

What's Zip? @St John's Hospital

Issue 43, December 1st, 2020



Newborn Care Week
15th to 21st Nov 2020



Inauguration of new St. John's Health Centre, Brigade meadows in Kanakapura on 24th June 2020.

PC: Mr. Bhavyank

EDITORIAL TEAM:

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

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* We now present a fully interactive menu. It works best with Adobe reader application (on computers, mobile phones and tablets)



MESSAGE FROM THE EDITORIAL TEAM

Dear All!

We are pleased to release the forty third issue of “What’s Up? @ St John’s Hospital” magazine today. We were not able to publish the magazine due to dire circumstances since past 6 months. We are now back, *‘comeback is always stronger than a setback!’*

We have published 42 issues and 3 supplements since our inception in August 2018. The team what’s up will continue to strive hard and provide the same quality publications in the coming future. However, in the past months, the editorial team of the magazine has shrunken significantly due to various reasons.

Although, we are now in a phase of plateau in COVID outbreak, we have still not moved out of coronadays, hence we request you to continue practicing all the precautions which were followed since the beginning of this pandemic.

The present issue of magazine has made a sincere attempt to cover all the major happenings in the St. John’s medical college hospital in past six months. As we now inch towards normalcy, we dedicate the present issue to National Newborn week and World prematurity day 2020.

Do not miss the survivor’s corner depicting the story of a unusual foreign body inside the eye which was successfully removed by our Ophthalmology team. And we highlight the Information Technology (IT) department in the section ‘Team of the month’.

Please feel free to communicate with us to publish your achievements. Feedback on any section of the magazine is welcome. We are happy to evolve to meet the needs of our beloved readers. Happy Reading!!

Editorial Team

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National Newborn Week

15 to 21st November



Launched 20 years ago by (late) PM Shri Atal Bihari Vajpayee to emphasize the importance of newborn health as an important priority area of the health sector and reaffirm the highest level of commitment, this has in-turn accelerated the decline of newborn mortality in India and brought focus to Newborn Health with a vision of every child should survive, thrive, and reach their full potential”

There has been remarkable progress in 20 years with the NMR having decreased from 44 to 22 /1000 Live Births. States of Kerala, Delhi &TN already single digit NMR as envisioned in SDG 2030 goals and Karnataka is not far behind.

In 2014, India became the first country to launch the India Newborn Action Plan (INAP), in alignment with the Global Every Newborn Action Plan of WHO towards eliminating preventable deaths of newborns and stillbirths.

Professional bodies like Indian Association of Paediatrics (IAP), National Neonatology Forum (NNF), Federation of Obstetric and Gynaecological Societies of India (FOGSI), Indian Association of Neonatal Nursing (IANN), , and other development partners like WHO, UNICEF, Bill and Melinda Gates Foundation, USAID, Save the Children, NHSRC, NIPI have contributed for the cause of national programs on neonatal health.

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World Prematurity Day 2020

17th November

Together for babies born too soon – Caring for the future



At the heart of the national newborn week, the world prematurity day is celebrated since 2008. It is an opportunity to call attention to the heavy burden of death and disability and the pain and suffering that preterm birth causes.

Every year, 15 million babies are born prematurely – more than one in ten of all babies around the world. World Prematurity Day is a key moment to focus global attention on the leading cause of child deaths under age 5: complications from preterm birth, which account for nearly 1 million deaths each year (UNICEF). Three-quarters of them could be saved with current, cost-effective interventions.

Historical figures who were born prematurely include Johannes Kepler (born in 1571 at seven months' gestation), Isaac Newton (born in 1642, small enough to fit into a quart mug, according to his mother), Winston Churchill (born in 1874 at seven months' gestation).

This year's messaging focused on: supporting families, supporting healthcare professionals & strengthening healthcare systems

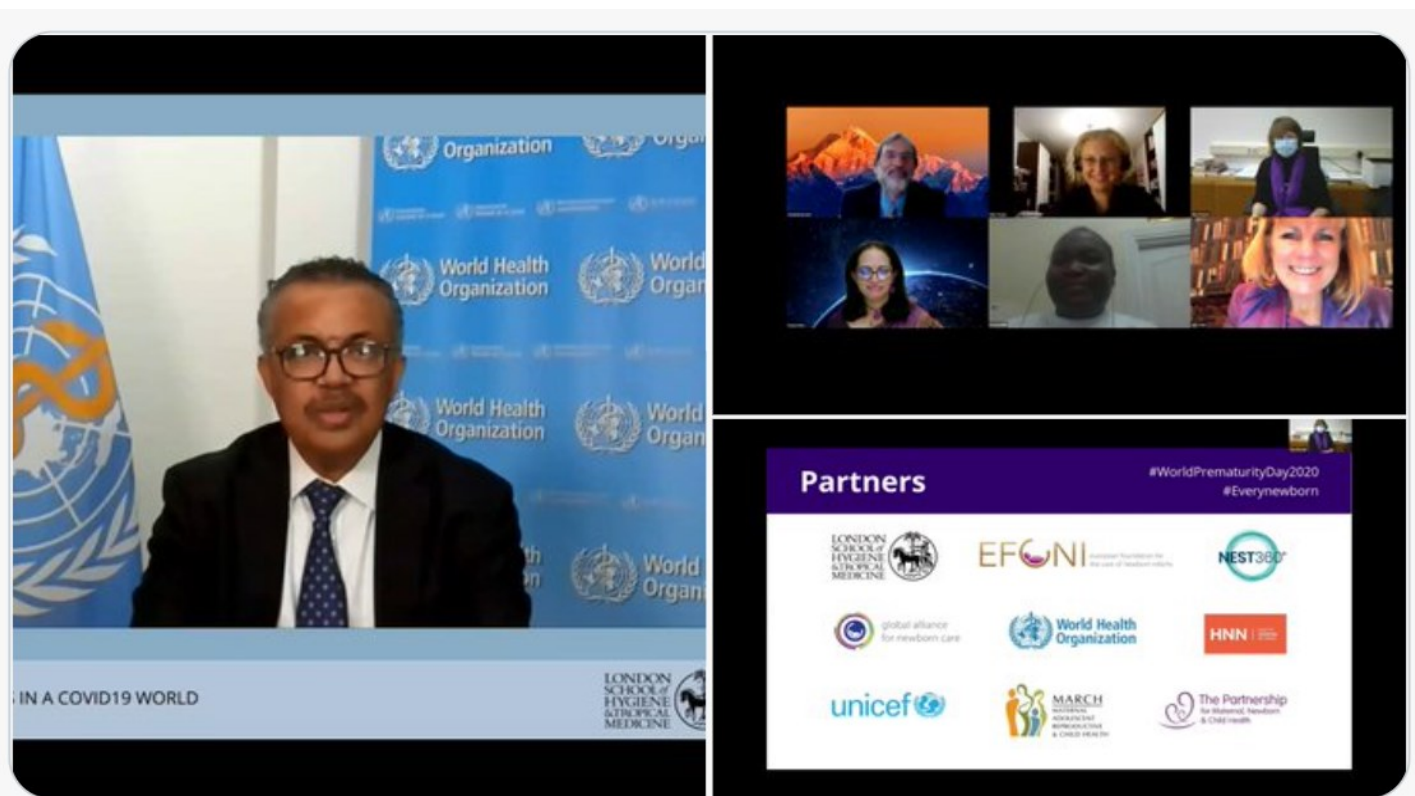
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National Newborn Week and World Prematurity Day



'Closer home', a social media campaign was launched to showcase the achievements of the small and sick newborns treated in our NICU over the years some overcoming tremendous challenges both medical and social.



