



ADMINISTRATOR'S SECTION E-MAGAZINE

WAKE-UP CALL

QUARTERLY ISSUE - 6

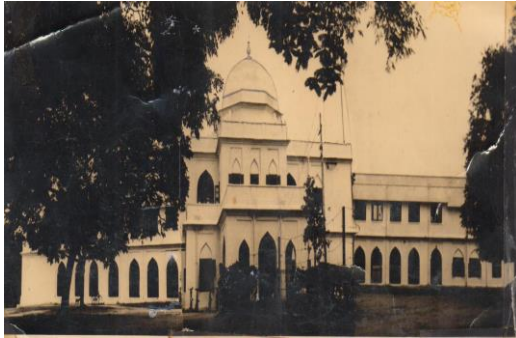
**Scudder Memorial Hospital,
Ranipet, Tamil Nadu**

**NABH PAVES THE WAY FOR OUR
JOURNEY AGAINST COVID-19**

**GOING PHYSICAL TO DIGITAL IS ESSENTIAL
FOR HEALTH CARE**

C O N T E N T S

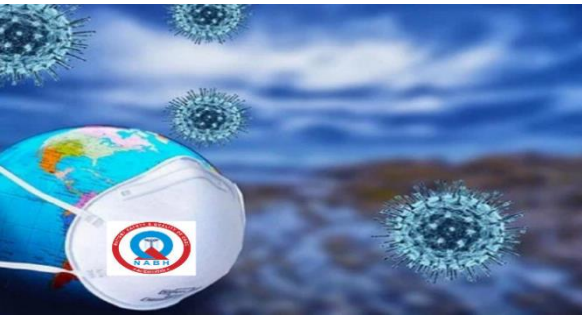
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Message from the Editorial Team

Dear Members,

Greetings in the Precious Name of our Lord and Saviour Jesus Christ.

We are pleased to release the **sixth** issue of the "Wake Up Call "E-News Letter from the Administrators Section of CMAI.

Let us thank Him always for all things that he has done for our institutions through each of you. May the Lord repay your work and fully reward you with more Wisdom to move ahead.

Please feel free to communicate with us your feedback on any section of the News Letter. We are happy to meet the needs of our beloved readers. Please contact 9741336277 or write to ejohn@cmai.org. Happy reading.

Praying for you all.

Editorial Team



Scudder Memorial Hospital, Ranipet,
Universal, Unselfish Service Since 1866
ENDURING WITNESS TO GOD'S LOVE



God-given Vision of SMH

The Scudder Memorial Hospital at Ranipet continues to witness God's presence and be an instrument of His healing ministry since its establishment in 1866.

"To continue the Healing Ministry of Jesus Christ by providing Quality and Accessible Health Care to all"

The Mission of SMH

"To provide Holistic Health Care and Education to the people and to build a just and healthy community through Jesus Christ"

By the Grace of God, the Hospital has grown in every aspect to provide affordable and quality medical care to the poor and needy people of the community. SMH, Ranipet is committed to providing physical, emotional, and spiritual care to the people who come to the premises.

The medical missionary service of Dr. John Scudder, the first medical missionary from America to the East / India, and his descendants over 200 years in Ranipet, Arcot, and Vellore resulted in the establishment of two outstanding medical institutions in the districts of Ranipet and Vellore.

Dr. Silas Scudder son of Dr. John Scudder (Sr.) started SMH in Ranipet on 17th March 1866 and Dr. Ida Sophia Scudder, granddaughter of Dr. John Scudder (Sr.) founded the Christian Medical College in Vellore which is one of the top medical colleges in Asia.

SMH, Ranipet is the oldest and first Christian Mission Hospital to get NABH & NABL accreditation in India.

Since its establishment, the Gospel was regularly preached and religious tracts and books were freely distributed. It is a fact that the ministry of healing is an integral part of the Gospel. As Sir William Wanless has said, "After all mission hospital is not be regarded, on the one hand as an institution established merely for the preaching of the Gospel or solely as a method of evangelism. It is a part of the Gospel; it is evangelism".

