27.2%), which corresponded to a risk of adolescent obesity that was 1.55 times as high among those who had been large for gestational age as among the other groups.

CONCLUSIONS

Among obese adolescents, the most rapid weight gain had occurred between 2 and 6 years of age; most children who were obese at that age were obese in adolescence. (Funded by the German Research Council for the Clinical Research Center "Obesity Mechanisms" and others; ClinicalTrials.gov number, NCT03072537.)

From the Center for Pediatric Research, University Hospital for Children and Adolescents (M.G., T.L., U.S., R.P., W.K., A.K.), Leipzig Research Center for Civilization Diseases (LIFE Child) (M.G., M.V., W.K., A.K.), CrescNet, Medical Faculty (R.G., E.K., R.P.), and Integrated Research and Treatment Center (IFB), Adiposity Diseases, University Medical Center (T.L., U.S., A.K.), University of Leipzig, Leipzig, Germany. Address reprint requests to Dr. Körner at the Center for Pediatric Research, University Hospital for Children and Adolescents, University of Leipzig, Liebigstr. 20a 04103 Leipzig, Germany, or at antje.koerner@medizin.uni-leipzig.de.

Drs. Geserick and Vogel contributed equally to this article.

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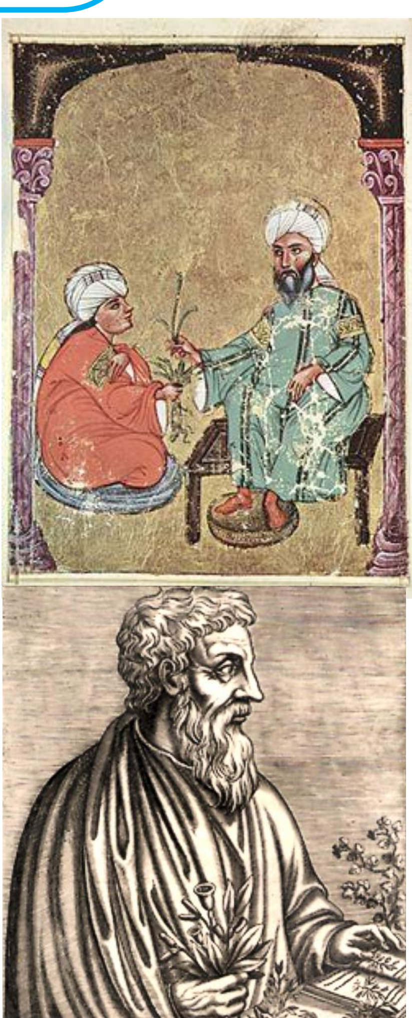
THE STORY OF MEDICINE

De Materia Medica

De Materia Medica (Latin name for the Greek work meaning "On Medical Material"). It is a pharmacopenia of herbs and the medicines obtained from them.

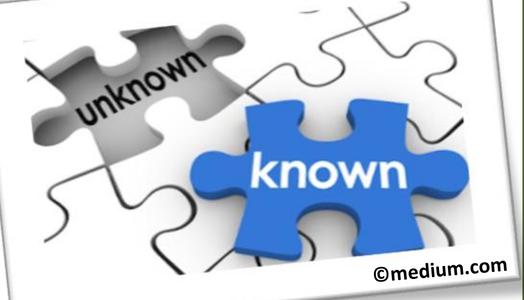
The five-volume work describes many drugs known to be effective. This includes aconite, aloes, colocynth, colchicum, opium and squill. In all, about 600 plants are covered, along with some animals and mineral substances, and around 1000 medicines made from them.

The work was written between 50 and 70 AD by Pedanius Dioscorides, a Greek physician in the Roman army. It was widely read for more than 1,500 years until supplanted by revised herbals in the renaissance, making it one of the longest-lasting of all-natural history books..



Man can learn nothing unless he proceeds from the known to the unknown.

-Claude Bernard



To be loved be lovable.