Dr Suman Rao shared insights from new research on the disruptive effect of the COVID pandemic on the care of small and sick newborn babies in LSHTM lecture series.

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National Newborn Week and World Prematurity Day



Our residents enthusiastically participated in an online real time quiz on newborn resuscitation and won exciting prizes.



Some of our ex-Premies now all grown and with their mothers!

NOTE: Published with informed consent from the patients

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Practice Of Medicine In The Post Covid

- *Dr. Jyothi Idiculla (Professor and Head, Department of Medicine)*

2020 is the year of corona, the virus that went viral. Covid as it is “endearingly” called split the calendar into pre and post covid era! This super bug has infected over 60 million World wide. The fear and fright it has stirred and the lockdown that ensued have stilled the Earth and the life on the planet. This calm has brought in a kind of tranquillity from which was born the need for change. A detour from the way we live our reckless lives scarring the planet towards a road to safeguard Mother Earth and preserve her and conserve her resources.

The world of Medicine was struck without warning by this unprecedented calamity. While tens of thousand perished even in the most medically advanced countries, this pandemic has placed health care workers at a high risk of death and many committed doctors have lost the lives. While we fight against this monster microbe, life must move forward, and the practice of medicine has to continue. However, Medicine after covid will never be the same as that before, succumbing to the adage that change is the only constant thing in the universe!

The first major change is the emphasis on personal hygiene safety and protection. While we doctors have been advising our patients on the importance of personal hygiene many of us have not been walking the talk. Hand hygiene, social distancing have become the norm of the day. As covid landed on us like a humongous tempest churning the world like never, at personal level it has made us delve into our own existence, practices, affinities and associations.

The past six months have been a time of shift in the way we look at the ourselves and others. Doctors have started reviewing and renewing the safety practices at work and at home. The ritual called “handwash has evolved into the seven-step perfect cleansing of our acral appendage.



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Practice Of Medicine In The Post Covid contd...

Masks have become common practice to ensure clean air to self and the other. Social distancing has become the standard practice, while being in and out of various versions of personal protection attire. Never again will the medical fraternity deviate from the wisdom of hygiene which the pandemic has ingenerated.

Apropos patient care, the pain and agony of those suffering and the incapability of the medical science to alleviate these has stirred the soul of doctors all over the world. To add to this the distress of migrants on their transportations to homeland and death due to exhaustion, accidents, hunger and fatigue have all pierced our conscience. I am sure we have morphed into more kind hearted and compassionate humans full of sympathy and empathy.

On the work front, Covid care has taken many to the boundaries of duty and beyond. In severely afflicted regions in India and abroad physicians in PPE costumes have treated patients foregoing their food, drink and physiological needs. The dedication and commitment of the health care workers in the frontline has brought out their affiliation and loyalty to the Hippocrates' oath, which will indelibly be marked in the history of the world. This pandemic has made us more cognizant of inextricable link of the science of medicine to the art of healing!

In this millennium, technology has become part of everyday life. During the pandemic, this came to aid the medical professional in manifold ways. Classroom and bedside teaching have been substituted by online-lectures, clinical classes and case discussions through conference platforms which have surged in as saviors of education.



© John Hopkins University

The initial hesitation has given way to active participation and fruitful discussions. Cancelled conferences are now being streamed online with the same value and worth but with the added comfort of being in chosen locations both for the speaker and the audience. Though this here to stay, it will never replace the age-old time-tested clinics beside a patient's bed!

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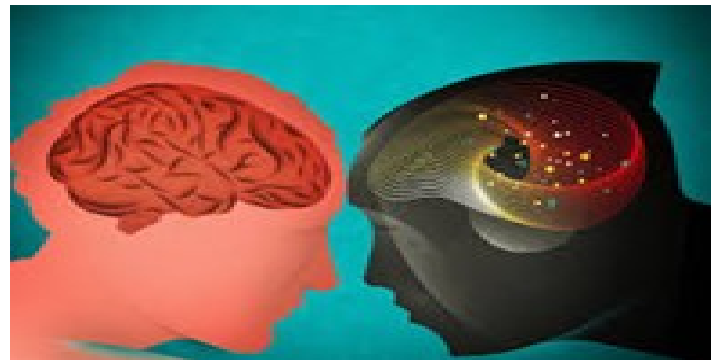


Practice Of Medicine In The Post Covid contd...

Face to face consultations with the doctor is now possible with advanced telemedicine platforms. While this will not fully substitute the traditional clinic with the doctor, it has empowered patients to monitor their parameters present it to the doctor on video. This will revolutionize the care of chronic diseases with the convenience it offers to consult a doctor from one's own home. Robotic surgery will blossom too, the surgeon's knife operating at remote control! The doctor -patient relationship takes on a different dimension bolstered by state-of-the-art technology

We at the twilight of before covid (BC), stepping into after covid (AC) are foraying into a brave new World.

A world powered by technology but controlled by human mind. The future is in right amalgamate of man and machine, network signals managed by neuronal matrix!



L Johnny

Art by: Dr. Rakesh Ramesh

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CORONA VIRUS: THE RACE

CLINICAL PHARMACISTS, DEPARTMENT OF PHARMACY

We are all witnessing the surreal images of a society that seems to have come to a standstill with empty streets, quiet cities, deserted airports and restaurants. At the same time ahead, the desperately sad and worrying news headlines about the spread of coronavirus and we have also read stories of immense bravery and self-sacrifice.

In the wake of rising Covid -19 cases many of the staff were on quarantine and it was difficult to meet the responsibilities due to shortage of staff. Amidst this, Sr. Jessie Saldanha, HOD of Pharmacy, took an initiative to give an opportunity to Clinical Pharmacists to turn calamities into victory.

"We all know it is our responsibility to work together to improve the situation. We were really honoured to be asked. And of course, we said yes we would. And we just felt that if we can do this to help the people of Bangalore, and help Karnataka to fight the virus this way."



Surge of emotions

For the Clinical Pharmacists, the covid-19 experience comes with mixed emotions. When we stepped inside the Covid MICU, we witnessed the well-orchestrated commotion that follows a suspect case of coronavirus. Masked nurses, doctors, and janitors quickly isolated the patient and disinfected surfaces. We heard, nervously patients asking to our staff, "How will I find out if the test is positive? Who will tell me?". We recognized the anxiety among the patients and the health care providers.



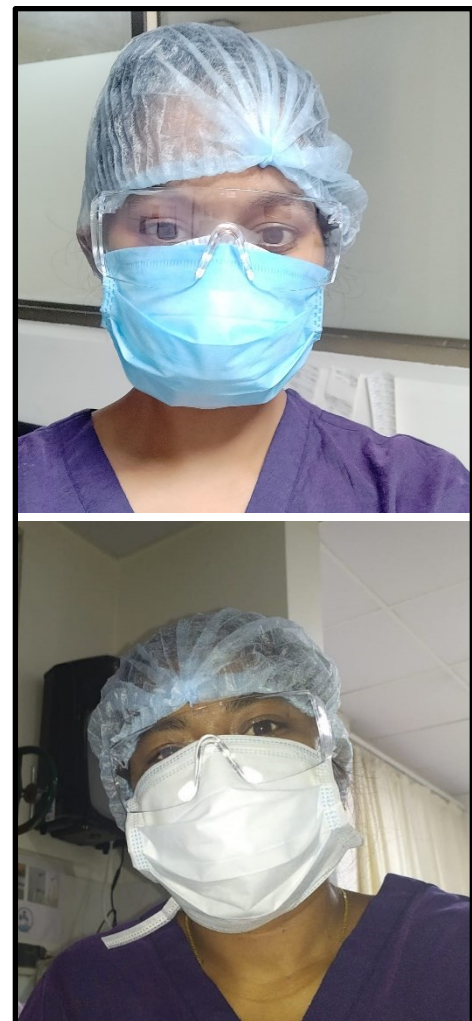
CORONA VIRUS: THE RACE contd..