Like many other mission hospitals in India, the SMH, Ranipet also faced ups and downs in its long journey. During the years 2000 to 2010, the SMH underwent a very critical time in its history and was on the verge of closing down. But by the Grace of God, the new administration under the leadership of Dr. C. Anbu

Suresh Rao brought back the past glory with valuable support from the CSI Vellore Diocese and CMC, Vellore.



The verse that leads the team
'Not by might nor by power, but by my Spirit,' says the LORD Almighty.

The Medical Superintendent and the dedicated Medical, Nursing, Paramedical, and Administrative staff members strongly believe that the spirit of God leads them in their day-to-day ministry.

Currently, the SMH is a 200 bedded multi-specialty hospital with all the major specialties like General Surgery, Urology, Orthopedics, Arthroplasty, Obstetrics and Gynaecology, Cardiology, Pediatrics, General Medicine, Pulmonary Medicine, Dentistry and Maxillofacial Surgery, Dermatology, Family Medicine, Psychiatry, and Physiotherapy. SMH, Ranipet has a College of Nursing and Allied Health Science with 3 University Degree courses and 10 CMAI Diploma Training programs.

God has provided a team of 55 chosen doctors to serve the poor and needy through this mission hospital. The dedication of these medical personnel has surely been sustained by self-sacrifice and high ideals. This high quality of medical service has been a constant witness to the community of the love of God revealed in the healing ministry.

Milestones in the past decade:

- 2010 - Dialysis Unit and Patients Waiting Area
- 2011 - CT Scan, Conference Hall, OPD Clinics and Renovation of Wards
- 2012 - Intensive Care Unit (ICU) and 250 KVA Transformer
- 2013 - Accident & Emergency Unit, Prayer Hall, Pharmacy, Laundry Machine, AHS Block, Empanelment of CMCHIS & private Insurance Schemes.
- 2014 - Ida Scudder Ward, 500 MA Digital X-Ray, Paediatric ICU, Isolation Ward,

Dr. Silas Scudder Ward, 250 KVA Generator, Cash Counter

2015 - Staff Bus, School Bus, First Floor Patients Waiting Area

2016 - Doctors Quarters Block and Modular Operation Theatres with Recovery

Room, Entry Level Certification for NABH

2017 - Student Nurses Hostel and Staff Nurses Hostel

2018 - Scudder Surgical Suite with HDU, College of Nursing, Palliative Care Unit

2019: 500 KVA Generator, C-Arm Machine, Auto Analyzer, and Dental

Equipment & Implants. Post Basic B. Sc. Nursing Course B. Sc. Laboratory & Radiology Degree Courses, Final Assessment for NABH (National Accreditation Board for Hospitals)

2020: Cardiology Unit, Cath. Lab., EECO mini Ambulance, NABH & NABL

(Microbiology) Accreditation, Covid19 CBNAAT, TRUENAT RTPCR Testing Centre, Molecular Lab, Digital X-Ray unit II, Sleep Apnea Lab,

SMH caters to the healthcare needs of over 65 villages around Ranipet. The treatment provided at SMH is highly subsidized and less expensive compared to the private clinics and hospitals. Most of the patients are poor and on several occasions, the deserving patients are treated free of cost. Over 10% of the annual income is allotted for charity at SMH

SMH, Ranipet will stand as a beacon light guiding the people of its community to the Great physician, the Saviour of the World.