-Ovid

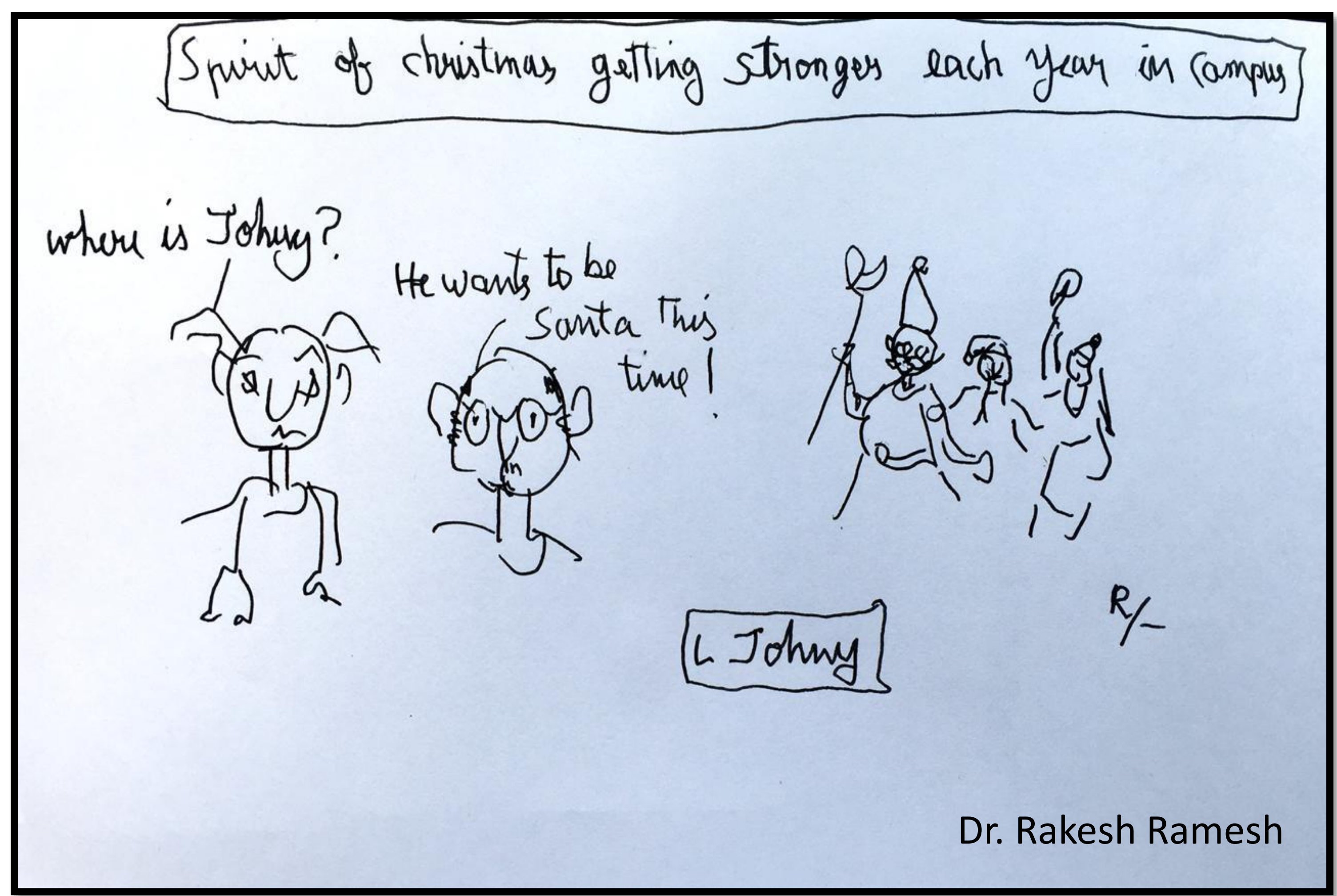
The smile is the shortest distance between two persons.

-Victor Borge

©wordpress.com

REF: 365 Days of Wonder: R.J.Palacio.

L Johny



Did You Know?

Iceland is probably the only country in the world with no mosquitoes?! It is a scientific mystery-since mosquitoes have been found even in the frozen arctic, the cold is certainly not the reason, these otherwise ubiquitous insects are not found here. At least there's one place you can go to a vacation on without carrying mosquito repellent !!

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DO YOU HAVE ANY INTERESTING CONTENT TO BE PUBLISHED?

Write to Dr. Avinash. H. U: ***avinash.hu@stjohns.in***