In Covid MICU, beds were filled with suspected COVID & SARI cases (Severe Acute Respiratory Infection).

“The fear of getting infected was always there and we had to live with it. It did play on our mind and we had to fight hard to keep such negative thoughts away. Even though it’s still early in my career an experience like this may never happen again may be 40 years from now I can say, back when I was in my first year in hospital, you wouldn’t believe what I saw” one said.

Heading Towards Covid MICU

We had been allotted covid duties for 6 hours each day initially, later on it changed to 8 hours duty. On the first week of our duty it was really hectic because almost all beds were filled and timely arrangement of medicines was a great challenge. We had to wear our safety protective gear inside the Covid MICU. It was very stressful due to continuous wearing of N95 masks, surgical masks, goggles, shoe covers, gloves and dress at a stretch without having rest. We were fatigued, developed headache and also scars on our face, but all these made us more determined. We were able provide all the required medicines to MICU by properly indenting from the ground floor pharmacy.



We are beyond fortunate to have ground floor pharmacy staff to coordinate with us to arrange the medicines to the MICU on time. We reduced the burden of the nurses by arranging the medicines to the patients on a real time basis.

On the flipside, the scale of the crisis was daunting especially due to equipment shortages like CAPD solution, masks, sanitizers etc. but still we have managed to meet the required needs. Right now, it’s sort of an “all-in hands-on deck” situation where we can’t be too far from the hospital at any time.

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CORONA VIRUS: THE RACE contd..

Through the Covid cloud, moments of brightness do appear with hearing of suspected cases turns to be negative. Even with the stress, we manage to lighten the load with laughter while meeting the needs of the patients.

We also put a big smile on the faces of other health care providers to reduce their workload in this Covid pandemic. It's been really nice seeing how in a proactive manner, that everyone has come and work together.

For being on frontline during these very difficult times, our ground floor pharmacy Senior In charge, Mr. Mathew helped us to arrange our duty roster, helping ground floor pharmacy staff to coordinate with us and continuously kept us updated and informed. We express our deepest gratitude for being with us in this toughest time.

Words cannot express the thoughts of admiration for our Sr. Jessie Saldanha, HOD of pharmacy for her commitment, dedication, compassion and courage for taking high risk to provide service to patients and, perhaps, most importantly, thank you for giving us hope and bringing light during these times of uncertainty and fear.

CONCLUSION

We are mobilizing our efforts to help minimize the health disparities which we are seeing so clearly in this pandemic. We ensure that each patient has an individualized, accurate medication list and take care of their medication correctly and safely.

We are hoping all together that we defeat COVID19 and build a brighter future. We are ever grateful to **St John's National Academy of Health Sciences - Bangalore** for giving us an opportunity to be part of this premier Institution. Day after day we have been engaged in our responsibility to change the health care system into one that gives us the ability to apply the full weight of our expertise.



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The World Blood Donor day

14th June 2020

Blood Bank, Department of Transfusion Medicine and Immunohematology

The WHO has marked Karl Landsteiner's Birthday - June 14th as The World Blood Donor Day every year. This year the WHO's theme was "***Safe blood Saves Lives***". Maintaining the required blood inventory and inducing blood donors in the current pandemic scenario has been a big challenge for our blood bank and blood banks across the globe.

As a mark of appreciation of the REAL HEROES – our blood donors who came forward to donate even during these tough times and Lockdown situations, St John's Medical College Hospital Blood bank conducted a program to honour and appreciate their good will.

Rev. Fr. Pradeep Kumar Samad (Associate Director Hospital, SJMCH) addressed the staff and appreciated the voluntary donors willingness to come forward to donate even during these tough times.

Dr Geroge Easaw, a voluntary Blood Donor, who had donated more than 35 times, was felicitated by the Dr. Sanjiv Lewin (Chief of Medical Services). Dr Sitalakshmi (Head of Dept.) appreciated Dr. Easaw, and said it is only through donors like him, that blood banks are able to offer transfusion support to patients in these tough times.



In addition, Quiz contest was organized to create awareness among our staff across all cadres (postgraduate doctors, interns, nurses and nursing aides) regarding the correct transfusion practices to be followed in our hospital.

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The World Blood Donor day

The winners included, Dr. Nikith D'Souza & Dr Viji (Posgraduates), Dr.Genesis & Dr. Eshita (Interns), S/N Tinu & Ms. Saritha (Nurses) and Mrs.Prema (Nursing aide). Rev. Sr. Ria Immanuel (Chief of Nursing Services) and the teaching faculty from the department of Transfusion Medicine & Immunohematology gave away the prizes.

All Donors who donated during the lockdown period were sent "Thank You" messages on SMS.

St. John's Medical College was ranked **14** in the **NIRF** (National Institutional Ranking Framework)



National Institutional Ranking Framework
Ministry of Human Resource Development
Government of India



HOME	ABOUT NIRF	PARAMETERS	DOCUMENTS	RANKING	NOTIFICATION/ADVT	FAQS	CONTACT
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Home Ranking List of Participating Institutions

Medical

Institute ID	Name	City	State	Score	Rank
IR-D-N-15	All India Institute of Medical Sciences	New Delhi	Delhi	90.69	1
IR-D-U-0079	Post Graduate Institute of Medical Education and Research	Chandigarh	Chandigarh	80.06	2
IR-D-C-45654	Christian Medical College	Vellore	Tamil Nadu	73.56	3
IR-D-C-40453	St. John's Medical College	Bengaluru	Karnataka	57.83	14

TLR (100)	RPC (100)	GO (100)	OI (100)	PERCEPTION (100)
72.22	29.16	84.98	65.68	38.47

As per the National Institutional Ranking Framework #NIRFRankings2020 released by Human Resource development Ministry on 11th June 2020, St. John's Medical College has been ranked in 14th position amongst the Best Medical Colleges in India with a total score of 57.83.

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Inauguration of St. John's Health Centre at Brigade meadows, Kanakapura

24th June 2020

St John's Health Centre at Brigade Meadows, Kanakapura, was inaugurated on the Feast Day of our Heavenly Patron, St. John the Baptist. Most Rev. Peter Machado, Archbishop of Bangalore, blessed and inaugurated the new Health Centre at 24th June 2020.



St. John's Health Centre, which is a unit of the St. John's Medical College Hospital, is a Primary Health Centre established in collaboration with the Brigade Foundation, a Charitable Trust associated with the Brigade Enterprises Ltd. It is intended to provide consultations in core medical specialties and emergency medical services, along with laboratory and medical imaging facilities, to the residents of the Brigade Meadows and the surrounding rural communities in Kanakapura. This new not-for-profit initiative is well aligned with St. John's mission of making quality healthcare accessible and affordable especially to the underprivileged and the underserved.