**Dr. C. Anbu Suresh Rao, MS Ortho. D. Ortho.
Medical Superintendent**

NABH PAVES THE WAY FOR OUR JOURNEY AGAINST COVID-19



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The onset of COVID-19 has shaken the basic foundation of the healthcare industry. The healthcare industry dealt with a new challenge in terms of setting treatment protocols as well as preparing infection prevention strategies focusing primarily on patient & employee safety

Being a NABH accredited hospital gave us the impetus to chalk the roadmap for the journey against COVID-19

We developed a think tank of our in-house quality & infection control experts who were instrumental in developing SOPs for COVID management in BBH with reference from standard treatment guidelines that were being drawn by MOHFW (Ministry of Health & Family Welfare) and AIIMS(All India Institute for Medical Sciences)

The organization took measures to ensure norms for social distancing & handwashing were laid out in our OPDs. We had to ensure that we laid out protocols from the entry of the patient into the organization to the exit as a healthcare setting provides a conducive environment for the spread of COVID-19

NABH accreditation set the path to ensure that roadmap was laid down by the NABH standards. There were myriad changes that had to be instituted ensuring all COVID prevention protocols were followed.

AAC: Access, Assessment, and Continuity of care: Self Assessment screening form and Thermal Screening for the patients at all the entrances were provided to minimize the risks associated with the

possibility of transmission of infection and then triaging them appropriately to the Fever Clinic if needed. Modification in the scope of the laboratory to include new tests for diagnosing COVID-19 and also modifying the infrastructure of the lab to run the tests and defining the TAT for these tests thereby standardizing care

COP: Care of Patients: Standard Treatment Protocols were developed for COVID management concerning standard treatment guidelines laid down by the All India Institute for Medical Sciences (AIIMS) and the ministry of health and family welfare (MOHFW). The guidelines were drawn for patients with mild, moderate, and severe symptoms. CPR protocols were modified to handle resuscitation in COVID-positive patients.

MOM: Management of Medication: The management had to ensure that the stock and procurement of medications had been adequate so that patient care would not be affected during the lockdown. Staff had to ensure that the medicines are appropriately stored so that the efficacy of the medicines and vaccines are maintained.

PRE: Patient Rights & Education: In addition to the existing measures, we had to develop new consent forms for patients given the new normal situation and keeping the legal requirements in mind.

HIC: Hospital Infection Control: HIC Team had a huge task to ensure preparedness to COVID-19 in different areas of the hospital like the OTs, ICUs, Labour Rooms, Wards, etc. PPE had to be provided for all categories of staff. Disinfection methodologies had to be developed for all areas of the hospital.

UV sterilization chamber was built to disinfect our N-95 masks. Standard training videos for donning and doffing were developed to standardize the process given maintaining optimum infection prevention measures. The biomedical waste protocol was tweaked keeping the COVID situation in mind.

PSQ: Patient Safety and Quality: The core of the NABH standards in patient safety and quality. During these unprecedented times, we have taken adequate measures to ensure the focus is on patient safety without compromising quality.

ROM: Responsibility of the Management: The management ensured that adequate measures were taken to equip the staff with the needed infrastructure and supplies to handle the new normal situation. Daily review of the situation with the leaders of the organization was conducted to keep a tab on the pulse of the COVID situation in the organization.

FMS: Facility Management & Safety: The organization took proactive measures to modify the OTs to handle surgeries for COVID-

positive/suspect patients. All the fire safety protocols were modified to handle the areas where the COVID-positive patients were admitted. The training was provided to all staff to handle the new normal situation.

HRM: Human Resource Management: The organization has taken measures to ensure adequate PPE has been provided to our staff keeping employee safety as our primary concern. The staff was provided vaccination on a priority basis. All the training was conducted through an app and this ensured that all our mandatory NABH relevant training was being conducted even during COVID times.

IMS: Information Management Systems The organization provided provision to electronically document the health-related information in the COVID wards to reduce the possibility of transmission of infection through the health records. The organization also initiated teleconsultation which provided a medium for our patients to connect with us during the COVID times.

Being an accredited hospital ensured that we channeled our COVID protocols under the ambit of the NABH standards keeping patient safety and employee safety as our primary objective.