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Inauguration of St. John's Hospital Covid Care Centre

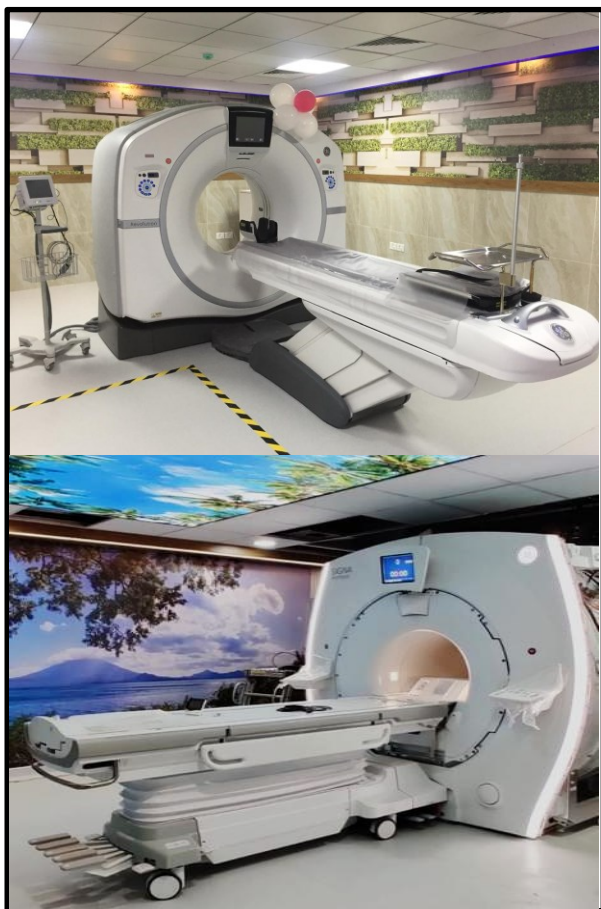
17th August 2020



Fully equipped St. John's Hospital COVID Care Centre with dedicated isolation wards, Intensive care units (ICUs) and Intensive Therapy Units (ITUs) was inaugurated and blessed by his Grace Most Rev. Peter Machado (Arch Bishop of Bangalore) on 17th August 2020.

Inauguration of 128 Slice CT Scan and 3 Tesla MRI

17th August 2020



New 128 Slice GE CT (Computed Tomography) Scanner, with latest low dose radiation protection and fast acquisition especially helpful in cardiac and paediatric imaging.


128 Channel 3 Tesla GE Signa Architect. MRI (Magnetic resonance imaging) This marks the first installation of GE's best in class premium MRI in south India. St. John's has opted for award winning AIR technology for full body imaging.

These were blessed and inaugurated by his Grace Most Rev. Peter Machado (Arch Bishop of Bangalore)

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St. John's launched Home Monitoring Packages for COVID Patients

1st September 2020



St. John's
Medical College Hospital

stjohns.in/healthathome



Scan for more info



COVID-19
Home Monitoring
Packages

Package	Telehealth Services	Price
Pack 1	07 Days <ul style="list-style-type: none"> • 2 Doctor Tele-Consultations • Daily telemonitoring of vitals by Nurse • 24*7 Emergency telephonic access to health care professionals 	₹ 3,850/-
Pack 2	10 Days <ul style="list-style-type: none"> • 3 Doctor Tele-Consultations • Daily telemonitoring of vitals by Nurse • 24*7 Emergency telephonic access to health care professionals 	₹ 5,900/-
Pack 3	14 Days <ul style="list-style-type: none"> • 3 Doctor + 1 Specialist** Tele-Consultations • Daily telemonitoring of vitals by Nurse • 24*7 Emergency telephonic access to health care professionals 	₹ 8,000/-
Pack 4	17 Days <ul style="list-style-type: none"> • 5 Doctor + 1 Specialist** Tele-Consultations • Daily telemonitoring of vitals by Nurse • 24*7 Emergency telephonic access to health care professionals 	₹ 9,500/-

Home Isolation Kit#

Essential Devices	Essential Supplies	Optional Devices	Optional Medicines [^]
<ul style="list-style-type: none"> • Face Mask - 30 Nos • Gloves (25 pairs) - 1 Box • Plastic Gloves (100 pcs) - 1 Box • Hand Sanitizer (500 ml) - 1 Bottle • Surface Disinfectant - 2 • Antibacterial Wipes - 1 Pack • Waste Disposal Bags (Yellow) - 10 	<ul style="list-style-type: none"> • Fingertip Pulse Oximeter • Digital Thermometer <p style="font-size: small;">Available at Rs. 3,100/- incl. of Taxes. Delivery Charges Extra.</p>	<ul style="list-style-type: none"> • Digital BP Monitor • Oxygen Cylinders • Oxygen Concentrators 	<ul style="list-style-type: none"> • Paracetamol • Cetirizine • Pantoprazole • Multivitamins • Betadine gargle <p style="font-size: small;">[^] As Prescribed</p>

> Specialists** : Nutritionist/Psychiatrists/Pulmonologists/ Cardiologists/Diabetologists

> Additional specialist consultations apart from those included in the package can be availed at Rs. 500/ tele-consult

> * Home isolation Kit will comprise of standard brands. Prices available on request.

> Home Monitoring Packages are subject to Terms & Conditions

> Assistance for hospitalization may be provided, subject to bed availability

St. John's Medical College Hospital
Sarjapur Road, Bengaluru - 560034

Call for Enquiry 
080-4946-7262 / 7263

Rev. Dr. Paul Parathazham (Director of St. John's National Academy of Health Sciences) inaugurated Home Monitoring Package for eligible COVID-19 patients on 31st August 2020 and the same started functioning with effect from 1st September 2020.

There are different kinds of packages which suit patients requirements.

Inauguration of Ambulance Services



1st November 2020, on the day of Kannada Rajyotsava, 5 new ambulances were inaugurated and dedicated for patient service.

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SURVIVOR'S CORNER

Collaboration for saving lives in COVID times

A 61 year old farmer, with a history of a stick going into his right eye while chopping wood on the 12th May 2020, in Gadag district, was referred to NIMHANS from Hubli after a CT scan done, showed a 6.5 cm non metallic linear foreign body in the right orbit just posterior to the insertion of the medial rectus muscle, extending intracranially through the superior orbital fissure till the lateral aspect of the cavernous sinus. Soon after the trauma, patient went to a local hospital from there he was referred to Hubli where a CT scan was done and IV antibiotic started. A CT angiogram done at NIMHANS confirmed that the FB was not within the cavernous sinus.



The patient was referred to the department of Ophthalmology, St John's Medical College Hospital on the 19th, for assisting with the further management. The patient had decreased vision, pain and right orbital cellulitis with an entry wound seen near the medial canthus. Patient was started on topical and I V antibiotics, for both aerobic and anaerobic organisms.

The challenges before the team, were to remove the foreign body in toto without causing any trauma to the important adjacent structures like the optic nerve, cavernous sinus and the ICA. Other major concerns were the chance of intracranial bleed and infection.

After a discussion with the Neurosurgery team at NIMHANS, and with the permission from the management at St John's, a team from Ophthalmology operated on the patient with the Neurosurgery team stand by.

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Collaboration for saving lives in COVID times

The 6.5 cm twig was removed through the orbital route. There was no haemorrhage or CSF leak. Immediate post op CT done did not show any evidence of SDH/EDH. Hence the patient did not require a craniotomy. The patient was started on Amphotericin B to prevent fungal infection.

The patient is stable and doing well postoperatively on Day 4 with the resolution of the orbital cellulitis and visual recovery to pre op levels.

The doctors involved in the management were Drs Suneetha N, Mary Joseph, Shubhasree K, and Venita N from SJMCH and Dr Nupur Pruthi and the Unit 4 Neurosurgery team NIMHANS.



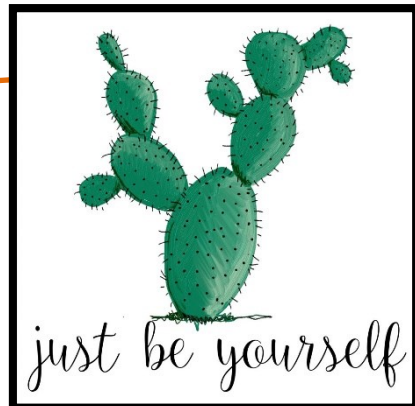
Congratulations Team!

If you have stories of Survivors from your department, Please mail to Dr. Saudamini (saudamini_nesargi@yahoo.com)

PEARLS OF WISDOM

Find things that shine and move toward them.

- Mia Farrow

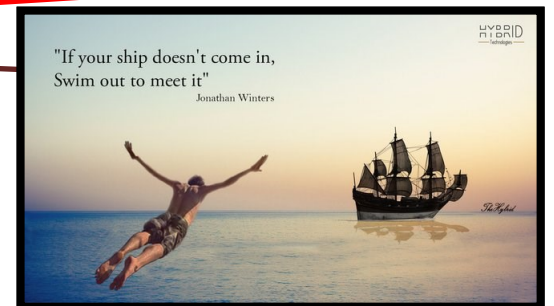


If you want to be well-like, you got to be yourself.

- Gavin

If your ship doesn't come in, swim out to it.

- Johnathan Winters



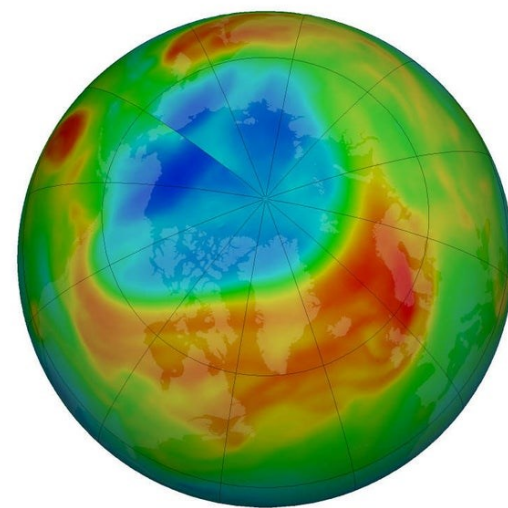
REF: 365 Days of Wonder: R.J.Palacio.

Did You Know?

North pole's largest ever hole in the ozone layer finally closes by 22nd April 2020. This massive hole over the Arctic was three times the size of Greenland, 1million square kilometers.

If you are attributing it to lockdown? May be not!! – experts feel its because of a phenomenon called polar vortex.

REF: European Union's Copernicus Atmosphere Monitoring Service (CAMS)



0 100 200 300 400 500 600 700
Total Ozone (Dobson units)

© Scientific American

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Team of The Month

Information Technology Department

History: St. John's Medical College Hospital, which has a rich legacy in training healthcare personnel committed to serving the poor in the margins, also has a rich legacy in designing and developing processes to run the institution. These predominantly manual processes were becoming unwieldy, scaling upward was difficult and deriving statistics from them was cumbersome. The institution felt the need to automate the processes thereby bringing into existence the '**Computer section**' of the Hospital in the year 1994.

Excellence: The initial automation was achieved by deploying a Hospital Information System (HIS) with available technologies (DOS based Foxpro on Novell netware platform). This software was used for OP Registration, OP Billing, Pharmacy, IP Admission, IP Billing, Dietary, College of Nursing Fee collection and Accounting. Automation of employee data was achieved by deploying an in-house application, 'Leave Management System' in 1997.

As technology changed, the HIS was upgraded to newer platforms (Novell Netware to Windows Server platform by using Visual basic 6.0 for front-end application and SQL Server 2000 for database) from '**Siemens**' in September 2004. Due to the sheer size of the hospital and the number of patients being consulted, the deployment was implemented module wise. The Payroll software was then upgraded (standalone DOS based to multi-user window environment) in June 2006.

As issues were encountered with existing solutions and dependency on automation increased, an evaluation of various HIS solutions was carried out (TCS, Wipro, Sofscript) in 2007 by gathering suggestions from key users, preparing a system requirement study (SRS) document and conducting a gap analysis. The department was upgraded to 'Information Technology Department' from 'Computer section' in April 2007. 'CAREWORKS' was finalized as the new HIS and it was implemented in August 2010 along with Digitization of manual Medical records.



Team of The Month

Information Technology Department

Innovation: Database was migrated from Oracle to Microsoft SQL in November 2012. New Payroll software was implemented in 2015. Laboratory Information System (LIS) was implemented in 2013 along with bi-directional equipment interfacing. Lab results are emailed automatically to registered email id's and can also be viewed on the patient portal. Blood bank module implemented in 2018 and integrated with HIS. Nephrology information system (NIS) introduced for dialysis department in 2018. Consent Management / Audio-Video Counselling recording solution for patient attenders at ICU was introduced in 2018. Online teaching and collaboration have been effectively and efficiently implemented using available technology.

Server & Desktop Consolidation: Disparate solutions were deployed across various functions and were working in isolation. Legacy applications were working on outdated, standalone technology and needed to be consolidated. For the first time in the country, PACS Virtualization on VMware technology was deployed at St. John's in 2011. Considering the requirement for high quality and density of images, this was a unique achievement and first of its kind in healthcare virtualization in the country. Later other applications including HIS were included under this virtualization in 2013. PACS virtualization running on thin clients (Citrix) Implementation of Thin Clients for desktop virtualization using Remote Desktop Protocol helped support the Green IT initiative by reducing Carbon Footprint.

Servers and Storage were further upgraded to the latest Hyper Converged Infrastructure (HCI) technology using VXrail from Dell EMC in 2019. This technology helps improve performance, simplify management, improve visibility, enhance reporting thereby reducing downtimes and losses. It provides monitoring thereby enabling proactive solutioning. It has own Disaster recovery (DR) solution called stretched cluster and configured the same in Hospital and College Datacentres. This is designed to ensure Business Continuity during disasters and Datacentre Downtimes.

Backup Consolidation: Implemented the IDPA (Backup solution) in 2019 to address data backup and the data security. This solution encrypts data before backup to avoid being prey to malicious attacks like Ransomware, Malware, etc.



Team of The Month

Information Technology Department

Network Consolidation: Network has been upgraded from each unit of the academy working in isolation to a consolidated network over Optic Fiber technology (OFC) using Layer 3 switching. The upgraded Wireless and Wired network using the Aruba suite of solutions has helped secure and improve performance of Wired and wireless users. Wireless network has been implemented at hostels and college to enable online learning during the lockdown and quarantine periods. A robust and seamless connectivity solution has been deployed using the ClearPass application. The network forest allows users to roam across all the units of the academy seamlessly while at the same time providing adequate security to each individual unit.

The above infrastructure deployed at our institution is so robust that it can be compared to any IT company running high dependency workloads. The infrastructure gives the institution the flexibility to scale up at any time and can also cater to the ever-growing needs of the industry.

Team: In contrast to the high dependency infrastructure, the team employed to manage the same is rather lean. Although lean, many members on the team have been with the institution for over 15 years and are dedicated to the vision and mission of the institution. The energy within the team is high and the morale of each individual reflects in the support provided to the user. The team currently works under the guidance of Dr. Tony Raj, Dean of St. John's Research Institute who formerly led the team from the front to achieve the strong foundation it stands on today. The team from Department of Medical Informatics has also been involved in supporting most of the clinical workflows for the institution. All units of the Academy which include the Hospital, Medical College, College of Nursing, Research Institute and the Catholic Bishops Conference of India (CBCI) office is being supported by this team.