Dr. Manju Chacko
QUALITY MANAGER



Ameen Umma Reddy, B.Tech (CSE), M.Phil
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IT Manager
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“**Ameen Reddy, IT Manager at Herbertpur Christian hospital gives an overview of the challenges faced by the healthcare sector and the need of going digital at this point of the hour as a must. He informs his struggles and successful journey for patient satisfaction.**”

I am working as IT Manager at Herbertpur Christian Hospital for the past 11 years. The challenges in healthcare are due to various reasons. One of the major challenges that I have experienced in the rural healthcare setting is the lack of infrastructure concerning IT Management.

A few years earlier, I discovered that the IT software was inadequate and did not meet the needs of the facility. The second challenge was in the implementation process of the software itself due to the lack of understanding and knowledge amongst the hospital staff.

There was a need to provide training and technical support to the staff through the learning process. The third area of challenge was concerning finance since I had to work with the hospital management in obtaining adequate funds to make the necessary IT changes.

Going Physical to Digital is Essential for Healthcare

Currently, our hospital is working with the ERP software and there has been a major improvement in the hospital network. I recognized this as a big accomplishment since I directly witnessed the increase in patient satisfaction. This patient satisfaction enabled me to find the motivation to push forward even though the IT services are considered to be ancillary to direct patient care.

In terms of healthcare digitalization, there is a need to go paperless and provide access to patients with electronic records such as X-ray reports, etc. There has been a transition in healthcare from being paper-dependent to being more reliant on digital copies in various areas of the hospital. I noticed across the state lines.

During the Covid-19 pandemic, the digitalization of reports helped convey the reports to those patients who could not travel to the facility. I was convinced that the implementation of digitalization in the healthcare field is an absolute necessity to improve patient satisfaction.

During the post-covid period, I observed that physicians were more willing to use IT software in their management of patients which they previously did not consider a priority. Interestingly, the software for “teleconsultations” have been in existence before the pandemic but the Covid wave has encouraged physicians to adapt and grow comfortable with the software available.

The physicians began to use the software as a means to reach out to the patients since often they were physically unable to use the hospital services.

Below are some of the things that I could do to help my institution for better quality services:

1. The infrastructure of the Network:

Initially, there were lots of issues with old switches, routers, and communication errors(Data loss and these issues, we have designed and planned a proper network system by using fiber cables for long-distance for long distances and replace old switches with managed switches as per the need.

2. Implementation of ERP Software:

We got the complete software five years back. In this software, we can use all modules together like EMR, LIMS, PACKS, Asset Management, etc... With the support from the management team and the staff, we can use few modules. God willing, we will be using all modules in ERP software in the coming years and do paperless work.

3.Implementation of Data Security:

We have cloud-based data storage technology and Proper Data Base servers, purely dedicated to the ERP data.

4.Implementation of Security Devices:

As per the Govt. requirement and to give a safe environment to the Employees and the Patients, we have installed CCTV systems in Hospital and other related areas. Our institution has benefited from the security system.

5.Teaching, Training, and recognizing in-house staff and promoting them:

Six years back I was asked if I could teach computer subjects to the GNM students in our Nursing school, At Herbertpur Christian Hospital. I accepted that as an additional responsibility and I have been doing that since then. I Teach new modules in the ERP to the staff and give them training as and when required.



6. Multi-tasking:

In mission hospitals, we lack manpower and resources. Apart from IT, I have been given the additional responsibility of supervising the day to day work of the Bio-Medical Dept(Medical equipment and its maintenance) and transportation Dept(Vehicles and its Maintenance)

From my own experiences I was initially hesitant to enter the healthcare field since I had a background in engineering I encountered many challenges that I had overcome in the workspace as it manager by the grace of God I recall an experience where a patient event refer to me as a doctor even though I wasn't one but the experience showed me the level of trust that patients placed on me as an individual working in the hospital, in conclusion, I would say that I have an extremely fulfilling career and life and hopes to continue in the same manner in the coming years

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To be a great leader and so always master of the situation, one must of necessity have been a great thinker in action. An eagle was never yet hatched from a goose's egg. James Thomas



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