The team participates in a Knowledge Sharing Session once a week when each member of the team shares something from his / her knowledge bank with other members of the team. This session ensures the team keeps abreast with current trends in the industry as well as the happenings in the institution. This session also serves as a platform for each other to interact and maintain cohesiveness.





Team of The Month

Information Technology Department



Team HITEX – (christened HITEX in 2017 to take on greater challenges of digitization of St. John’s Medical College Hospital). (From Left to Right: Upper Row → Naveen B. M., Pradeep Mathew, Bhavyank Contractor, Herbert Albert, Prajith. Middle Row → Shashidara S, Lavan Kumar G, Sunil Kamat, Chinmayanand N, Vaisakh M. L, Kushal Kumar. Lower Row → Divya, Megha P. S, Kiruba Bagya Seeli, Harshitha B.G.





GREY Matters!



PANDEMANIA

1. Who is the patron saint of pandemics?
2. What are the Hamin Mangha and Miaoziyou famous for?
3. What was the earliest outbreak of small pox called?
4. What does this picture represent?



5. What is the disturbing sign on the ship?



6. A 16th century bacterial epidemic was wrongly attributed to viral hemorrhagic fever and added insult to injury in central America. By what name is this epidemic known as ?
7. What is the 'Spanish Lady' and why is it a misnomer?



[CLICK HERE FOR ANSWERS](#)

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CABG Saga....

- Dr Om Prakash

(Emeritus Consultant, St. Martha's)

They come to him from far and near,
With narrowed arteries;
All of them with hope and fear,
For an urgently needed lease ! (1)

Years of physical inactivity,
Abetted by meats and cheese,
Have lead to plaque activity,
Enter the cath. Lab. please ! (2)

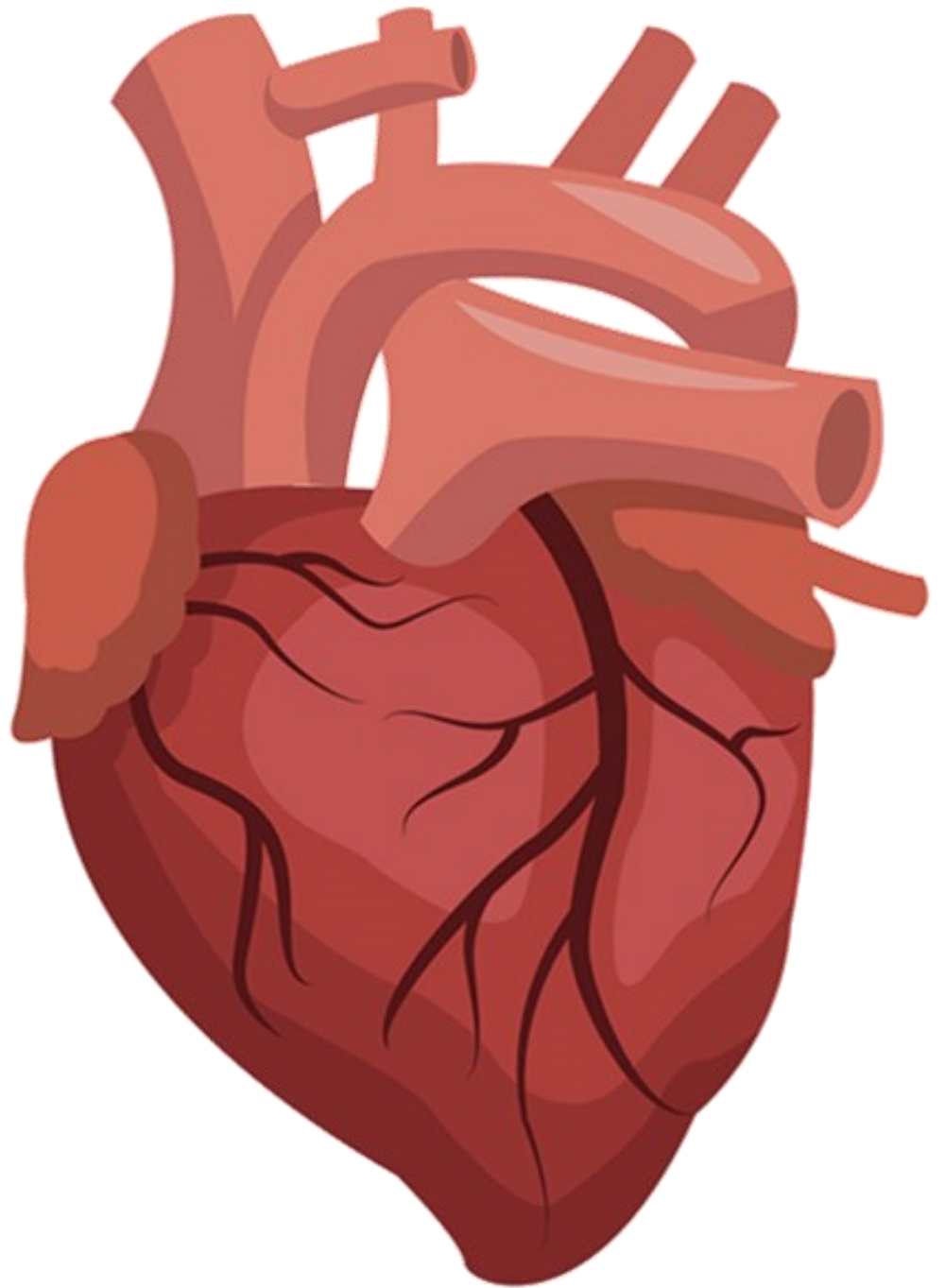
Angio is done to open the lock,
As the dye makes its way ,
LAD has a major block
And so has the R C A! (3)

The surgeon is ready in the OT
And the patient is wheeled in;
The latter is mildly drowsy
The OT is cold within ! (4)

The orchestra starts readily
And the heart is ready;
The LIMA is linked to the LAD
And the right radial to RC Artery! (5)

Men, women are very busy,
And work as in a symphony;
The battle with nature's folly
Is won , the surgeon smiles with glee! (6)

In the decades to come,
I wonder about progress in technology,
What will happen to CAD,
With nanotech and molecular biology! (7)

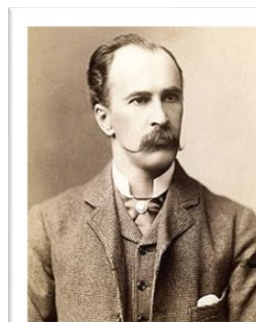


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Friends, Colleagues, and Pupils promote success.

To have had the benediction of friendship follow me like a shadow, to have always had the sense of comradeship in work without the petty pin pricks of jealousies and controversies, to be able to rehearse in the sessions of sweet, silent thought the experiences of long years without a single bitter memory fill the heart with gratitude. That three transplantations have been borne successfully I owe to the brotherly care with which you have tended me. Loving our profession and believing ardently in its future I have been content to live in it and for it. A moving ambition to become a good teacher and a sound clinician was fostered by opportunities of exceptional character and any success I may have attained must be attributed in large part to the unceasing kindness of colleagues and to a long series of devoted pupil whose success in life is my special pride.



SIR WILLIAM OSLER



© Shutterstock

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



MEDICINE DIS MONTH

A Bird's Eye View....

ACE inhibitors or ARBs does not increase the risk of COVID19.

There is concern about the potential of an increased risk related to medications that act on the renin–angiotensin–aldosterone system in patients exposed to coronavirus disease 2019 (Covid-19), because the viral receptor is angiotensin-converting enzyme 2 (ACE2). 12,594 patients who were on various anti hypertensives were tested for Covid-19, a total of 5894 (46.8%) were positive. None of the medications examined was associated with a substantial increase in the risk of severe illness among patients who tested positive.

- Reynolds HR et al, NEJM. May 2020.

Rivaroxaban is superior to enoxaparin in prevention of post Op DVT.

Nonmajor orthopedic surgery of the lower limbs that results in transient reduced mobility places patients at risk for venous thromboembolism. In a international, parallel-group, randomized, double-blind, noninferiority trial, of 3604 patients undergoing lower-limb nonmajor orthopedic surgery. Major venous thromboembolism occurred in 4 of 1661 patients (0.2%) in the rivaroxaban group and in 18 of 1640 patients (1.1%) in the enoxaparin group. (P<0.001 for noninferiority; P=0.01 for superiority). There was no significant increase in bleeding episodes

- Samama CM et al NEJM. 2020.



ORIGINAL ARTICLE

Renin–Angiotensin–Aldosterone System Inhibitors and Risk of Covid-19

Harmony R. Reynolds, M.D., Samrachana Adhikari, Ph.D.,
 Claudia Pulgarin, M.A., M.S., Andrea B. Troxel, Sc.D.,
 Eduardo Iturrate, M.D., M.S.W., Stephen B. Johnson, Ph.D.,
 Anaïs Hausvater, M.D., Jonathan D. Newman, M.D., M.P.H.,
 Jeffrey S. Berger, M.D., Sripal Bangalore, M.D., Stuart D. Katz, M.D.,
 Glenn I. Fishman, M.D., Dennis Kunichoff, M.P.H., Yu Chen, M.P.H., Ph.D.,
 Gbenga Ogedegbe, M.D., M.P.H., and Judith S. Hochman, M.D.

ABSTRACT

BACKGROUND

There is concern about the potential of an increased risk related to medications that act on the renin–angiotensin–aldosterone system in patients exposed to coronavirus disease 2019 (Covid-19), because the viral receptor is angiotensin-converting enzyme 2 (ACE2).

METHODS

We assessed the relation between previous treatment with ACE inhibitors, angiotensin-receptor blockers, beta-blockers, calcium-channel blockers, or thiazide diuretics and the likelihood of a positive or negative result on Covid-19 testing as well as the likelihood of severe illness (defined as intensive care, mechanical ventilation, or death) among patients who tested positive. Using Bayesian methods, we compared outcomes in patients who had been treated with these medications and in untreated patients, overall and in those with hypertension, after propensity-score matching for receipt of each medication class. A difference of at least 10 percentage points was prespecified as a substantial difference.

RESULTS

Among 12,594 patients who were tested for Covid-19, a total of 5894 (46.8%) were positive; 1002 of these patients (17.0%) had severe illness. A history of hypertension was present in 4357 patients (34.6%), among whom 2573 (59.1%) had a positive test; 634 of these patients (24.6%) had severe illness. There was no association between any single medication class and an increased likelihood of a positive test. None of the medications examined was associated with a substantial increase in the risk of severe illness among patients who tested positive.

CONCLUSIONS

We found no substantial increase in the likelihood of a positive test for Covid-19 or in the risk of severe Covid-19 among patients who tested positive in association with five common classes of antihypertensive medications.

From the New York University (NYU) Grossman School of Medicine, New York. Address reprint requests to Dr. Reynolds at the Cardiovascular Clinical Research Center, Leon H. Charney Division of Cardiology, Department of Medicine, NYU Grossman School of Medicine, 530 First Ave., SKI-9R, New York, NY 10016, or at harmony.reynolds@nyulangone.org.

This article was published on May 1, 2020, and updated on May 6, 2020, at NEJM.org.

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ORIGINAL ARTICLE

Rivaroxaban or Enoxaparin in Nonmajor Orthopedic Surgery

C. Marc Samama, M.D., Silvy Laporte, Ph.D., Nadia Rosencher, M.D.,
Philippe Girard, M.D., Juan Llau, M.D., Patrick Mouret, M.D.,
William Fisher, M.D., Javier Martínez-Martín, M.D., Daniel Duverger, M.D.,
Béatrice Deygas, M.Sc., Emilie Presles, M.Sc., Michel Cucherat, M.D.,
and Patrick Mismetti, M.D., for the PRONOMOS Investigators*

ABSTRACT

BACKGROUND

Nonmajor orthopedic surgery of the lower limbs that results in transient reduced mobility places patients at risk for venous thromboembolism. Rivaroxaban may be noninferior to enoxaparin with regard to the prevention of major venous thromboembolism in these patients.

METHODS

In this international, parallel-group, randomized, double-blind, noninferiority trial, we randomly assigned adult patients undergoing lower-limb nonmajor orthopedic surgery who were considered to be at risk for venous thromboembolism on the basis of the investigator's judgment to receive either rivaroxaban or enoxaparin. The primary efficacy outcome of major venous thromboembolism was a composite of symptomatic distal or proximal deep-vein thrombosis, pulmonary embolism, or venous thromboembolism-related death during the treatment period or asymptomatic proximal deep-vein thrombosis at the end of treatment. A test for superiority was planned if rivaroxaban proved to be noninferior to enoxaparin. For all outcomes, multiple imputation was used to account for missing data. Prespecified safety outcomes included major bleeding (fatal, critical, or clinically overt bleeding or bleeding at the surgical site leading to intervention) and nonmajor clinically relevant bleeding.

RESULTS

A total of 3604 patients underwent randomization; 1809 patients were assigned to receive rivaroxaban, and 1795 to receive enoxaparin. Major venous thromboembolism occurred in 4 of 1661 patients (0.2%) in the rivaroxaban group and in 18 of 1640 patients (1.1%) in the enoxaparin group (risk ratio with multiple imputation, 0.25; 95% confidence interval, 0.09 to 0.75; $P < 0.001$ for noninferiority; $P = 0.01$ for superiority). The incidence of bleeding did not differ significantly between the rivaroxaban group and the enoxaparin group (1.1% and 1.0%, respectively, for major bleeding or nonmajor clinically relevant bleeding; 0.6% and 0.7%, respectively, for major bleeding).

CONCLUSIONS

Rivaroxaban was more effective than enoxaparin in the prevention of venous thromboembolic events during a period of immobilization after nonmajor orthopedic surgery of the lower limbs. (Funded by Centre Hospitalier Universitaire de Saint-Etienne and Bayer; PRONOMOS ClinicalTrials.gov number, NCT02401594.)

The authors' affiliations are listed in the Appendix. Address reprint requests to Dr. Samama at Groupe Hospitalo-Universitaire AP-HP Centre-Université de Paris, Hôpital Cochin, Service d'Anesthésie-Réanimation, 27 rue du Faubourg St. Jacques, 75014 Paris, France, or at marc.samama@aphp.fr.

*A complete list of the PRONOMOS investigators is provided in the Supplementary Appendix, available at NEJM.org.

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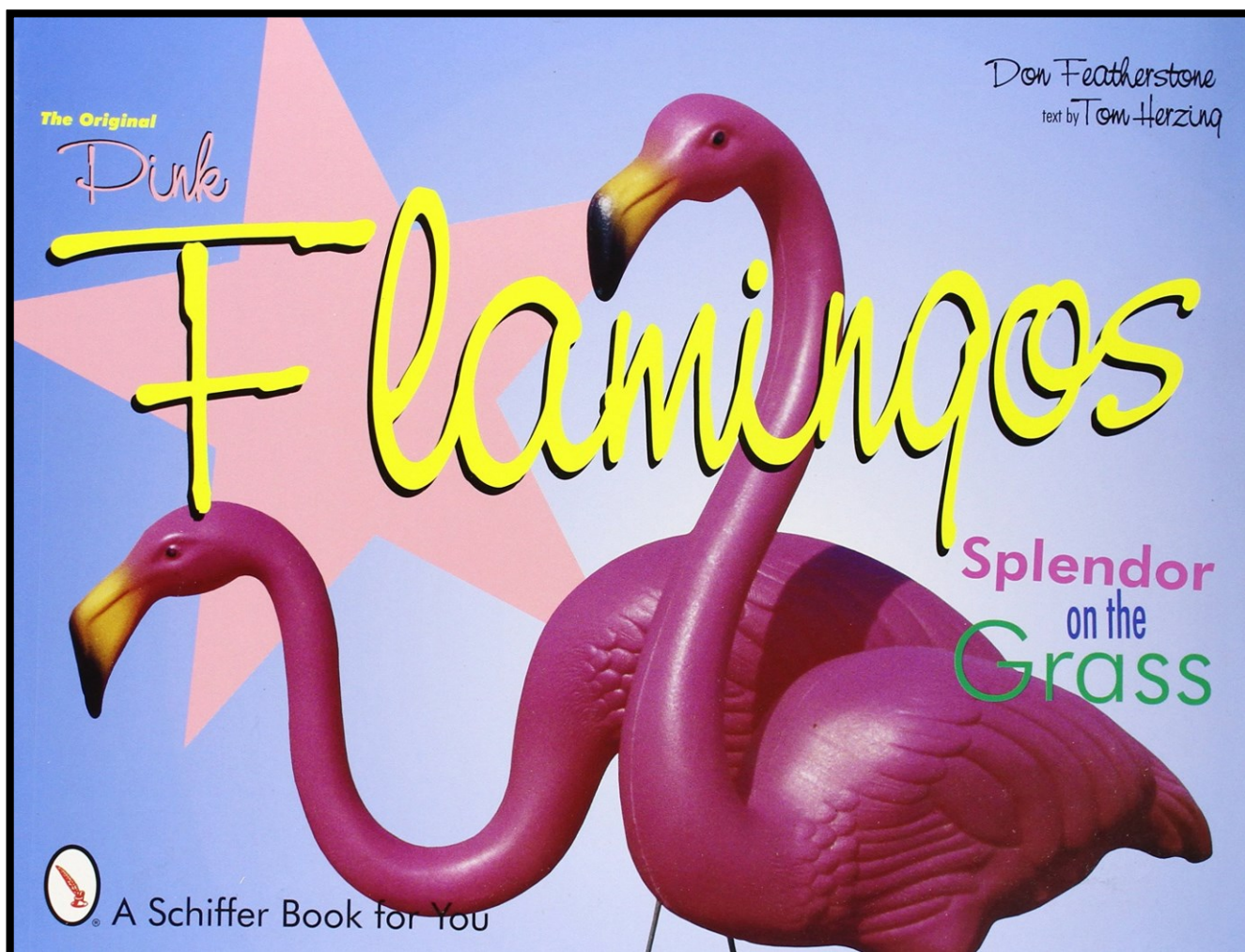
IG NOBEL

1996 – ART



Don Featherstone

Don Featherstone of Fitchburg, Massachusetts, for his ornamentally evolutionary invention, the plastic pink flamingo.



"In 1957, Don Featherstone sculptured the first three-dimensional pink plastic flamingo, thereby making affordable bad taste accessible to the American public"--from Pink Flamingos. This is the tale of a wonderful bird, named by his creator phoenicopteris ruber plasticus; a new avian species, now known to all as "Pink Plastic Flamingo."

There are more than one hundred pictures and the text in this volume are the result of Featherstone's request that adoring owners of the pink birds send original photographs that demonstrate their affection for phoenicopteris on its 40th birthday in 1997.



RESEARCH SNIPPETS

Types of projective techniques

Miscellaneous type:

Drawing a picture:

Each participant is asked to draw a picture on a blank piece of paper that might offer some insights on behavior and attitude.

Creating families :

Using a family analogy , the technique uncovers relationships between the target category and other categories .

Fantasy and day dreams :

Participants are provided with topics and asked to describe topic related fantasies and day dreams, in order to surface features or characteristics important to the study.

Clay modeling :

Participants are provided with different colors of clay and are requested to give shape to them, to reflect their feelings and thoughts.

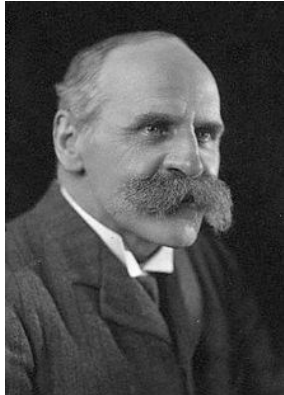


Independence day eve, St. John's Medical College illuminated with Tri-Colour



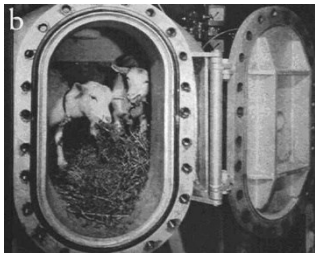
John Scott Haldane

[https://en.wikipedia.org/wiki/](https://en.wikipedia.org/wiki/John_Scott_Haldane)



John Scott Haldane c. 1910

[https://en.wikipedia.org/wiki/](https://en.wikipedia.org/wiki/John_Scott_Haldane)



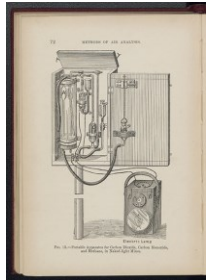
The decompression experiments with goats

John Scott Haldane(1860– 1936): was a Scottish physician and physiologist famous for intrepid self-experimentation which led to many important discoveries about the human body and the nature of gases. In 1905 Haldane reported his fundamental discovery that the regulation of breathing is usually determined by the effect of the tension of carbon dioxide in the blood on the respiratory centre in the brain. In 1911 he led an expedition to Pikes Peak where he studied the physiological effects of low barometric pressure.

He investigated the action of gases that caused suffocation in coal miners and the pathological effects of carbon monoxide present after a mine explosion. His report in 1896 on the causes of death resulting from mine explosions and fires was an important contribution to mine safety. In 1907 he developed a method of stage decompression that made it possible for a deep-sea diver to ascend to the surface safely.

He also invented and built all sorts of apparatus to measure the presence of gases in mines and in the blood. He designed the very first gas mask, called the Black Veil respirator, first used in May of 1915, which was simply a piece of black linen that held in place two gauze pads that were kept soaked in solution

<https://www.lindahall.org/>



Portable gas-detection apparatus for use in mines, invented by Haldane

<https://www.lindahall.org/>



Black Veil respirator, invented by Haldane, 1915 (Australian War Memorial)

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DO YOU HAVE ANY INTERESTING CONTENT TO BE PUBLISHED?

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

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GREY Matters!



PANDEMANIA ANSWERS

1. St. Corona.
2. They are Chinese mass burial sites which are the earliest evidence of the earliest pre-historic epidemic.
3. Antonine Plague
4. Quarantine station for maritime travellers in Venice- they were called lazarettos after the Biblical character Lazarus who rose from the dead
5. The 'Yellow Jack'- to denote disease outbreak and quarantine in the ship. It was initially used to signal yellow fever, but is now used universally to indicate disease outbreak in the ship.
6. The COCOLIZTLI EPIDEMIC (cocoliztli means pest)
7. The Spanish Lady is the name given by the US to the Spanish Flu, which in fact, did not originate in Spain! In fact,

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